

# Clinical Prioritisation Criteria

## Clinical Advisory Group

### Terms of reference

The purpose of the Clinical Prioritisation Criteria (CPC) Clinical Advisory Group (CAG) is to provide expert clinical advice to inform the development and implementation of the CPC.

### Guiding principles

The Queensland Hospital and Health Boards Act 2011 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

### Roles and responsibilities

The principal roles and responsibilities of the CPC CAG members are to:

- develop, review, and endorse, relevant evidence-informed care guidelines, pathways and other clinical policy into the CPC as relevant
- periodically review specialty specific CPC
- provide a review and endorsement function for specialty specific CPC once developed
- provide operational advice on the implementation of the specialty specific CPC
- escalate safety issues to the CPC Clinical Safety Advisory Group
- escalate unresolved matters relating to the project to the Specialist Outpatient Strategy Steering Committee.
- comply with all policies, procedures, guidelines and standards including but not limited to Queensland Health's Code of Conduct

## 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 lore's), 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 Healthcare Improvement unit 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.

## Structure and composition of the CAG

### Membership

The Clinical Advisory Group membership is multidisciplinary and will consider including the following membership representation where appropriate to the group\*:

- metropolitan, regional, rural, and remote medical specialists, allied health professionals, nurses and general practitioners.
- primary and acute care
- Aboriginal and Torres Strait Islander health
- a life course perspective inclusive of a voice for and the needs of children and young people

The CAG Clinical Lead must be a medical specialist.

\* Representative/s of the Healthcare Improvement Unit will regularly attend as invited guests.

## Operation of the Clinical Advisory Group

### Coordination

- All the CAG drafting and endorsed CPC will be prepared and kept by the Healthcare Improvement Unit, Clinical Excellence Queensland (CEQ).
- An evidence statement and pathways development plan will be prepared and kept by the Healthcare Improvement Unit, Clinical Excellence Queensland (CEQ).
- The CAG will be supported in the development, consultation, publication and review of CPC by the CPC Program Team, within Clinical Excellence Queensland.

### Frequency of meetings

- The CAG may convene physically or operate virtually. Attendance may be either face-to-face, virtual or hybrid approach.

### Observers and guests

- Observers from Queensland Health may attend the CAG meeting with prior approval from the Chair/Co-Chairs.
- Guest contributors may be invited to meetings as required.

### Conflicts of interest

- To meet the ethical obligations under the Public Sector Ethics Act 1994, Members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the CAG Clinical Lead. This may relate to a position a member holds or to the content of a specific item for deliberation.

## Decision making

- The CAG Clinical Lead has authority delegated by the Executive Director, Healthcare Improvement Unit (HIU) to make decisions in relation to the functions of the committee.
- Committee recommendations are made by consensus.
- If consensus cannot be reached, the CAG Clinical Lead reserves the right to escalate the matter to the Chair of the CPC Clinical Safety Advisory Group and/or Executive Director, Healthcare Improvement Unit (HIU)
- 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.

## Governance

The Deputy Director-General, CEQ is the sponsor of the CPC CAG's. The Executive Director, Healthcare Improvement Unit (HIU) is the senior management link with the Department of Health