

# CLINICAL ETHICS INTERNAL WORKING GROUP TERMS OF REFERENCE CGP 207

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## 1. Introduction

The National Ambulance Clinical Ethics internal Working group is required to ensure that routine decisions which may have an ethical impact on the organisation, employees and patients are made with regard to clinical ethical activity or issues. The group will follow process for any items that are judged to be outside the scope of this group.

In addition they will ensure compliance with the internal and regulatory requirements and facilitates quality, safety and continuous improvement for internal clinical services activities such as data analysis, studies and research projects.

## 2. Scope

To consider any routine internal items of a clinical/ethical nature that arise at National Ambulance (NA) that are related to patient care or patient outcomes and are out of scope of review by the Medical Director or his/her authorised delegate.

It does not consider issues regarding clinical competence.

## 3. Goals

The Primary focus of the Clinical Ethics Working Group is to give approval for routine decisions that may have an ethical impact on the organisation, employees or patients.

To consider sufficient information is available in order to make decisions or to pass to other committees for review.

To pass to other committees or working groups in accordance with their Terms of Reference.

To ensure compliance with any internal and legal and regulatory requirements including Standards, Policies, Protocols and Procedures including but not limited to CGP 109 Clinical Ethics Policy.

## 4. Members

Chair	Medical Director
Vice Chair	Clinical governance & Audit officer
Member	Clinical Education Manager
Member	Operation Representative
Member	QHSE Representative
Member	HR Representative
Member	Financial Representative
Member	Legal Representative
Secretary	Administrative Coordinator Clinical Services

## 5. Key Functions

Key functions relating to Clinical Ethics include:

- Providing a forum for the confidential, professional discussion of routine ethical matters arising from both daily clinical services and operational activity and strategic forward planning.
- Review of relevant Federal or Emirate Laws and Regulations that have implications for ethical matters.
- Consideration of clinical Research projects/studies for ethical review and relevant actions to ensure compliance with laws and regulations
- Providing informed approval where MD deems necessary on review of clinical study or research activity (after completion of CGF 153 - Authorisation of Study Project).
- Contributing to the development or review and revision of Policies & Procedures, adopted /adapted guidelines, protocols or other support tools such as training to enable clinical staff in making ethical decisions
- Promoting the consideration and awareness of clinical ethical matters pertaining to the clinical care of patients and patient outcomes including but not limited to clinical incidents, issues or trends identified through clinical audit.
- Providing support and advice to the organisation and individuals regarding conflicts of interests that may arise in clinical practice

## 6. Quorum

There must be a quorum of the Chair/Vice Chair and at least four members from different departments.

## 7. Meeting Frequency

The committee shall hold meetings at least twice yearly or more frequently as required to review issues in its scope. Between meetings updates and requests can be sent electronically to all members by the Chair or Vice Chair.

## 8. Reporting

The detailed minutes of the discussion will remain confidential. However, information would be divulged as and where required by law;

The discussions of meetings will be summarised and anonymised so that:

- They may be used as an educational tool;
- They may be shared with other relevant committees and the Executive within the organisation or other organisations as appropriate (e.g. for mandatory reporting).

The working group will prepare and submit an annual report to the CEO and through him/her to the Executive management team.

## 9. Lifecycle and Evaluation

The Ethics working group has an ongoing lifecycle with a major review of its scope, goals and function at least once every two years

### DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

Medical Director

### Change Brief

Version No.	Date	Changes
1	26 May 2016	New document to ensure that internal clinical and operational activity meets ethical standards defined in the NA Ethics Policy and Associated policies
2	09-February 2021	Due for revision Medical Director Terminology Update the members Update the quorum change from Education Manager to Clinical Education Manager

Review & Approval:

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Medical Director

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Date