**Terms of Reference**

**Community Spirometry Program Subject Matter Expert (SME) Working Group**

**Project Background**

The Community Spirometry Program aims to enhance the quality of spirometry in community settings by implementing the activities outlined below. These initiatives are part of a grant program supporting key efforts to address the recommendations from the final report of the National Dust Disease Taskforce and the commitments made in the All of Government’s response, released in April 2022.

Spirometry is vital for diagnosing and monitoring respiratory conditions such as asthma, chronic obstructive pulmonary disease (COPD), occupational lung disease (OLD), and lung cancer. To promote equitable access to high-quality spirometry services, the Thoracic Society of Australia and New Zealand is developing evidence-based standards and guidelines tailored specifically for Australian primary care and community settings.

These activities are listed below along with their due date:

|  |  |
| --- | --- |
| Standards for the Delivery of Spirometry in Community settings | Oct 2025 |
| Guidelines for the Accreditation of Spirometry Services | Jan 2026 |
| Standards for the Recognition of Competency in Spirometry for Community-based Health Professionals | Jan 2026 |
| A Roadmap for establishing a National Spirometry Program | June 2026 |

TSANZ has previously established spirometry standards for an accreditation program focused on health screening for resource sector workers in Queensland, aligned with the 2019 ATS/ERS spirometry standards. Key documents include:

* [Standards for the Delivery of Spirometry for Resource Sector Workers](https://thoracic.org.au/wp-content/uploads/2022/09/Standards-for-the-Delivery-of-Spirometry-for-resource-sector-workers.pdf)(2022), and
* [Standards for Spirometry Training Courses](https://thoracic.org.au/wp-content/uploads/2022/09/Standards-for-Spirometry-training-courses.pdf) (2022) as a companion document.

**Project Scope**

The Community Spirometry Program will focus on improving the quality of spirometry services in community settings. It aims to develop and implement evidence-based standards, accreditation guidelines, and a roadmap tailored to health professionals working in community settings, including General Practitioners, Primary Health Care Nurses, and Allied Health Professionals. The program may also incorporate other professionals in the community, with the aim of expanding access to spirometry. The Subject Matter Expert (SME) Working Group will oversee these initiatives and ensure key milestones are met between November 2024 and May 2026.

**Community Spirometry Program SME Working Group**

**Role and Responsibilities:**

* The SME Working Group will oversee and provide expert advice and guidance for developing the standards, guidelines and a roadmap for operational approach of a national spirometry program
* The SME Working Group will proactively address matters supporting document development, with members collaborating to design and endorse these documents.
* Represent their organisations and community perspectives to guide the Community Spirometry Program development and successful delivery of the four activities.
* Contribute evidence and expertise related to existing standards, training/competency, and accreditation requirements.
* Evaluate the quality and appropriateness of available evidence as part of decision-making and developing recommendations.
* Outline priorities and offer guidance to allow a Medical Writer to incorporate critical issues, advice, educational resources, research materials, and related information.
* Identify questions and issues that require additional technical advice and engage with the Advisory Panel, stakeholder, and/or peak organisations in their resolution.
* Seek and consider advice or questions from stakeholders (e.g., government, industry, community organisations), as needed, for essential input as well as for the consideration of operationalising a National Spirometry Program roadmap.
* Ensure fair and transparent review processes that support diversity and equitable access across community settings.

**Membership:**

The SME Working Group will comprise representatives from the following organisations, all possessing appropriate respiratory expertise:

* The Thoracic Society of Australia and New Zealand (TSANZ)
* Australia and New Zealand Society of Respiratory Scientists (ANZSRS),
* Royal Australian College of General Practitioners (RACGP)
* National Aboriginal and Torres Strait Islander Health Worker Practitioners (NAATSIHWP)
* National Aboriginal Community Controlled Health Organisation (NACCHO)
* Australian College of Rural and Remote Medicine (ACRM)
* Australian Primary Health Care Nurses Association (APNA)
* Monash Centre for Occupational and Environmental Health (MonCOEH)
* Consumer representatives x 2

Secretariat support will be provided by the Community Spirometry Program Project Coordinator at TSANZ.

**Note:** The final draft of standards and guidelines will be reviewed by key health professionals who are the intended audience of the standards and guidelines. I.e. a General Practitioner, Primary Health Care Nurse and Allied Health Professional.

**Meeting Cadence**

* 18 monthly 1.5-hour meetings from November 2024 to May 2026.
* Out-of-session pre-readings and content reviews.
* The project duration will not extend beyond this period.

**Meeting Protocol**

1. **Chairing and Secretariat Support**
   * The SME Working Group will be Chaired by Jarrod Warner, Manager of Clinical Quality at Resources Safety and Health Queensland
   * Secretariat support will be provided by the TSANZ Project Lead.
2. **Agenda and Documentation**
   * Chair will review and approve the agenda prior to circulation.
   * Meeting agendas and associated documents will be distributed at least five (5) working days before meetings.
3. **Conflict of Interest and Code of Conduct**
   * Members must adhere to a Code of Conduct and declare any conflicts of interest.
   * Members with a real or perceived conflict will be excused from discussions on related matters.
   * Chair and project team will document and manage conflicts appropriately.
4. **Decision Making and Operations**
   * The SME Working Group will meet virtually ensuring that at least 50% of members are present.
   * The quorum for meetings will be half of the SME Working Group members.
   * Decisions will be made by consensus where possible; otherwise, a majority vote (50% +1) will apply.
   * Impasses will be escalated to the relevant TSANZ board subcommittee
   * Members are expected to attend a minimum of 80% of scheduled meetings over the project period from November 2024 to May 2026
   * Conflicts or uncertainties regarding operations will be resolved by the delivery team.
5. **Advisory Role and External Input**
   * The SME Working Group operates solely as a technical advisory body.
   * It may obtain necessary information from relevant employees, professionals, and independent advisors.
   * The project team will draw on members of the wider Advisory Panel for specific content sessions where their technical input is required, as requested by SME Working Group members.
6. **Reporting Structure**
   * The SME Working Group will report to the TSANZ Professional Standards Sub-Committee and the Clinical Care & Resources Sub-Committee which in turn report to the TSANZ Board.

**Remuneration**

SME Working Group members will receive an honorarium payment in recognition of meeting attendance and content review.

**Key Contacts for the Thoracic Society of Australia and New Zealand:**

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