

# Clinical Prioritisation Criteria

## Clinical Advisory Group | Terms of Reference

### Purpose

The purpose of the Clinical Prioritisation Criteria (CPC) Clinical Advisory Group (CAG) is to provide expert clinical advice to inform the development and embedding of the CPC within Hospital and Health Service referral and triage process. This may include collaborative development of HealthPathways specific to the CPC conditions.

### Roles and responsibilities

The principle function of the CPC CAG is to:

- Development of an up-to-date body of evidence CPC
- Propose a date by which the evidence and the CPC should be updated. <sup>[1, 2]</sup>
- Co-design any resources for Primary care, specifically within HealthPathways.
- Provide a review and endorsement governance for any feedback received for CPC
- Escalate any safety issues to the CPC Clinical Safety Advisory Group

### Guiding principles

The Queensland Hospital and Health Boards Act 2011<sup>[3]</sup> provides several principles intended to guide achievement of the Act's objectives and are applicable to the work of the CPC CAG.

- Medicare principles
  - access to these services by public patients free of charge is to be on the basis of clinical need and within a clinically appropriate period
  - arrangements are to be in place to ensure equitable access to the services for all eligible persons, regardless of their geographic location
- Health system principles
  - the health system should be shaped around the health needs of individual patients, their families and communities
  - the health system should provide timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country
- Long term health system objectives
- Australians have a sustainable health system

### Membership

- The CAG will include representative/s from suitably qualified and experienced clinicians, both in terms of location and discipline across the state.
- Medical specialists, allied health professionals, nurses/nurse practitioners and general practitioners, Hospital and Health Services
- Clinicians from rural and remote, regional, and metropolitan facilities along with Aboriginal and Torres Strait Islander representatives.
- HealthPathways clinical editors

- General Practice Liaison Officer (GPLO) representative
- Healthcare Improvement Unit representatives
- Patient safety representative
- Invites delegates

## Chair

A Chair will be appointed by the Clinical Advisory Group. The Chair is responsible for:

- Chairing meetings allowing opportunity for all participants to provide feedback
- Developing agendas and identifying issues for discussion in collaboration with HIU
- Complete development and/or review of an endorsed CPC for publishing

## Meetings

The CPC CAG will convene on an as-needed basis. Video/teleconferencing via TEAMS will be available for all meetings. Additional out of session correspondence and work may be required.

The CPC CAG meetings will be coordinated and administratively supported by the Healthcare Improvement Unit, Clinical Excellence Queensland

## Decision making

- The CAG Clinical Lead has authority delegated by the Project Director, Healthcare Improvement Unit.
- Committee recommendations are made by consensus.
- If consensus cannot be reached, the CAG Clinical Lead reserves the right to escalate the matter to
  - Clinical concerns, the CPC Clinical Safety Advisory Group.
  - Other concern, the Project Director, Healthcare improvement unit
- Committee members are individually accountable for their delegated responsibility and are collectively responsible to contribute to advice provided by the CAG to the CAG Clinical Lead.

## Reporting

The CPC CAG will report to the Project Director, Healthcare Improvement Unit.

## Quorum

Every effort should be made to find mutually suitable times for all members to attend. However, the quorum will be half of all members plus one. If a quorum is not met, the following will occur:

- at the Chair's discretion, the continuation of the meeting will be confirmed
- if the meeting proceeds, all decisions will be preliminary
- any preliminary decisions will then proceed to an out-of-session quorum consensus or be referred to the next meeting

## Out of Session Papers

Agenda items can be managed out-of-session where:

- The item is urgent and must be considered before the next scheduled meeting
- A face-to-face meeting is not possible, and business needs to be progressed

## Record Keeping

The Secretariat will prepare and manage electronic and hard copy records for all meetings in accordance with the requirements of the *Public Records Act 2002*<sup>[4]</sup>.

## Remuneration

Members of the CPC CAG will not be separately remunerated for their work, with the exception of consumer representatives who will be remunerated in accordance with standard Health Consumer Queensland (HCQ) arrangements if applicable.

## Conflicts of interest

To meet the ethical obligations under the *Public Sector Ethics Act 1994*<sup>[5]</sup>, members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Project Director. This may relate to a position a member holds or to the content of a specific item for deliberation.

## Confidentiality

Members of the CPC CAG may be in receipt of information regarded as commercial in confidence, have privacy implications or be clinically confidential. Members acknowledge their responsibility to maintain confidentiality of all information not in the public domain but may report back to their colleagues, surgical networks or Hospital and Health Service on issues raised by the group.

## Endorsement

Approving Authority	Signature	Date
XXXXXX Chair, ##### CPC		/ / 2022
Jody Paxton Director, Healthcare Improvement Unit		/ / 2022

## Citations

1. National Health and medical Research Council, *NHMRC Standards for Guidelines*. 2016.
2. National Institute for Health and Care Excellence, *Developing NICE guidelines: the manual*. 18 January 2022.
3. State Of Queensland, *Hospital and Health Boards Act 2011*. 2011.
4. State of Queensland, *Public Records Act 2002*. 2002.
5. Office of the Queensland Parliamentary Counsel, *Public Sector Ethics Act 1994*. 1994.