

AHPARR - Allied Health Professions Australia Rural and Remote

Convenor: Vacant

The Allied Health Professions Australia Rural and Remote (AHPARR) - formerly known as Health Professions Council of Australia Rural and Remote Advisory Committee (HPCARRAC) - is a subgroup of Allied Health Professions Australia (AHPA) representing the rural and remote interests of AHPA member associations. It provides AHPA with rural and remote health representation and an informed voice at a national level.

1. The roles and responsibilities of AHPARR are to:

- 1.1 Provide advice on rural and remote issues and give assistance in the development, implementation and evaluation of AHPA rural and remote policy and strategies;
- 1.2 Represent the rural and remote interests of AHPA at all levels of government and with relevant bodies;
- 1.3 Participate actively in National Rural Health Alliance (NRHA) activities on behalf of AHPA;
- 1.4 Work in partnership with the Senior Executive and Management Committee of Services for Australian Rural and Remote Allied Health (SARRAH) to develop, manage, implement and achieve successful outcomes for rural and remote health projects funded by the Australian Department of Health and Ageing;
- 1.5 Work in close association with other rural bodies on behalf of AHPA to promote and enhance rural and remote health professional practice;
- 1.6 Hold three teleconferences and one face-to-face meeting annually and communicate regularly between meetings via email, fax, and telephone.
- 1.7 Appoint a Convenor biennially.

2. Delegates to AHPARR are nominees of members of AHPA and either practice in a rural area or have extensive knowledge of rural issues. Tasks of the delegates are to:

- 2.1 Promote awareness of rural and remote health issues within AHPA and its member organisations and the wider community;
- 2.2 Relate the priorities and operations of the member organisations to rural and remote practice;
- 2.3 Promote effective and efficient dissemination of relevant information via rural health networks;
- 2.4 Attend scheduled teleconferences and one face-to-face meeting annually. Participate in communication between teleconferences via email, fax, and telephone.

Comprising:

Audiological Society of Australia, Australasian Podiatry Council, Australian Association for Exercise and Sports Science, Australian Association of Social Workers, Australian Institute of Radiography, Australian Orthotic and Prosthetic Association, Australian Physiotherapy Association, Australian Psychological Society, Australian Sonographers Association, Dietitians Association of Australia, OT AUSTRALIA, Services for Australian Rural and Remote Allied Health Inc, Society of Hospital Pharmacists of Australia, Speech Pathology Australia, The Orthoptic Association of Australia and incorporating AHPARR (AHPA Rural & Remote).

3. The roles and responsibilities of AHPA as parent body of AHPARR:

3.1 AHPA is accountable for the activities of AHPARR and has the responsibility of ensuring that the delegate of the advisory committee who is appointed convenor is empowered and has the ability and expertise to accurately represent the views of AHPA and its member organisations with regard to rural and remote issues;

3.2 Source and refer rural and remote health issues to AHPARR for advice and input into the development, implementation and evaluation of rural and remote policies and strategies;

3.3 Develop and maintain a rural and remote executive subgroup of the AHPA Management Group with a member appointed to attend AHPARR teleconferences and face-to-face meetings and liaise with the Management Group;

3.4 Liaise with the chairperson and members of AHPARR in the development, management and implementation of rural and remote health projects funded by the Commonwealth Department of Health and Ageing through the Office of Rural Health.

3.5 Provide adequate financial and secretariat support to enable AHPARR to undertake its roles and responsibilities;

3.6 Ratify the appointment of the AHPARR Convenor.

4. The AHPA members organisations are responsible for:

4.1 Appointing a delegate to AHPARR and ensuring that vacancies are filled in a timely fashion to ensure effective, knowledgeable and fully representational functioning of the advisory committee;

4.2 Ensuring that the delegate to AHPARR is supported within their individual member organisation by:

- (a) Provision of a national network of rural and remote members within the organisation that can provide the delegate with information, feedback and input to enable the delegate to be truly representational;
- (b) Enable communication and the development of a link between the delegate to AHPARR and the member organisation's representative on the AHPA Management Committee;
- (c) Provide financial support to enable the delegate to AHPARR to attend the annual face-to-face meeting;
- (d) Ensure that the roles, functions and activities of AHPARR are publicised through relevant newsletters – to promote these organisations to the members and encourage interaction and participation in the activities of AHPARR.

5. The AHPARR Convenor represents AHPARR on the National Rural Health Alliance (NRHA). The Convenor is elected by a vote of the delegates to AHPARR and accepts a fixed two-year term, beginning and terminating with the biennial National Rural Health Conference. Convenorship is limited to a maximum of two consecutive terms.