



**FUTURE
HEALTH
LEADERS
COUNCIL**

Guidelines Manual

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Introduction

Future Health Leaders Inc., is the peak national organisation for students and early career health professionals to engage current and future leaders to improve the health of all Australians. It was initially set up by Health Workforce Australia (HWA) which saw Australia's upcoming health professionals as an invaluable source of knowledge and ideas, and as such believes that their input into the health reform agenda in Australia is of the utmost importance. The Council of FHL has been the body that has managed the activities, projects and functioning of FHL since its inception.

This Council will act to represent the 22 eligible health disciplines (or groups of health disciplines) and acts independently to discuss pertinent issues concerning early career health professionals and students. These discussions will aim to develop possible solutions to these issues and to establish position statements and discussion papers for wider comment and dissemination. Importantly, Future Health Leaders aims to connect external organisations, bringing together peak body representatives with the aim to break down professional silos in an effort to facilitate interprofessional action in health. The Council also provides advice to organisations and relevant government departments on a range of issues that affect the future of Health in Australia.

Further to the Council of Future Health Leaders, Future Health Leaders also has a growing membership base of all health students and early career health professionals through its website. This Network enables eligible members to become engaged in Council processes and provide valuable input, from a diverse population, on the outcomes of Future Health Leaders.

This document highlights the guidelines relevant to the Future Health Leaders Council.

Role and function of the Council of Future Health Leaders

The Council of Future Health Leaders will be responsible for:

- Establishing protocols for Councillors and the Council;
- Planning and facilitating all projects (including conferences and forums) for Future Health Leaders, as set out in its Work Plan;
- Creating and maintaining a Network of Future Health Leaders
- Growth and sustainability of the organisation ; and
- Overseeing the application process and election of the Councillors for future councils

In addition to the above highlighted specific roles of the Council, the Council of Future Health Leaders will exist under the following framework.

Vision

Students and early career health professionals working with their communities to create better health outcomes for all Australians regardless of gender, culture, background or location.

Purpose

1. To facilitate interprofessional collaboration between Future Health Leaders and key stakeholders to develop innovative and sustainable solutions to health issues in Australia.
2. To promote interprofessional collaboration of health students, and early career health professionals by providing opportunities for discussion, education, inspiration, and participation.

Objectives:

- Excellence in leadership and health
- Interprofessional teamwork in shaping health in Australia
- Improved health outcomes and health equality for Australians regardless of gender, background, race or geographical location

Values

- Innovation
- Energy
- Passion
- Accountability
- Equality

Structure

Council of Future Health Leaders

The Future Health Leaders Council consists of up to 29 individuals. These Councillors will be made up from the following 29 positions:

- Two Co-Chairs;
- 22 nominated professions as defined by AHPRA and nominated by Council ([see below](#));
- Two general members representing other health professions not already defined, or outstanding candidates from already elected disciplines;
- An Indigenous representative;
- An International representative;
- A Rural/Remote representative.

The Council will serve for a maximum two years with half of the Council being voted in on alternate years, as per the voting processes outlined in '[Voting process for Council and general positions](#)'.

Co-Chairs and Councillors will first and foremost be voted in based on their merits and the unique skills they can bring to Future Health Leaders. Where possible, Future Health Leaders will aim to:

- Reflect a balance of genders;
- Have one representative from each eligible discipline;
- Ensure Aboriginal and Torres Strait Islanders are represented;
- Have representation from all states and territories;
- Have representation across acute care, primary care, community care and population health and research.

Rational for selection of disciplines

As evidenced above, the Future Health Leaders Council represents multiple health professions. These specific health professions have been selected based on the recognised disciplines as per the Australian Health Practitioner Regulation Authority (AHPRA - www.ahpra.gov.au).

Future Health Leaders currently has capacity for our Council to consist of 29 members. Many widely recognised health disciplines are not included in the AHPRA listing. In recognition of this Future Health Leaders has left two positions (General member positions) open for anyone in the field of health to apply, regardless of their given discipline. These members will be voted in by current Council members based on their own merits and the individual skills they can bring to the Council.

Disciplines with specific places on FHL Council

- Audiology
- Exercise Physiology
- Medicine
- Midwifery
- Optometry/Orthoptics
- Orthotics and Prosthetics
- Occupational Therapy
- Podiatry
- Radiation Science and Sonography
- Social Work
- Speech Pathology
- Aboriginal Health
- Dentistry/Oral health
- Nutrition/Dietetics
- Medical Laboratory Science
- Nursing
- Paramedicine
- Pharmacy
- Psychology
- Physiotherapy
- Chiropractic/Osteopathy
- Chinese Medicine

In addition to the above there are also the following positions:

- Aboriginal and/or Torres Strait Islander representative
- Rural representative
- International representative
- 2 x General members (from any health discipline)

Rationale for selection of individuals

Future Health Leaders has purposefully developed Council as a collection of individual representatives rather than stakeholder representatives (e.g. National Rural Health Students' Network, Australian Dental Students' Association etc).

This was developed to ensure:

- That the Future Health Leaders Council remains impartial and to ensure that representatives on Council are autonomous in their thinking and are not obliged to reflect the views of organisations.
- That Future Health Leaders is a fully interprofessional body (some organisations do not have student groups or early career health organisations to represent them)
- That Future Health Leaders is representative of all health professionals in training and not those that have existing professional organisations.

Future Health Leaders works alongside peak organisations representing health students or early career health professionals in developing their policies and recognises them and key stakeholders.

Definition of Future Health Leader (Eligibility criteria)

All members of the Council must meet the following requirements to be eligible:

- i. Be a current health professional or student working or studying in a health profession;
- ii. If graduated from an approved health degree, not have worked in their field for more than five years;
- iii. To be eligible for the **Indigenous Health Representative** position one needs to fulfil criteria 'i' and 'ii' and be of Aboriginal and/or Torres Strait Islander Origin;
- iv. To be eligible for the **Rural/Remote Health representative** position one needs to fulfil criteria 'i' and 'ii' and be either currently working in, or have spent 10 years living and working in rural or remote Australia, as defined by the Remoteness Areas classification system;
- v. To be eligible for the **International representative** position one needs to fulfil criteria 'i' and 'ii' and currently be an international student or have moved to Australia from overseas within the past five years;
- vi. To be eligible for a **General Member** position one needs to be from ANY health or related discipline as a student or as a graduate within the previous five years.

If there is any doubt over eligibility it will be confirmed by the FHL Co-Chairs.

Co-Chairs

The Co-Chairs of Future Health Leaders will be voted by their colleagues on the Council. Like Council, a Co-Chair will be voted in on alternate years to minimise loss of expertise during handovers. The Co-Chairs are part of the organisation's management committee and lead and support the Council Representatives and members of the Network of Future Health Leaders to achieve FHL's core purpose and objectives. Their roles, in addition to those of the whole Council, include:

- i. Chairing National meetings and teleconferences of the Council of FHL;
- ii. Acting as a conduit between FHL and external stakeholders;
- iii. Facilitating stakeholder forums for open discussion and debate on health issues concerning future health leaders;
- iv. Ensuring that the Council moves towards achieving its purposes and objectives;
- v. Reviewing reports, submissions and policies, minutes and general representation on behalf of the Council;
- vi. Working and liaising with Future Health Leaders network (ie members);
- vii. Overseeing any voting within the Council of FHL;
- viii. Working closely with the management committee to manage governance, administration and key objectives;
- ix. Approve and invite guests to meetings of the Council of Future Health Leaders;
- x. Mentoring capacity to incoming Chairs following completion of their term.

Position description for FHL Council Members

This position description for Future Health Leaders Councillors works in conjunction with the Terms of Reference set out for the Council of Future Health Leaders. The Council of Future Health Leaders (CFHL) role is to be the voice for Australia's future health workforce. The role of the Councillors is to provide expert opinion through their experience within their respective disciplinary cohort, and collectively represent the views of health students and early career health professionals nationally.

Specifically the representatives of the Council of Future Health Leaders will:

- i. Be an advocate for improvements in healthcare in Australia. This includes:
 - a. Generating new ideas and innovative solutions;
 - b. Being open to views of colleagues within and beyond their profession;
 - c. Being an adaptive and critical thinker;
 - d. Being passionate about health reform and addressing challenges that face Australia's healthcare system;
 - e. Demonstrating a solid understanding of Australia's health care system and, in particular, issues facing health students and early career health professionals in their given discipline.
- ii. Be the primary contact between CFHL and their discipline/s for the length of their appointment. This includes:
 - a. Attending National meetings set by the CFHL;
 - b. Participating in teleconferences set by CFHL;
 - c. Regularly communicating with the Chairs and other members within the CFHL;
 - d. Completing tasks set by the CFHL in a timely and professional manner;
 - e. Promoting the CFHL through various media;
 - f. Acting as a conduit between CFHL and other health students and early career health professionals;
 - g. Involvement in decision-making processes through recommendations and voting;
 - h. Participation in specific working parties established by Future Health Leaders.
- iii. Engage, where appropriate, with specific stakeholders in their discipline regarding specific advocacy and representative processes undertaken by CFHL. This includes:
 - a. Representing CFHL to external organisations when required;
 - b. Working closely with the Chairs of CFHL and staff of Health Workforce Australia;
 - c. Promoting and facilitating interest and involvement in issues that are important to CFHL;
 - d. Disseminating CFHL materials and publications amongst peers and other contacts;

- e. Informing the CFHL of any relevant information arising from meetings with stakeholders.

Voting process for Council

Election of Council:

The following system is how Councillors will be elected:

1. There are 29 positions on the current Council:
 - 1.1. Two Co-Chairs;
 - 1.2. 22 nominated professions as defined by AHPRA and nominated by Council;
 - 1.3. Two general members for other professions not clearly defined, or outstanding candidates from already elected disciplines;
 - 1.4. An Indigenous representative;
 - 1.5. An International representative;
 - 1.6. A Rural/Remote representative.
2. Council members will be elected for a maximum two year term.
3. Half the Council will be elected in even years and the other half in the odd years.
4. Councillors nominating for new positions will be voted in by FHL Council based on written applications and if necessary through teleconference interviews.
5. Council members will be elected by a simple majority voting system.
6. The whole of the council sitting at the time of nomination will vote for new Councillors. This includes Co-Chairs.
 - 6.1. Those Councillors with a perceived conflict of interest will not take part in voting for that particular discipline.
7. Councillors will not be able to re-nominate for a second term.
8. If a Council member resigns or is asked to vacate their position the applicant who was second on the selection list will be approached to join the Council. If the second candidate is not suitable, or there is no second candidate, the Co-Chairs will appoint a proxy (if necessary) to fill the vacancy until the next election for that position is due;
9. Voting will occur in the final quarter of each year
10. Co-Chairs have the right to request Council members to vacate their position if they are deemed not to be fulfilling their role as Council members.