



Clinical Excellence Queensland  
Queensland Aboriginal and Torres Strait Islander Clinical Network

Terms of Reference  
November 2021



**Artwork produced for Queensland Health by Gilimbaa**

### **Making Tracks artwork story**

**This artwork represents Aboriginal and Torres Strait Islander cultures in Queensland. It speaks of the importance of traditional and cultural sensitivities, how these are communicated in the modern-day health system and how health professionals can best provide health services for Aboriginal and Torres Strait Islander Queenslanders through best practice. The central circular motif represents Health in Queensland and the meeting place where people come to trade knowledge about best health practices and procedures. The pathways leading both in and out of this central motif represent people travelling from different professions, different communities and different country, and the importance of everyone contributing equally to this journey. A journey of change and growth for a brighter, healthier, and happier future for all Aboriginal and Torres Strait Islander Queenslanders. The surrounding markings and motifs represent the important network of people from these communities, their connection to each other, and how they work together to empower Aboriginal and Torres Strait Islander Queenslanders to have long, healthy, productive lives.**

## **Queensland Aboriginal and Torres Strait Islander Clinical Network Terms of Reference**

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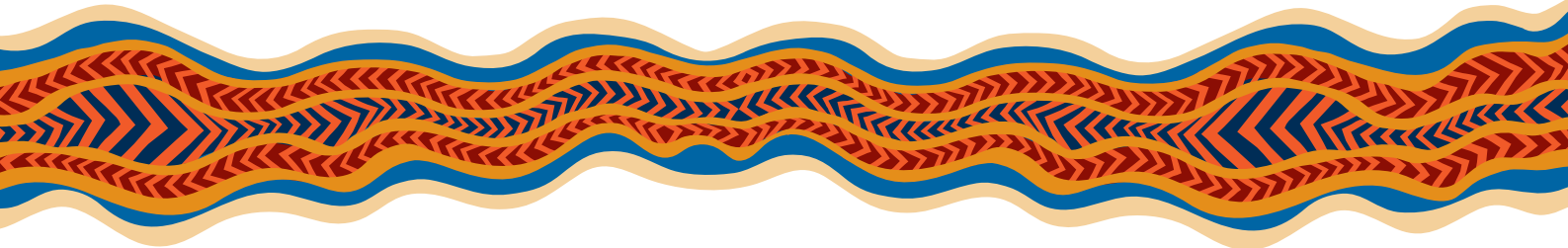
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## Acknowledgement of Country

Queensland Health acknowledge the Traditional and Cultural Custodians of the lands, waters and seas across Queensland, pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.<sup>2</sup>

## Terminology

Throughout this document, the terms 'Aboriginal and Torres Strait Islander peoples', 'First Nations peoples' and 'Aboriginal peoples and Torres Strait Islander peoples' are used interchangeably rather than 'Indigenous'. Whilst 'Indigenous' is commonly used in many national and international contexts, Queensland Health's preferred terminology is 'Aboriginal and Torres Strait Islander peoples', 'Aboriginal peoples and Torres Strait Islander peoples' or 'First Nations peoples'. The terminology 'First Nations peoples' refers to the Aboriginal peoples and Torres Strait Islander peoples, their nations, societies, and language groups that have occupied these lands since time immemorial. The term describes the vast network of independent yet interdependent sovereign First Nations (and affiliated tribal units or confederation of clans) that existed, and continue to exist today, which have distinct geographic boundaries and complex systems of government, laws (lore's), languages, cultures and traditions. The word 'peoples' recognizes individual and collective dimensions to their lives as affirmed by the United Nations Declaration on the Rights of Indigenous Peoples (2007).<sup>2</sup>

**Institutional Racism-** Institutional racism, for the purpose of the Regulation, refers to the ways in which racist beliefs, attitudes or values have arisen within, or are built into the operations and/or policies of an institution in such a way that discriminates against, controls or oppresses, directly or indirectly, a certain group of people to limit their rights, causing and/or contributing to inherited disadvantage.<sup>2</sup>


**Cultural safety** is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible, and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- Acknowledge colonisation and systemic racism, social, cultural, behavioural, and economic factors which impact individual and community health.
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes, and prejudices and provide care that is holistic, free of bias and racism.
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family, and community.
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.<sup>1</sup>

**Health-** The Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole communities. For Aboriginal and Torres Strait Islander peoples, health is seen in terms of the whole life-view. The holistic concept also





acknowledges the greater influences of social and cultural determinants of health and wellbeing including the legacies of colonisation, including, homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse, violence; removal from family and cultural dislocation; substance misuse; racism and discrimination and social disadvantage.<sup>2</sup>

### **Vision of the Queensland Aboriginal and Torres Strait Islander Clinical Network**

- Improve Aboriginal and Torres Strait Islander health and wellbeing outcomes through clinician and consumer leadership, knowledge sharing, and supporting the system to address social determinants of health and the provision of culturally safe and clinically excellent and equitable care closer to home.
- In partnership with families and communities, continue to build capability of future generations to address the social determinants of health, with commitment to achieve health equity for Aboriginal and Torres Strait Islander people.

### **Purpose of the Statewide Clinical Networks**

As the peak body of clinical expertise in Queensland we serve as an independent point of reference, for clinicians, Hospital and Health Services and the Department of Health.

Statewide Clinical Networks provide clinical leadership, expertise, and advice to Queensland Health with the aim of improving consumer outcomes and experience. They work collaboratively across Queensland to develop and implement best practice in a coordinated way to achieve high quality healthcare.

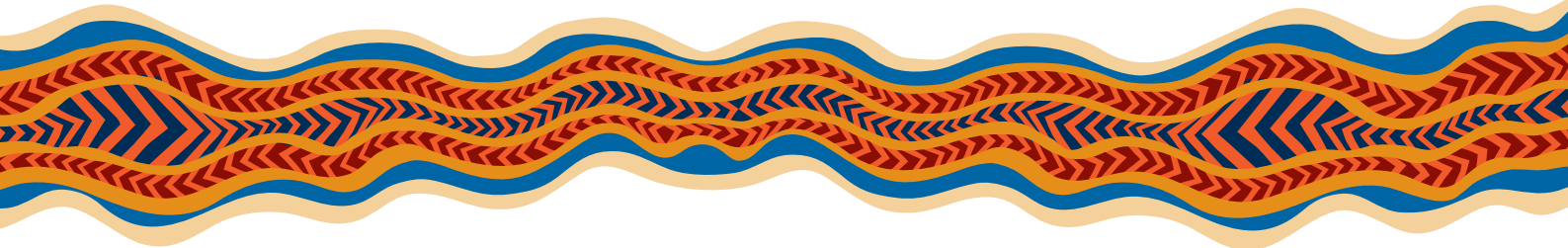
### **Purpose of the Queensland Aboriginal and Torres Strait Islander Clinical Network**

The Queensland Aboriginal and Torres Strait Islander Clinical Network has been established to be a driving force for strong and sustained engagement across the Queensland health sectors. Aboriginal and Torres Strait Islander people's knowledge and practice will enable clinicians including Aboriginal Health Workers, consumers, and managers to make a positive difference to health outcomes and improve life expectancy for Aboriginal and Torres Strait Islander Queenslanders.

The Queensland Aboriginal and Torres Strait Islander Clinical Network will enable Aboriginal and Torres Strait Islander peoples to develop their own strategies, to better reflect their interests, values, vision and concerns, and to increase their ownership and accountability of their health experiences and outcomes..<sup>2</sup>

The network brings together multidisciplinary clinicians, non-clinical staff, consumers, and stakeholders from across the primary, community and acute care sectors to:

- provide leadership, cultural and clinical expertise to drive system wide best practice through the identification, adoption, and promotion of best practices and clinical policy
- share and support the implementation and replication of best practice approaches across the health system
- advocate for best practice clinical policy in matters related to Aboriginal and Torres Strait Islander Queenslanders (including children)
- provide advice to Hospital and Health Services and Department of Health on cultural and clinical quality and the safety and equity implications of policy, planning and funding decisions in relation



to Aboriginal and Torres Strait Islander Queenslanders

- co-design and co-implement initiatives in partnership with the Aboriginal and Torres Strait Islander Community Controlled health sector, Hospital and Health Services, the health system and more broadly to achieve health equity with Aboriginal and Torres Strait Islander peoples

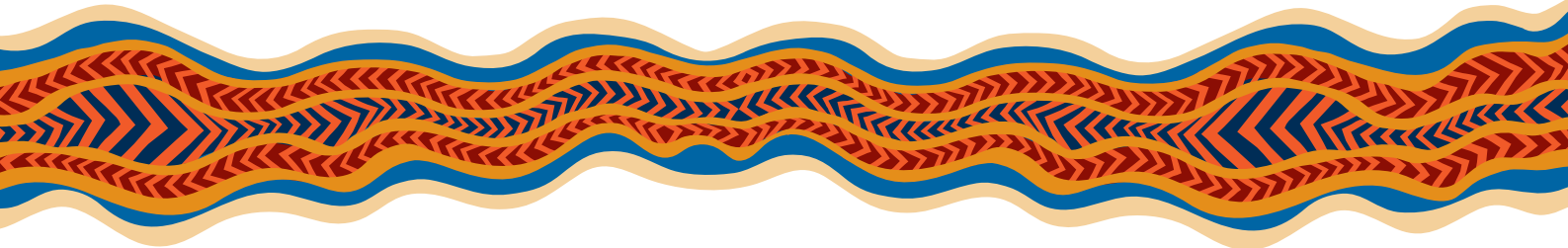
Network activities will align with the National Agreement on Closing the Gap (2020) and Queensland Governments Statement of Commitment to reframe the relationship (2019) in sharing decision making in design and delivery of policy and services

### Guiding principles of the Queensland Aboriginal and Torres Strait Islander Clinical Network

- Cultural Respect- the cultural diversity, rights, views, values, and expectations of Aboriginal and Torres Strait Islander Queenslanders must be respected in decision making and the delivery of culturally safe practice
- Partnership- working across government, and with the full range of service providers, including Aboriginal and Torres Strait Islander community-controlled health sector and with Aboriginal and Torres Strait Islander people and communities, provides the best opportunity to improve health and the broader determinants of health
- Aboriginal and Torres Strait Islander Health is everyone's business- achieving sustainable health gains for Aboriginal and Torres Strait Islander Queenslanders is a core responsibility and high priority for the whole health sector
- Holistic health- improving the health status of Aboriginal and Torres Strait Islander Queenslanders must include attention to physical, spiritual, cultural, emotional, and social well-being, community capacity and strong governance. Promoting good public health models that prioritise prevention and avoidance of harms both financially and personally of chronic and persistent disease
- Accountability- for consultation, transparent decision-making, and effective, sustainable services by connecting people to culture, family, and community as the foundation for improved and responsive clinical practice
- Engagement- co-design and co-implement models of care with Aboriginal and Torres Strait Islander peoples and everyone who delivers and receives care, using the practice wisdom of Aboriginal and Torres Strait Islander peoples inside and especially outside the health sector, including the experiences of Aboriginal and Torres Strait Islander consumers of public health services

### 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 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.

## Governance

The Deputy Director-General, Clinical Excellence Queensland is the sponsor of the Statewide Clinical Networks.

The Executive Director, Healthcare Improvement Unit is the senior management link with the Department of Health.

Statewide Clinical Networks governance structure includes a Chair (or Co-Chairs), steering committee, time-limited working groups (established to deliver on network priorities) and the broader network membership. All working groups established will report to the steering committee.

The Queensland Clinical Networks' Executive (QCNE) provides a visible leadership structure for the networks, enabling effective and efficient engagement with stakeholders from across the health system. The QCNE is a conduit between the Aboriginal and Torres Strait Islander Clinical Network and Queensland Health Tier 1, 2 and 3 committees [Queensland Health System Governance Structure \(PDF 204KB\)](#).

The Queensland Aboriginal and Torres Strait Islander Clinical Network works collaboratively with other Statewide clinical networks, forums and organisations to improve healthcare outcomes and experiences for Queenslanders and implement its priorities.



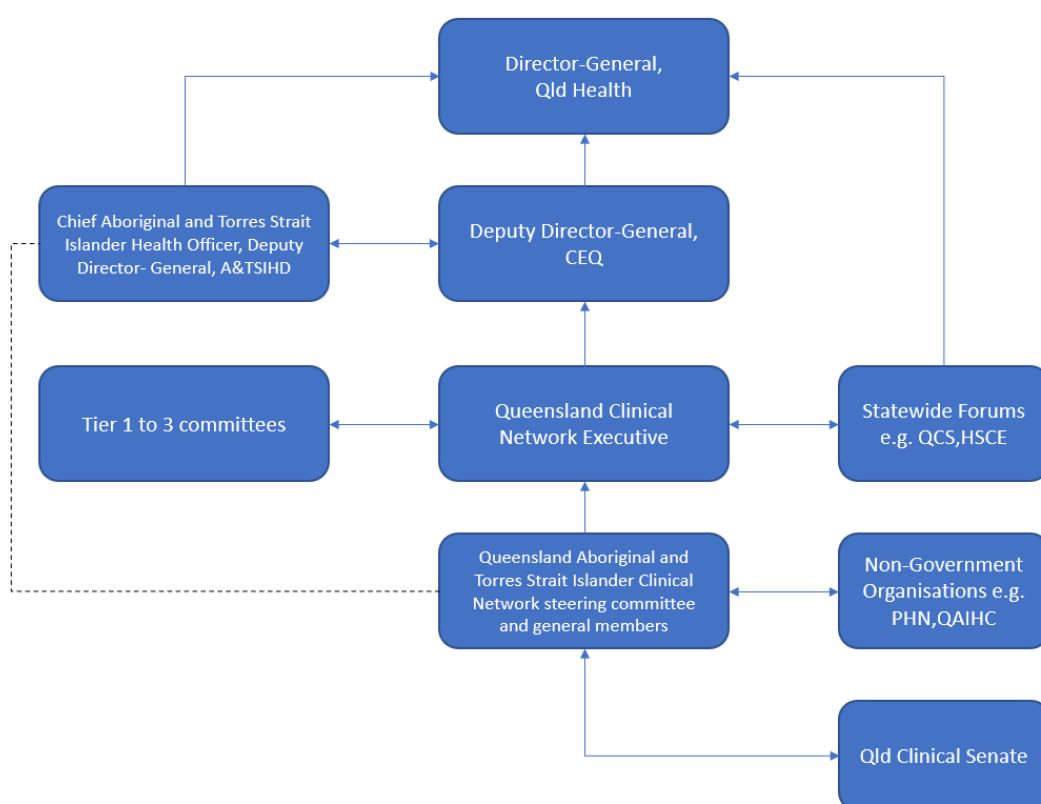



Figure 1: Statewide Clinical Network Governance

### Principal functions of the Queensland Aboriginal and Torres Strait Islander Clinical Network

The principal functions will be to:

- Provide clinician leadership and strategic advice to drive system wide best practice and the provision of culturally safe, clinically excellent and equitable care through the adoption of best practices and policy to improve health outcomes and experiences for Aboriginal and Torres Strait Islander people living in Queensland
- Partner and work collaboratively with consumers, hospital and health services, the Department of Health, other clinical networks, and external organisations to identify opportunities for collaboration and to engage clinicians and consumers in systemic improvements
- Develop standards, protocols, policies, guidelines, and clinical indicators for Aboriginal and Torres Strait Islander people for Statewide use

- 
- Make recommendations on initiatives such as Statewide plans, service improvement initiatives, clinical policy, clinical research and digital platforms relevant to the delivery of healthcare to Aboriginal and Torres Strait Islander people
  - Develop, promote and integrate clinical research activities and teaching opportunities throughout the health sector in Queensland, embedding cultural determinants of health whilst addressing discrimination, institutional racism, and driving improvements across the health system in Queensland to improve outcomes with, for and by Aboriginal and Torres Strait Islander peoples
  - Develop an open and supportive environment for clinicians and consumers in relation to sharing knowledge and enhancing cultural safety to support the delivery of health services to Aboriginal and Torres Strait Islander people in Queensland
  - Identify and drive initiatives to improve the quality, safety, and effectiveness of healthcare to Aboriginal and Torres Strait Islander people in Queensland to:
    - Promote equitable healthcare access
    - Influence and address the economic, cultural, and social determinants of health inequities

The network does not:

- Provide advice on industrial matters
- Advocate for individual clinicians
- Lobby on behalf of professional bodies or organizations
- Provide advice on operational health service matters within HHSs

### Membership

The Queensland Aboriginal and Torres Strait Islander Clinical Network is comprised of Co-Chairs, steering committee, working groups and the broader network membership.

### Co-Chairs

The Co-Chairs will:

- Be an Aboriginal and/or Torres Strait Islander practicing clinician
- Provide leadership to the network in undertaking its roles and achieving its objectives
- Chair network steering committee meetings
- Represent the network on relevant committees to inform strategic directions, planning and clinical policy development
- Promote and advocate for the network within the health system
- Actively seek opportunities to enhance clinician, consumer, and community engagement in the activities of the network

The inaugural Co-Chairs will be appointed by the DDG CEQ and DDG A&TSIHD. Subsequent appointments will be made through an expression of interest (EOI) process.

The appointment will be for a time limited period of two years with a maximum of two consecutive terms.

Multidisciplinary and cross sector leadership is encouraged.

While it is important to rotate chairs to support new leadership and direction, Clinical Excellence Queensland may decide to retain leadership at crucial times in the Network's work.



### Steering committee

Steering committee members bring their perspectives and knowledge of strategic and front-line service delivery to Aboriginal and Torres Strait Islander people living in Queensland and the skills needed to progress the priorities of the network.

Communication, collaboration, and consensus underpin all decisions made by the steering committee on behalf of the network.

The steering committee is responsible for:

- Providing high level clinical advice to inform strategic directions, service planning and clinical policy to improve healthcare outcomes and experiences for Aboriginal and Torres Strait people living in Queensland
- Determining the priorities of the network
- Developing, implementing, and evaluating an annual network workplan
- Advocating for Aboriginal and Torres Strait Islander peoples

The members of the steering committee comprise of people who deliver and receive care. Members are non-representative, that is they do not represent an organisation. If organisational representation is needed to progress specific network priorities, representatives may join the committee or working groups of the committee for a time limited period.

Members can wear multiple hats (e.g. a medical officer working for an Aboriginal Medical Service may also be a member of QAIHC).

To ensure the Queensland Aboriginal and Torres Strait Islander Clinical Network decision making and discussions are driven by Aboriginal and Torres Strait Islander knowledge and experience the steering committee will have a minimum of **75%** of members that are Aboriginal and Torres Strait Islander people.

Recruitment to the steering committee occurs through a biennial expression of interest process overseen by the Co-Chairs. All current steering committee members are required to re-submit their interest in continued steering committee membership through this process, after each two-year term served.

Mid-term vacancies can be filled at the discretion of the Co-Chairs. Steering Committee members can be appointed for a maximum of ten years.

Steering committee membership should include a diversity of professions and experiences, including but not limited to:

- Consumers
- Elders
- Multidisciplinary clinicians that are reflective of the diverse workforce that delivers health services to Aboriginal and Torres Strait Islander people
- Cross sector (acute/primary/ACCHO/NGO/PHN)
- Geographical diversity (metropolitan, regional, rural, and remote)
- Cultural and community diversity across Queensland
- Youth (includes those early in their career)

The strengths and skills required of steering committee members can be broadly categorized as follows:

- Clinician leadership and governance
- Have a broad understanding of the Australian health care system with specific regard to the delivery of health services to Aboriginal and Torres Strait Islander people
- Health policy, planning and delivery

- Research
  - Cultural safety
  - Data and measurement
  - System thinking and system redesign
  - Community and stakeholder engagement via sharing of information
- Acknowledge and advocate for Aboriginal and Torres Strait Islander ways of knowing, doing and being

Expectation of steering committee members:

- Commit to a two-year term
- Attend a minimum of 75% of meetings and forums
- Participate in the work of the clinical network and working groups as needed
- Declare any conflicts of interest
- Adhere to confidentiality provisions
- Advocate for and promote the clinical network and its activities

Steering Committee meetings are held monthly as required. Members can participate either face to face or virtually.

If a member is unable to attend a meeting, the member must advise the network coordinator prior to the meeting and nominate a proxy to attend on their behalf.

A quorum is achieved with half the membership plus one additional member at a meeting within twenty minutes of the scheduled commencement time.

At least **50%** of the attendees must be Aboriginal and Torres Strait Islander to make the quorum. For the purposes of determining a quorum a nominated proxy will count as a member in attendance. In exceptional circumstances if the quorum is not achieved, decisions can be made at the discretion of the co-chairs.

### Working groups

The Steering Committee may determine that time-limited multi-disciplinary work groups should be formed with a clinical lead selected through an EOI process within the broader network

Work groups will report progress regularly and provide a final report to the Network Steering Committee.

### General network membership

The role of the general network is to:

- Provide broader multidisciplinary and consumer input into relevant policy or clinical advice that the steering committee is considering
- Contribute to the scope of the network activities and priorities
- Review and provide feedback on draft resources and outputs developed
- Receive information and updates and disseminate network related information to their own networks/organisations
- Advocate for policy outcomes with a genuine interest in the initiatives and outcomes that are developed

Membership of the general network will be multidisciplinary and include representation from medical, nursing, midwifery, allied health, community health, primary care, Aboriginal and Torres Strait Islander community-controlled health sector, consumers, non-clinicians and non-government organisation(s) from across the state. As a Aboriginal and Torres Strait Islander Network the general network membership aims



to have **50%** identified members.

Membership and communication are also open to other interested groups, including professional colleges/associations/societies, academic and educational bodies. Membership of the network is voluntary and open to all individuals and groups that express interest in joining.

### Code of Conduct

Aboriginal and Torres Strait Islander Clinical Network members are required to adhere to the Code of Conduct for the Queensland Public Service. <https://www.forgov.qld.gov.au/code-conduct-queensland-public-service>

Queensland Aboriginal and Torres Strait Islander Clinical Network members are required to adhere to the Code of Conduct for which non-government organisation they represent.

### Conflict of Interest

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, members of the group must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chairperson(s).

### Confidentiality

Members have the right to access information and documents relevant to issues being considered within the terms of reference. It is acknowledged that certain issues being examined may be of a confidential or sensitive nature, which will require members and the Secretariat to exercise utmost tact and discretion and ensure any confidential information will remain confidential.

Members will seek clarification at the meeting if they are uncertain what can be discussed outside the meeting.

Documents distributed are assumed to be for the members only unless explicitly stated otherwise during the meeting.

### Remuneration and Expenses

Clinical Excellence Queensland will provide remuneration for administrative or clinical backfill to allow the Co-Chairs to fulfil their commitments (one session per week for chair or half a session per week each for co-chairs) through amendment window transfers to the relevant organisation.

Consumers and members from primary and community care sectors will be remunerated in accordance with Queensland Health guidelines.

Sitting fees are not offered to members. Remuneration for additional expenses (e.g. time) will be negotiated between the member and their employer.

### Reporting and evaluation

The Queensland Aboriginal and Torres Strait Islander Clinical Network Steering Committee will:

- Develop and submit an annual workplan and report on its progress and implementation status of network initiatives and recommendations to stakeholders (as part of a continuous improvement process)
- Evaluate the implementation and impact of system improvements



- Participate in an annual self-evaluation and regularly reflect on performance and purpose against expected functions/outcomes as defined by the steering committee Terms of Reference

### Secretariat

Co-ordination support will be provided by the Healthcare Improvement Unit, Clinical Excellence Queensland.

### Date of Last Review

This document was last reviewed and endorsed by the Queensland Aboriginal and Torres Strait Islander Clinical Network steering committee and Co-chairs at the meeting on 9<sup>th</sup> November 2021.

### Approving Authorities

Dr Mark Wenitong



Co-Chair Dr Alicia Veasey



Co-Chair

9th November 2021

## Works Cited

Australian Health Practitioner Regulation Agency. (2021). *Australian Health Practitioner Regulation Agency Website*. Retrieved from Ahpra and National Boards: <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>

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