Refugee Health Partnership Advisory Group Queensland

Terms of Reference (TOR)

February 2026

OUR VISION

All people from refugee and asylum seeker backgrounds have equitable access to timely, culturally safe healthcare and are empowered to achieve their full health potential.

BACKGROUND

The Refugee Health Partnership Advisory Group Qld (RH-PAGQ) was established in November 2016 and is a key mechanism to enable the Refugee Health Network Qld (RHNQ) and its partners to collaborate and implement the Queensland Refugee Health and Wellbeing Policy and Action Plan (2022-2027) (the Policy).

GUIDING PRINCIPLES

The RH-PAGQ is guided by and fully supports the Policy's principles:

- **Health equity -** You have the right to high-quality and culturally safe and responsive healthcare regardless of your race, ethnicity, language spoken, visa status, gender identity, sexual orientation, religion, or socioeconomic status. You also have the opportunity to reach your full health potential and not be disadvantaged from achieving this.
- **Cultural safety and responsiveness -** Healthcare providers acknowledge and respect your identity, culture and experiences and seek to reduce bias in all interactions including clinical service delivery. This requires ongoing critical reflection by individuals as well as organisations.
- **Individual and community voice -** Healthcare providers listen to your voice, understand, and are informed by what is important to you, your family and community. Healthcare providers and systems that deliver services recognise your connections with your community and the strength of your community, ensuring that your voice is heard.
- **Partnerships and collaboration -** Working together across services and sectors leads to the best care for you. We are committed to doing this through meaningful, respectful and reciprocal partnerships and collaboration.
- **Clinical excellence -** Healthcare providers continuously seek to improve quality and safety of care to achieve better health outcomes.

FUNCTIONS

RH-PAGQ is a state-wide forum for key stakeholders to come together to innovate, communicate and collaborate in order to:

- support services and systems to achieve **high levels of collaboration** to facilitate appropriate, efficient and timely healthcare for people of refugee and asylum experience.
- support key stakeholders to develop **sustainable and flexible models** of care which respond to changes in the Australian Humanitarian Settlement Program and people seeking asylum context as well as changes in the broader health context.

- strategically **co-ordinate, replicate and amplify** the impact of innovative projects and programs addressing the health & wellbeing of people from refugee experience and develop joint funding submissions as needed.
- **build the capacity** of the health sector to respond to health concerns experienced by people of refugee and asylum seeker backgrounds via education, training and development of resources.
- identify and promote **research and quality improvement** initiatives to build the evidence base for refugee health.
- **identify and advise** Queensland Health and other Government stakeholders of emerging health issues and document the nature of issues facing people from refugee backgrounds.
- advocate and seek solutions to issues identified including developing briefs, policy submissions and influence refugee health policy at a state and national level that address structural inequities; and
- monitor the delivery of key activities identified in the healthcare Policy and plan for future policy and action plans.

GOVERNANCE FRAMEWORK

Membership

Membership of RH-PAGQ reflects a cross-section of geographical regions and sectors, including senior representation from each settlement region including, health services, refugee settlement agencies, refugee communities and the non-government community sector.

Membership is by invitation and based on the capacity and expertise to contribute effectively to RH-PAGQ functions and priority areas. A representative and one proxy will be nominated from the relevant organisation and will require to inform the Co-Chairs of RH-PAGQ of any changes. [Please refer to Appendix 1 for member organisations]

Key roles and responsibilities of members:

- Attendance at minimum 3 meetings per annum, including reading all pre and post meeting correspondence, providing responses including written updates as needed and completing action items as agreed.
- Where appropriate provide reciprocal information sharing and representation on other identified groups or networks e.g. Queensland Health Multicultural Advisory Group, RHeaNA (Refugee Health Network of Australia), RNA (Refugee Nurses Australia), Local HSP collaboratives, FASSTT (Forum of Australian Services for Survivors of Torture and Trauma), RACGP.
- Where appropriate participate/oversee and strategically support working/advisory groups established to operationalise objectives of the Policy.
- As appropriate provide written updates to secretariat for circulation prior to meetings

Executive Team (Co-Chairs and RHNQ team):

Co-Chairs are two-year positions with the possibility of re-nominating.

- The Co-Chairs, as well as fulfilling the expectation for general membership, are expected to:
    - chair the quarterly meetings.
    - sign off all official RHNQ correspondence.
    - represent RHNQ at meetings with senior staff and officials; and
    - lead a review of RH-PAGQ Terms of Reference and membership annually.
- The RHNQ Team (RHNQ Coordinator, GP Fellow, Refugee Health Capacity and Resource Coordinator and Senior Admin)
    - provide secretariat support.
    - prepare reports and submissions as required to facilitate RH-PAGQ objectives; and
    - management of publication and social media requests.

- 2026 Executive members:
    - Co-Chair: Nicki Stacey (ECCQ)
    - Co-Chair: Donata Sackey (Mater Refugee and Multicultural Health Service)
    - Network Staff: Aneta Bilal, Dr Rachel Claydon, Ally Wakefield, Sydne Rudman
    - QH Multicultural team representative
- Role of Executive Members:
    - represent the Network and RH-PAGQ; and
    - make out of sessions decisions on behalf of the RHNQ that are concordant with the Policy.

Queensland Health - Executive Sponsor

The Executive Sponsor will not routinely participate in meetings but will engage with the Co-Chairs of RH-PAGQ and the Coordinator of RHNQ following RH-PAGQ meetings or as required.

The purpose of the Executive Sponsor is to act as the Queensland Health custodian of refugee health policy and the Refugee Health and Wellbeing Policy and Action Plan, ensuring strategic oversight and alignment with Queensland Health priorities.

The functions of the Executive Sponsor are to:

- Act as the primary point of contact for escalating emerging issues to senior executives of Queensland Health.
- Facilitate access to policy advice to support alignment with broader Queensland Health objectives.
- Promote visibility of the RHNQ/RH-PAGQ and its role to decision-makers, as appropriate.
- Provide high-level consideration of significant strategic matters raised by the RHNQ/RH-PAGQ that require executive-level input.

Nominated Executive Sponsor: Tricia Matthias, Executive Director, System Policy Branch, delegated responsibility to Belinda Lewis Director, Primary Healthcare and Social Policy with the assistance of Melanie Nicholls, Manager, Multicultural Health and Language Services.

Queensland Health Multicultural Health Advisory Group
RH-PAGQ through the Executive Team of RH-PAGQ will work closely with Queensland Health Multicultural Health Advisory Group which has broader multicultural health focus. RHNQ coordinator will actively participate in the Multicultural Health Advisory Group and work closely with the QH Multicultural Policy team on identified issues to minimise duplication and maximise collaboration with RH-PAGQ members.

WORKING GROUPS, ADVISORY GROUPS AND REGIONAL NETWORKS

Topic specific working groups will be established on an as needed basis to operationalise the actions of the Policy and Action Plan. RH-PAGQ will receive regular updates on working groups to ensure strategic consistency with the Policy and Action Plan.

Advisory groups including the primary care focused Clinical Advisory Group (CAG), Chaired by the RHNQ GP-Fellow and supported by Brisbane South PHN and the Refugee Health Advisory Group (G11) facilitated by Mater Refugee Health are ongoing and provide guidance to RH-PAGQ.

The regional networks and/or identified regional representatives feed information to and from RH-PAGQ highlighting issues for discussion and action in their region.

Representatives from working groups, advisory groups and regions provide a written update including health needs/issues, local initiatives and areas of concern for discussion at RH-PAGQ four times a year and are included in meeting documents.

DECISION MAKING

The RH-PAGQ will not have decision making power as each partner organisation is autonomous with its own organisational structure. Discussions do not necessarily reach consensus; minutes will document key points and options.

MEETING SCHEDULE

RH PAGQ meets quarterly and provides video and phone conference link options for attendees. One face to face meeting per annum with video and phone conference option will be coordinated.

OUT-OF-SESSION PAPERS

There may be a requirement for RH-PAGQ members to respond to out of session papers.

PERFORMANCE

The Policy identifies RH-PAGQ as a mechanism to ensure the objectives of RHNQ are supported. RH-PAGQ is a key mechanism to measure the outcomes of RHNQ against the Policy and Action Plan.

CONFLICT OF INTEREST

Any conflicts of interest to be identified at the beginning of the meeting.

CONFIDENTIALITY

Minutes are confidential and are not to be circulated by members. A public summary of RH-PAGQ meetings will be made available on the network website subsequent to meetings.

SECRETARIAT

- Secretariat support is provided by the Network team
- Agenda to be sent out one week in advance of meeting along with all papers for the meeting
- Minutes to be sent out as a draft three weeks after meeting and then final minutes circulated and approved with agenda for next meeting
- Updates from regions and working groups requested four weeks prior to RH-PAGQ meeting and collated by the RHNQ coordinator the week prior to meeting to be circulated with agenda and minutes
- Dissemination: The Network Coordinator will prepare a report of key issues and learnings from RH-PAGQ for members representing other networks/groups to share with other networks
- The Network team will keep publicly available information up to date through the Network's e-Bulletin and website

Date TOR confirmed:
Date TOR review: TOR to be reviewed February 2027

Appendix 1: Member Organisations

Amparo	Mater Refugee and Multicultural Health
Australian Red Cross	Metro North Hospital and Health Service
Brisbane North PHN	Metro South Hospital and Health Service
Brisbane South PHN	Multicultural Australia
Cairns and Hinterlands Hospital and Health Service	Multicultural Communities Council Gold Coast (MCCGC)
Centacare Multicultural Services Cairns	Northern Qld PHN
Children's Health Qld Hospital and Health Service	System Policy Branch - Queensland Health
Communify	Queensland Health: Communicable Diseases Branch
Darling Downs Hospital and Health Service	Queensland Health: Office of the Chief Dental Officer
Darling Downs West Moreton PHN	Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
Department of Women, Aboriginal and Torres Strait Islander Partnerships, and Multiculturalism (Multicultural Affairs Queensland)	Qld Transcultural Mental Health Centre
Department of Home Affairs (DoHA)	Settlement Services International (SSI)
Ethnic Communities Council Qld (ECCQ)	Townsville Hospital and Health Service
Pharmacy Guild Qld	Townsville Multicultural Support Group Inc
Gold Coast Hospital and Health Service	West Moreton Hospital and Health Service
Gold Coast PHN	