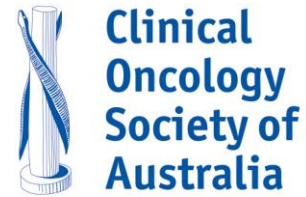


Terms of Reference

COSA Survivorship Group

Executive Committee



Background

The Clinical Oncology Society of Australia (COSA) is Australia's peak multidisciplinary society for health professionals working in cancer research, treatment, rehabilitation and palliative care. COSA is recognised as an activist organisation whose views are valued in all aspects of cancer care. We are allied with, and provide high-level clinical advice to Cancer Council Australia.

The overarching mission of COSA is to improve the care of Australians affected by cancer.

In order to improve cancer care and control in Australia COSA seeks to:

- Understand and provide for the professional needs of its multidisciplinary membership
- Promote and facilitate research across the spectrum of cancer care
- Promote and provide multidisciplinary and interdisciplinary education
- Contribute to, and advocate for, national issues surrounding cancer care policy in Australia
- Enhance the quality of cancer care

COSA members with a common interest in a discipline, disease type or area of need form groups to discuss issues and develop solutions to shared problems in cancer care. COSA Groups provide an opportunity for COSA members to be actively involved with important issues. COSA Council approves the formation of each Group providing it aligns with the interests and objectives of COSA.

The objects of COSA as defined in the Constitution (approved 14 November 2012) are:

- to promote excellence in the multidisciplinary care and research relating to cancer – from prevention, diagnosis and treatment to follow-up, palliation and survivorship;
- to encourage multidisciplinary collaboration of all professionals involved in cancer care and research; and
- to foster and promote cancer research.

1. Title of Committee or Group

COSA Survivorship Group Executive Committee

2. Aims and Objectives

The overarching mission of the COSA Survivorship Group is to improve the care of Australians beyond cancer diagnosis and treatment.

Objectives include:

- Promote and advocate for improved services and access to care for all Australians surviving a diagnosis of cancer
- Represent the needs of the broad range of health professionals involved in delivering cancer care in the survivorship setting
- Provide a forum for education, discussion and exchange of information between health professionals involved in cancer survivorship care
- Foster research within the scope of survivorship care
- Engage stakeholders in the area of cancer survivorship care to ensure a coordinated national approach to survivorship care in Australia.

3. Proceedings of COSA Groups

As defined in the COSA Constitution (approved 14 November 2012) Clause 11.3:

- (a) Each COSA Group will have terms of reference approved by COSA Council. Such terms of reference will include agreed objectives, the establishment of an Executive Committee voted by the Group membership.
- (b) Groups and their activities will be based primarily on the objects of COSA as prescribed in sub-clause 2.1 (*see background above*).
- (c) The Group Chair will sit on COSA Council during their elected term.
- (d) Groups must hold an annual general meeting, preferably at the COSA Annual Scientific Meeting.
- (e) Each Group is responsible to, and may be directed by the Board or their delegate as set out in accordance with the terms of reference.
- (f) Groups are required to submit to the COSA Council an annual plan outlining their planned activities and/or priorities, and support or resourcing requests from the COSA office.
- (g) An annual review of COSA Group activities and structure will be conducted as a part of good governance and Groups that are in abeyance may be dissolved at the discretion of the Board on the advice of Council.
- (h) COSA Council may disband a Group if the registered membership falls below thirty (30) members.

4. Membership

4.1. Composition

Membership of the COSA Survivorship Group Executive Committee will comprise:

- Up to 12 members, all of which must be current financial COSA members
- The Chair will be elected by the COSA membership, or nominated by COSA Council
- It is desirable to have at least one representative member from each state/territory, and from each of the professional disciplines which the Group represents

- Members who give an apology for a meeting may nominate a proxy to attend in their place. Attendance of the proxy will be determined by the Chair with consideration to other proxies in attendance at any given meeting and the content for discussion at that meeting
- The Committee may co-opt individuals as required to assist on specific issues or projects

4.2. Appointment and Term of the Chair

Once every two years the COSA Executive Officer, acting upon the direction of the Group Chair, shall conduct an election for the position of Chair by:

- Calling for nominations from the COSA membership
- Each nomination must be signed by the nominee, proposer and seconder, all of whom must be COSA members
- In the event of there being more than one nomination for the Chair, the Executive Officer shall conduct a ballot at which all AYA Group members may vote
- In the event of there being no nominations, the COSA Council may appoint a Chair
- The Chair will hold office for an initial term of two years, and be eligible for re-election for a further two terms of two years each

4.3. Appointment and Term of Committee members

Each Committee member shall hold office for two years, and be eligible for re-election for a further two years, or a tenure determined appropriate by the Committee.

4.4. Current Composition

Name	Institution, State
Haryana Dhillon (Chair)	The University of Sydney, NSW
Bogda Koczwara (Deputy)	Flinders Medical Centre, SA
David Joske	Sir Charles Gairdner Hospital, WA
Janette Vardy	The University of Sydney & Concord Cancer Centre, NSW
Michael Jefford	Australian Cancer Survivorship Centre, VIC
Raymond Chan	Royal Brisbane and Women's Hospital, QLD
Richard Cohn	Sydney Children's Hospital, NSW

5. Committee Support and Secretariat

6. Conduct of Meetings

6.1. Frequency of Meetings

The Committee will meet at least twice a year, at least once face-to-face, and via teleconference at other times.

6.2. Quorum

Quorum will be 50% of members present.

6.3. Agenda

The agenda and supporting documentation will be circulated one week prior to each meeting.

6.4. Minutes

Minutes of all meetings will be prepared by the Committee Secretariat, and approved by the Chair prior to circulation to all members.

Draft minutes should be circulated to the Committee within 10 working days of the meeting for comment. Written comments will be provided via email to the Chair and Secretary.

Draft minutes will be ratified at the next meeting.

All meeting minutes should be made available to COSA Council on request.

If approved by the Committee, meeting minutes may be available in the members' area of the COSA website.

6.5. Confidentiality and Conflict of Interest

All Committee business remains confidential unless otherwise advised by the Chair.

6.6. Reporting

The Committee reports to the COSA Council via the Executive Officer.

Regular reports should be provided by the Chair for inclusion in the Marryalyan and Annual Report.

Other reports may be requested at the discretion of the COSA President or Executive Officer.

7. Subcommittees

The Committee may appoint Subcommittees to deal with specific issues on a needs basis. Such Subcommittees must report to the main Committee, and adhere to these terms of reference.

8. Evaluation and Review

- All members agree to adhere to these terms of reference and the supporting documents listed at item 10.
- The performance of the Committee will be evaluated by adherence to these terms of reference which will be reviewed every two years.

9. Terms of Reference Approval History

Approved by Committee: 27 June 2016

Approved by COSA Council: 19 August 2016

10. Supporting Documents

COSA Constitution

COSA Board and Committees Code of Conduct