



TERMS OF REFERENCE

CLINICAL ADVISORY COUNCIL



Background & scope

The Clinical Advisory Council (**Clinical Council**) of Sunshine Coast Health Network Ltd. t/as Country to Coast QLD (**CCQ**) was established in accordance with the Department of Health Standard Funding Agreement to report on clinical issues and to influence CCQ Board decisions on the unique needs of local communities across the Sunshine Coast, Wide Bay and Central Queensland regions.

Purpose

The Clinical Council is a multidisciplinary group of health professionals intended to provide strategic advice on clinical issues to the Board of CCQ. This advice enables the Board to make decisions that are person-centred, incorporate feedback and advice from health professionals from across the region, and are relevant to local communities. The Clinical Council will serve as a direct link between the CCQ health professionals, local Clinical Societies and the CCQ Board.

Role

The Clinical Council will be responsible for:

- delivering strategic advice and feedback to the Board of CCQ through:
 - providing constructive advice, leadership and discussion of issues of clinical significance
 - responding to specific queries or requests from the Board or other CCQ representatives
 - conducting regular reviews and validation of primary health and health system performance data to be used by CCQ
 - providing clinician perspective and advice regarding CCQ policy, plans, programs and other initiatives, and
 - elevating questions, feedback and advice identified by health professionals in communities
- attending local Clinical Society meetings as a representative of the Clinical Council
- ensuring the clinical community is informed and engaged in planning, design, monitoring and evaluation of CCQ's activities and commissioned services
- collaborating with the Community Council and the Aboriginal and Torres Strait Islander Partnerships Round Table to share insights and provide integrated, inclusive advice to CCQ, and
- providing a trusted and authoritative source of advice.

Authority & governance

The Clinical Council is an advisory sub-committee of the CCQ Board. The Clinical Council has an advisory role, making recommendations to the CCQ Board, and does not have any decision-making authority.

The CCQ Director Integration has delegated responsibility for the effective functioning of the Clinical Council.

Membership

The Clinical Council will comprise at least 12 members (but no more than 20) selected in accordance with the appropriate skills and knowledge from the CCQ Clinical Council Skills Matrix (see **Appendix A**). The membership should reflect the diversity of health professions currently living and working in the Sunshine Coast, Wide Bay and Central Queensland regions and include interested clinicians who represent a range of population groups and cohorts. Members should have appropriate professional and community networks to gather and disseminate information as well as represent their community by committing to actively participate.

The Clinical Council membership will include:

- members that represent each of the nine (9) sub-regions of Sunshine Coast, Wide Bay and Central Queensland, being:
 - Bundaberg/North Burnett
 - Gladstone
 - Gympie
 - Fraser Coast
 - Central Highlands/Woorabinda/Banana
 - Rockhampton/Livingstone
 - Noosa to Maroochy River
 - Below Mooloolah River and SC hinterland
 - Mooloolah River to Maroochy River, and
 - Nambour.

The Clinical Council will also be attended by the following organisational representatives who will not have voting rights and will be known as honorary council members):

- a CCQ Board member
- CCQ Chief Executive Officer
- CCQ Director Integration, and
- one representative from each of the Sunshine Coast, Wide Bay and Central Queensland Hospital and Health Services.

Members will be appointed for a term of two (2) years with the ability to nominate for a further 2-year term-

Attendance

Members will be expected to attend a minimum of 75% of Clinical Council meetings.

Chair & Deputy Chair

Both the Chair and Deputy Chair will be elected by majority vote of the members. The role of the Chair is to:

- chair and facilitate the meetings and events
- review and provide input and advice to CCQ regarding Clinical Advisory Council business papers, meeting schedules, approve agendas, actions arising from previous meetings, events and communications
- provide verbal reports to the CCQ Board as required, and
- liaise with CCQ and members on matters that arise between meetings.

Appointment term

The Chair and Deputy Chair will be elected for a term of two (2) years with the ability to renominate for a further 2-year term.

The role of the Chair and Deputy Chair term can be reviewed in line with the outcomes of the evaluation which occurs every year 2 years.

Secretariat

CCQ will provide secretariat support for the Clinical Council.

Meetings

Meetings will be scheduled quarterly. Additional work may be required with pre-meeting reading as necessary.

The CCQ Director Integration and Secretariat will ensure there is adequate time at relevant agenda items for council members to ask questions and provide feedback.

Additional meetings to be scheduled as deemed necessary by the Clinical Council or CCQ Board.

Video/teleconferencing will be made available at all meetings.

Quorum

A Clinical Council meeting quorum will be achieved when at least 50% of members are in attendance, including the Chair and/or Deputy Chair.

Agenda

The agenda will be set by the:

- Chair/Deputy Chair
- CCQ Director Integration
- CCQ Chief Executive Officer, and
- CCQ Board members.

Members may contribute to the agenda by submitting items no later than 10 working days before each meeting.

Members will receive the agenda papers, including the minutes of the previous meeting, at least

five working days before the meeting.

Reports

The following reports will be provided to the Council:

- CCQ Board and CEO updates
- relevant plans, policies, program, project reports
- evaluation reports, and
- other reports which require input from health professional representatives.

Minutes

Minutes will be taken by the Secretariat to record discussion, agreed outcomes and actions. An action list will be included with the minutes including who is responsible and target completion dates for actions.

The Chair will review and approve the meeting minutes prior to circulation with the membership.

A copy of the minutes will be provided to the CCQ Board and Executive.

Code of conduct and declaration of interest

Council members are expected to always participate in meetings and activities in an ethical and professional manner. Members will be asked to adhere to CCQ's *Code of Conduct*. Members will declare conflicts of interest as outlined in this policy.

Confidential information will be clearly identified as confidential. All Council members are required to maintain confidentiality and comply with privacy obligations.

Remuneration

Members will be remunerated for meeting attendance as per CCQ's *Stakeholder Engagement Remuneration Policy*.

Support and training

CCQ will provide appropriate documentation, orientation, training and ongoing support to facilitate full participation in the activities of the Clinical Council.

Evaluation

The Council will undertake an annual evaluation every 2 years including:

- meeting performance assessment
- outcomes and benefits delivered to CCQ
- comparing the membership composition of the Clinical Council with the requirements of the Department of Health and the Clinical Council's membership matrix.

The CCQ Director Integration and Secretariat will provide a report to the CCQ Board summarizing the outcomes of the evaluation.

Appendix A – Clinical Council Skills Matrix

CCQ's Clinical Council Skills Matrix is based on three components:

- i. an individual's professional skills;
- ii. general experience; and
- iii. the diversity and equity of the overall Clinical Council composition.

CCQ's Executive will be responsible for conducting an EOI process for Clinical Council members and making recommendations to the CCQ Board, based on the Skills Matrix. The CCQ Board will endorse members.

It is a mandatory requirement that the individual has at least one of the professional skills listed below to progress through the matrix. The next layer of the matrix is the general experience:

Each individual will be assigned ratings against their response to the general experience criteria. High = 3, Med = 2, Low = 1, NA = 0.

The final component comprises of diversity and equity factors that make up the composition of the Clinical Council. These components will be taken into consideration by the CCQ Executive to ensure ethics and integrity of the advisory structure.

Professional skills	
General Practitioner (minimum 4 years' experience)	Medical Specialist
Physiotherapist	Psychologist
Occupational Therapist	Exercise Physiologist
Dietitian	Aboriginal Health Worker
Registered Nurse	Community Pharmacist
Acute Care Nurse representative	University/health research
General experience	
Primary health sector	Clinical governance frameworks
National PHN priority areas	Health service management
Diversity & equity	
Gender: <ol style="list-style-type: none"> a. Male b. Female c. Non-binary/other d. Choose not to answer 	Identifying as a member of any of these groups: <ol style="list-style-type: none"> a. Aboriginal and/or Torres Straits Islander b. people with disability c. culturally and linguistically diverse (if yes, please indicate ancestries)
Locality by sub-region: <i>Bundaberg/North Burnett; Gladstone; Gympie; Fraser Coast; Central Highlands/Woorabinda/Banana; Rockhampton/Livingstone; Noosa to Maroochy River; Below Mooloolah River and SC hinterland; Mooloolah River to Maroochy River; and Nambour</i>	