
DIVERSITY AND INCLUSION POLICY AND ADVOCACY SUBCOMMITTEE

TERMS OF REFERENCE

INTRODUCTION & PURPOSE

The Diversity and Inclusion (D&I) Policy and Advocacy Subcommittee (DIPASC) is a Subcommittee of the Royal Australasian College of Medical Administrators (RACMA) Policy and Advocacy Committee (PAC).

The work of this Committee involves diversity and inclusion matters in Australia and New Zealand (Australasia). The principle underpinning its work is that diversity is the representation of different people and inclusion is ensuring that everyone has equal opportunities. This encompasses consideration of gender equity, and health equality across diverse cohorts including people with disability or mental health conditions; people from varying cultures, religious affiliations and age cohorts including mature age people; and people who identify as lesbian, gay, bisexual, trans/transgender, intersex, queer and asexual (LGBTIQA+).

The purpose of DIPASC is to contribute to leadership and vision for D&I in high quality, safe health services and systems through undertaking or facilitating policy and advocacy (P&A) initiatives that utilises the best available evidence and RACMA Members' leadership and management expertise to:

- Raise awareness, knowledge and understanding of D&I across RACMA.
- Increase the diversity of RACMA Members to better reflect the Australasian community.
- Support RACMA members in diversity cohorts.
- Ensure that D&I is considered in all RACMA committees, policies, procedures and activities.
- Advise RACMA on D&I issues to be considered in RACMA Education and Training programs.
- Promote D&I in the medical workforce.
- Support RACMA Members to develop high, quality, safe health services and systems that enable D&I.
- Support RACMA Members to enable the particular health and welfare needs of diversity cohorts to be addressed in the provision of health care and other activities such as research and education.
- Support RACMA Members to ensure that D&I is included in policies, procedures and activities undertaken by their organisations.

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DUTIES & RESPONSIBILITIES

Under the general oversight of PAC:

- Define diversity in the context of RACMA and develop, implement and monitor a RACMA D&I Action Plan and oversight future revisions as agreed.
- Advise on and undertake initiatives to:
 - Support RACMA Members from diversity cohorts to undertake their leadership roles
 - Facilitate gender equity amongst RACMA Members and across diversity cohorts.
 - Strengthen the health, welfare, welfare and safety of RACMA Members in diversity cohorts.
 - Strengthen the health, welfare, welfare and safety of the medical workforce in diversity cohorts.
- Support RACMA Members to enable the particular health and welfare needs of diversity cohorts to be addressed in the delivery of safe, high, quality, safe health services, development of health care systems and other activities such as research and education.
- Prepare RACMA policies, position statements, guidance and submissions to government related to specialist medical leadership and D&I in Australasia.
- Identify and support opportunities for RACMA to engage and partner with government, medical colleges and other agencies on D&I initiatives in Australasia.
- Ascertain and maintain D&I information on existing specialist medical leaders in Australasia.
- Promote D&I in specialist medical leadership in hospitals and other health care settings across Australasia.
- Contribute to the development and maintenance of a medical workforce that provides high-quality, safe and equitable care and services by advising on medical specialist leadership and workforce issues related to D&I in Australasia including:
 - Meetings with government and other stakeholders through briefing notes, position papers and such.
 - Preparing time critical responses to media releases, articles, interviews and such.
 - Responding to government public consultations and, requests for comment from agencies including the Australian Commission on Quality and Safety in Healthcare, other Colleges and the Australian Health Practitioners Regulatory Agency and other such requests.
 - Participating in committees and working groups established by Government and other agencies.
- Consult and collaborate with the PAC and the Indigenous Health, Medical Workforce and Rural PAC Subcommittees, and other PAC-related Subcommittees and Working Groups that may be established from time to time, to ensure alignment and synergy with D&I in medical leadership, workforce and health care initiatives.
- Prepare and deliver on an annual work plan, supported by the Lead Fellow P&A, which aligns with RACMA priorities and the approved P&A plan.

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POWERS OF THE COMMITTEE

- PAC approves the DIPASC annual workplan and other initiatives outside the work plan.
- PAC approves any funding requests (e.g. surveys or projects) prior to a business case being submitted to the RACMA Chief Executive Officer (CEO) or President for approval.

REPORTING

- The DIPASC reports to the PAC on progress against its workplan and on issues and other initiatives that arise, and provides the minutes of each of its meetings to PAC.
- DIPASC progress and issues are included in the PAC Chair's reports to each RACMA Board meeting.

SUB-COMMITTEE CHAIR AND MEMBERS, METHOD OF APOINTMENT AND TENURE

Chair and Members

- The Subcommittee Chair is appointed by the CEO in collaboration with the PAC Chair and approved by the Board.
- The Chair is a members of the PAC.
- Members are appointed by the CEO in collaboration with the PAC and DIPASC Chairs.
- The minimum number of Members is 7.
- There is no jurisdictional cap.
- Members must include a Candidate, a NZ Fellow and an Associate Fellow.
- If there are concerns about the numbers and / or profile of Members these will be considered by the CEO in collaboration with the PAC Chair and/or RACMA President as indicated.

The Subcommittee appoints a Deputy Chair from its Members.

In addition, there may be up to two co-opted persons with expertise in diversity and inclusion policy and advocacy who may be non-RACMA members.

The PAC Chair and Lead Fellow, Policy and Advocacy, are ex-officio members of the Subcommittee.

Method of appointment and tenure

- The DIPASC Chair is appointed by the CEO in collaboration with the PAC Chair following an Expression (EOI) of Interest to all RACMA Members.
- Other DIPASC Members are appointed by the CEO in collaboration with the DIPASC and PAC Chair following an EOI to all RACMA Members.
- EOIs will include the opportunity for Members to self-identify as being in a diversity cohort; this information will be considered in selecting Members and managed confidentially with availability only to the panel reviewing the EOIs.
- The Chair is appointed for a maximum of two consecutive three-year terms.

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- Members are appointed for a maximum of three consecutive three-year terms.
- Co-opted members are appointed by the CEO in collaboration with the PAC and DIPASC Chair for a maximum of two consecutive three-year terms.
- Where the completion dates of all or the majority of the three-year periods align, the Board may extend the tenure of the Chair and/or some DIPASC Members by up to 18 months to support P&A continuity.
- Notwithstanding any of the above, where the Board deems there are extenuating circumstances it may truncate or extend the terms of the Chair or Co-chairs or any DIPASC member.
- Completing maximum or extended terms on DIPASC will not preclude any former DIPASC Chair or Members being appointed to any other RACMA committee including the PAC or other PAC Subcommittees or PAC-related working groups.

MEETINGS

A minimum of four meetings will be held annually, usually virtually. The DIPASC Chair may request the PAC Chair’s agreement for an in-person DIPASC meeting if, for example, it would materially assist discussing a particularly complex or serious matter. The PAC Chair would require the CEO’s authority for this on a case-by-case basis.

DIPASC meeting agendas and documents are prepared by the Committee Support Officer in collaboration with the Chair with input from the Lead Fellow P&A. The PAC Chair and RACMA Chief Executive Officer will be consulted if required.

QUORUM

A quorum is a voting majority of the membership of the Subcommittee. If the Chair or Deputy Chair are absent, the Lead Fellow, P&A will chair the meeting (without voting rights) and a majority vote of the Subcommittee will decide the outcome.

REVIEW OF THE COMMITTEE

The Committee will evaluate its performance annually.

The Board will review the DIPASC every 3 years.

GLOSSARY

CEO: Chief Executive Officer

EOI: Expression of Interest

DIPASC: Diversity and Inclusion Policy and Advocacy Sub-Committee

P&A: Policy and Advocacy

PAC: Policy and Advocacy Committee

RACMA: Royal Australasian College of Medical Administrators

The Board: Board of the Royal Australasian College of Medical Administrators

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