

In the 2014-15 budget, the Australian Government announced the establishment of Primary Health Networks (PHNs). PHNs objectives are to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and improving coordination of care to ensure people receive the right care in the right place at the right time. PHNs must establish and maintain GP-led Clinical Councils that will report to the PHN board on clinical issues to guide decisions on the unique needs of their respective communities.

## Purpose

The EMPHN Clinical Council is established with the primary purpose of providing information to assist in the development of local strategies and opportunities to improve the integration of care, help maximise broad ongoing clinical engagement within and across the region and to support the decision making of EMPHN.

The Clinical Council will influence inter-sector collaboration and advice on the development and monitoring of integrated care pathways, the identification of solutions for service gaps and share best practice ideas.

## Membership

Membership of the EMPHN Clinical Council is GP-led and includes broad clinician and stakeholder perspectives. Members are chosen by the PHN for the purpose of ensuring the Clinical Council has an appropriate level of influence, current clinical experience and the ability to make sensible, astute decisions and recommendations. The Clinical Council will seek to ensure a membership that is aligned with a range of perspectives and geographical spread.

The composition aims to include:

- A minimum of five local General Practitioner representatives who will reflect diversity in GP practice arrangements and settings and have wide professional networks from which to draw knowledge.
- Primary Care Nurse(s)
- Practice Manager
- Allied Health Practitioner(s)
- Aboriginal and Torres Strait Islander Health Worker(s)
- Pharmacist
- Local Health Network staff
- Mental Health provider or professional
- Two EMPHN Board Director(s)

## Membership Selection Process

A standard EOI process to fill membership positions on the EMPHN Clinical Council will be undertaken. Selection is based on ensuring that the Clinical Council has the ability to contribute an informed clinical perspective, provide advice on the interests of clinicians at a strategic level and ensure that there is an understanding of the broader determinants of health.

The Chair will be appointed by the Board.

## Role

The functions of the EMPHN Clinical Council include:

### Strategy and Planning

- Participate in EMPHN strategic and health service planning by advising on key health and service issues across the region.
- Provide advice regarding additional sources of relevant data to inform prioritisation of local needs.
- Advise on consultation to ensure maximum engagement of clinicians in strategic planning.
- Systematically identify acute and primary care services that could be delivered more effectively and efficiently.

### Communication

- Inform on and advocate for the interests of the EMPHN at networking opportunities across the region.
- Advise on communication strategies to assist engagement with clinicians.
- Attend twice yearly informal structured meetings to discuss priority projects and progress.
- Work with neighbouring Clinical Councils, where relevant, to ensure that pathways follow patient flows including across PHN boundaries.

### Monitoring and Evaluation

- Advise on the key issues /outputs to monitor the success of EMPHN initiatives and strategies.
- Advise on the methods of evaluation which maximises the participation of clinicians.

## Relationships

Clinical Councils are required to work in tandem with Community Advisory Committees.<sup>1</sup> The EMPHN Clinical Council and Community Advisory Committee (CAC) will liaise under the following arrangement:

- Minutes and various position papers regarding clinical priorities and recommendations are to be exchanged, as respective agendas dictate

In order to achieve its role, the EMPHN Clinical Council will need information about national and local health priorities relevant to the EMPHN catchment. Input from EMPHN's Population and Health Planning, Data and Information, and Health Services Integration business units will be provided for this purpose through secretariat support arrangements.

## **Appendix 1: Governance**

### **Chairperson**

The Chair will be a Board Director.

The Chairperson's responsibilities include:

- inviting specialists or individuals with specialised knowledge to attend meetings when required;
- guiding the meeting according to the agenda and time available;
- providing collaborative peer leadership; and
- ensuring all discussion items end with a decision, action or definite outcome.

### **Accountability by EMPHN Clinical Council**

Through its Chairperson, Board Director representatives and reports, the EMPHN Clinical Council provides input and feedback to the EMPHN Board and Executive at scheduled meetings and as requested by either party.

### **Accountability by EMPHN**

At its discretion, EMPHN will:

- provide an opportunity to attend relevant training and/or appropriate resources to assist members of EMPHN Clinical Council to gain a full understanding of their role and responsibilities, particularly upon initial appointment to the group;
- provide networking opportunity/s for members of EMPHN Clinical Council to meet with EMPHN's senior staff and/or Board during their 'tenure';
- ensure that EMPHN Clinical Council has timely access to relevant information needed to facilitate their work;
- ensure that meetings are scheduled at a time that is suitable to a majority of the members of the group. The meeting calendar will be determined at the first meeting of each financial year; and
- remunerate participants according to EMPHN's Scale of Fees.

### **Communications, confidentiality, conflicts of interest and dispute resolution**

The Chairperson is the authorised channel of communication for decisions of the EMPHN Clinical Council.

#### **Communication**

The EMPHN Clinical Council may appoint one or more other members to communicate on specified issues or to specific audiences. All members will:

- network with colleagues and others to ensure good understanding of local health care needs;
- disseminate endorsed information to colleagues and community members; and
- ensure any member involvement at community or professional events and forums is coordinated via the Council's Chair and the Executive Director Primary Care Services.

Regarding communications, it should be noted that Council members must obtain approval from the CEO before speaking to the media about EMPHN and their work.

## Confidentiality

Consultation with the Clinical Council may involve the discussion or disclosure of sensitive and confidential information. Council members are required to maintain the confidentiality of meeting information, unless information is in the public domain or unless specified by the Chair or EMPHN.

If members or attendees are unsure about the confidentiality status of particular information or data disclosed within meetings or communications, the Chair should be asked to clarify the position.

## Conflict of Interest

The Chairperson shall ask EMPHN Clinical Council members at the commencement of each meeting if they have any conflicts of interest to declare. Members have a duty to act honestly and in good faith, exercise reasonable skill, care and diligence in carrying out their duties, avoid conflict of interest and not make improper use of information.

## Dispute Resolution

In the event of a disagreement arises about recommendations / proposals between the EMPHN Clinical Council and the Consumer Advisory Committee, the EMPHN Board shall adjudicate and determine the resolution of the matter.

The resolution may involve referring the dispute to EMPHN to implement its organisational Grievance and Dispute Resolution Policy and Disciplinary Procedure.

## Secretariat Support

Secretariat support will be provided by EMPHN Strategy and Outcomes Directorate. Responsibilities include:

- Collating external position papers and all necessary documents requiring discussion including requests for advice/opinion.
- Organising appropriate representation on external primary health standing committees.
- Scheduling EMPHN Clinical Council meetings and preparing agendas.
- Preparing Board and executive reports; and meeting minutes.
- Providing /organising research capacity around specific requests for the EMPHN Clinical Council.
- Provide and maintain an interactive platform for sharing and informing the council of relevant PHN programs and projects, and to gain feedback on PHN initiatives in a timely fashion.

## Subcommittees

The EMPHN Clinical Council may, as the need arises, create sub-committees or working groups to examine specific issues or to develop briefing papers. Recommendations developed by sub-committees will be brought back to the EMPHN Clinical Council as a whole and thus, if approved, become recommendations of the full EMPHN Clinical Council.

## Quorum

The quorum for any EMPHN Clinical Council meeting is 50% of membership, or if the number of Members is not a multiple of 2, then the number nearest to and greater than half the number of members entitled to vote.

## Meeting Frequency

The EMPHN Clinical Council meetings will be convened once every three months. However, the Chairperson may call additional meetings if required. Members will be advised of additional meetings no later than one week before the day of the meeting.

## Remuneration

Members of the EMPHN Clinical Council will be remunerated for attendance in line with EMPHN's sitting fees.

## **Membership Tenure**

Membership will be for a period of between one and three years, with the potential for further extension based on negotiation with EMPHN and the Council Chair. Composition and renewal will be reviewed prior to the expiration of an individual member's tenure date.

## **Review**

The membership composition, outcomes achieved and these Terms of Reference shall be reviewed by the EMPHN Clinical Council and the EMPHN Board on no less than an annual basis.

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