

Expert Panel: Ways of Working

Membership

Position	Name	Professional role
Chair	Dr Michael McBride	Chief Medical Officer, Northern Ireland, as Chair of the Panel
Voting Members	Dr Jackie Cornish,	National Clinical Director for Children, Young People and Transition, NHS England
	Dr Clare Gerada,	GP and former chair, Royal College of General Practitioners
	Dr Jenny Harries,	Deputy Medical Director, Public Health England
	Prof Martin Kirkpatrick,	Consultant Paediatric Neurologist
	Prof Finbar O'Callaghan,	President, British Paediatric Neurology Association
	Prof Tom Walley,	Director of the NIHR Health Technology Assessment Programme
Non Voting Observer	Andrew Evans	Chief Pharmacist, Wales

Periodicity

1. Expert Panel (EP) meetings will take place fortnightly commencing Thursday 12th July 2018.

Complete and Correct Applications

2. It is the Secretariat's responsibility to triage applications to ensure that they contain the correct content e.g. all fields completed and the content of an appropriate quality, and evidence, to enable a decision to be made by the EP. The triage process will include measures to ensure the safeguarding of patient's information including: the removal of the patient's personal information before applications are shared; and sharing with the EP via the secure cloud based file storage platform 'DocLab'.

3. Clinical practitioners making the application must be of the correct registered speciality and/or sub-speciality. Applications solely from General Practitioners without the appropriate specialist skills will not be accepted by the panel.
4. Applications that are not 'complete and correct' i.e. do not meet the appropriate standard, will be passed back to the applicant for amendment, enabling EP to consider a greater number of applications and not spend time considering applications for which a final decision cannot be made.

Timing

5. The Secretariat will pass 'complete and correct' applications to the EP. The EP will have ten working days, from receipt of a 'complete and correct' application in which to consider the application, meet and provide their recommendation. The date for receipt of applications to be considered by the EP will be published on the EP website.
6. The ten day standard period discounts any working days where the EP Secretariat is awaiting information sought from the requesting clinician. At any point in the application process, the Secretariat can ask for further information to clarify the request. If the requester does not provide a response to the Secretariat within 10 working days the request record will be closed and the requester informed. Such a request can be reopened on submission of the additional information.
7. Applications that miss the deadline will be referred to the next scheduled EP meeting for consideration.
8. Given the short timescales to final decision it is unlikely cases will become clinically urgent once an application is submitted and urgent review may be detrimental because:
 - Cases submitted outside the usual process are unlikely to have been able to gather the necessary supporting clinical evidence upon which an informed decision can be properly taken;
 - The probability of a response to treatment and the nature of that response is less likely to be clear;
 - Decisions taken by fewer panel members meeting at short notice may increase the risk of a less informed decision;
9. Provision for cases to be processed more quickly than the standard ten working days is possible, by convening of a virtual panel comprising a minimum of four members, in the unlikely event that the case is so urgent that there is a risk to life or it is considered clinically likely that significant and irreversible loss of function may occur before the next full EP meeting. These rare cases should be notified personally to the Secretariat by the Medical Director of the treating Trust and supported directly by the Trust Chief Executive

Decision making process for recommending a license

10. Recommendations, to grant special licences to prescribe cannabis based medicinal products, will be based on a majority decision of the membership of the EP following consideration of the application following a formal decision-making process. The Chair will have an equal vote in the decision-making process. The Chair will have the deciding vote in the event that a majority decision is not reached.
11. Plenary meetings will be agreed as quorate when 4 or more voting members, including the Chair, are present.

Co-opted Experts

12. Where additional knowledge and experience is required for consideration of applications individuals with relevant expertise will be co-opted to augment the EP's competence. The relevant expertise will be judged according to an essential list of criteria, related to the specialist knowledge required, prior to the selection of the individual.

Conflicts of interest

13. At the start of each meeting members will be asked to declare any conflicts of interest (Col) that they have with the business to be discussed. Where conflicts exist individuals will recuse themselves from the relevant agenda item. In the event that the Chair declares a potential Col he will recuse himself and a member of the EP asked to deputise for the relevant item.
14. On taking up membership members will be required to agree to comply with the Principle of Public Life.

Recommendations of the EP

The EP will recommend:

- That a licence should be issued;
- That a licence should NOT be issued;
- That further clinical information is required before a recommendation can be made.

15. Recommendations will be made to the Home Secretary and the Department of Health in Northern Ireland by submission. It is at the discretion of the Minister/*the Perm Sec in NI to accept the Expert Panels recommendations and issue a licence, where appropriate.*

Reporting

16. The Secretariat will record sufficient material through a decision-making framework ring meetings to enable the production of a submission to the Home Secretary that includes the EP's recommendation and incorporates the key considerations, against the EP's published decision framework, that contributed to the recommendation.
17. Submissions will be ratified by the Expert Panel Chair
18. Submissions will not be published.
19. No other record of the meeting will be made or retained.