

## **Clinical Chair Roles and Responsibilities**

### **Meetings and reports**

Clinical Committee monthly meeting - agenda, chair meeting, edit minutes, recruit members, respond to tasks generated from the meeting

Board meeting 2 monthly teleconference- present report, actions items from meeting, pre- read other board reports and contribute to discussion

Board meetings face to face two per annum

Annual Board report

Reports for ASA newsletter

### **Clinical Guidelines and Position statements**

Co-ordinate the choosing of writing groups for guidelines and statements; Participate in writing groups

Review guidelines and statements within the committee; suggest changes to authors, requiring final approval from committee before presenting to Board

Oversee publication of ASA Guidelines – liaising with authors and journal editors

### **Government policy issues**

Work with the ASA President and Department of Health (or relevant other Govt depts.) relating to issues affecting sleep funding, item numbers, models of care, craft group concerns

Co-ordinate working parties for policy documents, MSAC applications etc

### **Document review**

Review of documents (with clinical committee) brought to the ASA for comment regarding clinical areas of sleep medicine, which may impact on models of care, patient care, regulatory authorities (e.g. TGA)

### **Member questions and concerns**

Respond to member questions and concerns regarding government policy, models of care etc., helping members avoid misunderstanding and confusion about these areas.

**Accreditation – ASA-NATA partnership**

The Accreditation Advisory Committee (AAC) reports to the clinical committee. Oversee the direction of the AAC and serve as a conduit from the AAC to the Board

**Minimum weekly time commitment**

Highly variable from week to week given the need to respond to whatever policy issues may be active. Allow 3+ hours per week