GS1 Healthcare User Group Australian Chapter

Governance Charter

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1 Mission

To lead the healthcare industry to the effective development and utilisation of global standards to improve healthcare supply chains and patient safety.

2 Vision

To achieve widespread adoption of the GS1 System in the healthcare sector for the benefit of all stakeholders

3 Structure and Interoperability

3.1 The HUG Australasia is comprised of two active Chapters – the Australian Chapter and the New Zealand Chapter.

3.2 The agreed HUG - Australasia structure is detailed in Section, Appendix A.

3.3 Each Chapter has its own Membership (refer: Section 6), Co-Chairs (refer Section 7), Leadership Team (refer: Section 8), Working Teams (refer: Section 9) and Meetings (refer: Section 11).

3.4 GS1's role (as defined in Section 10) will be the same for both Chapters.

3.5 The Leadership Teams from both Chapters will have a joint teleconference meeting once per quarter (refer: clause 8.2.5) forming a Joint Leadership Team.

3.6 GS1 Australia will be represented on the New Zealand Chapter Leadership Team by one representative, and GS1 New Zealand will be represented on the Australian Chapter Leadership Team by one representative.

3.7 One joint full HUG Australasia face to face meeting will be held per annum, alternately hosted by each Chapter (refer clause 11.1.1).

3.8 Should either Chapter undertake a decision that may impact the other chapter or community, discussion and impact assessment will be undertaken prior to the decision taking effect.

4 Objectives

The objectives of the Australian Chapter are to:

4.1 Align with the objectives of GS1 Healthcare.

4.2 Work with key partners in the local healthcare to develop, promote and implement product identification, automatic data capture, traceability, electronic messaging and data synchronisation to enable effective and efficient business processes.

4.3 Develop a common approach and use of the GS1 System of global standards to achieve efficiency in supply chain operations.

4.4 Develop and promote a proposed set of documentation based on the GS1 System and promote the application guidelines created by GS1 Healthcare at regional levels.

4.5 Gather Australian specific user requirements and submit those to the GS1 Healthcare Leadership Team as required.

4.6 Contribute to, study and adopt, where appropriate, all other guidelines developed by GS1 Healthcare for regional application.

4.7 Achieve national adoption of the GS1 System by all stakeholder groups in Australia.

4.8 Lead and actively promote the implementation of the GS1 System to all stakeholders to achieve best practice.

4.9 Support local aligned implementation initiatives and create case studies to demonstrate the benefit of use of the GS1 System to stakeholders.

4.10 Provide a forum for removing barriers to the implementation of GS1 standards across the healthcare supply chain.

5 Commitment

5.1 The Australian Chapter is committed to ensure that the work being undertaken by the group is aligned with GS1 Healthcare objectives and the GS1 Australia and New Zealand Trade Practices Compliance Notice and Anti-Trust Notice.

5.2 All material used for publicity and PR of the Australian Chapter *should* be submitted to the GS1 Healthcare Leadership Team to ensure consistency with the GS1 Healthcare strategies alignment with projects and terminology.

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6 Membership

6.1 General Membership

6.1.1 There are no costs for participation with the Australian Chapter.

6.1.2 All representatives of organisations operating in the healthcare supply chain are able to participate in HUG Australia Chapter and Australian Chapter meetings.

6.1.3 Solution vendors will participate by invitation only.

6.1.4 The Australian Chapter Leadership Team shall have the power to co-opt any person who it considers would be of assistance in carrying out the aims and objectives of the group including non-GS1 members.

6.1.5 The Australian Chapter members must be able to act as their organisation's representative in key decisions in line with the criteria outlined in section 6.2.

6.1.6 Both GS1 Australia and GS1 New Zealand are voting members of both HUG Chapters.

6.1.7 All GS1 Australia members operating in the healthcare industry (excluding solution providers) have voting rights in the work undertaken by the Australian Chapter of HUG Australasia. This is limited to one vote per member organisation.

6.1.8 Representatives from these organisations can be candidates for the leadership team and Co- Chair positions.

6.1.9 Any funds of the Australian Chapter shall only be used for and applied to achieving the aims and objectives of the local group.

6.1.10 Any finances held by the Australian Chapter shall be deposited in an approved bank account. There shall be two bank signatories, being the Co-Chairs.

6.2 Voting Criteria

6.2.1 Each member of a GS1 organisation has only one (1) vote in the Australian Chapter decisions.

6.2.2 Voting decisions of the Australian Chapter will relate to work outputs, such as:

- Issues arising that impact the group.
- Educational materials, case studies, business cases and other documentation developed.
- Documented feedback from the Australian Chapter into the work of GS1 Healthcare.
- The Australian Chapter Leadership elections, including election of the Co-Chairs.

6.2.3 Where appropriate, voting may be undertaken by the Australian Chapter Leadership Team (Section 8) or Joint Leadership Team in lieu of a full Australian Chapter or New Zealand Chapter vote.

6.2.4 Resolutions will be decided by a simple majority with a quorum of 50% of the voting members. Voting shall be by voice, show of hands or ballot as determined by the Co-Chairs.

6.2.5 Clauses to 6.1 and 6.2 are applicable, whether the vote is being taken by the complete HUG - Australasia, the Leadership Team of the Australian Chapter or a Work Team.

7 Co-Chairs

7.1 Criteria for Selection

7.1.1 The Australian Chapter Leadership Team shall appoint Chapter Co-Chairs selected through a nomination and voting process.

7.1.2 The Chapter Co-Chairs should not be from the same parent organisation or play a similar role in the supply chain.

7.1.3 The Co-Chairs for the Australian Chapter should not be from the same parent organisation as those in the New Zealand Chapter and vice versa.

7.1.4 Candidates for the Chapter Co-Chair positions should be engaged in GS1 standards development and implementation efforts and should be able to promote the implementation of the developed global standards and best practices in their organisation. They should therefore be able to provide linkage between their business and the GS1 HUG Australasia (Australian Chapter) and GS1 Healthcare.

7.2 Responsibilities

7.2.1 The Chapter Co-Chairs will work with GS1 and the Australian Chapter Leadership Team to:

7.2.1.1 Develop and drive the overall Australian Chapter strategy and work plan, as appropriate including Chapter specific work plans as needed.

7.2.1.2 Manage meeting planning, public relations, participation and policy.

7.2.1.3 Ensure widespread supply chain stakeholder balance in the Australian Chapter, the Chapter Leadership Team and Work Teams as appropriate.

7.2.1.4 Provide input into the position of GS1 Healthcare in response to regulatory, customer and local standards initiatives.

7.2.1.5 Represent the Australian Chapter to external healthcare related groups and organisations that are stakeholders in the adoption of GS1 standards in line with the HUG Australasia's objectives.

7.2.1.6 If necessary, create Work Teams and appoint Work Team Leaders to respond to, and/or drive specific initiatives.

7.2.1.7 Represent the views and work outputs of the Australian Chapter to GS1 Healthcare, GS1 Australia & GS1 New Zealand Boards & Senior Executive Teams.

7.2.1.8 Ensure participation in the Global Standards Management Process (GSMP) by representing the Australian Chapter at GSMP (if necessary), or ensuring appropriate representation and by using GSMP for any standards to be developed.

7.2.1.9 Where practical, represent the Australian Chapter by participating in GS1 Healthcare conferences and meetings in person or by other means.

7.2.2 The Co-Chairs will:

7.2.2.1 Convene and preside over the Australian Chapter meetings.
7.2.2.2 Facilitate the voting process for the Australian Chapter.
7.2.2.3 For joint Leadership Team meetings, GS1 Australia and GS1 New Zealand will co-ordinate the facilitation on an annual basis.

7.3 Term

7.3.1 The Chapter Co-Chairs will serve a two (calendar) year term, which is renewable.

8 Leadership Team

8.1 Criteria for Selection

8.1.1 The Australian Chapter Leadership Team will comprise the Co-Chairs and other members as required.

8.1.2 At any one time, the Leadership Team will comprise up to a minimum of not less than seven (7) or a maximum of thirteen (13) voting members including one representative from each of GS1 Australia and GS1 New Zealand.

8.1.3 At any time, only one representative from a given parent organisation may participate in the leadership group.

8.1.4 Membership of the Australian Chapter Leadership Team should be functionally (representing all parts of the healthcare supply chain) and geographically balanced.

8.1.5 To serve as part of the Australian Chapter Leadership Team, the representative must have a solid working knowledge of the GS1 System and associated technologies and be involved in healthcare. The Leadership Team members must be able to represent their organisations in decision making (voting) processes.

8.1.6 In the case of a leadership team member resigning their position, an alternative representative from that same organisation may participate. Should the organisation resign their position, then the remaining leadership team members may decide to either (1) run an election for the vacant position, (2) determine if the position may be filled by the 'most highly voted' unsuccessful candidate from the previous leadership elections or (3) leave the position vacant.

To determine the appropriate approach, the existing leadership team members will take a vote via a survey.

8.2 Responsibilities

8.2.1 The responsibilities of the Leadership Team align with those detailed for the Co-Chairs in section 7.2 Members of the Leadership Team will undertake their responsibilities as directed by the Co-Chairs, GS1 Australia and GS1 New Zealand.

8.2.2 It is the role of the Co-Chairs and GS1 representatives to ensure the leadership team maintains a functional and experience balance. The leadership representatives should comprise all parts of the healthcare supply chain and representatives with previous Leadership Team experience.

8.2.3 In the event that the functional or geographical balance is not maintained the Chapter Co-Chairs may call an extra-ordinary meeting with the Chapter Leadership Team to address amendments to the charter for the inclusion of additional team members to restore the balance of the team.

8.2.4 The Chapter Leadership Team will meet monthly for a teleconference with additional Leadership meetings scheduled as required.

8.2.5 As defined in Clause 3.5, the Leadership Teams from both Chapters will have a joint teleconference meeting once per quarter, forming a Joint Leadership Team.

8.2.6 As appropriate, the Chapter Leadership Team will schedule annual interviews with Solution Providers to assess progress in supporting GS1 standards and to select potential case study presentations for Australian Chapter meetings.

8.3 Term

8.3.1 With the exception of GS1 Australia and GS1 New Zealand representatives who will serve an on-gong term as part of the Leadership Team, Leadership Team members will serve a two calendar year term, which is renewable.

8.3.2 The Chapter Co-Chairs will be part of the Chapter Leadership Team in line with the term associated with their position, as detailed in section 7.3.

9 Work Teams

9.1.1 Where appropriate, the work of the Australian Chapter will be undertaken by Work Teams formed to address a specific issue or achieve a specific objective.

9.1.2 Where appropriate, the work teams formed within the Australian and New Zealand Chapters will collaborate to achieve outcomes or gain input from each other HUG Australasia Chapter.

9.1 Criteria for Selection

9.2.1 Members may choose to participate on Work Teams that are addressing an area of work that is of importance to their organisation. The maximum number of organisations represented on a Work Team will be determined on a case-by-case basis by the New Australian Leadership Team.

9.2.2 A GS1 representative will be commissioned to participate in each Work Team.

9.2.3 Work Teams shall have the power to co-opt any person who it considers would be of assistance in carrying out the aims and objectives of the group including non-GS1 members and solution providers.

9.2 Work Team Leaders

9.3.1 Once the members of the work team are confirmed, a leader will be selected by voting as outlined in section 6.2.

9.3.2 The leader of a Work Team is responsible for:

- The Work Team's progress according to its scope and deliverables.
- Administration of their team.

9.3.3 GS1 will provide support to Work Teams as appropriate.

9.3 Work Team Outputs

9.4.1 Work team outputs will be accepted by voting as outlined in section 6.2. Once the documented outputs are accepted by the work team, these will be presented for voting as detailed in section 6.

10 GS1's Role

10.1 Responsibilities

10.1.1 GS1 Australia and GS1 New Zealand will work together to:

10.1.1.1 Facilitate the Australian Chapter's objectives.

10.1.1.2 Provide the Australian Chapter with current and relevant information about the work areas and outputs of GS1 Healthcare.

10.1.1.3 Provide relevant communication to the Australian Chapter.

10.1.1.4 Report to GS1 Australia's and GS1 New Zealand's senior management and Boards (as required).

10.1.1.5 Ensure the Australian Chapter has sufficient support from GS1.

10.1.1.6 Drive alignment between the HUG Australasia Chapter's goals and objectives with those of GS1 Healthcare.

10.2 Representation

10.2.1 GS1 will ensure the Australian Chapter has appropriate representation and expertise from both GS1 Australia and GS1 New Zealand at all times.

10.2.2 At any one time, the Australian Chapter must have representation of at least one (1) employee of GS1.

11 Meetings

11.1 Frequency

11.1.1 There will be at least one (1) face-to-face meeting per year for the Australian Chapter, the locations and dates set at the end of each calendar year for the coming year by the Chapter Leadership Team. One joint Australian / New Zealand Chapter meeting will be held annually as outlined in Clause 3.7.

11.1.2 Teleconferences will be convened on an as required basis by the Australian Chapter Co-Chairs in consultation with GS1.

12 Document Development Process

12.1 Interaction with GS1 Healthcare

12.1.1 All outputs of the Australian Chapter and the New Zealand Chapter including documents, Position papers, education materials, responses to public policy, press releases, once accepted by the Leadership of both Chapters, will be provided to GS1 Healthcare for their review, feedback and voting, where practical.

12.2 Responses to Public Consultation

12.2.1 Where the Australian Chapter wishes to make a response to a request for information related to public consultation, it should inform the New Zealand Chapter of its intent and determine if there is an opportunity to work collaboratively to respond.

12.2.2 Development of a response will be the responsibility of the Leadership Team of the initiating Chapter in conjunction with other interested parties (as appropriate) and GS1. The final version of the response will be reviewed and approved by the joint HUG Australasia Leadership team as well as GS1 Healthcare Public Policy and Leadership Teams (as appropriate).

12.2.3 The response will be submitted through the local GS1 organisation of the initiating Chapter.

12.3 Position Papers

12.3.1 Healthcare related position papers may be developed by any member of the Australian Chapter and submitted to the Australian Chapter and New Zealand Chapter Leadership Teams for review and feedback, then acceptance if appropriate. If accepted, the paper shall be submitted to GS1 Healthcare for consideration action and approval, where applicable.

12.3.2 Once the paper has been accepted by the Australian Chapter and the New Zealand Chapter Leadership Teams, this may be posted on the Australian Chapter, GS1 Australia and/ or GS1 New Zealand websites.

12.4 Press Releases

12.4.1 All suggested press release topics will be presented to the Australian Chapter Leadership Team for acceptance via consensus before the topic and background is forwarded to GS1 Australia for development.

12.4.2 The draft press release will be provided to the Australian Chapter Leadership Team for review and feedback and internal approval before the document being released to the media.

12.4.3 Where it is deemed the contents of a press release has a potential impact on the New Zealand Chapter, the Leadership Team of the New Zealand Chapter must be notified and agreement confirmed prior to any publication of a press release.

13 Communications

13.1 Representing the Australian Chapter

13.1.1 All communications undertaken on behalf of the Australian Chapter between/with third parties will be the responsibility of the Co-Chairs in conjunction with GS1 and other interested stakeholders depending upon the issue and required outcome.

13.1.2 The Co-Chairs of the initiating Chapter and GS1 will keep the Co-Chairs of the other Chapter informed and aware of communication opportunities, outcomes and issues.

13.1.3 For presentations by the Australian Chapter to third parties, a standard GS1 Australia PowerPoint template will be used.

13.2 Website

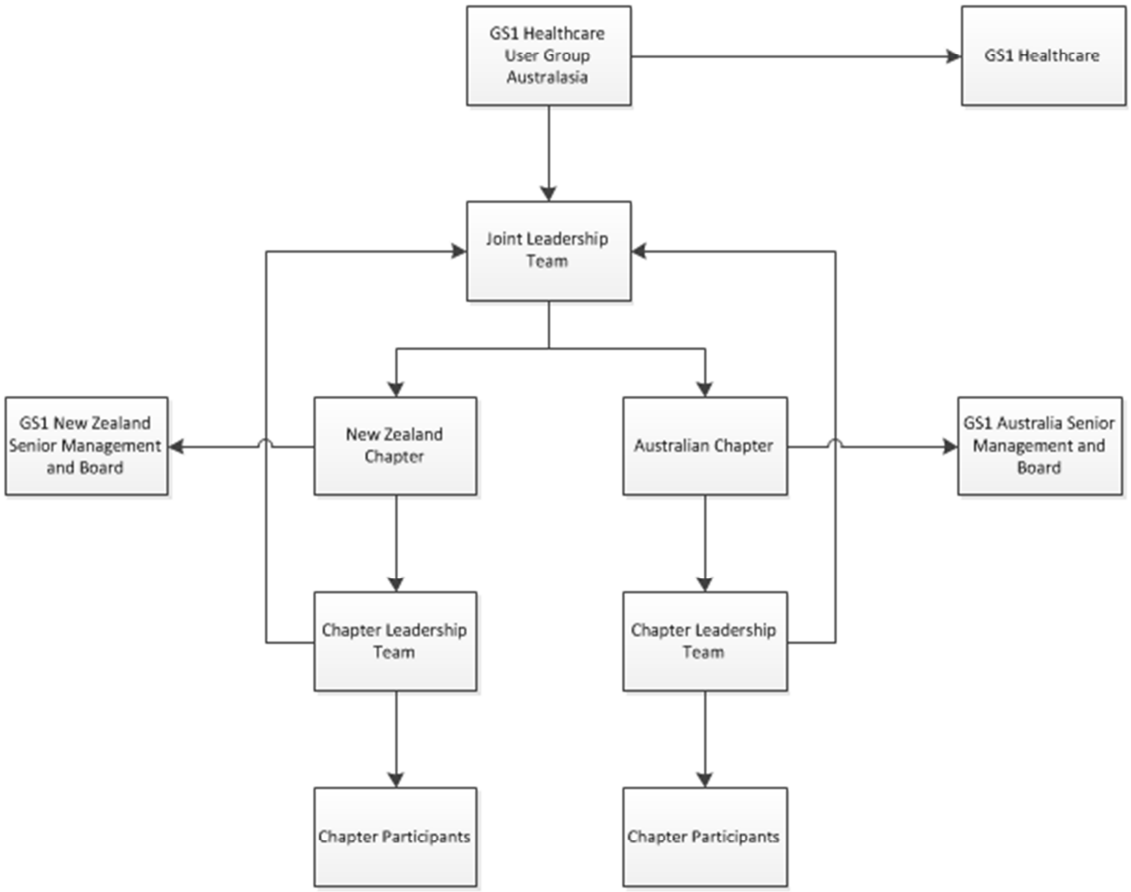
13.2.1 The Australian Chapter website will be maintained by GS1 Australia in line with the GS1 global branding guidelines. Australian and New Zealand Chapter website will be linked.

13.2.2 The website will be updated following each meeting with information relating to the meeting including (as appropriate) agendas, meeting minutes, presentations, work outputs and an updated list of Australian Chapter members (subject to relevant Australian Privacy Legislation).

13.2.3 Australian Chapter stakeholders have the discretion to provide links between their websites and the Australian Chapter web site. Links will also be provided to and from the GS1 Healthcare web site.

14 Review of Australian Chapter Charter

14.1 The Australian Chapter Charter will be reviewed and updated as deemed necessary by the Australian Chapter Leadership Team in consultation with the Joint Leadership Team.

15 Appendix

GS1 Healthcare User Group Australasia Structure