Australian Government

Murray-Darling Medical Schools Network
Funded by the Australian Government

Monash Rural Health
Community Advisory Committees: Terms of Reference

Preamble

Community Advisory Committees (CACs) were established across the Murray-Darling and Gippsland regions in response to the Murray Darling Medical Schools Network (MDMSN) initiative and to provide community engagement in relation to our rural medical education programs.
The purpose of the CACs is to provide direct input from the community in the local region to ensure a high quality rural medical experience for our students, consistent with the concept of training locally and retaining locally. A key role of the CACs is to ensure that students feel part of the community and want to remain following graduation.

Engagement by the CACs is expected to link the work of the School with local community health priorities which will result in enhanced collaboration in identifying and responding to workforce training, education and research needs.

Meetings and Membership

Each Community Advisory Committee will meet at least twice per year. It is desirable that a combined CAC meting be held towards the end of each year. If a combined CAC meeting is not practicable, the Chairs of the three CACs are encouraged to meet together with the members of the MDMSN Working Group.
The CACs will have an agreed number of members reflecting the diversity of stakeholder groups. The proceedings of the meetings will be minuted.

Membership of the Community Advisory Committees will include community members selected through a call for Expressions of Interest. Selection will be at the discretion of the Monash Rural Health Directors in Mildura, Bendigo and Gippsland to ensure equitable and diverse membership across the CACs. This will include gender balance and representation from Aboriginal and Torres Strait Islander peoples.

Resignation of CAC members from an organisation or the community will be followed up by the Director's acknowledgement of the committee members contribution. An Expression of Interest process is to be followed to fill the vacancy from the represented organisation, another organisation or the community, as required to meet the balance and diversity of the CAC.

Suggested membership for Community Advisory Committees is open and flexible for each region. It is not necessary to have the same number of committee members for each CAC.

Community Advisory Committees must include the following Monash Rural Health staff:

Director, Monash Rural Health site
Regional Manager, Monash Rural Health site
End-to-End Rural Cohort Coordinator (Executive Support)

Ex Officio

Project Manager, MDMSN Program

Other membership can be drawn from the following suggestions:

1. Representative from District Aboriginal Organisation
2. Secondary school careers practitioner
3. Representative from Local City / Shire Council
4. Representative from Health Service / Hospital Board
5. Representative from Specialist College
6. Representative from Primary Health Network
7. Monash graduate alumni
8. Current Monash MD student/s

Roles of the MRH Community Advisory Committees

The roles of the Community Advisory Committees are to:

1. Discuss and advise on community perspectives around our rural medical education programs, including the activities of the Monash Regional Training Hubs.
2. Assist in promoting the rural medical education programs and the role of the Regional Training Hubs to the local community.
3. Ensure that students are made to feel part of the community and want to remain following graduation.
4. Provide advice to the MDMSN Working Group on engagement strategies.
5. Undertake other activities deemed valuable by the committee that may contribute to the realisation of the rural medical education program's objectives, including rural student selection.
6. Consider and support initiatives that will attract additional resources to our medical education programs.

Process for annual election of the Chair

1. The Executive Support will act as Returning Officer.
2. The Returning Officer is to invite nominations for the position of an independent Chair from CAC members.
3. There must be two nominators.
4. The nominee must agree to be nominated.
5. Current Monash Rural Health staff and students are not eligible for nomination.
6. If more than one nomination is received the Returning Officer will conduct a ballot from among CAC members.
7. The successful nominee will take up the position of Chair at the second meeting of the year.
8. Tenure of the chair will be for 12 months.

Meeting arrangements

1. The Community Advisory Committees will meet at least twice per year. It is desirable that a combined CAC meting be held. If a combined CAC meeting is not practicable, the Chairs of the three CACs are encouraged to meet together with the members of the MDMSN Working Group.

2. The Chair will convene CAC meetings. If the designated Chair is not available, Committee members will nominate a proxy to be responsible for convening and conducting the meeting. The Acting Chair is responsible for informing the Chair as to the salient points/decisions raised or agreed to at the meeting.
3. Community Advisory Committee Agenda papers will be distributed at least five (5) working days prior to the next scheduled meeting. Minutes of each meeting will be circulated no later than ten (10) working days following each meeting.

Reporting

The Community Advisory Committees will provide reports to the MDMSN Working Group.

Approved

August 2023

Review

Terms of Reference to be reviewed bi-annually, with the next review date being January 2025