

# ANNEX iii b: Medical Referral Committee (MRC) Terms of Reference

**Objective:** To ensure a fair, equitable, ethical, and cost-effective referral system for elective case treatment and for the review of cases referred for emergency treatment from the camps.

**Committee membership:**

1. Chair- Sadar Hospital -Superintendent
2. Secretary-Health Coordinator of Refugee Health Unit
3. Member- UNHCR Public Health Unit staff
4. Member IOM - Referral Coordinator
5. Member Referral coordinator of RHU
6. Member Health Sector Coordinator
7. Member One Bangladesh NGO representative (BRAC)
8. Member One representative from MSF

In addition, camp-level health partners involved in the case under discussion can be invited to the meetings to present the case but will not have a voting right on the final decision.

**Quorum:** The MRC requires the participation of the Chair plus three members to meet and take decisions.

**Tenure of the Committee:** The tenure of the committee shall be one year. The frequency of the meetings shall be monthly. The decisions of the MRC shall be recorded in the meeting minutes.

**General Roles and Responsibilities of the Committee:**

1. A minimum of three health professionals is recommended in the committee to ensure a fair and transparent process that understands both the reality of health services in the country and has knowledge of the best evidence-based practice
2. Health care professionals that have direct contact with the Person of Concern will not be part of the committee decision-making body. They may present the case to the committee, but the decision shall be made by the other physicians on the board.
3. The committee proceeding shall remain confidential to avoid any undue pressure or influence from beneficiaries that would prevent objective decision-making. Therefore, it is advisable to have the committee in a controlled environment.
4. Camp-level health partner physicians shall assess the case clinically and collect all investigation findings and present the case to the referral committee when invited to the committee meeting.

5. Partner health experts will evaluate the case based on the prognosis and make the decision to refer or not. When the case carries a good prognosis from a technical point of view and feasible cost analysis has been done, the decision for referral is made by the partner experts. Partners will submit a summary of the case in the standard Patient Evaluation sheet (annex 1) along with supporting documents.
6. Refugees shall not be given any assurance of referral by the committee members before the committee makes the decision to refer. The camp health partners of the referral committee are to strictly adhere to this point
7. Ensure a transparent, efficient, ethical, and cost-effective decision-making process
8. Ensure that all cases referred satisfy the criteria outlined in the current Medical Referral SOP.
9. Meet regularly to review newly submitted cases and to decide on the referral of the non-emergency patients from Refugee camps to national specialized hospitals in Chittagong and Dhaka. Emergency cases referred to Chittagong will not be reviewed unless the condition is at a later stage evaluated to require long-term treatment.
10. Review the treatment plan(s) recommended by the treating physician at the referred treatment location and note the anticipated end date.
11. Review cases that are within one month of their original treatment end date, to determine if treatment needs to be extended or can be terminated at the time originally recommended.
12. Review cases that require follow-up at referral facilities more than two times. Deciding on the extent/limitations of assistance, especially for cases with repeat / recurrent referrals.
13. The referring agency will provide feedback after each meeting to the concerned beneficiaries while the committee will provide feedback to relevant staff members of UNHCR and other agencies.
14. Document deliberations on sessions held via taking and sharing of meeting minutes.

### **Role of UNHCR in the referral committee**

Like other partner-implemented activities, the medical referral is also a partner-implemented activity. Therefore, the role of UNHCR is to:

1. Monitor the implementation and ensure the implementation meets the UNHCR referral guidelines.
2. Deciding the composition of the referral committee
3. Ensure review of referral guidelines and SOPs as per need
4. Ensure the decisions made by the committee are in line with the UNHCR referral guidelines
5. Provide necessary coordination support
6. Actively contribute as an expert member to make decisions

**Role of camp health partners:**

1. Identify the cases that could potentially benefit from Medical Referrals to higher centers
2. Assess the cases clinically and with necessary investigations
3. Formulate the case file for each case including the clinical condition, investigation, proposed treatments, and the tentative costs
4. Receive files of new cases, number sequentially and ensure that all parts of the Patient Evaluation Sheet are filled, supporting documentation is completed, and inclusion of all necessary identification documents
5. Share the list of cases to the referral committee three (03) days before the referral committee date.
6. Present to the referral committee the case files and present the cases following the general clinical guidelines of medical history presentation with investigations, prognosis, and the proposed treatment
7. Arrange the necessary documents for the referral and take necessary camp exit permits
8. Refrain from assuring any refugee patient in the camp for medical referrals until the medical referral committee take the decision to referral
9. Follow-up on the progress of agreed-upon actions or interventions during committee meetings:
  - a. Send authorized referral cases (including stamped standard referral forms, referral letters, medical reports, diagnostic reports, and patient and caretaker photos) via email to RHU Health Referral Coordinator for referral appointments.
  - b. Follow-up with RHU regarding schedules of date of departure, progress/status of the referral, and date of return to the camp.
10. Maintain a confidential file with all minutes of meetings and supporting documentation at the camp level with regards to patients referred from their respective facility
11. No patient personal information that has been provided for use by the committee shall be transmitted to other parties outside the committee unless expressly approved by the committee as relevant to the medical decision or care.
12. Sharing of feedback regarding the progress of referral cases to concerned beneficiaries and relatives.
13. Follow up with all patients who return from referral facilities in cooperation with RHU.
14. Carry out necessary counseling with patients who are not referred and provide them with alternate care available in the camps

**The RHU is responsible for the following:**

1. Call upon a Medical Referral Committee meets monthly at a controlled setting, inviting all members. Ensure cases from camps will be discussed in one forum, this will help in making a more objective balanced decision assessing the bigger picture.
2. Actively participate in referral committee decision making

3. Take minutes during meetings, accurately noting major points of discussion and precise decisions, as well as the rationale for the decision.
4. Actively contribute as an expert member to make decisions on the referrals of the other camp locations
5. Provide draft minutes of meeting within 3 days and distribute them to committee members for comments
6. Have corrected minutes signed by the Chair and other two Committee members within 6 days.
7. Follow-up on the progress of agreed-upon actions or interventions during committee meetings relating to referrals to referral institutions:
  - a. Receive documentation concerning authorized referral cases (including CIC permission, stamped standard referral forms, referral letters, medical reports, diagnostic reports, and patient and caretaker ID) from Health Agency Coordinators/Team Leaders.
  - b. Process movement permits from Cox's Bazar onwards and referral appointments with referral facilities.
  - c. Follow-up with camp health agencies and district hospitals regarding the scheduling of pickups and drops of referral cases approved for referral by the referral committees.
  - d. Share weekly progress/status updates of cases referred and dates of return to the camp with camp health agency coordinators/team leaders.
  - e. Ensure all cases are provided with necessary transportation and reasonable living allowances during transit to and from the camp. Provide a referral assistant from RHU for Dhaka referrals.
  - f. Keep an updated database for all cases referred including costs incurred using the standard UNHCR referral database format.
  - g. Share the monthly referral statistics with UNHCR and other stakeholders