GS1 Healthcare Clinical Advisory Committee Regulation

Preamble

This Regulation sets out the procedural aspects of the GS1 Clinical Advisory Committee and is intended to ensure that the Committee operates in a transparent and consistent way. Committee members, upon accepting their appointment, must observe this Regulation and, shall at all times, participate in accordance with the GS1 Competition Law Caution (see: https://www.gs1.org/standards-development/how-we-develop-standards/gs1-competition-law-caution).

The GS1 Healthcare Clinical Advisory Committee works in line with the vision and mission of GS1 Healthcare.

Vision GS1 Healthcare: GS1 Healthcare envisions a future in which the healthcare sector achieves harmonised implementation of global standards in business and clinical processes enabling interoperability, optimal quality and efficiency of healthcare delivery to benefit patients.

Mission GS1 Healthcare: GS1 Healthcare is a neutral and open community bringing together all related healthcare stakeholders to lead the successful development and implementation of global GS1 standards enhancing patient safety, operational and supply chain efficiencies.

1. Purpose

The purpose of the GS1 Healthcare Clinical Advisory Committee (CAC) is to advise GS1 Healthcare and the GS1 Healthcare Leadership Team (HCLT) regarding matters relating to the integration of GS1 standards into clinical care in a reliable and sustainable way and relative to necessary steps to ensure that the benefits of GS1 standards are understood and known in the clinical environment.

2. Responsibilities

The four pillars of responsibilities of the CAC include but are not limited to:

<table>
<thead>
<tr>
<th>Advisory</th>
<th>1. To advise GS1 Healthcare on ways for GS1 standards to play a major role to improve patient safety in hospitals and clinical environments.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. To advise the HCLT and GS1 Healthcare on how to integrate knowledge of GS1 standards globally into clinical communities.</td>
</tr>
<tr>
<td></td>
<td>3. To advise the HCLT and GS1 Healthcare on facilitating the integration of GS1 standards into clinical care in a reliable and sustainable way.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>4. To lead and advocate within their organisation and/or network the benefits of GS1 standards play in improving patient safety and operational efficiencies.</td>
</tr>
<tr>
<td>Professional Engagement</td>
<td>5. To lead and advocate within their organisation and/or network the benefits of GS1 standards play in improving patient safety and operational efficiencies.</td>
</tr>
<tr>
<td></td>
<td>6. To utilise the CAC as a &quot;think tank&quot; for future implementations.</td>
</tr>
<tr>
<td>Innovation &amp; Implementation</td>
<td>• 7. Thought leadership for future use cases.</td>
</tr>
<tr>
<td></td>
<td>• 8. Sharing best practice examples.</td>
</tr>
</tbody>
</table>
3. **Membership & Appointment**

The CAC shall be comprised of:

a. Minimum of 6 members
b. Preferably reflecting regional and professional diversity;
c. A Chairperson; and
d. A Secretary.

The CAC is a group of global clinical leaders, with an understanding of GS1 standards, and in a position to add value to the principal responsibilities of the CAC. New membership and or role change will be shared with HCLT. Members shall be nominated for appointment by healthcare experts of GS1 Member Organisations (MOs) and/or GS1 Global Office. Members shall be suitably qualified to fulfil the responsibilities of the CAC and shall hold a professional qualification in healthcare delivery, have knowledge of and, where appropriate, are experienced with the GS1 System and its implementation in a clinical environment. Members shall serve a three-year term, which may be extended with the maximum of one three year term. Members are responsible to attend at least three out of the four meetings annually. If more meetings are missed without valid explanation, membership will be re-considered and may be suspended. Face-to-face-meetings should be attended in person.

The CAC shall nominate the Chairperson at the first meeting of the CAC each calendar year. The Chairperson shall serve a term of 2 year, which may be extended by approval of the CAC.

The Secretary shall facilitate the CAC. The GS1 Global Office Director Healthcare Providers shall act as the Secretary of the CAC.

4. **Procedures**

The CAC shall hold 4 meetings per calendar year. Meetings may be held in person or virtually. Additional meetings may be held if required and called by the Chairperson. Meetings are quorate if at least 50% of members participate in the meeting. The Secretary shall keep adequate minutes of each meeting, which will be circulated for approval by the CAC. There will be a CAC agenda item on the HCLT following the CAC meeting.

The CAC shall seek to adopt proposals and make decisions by a consensus but if no consensus is achieved, proposals may be approved by a 2/3 majority vote.

Each member shall be entitled to one vote. The granting of proxies from one CAC member to another CAC member is allowed.

5. **Remuneration & Expenses**

Members of the CAC may be reimbursed for their reasonable travel expenses for attending CAC meetings, after prior approval of GS1 Global Office. Members will not be reimbursed for their position on the CAC.

Els van der Wilden
Reviewed: 09/15/2021

Date for Review:
September 2023