
Primary Care Advisory Group (PCAG)

Terms of Reference



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About Brisbane North Primary Health Network (PHN)

Brisbane North PHN (the PHN) is one of 31 Primary Health Networks across Australia funded by the Australian Government Department of Health, Disability and Ageing. We support clinicians and communities in Brisbane's northern suburbs, Moreton Bay city, parts of Somerset Regional Council, and Norfolk Island. Our region covers approximately 4,100 km² of urban, regional, and rural areas, with a population of over 1.1 million.

Our key objectives are to:

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

Purpose

The Primary Care Advisory Group (PCAG) is established to provide practical and real-world, practice-based guidance to support the implementation and continuous improvement of Primary Health Network (PHN) projects and initiatives impacting primary care. The PCAG will enable genuine co-design with the general practice administration and nursing workforce and help ensure initiatives are relevant, feasible and responsive to current primary care operating environments.

Scope and Function

The PCAG will operate as a non-clinical business and administrative advisory group. It will provide consultative advice in line with the PHN engagement continuum to inform decision-making and action.

The advisory group aligns with the PHN's engagement continuum at the *Consult level: to obtain feedback to inform decisions and actions relating to health service information, service delivery options and project design*.

Level of engagement

Figure 1 below outlines the PHN's commitment to the Primary Care Advisory Group and the level of engagement that will be upheld.

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.

Figure 1: Engagement and Partnering Continuum

The PCAG may be consulted on, but is not limited to:

- Optimising PHN projects and initiatives for primary care
- Navigating general practice operational complexity and risk management
- Continuous quality improvement activities
- Implementation of reform and change initiatives
- Pandemic, disaster and recovery planning
- Usability of digital systems from an administrative perspective
- Workforce planning, training needs and succession planning
- Administrative policies, procedures and knowledge management

Governance

The Primary Care Advisory Group operates in an advisory capacity, providing feedback, insights and recommendations to Brisbane North PHN on matters relevant to primary care. Advice provided by the group informs Brisbane North PHN planning, program development, stakeholder engagement and service improvement activities.

Figure 2 shows how PCAG advice and insights may inform Brisbane North PHN planning and decision-making. It represents the flow of information and advice rather than a formal reporting hierarchy.

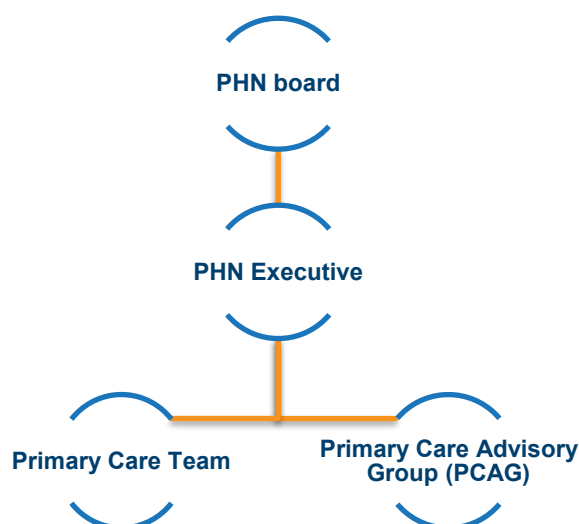


Figure 2: PCAG advice and information flow

Objectives

The PCAG aims to:

- Improve the relevance of PHN initiatives in primary care
- Increase satisfaction with PHN projects and engagement
- Provide timely qualitative insights to complement quantitative data
- The PCAG will comprise three to five members who are independent of the PHN.
- Membership will represent a diverse mix of primary care roles and geographic locations across Brisbane North and Moreton Bay.

Membership

The PCAG will comprise between 3-5 members who are independent of the PHN.

Membership will represent a diverse mix of primary care roles and geographic locations across North Brisbane and Moreton Bay.

- Practice Managers / Operational Managers
- Medical Receptionists
- Medical Practice Assistants (MPAs)
- General Practice Administrative Staff
- Aboriginal and Torres Strait Islander Health Workers
- Members will be recruited through an Expression of Interest (EOI) process. The initial pilot term is 12 months. Ongoing terms, if the PCAG continues, will be a minimum of two years and a maximum of three years.

Eligibility

Members must be currently employed by a general practice or Aboriginal Community Controlled Health Organisation (ACCHO) in the Brisbane North PHN region, be working a minimum of three days per week, and demonstrate relevant operational or administrative experience.

Facilitating effective and inclusive discussions

Members will be recruited via an Expression of Interest (EOI) process. The initial pilot term is 12 months and ongoing terms (if continued) will be a minimum of two years, maximum of three years.

Roles and Responsibilities

Chair

The Chair is responsible for:

- facilitating effective and inclusive discussions
- Ensuring adherence to the Terms of Reference
- Managing meeting flow and encouraging diverse perspectives
- Supporting annual performance reviews of the group

Advisors

Advisors are responsible for:

- Providing role-specific insights and expertise
- Contributing constructively to discussions
- Identifying risks, opportunities and emerging trends

Secretariat (PHN)

The Secretariat is responsible for:

- Coordinating EOIs, onboarding and induction
- Preparing and distributing meeting invitations and materials

- Meetings may use AI-enabled transcription to support minute taking. Members will be advised before transcription begins and consent will be confirmed. Recordings and transcripts will be handled in accordance with relevant PHN privacy and information-management requirements and deleted when no longer required.
- Showcasing PCAG achievements

Management and Sponsorship

- Manager, Primary Care: Operational oversight and approval of engagement requests
- Executive Manager, Health System Improvement: Executive sponsorship and escalation pathway

Meetings

- Meetings will be held quarterly at a minimum, with out-of-session engagement as required
- Meetings will generally be held virtually
- Meetings will be approximately 90 minutes in duration
- Meetings will be held via Microsoft Teams and may use AI-enabled transcription for minute taking. Participation constitutes consent and recordings will be deleted once minutes are finalised.

Quorum

A quorum will be achieved when at least 50% of appointed members are present. Meetings may proceed without a quorum for the purpose of discussion; however, no formal decisions or recommendations may be endorsed unless a quorum is present.

Engagement Requests

All requests to engage the PCAG must:

- Align with the scope and purpose of the group
- Be submitted in advance using the agreed engagement request template
- Be approved by the Manager, Primary Care

Decision Making

The PCAG operates in an advisory capacity only. Advice and recommendations are non-binding.

Confidentiality and Conflict of Interest

- Members must comply with PHN confidentiality requirements and must declare any actual, perceived or potential conflicts of interest.

Sitting fees

Members will be paid sitting fees by the PHN for meeting preparation, including one hour of pre-reading, and meeting attendance, on receipt of an invoice following the meeting. Members who do not have an ABN may submit a PHN Sitting Fee Claim Form and an Australian Taxation Office Statement by a Supplier form. Sitting fees will be paid in accordance with the PHN's Health Professional Engagement Policy. Where members are otherwise salaried or remunerated by their respective organisation for their time participating in the Primary Care Advisory Group, no additional sitting fee will be paid by the PHN. Members must advise the PHN in writing at the commencement of their appointment if they will be salaried or remunerated by their organisation for their participation.

Performance Review

- The PCAG will be reviewed annually against agreed objectives
- Member feedback will be sought to support continuous improvement

Review of Terms of Reference

These Terms of Reference will be reviewed annually, or earlier if required, to ensure ongoing relevance and effectiveness.

Document Revision Control

Revision	Approval Date	Change
1	22/01/2026	Creation of PCAG Terms of Reference document
2	29/09/2026	Updated sitting fee wording; added the Engagement and Partnering Continuum and governance graphic; and made associated formatting and consistency changes.