

Terms of Reference COORDINARE Clinical Councils

Approval date	April 2024
Review frequency	Every 3 years
Review date	April 2027
Approved by	COORDINARE Board of Directors
References and legislation	Constitution of COORDINARE Limited COORDINARE Board Charter
Policy Sponsor	Medical Director / Director, Community & System Collaboration

1. BACKGROUND

The key goals of Primary Health Networks (PHN) are to improve the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes; and to improve the coordination of health services, to increase access and quality support for people. PHNs undertake to work together with skills-based boards, GP-led clinical councils, and community advisory committees, ensuring that the decisions we make are influenced by community representatives, are aligned with local care needs and expectations, and better integrate local health care systems.

COORDINARE’s vision is for a coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities. COORDINARE’s business model acknowledges that GPs and other primary health professionals are integral to a person-focused, efficient health care system as they are the central point of contact for most health care.

Supporting general practice as a cornerstone of primary care is pivotal to COORDINARE’S business model for delivering on the Primary Health Network objectives of increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and improving coordination of care to ensure patients receive the right care in the right place at the right time.

2. PURPOSE

COORDINARE strives towards fostering healthier communities in our region with a focus on improving simplicity of access and equity. COORDINARE supports primary care in making improvements in quality and system integration. We prioritise those members in our communities facing the greatest health disparities. COORDINARE seeks to support primary care within South Eastern NSW to be:

- person-centred
- accessible
- safe and high quality
- comprehensive
- population oriented
- coordinated across all parts of the health system.

The Clinical Councils assist COORDINARE to develop local strategies to improve the operation of the health care system for people living in South Eastern NSW, facilitating effective primary health care provision to ensure patients receive the right care, in the right place, at the right time. Clinical Councils work in partnership with other primary health care providers and Local Health Districts (LHD) in this regard, providing expert input and feedback into planning service responses at both a practice and population health level. Clinical Councils also report to and influence the Board of COORDINARE on opportunities to improve medical and health care services through strategic, cost-effective investment and innovation.

3. RESPONSIBILITIES / FUNCTIONS

COORDINARE's two Clinical Councils provide strategic advice to the Board on a range of clinical and system issues relating to improving health care accessibility and outcomes for its population.

Clinical councils:

- Provide strategic advice and guidance in the integration of COORDINARE initiatives/programs across the broader health care system.
- Provide strategic advice on the development, implementation and monitoring of specific COORDINARE priorities, programs and projects, including their reach within general practice and the broader health care system.
- Provide strategic advice regarding the primary care health responses to population health needs and integration of chronic disease services across acute, community health and primary health sectors,
- Identify and promote linkages between general practice and COORDINARE and the broader health system.
- Provide strategic advice on locally relevant key and emerging clinical issues relating to general practice in the south eastern NSW region and recommend innovative initiative/solutions to COORDINARE.

COORDINARE's Clinical Councils act in accordance with COORDINARE's Strategic plans, guiding principles and policies at all times. These are available at www.COORDINARE.org.au.

4. MEMBERSHIP

Council members will have the appropriate knowledge and specific skill sets to address multi-disciplinary team-based care, service gaps and integrated care plan pathways and who have a commitment to improving the health outcomes of residents of SENSW and skills in alignment with the organisation's strategic priorities.

The Clinical Council will include GPs and other primary health professionals who represent a range of regional demographics and who have areas of expertise in portfolios which are relevant to COORDINARE's strategic plan. Examples might include experience in a variety of general practice clinics, aged care service delivery, mental health service provision, Aboriginal health, alcohol and other drugs, palliative and end of life care, GP registrar training and workforce development.

Each Clinical Council will comprise up to 12 members and includes:

- GP representatives (addressing region and portfolios) (5)
- other primary care health professionals (5) (could include, Aged Care representatives, Aboriginal health clinicians who are working within primary health clinical practice, practice nurses and other allied health clinicians)
- academic representation (1)
- Local Health District representative nominated by relevant LHD (1)
- GP registrar (non-voting)

There is also provision to allow invited guests with specialist/subject matter expertise to attend meetings as required (non-voting).

5. APPOINTMENT AND TERM

Members will be appointed for a three-year term. Appointment is by approval by the COORDINARE Board, ensuring a diversity of expertise and relevant experience is accounted for. The Board withholds the right to recruit specifically to identified gaps.

If any member is absent without the agreement of the Chair for two or more consecutive meetings, then that member shall be deemed to have resigned from the Council. In the event of a member being obliged or electing to resign during the term of the Council, the Board will seek nominations for a replacement member.

Recruitment to vacant positions will be transparent and open, with calls for EOIs promoted to the relevant sectors (including general practice teams/ provider networks/ primary care providers in the regions). Where applicable, the specific experience and skills being sought will be identified.

At the end of a members current term COORDINARE may offer a renewal of a one, two or three year term. Maximum membership term is 6 consecutive years.

Nominees for council membership will be sought via a formal Expression of Interest (EOI) which will be initiated and publicised by COORDINARE if and when deemed appropriate and required.

Selection will be based on the following skills and experience criteria:

- strategy and governance, including advocacy
- diversity of general practice
- diversity of primary health professionals and services
- knowledge and skill set around multi-disciplinary team-based care, integrated care plan pathways
- commitment to improving the health outcomes of residents of SENSW
- enhancing provider satisfaction
- improving experience of care for consumers
- cultural safety
- research/academic expertise in a primary care related field
- in-depth knowledge of their communities
- experiences in Aboriginal health, aged care service delivery, alcohol and other drugs, GP registrar training, mental health service provision, palliative and end of life care, and workforce development.

It is desirable that Council members possess the following attributes:

- Integrity: Committee members should be ethical, committed, diligent, prepared organised, professional, principles-based and respectful, and show courage and independence.
- An ability to think critically: Committee members should be objective and impartial, use logical and analytical processes, distil the core of complex issues and weigh-up options.
- An ability to apply expertise: Committee members should have the skills and experience to contribute to decision-making.
- An ability to communicate constructively: Committee members should be articulate, persuasive and diplomatic, and listen and respond constructively to contributions from others.
- A strategic focus: Committee members should have the ability to take a broad perspective, see the big picture and consider long term impacts.
- An ability to collaborate in the interest of the objectives: Committee members should be a team player and be flexible and cooperative.

Applications for membership will be reviewed and assessed on merit and complimentary balance of skills and experience across the council, and appointments will be approved and offered by the COORDINARE Board via the Clinical Council Chair and the COORDINARE Chief Executive Officer.

Regular attendance and active commitment to the roles and functions outlined in these Terms of Reference is expected.

6. CHAIR ARRANGEMENTS

Each Clinical Council is chaired by a GP Board member of the Clinical Council.

The Chair is responsible for approving meeting agendas (to be developed with support of the secretariat) and for facilitating meetings. The Chair and/or the appointed Board member provides the conduit between the Board and the Clinical Council and will ensure that the views of the Council are appropriately represented.

7. FREQUENCY OF MEETINGS

Each Clinical Council will meet on a quarterly basis for two hours each meeting. Meetings may be face to face, video or teleconference or webinar as mutually agreed by the Council and COORDINARE. Annual participation in the 'whole of advisory group' meetings (with Board/CC/CAC/AHC) are expected. Members may be invited to attend other meetings on occasion.

8. QUORUM

A meeting quorum will be 50% plus one of the current council membership. Decisions require a majority of the Clinical Council. Any contentious issues or conflicts of interest which cannot be resolved by a majority vote of the committee will be escalated to COORDINARE's Board.

9. SECRETARIAT

COORDINARE provides secretarial support for the Clinical Council. The agenda and meeting papers will be distributed to members by email at least one week prior to the meeting. The minutes of the meeting will be available to members within two weeks of the meeting. The minutes will also be distributed to COORDINARE's Board. The attending Executive Sponsor for COORDINARE's Clinical Council is with the Medical Directors and the Director, Community and System Collaboration.

10. REPORTING

COORDINARE's Clinical Council receives requests for advice from and provides expert advice and updates on its activities to the COORDINARE Board through the Chair. A report is provided to the Board after each meeting.

11. CONFLICT OF INTEREST

A register of interests shall be maintained, and Council members will declare potential conflicts at the start of each meeting as per the organisation's policy regarding Conflict of Interest. The Councils will determine how any potential conflict should be handled, including whether that member should remain present and have speaking rights or not for the item concerned.

12. CONFIDENTIALITY

Matters discussed at COORDINARE's Clinical Council meetings may be of a confidential nature and must be treated as such by members. Meeting papers and other materials must only be used or disclosed for the purpose of the Clinical Council function, unless as otherwise advised by the Chair of the Clinical Council and/or COORDINARE's Board.

13. EXTENT OF AUTHORITY

COORDINARE's Clinical Council is an advisory body and does not have authority to:

- make decisions without prior approval
- convene without prior approval
- speak on behalf of COORDINARE without prior approval.

14. REIMBURSEMENT

Clinical Council members may be eligible for reimbursement for their time contributing to the meetings as per COORDINARE's relevant stakeholder participation policies (GP Reimbursement Policy and Paid Participant Policy) or an alternative arrangement.

Members who are funded by another organisation, group or council, to represent that organisation in engagements with COORDINARE are not deemed eligible.

With the prior consent of COORDINARE, all Clinical Council members may be entitled to reimbursement of reasonable travel expenses for attendance at meetings. Members will be reimbursed in accordance with the relevant policies, within 21 days from receipt of evidence substantiating travel expenditure.

15. EVALUATION

The purpose and performance of the COORDINARE Clinical Councils shall be reviewed bi-annually against the Terms of Reference and will incorporate a self-assessment by the members of their own engagement and performance. From time-to-time COORDINARE may implement an external evaluation.

VERSION HISTORY

Date	Version No.	Approved by	Reason for update
April 2024	1	Board	New Terms of Reference Document