

# Terms of Reference

## COSA Geriatric Oncology Group



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### Background

The Clinical Oncology Society of Australia (COSA) is Australia's peak multidisciplinary society for health professionals working in cancer research, treatment, survivorship, rehabilitation and palliative care.

The overarching mission of COSA is to improve the care of Australians affected by cancer. The objects of COSA as defined in the Constitution 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;
- to foster and promote cancer research; and
- to support the professional development and educational needs of cancer health professionals in the furtherance of the above objects

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.

### Proceedings of COSA Groups

As defined in the COSA Constitution Clause 10.3:

- (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
- (c) The Group Chair will sit on COSA Council during their elected term.
- (d) Groups may 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 Board 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) COSA Individual Members.

## **1. COSA Geriatric Oncology Group**

COSA members formed the Geriatric Oncology Group in 2007 to improve outcomes for older people affected by cancer. The Group brings together members from across Australia with this shared interest, a collectively strong knowledge, and a multidisciplinary perspective. The Group has expertise in evidence-based solutions in the delivery of cancer treatment and care that will make a difference in geriatric oncology outcomes.

### **1.1 Membership**

Group membership is open to all current financial COSA members.

### **1.2 Aims and Objectives**

The COSA Geriatric Oncology Group aims to improve outcomes for older people affected by cancer. COSA members with a particular interest in Geriatric Oncology work to actively progress key priorities. The Group aims to increase awareness through:

Support for Clinical Practice:

- Develop guidelines/practice points to help improve the clinical management of older adults with cancer
- Provide leadership in the use of geriatric oncology assessment tools

Research:

- Develop, test and disseminate easy screening tools to enable referrals to multidisciplinary clinics and encourage integrated approaches between oncologists and geriatricians and the aged care sector
- Facilitate collaborative research projects within the COSA membership

Education:

- Promote and publish literature and reports to increase awareness of the need for specific approaches to treatment of cancer in older adults
- Host and attend workshops for Group members, and deliver presentations in national and international forums, to raise awareness of geriatric oncology from the Australian perspective

Advocacy:

- Seek support for the fostering of oncology geriatric training within appropriate organisations

## **2. Governance**

The Group will be led by a Chair supported by a Deputy Chair and the Executive Committee. Refer to Appendix 1 for current Executive Committee membership.

The Geriatric Oncology Group Executive Committee will provide strategic direction and leadership to the Group including:

- Developing an annual group plan
- Providing oversight of key Group activities
- Fostering engagement of Group members and working towards establishing a geriatric oncology community of practice
- Promoting geriatric oncology research, education and advocacy activities

- Engaging with international geriatric oncology initiatives and maintaining connections, and remaining mindful of how these might inform or complement the Group's agenda and provide opportunities for collaboration

## **2.1 Composition of Geriatric Oncology Group Executive Committee**

Membership of the COSA Geriatric Oncology Group Executive Committee will comprise:

- At least 6 plus chair (minimum 7) and up to 12 members, all of which must be current financial COSA members and members of the Geriatric Oncology Group;
- It is desirable to have representation from a range of professional backgrounds and states or territories, reflecting COSA's national multidisciplinary membership and the disciplines which the Group represents;
- The Executive Committee may co-opt individuals as required to assist on specific issues or projects.

## **2.2 Appointment and Term of the Executive Committee Chair and Deputy Chair**

When required, the COSA Chief Executive Officer, acting upon the direction of the Group Chair, will conduct an election for the position of Chair and Deputy Chair by calling for nominations from the Group membership.

The Chair and Deputy Chair will hold office for an initial term of two years, and be eligible for re-appointment for a further two-year term if there is no objection from the Executive Committee.

The Chair and Deputy Chair may be eligible for a third term, but other Group members may also be invited to nominate at this time.

At the end of the Chair's term, the Deputy Chair may be appointed to the Chair role if there is no objection from Executive Committee members.

Single nominations for a position will be appointed automatically if there is no objection from Executive Committee members.

In the event of there being more than one nomination for the Chair roles, the Chief Executive Officer shall conduct a ballot at which all Geriatric Oncology Group members may vote.

In the event of there being no nominations, the COSA Council may appoint a Chair and Deputy Chair.

## **2.3 Appointment and Term of Executive Committee members**

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

The Chair will ensure rolling membership renewal of the Executive, to ensure continuity is maintained in leadership while bringing new experience to the Committee.

Expressions of interest will be sought from Geriatric Oncology Group members as required to fill Executive Committee roles. The Executive will reach agreement on the appointment of

new members, ensuring the Committee's overall composition represents a broad range of disciplines and geographic areas, and includes members whose expertise aligns with the Group's strategic priorities and plans and who will bring a combination of skills, experience, and expertise to Committee discussions. If the Executive are unable to reach agreement on the selection of new Committee members, then an election will be held by the Chief Executive Officer amongst the Geriatric Oncology Group membership.

#### **2.4 Appointment and term of co-opted Committee members**

When required, the Executive Committee may co-opt individuals to assist on specific issues or projects. Each co-opted Committee member may hold this position for two years, and be eligible for re-appointment for a further two years, or a tenure determined appropriate by the Executive Committee, ensuring continuity is maintained in project activity while providing opportunities for other members to engage with Group activities. Co-opted Committee members may be invited to join Executive Committee meetings but will not be included in the quorum for decision making.

#### **2.5 Executive Committee Support and Secretariat**

The COSA Project Manager will act as secretary of the Committee, facilitate scheduling of meetings, and ensure the minutes of all meetings are recorded.

The Executive Committee will meet at least twice a year, either face-to-face if feasible, and via video or teleconference at other times. The Executive will endeavour to arrange a face-to-face Annual General Meeting (AGM) of the Group at the COSA Annual Scientific Meeting (ASM). Executive business may also be discussed and agreed by e-mail as required.

#### **2.6 Quorum**

A quorum will consist of half of the Executive Committee membership plus one (1), not including the COSA Project Manager.

If a quorum is not present, that meeting will lapse but remaining members may agree to discuss all business informally, with a summary of meeting notes recorded by the COSA Project Manager for information.

#### **2.7 Agenda**

Two weeks prior to a planned meeting, the COSA Project Manager will remind the Executive Committee of the meeting date and time and invite additional contributions to the agenda. Members should submit any items for inclusion on the agenda to both the Chair and Project Manager at least seven working days before the meeting. The Project Manager will circulate the agenda and supporting documentation five working days before the meeting. Urgent matters may be raised as "Other Business" at the meeting if time permits.

#### **2.8 Minutes**

Minutes of all Executive Committee meetings will be prepared by the COSA Project Manager, and approved by the Chair, prior to circulation to Committee members.

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

Draft minutes will be ratified at the next meeting.

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

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

## **2.9 Confidentiality and Conflict of Interest**

All Executive Committee business remains confidential unless otherwise advised by the Chair. The Chair will remind Executive Committee members to disclose any conflicts of interest at the start of each meeting.

## **2.10 Reporting**

The Executive Committee reports to the COSA Council via the Chair. The Chair will sit on COSA Council during their term, and report on behalf of the Executive Committee as required. Regular reports will be provided by the Chair for inclusion in the Marryalyan and Annual Report. Annual progress of Group activity will be reported through COSA's annual Group planning process.

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

## **3. Subcommittees**

The Executive Committee may appoint Subcommittees to deal with specific issues as needed. These Subcommittees must report to the main Executive Committee and adhere to these terms of reference. A Subcommittee Chair may be nominated by the Executive Committee, and will be responsible for the formation and operation of the Subcommittee. Subcommittee members may be appointed based on their known areas of expertise which are relevant to subcommittee deliberations, or expressions of interest may be sought from the Group membership if required. A Subcommittee Chair may be co-opted to a role on the Executive Committee but if they are not already an Executive Committee member then they will not be included in the quorum for decision making. Subcommittee members may be asked to sign confidentiality and conflict of interest statements relevant to the issues under consideration.

## **4. Review**

All members agree to adhere to these terms of reference and the supporting documents listed at item 6.

The terms of reference will be reviewed by the Executive Committee every two years or as required.

## **5. Terms of Reference Approval History**

Approved by Executive Committee: 29 June 2022 (current version)  
8 February 2018 (previous version)

Approved by COSA Council: 1 November 2022 (current version)  
9 March 2018 (previous version)

## **6. Supporting Documents**

COSA Constitution

COSA Board and Committees Code of Conduct

## Appendix 1

### Geriatric Oncology Group Executive Committee

Name	Discipline	Institution, State
Meera Agar (Chair)	Palliative Care	University of Technology Sydney, NSW
Polly Dufton	Co-editor, GO eNews / CNSA Cancer in the Older Person Special Practice Network / Clinical Nurse Consultant	Austin Hospital / University of Melbourne, VIC
Kim Edmunds	Health Economist/ exercise oncology	The University of Queensland, QLD
Kimberley-Ann Kerr	Cancer Pharmacist	Digital Health SA / Department for Health and Wellbeing, SA
Michael Krasovitsky	GOEER working group Chair / Medical oncologist	The Kinghorn Cancer Centre, NSW / University of New South Wales / St George Hospital / The Sutherland Hospital NSW, NSW
Heather Lane	SIOG National Representative / Geriatrician	Sir Charles Gairdner Hospital, WA
Kheng Soo	Co-editor, GO eNews/ Geriatrician and medical oncologist	Eastern Health, VIC
Christopher Steer	Medical Oncologist	Border Medical Oncology, NSW
Elise Treleaven	Dietitian	Royal Brisbane and Women's Hospital, QLD
Shalini Vinod	Radiation Oncologist	Liverpool Hospital / South Western Sydney Clinical School UNSW, NSW
Paul Viray	Oncology registrar/consultant geriatrician Co-opted: Co-Chair Community of Practice	Alfred Health / LaTrobe Regional Hospital / Cabrini Health, VIC

Membership current 23 October 2023