

Division:	Fellowship Engagement	Ref. No.	REG-3000
Department:	Fellowship Services		
Title:	Indigenous Health Committee Terms of Reference		

1. PURPOSE AND SCOPE

This policy describes the terms of reference for the Indigenous Health Committee.

2. KEYWORDS

Indigenous, Health, Committee, Aboriginal, Torres Strait Islander, Māori.

3. BODY OF POLICY

3.1. Background

The Indigenous Health Committee oversees the implementation of the RACS Position Statement and strategic commitments in Indigenous health in Australia and New Zealand. It also guides the ongoing review and development of RACS Indigenous health portfolio, to ensure that it continues to meet RACS aim to improve the health of Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand, in partnership with those communities. The Committee provides strategic advice to RACS via the Fellowship Services Committee, in every aspect of RACS engagement in Indigenous Health.

There are three strategic documents that guide the work of the Committee. The RACS Aboriginal and Torres Strait Islander Health Action Plan, the RACS Reconciliation Action Plan and the RACS Māori Health Action Plan.

3.2. Duties and Responsibilities

- 3.2.1. To advocate for better health for the Indigenous peoples of Australia and New Zealand.
- 3.2.2. To coordinate the implementation and evaluation of the RACS Aboriginal and Torres Strait Islander Health Action Plan, the RACS Reconciliation Action Plan and RACS Māori Health Action Plan.
- 3.2.3. To develop RACS position statements and policies on Indigenous Health.
- 3.2.4. To raise awareness of cultural sensitivities around Indigenous Health issues.
- 3.2.5. To make recommendations to the Fellowship Services Committee on key Indigenous Health initiatives and RACS policies.
- 3.2.6. To support and liaise with relevant divisions in RACS in the development and implementation of the RACS position statements, policies and strategic objectives in Indigenous Health.
- 3.2.7. To liaise with key stakeholders in the development and implementation of the Committee's objectives.
- 3.2.8. To identify appropriate projects to support and advocate for better health outcomes for Indigenous communities.
- 3.2.9. To seek appropriate sources of funding to support RACS to meet its objectives in Indigenous Health.
- 3.2.10. The Committee will assist, when requested, in relevant external Indigenous Health events/workshops.

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- 3.2.11. The Committee will be involved in developing the Indigenous Health portfolio of RACS. This extends to encouraging any RACS policy to reflect relevant Indigenous perspectives, where relevant.

3.3. Powers and Activity

- 3.3.1. The Indigenous Health Committee shall have power as delegated from time to time by the Fellowship Services Committee and the Professional Development and Standards Board.
- 3.3.2. The Committee will report directly to the Fellowship Services Committee and seek guidance and input from the New Zealand National Board and Australian Regional Boards.
- 3.3.3. The Committee shall be informed on all RACS activities with an Indigenous Health or Indigenous cultural component.
- 3.3.4. Prior to release the Committee will be consulted on proposed RACS media releases and other public documentation that relates to Indigenous Health issues.
- 3.3.5. The Committee will be consulted on RACS submissions to governments and other bodies in relation to Indigenous Health.
- 3.3.6. The Committee will be consulted on regional activities with an Indigenous Health component.
- 3.3.7. The Committee has the discretion to establish working parties, reference groups or advisory groups to assist it with its work or implement initiatives in Australia and New Zealand.
- 3.3.8. If required terms of reference for the working party, reference group or advisory group will be set by the committee. Each will report to the Indigenous Health Committee, and where appropriate be chaired by a committee member or Fellow nominated by the committee. Any working parties, reference groups or advisory groups established, must be resourced from existing committee financial and secretariat resources provided through the budget process.

3.4. Composition and Size

- 3.4.1. The Committee will include at least six voting members, who shall comprise at least five Fellows and which may also include one Trainee. Members must be nominated by at least one other member of the Committee, and supported by the majority. Representation will include the following:
- At least two Fellows or Trainees from Australia, preferably at least one Indigenous Australian.
 - At least two Fellows or Trainees from New Zealand, preferably at least one New Zealand Māori.
- Members will be appointed for a term of 3 years and shall be eligible for re-election for two further periods of 3 years.
- 3.4.2. The responsibilities of Chair of the Committee shall be offered where possible, in the first instance to an Australian Indigenous or New Zealand Māori Fellow. Only a Fellow may be Chair. Trainee Members may vote for the position of Chair.

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The Chair will be appointed for a period of 3 years and shall be eligible for re-election in continuity for a maximum of two continuous terms.

- 3.4.3. The Committee shall elect from its membership a Deputy Chair to support the work of the Chair and to act in the Chair's absence. The Deputy Chair must be nominated by at least one other member of the Committee, and supported by the majority. Only a Fellow may be Deputy Chair. Trainee Members may vote for the position of Deputy Chair.
- 3.4.4. The Committee may co-opt other members, who may or may not be Fellows or Trainees, to provide expert input. Co-opted members will have the status of voting members if they are Fellows or Trainees, otherwise they will be an observer. The Committee shall advise the Fellowship Services Committee of the names of co-opted members.
- 3.4.5. A representative from the Australian Indigenous Doctors' Association (AIDA) will be invited on the Committee as an observer.
- 3.4.6. A representative from TeORA (Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association) will be invited on the Committee as an observer.

3.5. Meetings

The Committee shall meet at least four times per year, usually by teleconference. The annual face to face meeting may be held during the Annual Scientific Congress (ASC) of the College.

3.6. Quorum

A quorum will be 50% of those eligible to vote.

3.7. Accountability and Reporting

- 3.7.1. The Indigenous Health Committee will report to the Fellowship Services Committee.
- 3.7.2. The Indigenous Health Committee will provide a written annual report to October Council on progress by RACS in implementing the various strategic commitments in Aboriginal and Torres Strait Islander Health and Māori Health.
- 3.7.3. The Indigenous Health Committee's meetings will be recorded in minutes.

4. ASSOCIATED DOCUMENTS

Indigenous Health Position Statement.

RACS Aboriginal and Torres Strait Islander Health Action Plan

RACS Reconciliation Action Plan

RACS Māori Health Action Plan

Indigenous Health Committee (IHC) Annual Face-to-Face Meeting FES-FEL-028

Approver Professional Development and Standards Board
Authoriser Council

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