



## **HIMAA ADVOCACY AND LEADERSHIP COMMITTEE**

### **TERMS OF REFERENCE**

**Document Version 1**

## DOCUMENT INFORMATION

This is a document controlled by the Chair of the Advocacy and Leadership Committee.

## VERSION HISTORY

The following outlines the high level changes that have been made to each version of this document and who made them:

### **Version Notes Changes made by Date**

1. Version 1 of these Terms of Reference were finalised by Advocacy and Leadership Committee  
08/08/2018
2. Submitted to HIMAA Board for approval 07/09/2018
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## SIGN OFF



Endorsed by: Sallyanne Wissmann  
Chair  
Advocacy and Leadership Committee

Date: 8 August 2018



Approved: Catherine Garvey  
President  
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Date: 8 September 2018

## REVIEW DATE

This document will be reviewed biennially from date of approval.

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## 1. AUTHORITY AND GOVERNANCE

1.1 The Board of Health Information Management Association of Australia has established the Advocacy and Leadership Committee as part of its governance framework under Rule 71 of the HIMAA Constitution.

1.2 This document establishes the authority and responsibility of the Committee so that it may function effectively as part of the governance framework of the Association.

1.3 The Board has determined that it wishes to leverage the ongoing input of members in advancing HIMAA’s advocacy and leadership agenda through the formation of this Committee.

1.4 The Committee operates under the authority of the HIMAA Board. The HIMAA Board delegates to the Advocacy and Leadership Committee the roles and responsibilities as outlined in this Terms of Reference.

## 2. PURPOSE

Advocacy and Leadership are of strategic importance to HIMAA. They are a key element of HIMAA’s strategic framework, articulated as one of the 4 Pillars within which HIMAA’s strategic priorities will be delivered.

Advocacy is to promote and position the profession with stakeholders at all levels of the health care system and within their workplaces to demonstrate its scope of knowledge, expertise, skills and value.

Leadership, as it relates to this Committee, relates to the position that HIMAA assumes to position the profession to foster leadership in health information best practice.

The purpose of the Committee is to:

1. Identify and monitor the strategic environment of the profession and recommend actions to be taken by HIMAA in response to the environment
2. Ensure the strategic priorities and initiatives relating to advocacy and leadership in the current HIMAA Strategic Plan are advanced and implemented
3. Partner with the HIMAA Board and other HIMAA Committees, Working Groups, SIGs and members to advance the advocacy and leadership agenda of HIMAA
4. Ensure there is appropriate engagement with HIMAA stakeholders and industry partners

The Advocacy and Leadership Committee has a role to play in the achievement of the following strategic and business priority areas and initiatives within the 2017-2022 HIMAA Strategic Plan, together with the following governance groups:

Priority Area	Governance Groups
1.1.2 Increasing Membership	Membership Committee (lead agency), Branch Convenors Committee, Advocacy & Leadership Committee
1.5.1 Information Governance	Practice Quality and Safety Standards Committee (lead agency), Standards Committee, Advocacy & Leadership Committee

2.1.1 Advocacy and Stakeholder Engagement	Advocacy & Leadership Committee (lead agency)
2.1.2 Professional Body Collaborations	Advocacy & Leadership Committee (lead agency), Membership Committee
2.2.1 International Engagement Strategy	Advocacy & Leadership Committee (lead agency), Conference Committee, Editorial Board, International HIM SIG, Qualifications Assessment and Review Panel.
2.2.2 International Consultancy	FARM (lead agency), Advocacy & Leadership Committee
2.3.1 Workforce	Workforce Committee (lead agency), Advocacy & Leadership Committee

**2.1 Role** - The roles of the Advocacy and Leadership Committee are to:

2.1.1 Monitor the strategic environment within which health information professionals practice, both in Australia and Internationally to identify and advise the HIMAA Board of emerging issues that may warrant HIMAA advocacy on behalf of the profession and its positioning in the health industry;

2.1.2 Recommend proposals and strategies to the HIMAA Board to address emerging advocacy and leadership issues;

2.1.3 Oversee the implementation of strategic priorities and initiatives relating specifically to advocacy and leadership in the current HIMAA Strategic Plan;

2.1.4 Report to the Board on the implementation of the current Strategic Plan in terms of its leadership and advocacy strategic priorities and initiatives;

2.1.5 Develop proposals and recommendations to the HIMAA Board for amendment to current advocacy and leadership strategic priorities and initiatives that, based on implementation, require variation or further development to improve their effectiveness and relevance;

2.1.6 Liaise with other HIMAA Committees, Working Groups and SIGs to support the functions of advocacy and leadership on behalf of the health information management profession in their portfolios of activity;

2.1.7 Assist the Board and other HIMAA Committees, Working Groups and SIGs in the development of policies and position statements involving advocacy and leadership;

2.1.9. Form working groups to progress Committee initiatives as required;

2.1.10 Oversee the development, implementation and effectiveness of the HIMAA's Stakeholder Plan and Matrix; and

2.1.11 Ensure the evaluation of the advocacy and leadership function in HIMAA strategy as part of an overall HIMAA evaluation program.

**2.2 Responsibilities** – the responsibilities of the Advocacy and Leadership Committee are to ensure:

2.2.1 The HIMAA Board is as apprised as it needs to be of the advocacy and leadership needs of the HIM profession in the health industry environment at any one point in time;

2.2.2 The Board is informed of implementation of advocacy and leadership elements of the current HIMAA Strategic Plan to the extent that the Board can manage risks, or be sure that risks are being managed, as required and that achievements can be celebrated with the membership and promoted to stakeholders and industry;

2.2.3 The Board has sufficient information to be able to vary or further develop current advocacy and leadership strategic priorities and/or initiatives in the strategic plan, in relation to either emerging needs or performance of current strategy;

2.2.4 Other HIMAA Committees, Working Groups and SIGs are of sufficient mindfulness to be able to incorporate advocacy and leadership on behalf of the HIM profession into their execution of the delegated function from the HIMAA Board;

2.2.5 The advocacy and leadership implications of new initiatives or strategic policies of the HIMAA Board are sufficiently informed in terms of advocacy and leadership implications, risks and opportunities for the profession;

2.2.6 Advocacy and leadership features in HIMAA evaluation to an extent that reflects its value in the quality of HIMAA outputs and outcomes, particular in terms of the perception of members, stakeholders and industry;

2.2.7 Responsiveness - The Advocacy and Leadership Committee is available to inform the National Board's contributions to the national health information debate. The Advocacy and Leadership Committee may be called on by the National Board to review and make recommendations concerning issues of current interest according to the experience and expertise of members. Such activities must be sanctioned and coordinated through either the National Board or the relevant state/territory branch.

2.2.8 External Communication - The Advocacy and Leadership Committee will not have a public voice and any public comment can be made by the Chair/convenor only with the authority delegation of the National Board. The Committee should, however, provide timely advice to the Board on issues requiring a public or industry HIMAA voice.

2.3 Role of the Chair - the Chair is responsible for:

- Organising and facilitating meetings;
- Ensuring committee members are provided with at least a week's notice of meetings, preferably to an annual schedule of meetings;
- Developing the Agenda;
- Ensuring circulation of the Agenda and meeting documents by at least 3pm on the Friday prior to a meeting so that members have sufficient time to consider any Agenda items;
- Reviewing Draft Unconfirmed Minutes in a timely fashion;
- Ensuring meetings record decisions and actions with appropriately formality such that minutes can reflect these for reference in perpetuity;
- Organisation of any presentations to or events on behalf of the Committee; and
- Delegating various of these functions to committee members as they see fit.

2.4 Reporting

2.4.1 The Advocacy and Leadership Committee is a formal committee of the HIMAA Board and has formal reporting requirements, including the capability of supplying the HIMAA Board with meeting agendas, papers and minutes as required;

2.4.2 Where minutes are taken, they are to be confirmed at the next meeting.

2.4.3 The Advocacy and Leadership Committee is to provide a brief quarterly report to the HIMAA National Board in the template provided by the national office. The Chair of the Committee is responsible for compiling this report to timelines provided by the HIMAA national office.

2.4.4 The Committee is also to provide a contribution to the HIMAA Annual Report, to be presented to the Annual General Meeting, in the template provided and to timelines provided by the HIMAA national office.

2.4.5 The Committee is to report as needed to the HIMAA Board and to other HIMAA Committees, Working Groups and SIGs on strategic advocacy and leadership issues of relevance to HIMAA in accordance with the Committee's purpose, roles and responsibilities.

### 3. MEMBERSHIP

3.1 HIMAA recognises the diverse needs of members and encourages members to participate in the Advocacy and Leadership Committee who have a demonstrated interest in health information management advocacy and leadership. Membership is open to current HIMAA members, who are:

- Fellow, Full, Senior Associate or Associate members
- Students currently enrolled in an accredited Health Information Management degree or HIMAA Clinical Coding Course
- Life members

3.1.1 The Chair of the committee must be a HIMAA member appointed by the HIMAA Board either through an Expression of Interest process or by Board selection as the Board deems appropriate.

3.1.2 A Deputy Chair is appointed by the Chair and/or the Committee, as desired, to chair meetings when the Chair is unavailable, or needs to stand aside from the Chair for consideration of a conflict of interest.

3.1.3 Membership will include a Board Liaison representative.

3.1.4 The Committee will consist of no more than 8 members and no less than 4.

3.1.5 A term of membership will be for 2 years, with an option to renew for up to a total of 4 contiguous terms. There is no limit on the number of discontinuous terms.

### 4. MEETINGS

4.1 The Committee will meet at least quarterly or as required by the Chair.

4.2 Meetings will be conducted by teleconference or, where possible, face-to-face.

4.3 Meetings conducted on a formal basis will be minuted.

4.4 Meetings for the Advocacy and Leadership Committee which have not achieved a quorum are still recorded on note form and notes are still confirmed by Committee's membership at its next meeting.

4.5 A quorum consists of the Chair (or Deputy Chair) plus sufficient committee members to equal or exceed half of the total membership of the committee.

4.6 If a meeting does not achieve a quorum within five minutes of commencement, the meeting can proceed but will be unable to make decisions that can be minuted or implemented. Should a quorum be achieved at any stage during such a meeting, by the attendance of sufficient members, the meeting can resume decision-making and minuted status.

4.7 If the Deputy Chair is not able to attend a meeting they are delegated to chair, it is their responsibility to ensure a committee member is able to act as Acting Chair at the meeting as their delegate.

4.8 It is the responsibility of whichever Committee member chairs a meeting to review Draft Unconfirmed Minutes of the meeting, preferably within 5 working days of the meeting, for distribution to the Committee as Unconfirmed Minutes.

## **5. AGENDA AND MINUTES**

5.1 An agenda is to be prepared for meetings with relevant issues papers attached and distributed to members, preferably by 3pm on the Friday prior to the meetings.

5.2 Agenda items may be considered out of session by electronic or other means and should be minuted at the next available meeting.

5.3 Draft Unconfirmed Minutes (or Notes for less formal meeting such as those without a quorum) will be submitted to the Chair, preferably within 5 working days of a meeting.

5.4 The Minutes must record the following:

- Date of meeting;
- Attendees, apologies and absentees;
- Amendments as described
- Agenda items discussed;
- Action items (including responsibility and timeframe);
- Decisions taken (including rationale for decisions).

5.5 Once approved by the Chair, Draft Unconfirmed Minutes are distributed to the Committee as Unconfirmed Minutes, so that committee members may pursue actions from the meeting.

5.6 Unconfirmed Minutes (or Notes) are confirmed by the Committee at the meeting following the meeting minuted.

5.7 Confirmed Minutes are approved under signature of the Chair and filed with the Office of the CEO in a nominated location containing the agenda and papers for the meeting minuted. The Chair's signature can be administered electronically.

## **6. SECRETARIAT**

6.1 Secretariat support will be provided by the Office of the CEO.

6.2 The Secretariat will be responsible for the preparation, under the Chair's direction, and circulation of the meeting agenda, minuting meetings and for the lodgement of meeting papers on the Advocacy and Leadership Committee's closed-access document management website.

6.3 The Secretariat will ensure that electronic copies of all relevant documents to the Committee (including agendas, position papers and minutes) are stored in a regularly backed-up central file.

## **7. INDUCTION OF NEW MEMBERS**

7.1 As a form of induction, it is the responsibility of the Chair to provide new Members with a copy of the following documents prior to their first meeting:

- the Terms of Reference (if not already supplied);
- any governance framework and documents;
- the minutes of the last three meetings of the Committee.

## **8. ANNUAL REVIEW**

10.1 Each November Committee will undertake an annual review of the performance of the Committee using the member self-assessment form in Attachment 1, with particular reference to the extent to which the Committee has discharged its role and responsibilities. Where appropriate the review should make recommendations for improvements.

10.2 A copy of the review report is to be provided to the Board.

## **9. WIND UP**

As per rule 71.2 of the HIMAA Constitution (2013 rev.2016), the HIMAA Board may revoke its delegation to the Committee at any time. Should the Committee at any time advise the HIMAA Board of a decision to wind up its activities, under rule 71 the HIMAA Board can establish a replacement governance function in any manner it thinks fit.

**Attachment 1**

**Annual Performance Measures  
for the  
HIMAA Advocacy and Leadership Committee**

Performance Measure	Assessment			
	1	2	3	Comments
Advice to HIMAA Board on emerging HIM profession issues warranting advocacy and/or positioning				
Oversight and reporting of HIMAA Strategic Priorities allocated to the Committee by the HIMAA Board				
Proposals and recommendations to the Board to: <ul style="list-style-type: none"> <li>• amend strategic priorities</li> <li>• address emerging advocacy &amp; leadership issues</li> </ul>				
Liaison with other HIMAA Board committees, working groups and SIGs				
Contribution to HIMAA strategic policy development on advocacy and leadership				
Implementation of HIMAA's Stakeholder Engagement Plan				
Risks managed by the HIMAA Board on Committee advice				
Committee responsiveness to Board requests				
Advice to the Board on issues requiring a public or industry HIMAA voice.				
Status of HIMAA advocacy and leadership in HIMAA enterprise evaluation				
Overall performance of the Committee				
Performance of the Chair				
Effectiveness of meetings				
Attendance at meetings.				
Frequency of meetings.				
Reporting to Board.				

1 = poor, 2 = average, 3 = above average

Where a Performance Measure is not met this is to be reflected in the Comments column with a clarifying comment.

Reviewed at the Committee's November meeting in preparation for submission to the Board's first meeting of the Calendar Year, or at such other time as Committee and Board determine.

## **Attachment 2 – Background Context of this Committee**

This information is included in these Terms of Reference to link the previous, current and future efforts of this committee to the advocacy and leadership priority of HIMAA.

1.2 In 2013, HIMAA membership research by survey and focus group established that advocacy on behalf of the HIM profession, particularly to improve the positioning of the two foundation occupations of the profession, Health Information Manager and Clinical Coder, in the health industry. Positioning and Advocacy were subsequently prioritised by the HIMAA membership, at a plenary at its 2013 AGM, as the lead of three strategic priorities for the planning period 2014-16.

1.3 As a result, the HIMAA Board formed a Positioning & Advocacy Working Group to oversee and advise on implementation of P&A strategic initiatives detailed in the 2014-16 Strategic Plan.

1.4 This Working Group drove the development of a number of initiatives, including a Positioning & Advocacy Tool Kit to assist individual members promote and advocate for the positioning of their profession to their peers and employers. A workshop to promote this Tool Kit to members was held at the 2016 HIMAA NCCCH National Conference in Melbourne.

1.5 At this conference a Leadership Workshop was also conducted by the HIMAA CEO.

1.6 At the triennial census-style survey re-visit of the HIMAA membership in 2016, the membership ranked Positioning & Advocacy as the most successful of the 16 strategic initiatives in the 2014-16 Strategic Plan. It's ranking improved from 7<sup>th</sup> out of 10 organisational competencies to 1<sup>st</sup> out of 12.

1.7 In this 2016 survey, the membership continued to rank Positioning and Advocacy as a leading priority.

1.8 As a result, in its 2017-22 Strategic Plan, HIMAA has introduced Advocacy as one of 4 Pillars of its Strategic Framework, built on the Foundations of HIMAA Membership and the HIM profession's Workforce. It is within the framework of these Pillars, which also include Education, Standards for Quality Practice, and Research, that HIMAA strategic priorities are formulated and implemented.

1.9 Advocacy also features amongst these strategic priorities, particularly in relation to the promulgation of existing strategic activity on the 'books' of the P&A Working Group.

1.10 The formation of the Advocacy Committee from the P&A Working Group by the HIMAA Board is in recognition of Advocacy's identification as a strategic pillar of HIMAA's strategic framework, as well as an area for ongoing strategic activity.

1.11 Leadership has been added more recently to the Committee's title in response to planning undertaken by the HIMAA Board Executive on the implementation of the 2017-22 Strategic Plan with Simon Neaverson on the basis of an Australian Institute of Company Directors workshop on governance Simon conducted with the whole HIMAA Board in May 2018.

1.12 The involvement of Leadership is based on, amongst other things, its focus in on HIMAA's vision, 'to foster leadership in health information best practice to support quality healthcare'.