

Palliative care decision making groups

Palliative care consortium chair

Function in implementing *Strengthening palliative care: Policy and strategic directions 2011–2015 (policy)*

Lead the policy's implementation in each region

Role

- Champion palliative care issues in the region
- Convene meetings, ensure the agenda is coordinated and that meetings are chaired effectively and conducted in a fair and open manner
- Liaise directly with the department on behalf of the consortium
- Represent the consortium publicly
- Act in the best interests of the consortium

Responsibilities

- Ensure the policy's implementation is progressed in the region
- Promote succession planning, including the option to elect a deputy chair or chair elect
- Ensure an annual report is provided to the department by 30 September each year
- Represent the consortium at statewide meetings
- Recruit and performance-manage the consortium manager in consultation with the consortium executive and/or employing organisation
- Support the consortium manager to progress the policy's implementation in the region
- Carry out their duties in a lawful manner avoiding conflicts of interest as far as possible (where such a conflict arises it should be declared and managed in the best interests of the consortium)
- The chair does not have individual executive decision-making power

Structure

- The role is elected by the consortium – a two-year term is recommended
- The chair should ideally be employed by a department-funded palliative care service and therefore be a voting member of the consortium (appointments outside of this scope should be referred to the department for approval)
- The cost of the chair attending statewide palliative care meetings and other meetings undertaken as part of their role should be met by the consortium

Communication / relationship with other groups

- Receive and action strategic/policy-level communication from the department (copied to the consortium manager)
- Copied on day-to-day communications from the department sent to the consortium manager but no action is required from them unless stated otherwise

- Copied on relevant letters sent to CEOs of services in the region
- Receive and disseminate the departmental update as appropriate
- Attend and contribute to all statewide palliative care meetings
- Link with service providers
- Liaise with the advisory/reference group and the clinical/practitioners group
- Advocate on behalf of the consortium to ensure the goals of the consortium are met and advanced