

Queensland Health Contract Advisory Committee

Draft Terms of Reference

1. Purpose

The purpose of the Queensland Health Contract Advisory Committee (the Committee) is to provide expert advice and recommendations to the Director-General with regards to matters relating to the implementation and strategic review of contracts for senior and visiting medical officers.

2. Authority

The Committee has been established to meet the requirements of the Ministerial Direction to the Director-General.

The Committee functions under the authority of the Director-General.

Decision Making:

The Committee will be required to review a range of arising matters and proposals; and provide impartial advice and recommendations for the purpose of achieving the most effective and efficient implementation and ongoing management of contracts for senior and visiting medical officers.

During the course of its considerations, the Director-General will consult with the Committee about arising matters and proposals, if requested to do so.

The Committee will make decisions by consensus, wherever possible. Where the independent chair is satisfied that, having taken reasonable steps, consensus is unlikely to be reached, the Committee will appoint an independent reviewer to assess the matter/s at issue and to recommend an outcome. The Committee will be bound by the independent reviewer's recommended outcome.

As the Committee performs an advisory role to the Director-General, the Committee has no decision making responsibilities.

Reconsideration and reasons:

Other than for the issue of the quantum of annual increase to remuneration base rates for SMO/VMO classification levels, professional development allowance and/or the inaccessibility incentive payment, prior to deciding not to adopt advice or recommendations of the Committee, the Director-General will first provide the Committee with details of any concerns, clarifications or conditions and re-submit the matter to the Committee for further consideration.

Following reconsideration, if the Director-General decides not to adopt advice or recommendations of the Committee, the Director-General will provide the Committee with written reasons.

Contract and classification review:

The Committee will appoint an independent reviewer to review the contract implementation and operation and report their findings to the Committee on the first anniversary of the contracts' implementation and three years thereafter. The purpose of this review is to ensure contract arrangements continue to align with the clinical, business, training and research needs of the Services.

The Committee will also conduct a review every three years of the classification structure applicable to the SMO/VMO classifications, to ensure that it continues to align with the clinical, business, training and research needs of the Services and SMO/VMOs. The first review will occur as soon as practicable after 1 July 2017.

Annual increase to remuneration base rates:

If:

- a) the Director-General decides not to adopt advice or recommendations of the Committee proposing the quantum of annual increase to remuneration base rates for SMO/VMO classification levels, professional development allowance and/or the inaccessibility incentive payment; or
- b) the independent chair is satisfied that, having taken reasonable steps, consensus is unlikely to be reached on the issue of the quantum of annual increase to remuneration base rates for SMO/VMO classification levels, professional development allowance and/or the inaccessibility incentive payment,

the Committee will request a Deputy President of the Queensland Industrial Relations Commission (or their delegate) be appointed to assess and determine the quantum of annual increase. In determining the matter, the Deputy President of the QIRC (or their delegate) must consider each of the matters in s.149D(1)(b) and (2) of the *Industrial Relations Act 1999*. The determination will be conducted in accordance with the procedure in the grievance/dispute resolution procedure in HED 7/14 as at 4 August 2014.

The Director-General will implement the determination of the Deputy President of the QIRC (or their delegate).

This process will, for the issue of the quantum of annual increase to remuneration base rates for SMO/VMO classification levels, professional development allowance and/or the inaccessibility incentive payment, replace the requirement for the Committee to appoint an independent reviewer outlined above.

3. Roles and responsibilities

Members of the Committee will:

- provide rigorous and consistent assessment of matters relating to the implementation, operation and ongoing management of contracts for senior health service employees.
- bring their experience and skill from their specialist areas to provide authoritative advice and solutions to resolve implementation matters and acknowledge that at times these may not align with their corporate interests;
- critically analyse all material that is provided for review of the Committee;
- consider the independent reviewer's findings in relation to contract arrangements alignment with the clinical, business, training and research needs of the Services;
- commit to the provision of impartial advice;
- make recommendations about any required actions to the Chair;
- provide and/or receive reports on the progress of the implementation of contracts for senior health service employees.

4. Risk management

A proactive approach to risk management will underpin the recommendations of the Committee. The Committee will identify risks and mitigating strategies associated with all recommendations made.

5. Sub-Committees

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The Director-General has the authority to create relevant sub-committees deemed necessary to support the Committee. The Committee will provide oversight to any such established sub-committees.

6. Reporting

The Contract Advisory Committee provides the following reports/updates:

Recipient	Report	Frequency	Responsibility
Director-General	Strategic Advice	As required.	Contract Advisory Committee Secretariat
Director-General	Briefs for Approval	Quarterly	Contract Advisory Committee
Director-General	Progress Report	Quarterly	Contract Advisory Committee Secretariat
Minister for Health (through the Director-General)	Progress Report	Quarterly	Contract Advisory Committee Secretariat

The Contract Advisory Committee receives reports from:

Report	Description / Type	Frequency	Responsibility
Implementation feedback reports	Feedback/Advice	Quarterly	Contract Advisory Committee – Sub-committee
Operational feedback reports	Feedback/Advice	Quarterly	Contract Advisory Committee – Sub-committee
Medical workforce reform report	Advice	Quarterly	Contract Advisory Committee – Sub-committee

Note – this section is subject to further revision.

7. Membership

Membership will be as follows:

Chair:

- Independent and non-voting Chair (appointed by the Director-General).

Members:

- Three (3) representatives from Hospital and Health Services (appointed by the Director-General)
- Four (4) senior medical representatives, including one metropolitan SMO, one regional SMO, one rural/remote SMO and one VMO (determined through a nomination and first past the post ballot process) for a term of three (3) years

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- A Department of Health representative (appointed by the Director-General)

If a senior medical representative resigns from the Committee or ceases to be employed by the Department or a Hospital and Health Service:

- during the first two years of their term, the resulting casual vacancy will be filled by a ballot for that position;
- during the third year of their term, the resulting casual vacancy will be filled by a count back of the senior medical representatives ballot with the candidate with the next highest vote for that position (eg. Metropolitan SMO) being elected to fill the casual vacancy for the remainder of the term.

Permanent Observers:

- Nil

8. Other participants

Where agreed by the Chair, other persons may participate in Committee proceedings/activities. However, such persons do not assume membership or participation in any consideration or advisory processes of the Committee.

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another person to act as the Chair on a temporary basis. If the delegate is not officially acting in the Chair's position, final endorsement of actions from the meeting must be made by the official Chair.

Members who are unable to attend in person, may request approval from the Chair to send an official delegate.

9. Quorum

The quorum for Committee meetings will be five including the Chair and at least one senior medical representative.

10. Out-of-session papers

Urgent matters requiring consideration of the Committee may be sought out-of-session with the agreement of the Chair.

11. Performance

The Committee will be reviewed after a period of two years from inception.

12. Conflict of interest

Members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair.

13. Confidentiality

Members of the Committee may from time to time be in receipt of information that is regarded as 'commercial in confidence', clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

14. Secretariat

Secretariat support will be provided by Human Resource Services Branch (Department of Health).
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15. Meeting schedule

Meetings will occur on a quarterly basis until June 2015 (subject to item 9).

16. Business rules

See Appendix 1

BUSINESS RULES

1. Conflicts of Interest

- Declaration of conflicts of interest must be listed as a standing item in the Committee's agenda.
- The Chair will determine whether the member should absent himself or herself from the relevant part of the meeting.
- The Secretariat will record any declaration of conflicts of interest applicable to that meeting in the minutes of the meeting.

2. Agenda

- Agenda and relevant (supporting) papers will be sent out to all members five working days prior to the meeting.
- Late agenda items will be tabled at the discretion of the Chair.

3. Minutes

- Draft minutes (and action items) will be distributed to all members within five working days of the meeting.
- Minutes are included in the papers for the next meeting.
- Minutes are taken as draft until they are ratified at the next Committee meeting.

4. Out-of-Session Papers

- Items may be managed out of session where:
 - the item is urgent and must be considered before the next scheduled meeting; or
 - where the meeting has been cancelled and the items are managed out of session to prevent a back-log.
- The Secretariat will seek the Chair's approval to circulate items for comment out of session.
- The out-of-session paper and cover sheet will be sent to members via email with a requested response date.
- If a member has no comment to make or is unable to comment on an out-of-session item, this needs to be conveyed to the Secretariat.
- The Secretariat will collate members' responses and prepare for Chair endorsement.
- The final outcome in respect to the item will be entered into the minutes of the next meeting.

5. Record Keeping

- The Secretariat will prepare and maintain electronic and written records of the Committee activities, including agendas, minutes and related papers of all meetings of the Committee.
- The Secretariat will prepare and maintain a corporate file of the Committee's written records.

- Files must be kept securely and confidentially in accordance with the requirements of the *Public Records Act 2002*.
- Records must be retained in accordance with Queensland Government's General Retention and Disposal Schedule for Administrative Records:
<http://www.archives.qld.gov.au/downloads/GeneralDisposalSchedule.pdf>.

6. Version Control

- Mechanisms should be in place to ensure adequate version control and record of amendments for the Committee Terms of Reference.

Previous versions should be recorded and available for audit.

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