



**HEALTHY
NORTH COAST**

Clinical Advisory Council

TERMS OF REFERENCE (ToR)

Terms of Reference

Background and scope

The GP-led Clinical Advisory Council of Healthy North Coast Ltd (HNC) — trading as North Coast Primary Health Network — was established in accordance with the Department of Health Standard Funding Agreement to report on clinical issues to influence HNC Board decisions on the unique needs of local communities across the HNC region.

Purpose

The HNC Clinical Advisory Council (the Council) assists the Board by providing an objective and collaborative clinician voice striving to build a person-centred health system that is integrated, high quality and easy to access for all of the North Coast Community.

Role

- Provide constructive advice, leadership and discuss key issues of clinical significance
- Provide an understanding on the operating context of the primary care health system from a clinician's perspective
- Ensure the clinical community is informed and engaged in planning, design, monitoring and evaluation of Healthy North Coast activities and commissioned services.
- Review and validate primary care health and health system performance data in alignment to achieving strategic objectives
- Elevate the local needs from clinical societies in matters of regional significance
- Comment and provide clinician perspective on priority Healthy North Coast policy, plans, programs and other activities.
- Be recognised for their leadership and trusted as an authoritative source of advice

Authority and governance

- The Clinical Advisory Council is an advisory sub-committee of the Healthy North Coast Board
- The Director Operations & Engagement has delegated responsibility for the effective functioning of the Clinical Advisory Council
- The Council has an advisory role, making recommendations to the Board, and does not have any decision-making authority

Membership

- The Clinical Advisory Council will comprise a maximum of 20 members, selected in accordance with the appropriate skills and knowledge from the skills matrix (Appendix 1)
- The membership should reflect the diversity of health professions currently living and working in the Healthy North Coast region and include interested clinicians who represent a range of population groups and cohorts
- Members should have appropriate professional and community networks to gather and disseminate information and commit actively to participate
- Membership will include:

- Healthy North Coast Chief Executive
 - A member from each of the eight Healthy North Coast Clinical Societies across the sub-regions: Tweed; Ballina and Byron; Lismore, Casino, and Kyogle; Clarence Valley, Nambucca and Macksville; Coffs Harbour and Bellingen; Kempsey and Macleay; and Port Macquarie and Hastings
 - Representation from NSW and MNC LHDs
- Members will be appointed for a term of 2 (two) years with the opportunity to apply for additional terms.

In attendance

- A Board Member of HNC will attend every Council meeting
- Director, Operations & Engagement

Chair and Deputy Chair

The Chair must be a qualified General Practitioner (based on current Commonwealth guidelines). Both Chair and Deputy Chair will be elected by majority vote of the members.

The role of the Chair is to:

- Chair and facilitate the meetings and events
- Review and provide input and advice to Healthy North Coast regarding Clinical Advisory Council business papers, meeting schedules, approve agendas, actions arising from previous meetings, events and communications
- Provide verbal reports to the Healthy North Coast Board as required
- Liaise with Healthy North Coast and members on matters that arise between meetings

Appointment term

- The Chair will serve a term of two years with the opportunity to be re-elected (maximum four years).
- The Chair term can be reviewed in line with the outcomes of the group's evaluation which occurs every year.

Quorum

A Clinical Advisory Council meeting quorum will be achieved when at least 50 per cent of members are in attendance.

Meetings

- Meetings should be scheduled quarterly, with additional meetings to be scheduled should the Council or Board consider this necessary.
- Video/teleconferencing to be made available at all meetings.
- Members will be expected to attend a minimum of 75 per cent of Clinical Advisory Council meetings.
- Additional work with pre meeting reading as required by the Council and opportunities to provide advice to HNC.

Agenda

- The agenda will be set by the Chair, HNC Director Operations & Engagement, HNC Chief Executive and Board Members.
- Members may contribute to the agenda by submitting items no later than 10 working days before each meeting.
- Members will receive the agenda papers, including the minutes of the previous meeting, at least five working days before the meeting.

Secretariat

Healthy North Coast will provide secretariat for the Clinical Advisory Council and will facilitate the annual performance evaluation of the Clinical Advisory Council.

Reports

The following reports will be provided to the Council:

- HNC Executive and Board Updates
- Strategic plans, relevant policies
- Community information and updates from regional advisory groups
- Improvement/working group reports
- Community Engagement strategy updates and reports
- Topics which require input from clinical representatives.

Minutes

- Minutes will record discussion, agreed outcomes and actions
- An action list will be included with the minutes including responsibility and target completion dates
- The Chair will review and approve the minutes prior to circulating
- A copy of the minutes is provided to the Board and Executive teams.

Code of conduct and declaration of interest

- Council members are expected to participate in meetings and activities in an ethical and professional manner at all times.
- Members will be asked to adhere to a Code of Conduct.
- Members will declare conflicts of interest as outlined in the Code of Conduct and Conflicts of Interest and Related Parties Policy and Procedure
- Confidential information will be clearly identified as confidential. All Council members are required to maintain confidentiality and comply with privacy obligations.

Remuneration

Members will be remunerated for meeting attendance as per HNC's Stakeholder Engagement Remuneration Policy.

Support and training

Healthy North Coast will provide appropriate documentation, orientation, training and ongoing support to facilitate full participation in the Council.

Evaluation

The Council will undertake an annual evaluation including:

- Meeting performance assessment
- Outcomes and benefits delivered to Healthy North Coast
- Comparing the membership composition of the Clinical Advisory Council with the requirements of the Department of Health and the Council's membership matrix.

The Clinical Advisory Council will provide a report to the Board summarising the annual performance evaluation.

Appendix 1 Skills Matrix

The Healthy North Coast Clinical Advisory Council Skills Matrix is based on three components: an individual’s professional skills, general experience; and the diversity and equity of the overall Clinical Advisory Council composition. The Healthy North Coast Nominations Committee will be responsible for recommending members to the Board, based on the Skills Matrix. The Board will endorse members.

It is a mandatory requirement that the individual has at least one of the professional skills listed below to progress through the matrix. The next layer of the matrix is the general experience. Each individual will be assigned ratings against their response to the general experience criteria. High = 3, Med = 2, Low = 1, NA = 0. The final component comprises of diversity and equity factors that make up the composition of the Clinical Advisory Council. These components will be taken into consideration by the Nominations Committee to ensure ethics and integrity of the advisory structure.

Professional skills
General Practitioner (minimum 4)
Allied Health – AHPRA registered practitioners (diversity in Clinical Council practitioner membership is encouraged)
Physiotherapist
Psychologist
Occupational Therapist
Exercise Physiologist
Dietitian
Aboriginal Health Worker
Practice Nurse
Community Pharmacist
Acute Care Nurse representative
Medical Specialist
University/academia health research representative
General experience
Experience in clinical governance
Demonstrated experience in empowering communities to self manage
Deep experience in at least one of the Commonwealth DoH <i>Nine National Health Priority Areas</i> (aged care, Aboriginal & Torres Strait Islander health, Digital health, Drug & Alcohol

treatment, maternal and child health, mental health, population health , health workforce, integration and coordination)

Diversity & equity

Gender: a) Male b) Female c) non-binary/other d) Choose not to answer

Clinical society representation (minimum one representative from each)

Do you identify yourself as a member from these groups a) Aboriginal and/or Torres Straits Islander b) people with disability c) culturally and linguistically diverse (if yes, please indicate ancestries)