

Patient Safety Committee - Terms of Reference

Purpose

The purpose of the Patient Safety Committee (PSC) is to benefit patients by supporting the members and fellows of the Royal College of Physicians (RCP), and the multidisciplinary teams in which they work, to improve patient safety in all four countries of the UK and internationally.

The PSC convenes clinicians with specific interest and expertise in patient safety from within the RCP, affiliated specialist societies and external organisations. The Committee aims to meet the RCP's key strategic objectives by influencing the national patient safety agenda, collaborating on patient safety improvement work, and sharing best practice within the RCP, its members and fellows and multidisciplinary teams across health and social care.

1. Remit

The PSC works to support RCP's mission of best possible health and healthcare for all, through its three strategic themes of educating, improving and influencing.

The remit of the committee is to:

- a. Proactively promote patient safety in healthcare through the RCP, as a committee of experts across a range of disciplines, so that the committee supports patient safety as a high policy priority across relevant stakeholders and integral to the clinical practice of our fellows and members and the multidisciplinary teams within which they work.
- b. Influence the RCP patient safety activity and support its delivery.
- c. Maintain strong relationships with partner organisations with a remit of patient safety.
- d. Identify and support physicians through committee members, who are leading patient safety work, involved in safety initiatives or undertaking patient safety research. Promoting patient safety research to fellows, members and as a result the medical community at large.
- e. Provide formal RCP patient safety advice for policymakers, NHS organisations throughout the UK, commissioners, RCP tutors and regional advisors, other professional bodies, patients and the public. Understand patient safety within the context of where the work is based.
- f. Contribute to relevant policy consultations and ensuring that patient safety is embedded in consultation documents that are generated within the RCP.
- g. Provide recommendations, where appropriate, to individual patient safety initiatives and best practice and where appropriate with partner organisations to support implementation to achieve their aim.
- h. Link with other work that is being carried out across the RCP, eg health inequalities, education, curriculum development, accreditation.
- i. Contribute to medicines safety agenda and best practice, by working with partner organisations, reviewing any relevant policy documents, and promoting best and emergent practice.

- j. Contribute to continuing work to identify and support patients at risk of deterioration by review of implementation of NEWS2 and emerging new practice.
- k. Identify and respond to emerging patient safety issues.

2. Reporting

The PSC is a standing committee of the RCP and reports to RCP Council via the Care Quality Improvement Directorate Improving board.

It is recognised that members of the PSC may have conflicts of interest with regards to the provision of advice or guidance to RCP Council and other internal or external stakeholders. For example, a consultation response to NHS England where the NHS England representative on the PSC may have a direct conflict. In such cases, advice and guidance will be offered as majority consensus opinion or explicitly state which members of the PSC were unable to contribute due to a conflict of interest.

3. Statement of members' responsibilities

4.1 Each member, and those in attendance in agreeing to be part of the committee, are asked:

- to attend and contribute to meetings on a regular basis;
- to nominate a deputy to attend if they are unable to do so;
- to support the purpose and role of this committee;
- to share information, experience and intelligence that will maximise benefit for patient safety and improvement with the committee and with their constituent organisation;
- to act as ambassadors for patient safety, disseminating news and information about the activity and making links more broadly as opportunities arise.

4. Conduct of business

The group will conduct its business as follows.

- 5.1 The PSC will meet three times a year, or as agreed by the committee.
- 5.2 Meetings will be by video conference, or hybrid meetings.
- 5.3 The agenda and papers will be circulated at least five working days ahead of each meeting and notes will be shared within 10 working days, except with explicit agreement of the chair.
- 5.4 Standing agenda items to include:
 - patient safety updates from the medical specialities and the RCP;
 - minutes and updates from the NEWS2 Improvement Advisory Group;
 - minutes and updates from the Medicines Safety Joint Working Group;
 - updates from the Digital Safety Group;

- a summary of relevant consultations, alerts, and reports;
- any other business.

This will be reviewed on an annual basis.

- 5.5 The PSC will facilitate debate and make recommendations relating to patient safety and any escalated decisions with the resulting actions/decisions captured and formally recorded in the committee's minutes.
- 5.6 Decisions, risks and issues, will be referred to the CQID Improving Board, Strategy Executive, RCP Senior Officers, Council as appropriate.
- 5.7 Quorum is realised by the chair and must include as a minimum:
- the Clinical Director for Patient Safety and Clinical Standards (chair);
 - a CQID senior manager;
 - a patient representative, the Patient Involvement Officer or PCN Chair;
 - five other committee members represented from specialist societies, associations or Royal Colleges.
- 5.8 Any uncertainty regarding the quality of information received will mean that decisions requested will be deferred to the next available meeting, or for consideration by the chair outside of the meeting process, with subsequent decisions made brought to the next available meeting of the committee.
- 5.9 The committee is supported by the CQID Executive Support and Business Coordinator, who will act as secretary to the group.
- 5.10 The committee may be consulted by email outside routine meetings, where its direction is required on matters of urgency, by prior agreement with the chair of the group.

5. Membership

- 6.1 Membership is:
- senior clinical leaders and staff within CQID with a remit that includes patient safety;
 - members and fellows who represent the RCP on national patient safety work;
 - representatives of specialist societies or from specialities via the RCP Joint Specialty Committees;
 - representatives of specific career groups;
 - representatives of other professional groups who work closely with physicians in the area of patient safety.

The current membership list is shown in appendix 1.

- 6.2 Membership will be reviewed at the first committee meeting of each calendar year.
- 6.3 It is ex-officio, so membership is held by the current post-holder at any given time.
- 6.4 Members are expected to attend all meetings, but a deputy may be nominated in the event of absence. The chair should be informed if a deputy is attending ahead of the meeting.
- 6.5 Apologies for non-attendance should be sent to the secretary, giving as much notice as possible. The chair may implement periodic reviews of attendance and set a minimum attendance figure in this respect.

6. Review

- 7.1 These terms of reference will be reviewed on an annual basis, on the anniversary of approval.
- 7.2 The terms of reference were approved in June 2025.

Appendix 1 - Membership as at June 2025

Clinical Director for Patient Safety and Clinical Standards, RCP (chair)
Clinical Vice President, RCP
Clinical Lead for Deterioration, RCP
Clinical Lead for Patient Safety Learning, RCP
Digital Health Clinical Lead, RCP
Executive Director for Improvement, RCP
Patient and Carer Network Chair, RCP
Patient Involvement Officer, RCP
Patient and Carer Network representative, RCP
Fellow for the National Patient Safety Response Advisory Panel, RCP
Medical Director or Deputy Medical Director of Invited Reviews, RCP
New Technologies Clinical Lead, RCP
Deputy director, Communications, Policy and Research, RCP
RCP Joint Specialty Committee for Infectious Diseases
RCP Joint Specialty Committee for Medical Oncology
RCP Joint Specialty Committee on Clinical Pharmacology and Therapeutics
RCP Resident Doctors Committee representatives
RCP Quality Improvement Fellow in Renal Medicine
RCP Patient Safety Learning Clinical Fellow
Association for Palliative Medicine
Association of British Clinical Diabetologists
Association of British Neurologists
British Cardiovascular Society

British Geriatrics Society
British Society for Rheumatology
British Society of Gastroenterology
British Society of Rehabilitation Medicine
British Thoracic Society
Health Services Safety Investigations Body
Institute of Physics and Engineering in Medicine
Intensive Care Society
International representative, RCP Global
Medicines and Healthcare Products Regulatory Agency representatives
Patient Safety Lead, NHS England
Physician Associate representatives
Representative for Northern Ireland
Representative for Scotland
Representative for Wales
Royal College of Emergency Medicine
Royal College of Nursing
Royal Pharmaceutical Society
Society for Acute Medicine
Society for Endocrinology
UK Kidney Association.

Agreed June 2025

Next update June 2026