DIGITAL HEALTH POLICY AND ADVOCACY SUBCOMMITTEE

TERMS OF REFERENCE

INTRODUCTION & PURPOSE

The Digital Health Policy and Advocacy Subcommittee (DHPASC) is a Subcommittee of the Royal Australasian College of Medical Administrators (RACMA) Policy and Advocacy Committee (PAC).

The work of this Committee involves Digital Health (DH) in Australia and New Zealand (Australasia). DH includes, but is not limited to, electronic medical records, use of robots to provide care, wearables for remote monitoring, communications technology, telehealth, applications for medication management, decision support tools, artificial intelligence, machine learning, diagnostics coordination of patient care and applications that enable patients' self-management.

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

- Improve health outcomes.

- Influence policy to improve accessible, high-quality and safe health services.

- Support RACMA Members to undertake their leadership role.

- Strengthen the health, well-being and safety of RACMA Members.

- Strengthen the health, well-being and safety of the medical profession.

- Facilitate the 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 medical workforce that provides high-quality, safe and equitable care and services.

- Facilitate and enable development of health services.

- Ensure that DH is considered in all RACMA committees, policies, procedures and activities.

- Advise RACMA on DH topics to be considered in RACMA Education and Training programs.

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DUTIES & RESPONSIBILITIES

Under the general oversight of PAC:

- Advise on and undertake DH initiatives that:

    - Influence policy to improve accessible, high-quality and safe health services using DH.

    - Facilitate and enable development of health services.

    - Support RACMA Members to undertake leadership in DH development, implementation, monitoring, evaluation and clinical governance.

    - Strengthen the health, well-being and safety of RACMA Members and the medical workforce.

    - Facilitate the 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 medical workforce that provides high-quality, safe and equitable care and services.

- Prepare RACMA policies, position statements, guidance and submissions to government related to DH in health services and for specialist medical leaders and the medical workforce.

- Contribute to the development of a medical workforce that utilises DH to provide high-quality, safe and equitable care and services and how medical specialist leaders can assist with this through:

    - 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, Equity and Inclusion, Indigenous Health and Medical Workforce and Rural PAC Subcommittees, and other PAC-related Subcommittees and Working Groups established from time to time, to ensure alignment and synergy with their work.

- 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.

REPORTING

- PAC approves the DHPASC annual workplan and other initiatives outside the workplan.

- PAC endorses any funding requests (eg. surveys or projects) prior to a business case being submitted to the RACMA Chief Executive Officer (CEO) or President for approval.

- The DHPASC 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.

- DHPASC progress and issues are included in the PAC Chair's reports to each RACMA Board meeting.

SUBCOMMITTEE CHAIR AND MEMBERS, METHOD OF APPOINTMENT AND TENURE

Chair and Members

- The Subcommittee Chair or Cochairs are appointed by the CEO in collaboration with the PAC Chair and approved by the Board.

- The Chair or Cochairs are members of the PAC.

- Members are appointed by the CEO in collaboration with the PAC and DHPASC Chairs or Cochairs.

- Members are appointed from all jurisdictions without a jurisdictional cap.

- The minimum number of Committee Members is 7.

- Members must at least 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.

If there is an individual Chair, the Subcommittee appoints a Deputy Chair from its Members. If there are Cochairs and one is unable to attend a meeting, the attending Cochair assumes the role as Chair.

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 DHPASC Chair or Cochairs 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 or Cochairs are 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 DHPASC 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 DHPASC 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/Cochairs or any DHPASC member.

- Completing maximum or extended terms on DHPASC will not preclude any former DHPASC Chairs/Cochairs 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 DHPASC Chair/Cochairs may request the PAC Chair's agreement for an in-person DHPASC 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.

DHPASC meeting agendas and documents are prepared by the P&A 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 Subcommittee. If the Cochairs, 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 DHPASC every 3 years.

GLOSSARY

CEO: Chief Executive Officer
DH: Digital Health
DHPASC: Rural Policy and Advocacy Subcommittee
EOI: Expression of Interest
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