

Queensland Clinical Networks

Child and Youth

Terms of Reference

Clinician Collaborative

Queensland Child and Youth Clinical Network

July 2023 – June 2025



Queensland
Government

Queensland Child and Youth Clinical Network Clinician Collaborative, Terms of Reference

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An electronic version of this document is available at <https://www.childrens.health.qld.gov.au/resources/health-professionals/committees-and-groups/qcycn/clinician-collaborative-terms-of-reference>

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1. Purpose

Clinician Collaborative membership is multidisciplinary and strategic. It assists the Chair/Co-Chairs to administer and lead the network. Communication, collaboration and consensus underpin all decisions made by the Clinician Collaborative on behalf of the network.

2. Guiding Principles

2.1 Queensland Clinical Networks Principles

The overarching guiding principles of all Queensland Clinical Networks are to:

- Prioritise consumers in everything we do
- Provide consensus-driven and evidence-based multidisciplinary leadership to guide positive change in clinical care and service delivery
- Enhance health outcomes for consumers through continuous evaluation and improvement at a system level.
- Support HHS's in delivering efficient healthcare that meets the needs of consumers
- Engage and collaborate with health care partners to provide considered, comprehensive and co-ordinated responses, and
- Espouse and uphold collegiate principles and standards.

2.2 QCYCN Strategic Priorities

The QCYCN strategically aligns to the following priorities:

Advocating child and family centred practice and a holistic approach to health care

Connecting hospital and health services, health systems, policy makers and external health providers

Empowering clinicians through leadership, mentoring and support.

Influencing systems and policy to encompass the child, infant and young person health agenda

Translating evidence into clinical practice

3. Functions

The Clinician Collaborative will be the accountable governing group that ensures the following objectives are achieved in an ethical and responsible manner:

- Identify and drive initiatives to improve the quality, safety and effectiveness of child, infant and youth health in Queensland
- Provide leadership, expertise and advice to Queensland Health in relation to child, infant and youth health service planning, clinical policy and emerging issues (local, statewide, national)
- Provide leadership, expertise and advice to clinicians within the domain of child, infant and youth health
- Develop, review and endorse for statewide use, evidence-based care guidelines, pathways and other clinical policy
- Develop, promote and integrate clinical research activities and teaching opportunities throughout child, infant and youth health services in Queensland
- Develop an open and supportive environment for clinicians and consumers in relation child, infant and youth health services in Queensland
- Foster education, research and best practice in child, infant and youth health.

4. Responsibilities

The Clinician Collaborative members are expected to:

- comply with all policies, procedures, guidelines and standards, including but not limited to, [Queensland Government Code of Conduct](#).
- Commit to a two-year term
- Attend a minimum of 75% of meetings and forums
- Participate in the work of the clinical network and working groups as needed
- Declare any conflicts of interest
- Adhere to confidentiality provisions
- Adhere to the Code of Conduct
- Advocate for and promote the clinical network and its activities.

5. Structure and Composition of Subnetwork

5.1 Membership

The Clinician Collaborative will be multidisciplinary and include representation from medical, nursing, allied health, Aboriginal and Torres Strait Islander Health Workers, management, general practice, consumers and relevant government agencies and non-government organisations along with the QCYCN Chair/s, Chair/s of all subnetworks and working groups and QCYCN project officers. The QCYCN clinician collaborative will aim to have at least one representative from each Hospital and Health Service, who will act as a champion and voice for their service at the statewide level. Representatives from other clinical networks with paediatric specific areas are also encouraged to become members.

Clinician Collaborative members are appointed for a period of two years.

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

Membership and communication are also open to other interested groups, including professional colleges/associations/societies, academic and educational bodies. Membership of the network is voluntary and open to all individuals and groups that express interest in joining.

Recruitment to the Clinician Collaborative occurs through a bi-annual expression of interest process overseen by the Chair/Co-Chairs. All current Clinician Collaborative members are required to re-submit their interest in continued Clinician Collaborative membership through this process, after each two-year term served. Mid-term vacancies can be filled at the discretion of the Chair/Co-Chairs. Clinician Collaborative members can be appointed for a maximum of ten years.

5.2 Appointment (Chair / Co-Chair)

Chair/Co-Chairs are appointed at the establishment of a network through a formal recruitment process open to all clinicians currently employed by Queensland Health in the specialty area of child, infant and youth health.

The primary role of the Clinical Chair/Co-Chairs is to provide clinical, strategic and consensus-based leadership to the network. A key component of the role is to provide specialist clinical advice to system leaders to inform strategic directions, planning, clinical policy development.

The Chair/Co-Chairs will:

- Provide leadership to the network in undertaking its roles and achieving its objectives
- Chair network steering committee meetings
- Represent the network on relevant committees to inform strategic directions, planning and clinical policy development
- Promote and advocate for the network within the health system
- Actively seek opportunities to enhance clinician and consumer engagement in the activities of the network.

6. Operations

6.1 Frequency of Meetings

Meetings will be held every 2 months or as required, with some out of session feedback requests occurring. Attendance may be either face-to-face, virtual or hybrid approach.

6.2 Proxies

If a member is unable to attend a meeting, the member must advise the network coordinator prior to the meeting and nominate a proxy to attend on their behalf.

6.3 Quorum for Meetings

- A quorum will be 50% of the membership, plus one member.
- For the purposes of determining a quorum a nominated proxy will count as a member in attendance.
- In exceptional circumstances if the quorum is not achieved, decisions can be made at the discretion of the Chair/Co-Chairs.
- Where the members cannot reach an agreement on matters for endorsement, the QCYCN Chair/s have the authority to make the final decision.

6.4 Apologies

- 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 Clinician Collaborative. In this instance, the Chair/s or the secretariat of the group will contact the member to determine their ongoing capacity for membership.

7. Reporting

The Queensland Child and Youth Clinical Network Clinician Collaborative will:

- Develop and submit an annual workplan and report on its progress (as part of a continuous improvement process)
- Participate in an annual self-evaluation and regularly reflect on performance against expected functions/outcomes as defined by the steering committee Terms of Reference. will develop annual priorities and report on its progress (as part of a continuous improvement process).

State-wide clinical networks and associated working groups will participate in any formal evaluation if required.

8. Governance

The Deputy Director-General, Clinical Excellence Queensland is the sponsor of the statewide clinical networks.

The Executive Director, Healthcare Improvement Unit is the senior management link with the Department of Health.

Statewide Clinical Networks governance structure includes a Chair (or Co-Chairs), Clinician Collaborative (clinician-led steering committee), Executive Committee (QCYCN-specific), subnetworks, time-limited working groups (established to deliver on network priorities) and the broader network membership. All subnetworks and working groups established will report to the Clinician Collaborative.

The Queensland Clinical Networks' Executive (QCNE) provides a visible leadership structure for the networks, enabling effective and efficient engagement with stakeholders from across the health system.

The QCNE roles and responsibilities include:

- Provide clinician input into high-level decision making through participation on key Queensland Health (QH) and HHS strategic committees.
- Ensure that key QH, HHS and other stakeholders remain updated on the work and plans of the networks.
- Advocate for and promote the activities and needs of the networks with key stakeholders.
- Facilitate collaboration and communication between and across the networks including identifying opportunities to partner on projects.
- Provide advice/recommendations to the Department of Health and advocates for resourcing and funding allocations to the networks.
- Provide oversight for network annual workplans and activity reporting and support to new networks and those not meeting agreed key performance indicators/outcome measures.

9. Conflicts of Interest

To meet the ethical obligations under the *Public Service Ethics Act 1994*, Clinical Collaborative Members must declare any conflicts of interest and manage those in consultation with the Chair/Co-Chair. This may relate to a position a member holds or to the content of a specific item for deliberation.

10. Declaration of Recognition

Building on the progress already made, including through the Queensland Government's Reconciliation Action Plan 2018-2021, the *Human Rights Act 2019* and new National Agreement on Closing the Gap, the Committee solemnly proclaims a standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government's Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government 2019, including:

- recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland
- self-determination
- respect for, and recognition of Aboriginal and Torres Strait Islander cultures and knowledge
- locally led decision-making
- shared commitment, shared responsibility and shared accountability
- empowerment and shared decision-making
- free, prior and informed consent
- a strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

Affirming that prior to colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

Recognising the sovereign First Nations of this continent were and remain highly sophisticated in their operations, organisations, institutions and practices;

Convinced that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

Recognising that Aboriginal peoples' and Torres Strait Islander peoples' sovereignty was never ceded;

Acknowledging the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

Recognising the past acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and First Nations have experienced and continue to experience;

Convinced that addressing levels of disadvantage and inequity will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by the Queensland Clinical Networks enabling and supporting Aboriginal peoples and Torres Strait Islanders peoples and First Nations' self-determination, self-management and capabilities;

Asserting that when Aboriginal peoples and Torres Strait Islander peoples and First Nations have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved;

Acknowledging that the United Nations Declaration on the Rights of Indigenous People, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and First Nations freely determine their political status and freely pursue their economic, social and cultural development;

Underpinning the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to the social, cultural, intellectual and economic advancement of Aboriginal peoples and Torres Strait Islander peoples and their development agendas;

Recognising that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples and First Nations is needed to address inequities.

11. Confidentiality

All information provided to Members and Observers of this group is confidential and Members must act in accordance with below:

- keep the Confidential Information confidential and secure
- not use or copy the Confidential Information for any purpose other than to perform your obligations under the Terms of Reference
- not disclose the Confidential Information of Queensland Health without Queensland Health's prior written consent
- not disclose the Confidential Information of any Member to any third party without that Member's prior written consent and
- not use the Confidential Information of Queensland Health to the disadvantage of Queensland Health or use the Confidential information of a Member to that Member's disadvantage.

The obligations of confidence contemplated by the clause above do not apply to the extent that the Confidential Information is:

- (a) required or permitted to be disclosed under applicable law or
- (b) required or permitted to be disclosed by the Minister for Health and Ambulance Services.

12. Review of Terms of Reference

This ToR will be reviewed and endorsed every two years by the Clinician Collaborative or as otherwise determined by the Chair(s). Any variations to the ToR must be approved by the QCYCN Chair/Co-Chairs.



Appendix 1 - Membership List