

Third Age Health Clinical Advisory Committee Charter

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1. Purpose of this Charter

1.1. Third Age Health (TAH) has established a Clinical Advisory Committee comprising of clinicians and individuals with a variety of backgrounds related to aged care to provide clinical advice and support. The objectives, composition, duties, and responsibilities of the committee are set out in this Charter.

2. Governing principles

- 2.1. TAH values high-quality care, trust, and humanity.
- 2.2. Te Tiriti o Waitangi principles of partnership, protection, and participation.

3. Objectives of the Committee

- 3.1. The Clinical Advisory Committee will provide clinical advice to TAH regarding clinical services, health innovations, high quality care, and achieving better health outcomes for our older adults.
- 3.2. The role is to:
 - 3.2.1. Provide high-quality critique and advice on specific areas, including arising issues and risks pertaining to the implementation and performance from a clinical perspective.
 - 3.2.2. Provide advice on our clinical education pathways and workforce development activities to foster a consistent standard for TAH clinicians.
 - 3.2.3. Provide critical critique on our clinical quality, continuity, and consistency of care with recommendations for maintenance and improvement.

4. Membership

- 4.1. The membership will consist of a maximum of 8 and a minimum of 4 excluding TAH management staff:
 - 4.1.1. Core members:

- Up to 3 general practitioners (GP) with differing expertise in aged care (e.g. gerontology, psychogeriatrics, palliative, primary care)
 - Up to 3 nurse practitioners (NP) with differing expertise in aged care (e.g. gerontology, psychogeriatrics, palliative, primary care)
 - A health professional with academic expertise in aged care
 - A health professional with expertise in clinical education
 - An individual with design expertise in health care (e.g. co-design, human-centred or participatory design)
 - A consumer representative
 - An individual to provide diversity of thought
 - TAH Management representative(s)
- 4.1.2. Other individuals of TAH will attend the meeting as appropriate
- 4.1.3. The TAH Medical Director will chair the Committee.
- 4.2. Membership Mix:
- 4.2.1. Consideration should be given when appointing new members to the existing membership to achieve a good mix and desired competencies within the Committee. E.g. A GP/NP can hold the role of academic expertise and GP expertise.
- 4.2.2. Diversity and inclusion are encouraged.
- 4.2.3. Upon agreement, the Medical Director may, at their discretion, choose to appoint additional members where particular skills, expertise, knowledge, or resources are required.
- 4.2.4. The Committee member's tenure and conduct will be in accordance with TAH values. Appointed members will be appointed for a minimum period of 1 year and a maximum of 3 years. Members can be reappointed if appropriate.
- 4.2.5. TAH CEO and Medical Director may at any time, at their joint discretion, require the resignation of any member(s) of the Committee.
- 4.2.6. Members are required to act in the best interest of TAH and not undertake any action considered prejudicial to the reputation or effective working of the Committee or TAH.

5. Duties and Responsibilities

- 5.1. Advice and thought leadership over the key areas of focus:
- 5.1.1. Clinical services and outcomes
 - 5.1.2. Quality assurance and improvement
 - 5.1.3. Education and workforce development
 - 5.1.4. Risk management
- 5.2. Advisory role in providing recommendations and influencing programme and service development to ensure TAH adheres to best practice guidelines for aged care and primary care, including digital privacy, cultural safety and upholding the principles of Te Tiriti o Waitangi.

6. Procedure

- 6.1. The committee will generally hold a maximum of 10 meetings and a minimum of 6 per annum. During the initial set up the meetings may be more frequent and longer, with the expectation that these will evolve to regular meetings every 6-8 weeks for 2 hours.
- 6.2. A quorum of no less than half of the standing core membership including the chair is required. No business may be transacted if a quorum is not present.
- 6.3. If the chair is not present, the members will appoint an acting chair for the meeting.
- 6.4. Whenever possible, recommendations will be made on a consensus basis. Where a consensus cannot be reached the recommendations and reasons why consensus could not be achieved will be reported to TAH management team.
- 6.5. The agenda and supporting documents will be distributed to all members of the Committee members at least 5 working days before the meeting.
- 6.6. Where there is a conflict of interest the Committee member must declare their interests and may be required to stand down from voting. The Committee has the right to waive any conflicts which must be documented appropriately.
- 6.7. As part of our commitment to transparency we will share information about our Committee on our website. We encourage advocacy for TAH and our mahi going forward.

7. Remuneration

- 7.1. Members of the committee will be paid a koha for their scheduled meeting time in 30minute increments.
- 7.2. The chair will not receive additional remuneration for this as they are employed by TAH.
- 7.3. TAH staff and contractors will be entitled to time in lieu if the meeting falls outside their normal working hours.

8. Compliance Monitoring and Review

- 8.1. The Committee will conduct an annual review of their performance with a summary of activities and effectiveness for TAH CEO and management to review.
- 8.2. The CEO and Medical Director may from time to time review the activities and effectiveness of the Committee which may result in amendments to the charter to better reflect the trajectory and work programme of the group.