

Terms of Reference

Statewide General Medicine Clinical Network
2019 - 2021



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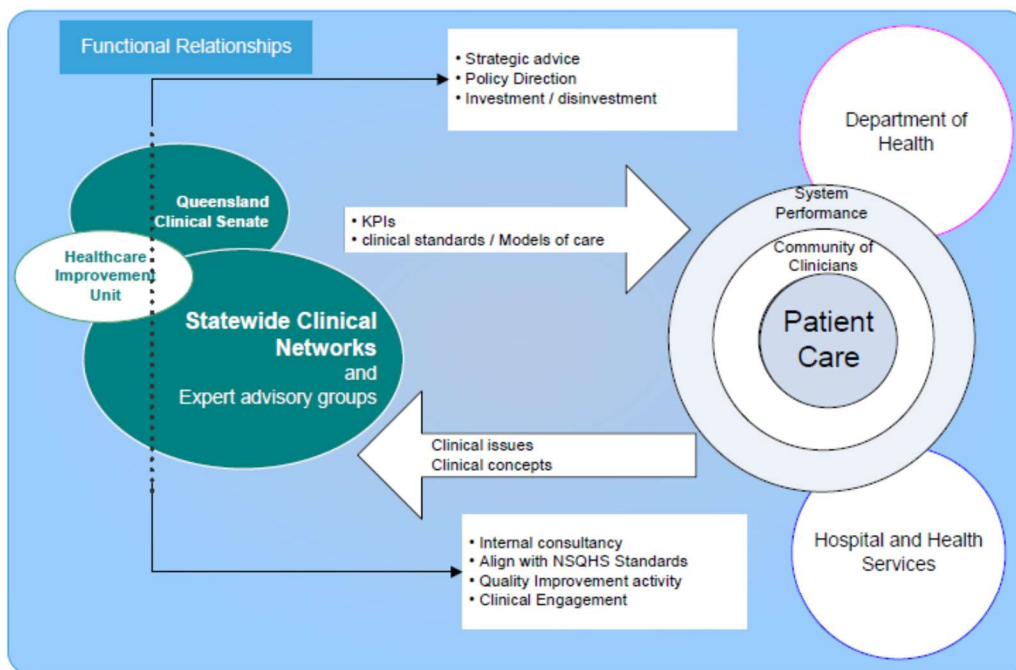


Vision of the statewide clinical networks

Engage, integrate and empower the clinicians of Queensland to innovate for service improvement, embed evidence based best practice models and to set and monitor clinical standards.

Purpose of the statewide clinical networks

As the peak body of clinical expertise in Queensland we serve as an independent point of reference, for clinicians, HHSs and the Department of Health. The clinical networks guide quality and improvement reform and support clinical policy development, emphasising evidence-based practice and clinical consensus to guide implementation, optimisation and provision of high-quality patient focussed health care.





Purpose of the Statewide General Medicine Clinical Network

The purpose of the Statewide General Medicine Clinical Network (the network) is to:

- improve the quality, safety, and effectiveness of general medicine in Queensland;
- provide expertise, direction and advice to the Queensland Health Executive and Hospital and Health Services and Boards in relation to general medicine, service planning; and emerging issues locally, statewide and nationally;
- provide expertise, direction and advice and develop an open and supportive environment for clinicians who are involved in caring for patients, and consumers of general medicine services in Queensland;
- foster education and research in general medicine best practice

Guiding principles of the network

The guiding principles of the network are to:

- place patients first in all that we do
- provide evidence-based consensus driven, multidisciplinary clinical expert advice that positively influences clinical service delivery
- add value, for patients and Health Services, through a continual focus on improving actual health outcomes
- provide specialised expertise and to bring to effect change by leading the translation of evidence based clinical standards and pathways throughout the broader system
- collaborate between other clinical networks to provide coordinated response/s
- espouse and uphold collegiate principles and standards
- establish strong links between general medicine clinicians across Hospital and Health boundaries.



Principal functions of the network

The principal functions of the network are to:

- provide advice in relation to the planning and development of general medicine services in Queensland
- develop, review and endorse for state use, evidence-based standards of care, clinical policy, guidelines and pathways that support the changing needs of the population and foster safety and innovation in general medicine services
- review variation in clinical outcomes and develop strategies to achieve improvement
- review and support compliance with clinical practice standards produced by the Commonwealth and State governments
- review the value of new clinical interventions and technologies and advise on their most appropriate use
- monitor the adequacy of workforce supply, address the imbalance between service capacity and demand and develop new workforce strategies
- act in an advisory capacity to Queensland Health business units, Hospital and Health Services and statewide clinical networks as required
- develop, promote and integrate clinical research activities and teaching opportunities throughout Queensland Health general medicine services
- support integrated general medicine information systems throughout Queensland
- strategically partner with HHSs and the DoH but retain autonomy and be clinically led and directed
- provide targeted input that helps clinicians 'do' and enhance the system to 'perform'
- complement the broader perspective brought by the Queensland Clinical Senate
- commit to clinician engagement
- strategically align with the Clinical Excellence Queensland's strategic plan

Reporting responsibilities of the network

The Deputy Director-General, Clinical Excellence Queensland is the sponsor of the statewide clinical networks, and the Executive Director, Healthcare Improvement Unit (formerly CARU) is the senior management link for the network. All working groups established will report to the steering committee.



Steering committee membership

The role of the steering committee is to provide high level specialist clinical advice to inform strategic directions, planning and policy and promote optimal health care in general medicine.

The steering committee will be multidisciplinary and include representation from medical, nursing, allied health, general practice, consumers and relevant non-government organisations.

Recruitment to the position of network chair/s occurs every two years, through an expression of interest and panel interview process with the final decision resting with Healthcare Improvement Unit executive/s.

Recruitment to the steering committee occurs through an expression of interest process and is selected by the network chairs. A review of the membership of the steering committee will occur every two years and will coincide with the term of the incoming chair. Current membership of the steering committee is outlined in table 1.

Name	Position
A/Prof Ian Scott	Chair – Director, Internal Medicine and Clinical Epidemiology, Princess Alexandra Hospital, Metro South Hospital and Health Service
Dr Ben Vogler	General & Acute Physician, Director of Physician Education, A/Clinical Director of General Medicine & Medical Assessment Unit Division of Medicine, Cairns Hospital, Cairns and Hinterland Hospital and Health Service
A/Prof Cameron Bennett	Assistant Director, Internal Medicine and Aged Care, Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service
Dr Elizabeth Whiting	Member – Executive Director, Clinical Services, Metro North Hospital and Health Service
Erin Dunn	Member – Pharmacist, General Medicine, The Prince Charles Hospital, Metro North Hospital and Health Service
Dr Greg Plowman	General Physician, Sunshine Coast University Hospital & Nambour General Hospital, Sunshine Coast Hospital and Health Service
A/Prof Jeffrey Rowland	Executive Director, Medicine Stream, The Prince Charles Hospital, Metro North Hospital and Health Service
Dr John Dick	Clinical Director, Internal Medicine, Townsville Hospital, Townsville Hospital and Health Service
Dr Kean (Casey) Khoo	Medical Director & Senior Staff Specialist - MAPU (& HITH) Unit, Princess Alexandra Hospital, Metro South Hospital and Health Service



	Service
Kevin Clark	Nursing Director, Medicine Stream, MNHHS Clinical Services, Metro North Hospital and Health Service
Dr Kylie Stephan	GP Representative, Old Northern Road Medical Centre
Maree Krug	Nursing Unit Manager, Specialist Medical Unit, Robina Hospital, Gold Coast Hospital and Health Service
Dr Salim Memon	Staff Specialist, General Medicine, Gold Coast University Hospital, Gold Coast Hospital and Health Service
Sue Samuels	Assistant Director of Nursing, General Medicine, Aged Care Vascular and Endocrine, Gold Coast Hospital and Health Service
Suzanne Wright	Advanced Occupational Therapist, Princess Alexandra Hospital, Metro South Hospital and Health Service
Tracey Goggi	Advanced Occupational Therapist, Sunshine Coast University Hospital, Sunshine Coast Hospital and Health Service

Table 1: Steering committee membership as at 10 September 2019

Network membership

Membership of the network will be multidisciplinary and include representation from medical, nursing, allied health, community health, general practice, private practice, Aboriginal and Torres Strait Islander representation, consumers and non-government organisation(s) from across the state.

Membership and communication will also be open to other interested groups, including research centres and universities.

Membership of the network is voluntary and open to all individuals and groups that express interest.

Confidentiality

Due to the sensitive nature of some of the issues raised during the committee meetings, members may at time be asked to remember the confidentiality clause as per below:

Section 62A of the *Health Services Act (1991)* regarding confidentiality states:

'A designated person or former designated person must not disclose to another person, whether directly or indirectly, any information (confidential information) acquired because of being a designated person if a person who is receiving or has received a public sector health service could be identified from the confidential information'.

Queensland Government requires its agencies to protect the privacy of people in the conduct of government services and business. The government has established Information Standards to protect the privacy of the people of Queensland in the delivery and conduct of government services and



business.

Queensland Health must apply Information Standard IS42A, which states:

'Personal information held by the Queensland Department of Health must be responsibly and transparently collected and managed (including any transfer or sale of personal information held to other agencies, other levels of Government or the private sector) in accordance with the requirements of the National Privacy Principles'.

Statewide Clinical Networks do not generally make their minutes available to the public. The right to information is designed to give a right of access to information in the government's possession or under the government's control, unless, on balance, it is contrary to the public interest to give the access.

Duty of confidentiality

Confidential Information will be used solely for the Permitted Use of the steering committee. The steering committee will hold the Confidential Information in strict confidence and will not:

- (a) copy or reproduce it except to the extent necessary for Permitted Use or
- (b) disclose or distribute any of it to any person other than to its Representatives, to the extent they need access to Confidential Information for the Permitted Use or until the steering committee agree.

(The steering committee members will ensure that any recipient who receives any Confidential Information is aware of these Terms and will require such Representative to comply with these Terms. The steering committee members will be responsible if such Representative fails to comply with these Terms).

Code of conduct

Steering committee members will be required to adhere to the Code of Conduct for the Queensland Public Service when appointed to the network. This document can be found at <http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf>

Queensland Health is committed to creating workplaces that are free from bullying, harassment and discrimination, where people are respected, and diversity is embraced.

Queensland Health is guided by the four principles of the Public Sector Ethics Act 1994.

1. Integrity and impartiality;
2. Promoting the public good;
3. Commitment to the system of government; and
4. Accountability and transparency.

Steering committee meetings

The steering committee meetings will be held every 1-2 months, with some out of session endorsement occurring.



Attendance can be face-to-face or via telephone/video conferencing.

If a member is unable to attend a meeting, the member is encouraged to nominate a proxy to attend on their behalf.

A quorum is achieved with more than half of members in attendance at a meeting within 20 minutes of the scheduled commencement time of the meeting. For the purposes of determining a quorum a nominated proxy will count as a member in attendance.

Failure to attend two consecutive meetings without prior notification or ongoing poor attendance despite notification of an apology may require a member to step down from the steering committee at the direction of the chair/co-chairs.

Secretariat

Secretariat for the steering committee meetings will be provided by the Healthcare Improvement Unit. Secretariat for any working group meetings will be the responsibility of the working group.

Key elements of successful network

Key elements of a successful network include:

1. Clinician engagement
 - 1.1. Annual work plan describing patient focussed priority initiatives
 - 1.2. Membership/professional representation / reach
2. Structure, governance and accountability
3. Network leaders/clinician leadership/ability to influence HHS
4. Measuring impact
 - 4.1. Resources available to undertake initiatives
 - 4.2. Key performance indicators are monitored

Evaluation

Statewide clinical networks will provide an annual report including;

- monitoring network achievements against the previous financial year's work plan (as part of a continuous improvement process)
- meeting attendance including the achievement of quorum and identification of members who miss 3 or more meetings
- progress of the actions that come out of the meetings
- membership that is representative of all disciplines, all HHSs (as appropriate), consumers, GPs



and NGOs as relevant.

Statewide clinical networks will participate in a formal external evaluation as required.

Date of last review

This document is to be reviewed and endorsed by the steering committee and the chair of the network September 2019.

Approving authority

A/Prof Ian Scott

Chair, Statewide General Medicine Clinical
Network

19 September 2019