RURAL POLICY AND ADVOCACY SUBCOMMITTEE
TERMS OF REFERENCE

INTRODUCTION & PURPOSE

The Rural Policy and Advocacy Sub-Committee (RPASC) is a Sub-Committee of the Royal Australasian College of Medical Administrators (RACMA) Policy and Advocacy Committee (PAC). The work of this Committee encompasses matters for rural and remote areas in Australia and New Zealand (rural).

The purpose of RPASC is to contribute to leadership and vision for achieving accessible, high-quality and safe health services and systems in rural areas through policy and advocacy (P&A) initiatives that utilise the unique medical leadership and management expertise of RACMA Members to:

- Improve health outcomes for rural communities.
- Influence policy to improve accessible, high-quality and safe health services in rural areas.
- Support RACMA Members to undertake their leadership role in rural health services and communities.
- Strengthen the health, welfare and safety of RACMA Members practising in rural areas.
- Strengthen the health, welfare and safety of the medical profession in rural areas.
- Facilitate the rural medical workforce and health care systems to be supported by the highest standard of qualified medical leadership and management.
- Contribute to the development and maintenance of a rural medical workforce that provides high-quality, safe and equitable care and services.
- Facilitate and enable development of health services in rural areas.
- Ensure that rural issues are considered in all RACMA committees, policies, procedures and activities.
- Advise RACMA on rural issues to be considered in RACMA Education and Training programs.

DUTIES & RESPONSIBILITIES

Under the general oversight of PAC:

- Advise on and undertake initiatives that:
  - Influence policy to improve accessible, high-quality and safe health services in rural areas.
  - Support RACMA Members in rural areas to undertake their leadership role in rural health services and communities.
  - Strengthen the health, welfare and safety of RACMA Members and the medical workforce in rural areas.
  - Facilitate the rural medical workforce and health care systems to be supported by the highest standard of qualified medical leadership and management.
  - Contribute to the development and maintenance of a rural medical workforce that provides high-quality, safe and equitable care and services.
  - Facilitate and enable development of health services in rural areas.

- Prepare RACMA policies, position statements, guidance and submissions to government related to health services, specialist medical leadership and the medical workforce in rural areas.
- Ascertain and maintain information on the existing specialist medical leadership workforce in rural areas.
- Identify future needs for the specialist medical leadership workforce in rural hospitals and other health care settings.
- Contribute to the development and maintenance of a rural medical workforce that provides high-quality, safe and equitable care and services by advising on medical specialist leadership and workforce issues for:
    - 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 Diversity and Inclusion, Indigenous Health and Medical Workforce PAC Subcommittees, and other PAC-related Subcommittees and Working Groups established from time to time, to ensure alignment and synergy with medical leadership and workforce 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.

POWERS OF THE COMMITTEE

- PAC approves the RPASC annual workplan and other initiatives outside the workplan.
- 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 RPASC reports to the PAC on progress against its workplan and on issues and other initiatives that arise.
- RPASC reports 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 and Members are appointed by the RACMA Board (the Board) and:

- The Chair is a member of the PAC.
- Members are appointed from all jurisdictions without a jurisdictional cap.
- The minimum number of Committee Members is 7.
- Members must include a Candidate, a New Zealand 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 rural health and medical workforce who may be non-College members.

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

Method of appointment and tenure

- The RPASC Chair and Members are appointed by the CEO in collaboration with the PAC Chair following an Expression of Interest (EOI) to all RACMA Members.
- The Chair is appointed for a maximum of two consecutive three-year terms.
- 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 RPASC Chairs for a maximum of two consecutive three-year terms.
- Where end dates of the three-year periods for all or most of the Committee align, the Board may extend the tenure of the Chair and/or of some RPASC 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 any RPASC member.
- Completing maximum or extended terms on RPASC will not preclude any former RPASC Chairs or Members being appointed to any other RACMA committee including the PAC or other PAC Sub-Committees or PAC-related working groups.

MEETING

A minimum of four meetings will be held annually, usually virtually. The RPASC Chair may request the PAC Chair's agreement for an in-person RPASC 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.

RPASC meeting agendas and documents are prepared by the Committee Support Officer in collaboration with the Committee Chairperson 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 committee. If the Chair and Deputy Chair are absent, the Lead Fellow, PA& 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 RPASC every 3 years.

GLOSSARY

CEO: Chief Executive Officer

EOI: Expression of Interest

RPASC: Rural 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