

Terms of Reference

Adelaide GP Council (AGPC)

Version 4: 23rd August 2020

Background

The impetus for the establishment of the Adelaide GP Council (AGPC) is the amalgamation of the Northern Region GP Council and the Southern Region GP Council. The AGPC will seek to be a GP advocacy body that spans the Adelaide Primary Health Network (APHN) region. The AGPC recognises that there are a multitude of GP advocacy bodies in this region and, in the spirit of creating a unified voice for GPs, will seek to create an environment of collegiality and openness that will encourage the further consolidation of the other GP advocacy bodies into this single entity. The AGPC further recognises that this goal is aspirational and will therefore engage with and collaborate with all primary healthcare agencies who share the intent of enhancing the general practice sector. The AGPC will be constituted as a sub-committee of the Sonder Board for purposes of receiving executive support. The AGPC will be partially funded by the Adelaide PHN. The AGPC will, however, remain independent of both these organisations.

Aims

The purpose of the AGPC is to:

- Provide an independent forum where GP issues and concerns about the delivery of primary health care in the community can be discussed with an emphasis on how to improve patient health care outcomes
- Provide GP input, feedback, advocacy and linkage into and across other health care organisations (National, State, Local Government and Non-Government)

- Ensure GP representation on various panels and committees is coordinated and represents a consensus view

Operational Processes

1. The aim of the AGPC is to provide a forum for GPs in the APHN region to raise issues that affect General Practice and its ability to provide effective primary health care in the community.
2. The AGPC will discuss issues brought to its attention which affect the delivery of primary health care in the community and impact on better outcomes for individuals.
3. The AGPC will receive requests from the Adelaide PHN, Sonder Board or other organisations that require GP input and/or consultation.
4. AGPC meetings will be held at least once per quarter (minimum of 4 times per year).
5. Meetings will generally be 2 hours in duration and members of the Council will be remunerated for this time. However the AGPC recognises that membership of the Council requires Members to engage in activities to progress matters raised by the Council either through pre-readings or attendance at relevant meetings. There is no remuneration for these activities.
6. Members who wish to propose items for a meeting must send their proposed motion and supporting document/s to the Chair or the Executive Officer. Items accepted by the Chair will be put on the agenda and the background document will be circulated in advance, to allow for the meetings to be focused on deliberations and problem-solving. New matters will not be introduced at meetings unless the matter is urgent and was unforeseeable. Members will not use this forum to air grievances or concerns about their own general practice but will use their time to focus on systemic and regional concerns.
7. The AGPC is constituted as a sub-committee of the Sonder Board and as such has a reporting requirement back to the Board of Sonder, quarterly or as otherwise required. The AGPC will provide position papers, advice and recommendations to the Sonder Board, the relevant LHN or the APHN as required.

8. There must be a minimum of 10 voting members present for the Committee to conduct business
9. As far as practically possible, the AGPC will seek consensus in its decision making.
10. Every member of the AGPC will actively participate in regional meetings and other forums because members recognise that the AGPC is not only about airing issues, but also about active engagement and participation in activities that progress the Aims of the AGPC.
11. Minutes will be kept of all meetings and circulated to the APHN and Sonder Board of Directors. A quarterly update will also be included in the Sonder and APHN newsletters for the purposes of raising awareness of the AGPC and its work.
12. Each AGPC member will strive to seek the views of other GPs in the respective regions so that the AGPC collectively represents the views of the sector and not just the personal view of the relevant council member.
13. The AGPC will protect its independence and all Members will be vigilant about managing and disclosing conflicts of interest.
14. Sonder will auspice the AGPC. Video-conferencing will be the preferred modality.

Membership

The AGPC will establish a 5 person Membership committee, chaired by the Chair of the AGPC and comprising 2 members from the former SRGPC and 2 members of the former NRGPC. The composition of the Membership committee will be reviewed annually. The Membership committee will resolve all matters pertaining to the membership of the AGPC and will deal with other matters as delegated to the Committee by the AGPC.

The AGPC will seek to have representation from a broad range of capabilities and interests across the general practice sector. The AGPC will seek to have broad representation from GPs who work across the APHN region. The AGPC will strive to have a balance of GP members who work in the following regions:

- 1.1 GPs from the north
- 1.2 GP from the north east
- 1.3 GPs from the central metro

- 1.4 GPs from the south
- 1.5 GPs from the lower south

The regional balance of members is aspirational and the AGPC shall review its membership on an annual basis to ensure it has the right balance of representation that ensures a diversity of voices across its membership. The AGPC will further review the Membership annually to ensure that the number of members does not make it unwieldy for the AGPC to operate effectively.

The AGPC, in further recognising the unique challenges faced by Aboriginal and Torres Strait Islander communities, will strive to have an Aboriginal GP as part of its membership. This role can be filled from any region and is in addition to the regional-based roles set out above.

The AGPC will be chaired by a Member of the Sonder Board of Directors. This role is in addition to the regional-based roles set out above. The CEO of Sonder will facilitate executive support for the AGPC.

The current members of the NRGPC and SRGPC will constitute the inaugural membership of the AGPC. The membership will be reviewed annually and amended by the Council as needed. The intent of the inaugural membership is to transition all members of the NRGPC and SRGPC to the AGPC and any changes to the membership will be conducted in the course of the first term of the AGPC.

The further restrictions to membership are as follows:

1. The term of office for Council members is 3 years and the Council will review its membership at the end of each 3 year term to ensure broad based representation and the presence of a diversity of voices. Council members who have served a term of office of 3 years can re-nominate and serve for another three year term. The Council will strive to ensure renewal and revitalisation of its membership.
2. There are no elections and members are identified through professional networks and, if needed, calls for nominations. The AGPC will be solely responsible for adding new members to the Council. The inaugural Members will serve for the first term of the Council.
3. There should be only one GP from any practice or groups of associated practices who serves on the Council. Should multiple GPs nominate for the AGPC from a single general practice or group of associated practices, the Membership committee will determine whether such membership does not deviate from the intent of the AGPC to have broad based representation.
4. Members who are unable to attend meetings are required to submit apologies to the Chair prior to meetings. Failure to attend 3 consecutive meetings could result in termination of membership of the AGPC. In such

instances, the relevant Member will discuss the reasons for such absence with the Chair before a determination is made.

Attachment 1: Membership

The 18 inaugural members of the AGPC are:

1. Rizwan Latif (Chair)
2. Carolyn Roesler (north)
3. Richard Heah (north)
4. Steve Salagaras (north)
5. Jai Krishnan (central)
6. Radhika Dara (central)
7. MD Moniruzzaman (central)
8. Oliver Frank (north east)
9. Sian Goodson (north east)
10. Lou Skeklios (north east)
11. Kin Lau (south)
12. Rachel Dawson (south)
13. Helen Parry (south)
14. Jasmin Macintyre (south)
15. Martin Davey (south)
16. Timothy Chew (central)
17. Richard Reed (south)
18. Kali Hayward - Aboriginal GP