

## Primary Care Working Group Terms of Reference Contents

Introduction	2
Purpose of this document	2
Review of this document	2
Purpose of the Working Group	
Overview	3
Purpose of the Working Group	
Communication	
Powers	
Membership	
Overview	
Membership	
Appointment to the PCWG	
Chair of the Working Group	
Review of membership	
Sub- Committees and Expert input	
Veetings	
Overview	
Meetings	
Chair of Working Group meetings	
Quorum	
Decision Making	
Minutes	
Reporting	
Administrative support to the PCWG	
Overview	7
Secretariat functions	
-urther Information	
Who to contact	7



### **Overview**

### Introduction

General practice is the backbone of the Australian healthcare system and, as such, is usually a person's first encounter with the health system. Primary care includes a broad range of activities and services, from health promotion and prevention, to the treatment and management of acute and chronic conditions (AIHW, 2016). It is therefore essential that healthcare professionals working within this area are supported to provide the best possible diabetes care to their patients.

The Department of Health identified that there were over 35,000 GPs in practice in 2016-17, with over 14,000 of these trained overseas (DoH, 2018). Primary care nurses as well as allied health staff also contribute to primary care and often do not receive specialised training in diabetes management, despite there being nearly 1.3 million people registered with diabetes on the National Diabetes Services Scheme. More than 4 out of 5 (83%) people see their General Practitioner (GP) each year and there were almost 139 million non-referred encountered with GPs claimed through Medicare in 2014-15 (ABS, 2014–15). With this in mind, primary care requires support, to ensure that best practice in diabetes care and management occurs, particularly in light of the growing number of people with diabetes related complications.

### Purpose of this document

The purpose of the Terms of Reference (TOR) is to specify the governance and operational arrangements of the Primary Care Working Group (PCWG), a subcommittee of the National Association of Diabetes Centres (NADC) which is a division of the Australian Diabetes Society (ADS).

### **Review of this**

document

The PCWG in collaboration with the NADC Steering Committee shall review the TOR bi-annually.



### **Purpose of the Working Group**

#### Overview

This section contains the following topics:

- Purpose of the Working Group
- Communication
- Powers

### Purpose of the Working Group

The Primary Care Working Group aims to achieve/coordinate the following:

- To support primary care in providing the best possible diabetes care
- Articulate the Primary Care project aims, scope, key objectives and deliverables
- Explore the ways in which the NADC can support primary care
- Develop a project plan to ensure deliverables are met within timeframes
- Review and update NADC's primary care focus
- Review and provide advice regarding primary care for all other NADC projects such as MOC and clinical pathways

### Communication

It is a joint responsibility of the PCWG and NADC Steering Committee to maintain free and open communication. There is to be regular correspondence between the PCWG and the NADC Chief Executive Officer (CEO) to outline the progress of the Primary Care project. Tele/videoconferences will be organised on an as needed basis with sufficient notice provided. The NADC CEO will ensure regular progress reports are provided to the NADC Steering Committee

#### **Powers**

In discharging its role, the NADC Steering Committee empowers the PCWG to provide the NADC CEO with expert opinion on the development of the Primary Care project. The overall responsibility of the project lies



with the NADC Steering Committee and the NADC CEO will ensure project deliverables are met as per agreed timelines.

### **Membership**

### Overview

This section contains the following topics:

- Membership
- Appointment to the Working Group
- Chair of the Working Group
- Review of membership
- Reference Groups

### Membership

The PCWG shall comprise of up to 8 members. Membership of the Working Group can be made up of:

- Representatives from the Royal Australian College of General Practitioners (RACGP)
- Representatives from the Primary Care Diabetes Society of Australia (PCDSA)
- Representatives from the Australian Primary Health Care Nurses Association (APNA)
- Representatives from the Australian Diabetes Society (ADS)
- Representatives from the Australian Diabetes Educator Society (ADEA)
- Representatives from NADC tertiary, secondary, primary, community,
   pharmacy and rural diabetes centres/services
- Representatives from Primary Health Networks / Primary Care
   Partnerships
- Consumer representation may be co-opted into the membership
- Additional experts may be co-opted into the Working Group as



### deemed appropriate by the PCWG

The CEO of the NADC is an ex officio member of PCWG.

Working Group members will be appointed for a term of two years. Membership of the working group is on a voluntary basis and there is no renumeration for committee members.

### Appointment to the PCWG

The NADC Steering Committee shall appoint members of the PCWG. Individuals with a known interest and expertise will be invited to complete an Expression of Interest (EOI). An additional EOI may be disseminated to members of the above organisations in order to fill gaps in the expertise of the Working Group membership.

### Chair of the Working Group

The NADC CEO shall appoint the Chair of the PCWG. The Chair will be appointed for a term of two years. The Chair of the PCWG shall also act as a member of the NADC Steering Committee, and report on progress of the PCWG.

### Review of membership

Membership of the PCWG shall be reviewed by the NADC Steering Committee as key project stages are completed.

# SubCommittees and Expert input

The PCWG may establish temporary sub-committees. There must be at least one formal member of the PCWG on the sub-committee, who will act as Chair and formally report to PCWG.

The PCWG, through the Chair, may also seek expertise from external experts in particular fields.

Temporary sub-committees, which are approved and appointed by the



PCWG, may deal with areas requiring specialist expertise in a particular subject. The PCWG will dissolve temporary sub-committees when the issues relating to that subject have concluded.

### **Meetings**

#### Overview

This section contains the following topics:

- Meetings
- Chair of PCWG meetings
- Quorum
- Decision making
- Minutes
- Reporting to the Chief Executive Officer of NADC

### **Meetings**

The PCWG will schedule regular meetings and must meet at least 4 times per year by teleconference or videoconference. Face-to-face meetings may be convened if required, and will be subsidised by the NADC. Most of the work of the PCWG will be conducted via email communication, supported by tele/videoconference as required.

#### Chair of

Working Group

The Chair of the PCWG shall chair all meetings. An alternative Chair can be

selected by the PCWG on an as-needed basis.

### Quorum

meetings

A quorum of members is 50% + 1.

 PCWG meetings (or tele/videoconferences) can proceed without a quorum of members present, however the minutes of the meeting will be for noting rather than official documentations.



Decision

The PCWG shall act on a consensus basis that will normally not involve

Making

voting.

In circumstances when the Chair of the PCWG considers voting appropriate, each member shall have one vote. The Chair shall not have a casting vote.

All documents (agenda, minutes, quotes, etc.) to be considered by the PCWG will be provided at least one week prior to a PCWG meeting.

**Minutes** 

The NADC Steering Committee require minutes be kept of all PCWG meetings. Minutes should note discussion in general, along with decisions, actions, outcomes and timeframes. A copy of the meeting minutes should be provided to the NADC CEO.

Reporting

The PCWG shall update the NADC Steering Committee regularly, and shall provide a summary report every six months to the NADC CEO outlining the project progress.

### Administrative support to the PCWG

**Overview** This section covers Secretariat functions

Secretariat

The NADC will provide secretariat functions but when not available, a minute

functions

taker will be nominated from within the PCWG.

Secretariat functions will include drafting agendas, minutes and letters, collating reports and budgets.

### **Further Information**

Who to The NADC CEO



contact admin@nadc.net.au

### **Document Control**

Part	Function
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