firstHealth LIMITED

Murrumbidgee Primary Health Network

Clinical Council Terms of Reference

This version: 3.0 May 2023

1. Aims and Objectives:

The purpose of the Clinical Council is to support and advise the MPHN Board using expert specialised knowledge to ensure high quality, evidence based, cost effective, patient centred, and outcome driven primary healthcare across the MPHN in line with national and local priorities. A Clinical Council will operate in each of the four sectors within the MPHN:

- **Riverina Sector** incorporating the communities of Temora, Young, Boorowa, Harden, Cootamundra, Junee, Coolamon, West Wyalong, Gundagai, Tumut, Batlow, and Tumbarumba
- **Wagga Wagga Sector –**Wagga community
- **Border Sector** incorporating the communities of Barham, Deniliquin, Finley, Jerilderie, Berrigan, Tocumwal, Corowa, Culcairn, Henty, Holbrook, Lockhart, and Urana
- **Western Sector** incorporating the communities of Griffith, Narrandera, Leeton, Hay, Hillston, and Lake Cargelligo

1.1 The role of the Council:

- Assist MPHN Board to develop local strategies, systems and structures to improve the operation of the health care system for patients in the MPHN region through strategic, evidence-based cost-effective investment and innovation
- Provide advice and recommendations to the Board on integrated systems and models that will maximise health outcomes
- Consider and advise the Board of specific emerging issues and priorities for communities and/or patients
- Consider and advise the MPHN Board on specific emerging issues and priorities for general practices and primary care clinicians
- Contribute to the improvement of the primary healthcare system by providing strategic advice on recruitment and retention, education and research
- Work with other PHN Clinical Councils to achieve the objectives of the MPHN
- Review relevant data and advise the Board of clinician support and professional development
- Advise the Board on measures that will address patient safety and improve clinical quality
- Work in partnership with relevant local clinicians to facilitate effective primary health care to reduce avoidable hospital admissions, length of hospitalisation and re-admission, and
- Champion the development and use of locally relevant clinical care pathways to streamline patient care, improve the quality of care, and utilise existing health resources efficiently and improve health outcomes.

1.2 Responsibilities of the Council:

In addressing the clinical needs of the diverse communities within the MPHN, the Council will consider issues, including but not limited to, Indigenous disadvantage, gender equality, CALD and access to services for patients with disability, with mental health issues, or in remote or regional communities.

- Provide advice across the continuum of patient care and patient lifespan
- Maintain a strong and consistent focus on patient centred care and optimal patient outcomes

- Maintain a strong and consistent focus on integrated care between services and sectors (with particular reference to the acute sector and the social care sector)
- Foster a culture that implements best practice based on the best available evidence
- Engage other clinicians and foster opportunities to effectively contribute to local health system improvements and clinical leadership
- Work in tandem with the MPHN Community Advisory Committee
- Ensure an open dialogue between the Council and the PHN Board
- Act to ensure the best and most effective use of resources
- Recognise and champion good clinical governance, and
- Always act in good faith.

2. Membership

Clinicians with diverse backgrounds, contacts, knowledge, and skills in the area of primary healthcare will be appointed and drawn from (but not limited to) the following disciplines:

- General Practitioners
- GP Registrars
- Specialists
- Practice Nurse
- Allied Health Professionals
- Community Pharmacist
- Ambulance NSW clinical representative
- Hospital Representatives
- Mental Health Clinician/ AOD Clinician
- Aboriginal Health Worker
- Community Nurses

Two (2) additional non-voting members include a MPHN Board Member and MPHN CEO (or senior executive delegate).

Students may attend council meetings as non-voting members. The number of student representatives and the process for nomination will be agreed by each sector council.
Other clinicians can be co-opted or invited to attend as required.

2.1 Nomination of a Chair

The MPHN Board, through an expression of interest process, will appoint the Chair and a Vice Chair. The Chair will be a locally based General Practitioner.

The tenure of the Chairperson will be one year with eligibility for re-appointment.

2.2 Nomination of Members

The MPHN Board, through a public appointment process, will appoint all members in accordance with the aforementioned membership list.

Clinical Council members will have the appropriate knowledge and specific skill sets to address inter-sectoral care, service gaps and integrated care plan pathways.

Members are selected for their expertise even when they may be affiliated to specific stakeholder groups or service. As such, they are appointed as individuals to fulfil their role on the Council and it is expected that in their role as a member they will act in the public interest.

Members of the Council will be appointed for a period of up to three years. A request for an extension past three years will go to the MPHN Board for approval.

2.3 Remuneration

Members of the Clinical Council will receive remuneration in accordance with MPHNs Stakeholder Engagement & Remuneration Policy. This includes remuneration for their attendance at Clinical Council meetings or are invited to participate in another MPHN committee or process to provide professional advice or expertise.

3. Quorum

A quorum will consist of 50% of the voting membership plus one member. Where a quorum is not reached for a meeting, the meeting may proceed with the agreement of all members who are present.

The Chief Executive Officer and one PHN Board Member will be present at each meeting - neither have voting rights.

4. Voting

Members should normally aim to arrive at decisions by a consensus. Where consensus cannot be reached, a simple majority of the present voting members is required. The Chair has a casting vote.

Where a meeting has proceeded without a quorum, a resolution or decision may be passed by a simple majority of those members present confirming approval in the meeting and those members who were not present at the meeting providing written confirmation of their approval.

Abstentions are not considered when determining the majority.

5. Meeting Schedule

The Council will meet quarterly. The Chair and/or the PHN board (via the Chair) has the right to convene extraordinary meetings when considered necessary, to remain flexible to clinical and service priorities and requirements.

6. Communication Mechanisms

Agendas will be distributed five (5) calendar days prior to each meeting. A record of the proceedings of all meetings will be documented and distributed within two weeks of each meeting.

The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to the MPHN Board accurately record the decisions taken. Once agreed by the Chair, the minutes will be provided to the MPHN Board.
The Council will report directly to the MPHN Board

7. Expected Member Conduct

- Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide
- Be accountable for their activities and for the standard of advice they provide to the MPHN Board
- Disclose information that may represent a conflict of interest
- Members of the Council must declare their relevant personal and non-personal interests at the time of their appointment. Members are asked to inform the Secretariat before each meeting of any change in their relevant interests. The minutes of each meeting will record declarations of interest, and whether members took part in discussion and decision-making,
- Members who obtain information in the course of their engagement on the Clinical Council must not improperly use the information to gain an advantage for themselves, someone else or

another organisation, or cause detriment to the Murrumbidgee Primary Health Network.

- Members are expected to make reasonable attempts to attend Clinical Council meetings and other commitments associated with their Clinical Council role. Members who have not attended two consecutive meetings of the Clinical Council may receive a written request from the MPHN to confirm their intention to remain on the Council. The Member may be requested to vacate their position if unable to meet the requirements of the committee.

Version control

The following table shows the changes made to this document:

Date	Version	Comments/Modifications
01/02/2022	V1	Presented to Clinical Councils for review. No changes made.
28 February 2023	V2	Approved by Board 28 February 2023
23 May 2023	V3	Amendment to clauses 3 and 4