

TERMS OF REFERENCE

Clinical Advisory Council

Introduction

On 1 July 2015, 31 PHNs were established across Australia. PHNs are responsible for increasing the efficiency, effectiveness and coordination of healthcare services for patients, particularly those at risk of poor health outcomes. In meeting its purpose, all PHNs across the National network are required to establish and support a GP- led Clinical Council and Community Advisory Councils to inform the strategy and commissioning function of the PHN. These Councils form part of the organisational governance structure of the PHN and informs the PHN Board of Directors through the Programs and Quality Committee about clinical and health service system perspectives via the strategic planning activities of the Strategy & Performance Unit.

Murray PHN's vision is for better health and wellbeing for our community through better care and better systems. Murray PHN understands that we will make a difference in this vision when we work with the broad cross section of community, clinical and government organisations, networks and leaders who will have a shared stake in making a difference to improving health outcomes for individuals, families, communities and populations. For this reason Murray PHN acknowledges and values the collective contribution of Advisory Councils.

Murray PHN is governed by a skills-based Board. The Board is informed through the following Board approved Advisory Committees:

- One Clinical Advisory Council (AC) for the catchment. The Clinical AC will provide clinical perspective to major projects, strategy and data related to Murray PHN's role supporting the primary care system in our region.
- Four regional Community Advisory Councils representing each of our sub-regions who will inform the strategy and commissioning function of the PHN.
- One Indigenous Health Advisory Council which is currently being developed as part of the Murray PHN's First Nations Health and Healing Strategy.

Advisory Councils provide advice to the Board through their contribution to Murray PHN planning processes. Advisory member expertise, local knowledge and connection to clinical and community networks enable and inform the organisation and the Board of place-based, practice and system level improvements. Advisory Council activity is in accordance with Murray PHN strategic objectives and obligations and members act in accordance with Murray PHN values.

The Murray PHN Advisory Council members will operate in accordance with these Terms of Reference which will be reviewed biennially by the Murray PHN Board.

Objectives

The Australian Government has identified national objectives and key priority areas for PHNs. These frame the focus of Murray PHN strategic priorities as well as to align with State and local community priorities and needs.



**CHRONIC
DISEASE**



**POPULATION
HEALTH**



**MENTAL
HEALTH**



**GENERAL
PRACTICE**



**AGED
CARE**



**DIGITAL
HEALTH**



**CHILD
HEALTH**



**ALCOHOL &
OTHER DRUGS**



**HEALTH
WORKFORCE**



**FIRST
NATIONS**

Purpose

- The Clinical Advisory Council will inform Murray PHN's strategic planning by providing the clinical and health system perspective to ensure that decisions, investments, and innovations are culturally safe, patient centred, cost effective and reinforce the ongoing need for joined up planning and service systems.

The Clinical Advisory Council will do this by:

- Participating in consultations facilitated by Murray PHN's Strategy & Performance Unit to inform strategic investment relative to the role of Murray PHN in the region's primary care system.
- Informing major business issues of Murray PHN, as led by the Strategy & Performance Unit, not limited to contributing to Murray PHN Health Needs Assessment process, strategic plan development, outcomes reporting, First Nations and anti-racist strategy and other matters.
- Collaborating with each other to share information and promote learning across our region.
- Integrating information from the Murray PHN and its board when informing strategic planning.
- Working with cultural humility and an understanding of holistic health and well-being.

The Councils will work collaboratively with other Murray PHN groups. The Annual Workplan of the Councils will be co-planned and monitored with the PQC and the Strategy & Performance Unit.

Appointments

- Appointment of members of the Clinical Advisory Council is by approval by the Murray PHN Board.
- Chair appointments will be for 12-months at a time.
- Chair roles must be held only by current Advisory Council members.
- Murray PHN will invite applications for the position of Chair, via the annual membership review and recruitment process. Lapsing Chairs are eligible to seek re-appointment.
- The Chair of the Clinical Advisory Council must hold Fellowship of the Royal Australian College of General Practitioners (FRACGP) or Fellowship of the Australian College of Rural and Remote

Medicine (FACRRM) and have current APHRA medical registration for the duration of their Chair appointment.

- A Murray PHN Board Director will be appointed as sponsor to the Clinical Advisory Council.
- In consultation with members, the term of member appointment will be for a minimum period of 12 months up to 3 years. At the end of a member's current term, Murray PHN may offer a renewal of 1, 2 or 3 years.
- Maximum membership term is 6 consecutive years or in the case of foundation members (those members appointed to original CACs in 2016) maximum term is 10 years.

Membership

- Membership of the Clinical Advisory Council shall be made of thirteen members, including the Chair.
- Membership of the Clinical Advisory Council will be appointed on the basis of connection with clinical networks, knowledge and experience within the Murray PHN catchment.
- Membership of the Clinical Advisory Council will be reviewed on a twelve-monthly basis.
- While GP-led, it is expected that Clinical Councils will comprise other health professionals, including but not limited to nurses, allied and community health, specialists and hospital representatives.
- The Murray PHN Board may remove any member at any time by written notice.
- The relevant Murray PHN Board Sponsor will be ex officio member of the Clinical Advisory Council. The CEO and/or the Strategy & Performance Unit staff will attend meetings in consultation with the Council Chair.
- The Strategy & Performance Unit will provide recommendations to the Board regarding succession planning, including ensuring Council size and representation relative to its function. The Strategy & Performance Unit will undertake these activities in consultation with the Clinical Council Chair.

Resignation of Members

Any member of the Council may resign at any time providing a minimum of two weeks written notice to the Chair of the Clinical Advisory Council. The Chair will notify the Strategy & Performance Unit and co-plan the follow up actions for succession planning and/or new member recruitment. The Chair and delegated Murray PHN staff can approach prospective members, with membership being approved by the Murray PHN Board.

Annual Workplan

- Advisory Council Chairs will co-plan the annual workplan with the PQC Chair and/or representative and Strategy and Performance Unit staff. The workplan will be endorsed by the PQC and will be noted by the Board.
- The workplan will be aligned to the strategic priorities and planning of the Murray PHN.
- The workplan of the Councils will be monitored by the Council Chairs, the PQC and the Strategy & Performance Unit.

Meetings

- Meeting dates will be set in advance where possible in line with the workplan.
- Members are expected to participate in at least two council meetings per year. Participation can be in person or via video/teleconference facilities.
- Murray PHN will provide co-ordination and administration support for Advisory Council functions.

- Actions items such as recommendations arising from Clinical Advisory Council meetings will be tabled at the next available PQC meeting for consideration.
- The Clinical Advisory Council Chair will attend PQC meetings, where relevant. Attendance would be mutually beneficial or, where the Clinical Advisory Council Chair nominates, important to represent the needs of their region. The purpose of the attendance will be clearly articulated by the Strategy and Performance Unit and Programs and Quality Committee Chair via existing communication mechanisms.
- The Clinical Advisory Council Chair will need to be available for 2-3 online coordination meetings with the Strategy & Performance Unit.
- An Action Register will be maintained to support communication and progress of Advisory Council input to organisational plans and activity.

Communication and Support

- Murray PHN will provide a single point of communication for Advisory Councils.
- Murray PHN will offer group and individual assistance to guide orientation and participation in Advisory Council activities and priorities if required or requested.
- The Strategy & Performance Unit will liaise with the Murray PHN Governance Lead to ensure coordination and best practice governance.
- Murray PHN will provide timely information updates in between Clinical Advisory Council meetings.
- Murray PHN will provide quarterly Executive Report to the Clinical Advisory Council.

Conflict of interest

- Clinical Advisory Council members are required to declare any conflicts of interest that to the best of their knowledge is personal, professional or commercial and may restrict them from participating in the activities and duties of the Clinical Advisory Council fairly and independently.
- The Chair of the Clinical Advisory Council shall be alerted to any conflicts of interest prior to the commencement of each meeting and will actively manage those conflicts on a case by case basis.
- Murray PHN will manage conflicts of interest in accordance to its Conflict of Interest and Related Parties Policy.

Administration of Meetings

- Agendas will be circulated at least a week before meetings and will be co-developed by the Advisory Council Chair and the Chief of the Strategy & Performance Unit and/or delegated staff.
- A quorum is 50% plus one of the appointed memberships for Advisory Council meetings.
- Minutes of meetings will be circulated within fourteen days of meeting.
- No proxy is permitted to attend Council meetings. If the Chair is unable to attend, an Acting Chair from existing members may be arranged in advance.
- If any member including the Chair is absent from two consecutive meetings, Murray PHN will review membership.
- The Clinical Advisory Council is not required to vote on issues or resolutions. It can either develop a consensus view or note the range of views on an issue and that there was not consensus within the Clinical Advisory Council. It is not expected that there will be a consensus view on every issue.
- Teleconference and video conference access will be coordinated by Murray PHN.

Remuneration and expenses

- Remuneration and expenses for members of the Clinical Advisory Council will be in accordance with the Advisory Council Remuneration Policy.

Limitations

- The Clinical Advisory Council or its individual members are not authorised to commit or expend funds on behalf of Murray PHN.
- The Clinical Advisory Council or its individual members shall not direct the effort of any Murray PHN staff.
- The Clinical Advisory Council provides non-binding advice to the PHN Board about consumer and community views and needs to be recognised and reflected in strategy, service delivery, planning and policy development.
- The Clinical Advisory Council does not have the authority to vote on corporate matters, nor does it bear any legal or fiduciary responsibilities in relation to Murray PHN.
- The Clinical Advisory Council operates in accordance with its Terms of Reference as well as the Code of Conduct that is provided to and acknowledged by Clinical Advisory Council Members.
- Clinical Advisory Council members must also ensure they perform their role consistent with the position and role description and comply with Advisory Council Code of Conduct.
- Although not regarded as staff, Clinical Advisory Council members are covered by Murray PHN's policies for Directors and Officers Insurance and Professional Indemnity Insurance as "insured persons".

Document Control

This document will be reviewed every two years and approved by the Board.

Date	Author	Modification	Version
21/09/2016	Executive Director Systems and Innovation Development	Inaugural Terms of Reference	1.0
06/02/2018	Executive Director Integration	Updated to reflect new advisory council structure	2.0
12/12/2019	Executive Director Integration	Updated to reflect changes to governance, reporting and priority setting	3.0
15/12/2021	Innovation Lead, Strategy & Performance Unit	Updated to reflect changes to organisational structure, governance, reporting and priority setting.	4.0
23/2/2022	Governance Lead/Board Secretary	Minor amendments following workshop with Advisory Council Chairs.	4.1
22/3/2023	Director Strategy and Business Innovation	Amended to include maximum term of membership for members as recommended by PQC.	4.2
18/05/2023	Consultation & Engagement Coordinator Director Strategy and Business Innovation	Updated to reflect changes to chair appointments and attendance at PQC meetings.	5