



Government of **Western Australia**  
Department of **Health**

# Medical Equipment Management Working Group

## Terms of Reference

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# 1 Purpose

The purpose of the WA Health Medical Equipment Management Working Group (MEMWG) is to provide advice, clarify needs/concerns, identify opportunities, provide guidance and make recommendations to the Strategic Asset Planning Steering Committee (SAPSC) regarding the management of medical equipment (ME), medical imaging equipment (MIE) and the Medical Equipment and Imaging Replacement Program (MEIRP).

The MEMWG reports to the SAPSC which will escalate issues to the Deputy Director General for discussion at the Health Executive Committee.

## 2 Working Group Responsibilities

The MEMWG is responsible for:

- guiding development of long-term ME asset management strategies and plans to mitigate operational risks
- providing input into developing Performance Indicators to monitor the ME management process
- identifying opportunities in consultation with the procurement agencies to:
  - consider alternative procurement options
  - aggregate procurement to maximise value for money
  - standardise equipment in the WA health system to maximise value for money and reduce clinical risk.
- providing input into policies and guidelines for the disposal of assets at the end of the lifecycle
- developing a process for ongoing inventory management of ME
- providing a MEIRP performance report to the SAPSC
- monitoring new equipment requests to consider the impact on ME management and MEIRP.

## 3 Reporting

MEMWG provides quarterly MEIRP performance reports to the SAPSC.

## 4 Governance

### 4.1 Membership

The voting representative (s) will be:

- Chair appointed by the SAPSC Chair
- Child and Adolescent Health Service
- East Metropolitan Health Service
- North Metropolitan Health Service (including representatives for BreastScreen WA and Dental Health Services)

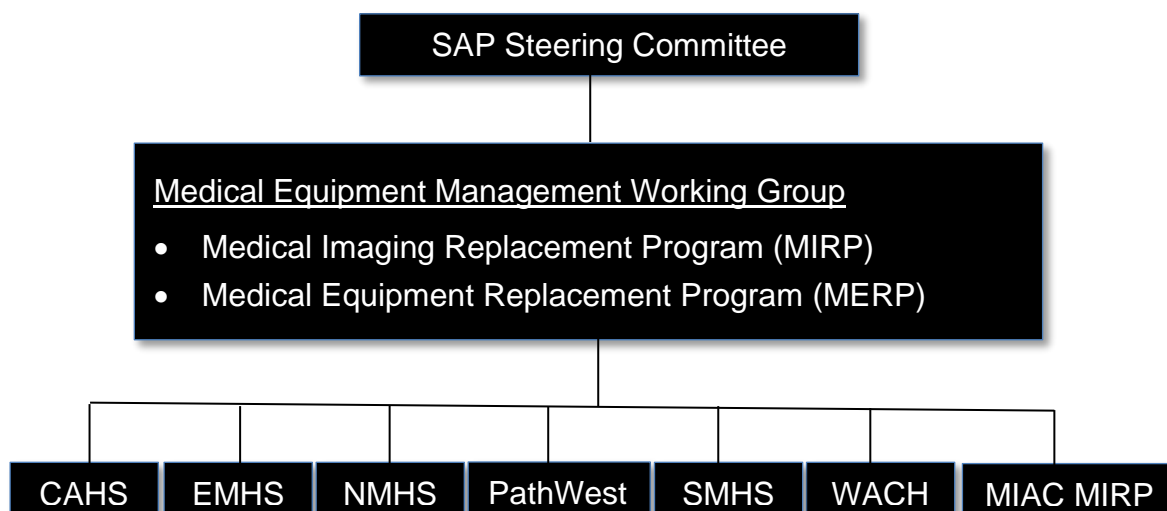
- PathWest Laboratory Medicine WA
- South Metropolitan Health Service (including representatives from Contract Management and Clinical Engineering, Health Technology Management Unit)
- WA Country Health Service
- Medical Imaging Advisory Committee (MIAC) Medical Imaging Replacement Program representative (s).

In attendance will be non-voting representatives (in a technical or advisory capacity) from HSPs and the Department of Health.

Other representatives from the Department of Health, HSPs and relevant Government agencies or key consultants may be invited to attend meetings or provide advice as required, including the Department of Health’s Clinical Strategy and Planning Division, the Department of Finance or the Department of Treasury.

#### 4.2 Governance structure

The members and the governance structure of the MEMWG is illustrated below:



## **5 Decision Making/ Accountability**

The MEMWG will report directly to the SAPSC. Majority agreement is required from the MEMWG voting members prior to decisions being escalated to the SAPSC. All views shall be recorded in the meeting records and used to advise the Steering Committee.

## **6 Proxies to Meetings**

Members are expected to attend MEMWG meetings and not nominate proxies. Where members are unable to attend, they may nominate a proxy to attend on their behalf. The nominated proxy shall provide relevant comments/feedback of the MEMWG member they are representing to the meeting.

## **7 Quorum Requirements**

A minimum of 5 voting members, excluding the Chair, are required for the meeting to be recognised as an authorised meeting and recommendations or resolutions to be valid.

## **8 Secretariat Support**

The Department of Health will provide Secretariat support to MEMWG. Secretariat duties will include:

- manage the development and production of the MEMWG deliverables
- schedule meetings
- organise and circulate meeting agenda and papers
- produce and circulate MEMWG minutes
- manage actions arising from the meetings.

Meeting records are the property of the Department of Health and must be retained in accordance with the *State Records Act 2000* and *Freedom of Information Act 1992*.

## **9 Agenda Items**

Proposed agenda items and papers will be submitted to the Secretariat at least 6 working days before a meeting. Meeting papers will be distributed 5 working days prior to a meeting.

## **10 Confidentiality**

The proceedings of the MEMWG are confidential and are not to be disclosed except to the extent required to enable members to comply with the MEMWGs decisions, actions and directions.

## 11 Frequency of Meetings

The MEMWG will meet twice a year, with any additional meetings to be further determined by the Chair.

The Department of Health will arrange separate quarterly meetings with each HSP to review risks and discuss any other issues.

## 12 Conflict of Interest

A member of the MEMWG, who has duties or interests in conflict with their membership, whether direct, indirect, financial, material or otherwise, must declare a possible conflict of interest to the Chair, who may in turn request the member to withdraw from the discussion.

The member is to withdraw from the MEMWG for the duration of the deliberation(s) in question, prior to any discussions or decisions taken on the matter unless the Chair and/or the MEMWG determines the conflict is trivial or is unlikely to affect the outcome.

## 13 Endorsement

Date	Approver Name and Title	Department/HSP
07/07/2022	Charles Robertson - A/Executive Director Contract Management	SMHS
12/07/2022	Martin Glick – Manager Central Clinical and Support Services	DHS
13/07/2022	Helen Parry – Chief Imaging Technologist	MIRPAC
14/07/2022	Matthew Shand – Operations Manager, Breastscreen WA	BSWA
19/07/2022	Steven Lucano – Chief Biomedical Engineer - Medical Technology and Physics	NMHS
19/07/2022	Andrew Campbell-Area Director - Health Technology Management Unit	EMHS/SMHS
20/07/2022	Eric Siah – Finance Manager	PathWest
27/07/2022	Bradley Guelfi - Biomedical Solutions Manager – Medical Technology Management Unit	CAHS

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