

Who must comply with this procedure?

All clinical staff

This procedure applies in the following setting:

This policy applies to all Monash Health staff who wish to introduce a new health technology or clinical practice to Monash Health.

Procedure

Clinicians wanting to introduce a new health technology or clinical practice to be used on Monash Health patients or clients will:

1. Visit the [Technology/Clinical Practice Committee website](#) and download the “New Technology Clinical Practice Application Form” which can be found under the tab “TCPC Application Process”
2. Complete the application form by following all the instructions on the form.
3. Use the resources identified in the application form to ensure that your application meets all requirements.
4. Develop a Patient Information Sheet using the template provided on the Technology and Clinical Practice Committee website.
5. Seek approval for the completed application and patient information sheet from your Unit Head and Program Director (or General Manager); ensure that all signatures are on the approval section of the application form before submitting it.
6. The Chief Operating Officer is required to sign-off on the application.
7. Submit the signed hard copy or scanned electronic copy of the application form to the Executive Officer of the Technology/Clinical Practice Committee.
8. Attend the Committee meeting to present your application with your Unit Head and Program Director (or General Manager).
9. In the process of considering an application, the Committee may request for additional information before making a final decision to approve the new technology or clinical practice.
10. If the application is approved ensure that you comply with any conditions that the Committee might impose.
11. Do not implement the new technology/clinical practice until the application and patient information sheet has been approved and all conditions are fulfilled. Refer to [Patient & Consumer Information: Development and Review](#). The Executive Officer will facilitate the process for the approval of patient information.
12. It is the responsibility of the Unit Head, Program Director (or General Manager) and Executive Sponsor, in consultation with the Business Manager, to oversee the implementation of any approved new technology or clinical practice.
13. Applicants are advised to follow a [Decision Guide](#) to assess if the activity would meet Quality Improvement (QI) criteria at Monash Health, and inform the Executive Officer once QI registration is successful.
14. Collect data on all patients receiving the new technology or clinical practice and submit progress reports as required by the Committee.
15. If you want to continue using the technology at the end of the two year monitoring period, submit an application for “[Reclassification of the New Technology into Standard Practice](#)”.

Useful Resources

[Patient & Consumer Information: Development and Review](#)

[Change of Use of an existing technology or clinical practice](#)

[TCPC Application Process](#)

[Human Research Ethics Application for Quality Assurance Studies](#)

Keywords or tags

TCP, TCPC

Document Management

Policy supported: [Safe introduction of new technology or clinical practice](#)

Background: [Safe introduction of new technology or clinical practice](#)

Executive sponsor: Chief Medical Officer

Person responsible: Executive Officer Technology/Clinical Practice Committee