Exercise is Medicine Australia Advisory Council
Terms of Reference 2015

Background
The Exercise is Medicine Australia (EIM) Advisory Council will provide advice to the EIM Executive Committee and EIM Project Leader on the EIM Australia strategy.

The strategy provides a blueprint to make physical activity and exercise a standard part of a disease prevention and treatment medical paradigm in Australia. It will also address all relevant arms of policy and all available points of leverage, in both the health and non-health sectors, in formulating its recommendations.

The EIM National Taskforce was formed in 2010 to provide strategic guidance on the implementation of the EIM Global initiative into Australia. With changing membership and EIM priorities, there is a need to adapt the strategic direction of the program to move forward and achieve a self-sustaining model.

Changing the Taskforce (which by definition is a temporary group) into an Advisory Council allows for long term strategic focus and support to achieving goals. This will also bring the Australian initiative into line with the governing structure of EIM Global.

Vision
The EIM Advisory Council will provide strategic guidance to make physical activity and exercise a standard part of a disease prevention and treatment medical paradigm in Australia.

Exercise is Medicine Advisory Council
The Advisory Council will bring together representatives from key sectors, groups and organisations with a vested interest in promoting the EIM message and to support health care providers to initiate physical activity conversations, recommend basic exercise interventions and promote appropriate referral pathways.
1. Advisory Council Aims

The overarching objective of the EIM Advisory Council is to provide advice and support to increase awareness of the Exercise is Medicine program. This will be achieved in the following ways:

1.1 Provide guidance and support to engage the primary care sector to play a more effective role in promoting exercise for the primary and secondary prevention of chronic disease.

1.2 Provide guidance to pursue policy interventions that support the message that Exercise is Medicine.

1.3 Provide advice and support for patient advocacy and marketing campaigns to bring about an expectation that standard consultations will include assessment of physical activity levels.

1.4 Assist in building coalitions and partnerships with government and public-private health entities to strengthen and support the Exercise is Medicine message.

1.5 Provide advice for better integration of exercise therapy into the health care system through lobbying and advocacy opportunities.

1.6 Support, develop and promote evidence based resources and research to further EIM.

2 Advisory Council Membership

Membership will consist of representatives from key health care sector peak bodies including:

2.1 General Practice (e.g. GPs, practice nurses, practice managers)

2.2 Health care networks (e.g. Department of Health, PHN's, rural & remote)

2.3 Allied Health with expertise in exercise prescription

2.4 Sports Medicine

2.5 Universities/researchers working in exercise evidence based practice

3 Member Roles and Responsibilities

Members who are representing an organisation will have the responsibility of nominating one representative to attend the council meetings. Each Advisory Council member will have one vote if this is required in the course of proceedings. The Advisory Council member will:
3.1 Be expected to assist in achieving the strategic principles of the EIM initiative through active contributions and advice.

3.2 Provide a strong, representative voice for Exercise is Medicine in the organisation/sector which he/she represents where relevant.

3.3 Facilitate dissemination of information on relevant EIM policies, operational activities and interventions through their representative organisation and related networks.

3.4 Advise on and develop coordinated strategies related to priority areas.

3.5 Provide information on opportunities to secure project funding.

4 Operations

4.1 The Advisory Council will meet during three teleconferences per year. The EIM Project Leader will set dates and send calendar invites.

4.2 A quorum for the Advisory Council is defined as 50% of members plus one.

4.3 Some out of session tasks may be required

5 Attendance

5.1 Council members are required to inform the EIM Project Leader of their non-attendance at meetings prior to the meeting date.

5.2 People outside the Council can be invited to participate in particular discussions on relevant issues by agreement of the members.

6 Communication

6.1 Minutes of meetings will be sent out to Advisory Council members and nominated proxies within 2 weeks of the meeting date by the EIM Project Leader.

6.2 EIM Project Leader will send a summary of strategic objective progress and operational activity updates with the agenda prior to each meeting.

6.3 Advisory Council members will send EIM Project Leader updates on relevant activities outside meeting timeframes (e.g. information for Physical Activity Calendar of Events (PACE), conferences to promote, collaboration opportunities etc.)