

GENERAL PRACTITIONERS' ASTHMA ADVISORY GROUP

TERMS OF REFERENCE

1. Reporting and authority

The General Practitioners' Asthma Advisory Group (GPAAG) reports to the NAC Board of Directors via the Chief Executive Officer (CEO). The NAC Board is responsible for decisions, performance and outcomes of the GPAAG.

2. Purpose and role

The role of the GPAAG is to provide expertise and advice from the General Practitioners' (GP's) perspective to help the NAC meet its objectives. The purpose is to maintain the relevance, accuracy and impact of the NAC's work and to facilitate engagement between the NAC and key stakeholders in general practice.

The main functions are:

- To provide strategic policy and advocacy advice on asthma matters from the general practice perspective.
- To identify and share current and potential future trends in general practice.
- To identify gaps and opportunities in asthma, and provide advice for addressing these in general practice.
- To facilitate collaboration and liaison between the NAC and general practice.
- To offer a practical perspective to guide implementation of asthma policy and research in general practice.
- Through the NAC, to provide leadership on asthma issues in general practice.

In addition, individual members may be invited:

- to provide media comment on relevant issues
- to participate in development of NAC initiatives (e.g. the *Australian Asthma Handbook*)
- to represent the NAC on external initiatives (e.g. advisory committees).

3. Structure

Membership

GPAAG aims to co-ordinate the expertise, enthusiasm and skills of GPs who have a special interest in the management of asthma.

GPAAG consists of 8–12 GPs representing a diversity of experience and perspectives, and working in a range of different settings and patient populations.

Membership is intended to cover the following domains:

- urban community setting
- rural (or remote, if possible) setting
- hospital setting, e.g. aligned with an emergency department

- working with Aboriginal and/or Torres Strait Islander Australians, e.g. in an Aboriginal Medical Service
- working with culturally and linguistically diverse populations
- working with high risk and/or underserved populations
- academic GPs
- active guidelines contributor, e.g. as member of Guidelines Committee
- early career professional, e.g. new fellow or senior registrar.

Appointment is via skills-based criteria not organisational representation. However, ideally GPAAG includes members who can provide perspectives from the main bodies in general practice.

Members of GPAAG are appointed by the NAC Board.

Chair

The Chair of GPAAG is appointed from the members by the NAC Board. The Chair is not an NAC Director; however, an NAC Director may be a member of GPAAG.

4. Operation

GPAAG has one annual in-person meeting. Ad hoc consultation on topical issues may occur at other times via email or teleconference.

Agendas for matters to be considered at meetings are set by the CEO in consultation with the GPAAG Chair and secretariat.

The NAC Secretariat will coordinate all meeting arrangements. NAC staff in attendance normally include the CEO and Secretariat.

5. Charter

GPAAG members must abide by the NAC Committee Charter. The Charter covers appointment terms, conflict of interest, group operation, code of conduct and confidentiality.

6. Review

This document is due for review two years from the approval date of the last major version.