

Nepean Blue Mountains Primary Health Network GP Clinical Council

TERMS OF REFERENCE

1. Introduction

- 1.1. Wentworth Healthcare Limited (Wentworth Healthcare) Board's vision for *improved health and well-being of people in our community*, is underpinned by the mission and strategic objectives within the five year Wentworth Healthcare Strategic Plan. The Strategic Plan's development and implementation is supported by Wentworth Healthcare's key stakeholder groups including General Practitioners, Allied Health Professionals and Community and Health Consumers.
- 1.2. **Four Advisory Committees** have been appointed to ensure the key stakeholder groups are able to contribute effectively towards Wentworth Healthcare Board strategic decision making. The four Advisory Committees assist with the process by providing advice and local perspectives. The four Advisory Committees, comprise representation from local General Practice, Allied Health and Community and Health Consumers.

They include:

- **GP Clinical Council**
- Allied Health Clinical Council
- Community Advisory Committee (Joint with NBM Local Health District)
- Integrating Care Clinical Council

2. Role of GP Clinical Council

- 2.1. The role of the GP Clinical Council is an Advisory Committee of the Wentworth Healthcare Board and members are appointed to assist the Board in fulfilling the objectives of Wentworth Healthcare's strategic plan.

3. Duties

The **GP Clinical Council** will:

- 3.1. Represent GPs within each LGA, ensuring all Allied Health Professionals have an opportunity to share their concerns and ideas, regardless of their location in urban, outer urban, rural and remote communities.
- 3.2. Provide regular reports to the Wentworth Healthcare Board, containing advice and strategy to address region-wide issues facing GPs, while also considering the unique needs and concerns of each local community.
- 3.3. Support Wentworth Healthcare to engage with and effectively support GPs in the region to deliver high quality, accessible and integrated primary healthcare.

- 3.4. Assist with the development and implementation of the Wentworth Healthcare Strategic Plan.
- 3.5. Keep up to date on current issues, concerns and priorities of GPs.
- 3.6. Consider issues raised by GPs that affect primary healthcare in relation to primary healthcare, hospitals, Residential Aged Care Facilities, workforce, education and training and other health agencies.
- 3.7. Elevate issues and broader GP needs to the Wentworth Healthcare Board or other Board Advisory Committees; Integrating Care Clinical Council (ICCC), Community Advisory Committee (CAC) and/or Allied Health Clinical Council (AHCC), as appropriate for strategic interface.
- 3.8. Communicate important information and decision outcomes from the Board downstream to local GPs where possible.
- 3.9. Advocate, where appropriate, on behalf of GPs within the region on issues that affect their patients' ability to access high-quality primary healthcare, acute care and rehabilitation services.

4. Membership

- 4.1. The GP Clinical Council will comprise up to 13 representatives, who will, including the Chairperson, be appointed by the Wentworth Healthcare Board.
- 4.2. The composition of the GP Clinical Council will be as follows;
 - 4.2.1. There will be up to 12 GP representatives with up to three representatives from each LGA.
 - 4.2.2. One of the LGA members shall be a member of their respective GP network – where it exists.
 - 4.2.3. The Wentworth Healthcare CEO or delegate will be an ex-officio member of the Committee. Ex-officio means having the same status as all committee members i.e. they form part of the quorum.
- 4.3. Board members of Wentworth Healthcare may attend meetings from time to time as guests of the meeting, noting they do not form part of the quorum.
- 4.4. The membership composition will be reviewed annually and may be altered by the Board, on recommendation of the Chair, during the term of the GP Clinical Council without a formal review.
- 4.5. Provide representation and contribution towards;
 - Annual Board Strategic Planning Day representation and contribution
 - One Board meeting per year for contribution as required
 - Integrating Care Clinical Council representation

Appointments and Term

- 4.6 The term of all appointments for members will be for a maximum of nine years' service.
- 4.7 The Board will confirm membership of GP Clinical Council biennially.
- 4.8 The Chair will be nominated from the GP Clinical Council and appointed by the Wentworth Healthcare Board. The term of the Chair will be reviewed biennially.
- 4.9 The Chair will be a corresponding member of the Integrating Care Clinical Council, Community Advisory Committee and Allied Health Clinical Council receiving copies of agendas and minutes. The Chair may attend these meetings as a guest.
- 4.10 The Chair will approve meeting dates and changes, and recommendations to the Board regarding membership changes to the terms of reference.
- 4.11 Each member will be given the opportunity annually to indicate their commitment to being a member of GP Clinical Council for the following 24 months.
- 4.12 The Board reserves the right to review membership annually and make changes to ensure the Committee is representative of the region.
- 4.13 The Board may remove any member who fails to comply with Committee Member obligations.

Recruitment

- 4.14 Where the vacancy is attributed to a professional or membership organisation (the body) as outlined in the Terms of Reference, that body be approached to nominate a replacement, with the Board to approve the appointment.
- 4.15 Where the vacancy is a member of another Wentworth Healthcare Clinical Council or Committee, the Chair of that Clinical Council be invited to submit a replacement, with the Board to approve the appointment.
- 4.16 Where the vacancy is unable to be filled, subject to above, the vacancy may be filled by invitation or by expression of interest.
- 4.17 Such filling of the vacancy shall be delegated to the CEO (or delegate) and the Chair of the GP Clinical Council, with the Board to approve the appointment.
- 4.18 In all cases, the recruitment requirements of Wentworth Healthcare as outlined in *Section 5 Member Obligations* will be the minimum selection criteria.
- 4.19 For vacancies requiring Expressions of Interest, this process will normally be advertised.

5. Committee Member Obligations

- 5.1 All clinical members of the GP Clinical Council must be working as GPs within the NBMPHN boundaries.
- 5.2 All members of the GP Clinical Council must maintain professional accreditation for the term of their appointment.
- 5.3 Confidentiality – Members are to maintain the integrity and security of committee proceedings and committee documents at all times. This is to ensure information discussed at meetings or included in committee documents, are only used or disclosed with consent of the chair, for the purpose of GP Clinical Council functions.
- 5.4 Code of Conduct – Abide by Wentworth Healthcare Code of Conduct whilst performing duties as a part of the GP Clinical Council.
- 5.5 Conflict of Interest – Members are to declare a conflict of interest whenever they feel that their participation or contribution could be viewed as influenced by another role they undertake either within or outside Wentworth Healthcare. Where members or attendees are deemed to have a real or perceived conflict of interest at a meeting, they must absent themselves from the Clinical Council deliberations on the issue.
- 5.6 All Members must successfully complete a National Police Check upon application and thereafter on a regular basis as provided for in Wentworth Healthcare National Police Check Policy.
- 5.7 Each member is required to abide by the Terms of Reference of the GP Clinical Council.

6. Committee Operations

- 6.1. A quorum of the GP Clinical Council is 50% of the membership plus one member at the date of the meeting.
- 6.2. The GP Clinical Council will meet no less than four times annually or as directed by the Board.
- 6.3 Meetings shall be approximately 1.5 to 2 hours duration.
- 6.4 The secretary will be the Wentworth Healthcare Manager Stakeholder Governance and Relationships.
- 6.5 The proceedings of all committee meetings are to be minuted and these together with a summary report will be included in the papers of the following Wentworth Healthcare Board meeting.
- 6.6 The Agenda will be circulated one week (7 calendar days) before the meeting.
- 6.7 Recommendations of the committee are to be referred to the Wentworth Healthcare Board for approval.

- 6.8 The GP Clinical Council may invite other persons to its meetings as necessary.
- 6.9 Meetings, or attendance at meeting, may be held using video conferencing facilities.
- 6.10 Special meetings may be convened as required.
- 6.11 Members are expected to attend and contribute to all meetings and to read and review meeting information.
- 6.12 Members may be requested to contribute to online forums and discussions between meetings.
- 6.13 All reports tabled at meetings are to be made available within a fortnight following the meeting.
- 6.14 The Chair will approve minutes as draft for distribution.
- 6.15 Minutes are to be distributed within four weeks following the meeting.
- 6.16 Wentworth Healthcare will facilitate liaison between the four Advisory Groups to the Wentworth Healthcare Board i.e. Integrating Care Clinical Council, Community Advisory Committee, GP Clinical Council, Allied Health Clinical Council and other relevant committees and the Board.
- 6.17 Members will be remunerated in accordance with relevant Wentworth Healthcare Policies.

APPROVED 13 February 2021