

Terms of Reference Clinical Council

Background

The Australian Government funds Primary Health Networks (PHNs) to increase the efficiency and effectiveness of health services for their community, particularly for those at risk of poor health outcomes. They improve the coordination of health services and seek to improve access and quality of care. There are 31 PHNs in Australia and six in Victoria.

Eastern Melbourne Primary Health Network (EMPHN) achieves this goal by improving access to existing services, commissioning services to improve health outcomes and by supporting services and others to innovate and further improve local health care. We aim to improve the health of our community by ensuring people receive the right care, in the right place, at the right time. Members must sign the EMPHN Code of Conduct and other relevant documentation on appointment to the Clinical Council (CC).

Key functions

Purpose

The purpose of the CC is to provide an ongoing perspective of health professionals and advice to the EMPHN Board. This helps to ensure that decisions, investments, and innovations are patient centred, aligned with contemporary ways of working, cost-effective, locally relevant, and aligned to local care systems, experiences and expectations.

Role

The role of the EMPHN CC is to:

- Provide direction and advice for EMPHN in relation to the integration of health professional views and experiences into all levels of strategy, operations, planning and policy development.
- Provide strategic advice to the EMPHN Board of Directors on priority areas and issues from a clinician, clinical team, and healthcare systems perspective.

Terms of Reference Clinical Council

Responsibilities

The Council is responsible for:

Helping EMPHN with the 'what':

- Providing advice to EMPHN on various clinical and healthcare issues at different stages of the EMPHN program lifecycle, including strategy, planning, design, commissioning, delivery and evaluation.
- Providing advice to various stakeholders within EMPHN, including the Board, CC, and EMPHN staff.
- Providing a clinician and clinical team perspectives on matters referred to the CC by the Community Advisory Committee, the Board or other EMPHN Committees.
- Facilitating two-way communication between clinicians, clinical teams, other health worker groups and EMPHN through the CC members' networks.
- Championing EMPHN in relevant forums across the region and disseminating endorsed information to colleagues and healthcare groups.

Helping EMPHN with the 'how':

- Advise on clinician engagement and participation methods to inform EMPHN ways of working to enable effective and meaningful engagement.
- Advising on communication strategies to assist engagement with the clinical community.

Helping EMPHN with the 'why':

- Providing a clinicians' or healthcare workers' interpretation of data and other information to inform processes such as the EMPHN health needs assessment.
- Advise on clinician perspectives on various health and other social issues to assist EMPHN staff to appreciate and design for the complexities of the healthcare system.
- The Board's commitment to the clinical council will encompass consultation, involvement and collaboration.

Terms of Reference Clinical Council

The Board’s commitment to the clinical council will encompass consultation, involvement and collaboration.

	CONSULT	INVOLVE	COLLABORATE
PUBLIC PARTICIPATION GOAL	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.
PROMISE TO THE PUBLIC	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.

Modus Operandi

Composition

The management team will put forward recommendations on membership for the Clinical Council for approval by the Board. This will occur three times a year aligned to the Board meeting calendar in the first two years as EMPHN looks to grow the membership.

The Chair of the CC will be a general practitioner who practices in the catchment.

CC members are appointed for a term of three (3) years. At the end of this term, members may apply to serve a second consecutive term (total of 6 years) before being required to leave the Committee for at least 12 months.

Clinical Council members are subject to and agree to be bound by the Code of Conduct and will be required to sign their agreement to this on appointment.

Terms of Reference Clinical Council

The Council shall comprise between 8 and 10 members, including:

- Clinician or healthcare worker members

Six (6) to eight (8) clinician or healthcare worker members are approved to appointment by the EMPHN Board of Directors following a recruitment process and recommendations from Management.

CC membership as a whole should represent different facets of the EMPHN catchment. The health system matrix can be referenced to understand the current catchment makeup and be to identify gaps when recruiting new members.

CC members contribute specialist knowledge and expertise by providing clinician and health system perspectives. Clinician or healthcare worker members will need to have the capacity to reflect on and present health system issues and demonstrate strategic thinking, rather than focusing on personal concerns or individual issues.

- **EMPHN Community Advisory Committee (CAC)**

A maximum of one (1) EMPHN CAC member as nominated by the CC Chair. The role of the CAC member is to provide a conduit for information sharing between the EMPHN CC and the CAC. The EMPHN CAC member may also be an EMPHN Board Director.

- **EMPHN Board Directors**

A minimum of one (1) and a maximum of three (3) EMPHN Board Directors as approved by the EMPHN Board. The meetings from each CC meeting will be shared with the EMPHN Board as part of their meeting papers.

Board committee membership should be reviewed annually as part of Board's approval of all Board Committee membership each year.

The CEO and relevant Executive also attend formal meetings of the CC and acts as a conduit between senior management, staff and the CC. The Chief Executive provides information and clarification at meetings.

Others may also be invited to attend on a time-limited basis or to progress specific discussions or initiatives. Invitations to attend will be considered and approved by the Chair of the CC with advice from the EMPHN CEO or executive.

The membership of the Council will be reviewed regularly by the EMPHN Board to ensure it is reflective of the catchment priorities.

Operations

The CC meets formally every three months, with a minimum of three (3) meetings being held per annum.

A quorum is required for CC meetings. A quorum is reached when a minimum of four (4) clinical members, one board member and one of the EMPHN CEO or executive are in attendance.

Terms of Reference Clinical Council

Disclosure of interest

EMPHN Disclosure of Interest policy applies to this Committee and any interests will be noted by the Chair at each meeting.

The Chair must cause the declaration to be recorded in the minutes of the meeting.

Agenda and minutes

Meeting documentation, including the agenda, minutes of the previous meeting and other relevant documents, will be distributed to the committee members and attendees one week prior to the meeting.

An annual work plan and presentation program will be prepared outlining the key themes for each meeting and significant matters to be discussed.

The key actions emanating from all meetings will be minuted to reflect the work done by the CC.

The minutes will be circulated to members after a meeting, following approval by the CC Chair and then confirmed by CC members at the next CC meeting. The minutes will then be submitted to the Board for noting at the Board meeting next following a CC meeting (both confirmed and unconfirmed).

Secretariat functions will be provided by the EMPHN team.

Authority

The EMPHN CC is an advisory committee to the EMPHN Board. The Council has no delegations.

Remuneration and expenses

Remuneration is provided in accordance with EMPHN's sitting fees and remuneration policy.