

# TERMS OF REFERENCE

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

<b>Portfolio:</b>	<b>Fellowship Engagement</b>	<b>Ref. No.</b>	<b>TOR-3057</b>
<b>Department:</b>	-		
<b>Title:</b>	<b>Rural Health Equity Steering Committee</b>		

## 1. PURPOSE AND SCOPE

This document establishes the terms of reference for the Rural Health Equity Steering Committee.

## 2. KEYWORDS

Rural health, steering committee.

## 3. TERMS OF REFERENCE

### 3.1 Objectives

The Rural Health Equity Steering Committee is responsible for overseeing the implementation of the Rural Health Equity strategy in Australia and New Zealand. It will guide the action plan across all RACS portfolios. The Rural Health Equity Strategic Action Plan will guide the work of the Steering Committee.

### 3.2 Duties and Responsibilities

- 3.2.1 To oversee and drive the implementation of the Rural Health Equity Strategic Action Plan.
- 3.2.2 To develop a workplan to coordinate initiatives across all RACS portfolios and specialty societies and associations and specialty training boards/committees.
- 3.2.3 To liaise and support RACS portfolios in the development and implementation of rural health equitable policies and procedures.
- 3.2.4 To liaise with key stakeholders in the implementation of the Steering Committee's objectives.

### 3.3 Powers

The Rural Health Equity Steering Committee will make recommendations to the Council in relation to the objectives, duties and responsibilities listed above.

### 3.4 Composition and Size

Membership shall comprise of:

- 3.4.1 Chair
- 3.4.2 Member from the Professional Standards and Fellowship Services Committee
- 3.4.3 Member from the Committee of Surgical Education and Training
- 3.4.4 Member from the Rural Surgery Section Committee
- 3.4.5 Member from the Aotearoa New Zealand National Committee
- 3.4.6 RACSTA representatives (x2)
- 3.4.7 Younger Fellows Representative
- 3.4.8 Nominated representative from General Surgeons Australia
- 3.4.9 Nominated representative from the Australian Orthopaedic Association
- 3.4.10 Nominated representative from the New Zealand Association of General Surgeons
- 3.4.11 Nominated representative from the New Zealand Orthopaedic Association

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3.4.12 Nominated Co-opted Councillor (x3)

3.4.13 Indigenous representation (both Māori and Aboriginal or Torres Strait Islander)

3.4.14 The Chair may co-opt other members, from within RACS Fellowship or External advisors as required

In Attendance:

3.4.15 Executive General Manager, Pathways to Fellowship

The Chair shall be a Fellow appointed by the Council. Other Fellows or non-surgical experts may be invited by the Steering Committee as required.

### 3.5 Tenure and Method of Appointment

The Steering Committee Chair will appoint Steering Committee members, and their tenure will be for 12 months.

### 3.6 Meetings

The Steering Committee shall convene at least six meetings within a 12-month period either by teleconference or face to face when the opportunity arises.

### 3.7 Quorum

A quorum shall be a simple voting majority of the membership of the Steering Committee.

### 3.8 Accountability and Reporting Structure

The Rural Health Equity Steering Committee will report to the Council.

## 4. ASSOCIATED DOCUMENT

Rural Health Equity Strategic Action Plan

**Approver:** Council

**Authoriser:** Council

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