

## Scheduled Medicines Expert Committee

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February 2025

### Terms of reference

#### 1 Purpose

- 1.1 The Scheduled Medicines Expert Committee (the Expert Committee) is a committee established by Ahpra in accordance with the powers provided to the National Agency in Part 4 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).
- 1.2 The Expert Committee is established as required by the *Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* developed by health chief executives as the former Australian Health Ministers' Advisory Council (the Guidance).
- 1.3 The functions, membership and key skills, knowledge and attributes listed in these terms of reference are as described in the Guidance.

#### 2 Functions

- 2.1 The Expert Committee's role is to advise the relevant National Boards on:
  - 2.1.1 the use of scheduled medicines generally, and
  - 2.1.2 matters relevant to a sponsoring National Board's proposal, including:
    - the public health need, if any, addressed by the proposal
    - the scheduled medicines or classes of scheduled medicines that are suitable for the class of health practitioner to administer, supply or prescribe
    - the training and continuing competence requirements to support safe and effective use of scheduled medicines by the class of health practitioner,
    - the guidelines and other system supports required to ensure safe and effective use of scheduled medicines by the class of health practitioner, and
    - any other implementation issues.
- 2.2 The Expert Committee provides general advice and guidance on the National Prescribing Competencies Framework and its reviews.

#### 3 Membership

- 3.1 The Expert Committee will comprise core and co-opted members that together have the key skills, knowledge, and attributes referred to in these terms of reference needed to consider the National Board proposals put to the Expert Committee.

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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

- 3.1.1 Core members will provide the continuity in expertise and application of the relevant governance and policy frameworks whilst co-opted members will bring relevant profession-specific and other clinical care expertise and represent the views of jurisdictions.
- 3.2 There will be no more than five (5) core members including the Chair.
  - 3.2.1 Except for the Chair, core members cannot also be members of a National Board.
- 3.3 There will be up to five (5) co-opted members for each National Board proposal.
  - 3.3.1 Of the five (5) co-opted members, a minimum of two (2) and up to three (3) are to be jurisdictional nominees proposed by jurisdictions, and
  - 3.3.2 up to two (2) are to be nominees of a National Board nominated in consideration of the Appointment section of these terms of reference.
  - 3.3.3 The Expert Committee may need to consider proposals from more than one National Board at one meeting. Each National Board putting forward a proposal or seeking advice regarding a proposal can nominate up to two co-opted members for the Expert Committee meeting. National Board nominated members will only be in attendance for the part of a meeting when that National Board's proposal is being considered.

#### 4 Chair

- 4.1 The Chair of the Expert Committee will be a core member.
- 4.2 The Chair will be a current or former National Board practitioner or community member with experience in developing regulatory policy related to endorsement for scheduled medicines and who can address some or all of the key skills, knowledge, and attributes listed in these Terms of Reference.
- 4.3 The Chair will be appointed by Ahpra through the CEO following an expression of interest process and on the recommendation from the selection advisory panel referred to in the Appointment section of these terms of reference.
- 4.4 The Chair and/or Ahpra may appoint a core member as Deputy Chair to act as chair if the Chair is unavailable.

#### 5 Appointment

- 5.1 Core members will be appointed by Ahpra through the CEO or his nominee on the recommendation of a selection advisory panel following an open expression of interest process and subject to Ahpra's usual standard of probity.
- 5.2 The selection advisory panel will consist of:
  - 5.2.1 the Executive Director – Strategy and Policy, Ahpra
  - 5.2.2 one of the co-conveners, or their nominee, of the Forum of NRAS Chairs, and
  - 5.2.3 a community member of a National Board with experience in developing regulatory policy related to endorsement for scheduled medicines.
- 5.3 Jurisdictions, through Ahpra's Jurisdictional Advisory Committee will nominate a minimum of two and up to three jurisdictional representatives to act as co-opted members.
- 5.4 The relevant National Board will nominate up to two co-opted members to the Expert Committee when the Committee is considering a proposal of that National Board.

- 5.5 Nominees of the National Board will be health practitioners with the necessary profession- specific and clinical care expertise to support the subject of the proposal. They can be both practitioner members of the National Board.
- 5.6 The Ahpra CEO will endorse the jurisdictional nominations, and the Chair of the Expert Committee will confirm the nominations of all co-opted members.

## **6 Terms of appointment**

- 6.1 Core members will be appointed for a term of three years or as decided by Ahpra, with eligibility for reappointment for two additional terms following an expression of interest process.
- 6.2 Co-opted members nominated by jurisdictions will be appointed for a term as determined by jurisdictions.
- 6.3 Co-opted members nominated by the National Board will be appointed for the time it takes to consider a proposal of that National Board.

## **7 Key skills, knowledge, and attributes**

- 7.1 The membership of the Committee will together have the key skills, knowledge, and attributes listed below. Each individual member is not expected to meet all of the following.
- 7.2 Skills
  - 7.2.1 Expertise in applying medicines and poisons legislation.
  - 7.2.2 Expertise in the use and monitoring of scheduled medicines in the clinical setting.
  - 7.2.3 Experience in the supply and administration of scheduled medicines.
  - 7.2.4 Ability to undertake risk assessments to ensure public safety.
  - 7.2.5 Ability to balance the risks and benefits associated with the use of scheduled medicines.
  - 7.2.6 Expertise in clinical care provision in the profession to which the proposal relates.
- 7.3 Knowledge
  - 7.3.1 Understanding of the Prescribing Competencies Framework underpinning the act of prescribing.
  - 7.3.2 Expertise in the *Quality Use of Medicines* and related policies.
  - 7.3.3 Expertise in jurisdictional processes.
  - 7.3.4 Expertise in workforce reform.
  - 7.3.5 Expertise in education and assessment relating to the therapeutic use of scheduled medicines.
  - 7.3.6 Expertise in development of standards, guidelines and protocols to support practice change.
  - 7.3.7 Expertise in quality and safety in healthcare.
  - 7.3.8 Expertise in the education and assessment of the profession to which the proposal

relates.

#### 7.4 Attributes

7.4.1 It is expected that all core members will demonstrate the following attributes:

7.4.1.1 ability to bring a cross-professional perspective, and

7.4.1.2 ability to work constructively in a committee structure and participate in consensus-based decision making.

### 8 Meeting and procedures

8.1 The Expert Committee will meet on a quarterly basis or as needed to consider a proposal from a National Board.

8.2 Meetings may be held:

8.2.1 face-to-face

8.2.2 by teleconference

8.2.3 by videoconference.

8.3 The Expert Committee may also transact business, including resolutions in writing, outside meetings in line with the procedures set out in Schedule 4, clause 16 of the National Law. A resolution in writing approved in writing by the majority of core members is taken to be a decision of the Expert Committee.

8.4 The considerations of the Expert Committee will be recorded as a record of discussions and recommendations of a meeting of the Committee.

### 9 Quorum

9.1 A quorum for all meetings shall be:

9.1.1 half plus one of the core members of the Expert Committee, and

9.1.2 at least one of the jurisdictions' nominees

9.2 A quorum for National Board agenda items will include members specified in 9.1 and both relevant National Board nominees.

### 10 Conflict of interest

10.1 Members of the Expert Committee are to comply with the conflict of interest requirements set out in Schedule 4, clause 8 of the National Law.

10.2 A core member of the Expert Committee, once appointed, cannot provide advice on such a proposal to a National Board as an individual.

10.3 A core member must declare any advice provided to a National Board on a National Board proposal under consideration by the Committee. This includes advice provided prior to appointment.

### 11 Advise on National Board proposals

11.1 The Expert Committee is established to provide advice to National Boards in accordance with the functions of the Committee as described in the Guidance and these Terms of Reference.

- 11.2 This advice will be provided to National Boards in the form of a record of discussion and recommendations of a meeting of the Committee.
- 11.3 The Guidance under which the Expert Committee is established requires National Boards to attach this record and any advice on the proposal, and outline how any issues raised or recommendations made by the Expert Committee, have been addressed by the National Board with the submission made to Ministers on the proposal.

## 12 Remuneration

- 12.1 The core members of the Expert Committee will be paid by Ahpra at the rate listed in the current *Schedule of fees for board, committee and panel members*. This includes any of the travel and accommodation charges. National Board nominees will be paid by the relevant National Board through the normal claims process and at the rate listed in current *Schedule of fees for board, committee and panel members*.
- 12.2 Ahpra and the National Boards will not remunerate the jurisdictions' nominees.

## 13 Support

- 13.1 Secretariat support will be provided by the Ahpra Strategy and Policy directorate.
- 13.2 Agenda and relevant papers will be delivered to the members via a secure web based system or email five working days prior to the teleconference.
- 13.3 Outcomes will be recorded by the secretariat and provided to the Chair and members for approval following all meetings in line with the *Manual for National Boards and their committees*.
- 13.4 Approved outcomes will be provided to the relevant National Board.
- 13.5 A communique of meetings will be published as required and at the discretion of the Chair.
- 13.6 Induction to the National Registration and Accreditation Scheme and the Expert Committee will be provided to newly appointed core members and co-opted members nominated by jurisdictions.

## 14 Review

- 14.1 Ahpra will review these terms of reference at least every two years in consultation with the Forum of NRAS Chairs and the Expert Committee, once established.
- 14.2 A summary of the activity of the Expert Committee will be reported to Ahpra National Executive and the Forum of NRAS Chairs every 12 months.

## Document history

Version	Status	Date	Change details
V1.0	Retired	May 2016	Inaugural Terms of Reference
V2.0	Retired	February 2018	<ul style="list-style-type: none"> <li>Removal of references to the Health Workforce Principal Committee</li> <li>Inclusion of specific scope to advice to National Boards who do not have a current proposal</li> <li>Clarification of the eligibility of National Board Members</li> </ul>
V3.0	Retired	January 2021	<ul style="list-style-type: none"> <li>Clarification of appointment processes for the jurisdictional co-opted members</li> <li>Increase of the alignment between AHMAC Guidance and ToR</li> <li>Removal of requirement for inaugural meeting to be face to face</li> <li>Reviewed for new Ahpra branding</li> <li>Clarification of quorum</li> <li>Clarification of capacity to make a resolution in writing</li> </ul>
V4.0	Retired	April 2023	<ul style="list-style-type: none"> <li>Review of Core Members terms of appointment, aligning with National Boards' terms of appointment and Section 7.3 Knowledge</li> <li>Removal of reference to NPS MedicineWise which was disbanded on 31 December 2022</li> <li>Review of reporting activities</li> <li>Update of reference to 'AHMAC'</li> </ul>
V5.0	Retired	June 2024	<ul style="list-style-type: none"> <li>Function related to the National Prescribing Competencies Framework included (Section 2)</li> <li>Section 4 Chair amended</li> <li>Section 13 Support amended</li> </ul>
V6.0	Current	February 2025	<ul style="list-style-type: none"> <li>Sections 3.3 and 5.3 amended (jurisdictional representatives to act as co-opted members)</li> </ul>

## Reviews and approvals

Name	Position	Date	Review/endorse/approve
Forum of chairs	N/A	May 2016	Approval on inaugural Terms of Reference
M Fletcher	Ahpra CEO	February 2018	Approved
Scheduled Medicines Expert Committee	N/A	September 2020	Reviewed
Forum of chairs	N/A	November 2020	Reviewed
M Fletcher	Ahpra CEO	January 2021	Approved
M Fletcher	Ahpra CEO	April 2023	Approved
M Fletcher	Ahpra CEO	August 2024	Approved
K Ayscough	A/Ahpra CEO	February 2025	Approved