

## NURSES' ASTHMA ADVISORY GROUP

### TERMS OF REFERENCE

#### 1. Reporting and authority

The Nurses' Asthma Advisory Group (NAAG) 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 NAAG.

#### 2. Purpose and role

The role of the NAAG is to provide expertise and advice from the nursing 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 nursing.

The main functions are:

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

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

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

NAAG consists of 8–12 nurses 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
- 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 nurses
- active guidelines contributor, e.g. as member of Guidelines Committee
- early career professional.

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

Members of NAAG are appointed by the NAC Board.

### **Chair**

The Chair of NAAG 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 NAAG.

### **4. Operation**

NAAG 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 NAAG Chair and secretariat.

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

### **5. Charter**

NAAG 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.