



GS1 Healthcare Clinical Advisory Committee Regulation

Preamble

This Regulation sets out the procedural aspects of the GS1 Healthcare 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 Antitrust Caution (see: <https://www.gs1.org/gs1-anti-trust-caution>).

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

Vision GS1 Healthcare: To be the recognised, open and neutral source for regulatory agencies, trade organisations and other similar stakeholders seeking input and direction for global standards in healthcare for patient safety, supply chain security & efficiency, traceability and accurate data synchronisation.

Mission GS1 Healthcare: to lead the healthcare sector to the successful development and implementation of global standards by bringing together experts in healthcare to enhance patient safety 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 principal responsibilities of the CAC include:

- a. To advise the HCLT and GS1 Healthcare on facilitating the integration of GS1 standards into clinical care in a reliable and sustainable way.
- b. To collaborate, collect knowledge on opportunities for and relevance of GS1 standards in clinical engagement, and disseminate throughout GS1's Healthcare network.
- c. To advise the HCLT and GS1 Healthcare on how to integrate knowledge of GS1 standards globally into clinical communities.
- d. To advise GS1 Healthcare on ways for GS1 standards to play a major role to improve patient safety in hospitals and clinical environments.
- e. To exchange knowledge and experiences about GS1 standards in the clinical environment.
- f. To advise the HCLT and GS1 Healthcare on the best way to interact and communicate with healthcare providers.

3. Membership & Appointment

The CAC shall be comprised of:

- a. No more than 8 Members that preferably reflect regional and professional diversity;
- b. A Chairperson; and
- c. A Secretary.

The first members of the CAC are medical doctors, preferably with an understanding of GS1 standards, who are in a position to add value to the principal responsibilities of the CAC. Members are appointed by

the 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 the qualification of a medical doctor, 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 a one-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; she/he will be approved by the HC LT. The Chairperson shall serve a term of 1 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 via telephone conference. 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. The minutes will also be made available to the GS1 Healthcare Leadership Team.

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.

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