



Clinical Advisory Council Terms of Reference

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1. Purpose

- 1.1 The purpose of the Clinical Advisory Council (the council) is to assist the Board of Directors (the Board) to ensure effective clinical engagement and clinical leadership is the forefront of Primary Health Tasmania's governance. The council is considered a vital part of the organisation that will enable primary health care to build and hold its place as an equal system partner.
- 1.2 The Clinical Advisory Council together with the Community Advisory Council are standing advisory bodies of the Board.

2. Group role and function

- 2.1 To provide clinical leadership for Primary Health Tasmania in relation to establishing primary care as strong system partner and in achieving its strategic priorities.
- 2.2 To respond to clinical issues and provide innovative solutions to ensure Primary Health Tasmania's Board is supported in making decisions that impact on local communities.
- 2.3 Assist the organisation to develop priorities and agreed service options and as well as setting and monitoring the organisation's performance in relation to meeting health outcomes.
- 2.4 Assist the organisation to develop strategies to improve the operation of the health care system including workforce and safety and quality.
- 2.5 To provide a strong mechanism for clinical engagement in the context of the primary health workforce and draw and share informed grassroots perspectives from and within broader professional networks.

3. Member responsibilities

- 3.1 Members will be responsible for representing the perspectives of their professional groups from which they are drawn as well as the broader medical and primary care providers and at all times acting in the best interests of Primary Health Tasmania.

4. General

Membership

- 4.1 Members will be recruited via an external expression of interest process, selected and appointed against a skills matrix.

- 4.2 The application process will be overseen by an assessment panel which convenes on behalf of the Board.
- 4.3 The term of appointment is for a three-year period year with members eligible for reappointment for a second consecutive term subject to the composition and skill requirements of the council as a whole.
- 4.4 Membership of the council will comprise up to eleven members in active primary/community practice:
- six GPs
 - one health professional with public health expertise
 - three nursing or allied health professionals practising in primary care settings
 - one community clinical pharmacist.
- 4.5 A Board representative, Chief Executive Officer and staff executive support will be ex-officio.
- 4.6 Board may fill a casual vacancy if the need arises between formal recruitment processes.

Council Chair

- 4.7 Council Chair will be appointed by the Board.
- 4.8 Council Chair only holds a casting vote to be used in the event of a tied position. If Chair vote is exercised this will be disclosed to the Board.
- 4.9 Council Chair's role is to be impartial, ensure the views of all members are canvassed, and ensure meetings are conducted in good order.

Remuneration

- 4.10 Council members are paid a quarterly stipend in accordance with organisation policy. Other ad hoc reimbursements will be paid separately.
- 4.11 Council members are expected to attend 75% of meetings, be well prepared and contribute to discussion, and respond in a timely manner for any out of session requests.

Other support

- 4.12 Council members will be provided with an induction to the organisation prior to attending their first meeting.
- 4.13 From time to time professional learning and development opportunities will be identified for members.

Confidentiality and conflict of interest

- 4.14 Council members must comply with organisational policies on conflict of interest and on the management or treatment of confidential information. Matters for council consideration may at times involve access to and consideration of positions and perspectives on contractual information, industry policy and distribution of resourcing and all such information must be treated in confidence.

5. Meetings

Meetings and Secretariat

- 5.1 Council will meet at least four times per calendar year. The quarterly meetings will be coordinated with the Board calendar and also developed with consideration of timeframes for key organisational deliverables.
- 5.2 Council Chair is able to call additional meetings with the agreement of members and the Board.
- 5.3 Meetings are generally face-to-face with videoconferencing facilities used for additional meetings or out of session work.
- 5.4 There may be occasions where the timing of meetings requires out-of-session consideration of issues or questions.
- 5.5 Secretariat for the council will be provided by Primary Health Tasmania.

Quorum

- 5.6 A quorum shall be a majority of members.
- 5.7 Should the Council Chair be absent from a meeting the members of the council present at the meeting have the authority to choose a member to chair that meeting.

Meeting business rules

- 5.8 Council Chair and Chief Executive Officer meet approximately two weeks ahead of each quarterly meeting to draft meeting agenda.
- 5.9 Meeting papers will be circulated five working days prior to the meeting. Additional papers may be tabled for discussion at the meeting with the agreement of the Chair.
- 5.10 Minutes will be approved by Chair and verified as accurate at each subsequent meeting.
- 5.11 Council Chair may invite organisational managers or other external advisers to attend council meetings for all or any part of a meeting.
- 5.12 The Clinical Advisory Council generally meets together with the Community Advisory Council for quarterly meetings. Meeting agendas are structured to ensure there is time for separate discussions but also to ensure that the different council perspectives are fully understood.

6. Authority and reporting

- 6.1 Council has statewide jurisdiction.
- 6.2 Council is responsible to the Board for any concerns that relate to matters within its terms of reference.
- 6.3 Council will consider at each meeting whether any significant matters should be brought to the attention of the Board and will endeavour to raise these matters in a form and timeframe that assists the Board to discharge its duties effectively.
- 6.4 Council will report to the Board on its activities via inclusion of meeting minutes in the Board meeting papers, and at any other time deemed necessary.
- 6.5 Council will participate, through its meetings, in the delivery of key organisational deliverables including needs assessment, strategic planning and annual planning.
- 6.6 The Board may also refer significant matters to the Council for consideration and is obligated to thoroughly consider advice and provide feedback in relation to the discussion, resolution or progress of such matters. The Board has ultimate decision making responsibility.
- 6.7 The primary role, responsibilities and membership of the Council will be disclosed in Primary Health Tasmania's annual report.

7. Implementation and review

- 7.1 All amendments to the terms of reference are to be approved by the Board.
- 7.2 The terms of reference will be reviewed annually by the council and the Board to keep it up to date and consistent with the council's purpose, responsibilities and authority.
- 7.4 Evaluation of the council's performance will occur annually. This will be supplemented with opportunities to provide feedback through internal review or through review commissioned externally.

Document information

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