Australian Stroke Coalition
National Stroke Rehabilitation Taskforce
National Advisory Working Group
Terms of Reference
August 2026

Background

The Australian Stroke Coalition (ASC) has established the National Stroke Rehabilitation Taskforce (the Taskforce) to address critical gaps in stroke rehabilitation and support equitable access to high-quality care across the lifespan, including paediatrics, through the development of a national stroke rehabilitation strategy.

The National Advisory Working Groups (NAWG) will support the Taskforce by bringing together multidisciplinary expertise to provide expert input and develop evidence-informed recommendations across key areas of stroke rehabilitation to inform the national stroke rehabilitation strategy.

Overarching advisory group/s (e.g. A lived experience advisory group) will also be established to provide perspectives and insights that NAWGs can draw on to inform their work and support their objectives.

Purpose

The Taskforce aims to develop a National Stroke Rehabilitation Strategy.

Each NAWG will collaborate to develop and deliver national policy recommendations and practical implementation considerations aligned with its defined objectives, to inform the National Stroke Rehabilitation Strategy. NAWGs will consider stroke rehabilitation across the lifespan, including paediatrics. NAWGs will initially (first 12 months) be focused on 5 priority areas outlined below. Noting definitions and scope may be refined.

1. **Workforce and Standards**
2. **Access to excellent rehabilitation care (0-12months after stroke)**
3. **Excellent long-term support to promote life-long recovery after stroke (>12months after stroke)**
4. **Data and monitoring**
5. **Funding and economics**

Governance

Each NAWG is a sub-committee of the Taskforce, reporting to the Taskforce via the chair.

Governance of the Taskforce and in turn the NAWGs rests with the ASC, which oversees the Taskforce and provides strategic direction and advice to assist it in achieving its goals, while ensuring it operates in accordance with the ASC's policies and procedures. The ASC's membership, which covers a broad section of the Australian clinical and scientific community, ensures that it is equipped to guide this collaborative effort to improve best-practice, stroke rehabilitation for Australian patients.

The NAWGs will be a standing agenda item for all Taskforce meetings. Deliverables produced by the NAWGs will be submitted to the Taskforce for review and endorsement. The NAWG plays an advisory role to the Taskforce. The Taskforce will retain final decision-making authority over all recommendations and outputs produced by the NAWGs. A written update on the key activities of the NAWGs will be developed by chairs of the Taskforce, and presented to ASC members.

Roles and Responsibilities

Each NAWG will have the following roles and responsibilities:

• NAWG member will be committed to being ambassadors for the Taskforce and its vision.

• Willing and able to commit the time required to actively contribute to the NAWG, attend meetings, perform delegated tasks and contribute to the overall strategy and vision of the Taskforce.

• To develop an annual work plan with milestones to address the priority areas of focus for the NAWG in collaboration with the Taskforce.

• To identify and engage with relevant stakeholders to achieve respective goals

• To apply for funding to action the work, where applicable.

• Undertake the delivery of the work plan to reach the agreed goal.

• Present work plans in a concise manner to the Taskforce for approval/endorsement prior to commencement of the activity.

• To provide regular reports on the progress of the NAWG and identify potential barriers and risk mitigation.

Membership

Appointment to the Taskforce NAWG is on an honorary basis.

Members of the NAWGs will be selected with consideration regarding:

- Diversity of perspectives represented across the NAWG.
- Representation across disciplines, sectors, and geographical locations.
- Avoidance of any potential conflicts of interest.
- Contribution to the collective knowledge, skills and experience relevant to the NAWG objectives.
- The individual's perspective, insights to the NAWG.

- Individuals' ability to meet the expected commitment

NAWG Chairs

Each NAWG will be led by a Chair and Deputy Chair. The Chair and Deputy Chair will be nominated by the National Stroke Rehabilitation Taskforce as a separate process to the EOI.

NAWG Membership Term

Members will initially be appointed for a 12-month term. Membership arrangements will be reviewed after this time.

Appointment

Recruitment of NAWG members will require an advertised open EOI.

Resignation

Members can resign at any time by sending a letter of resignation to the Taskforce Coordinator or the Taskforce Co-Chairs.

Overarching advisory groups

Overarching advisory group/s will be established to provide early guidance and shape the work across the national stroke rehabilitation strategy (e.g. a Lived Experience Advisory Group). Each NAWG will engage with relevant Advisory Groups at key stages of its work to ensure the perspectives and experiences of people affected by stroke inform the development of recommendations. Engagement with the advisory groups may include (but are not limited to):

- Invitation for select members of the overarching advisory groups to join meetings to discuss priorities, issues, or proposed actions.
- Written consultation or feedback on specific questions, draft materials or recommendations.
- Review of draft outputs before they are circulated for broader consultation.

The Taskforce Coordinator can support NAWGs to engage the overarching advisory groups.

Meeting proceedings and administration

Expectations and commitment

There will be an estimated 8-9 meetings per year, with meetings lasting approximately 60-90 minutes. Additional meetings may be scheduled if required. Members should also allow time between meetings to review materials, provide input and complete agreed activities (approximately 8hours per month). Correspondence may be required between meetings and will be managed via email and/or teleconference at the discretion of the NAWG.

Quorum

Any discussion will require a quorum of 50% of NAWG members or at least 4 members, whichever is lower.

Attendance

Attendance will be recorded, and members are expected to attend at least 80% of meetings throughout the year.

Conduct of meetings

- NAWG meetings will be held via teleconference.
- The NAWG may invite additional parties, members from other NAWGss, or members of the overarching advisory groups to attend meetings from time to time, dependent upon the matters being considered at a meeting.
- A calendar of meetings will be established at the commencement of the NAWG.
- Agendas will be circulated 1 week prior to meetings. Minutes of meetings will be sent out to within 2 weeks of the meeting date.
- NAWG members are required to inform the secretariate of their non-attendance at meetings prior to the meeting date. Should a member representative not be able to attend a meeting, a proxy may be invited where appropriate.

Secretariat Support (Taskforce Coordinator)

The Secretariate will work closely with the NAWG Chair, and support the activities of the NAWG, including:

- Coordinating NAWG meetings
- Working with Chairs to set the agenda
- Compiling and circulating the agenda and relevant papers to NAWG members prior to each meeting
- Recording and sharing key action items and distributing meeting minutes.

Deliverables

Each NAWG are expected to produce a clearly defined chapter or section contribution to the National Stroke Rehabilitation Strategy, with key recommendations and implementation considerations. Each NAWG will also provide input to broader stakeholder consultation processes following completion of draft chapters.

Conflict of interest

- All members are expected to disclose Conflict of Interest (COI) at commencement and throughout membership.
- COI disclosure will be a standing agenda item at each NAWG meeting.
- The NAWG Chair will be responsible for managing COI of the NAWG and this will include establishing a COI register.
- The Taskforce will oversee COI declarations from each of the NAWG.

Standing Agenda

- Acknowledgement of Country;
- Acknowledgement of Lived Experience;
- Attendance and apologies;
- Disclosure of conflict of interests
- Review of action items;
- Items for discussion (and confidentiality if applicable);
- Items for noting;
- Other business and next meeting.

Confidentiality

- During the term of NAWG, members will not reveal any confidential or proprietary information entrusted in the course of their duties.
- Upon cessation of NAWG, and thereafter, members shall not reveal any confidential or proprietary information that they obtained while a member of the NAWG, and they may not use or retain, or attempt to use or retain, any such information, documents or data.

Intellectual property

Any content (e.g. information, documents, resources, data, branding etc.) developed as part of the work of the NAWG are owned by Stroke Foundation, on behalf of the ASC, unless otherwise specified in a duly executed contract. Stroke Foundation will reasonably share content or intellectual property developed by the NAWG when requested.

Authorities and approvals

Reporting

The NAWG report directly to the Taskforce.

Publications

The individual NAWG members must comply with the Taskforce Publication Guidelines (to be developed), which provide guidance on scientific publications related to the activities of the Taskforce and NAWGs.

Media

The co-chairs of the ASC, and the Taskforce co-chairs, are the key spokespeople for the Taskforce in the media and with government; however, individual Taskforce or NAWG members may be asked to act as spokespeople, with support available from the Stroke Foundation media team.

Review of ToR

The terms of reference will be reviewed annually and updated as required.