

COMMUNITY REPRESENTATIVES

1. INTRODUCTION

The expectation from stakeholders that the specialist medical colleges obtain input to college activities from the perspective of external groups such as health consumers and jurisdictional representatives is now well understood and the value of such input appreciated. The appointment of community member(s) to College entities is a regularly utilised source of such input.

2. APPOINTMENT AND TENURE

Pursuant to College Regulations and policies, the community representatives on governing bodies such as the Council of Education (COE) and Council of Advocacy, Practice and Partnerships (CAPP), hold office for a period of two (2) years from the date of the Annual General Meeting at which they are appointed. Pursuant to College policies and entity Terms of Reference, community representatives on COE and CAPP entities have attendant obligations and responsibilities associated with their membership of the Council, and will hold office for a period of two (2) years from the date on which the membership of the entity is renewed.

Matters pertaining to the recruitment, appointment and tenure of community representatives are set out in the Policy. The Policy also provides that the community representative shall be subject to all applicable provisions of the *ACEM Policy on College Entities*, including those relating to term of office, termination of membership and casual vacancies.

3. SELECTION CRITERIA

- 3.1 Excellent communication skills.
- 3.2 Ability to analyse issues to assess implications for community access to high quality emergency medicine care.
- 3.3 Demonstrated understanding of the healthcare systems in Australia and/or New Zealand, or a capacity to acquire such knowledge in order to adequately inform participation in the functions of the governing body or entity to which they are appointed.
- 3.4 Knowledge and understanding of governance principles as they apply to not-for-profit and/or membership organisations.
- 3.5 Prior experience serving on a Board(s) or similar entity in other organisation(s), with demonstrated capacity to work as a collaborative member of an entity.

4. ROLE AND RESPONSIBILITIES

The role of a community representative is to provide a consumer perspective to the deliberations of the governing body or entity to which they are appointed. As an individual representing prospective users of emergency medicine care in Australia and New Zealand, a community representative has an important role providing the perspective of a non-clinician to the decisions of the College, through its governing bodies and their associated entities.

A community representative is expected to work closely with the Chair and Deputy Chair and other members of the governing body or entity to which they are appointed to make balanced decisions which are in the best interests of the College, its members and trainees, and the community.

A community representative is bound by all relevant ACEM regulations, requirements and policies that apply to members of the governing body or entity to which they are appointed as well as those specific to community representatives serving on ACEM entities.

5. ASSOCIATED DOCUMENTS

- ACEM Constitution
- ACEM Regulations
- Council of Advocacy, Practice and Partnerships Charter (TOR249)
- Council of Education Charter (TOR269)
- Terms of Reference of applicable entity
- *Policy on College Entities* (COR334)
- *Policy on the Appointment and Remuneration of Community Representatives* (COR498)

6. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

6.1 Responsibilities

Document authorisation: Board
Document implementation: Chief Executive Officer
Document maintenance: Governance and Standards Manager

6.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1	Dec-2016	Approved by the Board
v2	Aug-2018	Revised by the Board