

Medical Staff Committee of the Countess of Chester NHS Foundation Trust

Terms of reference

To represent the interests of all medical staff in the trust, and to provide a forum where matters of mutual concern can be discussed between colleagues and which enables regular communication between the medical staff and trust management.

Membership

The membership of the MSC consists of:

- all consultant medical staff in the trust
- all permanent staff and associate specialist doctors
- appropriate representation of the junior doctors as determined by the committee.

Standing invitations are normally issued to:

- the chief executive
- the chairman of the trust board
- any clinical director who is not also a member of the MSC.

Others may be invited or co-opted ad hoc as the committee considers appropriate.

The chief executive, chairman of trust board and medical director may be asked to retire from the meeting for the discussion of items where it is felt that their presence would not be appropriate.

Specific functions

- To nominate members to other committees within the trust as required, for example audit, drug and therapeutics and manpower committees.
- To arrange for the election of the members of the LNC and to support the LNC's work, in the context of a close working relationship. This should include receiving regular reports from the LNC.
- To elect members to the regional consultants committee of the BMA.
- To receive and consider reports from the representatives on the regional committee.
- To support the process for the award of local clinical excellence awards for consultants and associate specialists, and for the award of optional points for staff-grade doctors.
- To promote secondary care input into the commissioning process by whatever mechanism is appropriate locally.
- To provide professional advice, generally to assist the functioning of the hospital and, particularly, in the implementation of new initiatives. This may include ensuring the provision of specialty advice where this is not provided through the clinical directorate system or equivalent.
- To consider and comment on consultation documents issued by the CCSC and the BMA.
- To appoint a consultant representative to, and propose motions for, consideration at the BMA's annual consultants conference held in early June.

Meetings

The committee should meet on average once every six weeks, though this may vary according to local circumstances. However, it would be expected to meet at least four times a year in advance of each regional consultants committee meeting.

The agenda and the minutes of the previous meeting will be circulated at least one week before the meetings. Items for the agenda must normally be notified to the chairman in writing no later than two weeks before the meeting. The member requesting the item should normally introduce the item in person at the meeting. Items of 'any other business' must normally be notified to the chairman no later

than 5.00pm on the last working day before the day of the meeting.

The agenda should include, as standing items, reports from the chairman of the LNC and the medical director and others as the committee may find appropriate. The agenda of the first meeting after a regional consultants committee meeting should include a report from the MSC's representatives to that committee.

The chairman must arrange an extraordinary meeting if more than four members request it in writing. The meeting must take place within 15 working days of the chairman receiving the request, depending on the availability of a meeting room.

Quorum

The meeting shall be quorate if there are 15 members including officers present. This represents about 10% of the membership. If a meeting is not quorate its decisions should be ratified at the next quorate meeting.

Chairman and other officers

The chairman of the committee is to be the spokesperson for medical staff in the trust. The chairman is to be assisted by a secretary. The officers should be elected from the membership of the committee. The normal term of office for both posts will be five years. The medical director of the trust may not be an officer of the MSC. The chairman will be responsible for the finances of the committee. The chairman and secretary of the committee will be authorised signatories in financial matters.

Elections

The incumbent chairman will call for nominations at the meeting prior to the election or four weeks before, whichever is the longer, and must state the closing date. Each nomination must be in writing and seconded. Nominations may be handed in up to the day of the meeting. If there is more than one nomination, a ballot will be held, for which the secretary must issue numbered ballot papers in a timely manner. The ballot papers should indicate the name and specialty of the nominee, the names of the proposer and seconder and the date by which they must be returned to the chairman. The secretary and one other senior medical member must be present at the count. The nominees will be informed of the outcome as soon as possible after the count. The result will be formally announced at the next meeting of the committee. In the event of a tie for first place, the ballot will be repeated, eliminating any candidates with fewer votes.

The committee's representatives to the regional consultants committee should also be elected by the members of the MSC. To ensure democratic accountability, elections should be held annually and shall take place by 30 June. The reason for this deadline is that the BMA year (or session) finishes with its ARM, which is normally held in the first week of July. Each MSC will need to have chosen its representatives to the regional committees by this date in order for the newly elected regional committee in turn to be able to choose its representatives to the CCSC in advance of that committee's first meeting of the new session in October. A call for nominations shall be sent at least one calendar month before the date of the meeting at which the election is to be held. Representatives shall serve for a period of one year but shall be eligible for re-election.

Links with other organisations

The chairman and the officers should promote links between the consultant body in the trust and that in other local trusts, the CCGs commissioning services from the trust and general practice, through the relevant LMCs.

Through its representatives on the regional consultants committee, there is a link with the CCSC and the joint consultants committee.

Through its representative to the consultants conference, there is a direct link with the CCSC and the BMA centrally.