

Terms of Reference

AMC Aboriginal, Torres Strait Islander and Maori Committee

Approved: 14 June 2019

Diversity and inclusion is considered essential to the AMC's continued success. The AMC values diversity of thought and experience and believes that an inclusive and collaborative culture underpins the accreditation and assessment of medical education. We celebrate and promote diversity as a key strength of our organisation.

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1. Establishment

Under Article 12.1 (h) the AMC has established the Aboriginal, Torres Strait Islander and Maori Committee.

The Committee succeeds previous groups as detailed in Appendix A.

2. Purpose, Role and Responsibilities

2.1. Purpose

The Australian Medical Council (AMC) has established the Committee to strengthen the AMC's approach to improving the health and social outcomes for Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand.

2.2. Role

The Aboriginal, Torres Strait Islander and Māori Committee will, as per all AMC committees, report to the AMC Directors and will provide strategic advice and recommendations on important matters related to Aboriginal, Torres Strait Islander and Māori health. The scope of the Committee's work will also include supporting AMC's stated purpose of making health systems free of racism and inequality.

The Aboriginal, Torres Strait Islander and Māori Committee will have the particular functions and responsibilities from time to time assigned to it by the Directors.

The Committee's work may result in discussion documents for the Directors, the Council, the development of Australian Medical Council policy statements, or even be the basis for the AMC's advice to government.

2.3. Responsibilities

- a) Working with the AMC to change attitudes and behaviours so that the rights and cultures of Aboriginal and Torres Strait Islander peoples and Māori are respected and affirmed throughout the work of the AMC.
- b) Working with the AMC to show leadership in the accreditation and assessment of Aboriginal, Torres Strait Islander and Māori health education and training.
- c) Representing the AMC Directors on government, professional and community groups and other forums related to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and Māori.
- d) Facilitating and supporting the development and maintenance of partnerships, relationships and linkages with key stakeholders that lead to the legal recognition of, and respect for, the distinctive status of Aboriginal and Torres Strait Islanders as First Peoples.
- e) Leading the development of policies and positions that address matters concerning the health of Aboriginal and Torres Strait Islander peoples and Māori.
- f) Working with Directors to establish an Aboriginal, Torres Strait Islander and Māori mentoring network across the organisation.

- g) Facilitating the development of formal agreements with AMC's Indigenous stakeholder organisations including but not limited to the Australian Indigenous Doctors Association; Te Ohu Rata o Aotearoa Māori Medical Practitioners Association, National Aboriginal Controlled Community Health Organisation and the Leaders in Indigenous Medical Education.
- h) Working with Directors on research that can inform the AMC's Aboriginal, Torres Strait Islander and Māori health strategy and workforce planning strategy.
- i) Working with AMC senior management on internal policies and strategies that will support the AMC's Aboriginal, Torres Strait Islander and Māori Health Statement.
- j) Working with AMC committees to address strategies that improve health outcomes for Aboriginal and Torres Strait Islander peoples and Māori.
- k) Embedding a succession plan into the work of the Committee – develop a plan for shadowing and mentoring as a way of building leadership capacity for Aboriginal, Torres Strait Islanders and Māori in the work of the AMC.
- l) Make recommendations to the Directors on the appointment of Aboriginal and Torres Strait Islander peoples and Māori to all AMC committees.

3. Governance

The Committee will:

- a) determine an annual work program in line with AMC's Strategic Plan
- b) make recommendations to Directors on any matter related to its responsibilities as per section 2 of these terms of reference
- c) present a bi-annual report to Directors
- d) report annually to the Council

4. Composition

4.1. Members

AMC Directors shall appoint up to 12 members of the Committee – comprised of:

- a) At least six members of the AMC including:
 - Two AMC Directors, preferably the Chairs of other AMC standing committees¹
 - Up to four Aboriginal, Torres Strait Islander or Māori persons who are members of other AMC Committees².
- b) Two Aboriginal, Torres Strait Islander or Māori community members.
- c) One representative of the Australian Indigenous Doctors' Association nominated by that organisation.
- d) One representative of the Leaders in Indigenous Medical Education Network nominated by that organisation.
- e) One representative of the National Aboriginal Community Controlled Health Organisation nominated by that organisation.
- f) One representative of the Te Ohu Rata o Aotearoa Māori Medical Practitioners Association nominated by that organisation.

¹ MedSAC, PreVAC, SEAC, Assessment

² Definition as per Constitution

4.2. Chair

Per the Australian Medical Council's Constitution, the AMC Directors will appoint the Chair of the Committee.

The Chair of the Committee must be an Aboriginal or Torres Strait Islander person or Māori.

The Chair will be ex officio a Director of the AMC.

The Committee may appoint one of the members of the Committee as Deputy Chair to further the purposes of the Committee.

5. Meetings and Quorum

Six members of the Committee present in person³ constitute a quorum. The Committee will meet at least twice per year.

The Committee will recognise the commitment made by all members and will ensure that its deliberations are robust, respectful and collaborative.

Any matters requiring a resolution by the Committee are to be determined by a consensus of the members present.

6. Term of Office, Review, Evaluation

The term of office of a member of the Committee (other than the Chair in that capacity) may not exceed four (currently two) consecutive years.

The term of office of the Chair of the Committee may not exceed four consecutive years.

If the Directors are satisfied that it is in the best interests of the Australian Medical Council, the Directors may permit the chair or a member of the Aboriginal, Torres Strait Islander and Māori Committee to hold office for a period or periods of more than four consecutive years, but in any event no more than 12 consecutive years.

7. Conflicts of Interest

Australian Medical Council (AMC) policies require that members declare any relevant personal or professional interests that may be perceived to conflict with their ability to impartially consider any agenda item. As these interests are reported, the Committee will be asked to determine how best to deal with them. All declared interests and the Committee's decision on handling any potential conflicts will be recorded in the Minutes.

Members should declare potential conflicts of interest to the meeting, and ensure they are correctly recorded. The Committee will determine the appropriate course of action to address conflicts of interest as they arise. Where the Chair is the subject of the conflict of interest, the Deputy Chair (or a temporary Chair may be appointed) will lead the discussion on the relevant item(s) of business.

The standing declarations of interest for all Committee members will be provided on the agenda.

³ Including by electronic means

APPENDIX A: Membership

Representation	Name	Role
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