

Application for the *declaration of authorised activities and authorised persons* in accordance with Section 64 of the *South Australian Health Care Act 2008*

Applicants should refer to SA Health Part 7 Committee webpage for background information on SA Health's process.

The purpose of Section 64 the South Australian *Health Care Act (2008)* (*the Act*) is to allow the authorisation of activities associated with undertaking or making assessments, evaluations or recommendations with respect to the practices, procedures, systems, structures or processes of a health service.

- (a) Where the purpose of any such activity is wholly or predominantly to improve the quality and safety of health services; and
- (b) Where the public disclosure of, or public access to, information is restricted in order to achieve the best possible outcomes associated with the improvement of health services.

As noted in Section 64 (item 4) the Minister must be satisfied:

- (a) that the performance of an activity within the ambit of the declaration, or the functions or activities of a person or group of persons within the ambit of the declaration, would be facilitated by the making of the declaration; and
- (b) that the making of the declaration is in the public interest.

The information included in brackets [] below refers to the relevant sections of the Act.

1. **Describe how the making of the declaration is in the public interest:** [Section 64(4)(b)]

Insert information here

]

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2. What does the activity involve? [Section 64(2) (a) & (b)]

<input type="checkbox"/>	An assessment or evaluation of the quality of services provided by prescribed health-sector bodies
<input type="checkbox"/>	The making of recommendations about the provision of services provided by prescribed health-sector bodies
<input type="checkbox"/>	The monitoring of the implementation of any recommendations or other initiatives that are relevant to improving the quality of services provided by prescribed health-sector bodies
<input type="checkbox"/>	Research activities that relate to the causes of mortality or morbidity
<input type="checkbox"/>	None of the above

If you selected 'None of the above' do not proceed further with the application as the activity does not meet the requirements of the Act

3. Is this application seeking the declaration of an authorised quality improvement activity or an authorised research activity? [Section 64 (1)(a)]

Quality improvement activity

Research activity

4. What is the company name of the applicant?

Insert information here

5. What is the name of the activity?

Insert information here

6. What is the name of the person or group of persons (committee) that will be responsible for carrying out the activity?

Insert information here

7. Is this a sub-committee or working group?

Yes No

If you selected 'Yes', what is the name of the committee it sits under?

Insert information here

Is that committee authorised under Section 64 of the Act?

Yes No

8. **Has there been a previous declaration made in relation to this activity and / or person or group of persons (committee)?**

Yes No

If you selected 'Yes', what was the date of the South Australian Government Gazette notice?

Insert information here

9. **Please provide a detailed description of the following:**

- a) What are the objectives of the activity?
- b) What methods will be used in conducting this activity?
- c) How will the activity be evaluated?
- d) How will the outcomes of the activity be responded to?

Insert information here

10. Describe how the performance of the activity, or the functions of the person or group of persons (committee), would be facilitated by the making of the declaration:
[Section 64(4)(a)]

Insert information here

11. In the case of a declaration of a person or group of persons (committee) to be an authorised entity, please provide details of how the Minister can be satisfied that:
[Section 64(2)(c) & (d)]

- a) Each member of the group holds an appropriate qualification from the governing body of the prescribed health-sector body or has experience or training that is relevant to the performance of its functions in relation to a quality or improvement activity or a research activity.

Insert information here

- b) or in the case of a group, that the group is established in accordance with the rules of the governing body of the prescribed health-sector body, and if relevant, holds an appropriate approval from a research ethics committee:

Insert information here

- c) The functions of the group include activities involved in carrying out a quality improvement activity or a research activity:

Insert information here

- 12. In the case of a declaration of a person or group of persons (committee) to be an authorised entity, describe how members of the group and any invited experts will be made aware of their responsibilities in accordance with Part 7 and Part 8 of the Act.**

Insert information here

- 13. In the case of a declaration of a person or group of persons (committee) to be an authorised entity for the purposes of carrying out an authorised quality improvement activity, is it likely that the entity will appoint a Root Cause Analysis (RCA) team to undertake investigations in accordance with Part 8 of the Act.**
[Section 69(1)]:

Yes No

If you selected 'Yes', please provide details

Insert information here

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14. Do you agree to provide the Minister for Health and Wellbeing with a written request seeking approval of the following prior to any changes occurring?

Tick to indicate 'Yes'

- changes to the purpose of the activity.
- changes to the composition or purposes of the entity (if applicable).
- changes to the Committee's Terms of Reference (if applicable).

15. Do you acknowledge the following? Tick to indicate 'Yes'

<input type="checkbox"/>	I have reviewed the information on SA Health's Part 7 - Protected Committees for Quality Improvement Activities
<input type="checkbox"/>	I understand that a declaration under the Act does not allow information discovered during Part 7 Committee activities to be used for conducting performance reviews of individual health practitioners [Section 64(7)].
<input type="checkbox"/>	I will submit a completed application and a current terms of reference that meets the requirements of the Act three months before the expiry date.
<input type="checkbox"/>	The Minister may, by subsequent notice in the Gazette, vary or revoke a declaration [Section 64(8)].
<input type="checkbox"/>	A declaration, unless sooner revoked, ceases to be in force at the end of three years after it is made [Section 64(9)]
<input type="checkbox"/>	The Minister may determine various protocols or procedures that must be complied with by a person or group of persons acting under the authorisation [Section 64(10)].
<input type="checkbox"/>	A person to whom this authorisation applies must not make a record of or disclose information gained as a result of, or in connection with, an authorised activity, except [Section 66(2)]: <ul style="list-style-type: none">• To the extent necessary for the proper performance of the authorised activity; or• In pursuance of any reporting requirements of a prescribed kind to a governing body of an entity; or• As part of making a disclosure to another authorised person; or• To the extent allowed by the <i>Health Care Regulations 2008</i>.
<input type="checkbox"/>	Separate authorisation under Section 64 of the Act is required for any subcommittees or working groups with membership outside of the main committee, or a function not included in the terms of reference of the main committee.

16. Who is the first point of contact for this application?

Contact person

Insert information here

Position and organisation

Insert information here

Postal address

Insert information here

Phone nos

Insert information here

Email address

Insert information here

17. Declaration:

I declare that the information provided in this form is accurate and truthful to the best of my knowledge.

Name and signature of Contact person

Insert information here

Date of application

Insert information here

Submitting your application:

1. Prior to submitting your application please review the application form to ensure that all sections have been completed.
2. Please provide the following (if applicable):
 - Evidence of research ethics committee approval
 - Terms of Reference for the group
 - Job and Person Specifications
3. Where space is insufficient in any section of this document, please provide additional details in a signed attachment.
4. Please email the application form, cover letter from the Chief Executive Officer and the committee's current terms of reference to:
Health.DHWClinicalGovernance@sa.gov.au
4. If further information is required please refer to SA Health's [Part 7 - Protected Committees for Quality Improvement Activities](#)
5. If you are unable to locate the information, please contact:
Health.DHWClinicalGovernance@sa.gov.au