



MIGRANT & REFUGEE HEALTH PARTNERSHIP

COUNCIL, MIGRANT AND REFUGEE HEALTH PARTNERSHIP

TERMS OF REFERENCE

Purpose

The Council drives the direction of the Migrant and Refugee Health Partnership and oversees projects.

The Partnership develops and promotes strategies to enhance health access, experience and outcomes for migrant and refugee community. To achieve this, the Partnership supports sharing of good practice and collaboration among clinicians, community, health care services, and government agencies.

The Partnership focuses both on the capacity of clinicians and health service organisations to provide culturally responsive care, as well as on the capacity of migrant and refugee communities to understand their health and navigate the healthcare system.

Terms of Reference

The Council:

Oversees and provides guidance on the work of the Migrant and Refugee Health Partnership, including but not limited to:

- Supporting the implementation of the Competency Standards Framework for Clinicians *Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds* and the Guide for Clinicians Working with Interpreters in Healthcare Settings
- Supporting clinicians and health service organisations in providing culturally responsive care through resources
- Promoting cultural considerations in the context of migrant and refugee communities in the design and delivery of health services
- Identifying strategic opportunities for enhancing health and health system literacy in migrant and refugee communities
- Informing broader health and social policy debate and contributing to evidence development and research.

Structure and membership

Membership of the Council is drawn from professional, education and standard setting bodies for clinicians, with select representation from community and government, as well as other peak representation bodies for clinicians, as appropriate.

The Chair and the Deputy Chair of the Council are proposed by the Secretariat and agreed by the Council.

Council members are appointed in their capacity as representatives of their respective organisations. Community representatives may be appointed in their personal capacity, based on a combination of community and/or professional affiliation and expertise, as appropriate. Members are appointed for three years, with a possibility of extension.

In the event of a member resignation, casual vacancies are filled through the appointment by the relevant organisations.

Meetings

Council meets up to three times each year, with at least one meeting being face-to-face.

Meeting related expenses, including travel and accommodation, as necessary, are covered by members' respective organisations or, in the event it may not be feasible, by the Secretariat for the Migrant and Refugee Health Partnership.

Whenever members of the Council appointed as representatives of their organisations are not available to attend a meeting, they may delegate another representative of their organisation to attend on their behalf.

Support

Support is provided by the Secretariat for the Migrant and Refugee Health Partnership, comprising Executive Officer and other staff, as appropriate. This includes:

- Coordinating meeting logistics;
- Preparing briefing papers, information and working documents; and
- Briefing and advising the Chair and the Deputy Chair.

Executive Officer is responsible for project planning, initiation and completion, as well as financial management and administration.

Out-of-session communication from the Secretariat to the Council members is facilitated via email or as otherwise appropriate.

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