

## **Refugee Primary Health Care Clinical Advisory Group**

### **(Refugee Health CAG)**

### **South East Queensland**

## **Terms of Reference August 2015**

### **Background**

The Refugee Primary Health Care Clinical Advisory Group (Refugee Health CAG) has been established to facilitate a response to the refugee health needs within the local community. It recognises the changes within the current refugee health landscape: including the changes to current refugee health services in Brisbane South and the broader changes related to the current Australian Humanitarian Program and asylum seeker policy. Refugee Health CAG understands that the National Primary Health Care Strategic Framework has identified refugee communities as a vulnerable community when it comes to health care. Effective delivery of clinical care requires a more regional approach and engagement with other PHNs are essential to enable this. Refugee Health CAG will enable PHNs to better assess and address the health needs of people from a refugee background to enhance their health access and to facilitate the delivery of high quality health care in this sector.

### **Role and Purpose**

Refugee Health CAG provides an opportunity for key stakeholders to work collaboratively with BSPHN to develop a co-ordinated and sustainable strategic response to improve the delivery of refugee health care in the South East Queensland region.

The aims:

- To determine population health needs for people of a refugee background to ensure the right care at the right time in the right place;
- Enhance the health access for people from a refugee background; and
- To facilitate the delivery of high quality health care in this sector.

**The strategic response will:**

- Enhance the awareness of refugee health issues within the primary health care sector in South East Queensland;
- Build capacity amongst primary health care providers:
  - Identifying and addressing current gaps in the capacity of primary health care providers delivering care
  - Developing training events targeted to address these gaps
  - Developing and maintaining online resources on refugee health
- Identify and address resource gaps for refugee communities;
- Identify and address research gaps to increase the evidence base for the delivery of refugee health care;
- Identify and address policy gaps with the purpose of enhancing the delivery of refugee health care;
- Liaise with and work in collaboration with other refugee health service providers South East Queensland – including the Refugee Health Partnership Advisory Group.

## **Membership**

This is a Clinical Advisory Group and members need to have clinical knowledge that will assist the group to achieve its purpose.

This group focuses on refugee health and members need to be able to contribute to the specific knowledge base related to the delivery of refugee health care and includes:

- Appointed BSPHN Clinical Lead in Refugee Health
- Health Professionals working in the primary care sector including general practitioners, refugee health nurses, practice nurses, allied health professionals
- Mater/UQ Centre for Primary Health Care Innovation representative
- PHN representatives, including BSPHN as host

## **Member Responsibilities**

- Members of Refugee Health CAG are expected to provide timely and factual information to facilitate the purpose of the group;
- Members are expected to attend regularly;
- Members are expected to provide appropriate two-way communication so their networks are able to engage and contribute;
- Those who are unable to attend three consecutive meetings will be asked to provide written explanation to Chairperson, including an indication as to whether an alternative arrangement should be made:
  - If the person is representing an organisation then this should include advice as to who could act as an alternative representative ,
  - If the person is an independent member then this should include advice as to who could act as an alternative individual who would potentially be invited to provide similar input.

## **Meetings**

- Chairperson – BSPHN Clinical Lead ;
- Secretariat support – BSPHN;
- Quorum – 1 each of the four member-types listed above;
- Held regularly as determined by the group in response to the need identified within the local community;
- Apologies should be received three working days prior to the meeting;
- Minutes and draft agenda will be circulated seven days prior to meeting;
- Experts in the field may be invited by the Chair to attend when relevant to assist the group in its tasks;
- Decisions are made through group consensus accepting the majority's determination.