

# Brisbane North PHN Allied Health Steering Committee: Terms of Reference

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Brisbane North PHN (the PHN) supports clinicians and communities in Brisbane's northern suburbs, Moreton Bay, parts of Somerset Regional Council and Norfolk Island. Our region covers approximately 4,100km<sup>2</sup> of urban, regional, and rural areas, with a population of over one million.

Our vision is a community where good health is available for everyone. Our key objectives are to:

- increase the efficiency and effectiveness of medical services for patients, particularly those with poor health outcomes
- improve coordination of care to ensure patients receive the right care, in the right place, at the right time.

The PHN recognises that allied health practices play an integral role in primary care, keeping patients well and supported in their local community.

## Purpose and functions

The Allied Health Steering Committee (the Steering Committee) will provide strategic oversight, valuable insight, and guidance for the *Integrating Allied Health in Primary Care* project, which seeks to understand the allied health sector in our region, and better support practices to thrive as part of a Multidisciplinary Team (MDT).

The Steering Committee's work is aligned with the [National PHN Allied Health in Primary Care Engagement Framework](#) (the Framework) developed by the PHN Cooperative. The Framework recognises that a greater focus on allied health in primary care is essential for improving patient access, integration, safety, quality, and cost-efficiency across the health system.

## Scope and role

- a) Provide strategic oversight, sector expertise and guidance to the Integrating Allied Health in Primary Care Project.
- b) Advise on key priorities impacting the allied health sector in the region including barriers and enablers to providing patient-centred, integrated healthcare, practice sustainability, digital and multicultural health.
- c) Support the allied health engagement activities including service mapping and the implementation of the allied health support plan (roadmap) to ensure meaningful engagement with allied health practices.



- d) Guide the prioritisation of allied health support needs within the PHNs scope of influence in alignment with the Framework, ensuring that the support plan continues to meet the evolving needs of practices.
- e) Participate in continuous quality improvement activities, including process reflections and identification of key learnings to improve and strengthen future engagement with the allied health sector.
- f) Explore opportunities to provide better access to allied health services and facilitate patient-centred, MDT care, improving health outcomes for patients.
- g) Network with allied health colleagues to raise awareness of the PHNs work and promote the Allied Health Collaborative, disseminating stakeholder engagement opportunities to practices in the region.
- h) Act in an advisory capacity across PHN programs, projects and initiatives seeking allied health insight, working towards an inclusive primary healthcare system.

## Level of engagement

Figure 1 below outlines the PHNs commitment to the Steering Committee and level of engagement that will be upheld throughout this project.

**Figure 1: Engagement and Partnering Continuum**

ENGAGEMENT CONTINUUM					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Goal	To provide stakeholders with balanced and objective information to assist them in understanding what's happening in a project, program, service delivery model, policy change etc.	To obtain feedback in order to make decisions and take action about health service information, service delivery options, project design etc.	To work directly with stakeholders throughout the process to ensure their concerns are consistently understood and considered.	To work with the stakeholders in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place the final decision making in the hands of stakeholders.
Promise	The PHN will keep you informed.	The PHN will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how your input influenced the decision.	The PHN will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how your input influenced the decision.	The PHN will look to you for advice and innovating in formulating solutions and incorporate advice and recommendations into the decisions to the maximum extent possible.	The PHN will implement what you decide.
Decision making power	No opportunity for stakeholders influence.	Low levels of interaction and mostly one-way communication from the PHN. PHN makes final decision.	Stakeholders are invited into the process to a greater extent than with Consult. We have something we need to involve you in PHN makes final decision.	High, interactive, two-way communication between the PHN and community/ stakeholders. PHN makes final decision.	All sits with stakeholders.

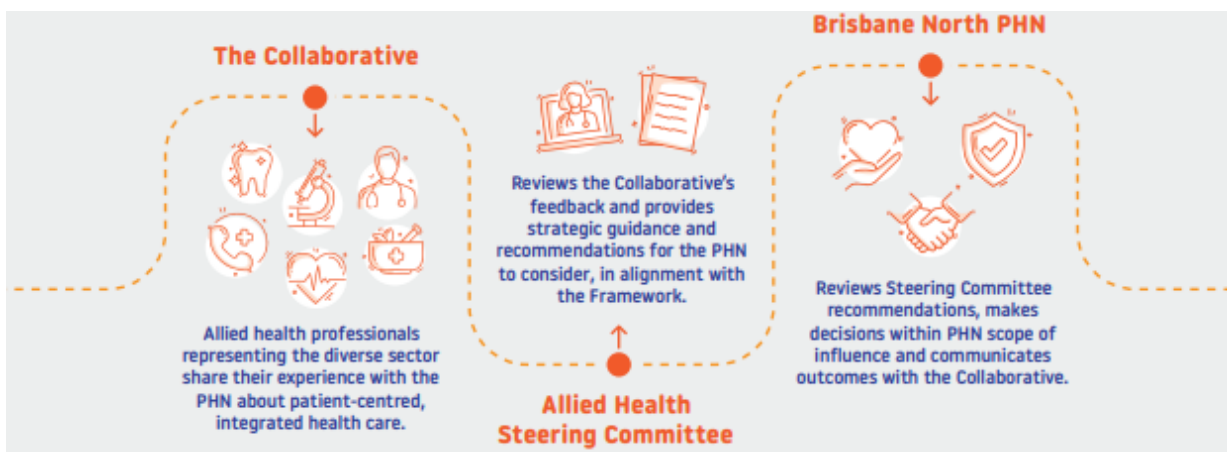
## Governance and linkages

The Steering Committee plays an integral role in providing strategic guidance for Brisbane North PHN (trading as Partners4Health), within the PHNs scope of influence and in alignment with the Framework.

To strengthen the PHNs partnership with the allied sector and provide opportunities to network, engage and connect, the PHN has an Allied Health Collaborative (the Collaborative) - an inclusive support network of allied health practices that fosters collaboration and strengthens partnerships between the PHN, the primary care and allied health sectors. Feedback from the Collaborative will be shared with the Steering Committee to guide strategic planning and decision making (see Figure 3).

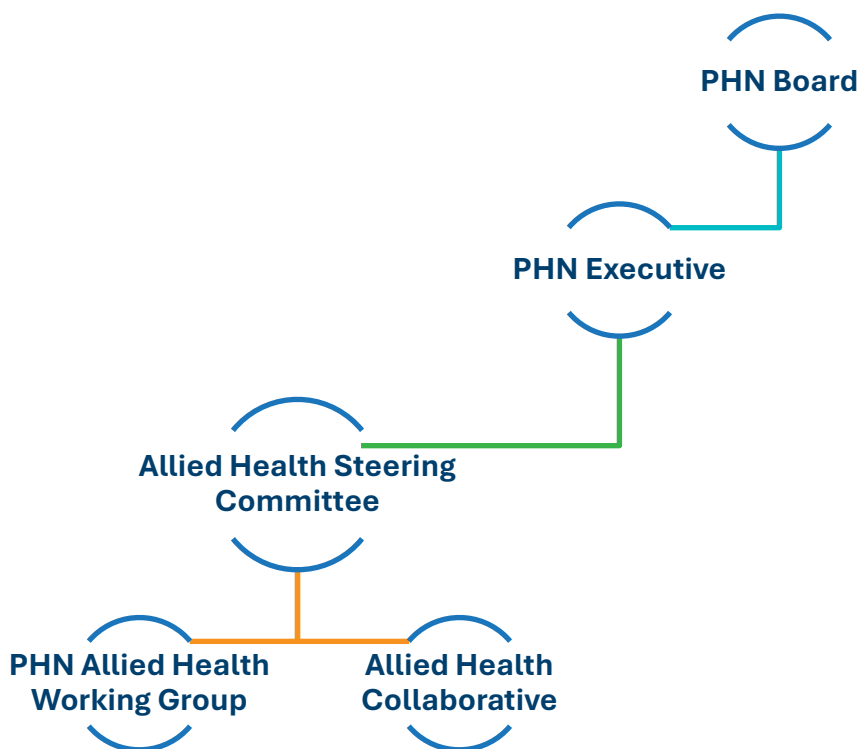
The Steering Committee's feedback may also be shared with the Collaborative and where relevant, in PHN-led Community of Practices to share insights and key learnings. The Collaborative will also be kept informed of any decisions made by the Steering Committee and/or the PHN.

**Figure 2. Relationship between the Steering Committee, the Collaborative and the PHN.**



To increase collaboration and engagement across the PHN, an internal Allied Health Working Group consisting of allied health PHN staff will be established in 2026, to guide the implementation of the support plan and showcase impact across the PHN. The Governance structure is represented in Figure 3 below.

**Figure 3: Governance Structure**



## Membership and term

Steering Committee membership is ongoing (pending funding) in alignment with the project plan and implementation of the allied health support plan (roadmap). The Steering Committee shall consist of a maximum of 10 members and is multidisciplinary in nature, with representation across a diverse range of organisations, allied health professions and workplace settings.

Members of the Steering Committee may be working in the following settings (but not limited to):

- Primary health care (e.g. general practice)
- Allied health practices (e.g. sole traders, community health, private practice)
- Government or non-government organisations
- Metro North Health
- Brisbane North PHN

The PHN may invite others including PHN staff to engage with the Steering Committee to progress specific programs, projects or initiatives. It is recognised that sub-working groups may at times need to be formed and that these groups may consist of external parties.

## Selection process

Expressions of interest (EOI) for membership shall be invited by the PHN.

EOIs will be distributed through key stakeholders and via the Allied Health Collaborative with the aim of maintaining diverse representation across the sector including (but not limited to) Priority Tier 1 allied health disciplines:

- Credentialed Diabetes Educator
- Dietician
- Exercise Physiologist
- Exercise Scientist
- Occupational Therapists
- Optometrist
- Pharmacist
- Physiotherapist
- Podiatrist
- Psychologist
- Social Worker

## **Sitting fees**

Members will be paid sitting fees by the PHN for meeting preparation (1 hour pre-reading) and meeting attendance on receipt of an invoice following the meeting. If members do not have an ABN, a sitting fee claim form (PHN form) and a Statement by a Supplier form (an ATO requirement) can be submitted. Sitting fees will be paid in accordance with the PHNs Health Professional Engagement Policy. If members are otherwise salaried or remunerated by their respective organisations for their time while on the Steering Committee then no further remuneration from the PHN shall apply. Members are required to declare to the PHN in writing at the commencement of their appointment to the Steering Committee, if they will be salaried or remunerated by their respective organisation,

## **Chair, coordination and secretariat**

The Steering Committee shall be chaired by the PHN, with coordination and secretariat support provided by the Project Lead. Coordination support shall include development of meeting agendas, action item follow-up and other correspondence in relation to the Steering Committee, such as acting as the conduit between the Steering Committee and the Collaborative. Secretariat support shall include management of meeting logistics, distribution of agendas, and minute taking. The meetings will be recorded with the consent of members and the minutes and meeting actions developed with the assistance of Microsoft Teams transcript. Members are encouraged to contact the Project Lead if any revisions or corrections need to be made.

All meeting documentation including agendas and minutes shall be considered confidential documents, unless otherwise stated, and shall only be distributed to group members and to the PHN Board of Directors.

## **Decision-making and proxies**

The Steering Committee shall endeavour to operate on a consensus decision-making basis, where possible and relevant. Members will hold one vote each.

All recommendations and guidance provided by the Steering Committee will be subject to approval by the PHN in alignment with resourcing and approved budget.

Members may nominate a proxy for times when a member is unable to attend meetings however, this proxy must be adequately briefed, similarly qualified, and able to participate fully in discussions and decision-making on behalf of the member.

## **Quorum and attendance**

A quorum will be considered to exist when fifty percent (50%) or more of the members are in attendance for at least a portion of the meeting.

If a member is absent, without a proxy, for more than two consecutive meetings, the Chair will refer a decision to the remaining members of the Steering Committee as to the absent member's continuing membership.

## Meetings

The Steering Committee will meet quarterly for up to 1.5-hours and the meeting schedule will be established at the start of the financial year. Members acknowledge that ad hoc email communication may be required between meetings to progress work. Working groups may be formed from time to time to progress specific activities/initiatives between regular Steering Committee meetings and may include external parties such as PHN staff from other portfolio areas or other PHN Committees (e.g. Clinical Council).

## Communication

Steering Committee members shall provide current email contact details to the PHN. These contact details shall be made available to all Steering Committee members. Steering Committee members shall be invited to provide agenda items for future meetings at the end of each meeting.

Meeting materials will be provided and distributed five (5) working days prior to the meeting. Materials will include agenda, supporting pre-reading briefing papers, notes and other information as required. The minutes will be available five (5) working days after a meeting.

## Review

The Steering Committee Terms of Reference are effective from July 2026 and shall be reviewed at the end of each financial year, at the final meeting.

The PHN is committed to continuous quality improvement and Steering Committee members are encouraged to provide feedback at any time. The PHN will seek feedback and post-meeting reflections from members to improve future meetings.

## Code of Conduct

All members and attendees of the Steering Committee meetings shall, prior to attendance, be required to sign and return a statement attesting to the fact that the member or attendee has read and accepts these Terms of Reference and agrees to abide by the Code of Conduct.

## Confidentiality

To ensure effective consultation between the PHN, the Steering Committee and the Collaborative members, sensitive information which is not in the public domain may sometimes be disclosed at Steering Committee meetings on a confidential basis. Members and attendees are asked to be mindful of the confidentiality of this information and should not disclose it to outside parties.

If members or attendees are unsure about the confidentiality status of particular information or data disclosed to them, the Chair should be asked to clarify the position.

## Other responsibilities

Steering Committee members and other attendees are responsible to advise the PHN of individual approaches by the media or any other person seeking information about matters discussed at Steering Committee meetings. Members and attendees are permitted to disclose the general role and function of the Steering Committee but are not permitted to disclose matters being discussed unless the Steering Committee has been given explicit permission for such disclosures to occur.

## **Public comment**

Steering Committee members and attendees must avoid making public comments that may appear to be an official comment from the PHN or from the Steering Committee. Where public statements are deemed to be advantageous, these shall be distributed by the PHN through usual channels.

## **Other issues**

Steering Committee members and attendees are encouraged to openly express concerns about the operation of the Steering Committee within the context of Steering Committee meetings. Members and attendees may also bring concerns to the Chair for assistance with resolution.

## **Conflict of interest**

Steering Committee members and attendees are responsible to declare any potential, real or perceived conflict of interest, if it relates specifically to a particular issue under consideration.

The secretariat will record this declaration in the minutes, and the Chair will manage the conflict of interest in collaboration with non-conflicted Steering Committee members. A declaration of interests register will be maintained for standing conflicts.

## **Intellectual property**

Any intellectual property rights of Steering Committee members or attendees must be observed and protected. Members or attendees who are deemed by the Steering Committee to have breached, or have an intent which would breach, the intellectual property rights of another member or attendee may, among other remedies will be removed from the Steering Committee. Steering Committee members and attendees must also be aware that breaching another member or attendee's intellectual property rights may result in legal or other remedial actions.

# Brisbane North PHN Allied Health Steering Committee: Terms of Reference, Code of Conduct and Confidentiality Agreement

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I have read and accept the Brisbane North Allied Health Steering Committee Terms of Reference and agree to abide by the Code of Conduct.

**Member/Attendee:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Witnessed by:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## REVISION HISTORY

Version	Approval date	Change
1	June 2025	Allied Health Steering Committee TOR template
2	April 2026	Updated TOR to reflect transition from a time-limited Steering Committee to an ongoing Steering Committee in 2026/27.