Application for Consumer Representative:

Queensland Clinical Guidelines

Steering Committee

Closing date: 9.00am Monday 29th June 2020

Queensland Clinical Guidelines (QCG)

**QCG is seeking one (1) maternity or neonatal health consumer representative to participate on their Steering Committee.**

Queensland Clinical Guidelines (QCG) produces, maintains and supports the implementation of evidence informed statewide clinical guidelines for Queensland. All QCG materials are available at [www.health.qld.gov.au/qcg](http://www.health.qld.gov.au/qcg)

QCG initiatives engage clinicians, families and healthcare policy makers to support:

* Evidence informed frontline clinical decision making
* Family centered service planning and care delivery processes
* Access to workforce development resources, particularly in rural and remote areas
* Better healthcare experiences for women and their families

Clinicians are supported to integrate the guidelines into local clinical practice through clinician education resources (e.g. power point presentations, online knowledge assessments, recognition of professional development), quality measures, and responsive engagement.

QCG engages with consumers in a variety of ways including formal recruitment, selection and remuneration processes for involvement in the QCG steering committee.

Purpose

The purpose of the consumer representative role is to share the common perspectives of members of your organisation, population group or network and to contribute your own experiences or those of your family members to QCG guidelines, committees and initiatives.

QCG committee membership and terms of reference can be accessed via the [consumer engagement strategy](https://www.health.qld.gov.au/__data/assets/pdf_file/0034/146797/o-consum-strategy.pdf).

Role of the consumer

Consumer representatives’ roles and responsibilities include, to:

* Raise issues and prompt the other members of the Steering Committee to consider issues from a different experience base and range of perspectives
* Assess evidence and draft recommendations alongside health professionals
* Be accountable to their nominating organisation
* Operate within the conditions of their appointment (including any terms of reference)
* Declare any actual or perceived conflicts of interest (COI), undergo a criminal history check and disclose any previous or current employment as a lobbyist
* Adhere to confidentiality requirements, and be held accountable to the committee for maintaining confidentiality and protecting privacy and declaring conflicts of interest in line with Queensland Health policies
* Attend virtual Steering Committee meetings (held every second month) and actively participate in all Steering Committee activities such as pre-meeting reading, discussions, provision of feedback and advice
* Read/review/endorse/provide feedback on QCG documents that are being presented to the Steering committee for endorsement

Who is it for?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal consumer will be someone who can demonstrate the following:

* Experience as a patient, consumer or carer of maternity and or neonatal health care and a representative of an organisation relevant to these
* An ability and willingness to reflect the experiences of a wider group of people through patient organisations, forums or self-help groups
* The time and commitment to attend meetings, do background reading and comment on draft documents
* Personal skills including teamwork, communication and computer literacy

No formal qualifications are required.

Access to a phone, computer and internet, and some computer literacy is required as the steering committee does not meet face-to-face. Queensland Health employees cannot be remunerated for consumer representation.

Time and location

Steering committee meetings are held via Microsoft Teams every 2 months however there are occasions when out of session endorsement of various QCG clinical documents is required via email.

Remuneration and Support

QCG operational requirements and conditions of your appointment include that you:

* Declare any [conflicts of interest](https://www.health.qld.gov.au/qcg/development#coi)
* Abide by the [Queensland Public Service Code of Conduct](https://www.premiers.qld.gov.au/publications/categories/policies-and-codes/code-of-conduct.aspx)
* Consent to a [criminal history check](https://www.health.qld.gov.au/workforus/criminal-history-checks) (once only)—required under the Public Services Act

Criminal History Checks and compliance to the [Code of Conduct for the Queensland Public Service](https://www.premiers.qld.gov.au/publications/categories/policies-and-codes/code-of-conduct.aspx) are required for all employees, volunteers, students, consultants and independent contractors under the Public Service Act.

Consumers will be remunerated for their time in line with [Health Consumers Queensland’s remuneration position statement](http://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf) and QCG [remuneration position statement](https://www.health.qld.gov.au/__data/assets/pdf_file/0016/143350/o-consum-fees.pdf).

QCG staff will provide the successful consumer representative with pre and post meeting briefings, if needed.

How to apply

**Please complete this consumer application form and return to**[**consumer@hcq.org.au**](mailto:consumer@hcq.org.au)by **9.00am Monday 29th June 2020**

For assistance please contact Health Consumers Queensland via [consumer@hcq.org.au](mailto:consumer@hcq.org.au) or by phone on 07 3012 9090.

**Consumer Application Form**

Application for Steering Committee Member

Queensland Clinical Guidelines

Full name:

Preferred phone number:

Email:

Postal address:

Postcode:

* By completing this application, I consent for my details to be added to the Health Consumers Queensland network database YES | NO
* I would like to receive email updates from Health Consumers Queensland YES | NO
* Are you happy for Health Consumers Queensland to share this form with Queensland Health as part of the process for this application? YES | NO

Please highlight any group you identify as being a part of:

* Living with a disability/chronic condition
* Caring for someone with a disability
* Physically isolated or transport disadvantaged
* Culturally or linguistically diverse
* From a non-English speaking background
* LGBTIQ+

Do you identify as: Aboriginal | Torres Strait Islander | Both | Prefer not to state

Are you a: Consumer | Carer

Age range: 16-24 25-29 30-39 40-49 50-59 60-69 70+

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** |  Male | Female | Intersex | Other | Prefer not to state |

Please describe any support you need to take part in this activity *(examples include support person, hearing loop, dietary requirements)*

*Your responses to the following questions only need to be a brief sentence or two*

* Please describe your experience as a health consumer representative including committees, focus groups, surveys, governance roles, etc.

*Tip: Past consumer representative positions that have similar requirements to the opportunity you’re expressing interest in. Give an indication of how long each position was for, and any relevant highlights.*

* **Please describe any connections you have to your community (e.g. networks, groups)***Tip: Think about how this relates to the role you’re applying for.*
* Please describe your interest in the maternity and neonatal health arena? *Tip: Although this section usually requires the longest response, try to keep it concise. Things to consider focusing on here include:*
* *any past lived experience that shows your understanding of the topic, or*
* *your understanding of the social/health/economic implications of the topic/condition, or*
* *Any systems change that you have identified that will improve care for health consumers, and possible strategies you could share to affect that change.*
* Please provide contact details for a staff member from a health service or department you are currently partnering with. (we will advise if you are shortlisted before we contact your referee).

Full name:

Staff Role:

Partnering Activity (eg. Committee Chair):

Organisation:

Phone number:

Email:

Applicant Role: