



Terms of Reference

Advance Care Planning (ACP)

WA Agency Consortium

1. Purpose

To establish a network of organisations committed to jointly promoting the development and delivery of information, educational opportunities and promotional strategies to facilitate the uptake of Advance Care Planning in WA.

2. Definition

Advance Care Planning is a process of making decisions in advance about care and other arrangements at end-of-life and/or when the individual is unable to speak for themselves. In WA, Advance Care Planning is viewed broadly and includes decisions regarding management of assets, organ and tissue donation, accommodation and care arrangements, treatment options including refusal of treatment and/or the delivery of palliative care, place of death and funeral wishes. It is recognised that these are important and potentially confronting decisions for the individual to make and that this process must be supported with accurate information and consideration of all the choices and their implications. These decisions will reflect the individual's personal values and preferences and will ideally involve discussions with family, friends and health professionals.

3. Governance

The consortium will operate as an informal network of agencies with administrative support provided by Palliative Care WA. The consortium will be chaired by a member of the consortium agreed by a vote at the inaugural meeting.

4. Aims

The consortium aims to:

- Jointly develop and deliver innovative strategies to effectively engage with community, increase understanding of ACP, encourage individuals to “have the conversation” with family, friends and health professionals and complete and manage the appropriate documentation
- Develop a business case on the community value of the ACP approach
- Explore funding and sponsorship opportunities

5. Membership

- Organisations will self select and while diversity of membership is paramount, the aim will be to keep the group to a maximum of 10 members
- The Consortium may agree to change or appoint new members on an ad hoc basis as issues require
- All members must have the capacity to reflect clinical and service management issues from their organisation and additional members can be seconded to address specific needs
- Where appropriate services can nominate an ‘observer’ to attend meetings, however this may not exceed two observers per meeting
- Members are asked to commit to membership of the Consortium by attending meetings and providing feedback as requested
- There will be no remuneration for any Consortium member

6. Meetings

Meetings will be held as required. Face to face meetings will be held with the option for members to teleconference. Members will be provided an opportunity to contribute to the agenda.

7. Conflict of interest

Consortium members are to identify any potential or direct conflicts of interest as they arise and declare any such conflicts to the Chair of the Consortium.

8. Confidentially

Issues may be raised within Consortium meetings that are of a confidential nature. Members are asked to identify issues that they want to remain confidential to the group. Members are also asked to respect the right of any service to declare issues that are Commercial in Confidence to their organisation.

9. Quorum

A quorum will be 5 member agencies.

10. Proxies

Proxies are permitted however each proxy must have the capacity to reflect clinical and service management issues on behalf of their organization.

11. Standing Agenda

- Date, time and location of meeting
- Attendance
- Apologies
- Minutes of the last meeting
- Review of action items
- Items for discussion
- Other Business
- Date, time and location of next meeting.

12. Records

PCWA will issue supporting material at least seven days in advance and prepare a record from each meeting. PCWA will keep separate files of at least the following:

- Agendas and papers circulated with them
- Minutes and correspondence
- Papers tabled at meetings and papers circulated other than with agendas

13. Adoption and Amendment of Terms of Reference

These Terms of Reference will be altered only with the approval of the Chair of the Consortium. The Consortium adopted these Terms of Reference on 21 March, 2016.