



National Immunisation Advisory
Committee
An Coiste Comhairleach Náisiúnta
um Imdhíonadh



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Terms of Reference and Standard Operating Procedures of the National Immunisation Advisory Committee (NIAC)

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1 Introduction

The National Immunisation Advisory Committee (NIAC) was established in 1998 to provide independent evidence-based expert advice to the Department of Health to inform immunisation policy in Ireland. The Department of Health and the Minister for Health make policy decisions on vaccines and immunisation-related health matters, which are implemented by the Health Service Executive.

Since 2025, NIAC has been hosted by the Health Information and Quality Authority (HIQA). HIQA is an independent authority that exists to improve health and social care services for the people of Ireland. HIQA provides technical evidence synthesis, clinical and administrative support to NIAC. The Chair of NIAC is appointed by the Board of HIQA and reports on the work of NIAC to the Board on an annual basis.

2 Terms of Reference

The terms of reference of the National Immunisation Advisory Committee (NIAC) are to:

- Provide independent expert evidence-based recommendations and advice to the Minister for Health on immunisation and related health matters in the Irish context.
- Develop, update and disseminate the Immunisation Guidelines for Ireland.
- Respond to queries from healthcare professionals and the Department of Health on matters related to immunisation.
- Undertake horizon scanning and monitor global developments in the field of immunisation for the prevention of infection and or disease.
- Advocate for best immunisation practices in Ireland.

NIAC is not a policy-maker and has no regulatory function.

3 NIAC Membership

NIAC comprises a Chair, Deputy Chair, and members. The Chair of the Committee reports to the Board of HIQA.

3.1 Voting members

NIAC comprises approximately 20 voluntary voting members. Membership should include broad representation with expertise in immunisation from a range of healthcare professional bodies, and also two lay members. Members are drawn from the following nominating professional bodies, organisations and fields:

- Royal College of Physicians of Ireland (RCPI)
- Faculty of Occupational Medicine, RCPI
- Faculty of Paediatrics, RCPI
- Faculty of Pathology, RCPI
- Faculty of Public Health Medicine, RCPI
- Institute of Medicine, RCPI
- Institute of Obstetricians and Gynaecologists, RCPI
- Health Protection Surveillance Centre
- Infectious Disease Society of Ireland
- Irish College of GPs
- Nursing and Midwifery Board of Ireland
- Royal College of Surgeons in Ireland
- Travel Medicine Society of Ireland
- National Virus Reference Laboratory
- Ethics expertise
- Clinical pharmacy expertise
- Gerontology expertise
- Inclusion health expertise
- Lay public members.

At the discretion of the Chair, the nominating body or organisation may also nominate an alternate member to carry out the responsibilities of a Committee member in their absence.

3.1.1 Responsibilities of a Committee Member

- Read, understand, and follow the operating procedures of the Committee, described herein.
- Attend at least three full Committee meetings per year.
- Submit a declaration of interest form when appointed to the committee and thereafter on an annual basis. Activities that may be perceived as, or pose, a conflict of interest regarding a matter on the agenda should be stated at the start of the meeting.
- Complete membership induction (new members).
- Review immunising agents for suitability for inclusion in the primary immunisation schedule or in a national immunisation programme.
- Review indications for other available immunising agents not included in the primary immunisation schedule or a national immunisation programme.
- Contribute to decision-making and recommendations to the Minister for Health relating to immunisation.

- Review updates to the Immunisation Guidelines for Ireland, which provide current recommendations about immunisation and best practice for administering authorised immunising agents.

3.1.2 Responsibilities of the Chair

- Appoint members of the Committee, appoint the Deputy Chair, and terminate Committee membership, as needed.
- Establish and delegate work to working groups of the Committee as needed, and appoint a chair to each working group.
- Report to the HIQA Board on an annual basis and, in addition, report to the HIQA Board and Executive on request.
- Prepare an annual report of Committee activities for the HIQA Board each year for the preceding calendar year.
- Agree the agenda for each meeting.
- Review working documentation for meetings before circulation to Committee members.
- Sign minutes approved by the Committee.
- Ensure that there is a quorum for decision-making purposes.
- Ensure each member is aware at the start of each meeting about their duties in relation to a declaration of interest.
- Adjudicate on conflicts of interest in accordance with HIQA's *Policy for Dealing with Conflicts of Interest*.
- Make the purpose of each meeting clear to members and explain the agenda at the beginning of each meeting.
- Ensure the meeting runs to schedule and keep the meeting moving by putting time limits on each agenda item.
- Encourage broad participation from members in discussion.
- End each meeting with a summary of decisions and assignments
- Review and approve key documents (e.g., meeting minutes, recommendations, statements) for publication on the HIQA website, in accordance with approved processes.

3.1.3 Responsibilities of the Deputy Chair

Undertake duties as delegated by the Chair which may include:

- Reporting to the HIQA Board on an annual basis and additionally to the HIQA Board and Executive on request.
- Supporting preparation of the annual report of Committee activities for the HIQA Board each year for the preceding calendar year.
- Agreeing the agenda for each Committee meeting.

- Reviewing working documentation for meetings before circulation to Committee members.
- Chairing the Committee meeting when the Chair is not available.
- Assisting the Chair in ensuring Committee meetings run to schedule.
- Reviewing and approving key documents (e.g., meeting minutes, recommendations, statements) for publication on the HIQA website, in accordance with approved processes.
- Working with the Chair and Secretariat to achieve the above.

3.2 Additional membership (non-voting)

As the independence of the Committee in decision-making must at all times be respected, a representative from each of the following organisations will be in attendance with access to Committee papers and may, as directed by the Chair, contribute to Committee discussions but will not have voting rights:

- Department of Health
- Health Service Executive (HSE)
- Health Products Regulatory Authority
- HSE National Immunisation Office.

At the discretion of the Chair, the relevant organisation may also nominate an alternate member.

Further additional membership will include:

- Medical Secretary: A specialist registrar in public health medicine, infectious diseases, paediatrics, or member of Trainee Review Group.
- Trainee Review Group: A voluntary group of registrars and fellows (who specialise in areas including but not limited to, immunisation, public health, infectious diseases, paediatrics, general practice). Meeting attendance must be approved by the Chair and Senior Programme Manager in advance.

3.2.1 Responsibilities of additional members

- Offer additional expertise and insights to the Committee, but are not involved in Committee decisions.

Responsibilities of the Medical Secretary

- Provide support to the Chair of the Committee.
- Record and draft minutes following Committee meetings, with support from the NIAC Secretariat.
- Draft correspondence, if required, for the Chair following meetings.

- Assist in drafting reports and coordinating their drafting (in part or in whole) by others designated to do so in line with an agreed timescale.

Responsibilities of the Trainee Review Group

- Provide additional clinical and technical support in evidence reviews for Committee recommendations and guidance.

3.3 Appointment, membership terms, resignation and termination

NIAC members are recruited by requesting nominations for individuals with relevant expertise from representative groups. Following review of the nominees' expertise by the Chair, members are appointed for a four-year term.

To ensure appropriate knowledge regarding immunisation and related health topics is maintained on the Committee, membership is a four-year staggered term so that every two years at least 30% of members will be newly nominated and appointed. Membership is normally renewable once, in agreement with the Chair and relevant member organisation.

The following exemptions apply:

- Time served as Chair is excluded.
- A three-year term applies to the Deputy Chair. This may be renewed once, in agreement with the Chair and the relevant member organisation.
- A two-year term applies to lay members. This may be renewed once, in agreement with the Chair.

The Chair can co-opt members as the need arises for a defined period to ensure adequate specialist expertise is represented. Such co-opted members will advise the Committee, but will not be eligible to vote.

Observers, normally those training with Committee members, may attend at the discretion of the Chair and Senior Programme Manager, but will not be eligible to vote.

Chair: appointment and membership term

The Chair is appointed by the HIQA Board following an expression of interest process open to existing and previous NIAC Members who have served for at least two years on the Committee and are or were in good standing. The term of the Chair is four years, which may normally be renewed once in agreement with the HIQA Board. When a new Chair is appointed from amongst the current members of

the Committee, their organisation should be invited to nominate another member to sit on the Committee for the term(s) of the Chair.

Additional members: membership term

Additional membership is for a four-year term and is renewable in agreement with the Chair and the relevant member organisation. The following exceptions apply:

- The term for a Medical Secretary is one year and is renewable in agreement with the Chair.
- Members of the Trainee Review Group must renew their additional membership every year and must be working as a registrar or fellow.

Review of membership

During their term, the Chair, on behalf of the Committee in consultation with the HIQA Board or delegated HIQA staff member, will review Committee membership.

Resignation

Resignation before completion of a member's term will be accepted if tendered in writing to the Chair. Resignation of the Chair must be provided in writing to the HIQA Board. To facilitate continuity of the Committee, provision of a notice period of no less than two months for a member, and no less than four months for the NIAC Chair, is strongly encouraged.

Termination of membership

Membership may be terminated for a variety of reasons, including:

- The member's term is complete.
- The member resigns.
- NIAC's terms of reference change, and the member's experience and or expertise is no longer relevant to the revised terms of reference.
- The member violates their confidentiality obligations.
- The member fails to attend three consecutive full Committee meetings without satisfactory reasons for non-attendance.
- The member acts in a way that jeopardises the integrity of NIAC.
- The member consistently fails to fulfil the responsibilities of their role.

The Chair will notify the member in writing about the termination, including the reason(s) for termination and the date of termination of their membership. In the case of termination of the Chair's membership, notification of the termination will be provided in writing by the HIQA Board, including the reason for termination and the

date of termination. Any member notified of the termination of their membership may submit written information to the relevant decision-maker (Chair or HIQA Board). Such information will be considered by the relevant decision-maker (Chair or HIQA Board) when making a termination decision.

4 NIAC Secretariat

The NIAC Secretariat works with the Chair and members of the Committee on the programme of work under the auspices of the Committee, but is not involved in Committee decisions. The NIAC Secretariat provides clinical, technical research, and administrative support to the Committee. NIAC Secretariat staff members are employees of HIQA.

The NIAC Secretariat comprises the Clinical Lead, Special Advisors, Chief II Clinical Pharmacist, Senior Health Technology Assessment Analysts, Senior Programme Manager and Programme Coordinator.

Scientific communications support is provided to the NIAC Secretariat through HIQA's Communications and Stakeholder Engagement Team.

5 Working Groups

Where a specific topic requires focused attention beyond the scope of full Committee meetings and or where involvement of additional subject matter experts and or key stakeholders who are external to NIAC would be beneficial to the deliberations of the Committee, a working group may be established by the NIAC Chair. Terms of reference for each working group are set out by the NIAC Chair.

When a working group is established, Committee members (voting members) and members of the Trainee Review Group (non-voting) are invited to join. Individuals external to the Committee with specific relevant expertise may also be invited to join, where appropriate.

The NIAC Chair appoints a working group chair, in consultation with the Clinical Lead. The working group chair shall be a voting member of the Committee or a member of the Secretariat. The working group chair is responsible for chairing working group meetings and providing feedback to the Secretariat on work activity, as necessary.

6 Meetings

6.1 Frequency of meetings

The Committee will meet every two months. The NIAC Chair will call an extraordinary meeting if required. Attendance may be in person, by video link or by teleconference.

Committee members are required to attend at least three full Committee meetings per year. In the event a member is unable to attend a Committee meeting, apologies should be sent to the Senior Programme Manager in advance.

Inability to attend and contribute to three consecutive full Committee meetings may require review of membership. At the discretion of the Chair, the nominating body may be asked to re-nominate or provide an alternate member from the relevant organisation for a four-year term, renewable once in agreement with the Chair and nominating organisation. The voting right (where applicable) transfers to the alternate in the member's absence at a meeting.

6.2 Quorum

The Committee requires the presence of 50% of the voting members plus one voting member to establish a quorum for any meeting convened for decision-making purposes. Quorum should be maintained throughout the meeting.

6.3 Decision-making

Committee decisions will be made by consensus following discussion by members. In the absence of consensus, voting members will be requested to vote on the decision, with the Chair having the casting vote.

7 Declaration of interest

To ensure the Committee operates in a transparent and unbiased manner, all members will be asked to declare any interests to the Chair in line with HIQA's *Policy for Dealing with Conflicts of Interest*. All members will complete a Declaration of Interest (DOI) form at the time of their appointment and at least annually thereafter.

Secretariat members, additional members, alternates, observers, and co-opted members to Committee meetings and or working groups must complete a DOI form at the time of their appointment and at least annually thereafter.

The NIAC Chair will review all declared interests and determine their appropriate management, supported by the Director of HTA as required.

8 Confidentiality

Committee members, Secretariat members, additional members, alternates, observers, and co-opted members must review the Board-approved confidentiality policy annually. The deliberations of the Committee are confidential. Members of the Committee are nominated by various bodies and part of their role is to keep these professional bodies informed about developments in national immunisation recommendations. Members must not, without authority, disclose any information which has been communicated in confidence.

9 Indemnity

Confirmation of indemnity, applicable to NIAC members and NIAC Secretariat staff, has been received from the Department of Health under the appendix to General Council (GC) Report 1357.

10 Governance

The National Immunisation Technical Advisory Group function is provided by NIAC as a statutory function of HIQA under Section 8(1)(g) of Health Act 2007 (as amended). NIAC is hosted within the Health Technology Assessment (HTA) Directorate in HIQA.

The Board of HIQA has oversight of NIAC, including both the Committee hosted by HIQA and the NIAC Secretariat staff members employed by HIQA. The HIQA Board has no scientific input to NIAC's outputs. Rather, the HIQA Board has approved a set of processes within a quality assurance framework to which NIAC adheres. The Chair provides an annual report on the work of NIAC to the Board of HIQA.

The NIAC Terms of Reference have been agreed with the Department of Health. The NIAC Terms of Reference and Standard Operating Procedures have been reviewed by the Committee and approved by the HIQA Board; these ensure transparency regarding the ability of NIAC to exercise judgments and decisions independently.

10.1 Review of Terms of Reference and Standard Operating Procedures

NIAC's Terms of Reference and Standard Operating Procedures shall be subject to review at least every three years, from the date of approval of this document by the Committee. Any proposed changes will be submitted to HIQA for approval prior to formal adoption by the Committee.

Table 1. Revision details

Approval of current version	Date
Approved by HIQA Board	19 March 2025
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Review	
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