
Clinical Chiefs' Councils

Victorian Paramedicine Council Terms of Reference

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1. Introduction

The Chief Paramedic Officer (CPO) is responsible for providing strategic clinical leadership advice to Safer Care Victoria (SCV), the Minister for Health and Ambulance Services, Department of Health (DH) and the broader health service and hospitals sector.

The CPO seeks to create the Victorian Paramedicine Council which will be an advisory body to the CPO role. The council will provide expert knowledge, insight, and advice from across the sector.

2. Purpose, role, and scope

The Victorian Paramedicine Council will be the voice of the paramedic profession, through inclusive membership and across relevant stakeholders. The Council will lead changes to enable clinical and sector improvement reform and collaborate with DH, SCV, health services and industrial partners.

Leadership and strategic advice will guide the development of the purpose and goals with a focus on current and future workforce challenges. The Council will also lead and develop contemporary changes to practice, education, research, development, and leadership.

The Council will challenge existing strategies and be open to new and different concepts whilst keeping aligned with the broader workforce strategy as well as looking at opportunities for multi-disciplinary models of care. The communication process will involve a two-way exchange between the Council and SCV, facilitating effective dissemination of information between both parties.

2.1. Role and scope

The Council will be a forum to enable bidirectional communication, advice, and recommendations to/from the CPO on key initiatives with a focus on professional practice and quality and safety. The Council is the central point of communication for medical professionals, creating a sense of unity and advocating for the role of the profession always.

In undertaking this role, the Council will:

- Advise, inform and promote the development of the paramedicine profession
- provide expert counsel and recommendations to the CPO to support broader health system improvement and reform
- provide oversight and participate in the implementation and coordination of agreed state and national initiatives that improve and strengthen the paramedicine profession
- identify and pursue opportunities to build professional partnerships that support the strategic direction of the paramedicine profession
- contribute to the review and development of relevant policy and legislation that affect practice including the review and feedback of key consultation documents and other regulatory matters
- be responsible for the dissemination and promotion of agreed / relevant policy, direction, key information, and strategies
- review relevant quality and safety data, issues and evidence relating to the profession and provide recommendations that support system level improvement.

3. Membership

3.1. Conduct

Members will act in accordance with legal requirements, ethical standards, relevant policies including conflict of interest, codes of conduct and the department's values. Members will value and respect the different experiences and expertise of the group, including clinical and non-clinical members or invitees.

Members are required to act in accordance with behaviours expected of senior public officials and to acquit their executive, legal and regulatory responsibilities.

3.2. Tenure

Members are appointed for a term of up to 3 years, with extension dependent upon evaluation of the council, and for no longer than two terms.

3.3. Members

The Council will include a person representing the following groups:

- Chief Paramedic Officer (Chair)
- Community Paramedicine
- Jurisdictional Ambulance Service (AV) Rural
- Jurisdictional Ambulance Service (AV) Metro
- Paramedicine student (currently enrolled)
- Paramedicine student (recent graduate)
- Paramedicine professional and/or industrial association(s)
- Private sector employing Registered Paramedics (urgent care plus non-urgent/NEPT)
- Paramedic practitioner (or current PP student)
- Paramedicine Clinical Deans
- Others as required

All members will cease to be members immediately if they are no longer employed in the relevant representational role.

Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability, LGBTIQI (lesbian, gay, bisexual, transgender, queer or questioning, and intersex) people, and applicants at different stages of their leadership journey are encouraged to apply.

3.4. Appointment process

The Council members will be appointed based on merit and with consideration of the knowledge, experience and expertise required for an effective council.

Except for the Chair, the Council members will be appointed via an expression of interest (EOI) process. The selection criteria will be published with the EOI documentation. Should the EOI process be unsuccessful in filling all required knowledge and skill expertise, the Chair may nominate suitable experts to approach.

3.5. Proxies

Members, where practicable, are expected to attend the Council meetings rather than nominate proxies. Where members are unable to attend due to leave, they will nominate a proxy to attend on their behalf and inform the Chair of the attendee prior to the meeting wherever possible.

Proxy attendees may be at-level peers of members or one organisational level below members only – attendance should not be delegated any further. For a quorum, any proxy attendees shall be counted as members.

4. Meetings and administration

4.1. Meeting frequency

Meetings are held quarterly with the foundational meeting planned for February 2025 and expected to run for up to two hours. Regular meetings will be scheduled quarterly.

4.2. Out of session consideration

An urgent item that cannot wait until the next Council meeting, or is for information only, can be circulated out of session by the Chair. All members must respond, in writing, to urgent items indicating their position. Members either agree to support the item's recommendations, support subject to conditions, or not support / request to discuss the issue.

The outcome must be circulated to members within one working day of the decision. If unanimous agreement is not received, the Chair should discuss the issue with the respective member/s or defer consideration of the item until the next Council meeting.

4.3. Attendance

A quorum shall consist of the Chair and more than 50 per cent of the other members. Should a quorum not be achieved, members may choose to hold the meeting. Any advice and recommendations made without quorum are not considered final until the next meeting with quorum, at which time they can be endorsed and minuted.

4.4. Secretariat

The Secretariat function will be provided by SCV. The purpose of the Secretariat is to provide for the smooth operation of Council proceedings, as well as ensuring that members are fully informed and prepared.

4.5. Agenda and papers

Agenda items may be submitted by members, following consultation with the Council secretariat. To be accepted for inclusion on the agenda, items must be within the jurisdiction of the Council, and should be informed by:

- an item of strategic significance within the scope of the Council role, which requires Council decision
- action items from a previous meeting
- an item or strategic report from an existing working group which require escalation or presentation to Council level.

The Council is required to maintain a proposed forward agenda. Agenda items and associated papers being submitted by members must be sent to the Secretariat at least 5 working days prior to the meeting. The final agenda and supporting papers will be sent to members at least 3 working days prior to the meetings.

Confidentiality protocols may apply for selected items. Papers marked 'confidential' are not to be circulated beyond the Council membership.

4.6. Subcommittees and working groups

The Council will be able to establish subcommittees as required, these may change over time. The Terms of Reference (TOR) for the subcommittees will be endorsed by the Council.

The Council may also start and finish working groups to complete specific pieces of work. At the time of the creation, the expected duration and agreed deliverables of the working group shall be specified.

4.7. Reporting

The Council will provide reporting to SCV, DH, and health sector leaders as required or when requested. The Council will escalate issues of significance to the relevant stakeholder when required.

5. Responsibilities

5.1. Chair

In addition to the role of members listed below, the role of the Chair is to lead the Council to achieve its objectives and execute its responsibilities.

The responsibilities of the Chair are as follows:

- set the agenda and lead the meeting
- lead the preparation of the Council's work
- ensure fairness and equality at the meeting
- keep the meeting to time and maintain order
- approve the formal actions of the meeting
- hold members accountable to the values and behaviours of the Code of Conduct
- represent and report on Council actions, advice and recommendations (this responsibility may be delegated)
- ensure the safety and wellbeing of its members and invitees is maintained. They will respond appropriately when safety or other concerns are identified or raised by others
- seek the expertise of other disciplines and encourage collaboration with other Professional Councils established by SCV where opportunities are identified
- induct new members and make sure they are aware of the TOR of the Council
- regularly review the performance of the Council and its members.

5.2. Secretariat

The role of the secretariat is to support the operations of the Council, the responsibilities are as follows:

- develop the agenda
- coordinate appropriate engagement with SCV, the department and the wider sector
- prepare and distribute background papers
- record and prepare minutes of the Council meetings

- update, manage or log any potential conflicts of interest
- ensure group decisions, advice or recommendations are accurately documented.

5.3. Members

The responsibilities are as follows:

- maintain a thorough understanding of, and comply with, the TOR
- comply with the code of conduct and the expectations of members in meeting processes
- understand the strategic priorities and role of the department, and act in the best interests of the organisation and service system
- prepare and submit material and papers to progress the work of the Council as required
- embrace the solidarity principle that applies once a recommendation has been made, and demonstrate collective accountability and responsibility for the direction taken
- socialise feedback and outcomes of meetings with executives and staff in the members' division as per the communication method agreed by the Council, including key messages and subsequent work that will be progressed by the Council/department
- demonstrate active listening and provide each member with the opportunity to speak and ask questions
- ensure that a diverse range of views and perspectives are considered, and explicitly and respectfully engage with differing viewpoints
- facilitate an environment for executives to behave to the highest standards and provide appropriate ways to report and act on inappropriate behaviours.

6. Review and evaluation

To ensure the committee is fulfilling its duties, the Council will, in consultation with SCV:

- review, at least annually, the TOR and assess the Council's performance against the role, ensure representation is relevant and recommend appropriate amendments for approval
- assess each individual Council member, including member attendance at Council meetings