

Division:	Fellowship Engagement	Ref. No.	REG-3056
Department:	Policy and Advocacy		
Title:	Health Policy and Advocacy Committee Terms of Reference		

1. PURPOSE AND SCOPE

This policy outlines the Terms of Reference for the Health Policy and Advocacy Committee.

The Health Policy and Advocacy Committee provides strategic support on national or binational advocacy issues, for the Royal Australasian College of Surgeons through the President and Vice President's offices, and Council as they relate to policy and advocacy. The committee is responsible for issues relating to sustainability in healthcare, and environmental sustainability in surgical practice. It is acknowledged that the Aotearoa New Zealand National Committee and State and Territory Committees have a responsibility for local advocacy on matters that are Aotearoa New Zealand, State or Territory specific.

2. KEYWORDS

Policy, Advocacy, Government and Stakeholder Relations, Submissions, Hearings, Working Parties

3. BODY OF POLICY

3.1. Objectives

The objectives of the Health Policy and Advocacy Committee are:

- 3.1.1. To initiate and provide ongoing strategic support for policy and advocacy matters relating to surgery.
- 3.1.2. To be responsible for issues relating to sustainability in healthcare, and environmental sustainability in surgical practice.
- 3.1.3. To make recommendations to relevant college committees the Vice President, the President and Council regarding policy and advocacy issues.
- 3.1.4. To ensure a quick turnaround of time critical matters to government and other relevant external stakeholders.
- 3.1.5. To provide support and advice to and in collaboration with the Communication Team on time critical media releases, articles, or interviews.
- 3.1.6. To engage when necessary and respect the responsibility for advocacy of our immediate internal professional stakeholders being our surgical specialty societies and the Australian State and Territory committees and Aotearoa New Zealand National Committee, as well as other relevant external stakeholders regarding policy and advocacy matters relating to surgery.

3.2. Duties and Responsibilities

- 3.2.1. To provide support in the development of policy and advocacy strategies on sustainability in healthcare, and environmental sustainability in surgical practice.
- 3.2.2. To oversee relevant government public consultations.
- 3.2.3. The Health Policy and Advocacy Committee Chair will accompany the President to relevant ministerial, departmental, and other stakeholder meetings in for example Canberra in order to provide support and advice.
- 3.2.4. To oversee and draft relevant external stakeholder submissions and their relevant signatories, as well as help prepare and represent for hearings on behalf of the Royal Australasian College of Surgeons

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- 3.2.5. To provide support and preparations for relevant government relations and external stakeholder meetings.
- 3.2.6. To maintain a dedicated website and newsletter.
- 3.2.7. To collaborate, when necessary, with all surgical specialty societies, Australian State and Territory and Aotearoa New Zealand committees, internal sections, departments and interest groups, and external interest groups.
- 3.2.8. To work with internal RACS Portfolios and working groups such as the Education portfolio, RAAS and ASERNIP-S where evidence is required to advocate for a formal RACS position.
- 3.2.9. To develop, oversight and provide convenors for a permanent Session (normally held over 2 Days) at the Royal Australasian College of Surgeons Annual Scientific Congress.

3.3. Powers

The Health Policy and Advocacy Committee shall make recommendations to relevant college Committees, the Vice President, the President and Council in relation to the objectives, duties and responsibilities as listed above.

The Health Policy and Advocacy Committee will also have the power to establish the following Working Party as a permanent agenda item:

- 3.3.1. Environmental sustainability in surgical practice.

And when necessary, other project specific and time limited working parties will be created with a call of interest to other Fellows through Fax Mentis dependent upon staff workload and budget. Alternatively, additional policy and advocacy advice elsewhere from the profession or from external stakeholders could be sought.

Funding for any specific projects like surveys or research analysis for example, will require a proposal and business case to be approved by Council.

All working parties related to Policy and Advocacy activity shall report to the Health Policy and Advocacy Committee who has the authority to determine on who should lead the subgroups.

3.4. Composition and Size

Membership shall be diverse and consist of:

- 3.4.1. One Councillor, elected by Council as Chair.
- 3.4.2. Two other Councillors appointed by being one as the Lead of Environmental Sustainability in Surgical Practice Working Party as advised by the Health Policy and Advocacy Committee Chair. One of these Councillors will assume the role of Deputy Chair.
- 3.4.3. One other Councillor appointed from Aotearoa New Zealand, and one from each of the Professional Standards, Fellowship Services and Trauma Committees.
- 3.4.4. Co-option of additional Fellows as appropriate, from the STANZ sections, Rural Surgery Section, RACS Younger Fellows Committee, RACS Trainee Association, and any other relevant committees and section to ensure age and geographic diversity

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3.5. Tenure and Method of Appointment

Council will elect the Chair of the Health Policy and Advocacy Committee at the first meeting of every year in accordance with the Election Process for Council Office Holders and Other Key Position Policy. In those circumstances when members of the Health Policy and Advocacy Committee ceases to be a member pursuant of 3.4. those Fellows could not serve in their ex-officio capacity and shall cease to be a member of the Health Policy and Advocacy Committee. Other than the Chair pursuant of 3.4.1, the Health Policy and Advocacy Committee will vote if there are more than one interested in becoming a member of the committee.

3.6. Meetings

There shall be up to 3 meetings each year held by teleconference with circular emails between meetings to approve drafts . One Face to Face meeting will be held when reasonable as determined by the Chair and committee.

3.7. Quorum

A quorum shall be a voting majority of the membership of the committee. In the absence of the Chair, the Deputy Chair shall assume the role of Acting Chair. If a temporary Chair cannot be determined for that one meeting, a majority vote made by the committee will decide the outcome.

3.8. Accountability and Reporting Structure

The Health Policy and Advocacy Committee and Chair shall report to Council. When dealing with time critical advocacy and policy matters of urgency as they relate to for example approval and signing of submissions, relevant external stakeholder meetings, hearings etc. an Escalation Policy for urgent time critical matters will be adopted as follows:

- 3.8.1. Greater than seven days deadline but within the governance meeting schedule, approval will commence at the relevant Committee meetings and then to Council.
- 3.8.2. Greater than seven days deadline but out of the governance meeting schedule, circulation of email approval is required to be sent to Council Executive or Council.
- 3.8.3. Less than seven days deadline, immediate email approval to be sent directly to the Vice President, President and Council.

4. ASSOCIATED DOCUMENTS

Committee and Working Party Procedures

Approver Council

Authoriser Council