



TERMS OF REFERENCE

CLINICAL ADVISORY COUNCIL



Background and 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 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 will be a multidisciplinary group of health practitioners to provide strategic advice on clinical issues to the Board of CCQ. This advice will enable the Board to make decisions that are person-centred, relevant to communities and aligned to consumer care expectations.

The Clinical Council will serve as a direct link between the CCQ health practitioner community, local clinical societies and the CCQ Board

Role

The Clinical Council will be responsible for:

- Providing strategic advice and feedback to the Board of CCQ, by:
 - providing constructive advice, leadership and discuss key issues of clinical significance;
 - responding to specific queries or requests from the Board or other CCQ representatives;
 - conducting regular reviews and validation of primary care health and health system performance data to be used by CCQ;
 - comment and provide clinician perspective on priority CCQ policy, plans, programs and other activities
 - elevating questions, feedback and advice identified by practitioners 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 CCQ's activities and commissioned services; and
- Being recognised as leaders and a trusted authoritative source of advice.

Authority and governance

The Clinical Council is an advisory sub-committee of the CCQ Board.

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

The Clinical Council has an advisory role, making recommendations to the Board and does not have any decision making authority.

Membership

The Clinical Council will comprise of at least 12 members (but no more than 20) selected in accordance with the appropriate skills and knowledge from the skills matrix (Appendix 1).

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;
- A member of the Aboriginal & Torres Strait Islander Partnership Roundtable;

The Clinical council will also be attended by the following representatives (but will not be formal members):

- A CCQ Board Member;
- CCQ Chief Executive Officer;
- 2+ CCQ staff members; 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 opportunity to apply for additional terms.

Attendance

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

Chair and 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 serve a term of two years with the opportunity to be re-elected (maximum four years).

The Chair and Deputy Chair term can be reviewed in line with the outcomes of the group's evaluation which occurs every year.

Secretariat

CCQ will provide secretariat support for the Clinical Council and will facilitate the annual performance evaluation.

Meetings

Meetings should be scheduled quarterly, with additional meetings to be scheduled should the

Clinical Council or CCQ Board consider this necessary.

Video/teleconferencing will be made available at all meetings.

Additional work may be required with pre meeting reading as required and opportunities to provide advice to CCQ.

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 Executive and Board updates;
- Strategic plans, relevant policies;
- Improvement/working group reports;
- Topics which require input from clinical 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 participate in meetings and activities in an ethical and professional manner at all times.

Members will be asked to adhere to a Code of Conduct.

Members will declare conflicts of interest as outlined in the Code of Conduct and Conflicts of Interest and Related Parties Policy and Procedure.

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 Clinical Council.

Evaluation

The Council will undertake an annual evaluation 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 Clinical Advisory Council will provide a report to the Board summarising the annual performance evaluation.

Appendix 1: Skills Matrix

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

- an individual's professional skills;
- general experience; and
- 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 make 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)	▪ Allied Health – AHPRA registered practitioners (diversity in Clinical Council practitioner membership is encouraged)
▪ Physiotherapist	▪ Psychologist
▪ Occupational Therapist	▪ Exercise Physiologist
▪ Dietitian	▪ Aboriginal Health Worker
▪ Practice Nurse	▪ Community Pharmacist
▪ Acute Care Nurse representative	▪ Medical Specialist
▪ University/academia health research representative	
General experience	
▪ Experience in clinical governance	▪ Demonstrated experience in empowering communities to self manage

<ul style="list-style-type: none"> ▪ Deep experience in at least one of the Commonwealth DoH <i>Nine National Health Priority Areas</i> (aged care, Aboriginal & Torres Strait Islander health, digital health, drug & alcohol treatment, maternal and child health, mental health, population health, health workforce, integration and coordination) 	
Diversity and equity	
<ul style="list-style-type: none"> ▪ Gender: <ul style="list-style-type: none"> a) Male b) Female c) non-binary/other d) Choose not to answer 	<ul style="list-style-type: none"> ▪ Locality by sub-region: <ul style="list-style-type: none"> <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; Nambour)</i>
<ul style="list-style-type: none"> ▪ Identifying as a member of any of these groups: <ul 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) 	