



Patient and Carer Network - Terms of reference

The Royal College of Physicians (RCP) is committed to improving health and healthcare. The RCP recognises the value of meaningful engagement with patients, carers and the public. The Patient and Carer Network (PCN) of the RCP has developed to ensure that patients and carers are involved across the RCP's work. The PCN proactively supports the RCP by raising and discussing issues that are of concern to patients, carers and the public to shape the work of the RCP and its members. The PCN provides meaningful patient and carer engagement to the agreed strategy, policy priorities and work-plans across the RCP.

Objectives

The PCN, whether upon its own initiative or in response to a request, will:

- Provide a patient, carer and/ or public perspective to support the work and strategy of the RCP
- Identify and bring the views, interests and concerns of patients and carers to the RCP with a view to informing and influencing RCP activity, policy and strategy
- Support the RCP to find solutions and strategies to improve the care of patients and the health of the population.

Accountability

The PCN will be directly accountable to the Clinical Vice President and Executive Director of the Care Quality Improvement Directorate and its board.

The PCN is supported by the RCP's patient involvement unit (PIU) and is based within Quality Improvement and Patient Safety which is part of the Care Quality and Improvement directorate.

The PCN will provide regular assurance updates to the RCP through the PCN Liaison Group and RCP Patient Involvement Adviser and Patient Involvement Officer, and will proactively highlight emerging issues from the PCN and wider public and patient voice perspective.

The appointed PCN Chair and RCP Patient Involvement Officer will attend RCP Council, Medical Specialties Board, Patient Safety Committee and QI Board meetings to represent the PCN.

Liaison Group members are to represent the PCN at RCP Patient Safety Committee and QI Board meetings when the Chair is not available.

Scope of Duties

1. The PCN with the support of the RCP's Patient Involvement Unit (PIU) will develop and deliver a work-plan that supports the delivery of the RCP's strategic aims and promotes patient involvement and person-centred care.

2. The PCN will take a proactive interest across the RCP's activities from a public/patient perspective and will offer appropriate challenge and potential solutions as and when required
3. The PCN will represent and support the work of the RCP externally when requested to do so by the RCP.
4. The PCN will raise and escalate issues and concerns in respect of patient and carer participation
5. The PCN, under the leadership of its Chair, will produce an annual impact report for distribution to PCN members and the RCP.

Structure

The PCN will comprise:

- a. a **Liaison Group** made up of the Chair and three PCN members, with the RCP Patient Involvement Officer and RCP Patient Involvement Adviser in support, who will plan, steer and review the work of the PCN
- b. a **Forum** of approximately 30 members who will provide in-depth support for the RCP by committing to attend workshops, and participate in projects, focus groups and committees, and to represent the RCP more widely
- c. a **Community** of approximately 50 members (to be reviewed annually) who feed in views and experiences to the RCP's work by reviewing and commenting on documents, attending committees and ad hoc focus groups, and responding to surveys/consultations.

Membership, Appointments and Tenure

In line with its strategic needs, the RCP will appoint new members with specific skills, experience or knowledge as required or where new intake is needed when offices of tenure expire. The RCP reserves the right to extend tenure of individuals that take on specific roles that support the work of the PCN.

The individual roles within the network have different tenure periods, and there is the potential for any member to perform these roles subject to fulfilling the expectations. Overall, however, the total term of membership of the Network should not exceed 10 years.

The role of PCN members is that of promoting the patient and carer perspective across the RCP and externally. For this reason members or former members/fellows of the RCP are not eligible to apply.

Members will have due regard to the principles set out in **appendix 1**

Chair (for Role see appendix 1.1)

The Chair of the PCN should be appointed via a clear and transparent external process to an agreed role and person specification. Current members of the PCN are eligible to apply.

The Chair will be appointed for a term of three years.

Liaison Group Members (for Role see appendix 1.2)

The members of the Liaison Group will be appointed from within the PCN forum following an expression of interest and selection process. Applicants to the Liaison Group will have been members of the PCN Forum for at least one year prior to appointment.

Members of the Liaison Group will be appointed for a term of three years subject to continuing to reasonably fulfil the conditions expected of them. Where possible rotation of members will be planned to ensure continuity within the Liaison Group.

A member leaving the Liaison Group may, subject to mutual agreement, join the Forum for a subsequent 2 years and then be entitled to subsequently join the Community.

Patient Involvement Officer (for Role see appendix 1.3)

The Patient Involvement Officer is a practicing clinician and RCP fellow appointed by the RCP to act on its behalf to involve patients, carers and the public in all RCP activities.

The Patient Involvement Officer is appointed for a term of four years and is accountable to the Clinical Vice President

Patient Involvement Adviser

The patient involvement adviser is a member of staff appointed by the RCP and is responsible for managing the RCP's Patient and Carer Network and Patient Involvement Unit. The post holder works with the lay chair, liaison group, patient involvement officer and PCN members to set a clear direction for the network and patient involvement at the RCP.

Forum Members (for Role see appendix 1.4)

Forum members should be appointed via a clear and transparent process to an agreed role and person specification. Members of the PCN Community can apply if they have not already served a term as a Forum member.

Members will be appointed to the Forum for a term of four years.

Forum members who have served their term can move into the Community and serve a further five year term. The Patient Involvement Unit and Liaison Group will carry out a regular review as to whether members of the Forum are reasonably fulfilling the conditions (as listed in appendix 4) which are expected of them.

Community Members (for Role see appendix 1.5)

Community members can be appointed throughout the year via a clear and transparent process.

Members will be appointed to the Community for a term of five years. This term may be repeated, by agreement, if members are continuing on an RCP Committee.

Review

The Terms of Reference for the PCN will be formally reviewed on an annual basis but may be amended at any point through prior discussion with the PCN and the RCP. **March 2019**

Appendix 1

PCN Membership Principles

1. Be accountable for the activities they undertake in accordance with RCP policies and comply fully with the RCP code of conduct and other associated policies/agreements received during induction. This covers participation in all PCN associated activities and external representation of the PCN <https://www.rcplondon.ac.uk/code-conduct>
2. Share the responsibility of embedding the RCP values – ‘taking care, valuing learning, being collaborative’ <https://www.rcplondon.ac.uk/about-rcp/vision-and-mission>
3. Observe the highest standards of impartiality, integrity and objectivity in relation to their PCN role.
4. Promote a culture of equality and inclusivity.
5. Have due regard for the need to address health inequalities by ensuring voices of seldom heard communities are represented.
6. Ensure parity of esteem (valuing mental health equally with physical health)
7. Follow the Seven Principles of Public Life set out by the Committee on Standards in Public Life (see below), as they apply to PCN membership.
8. Comply with the requirements outlined in this document, and ensure that they understand their duties, rights and responsibilities, and that they are familiar with the functions and role of the PCN and any relevant statements associated with RCP policy and practice.
9. Not misuse information gained in the course of their time as a PCN member for personal gain or for political purpose, nor seek to use the opportunity to promote their private interests or those of connected persons, firms businesses or other organisations

The seven principles of public life *

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interests clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interests.

Leadership

Holders of public office should promote and support these principles by leadership and example.

*Principles published by the Committee on Standards in Public Life

Appendix 1.1

Role of Chair

The Chair will:

- Be Chairperson for the Liaison Group and the Network and drive engagement of the PCN across the RCP's work
- Lead the PCN, its work plan and priorities in support of the RCP's strategic values
- Work with PCN members to set the strategic direction of the network ensuring their involvement is meaningful and impactful and their perspectives shape the RCP's policies, priorities and activities
- Support the PCN and RCP to involve a greater range of patients and carers in new and innovative ways, nationally and locally
- Provide support and guidance to the PCN and pro-actively address issues and concerns as they arise and escalate key PCN issues and concerns within RCP

- Review PCN membership and recruitment in collaboration with Liaison Group on an annual basis
- Oversee the production of an Annual Impact Report which will be presented to PCN members and the RCP.

Appendix 1.2

Role of Liaison Group Members

Liaison Group Members are expected to:

- Attend at least four Liaison Group meetings per year
- Attend at least three PCN workshops per year
- Work collaboratively with the chair, supported by the RCP patient involvement adviser and RCP involvement officer, to plan, steer and support the work of the PCN
- Act as champions in developing a culture in the RCP where embedding Patient and Carer involvement becomes “business as usual”.
- Collate information from PCN members and provide regular feedback.
- Review PCN membership in collaboration with Chair on an annual basis

Appendix 1.3

Role of Patient Involvement Officer

The Patient Involvement Officer will:

- Champion patient and public involvement across the RCP, working proactively to embed the [Network](#) (PCN) in all RCP activities.
- Support the PCN and act as a link between the RCP and PCN.

Appendix 1.4

Role of Forum Members

Forum members are expected to:

- Attend three PCN workshops per year
- Pro-actively engage in activities and involvement opportunities sent by the PIU that supports and influences RCP activity, policy and strategy
- Respond to communications as a way of assuring the Liaison Group and PIU of their continued engagement and involvement
- Provide regular feedback to Liaison Group Members
- Act as PCN ambassadors *

- Represent a patient and carer voice from their specific area of focus *

*Members may need to clarify which of the above roles they are delivering in relation to specific discussions and involvement opportunities. Both roles are highly valuable, but in the interests of transparency, forum members may need to specify if they are speaking from a wide PCN ambassador perspective or as an individual from a particular area of focus.

Appendix 1.5

Role of Community Members

Community members are expected to:

- Pro-actively engage in activities and involvement opportunities sent by the PIU that supports and influences RCP activity, policy and strategy
- Respond to communications as a way of assuring the PIU of their continued engagement and involvement
- Provide feedback twice a year to Liaison Group Members