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## **INDIGENOUS HEALTH POLICY AND ADVOCACY SUBCOMMITTEE**

### **TERMS OF REFERENCE**

#### **INTRODUCTION & PURPOSE**

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

The purpose of IHPASC is to contribute to leadership and vision for achieving high quality, safe health services and systems through policy and advocacy for Indigenous health, including undertaking or facilitating initiatives that utilise Members' medical leadership and management expertise to:

- Strengthen the health, well-being and safety of RACMA Members and the medical workforce who are Indigenous Peoples of Australia (Aboriginal and Torres Strait Islanders) or New Zealand (Māori).
- Raise awareness, knowledge and understanding across RACMA of the cultures, histories, knowledge and rights of the Indigenous Peoples of Australia and New Zealand to achieve their cultural safety in health services and improved health.
- Support RACMA Members to encourage cultural safety and to consider the health and well-being of, and include reference to, the Indigenous Peoples of Australia and New Zealand in policies, procedures and activities undertaken by their organisations and communities.
- Ensure that the Indigenous Peoples of Australia and New Zealand are considered in all RACMA policies, procedures and activities.
- Create education pathways for RACMA Fellows (FRACMA) and Associate Fellows (AFRACMA) to increase the number of medical leaders who are Indigenous Peoples of Australia and New Zealand.
- Promote and support FRACMAs and AFRACMAs who are Indigenous Peoples of Australia and New Zealand in medical leadership roles in indigenous and other health services, so these benefit from the highest medical leadership and management standards.

#### **DUTIES & RESPONSIBILITIES**

Under the general oversight of PAC:

- Monitor implementation of the first plan in the Reconciliation Action (RA) Framework, the RACMA Reconciliation Action Plan (RAP) – RACMA Reflect and oversight development, implementation and monitoring of the 3 remaining plans in the RA Framework – Innovate, Stretch and Elevate.

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- Oversight development, implementation and monitoring of the RACMA Māori Action Plan and future revisions as agreed.
  - Advise on and undertake initiatives that:
    - Support Indigenous Peoples of Australia and New Zealand who are RACMA Members to undertake their leadership roles.
    - Strengthen the health, well-being and cultural and general safety of Indigenous Peoples of Australia and New Zealand who are RACMA Members and in the medical workforce.
    - Prepare RACMA policies, position statements, guidance and submissions to government related to specialist medical leadership and the Indigenous Peoples of Australia and New Zealand.
  - Ascertain and maintain information on existing specialist medical leaders who are Indigenous Peoples of Australia or New Zealand.
  - Identify future needs for the specialist medical leadership of Indigenous Peoples in Australia and New Zealand's in hospitals and other health care settings.
  - 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 Australia and New Zealand's Indigenous Peoples 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 Diversity, Equity and Inclusion, 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 medical leadership and workforce initiatives in Indigenous health.
  - Identify and support opportunities for RACMA to engage and partner with Indigenous organisations in Australia and New Zealand.
  - 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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<b>Version Control:</b>	<b>V 2.0</b>	<b>Page:</b>	<b>2/4</b>

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## POWERS OF THE COMMITTEE

- PAC approves the IHPASC annual workplan and any other initiatives.
- PAC approves any funding requests (eg. surveys or projects) prior to a business case being submitted to the RACMA Chief Executive Officer (CEO) and President for endorsement.

## REPORTING

- The IHPASC reports to the PAC on progress against its workplan and on issues and other initiatives that arise.
- IHPASC reports 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 IHPASC Chairs or Cochairs.
- The minimum number of Members is 7.
- Members must at least include a Candidate, a New Zealand Fellow, an Associate Fellow and a minimum of 2 Members who Indigenous Peoples of Australia (Aboriginal or Torres Strait Islander) or New Zealand (Māori).
- 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 Indigenous health and health services 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 IHPASC Chair or Cochairs are appointed by the CEO in collaboration with the PAC Chair following an Expression (EOI) of Interest to all RACMA Members.
- Other IHPASC Members are appointed by the CEO in collaboration with the IHPASC Chair or Cochairs and PAC Chairs following an 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.

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<b>Version Control:</b>	<b>V 2.0</b>	<b>Page:</b>	<b>3/4</b>

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- Co-opted members are appointed by the CEO in collaboration with the PAC and IHPASC Chair or Cochairs 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 or Cochairs and/or some IHPASC 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 Cochairs or any IHPASC member.
- Completing maximum or extended terms on IHPASC will not preclude any former IHPASC Chair or 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 IHPASC Chair or Cochairs may request the PAC Chair's agreement for an in-person IHPASC 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.

IHPASC meeting agendas and documents are prepared by the Committee Support Officer in collaboration with the Chair or Cochairs 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 IHPASC every 3 years.

## GLOSSARY

AFRACMA: Associate Fellow of the Royal Australasian College of Medical Administrators

CEO: Chief Executive Officer

FRACMA: Fellow of the Royal Australasian College of Medical Administrators

IHPASC: Indigenous Health Policy and Advocacy Subcommittee

Indigenous Peoples of Australia and New Zealand: Aboriginal, Torres Strait Islanders or Māori.

P&A: Policy and Advocacy

PAC: Policy and Advocacy Committee

RA: Reconciliation Action

RACMA: Royal Australasian College of Medical Administrators

RAP: Reconciliation Action Plan

The Board: Royal Australasian College of Medical Administrators Board

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Version Control:	V 2.0	Page:	4/4