



Regional, Rural and Remote Advisory Committee

A Committee of the Council of Advocacy, Practice and Partnerships

1. Introduction

These terms of reference are established under, and are subordinate to, the *Policy on College Entities* (the Policy). Committee members should ensure they are familiar with the provisions and requirements of the Policy.

The terms of reference include details of the following:

- membership specifications including any variation in the Policy permitted by the Council of Advocacy, Practice and Partnerships (CAPP).
- matters specific to the Regional, Rural and Remote (RRR) Advisory Committee (for example responsibilities).
- operational matters where these have been varied by CAPP pursuant to the Policy (for example the number of meetings to be held each year).

Otherwise, reference should be made to the Policy for details of all matters pertaining to the operation of the Committee.

2. Purpose

The purpose of the RRR Advisory Committee is to provide expert advice on College advocacy initiatives, with a focus on the College's core advocacy priority of workforce and rural health equity in Australia and Aotearoa New Zealand. By striving to ensure that the right doctors with the right skill are in the right place at the right time, this Committee will progress the advocacy objective of ensuring sustainable, safe, and effective medical staffing – resourcing that is pivotal to the needs of patients requiring emergency care in RRR communities in Australia and Aotearoa New Zealand. These issues should also be considered within the context of the College's core advocacy objective of Indigenous health equity.

3. Membership

- Ex-officio members:
 - One (1) delegate from the FACEM membership of CAPP.
 - One (1) delegate from the Emergency Medicine Certificate and Emergency Medicine Diploma (EMCD) Committee.
 - Up to two (2) members nominated by the Indigenous Health Committee.
- Up to nine (9) 'ordinary' FACEM members, with a preference for FACEM members that are rurally based. At least one (1) of these members must reside in Aotearoa New Zealand.
- Up to one (1) member of the College in the category of Certificant, Diplomate, Advanced Diplomate or Associate.
- One (1) FACEM Training Program trainee.
- Up to one (1) external community member appointed by CAPP.
- A total of three (3) members from the following medical colleges with a preference for Fellows that are rurally based and formally nominated by their College:
 - One (1) Fellow of the Australian College of Rural and Remote Medicine (FACRRM).
 - One (1) Fellow of the Royal Australian College of General Practitioners (FRACGP); and
 - One (1) Fellow of the Division of Rural Hospital Medicine New Zealand (FDRHMNZ).

The RRR Advisory Committee shall also have the ability to co-opt FACEM members (non-voting) as required in order to progress specific matters that require knowledge and/or expertise not possessed by the membership outlined above. Any co-opted FACEM members (non-voting) will join the respective meeting(s) via videoconference.

3.1 Office Holders

The Chair and Deputy Chair shall be nominated from among the FACEM membership for appointment by CAPP.

The Chair will be required to represent the RRR Advisory Committee as an ex-officio member of the College's National Program Steering Committee. The Chair or an appointed nominee will also be required to represent the RRR Advisory Committee as an ex-officio member of the College's Workforce Planning Committee.

In addition, one (1) appointed nominee from among the ordinary FACEM membership will be required to act as the ACEM representative on the National Rural Health Alliance. One (1) appointed nominee from among the ordinary FACEM membership will also be required to act as the ACEM representative on the Hauora Taiwhenua Rural Health Network.

4. Responsibilities and Authority

4.1 Responsibilities

The following are the key responsibilities of the RRR Advisory Committee in progressing the College's core advocacy priority of workforce and rural health equity:

- Provide expert advice on and, where required, actively contribute to the development and review of College position statements, policies and guidelines intended to influence and shape workforce and rural health equity across Australia and Aotearoa New Zealand.
- Through oversight of the College's Rural Health Action Plan, collaborate with relevant College entities to provide leadership and guidance in articulating the College's role in addressing and maximising the impact of work undertaken by the College to improve rural health equity.
- In collaboration with the Education Department, enhance, build upon and promote education and training support resources for those undertaking ACEM training programs across RRR settings in order to optimise their training experience.
- Through representation on the College's Workforce Planning Committee, assist the ACEM Board in its stewardship role of the College, with particular emphasis on workforce projections, the changing nature and maldistribution of the emergency medicine workforce, FACEM trainee numbers, and jurisdictional workforce priorities.
- Through representation on the College's National Program Steering Committee, assist in overseeing the development and delivery of activities associated with ACEM's National Program.
- Through membership on the National Rural Health Alliance, represent the College's position on rural health equity and update the RRR Advisory Committee on any outcomes arising from National Rural Health Alliance meetings.
- Work with external stakeholders (including other Colleges) on issues of common ground, as deemed necessary and directed by the CAPP and/or the ACEM Board.

4.2 Extent of Authority

The RRR Advisory Committee shall have delegated authority to make decisions where a routine process/procedure is present regarding the above matters. Where there is none, the RRR Advisory Committee shall make recommendations to CAPP, and notes that the authority to approve or not to approve such recommendations rests solely with CAPP.

CAPP will approve a work plan that documents the objectives and deliverables for the RRR Advisory Committee. The work plan is aligned with the strategic priorities for the College and provides direction regarding the targeted use of resources within the College administration.

Other than in relation to strategic matters, business requiring decisions outside of scheduled meetings may, at the discretion of the Chair, be determined by the Chair or by the whole Committee as required. Matters dealt with by the Chair will be tabled at the next meeting of the RRR Advisory Committee.

4.3 Reporting

The RRR Advisory Committee shall supply a written report to CAPP following each of its meetings, together with any recommendations that require consideration and approval by CAPP.

5. Meeting Requirements

See clause 8 of the Policy.

5.1 Frequency of Meetings

The RRR Advisory Committee will meet once face-to-face and two times by videoconference in each calendar year. As outlined in Section 3, any co-opted FACEM member(s) (non-voting) will be required to join meeting(s) via videoconference.

6. Document Review

Timeframe for Review:	Every two (2) years, or earlier if required.
Document Authorisation:	Council of Advocacy, Practice and Partnerships
Document Implementation:	Policy, Research and Partnerships Department
Document Maintenance:	Policy, Research and Partnerships Department

7. Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1.0	Aug-2018	Approved by CAPP.
v1	Mar-2010	Approved by Council.
v2	Apr-2015	Change of format only, to bring it into line with the <i>Policy on College Entities</i> .
v3	Sep-2018	Approved by CAPP.
v4	Dec-2018	Approved by CAPP.
v5	May-2019	Approved by CAPP.
v5.1	Jan-2020	Administrative revision approved by Board for all ACEM entities regarding 'ordinary' members, along with revisions to staff and department titles.
v6	Aug-2020	Revisions to membership to include one EMCD Committee delegate, up to two Indigenous Health Committee nominees, and up to nine (9) ordinary FACEM members.
v7	Jul-2022	Revisions to 'Responsibilities' section to align with 2022 – 2024 ACEM Strategic Plan; compositional change to enable one Certificant, Diplomate or Advanced Diplomate; co-opted positions reduced from two to one.
v8	Aug-2024	Alignment with ACEM Advocacy Strategy (2024); inclusion of 'Associate' to 'Certificant, Diplomate or Advanced Diplomate' to reflect membership category changes; inclusion of ex-officio requirements on other College entities; inclusion of one (1) ACEM representative to the Hauora Taiwhenua Rural Health Network; inclusion of membership from external colleges (one Fellow each from FACRRM, FRAGGP and FDRHMNZ); enable co-option of FACEM members as required, rather than be limited to one (1).