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| **[NAME OF ORGANISATION]****CLINICAL ETHICS COMMITTEE (CEC)****TERMS OF REFERENCE** |
| **Committee Name:** |  |
| **Purpose:** | The purpose of the CEC is to promote the delivery of consistently high standards of ethical clinical practice throughout the Trust. The CEC’s role will be supportive and advisory. Clinical decisions will continue to be made by individual employees, teams and existing decision-making structures, in partnership with patients. |
| **Membership:** | The CEC will not attempt to achieve comprehensive representation of every profession or interest group associated with the Trust but will seek to ensure that its membership reflects a broad range of clinical and non-clinical expertise. Members should be clear that they are present for their individual contribution and not as representatives of any body, group, profession or organisation.Membership of the CEC is not restricted to employees of the Trust. Total membership will be in the region of fifteen members and will include lay and professional members. Members of the CEC who are not employees of the Trust are required to sign a confidentiality agreement.The CEC will undertake an annual audit of the skills and experience of its members, and continually. Members must be willing to undertake education and training in order to meet the requirements of CEC membership.*Recruitment** The suitability of new applicants will be assessed according to their enthusiasm for clinical ethics and an assessment of the knowledge and experience they can contribute to the work of the committee, in light of the requirements of the committee at the time of application.
* Potential applicants may contact any member of the CEC in the first instance to enquire about the work of the committee and the application process.
* An invitation for applications will be circulated within the Trust annually.
* Applicants will submit a CEC membership application form and a short curriculum vitae that will be considered at the next regular meeting of the committee.
* Suitable applicants will be invited to attend an interview with the Chair or Vice-chair (or their delegated representative CEC member) plus at least one other member of the CEC.
* The CEC may co-opt additional members at the discretion of the Chair or Vice-chair in order to facilitate a broader discussion of a topic than might be possible with the current membership.
* Co-opted members, who may include persons referring issues for consideration, will play a full part in the discussions of the committee for the duration of the co-option, but they will not have voting rights and their attendance will not contribute to quorum.

*Appointment of Chair and Vice-chair** The Chair and Vice-chairs are to be elected by a simple majority by the CEC from the membership of the CEC, subject to ratification by the relevant Trust Committee.
* Members can either nominate themselves for election or be invited to stand for election by another member of the committee.
* All members of the CEC are required to vote.

*Term of office of members* * A period of five years, renewable by mutual agreement of the individual member and the CEC, when the particular expertise of the individual is thought to be essential to the work of the committee and cannot be replaced.
* Care will be taken to ensure that terms of office are staggered to ensure retention of a consistent level of expertise in the committee membership.
* The CEC membership of a member of Trust staff will ordinarily end when the staff member leaves the Trust’s employment. A departing member of staff may be invited to continue membership of the CEC for a fixed term if their expertise is considered to be essential to the work of the CEC.
* A fixed-term membership, not exceeding two years, may be allocated to a junior doctor, subject to the usual application procedure.

*Term of office of Chair and Vice-chairs** The Chair and Vice-chairs of the CEC are appointed for a period of three years, renewable for a second term of three years, on each occasion by election by the CEC members and subject to ratification through local governance approval mechanisms.
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| **Attendance:** | In order to ensure continuity and the accumulation of a body of expertise, it is expected that members will commit themselves to not less than 75% of regular meetings of the full CEC.Members will also be expected to participate in CEC Rapid Response Teams convened between regular meetings of the CEC to consider referrals requesting a rapid response.Monitoring of members’ attendance will take place. When members fail to attend the required percentage of meetings, a review of their membership will take place.If a member is consistently unable to attend or is otherwise believed not to be meeting the expectations of the CEC then, following discussion with the member and subject to a quorate vote of the committee, the Chair may ask him or her to relinquish membership.  |
| **Quorum:** | A quorum will be one third of the membership. When quorate, the Chair or Vice-chair retains discretion to decide whether or not there is sufficient relevant expertise available to provide advice on a particular topic or referral. |
| **Frequency:** | Monthly  |
| **Duties:** | The remit of the CEC will be to provide a mechanism within the Trust for multi-disciplinary discussion of ethical issues arising from clinical practice. The group may, on a case-by-case basis with the agreement of the Chair or Vice-chair, receive referrals from beyond the Trust. The CEC will not consider any issue not primarily of a clinical ethical nature. It will not for example:* Provide advice on research ethics
* Provide legal opinion, although its advice will necessarily be given within a legal context
* Undertake risk management

The CEC’s key responsibilities will be to:* Deliberate on clinical ethical issues about which the view of the CEC has been requested, providing a written response;
* Identify needs for clinical ethics education and, where appropriate, assist in the education and training of Trust staff;
* Develop in-house guidance on clinical ethical issues according to local need;
* Provide advice and guidance on clinical ethical issues arising in development of policies and standards, and developing policies itself as required;
* Undertake audit of the impact in the Trust of the CEC’s activities;
* Raise general awareness in the Trust of the ethical issues that arise from clinical practice;
* Promote good clinical ethical decision-making practice throughout the Trust.
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| **Referral process** | Referrals will be made to the Chair/Vice-chair/Acting chair and by completion of a referral form (available on the Trust intranet).Wherever possible, the clinician responsible for referring the case to be discussed should be present to give an overview of the case. Where they are unable to attend, a nominated representative familiar with the case should be present. If this is not possible, the Chair/ Vice Chair or Acting Chair should endeavour to meet or discuss with the clinical team prior to the meeting so that the committee’s deliberation can be as informed as possible. The clinical team will receive a written summary of the meeting. The CEC will provide a written response to the referrer*Rapid response service*For referrals related to individual clinical cases that require a rapid response, a sub-group of the Committee will convene to include at least three members including chair/vice chair, one clinical member and one lay member. A written report will be presented to the referrer/referring teamThe written report of a sub-group discussion will be presented to the next CEC meeting and any further comments on the case fed back to the referring team. |
| **Reporting Arrangements:** | The CEC will submit minutes of the CEC meetings to the relevant Trust committee (*e.g. patient safety committee, clinical and cost effectiveness committee, depending on where the CEC sits in the Trust reporting structure*) and escalate issues to the relevant Trust committee as required.The CEC will present for approval by the relevant Trust Committee an annual report and forward plan.  |
| **Date Ratified by relevant Trust committee:** |  |