

# Antimicrobial Stewardship (AMS) Advisory Committee

# Terms of Reference

February 2026

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## 1. Introduction

The Australian Commission on Safety and Quality in Health Care's (the Commission) purpose is to contribute to better health outcomes and experiences for Australians and improve value and sustainability in the health system by leading and coordinating national improvements in safety and quality of healthcare. The Commission has been created under the provisions of the National Health Reform Act 2011 and is a Corporate Commonwealth Entity operating under the requirements of the Public Governance, Performance and Accountability Act 2013.

## 2. Purpose

The purpose of the Antimicrobial Stewardship (AMS) Advisory Committee is to advise the Commission on the development of strategies and resources to support implementation of AMS programs by acute, primary care and community health service organisations and aged care organisations.

## 3. Role and Function

The role of the AMS Advisory Committee is to:

1. Provide support and advice on the implementation of the Commission's Work Plan in relation to AMS, and as requested by the Commission. This includes advice on the development and review of Commission guidance and resources.
2. Provide advice on resources to support the implementation and compliance with the National Safety and Quality Health Service (NSQHS) Standards, National Safety and Quality Primary and Community Healthcare Standards, the Aged Care Quality Standards and other resources such as the review of *Antimicrobial Stewardship in Australian Health Care 2018*.
3. Consider data and reports on antimicrobial use and resistance to inform the provision of advice on effective AMS strategies across all healthcare sectors to promote improvements to patient care.
4. Advise the Commission on the implementation of AMS programs.
5. Provide advice on strategies to partner with consumers to improve awareness of antimicrobial stewardship.

While out-of-session communications with members may be undertaken to seek advice on particular topics, the AMS Advisory Committee will not generally establish sub-committees or working groups.

## 4. Composition

Chair
Nominee, Clinical Excellence Commission (CEC), New South Wales (NSW) Health
Nominee, Department of Health, Victoria (Vic)
Nominee, Queensland (Qld) Health

Nominee, South Australia (SA) Health
Nominee, Western Australia (WA) Health
Nominee, Department of Health, Tasmania (Tas)
Nominee, Northern Territory (NT) Health
Nominee, Australian Capital Territory (ACT) Health
Nominee Advanced Pharmacy Australia (AdPha) – Rural and Remote Health Service Expertise
Nominee, Aged Care Quality and Safety Commission (ACQSC)
Nominee, Australian College of Rural and Remote Medicine (ACRRM)
Nominee, Australian Centre for Disease Control (CDC)
Nominee, Australasian Society for Infectious Diseases (ASID) - Infectious Diseases, Microbiology and AMS
Nominee, Australasian Society for Infectious Diseases (ASID) - Paediatric
Nominee, Australian Nursing and Midwifery Federation (ANMF)
Nominee, consumer
Nominee, cross-committee member
Nominee, National Centre for Antimicrobial Stewardship (NCAS)
Nominee, National Antimicrobial Utilisation Surveillance Program (NAUSP)
Nominee, Royal Australian College of General Practitioners (RACGP)
Nominee, National Aboriginal Community Controlled Health Organisation (NACCHO)

## 5. Terms of Appointment

Each member is appointed on the basis of their nomination / individual skills, knowledge and expertise and holds their appointment at the discretion of the Australian Commission on Safety and Quality in Health Care.

Members may resign from the Committee at any time by providing a letter stating their intention to resign to the Commission (copied to the Chair and Secretariat) at least four weeks prior to the date of resignation.

The Commission will consider appointments to vacancies, as appropriate.

The Commission retains the discretion to terminate a member's appointment to the Committee at any time and for whatever reason.

## 6. Confidentiality

Committee members may, on occasion, be provided with confidential material. Members are not to disclose this material to anyone outside the Committee and are to treat this material with the utmost care and discretion and in accordance with terms of their confidentiality agreement.

## 7. Conflict of Interest

Conflict of interest is defined as any instance where a committee member's private interests could improperly influence, or be seen to influence, the performance of their duties.

A member must disclose to the Chair any situation that may give rise to a conflict of interest or a potential conflict of interest, and seek the Commission's agreement to retain the position giving rise to the conflict of interest. Where a member gains agreement to retain their position on the Committee, the member must not be involved in any related discussion or decision making process.

A committee member is not to participate in committee business until the Deed of Confidentiality and Conflict of Interest form have been completed.

## 8. Deliverables

The Committee will provide advice in a timely manner on the issues the Commission is seeking advice on.

## 9. Timeframes

Members will be appointed until 30 June 2029, when the Committee role, function, Terms of Reference and membership will be reviewed in line with the Commission's processes for review of committees.

Each term will be for three years, with individual members serving a maximum of two terms (six years). The two-term limit does not apply to states, territories or organisations that are invited to nominate representatives with Infectious Diseases, Microbiology and AMS expertise. In order to ensure continuity for the Committee only 50% of members will turn over at any one time.

Meetings will be held up to three times per year by videoconference. It is intended that there will be three 3-hour videoconferences held each year.

## 10. Review and Evaluation Mechanisms

The Secretariat will prepare an annual summary of achievements and attendance for review and endorsement by the Committee.

In addition, members will be invited to complete a short survey after each meeting to provide feedback about the effectiveness of the Committee and their experience of participation in the Committee. A summary of the feedback received will be shared annually.

## 11. Reporting

The Commission's Board, Inter-Jurisdictional Committee and others will be regularly updated on activity and progress of work of the Committee as appropriate.

## 12. Support for Committee

The work of the Committee is supported by Medicines Safety and Quality program of the Commission.

The Secretariat will:

1. provide support and policy advice to the Committee
2. develop agendas, papers and/or briefs for Committee meetings
3. arrange meetings for Committee to discuss issues
4. distribute relevant information in a timely manner to promote robust discussion and feedback
5. ensure all members are kept informed of issues and information relevant to the work of the Committee
6. incorporate Committee recommendations into the development of materials, where possible
7. provide feedback to the Committee on outcomes of discussions and progression of work
8. arrange venues and catering for meetings
9. arrange appropriate travel and accommodation, and
10. verify reimbursement of eligible expenses.

A list of staff members to contact within the Secretariat is available at [Appendix 1](#). The Secretariat can be contacted at [ams@safetyandquality.gov.au](mailto:ams@safetyandquality.gov.au).

## 13. Operation of the Committee

### *The Chair*

The Chair is ultimately responsible to the Commission for the operations of the Committee. The Chair will preside at all meetings at which they are present. If the Chair is absent from a meeting, the Committee may elect a Deputy Chair to preside.

Professor Jason Roberts will be Chair of the Committee.

### *Members' obligations and expectations*

1. Members are appointed for the term specified in the instrument of appointment.
2. Members are nominated for their individual skills, knowledge and expertise, representing the organisation or jurisdiction nominated in the instrument of appointment.
3. Members are to actively participate in all meetings and share information, noting that individual members may advise their organisations where appropriate.
4. Members will initially be appointed until 30 June 2029.
5. Individuals on the AMS Advisory Committee will declare any potential competing interests with the Commission.

6. Where a member has missed two consecutive meetings, it will be at the discretion of the Chair to declare the seat vacant and seek a replacement member.
7. Members will sign a deed of confidentiality.
8. Members of the AMS Advisory Committee will be remunerated according to Commission's Committee Travel and Remuneration Policy. Members will not be eligible to be remunerated under any Remuneration Tribunal determination if they hold an office or are a full-time employee of the Commonwealth, a state or a territory or a state or territory authority or instrumentality.

### ***Meetings***

It is intended that the AMS Advisory Committee will meet up to three times per financial year via videoconference. The proposed meetings will be scheduled via liaison with the Chair and giving consideration to maximum member availability.

### ***Proxies***

Proxies for attendance at AMS Advisory Committee meetings are not required. However, if Commonwealth or state and territory members are unable to attend a meeting, they may nominate a proxy, with prior agreement provided by the Commission.

### ***Travel and Accommodation***

Travel, accommodation and related expenses for non-Government members will be met by the Commission.

### ***Quorum***

A quorum for a meeting is half the committee membership plus one. Any vacancy on the Committee will not affect its power to function.

### ***Agenda***

The agenda and related papers are normally circulated to members one week prior to the meeting.

### ***Meeting notes***

The Meeting Notes and Communiqué will be prepared by the Secretariat. The Meeting Notes will provide a concise and focused report on decisions and actions taken. The Communiqué will provide a high-level summary of the meeting for members to distribute to their networks. Meeting Notes and Communiqué will be made available to members in a timely manner.

Members who wish to nominate items for discussion must advise the Commission at least three weeks prior to the meeting date. The nomination will need to be accompanied by information for consideration by the Commission and the Chair about the purpose and expected outcome of discussion.

#### **14. Personal Information**

The personal information a committee member provides to the Commission will be kept in compliance with relevant privacy and confidentiality legislation.

## Appendix 1: List of Secretariat Staff Members

Ms Kylie Tran	Senior Project Officer, Medicines Safety and Quality
Ms Stephanie Halena	Project Officer, Medicines Safety and Quality