



First Nations General Practice Training Committee

Terms of Reference

1. Preamble

It is essential that First Nations voices are heard, and the Committee will harness First Nations leadership and capabilities to actively lead, develop and deliver on General Practice (GP) Training¹ (GP Training) policy and approaches. First Nations voices will be strongly represented on the Committee.

The Committee seeks to ensure that the national approach for GP Training is working toward Closing the Gap in health outcomes and supporting a culturally safe health workforce.

The Committee will provide a forum for transparent, accountable, and collaborative reporting, discussion, review, and advice to inform decision-making on all aspects of First Nations GP training. This includes attracting more registrars² to train in First Nations health settings and supporting First Nations registrars throughout their entire training journey.

Consistent with the National Agreement on Closing the Gap, this Committee's purpose and scope stem from the belief that when First Nations people have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved. It recognises that structural change in the way governments work with First Nations people is needed to close the gap.³

The Committee will support a national approach in which policy that impacts the lives of First Nations people is created in full and genuine partnership. The Committee will listen to the voices and aspirations of First Nations people and change the way we work in response.

The Committee will respectfully and genuinely listen to the voices of valued stakeholders and stakeholder organisations that are key to the operations of GP Training in First Nations healthcare settings and communities.

The Committee will recognise the cultural diversity of First Nations people across Australia, which includes the settings, models of care and locations in which quality healthcare training occurs. It will seek to ensure that a national approach is inclusive and has flexibility to accommodate and be responsive to the diverse needs of First Nations people and the variety of settings where primary care is practiced.

¹ GP Training refers to GP College fellowship training pathways.

² Registrars are doctors undertaking a fellowship pathway with one of the GP Colleges.

³ National Agreement on Closing the Gap 2020. Downloaded May 2022, <https://coalitionofpeaks.org.au/wp-content/uploads/2021/04/ctg-national-agreement-apr-21-1-1.pdf>

These terms of reference set out the membership term and functions to ensure appropriate governance, effectiveness and efficiency in regard to providing advice to Government and GP Colleges on First Nations health training policy and approaches.

These terms of reference will be reviewed annually, or as needed, to ensure they remain fit for purpose. The Committee will also work in partnership with stakeholders regarding their delivery of the tasks and responsibilities outlined in the terms of reference and annual Work Plan.

2. Purpose

The purpose of the Committee is to oversee, advise and provide direction to the government and the GP Colleges on:

- 2.1 The delivery of high-quality GP training experiences in First Nations health settings.
- 2.2 Supporting, attracting and retaining First Nations doctors in GP training.
- 2.3 Supporting, attracting and retaining more non-Indigenous doctors in First Nations health settings.
- 2.4 Ensuring that cultural awareness, cultural safety and responsiveness is embedded as fundamental to general practice training.

The Committee provides a platform for consultation and collaboration between key stakeholders and organisations, to ensure decisions are informed by a diverse range of views.

It allows for the maintenance of the close strategic relationship between the Salary Support and the First Nations GP Training Strategic Plan programs.

3. Principles

The Committee will be guided by the following principles when formulating its advice and recommendations:

- 3.1 Voices of First Nations people are imperative in guiding the cultural governance and integrity of the program.
- 3.2 The needs of local communities are valued and prioritised.
- 3.3 Continuity of placements and support to First Nations health settings is maintained wherever possible.
- 3.4 Investment in Salary Support and Strategic Plans programs is focused on maximising outcomes for GP training and the health of local communities.
- 3.5 Cultural educators and cultural mentors are critical to the delivery of GP Training.
- 3.6 Decisions will be based on the best evidence available, and measures will be taken to minimise unintended consequences and evaluate the impact of any program changes.

4. Scope

The following matters are within scope for the Committee's consideration:

- 4.1 Strategies for recruiting registrars and supervisors to work in First Nations health settings.
- 4.2 Performance and outcomes of the Aboriginal and Torres Strait Islander GP Training Salary Support Program investment, including:

- a. ensuring appropriate nationally consistent payment rates.
 - b. ensuring equitable distribution and access to Salary Support funding within the current budget envelope.
 - c. identifying and evaluating areas for capacity building and new placements nationally.
 - d. identifying mechanisms to better target support to services with greatest financial need.
- 4.3 Strategies to improve College training programs and First Nations GP Training Strategic Plan Programs to ensure maximum benefit for First Nations communities, including:
- a. priorities for capacity building activities for the First Nations health training sector.
 - b. opportunities to identify new First Nations health training facilities.
 - c. other activities under the Strategic Plans funding.
- 4.4 Other matters as requested by the government or the GP Colleges such as the First Nations component of the General Practice Workforce Planning and Prioritisation.

5. Salary Support Program

The Committee will be responsible for undertaking the following activities in relation to the Salary Support Program:

- 5.1 Reviewing and analysing program data and progress reports
- 5.2 Monitoring performance against intended outcomes to inform continuous quality improvement and evaluation of the program
- 5.3 Maintaining a register of program risks and mitigation strategies
- 5.4 In consultation with the GP Colleges, providing advice on annual Salary Support placement projections, ensuring alignment with community need and funding availability. Projections will be informed by:
 - National registrar placement data as provided by the Workforce Planning and Prioritisation organisations
 - Local knowledge and insights brought forward by Committee members.
- 5.5 Making recommendations to the government and GP Colleges to improve performance and outcomes, including (but not limited to) recommendations on:
 - the payment rates and eligibility criteria applying to salary supported placements, within the current budget envelope
 - amendments to the Salary Support Policy and associated procedures or guidelines
 - capacity building activities.
- 5.6 Providing advice and recommendations on Salary Support exception proposals.

6. Membership

The duration of the membership term is for two years from appointment.

The composition of the committee is based on nominations sought from:

- Australian Indigenous Doctors' Association (AIDA)
- National Cultural Educators and Cultural Mentors Network (CE/CM Network)

- General Practice Registrars Australia (GPRA)
- General Practice Supervisors Australia (GPSA)
- Indigenous General Practice Trainee Network (IGPTN)
- National Aboriginal Controlled Community Health Organisation (NACCHO)
- Australian College of Rural and Remote Medicine (ACRRM)
- Royal Australian College of General Practitioners (RACGP)
- Department of Health and Aged Care (the Department).

Members represent their individual views and experiences on Committee matters. Key stakeholder organisations may provide observers (see Section 9) who may provide an organisational perspective.

7. Roles and Responsibilities

Committee members will:

- 7.1 Support the Committee to achieve its stated aims and annual work plan in accordance with the terms and guiding principles set out in this document
- 7.2 Report to the Committee on activities relating to their undertakings relating to the Committee's purpose and scope
- 7.3 Ensure that appropriate representation, consultation, and engagement with their respective stakeholders and/or community is undertaken.

Commonwealth Department of Health and Aged Care will:

- 7.4 Reflect the recommendations of the Committee in relevant GP training performance targets, and monitor the performance of the GP Colleges on achieving these targets
- 7.5 Support the Committee to achieve its stated aims in accordance with the terms and guiding principles set out in this document
- 7.6 Report to the Committee on operations of the GP training framework relevant to the Committee's purpose and scope, including providing supporting financial and placement data and progress against the Key Performance Indicators
- 7.7 Provide the secretariat and research support for the Committee.

8. Committee recommendations and advice

Recommendations and advice provided by the Committee will be conveyed to relevant parties in writing as part of dissemination of meeting minutes to Committee members.

Where the Committee makes a recommendation in respect of the Salary Support Program as per Item 5.5, the Department and/or GP Colleges will implement the recommendation unless the Department has **significant** cause for concern that:

- 8.1 the recommendation will have adverse impacts on the delivery of the activity
- 8.2 the Colleges do not have the capacity to implement the recommendation or
- 8.3 the recommendation has financial impacts beyond the available funding for the Salary Support Program.

Where the Department identifies concerns about the implementation of the recommendations, the Department will provide a detailed rationale to the Committee about the cause of the concerns and will seek to reach an acceptable shared position with the Committee on the actions to be implemented.

It is noted that these provisions are intended to be a last resort only, with the expectation that the Committee's recommendations will be honoured as the usual course of business.

9. Meetings and observers

The Committee will meet four times each year and can convene additional meetings if the Committee's business requires it. Two meetings per year are expected to be in person. Where meetings are held in person, there will be facility for virtual participation. The Committee may establish subcommittees to progress particular matters out of session as required.

Subject matter experts with expertise or knowledge in specific areas on the agenda to be discussed may be invited by the Chair to attend meetings to advise the Committee.

The following organisations will be able to have one observer at meetings:

- Australian Indigenous Doctors' Association (AIDA)
- Australian College of Rural and Remote Medicine (ACRRM)
- Royal Australian College of General Practitioners (RACGP)
- Joint Colleges Training Services Pty Ltd (JCTS)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Department of Health and Aged Care.

Additional observers can attend with the agreement of the Chair.

The purpose of observers is to report back to key stakeholder groups. They do not have any decision-making powers. Other key organisations may request the Chair include a staff member with an operational role to attend meetings as an observer to facilitate ease of communication. All requests should be sent to the FNGPTC secretariat at FNGPTC@health.gov.au at least one week prior to the meeting. This allows time for the chair to consider the request and for the appropriate documentation to be submitted. The process for Committee decision-making will be determined by the Chair in consultation with Committee members.

10. Chair and Deputy Chair(s)

The Chair of the Committee is responsible for coordinating with the secretariat team to arrange Committee meetings, chairing meetings and representing the Committee in external forums and communications. The Deputy Chair(s) are responsible for shadowing the work of the Chair and may temporarily step into the role of Chair where needed.

The Chair, Deputy Chair(s) and members will be Ministerially appointed. A Chair and Deputy Chair(s) may be appointed for a maximum of two consecutive terms (i.e. two two-year terms).

11. Quorum and Proxies

To enable a FNGPTC meeting to proceed, a quorum will consist of a minimum of six (6) members including the Chair or one Deputy Chair, the Department member and four other members. Members must inform the secretariat at least 24 hours prior to the meeting that they will not be able to attend.

A meeting will generally not proceed without a quorum. However, in exceptional circumstances, an emergency teleconference may be held to make decisions without a

quorum. This may only occur when the Department has explained to participating members that every effort has been made to ensure that stakeholders would not be adversely affected by any decision at the teleconference.

An observer may nominate a proxy if they are unable to attend a meeting. The Chair and secretariat should be informed in writing at least one week prior to the meeting of any proxies prior to the meeting. This allows time for the Chair to consider the request and for the appropriate documents to be submitted.

12. Conduct and Behaviour Standards

All members are expected to exhibit respect and integrity in their dealings with colleagues and stakeholders.

All members should make decisions fairly, impartially and promptly, and consider all available information, legislation, policies, procedures and ethical codes.

The Committee should pursue robust, effective and collaborative working partnerships internally and externally.

13. Conflict of Interest

Members of FNGPTC and observers are required to disclose at the beginning of each meeting any conflicts of interest, actual or potential relating to issues under discussion at that meeting. A member must disclose to the Chair any situation that may give rise to a personal conflict of interest, a potential conflict of interest, or a potential perceived conflict of interest relating to their membership of FNGPTC more broadly, immediately upon that conflict arising. The Chair may require the member to make themselves absent from the meeting if the conflict of interest cannot be otherwise managed.

Conflict of interest includes any situation where a member or the member's partner, family member, employer or close family friend has a direct financial or other interest which influences or may appear to influence proper consideration or decision making by the Committee on a matter or proposed matter. Decision making will be based on objective criteria, rather than on the basis of bias, prejudice or preferring the benefit to one body or person over another.

Where the Chair has the personal conflict, or the potential or perceived conflict, the Deputy Chair(s) will lead the discussion and make the appropriate determination.

A Conflict of Interest register will be maintained by the Secretariat team, and all members will be responsible for ensuring their declarations on this register are regularly updated.

14. Confidentiality

Members and observers are required to sign a Confidentiality, Conflict of Interest, Privacy, and Secrecy Deed Poll prior to appointment and/or attendance. All FNGPTC meeting agendas, papers, minutes and discussions are confidential (including the Commonwealth). Members of the FNGPTC, including observers, will be asked to comply with confidentiality requirements. All committee papers should be regarded as For Official Use Only. However, where papers are required to be released under Freedom of Information or Parliamentary requests, the FNGPTC Chair and relevant members should be informed before release.

15. Secretariat Resourcing

Professional, research and secretariat support for the Committee will be provided by the Commonwealth Department of Health and Aged Care. The secretariat will coordinate meetings, including agendas and papers, venue, catering, minute taking and distribution of actions, and all appropriate record keeping.

16. Reporting

Chair Communique – public

The Chair will approve a summary of the outcomes via a Chair's communique to be drafted by the Secretariat. The communique will be posted on the Committee Webpage on the [Department of Health and Aged Care website](#).

Work Plan

The Committee will decide on an annual Work Plan, including deliverables, by the first quarter of each calendar year, to determine priorities for the upcoming year. The Work Plan is a living document which will be reviewed annually and can be updated and circulated when emerging issues arise requiring consideration by members.

Biannual advice to Assistant Minister for Indigenous Health

The Committee will report twice each calendar year to the Minister for Health/Assistant Minister for Indigenous Health.

Salary support projections

As per point 5.4 above, the Committee will advise on annual salary support projections.

Deliverables table with due dates and responsibility for clearing

Table outlines agreed deliverables with the due dates and frequency of submitting deliverables, and who is responsible for approving them.

Deliverable	Due date / regularity	Responsibility for clearance
Communique on Departmental website	Issued within four weeks of each meeting	Chair
Work plan	Late each year – priorities for following year determined. Annual review by the first quarter of each year. Opportunity for refinements each meeting.	Committee
Twice annually Report to Minister	Twice per year around June and December	Chair, with support from Committee members
Recommendations on Salary support projections	Annual, due by October	Chair, with support from Committee members

17. Remuneration and Reimbursement

Members and the Chair will be eligible for remuneration for their attendance at meetings of the Committee in line with the sitting fee schedule, and where they are not otherwise remunerated by their organisation. This remuneration is in accordance with the existing determination of the Remuneration Tribunal.

Travel and accommodation expenses to attend Committee meetings will be eligible for reimbursement, in line with agreed Tier 2 travel allowance rates and procedures for the Chair and Tier 3 travel allowance rates and procedures for the members.