

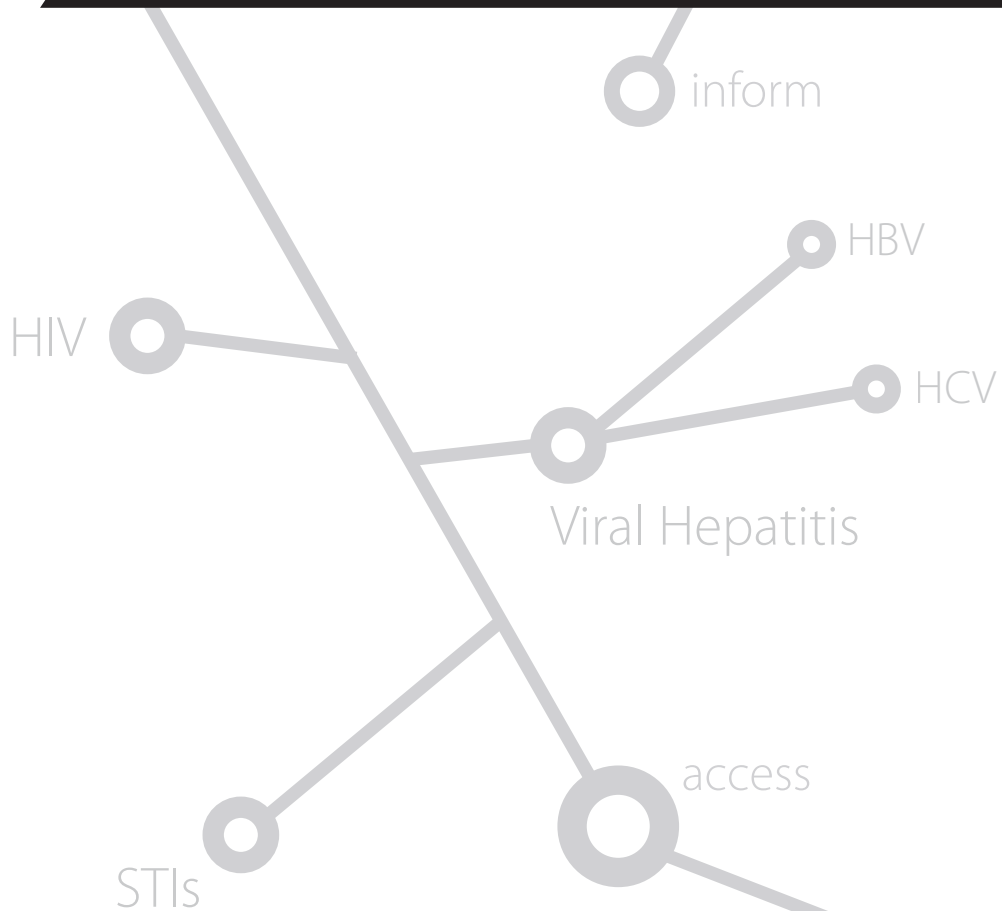


support

collaborate

ASHM Strategic Plan

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce



2011–2014

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Our purpose

The Australasian Society for HIV Medicine (ASHM) is a peak organisation of health professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexually transmissible infections (STIs). ASHM draws on its experience and expertise to support the health workforce and to contribute to the sector, domestically and internationally.

Who we are

ASHM is a professional, not-for-profit, member-based organisation. It supports its members, sector partners and collaborators to generate knowledge and action in clinical management, research, education, policy and advocacy in Australasia and internationally. It is committed to quality improvement, and its products and services are sought after by governments, members, health care workers and affected people. ASHM's dedicated membership, high-calibre staff and commitment to partnership assure its effectiveness in achieving its mission.

How we work

ASHM works collaboratively and in partnership to prevent HIV, viral hepatitis and STIs, and to preserve and protect the health of those living with these infections. ASHM's vision is to be an authoritative provider of professional support to the HIV, viral hepatitis and sexual health workforce. It is a cohesive and inclusive group of professionals, advancing its vision in a skilled, informed and compassionate way.

Our values

ASHM is committed to the principles of the *Ottawa charter for health promotion* and the *Jakarta declaration on leading health promotion into the 21st century*, as well as to the highest standards of ethical conduct as practised by the medical, scientific and health care professions.

ASHM is committed to continual quality improvement and working in ways that:

- support collaboration, partnership and cooperation
- reflect best practice in management and service delivery
- are informed by the latest scientific, clinical, health and policy research
- maintain transparency, industrial fairness and democratic decision-making
- strengthen ties with infected and affected populations
- respect cultural differences and diversity
- respect privacy and confidentiality, and
- redress social inequities.

ASHM is a signatory to the Code of Conduct for Australian aid and development agencies, which is administered by the Australian Council for International Development (ACFID). A copy of the code is available at: http://www.acfid.asn.au/code/Code_of_Conduct.htm

Our organisation

ASHM is a membership-based organisation. At the beginning of this planning cycle it had over 1145 individual and organisational members. Its multidisciplinary membership reflects the breadth of the workforce in HIV, viral hepatitis and sexual health. ASHM is committed to working in partnerships, sharing experiences and providing and taking support from others. During this strategic planning cycle we aim to expand our membership and develop close relationships domestically, regionally and internationally.

ASHM is a company limited by guarantee with a democratic constitution, governed by a voluntary Board, elected at the annual general meeting. The Board establishes a secretariat, which is led by the Chief Executive Officer. The secretariat comprises three Divisions: Conference, Sponsorship and Events; International; and Professional Education. They are supported by the Executive Unit.

The Society has expanded its initial focus on HIV. It aims to represent its members and partners and to deliver products and services under the inclusive banner: ASHM supporting the HIV, viral hepatitis and sexual health workforce.

Our partners

ASHM works in close partnership with members and other individuals and organisations working in the HIV, viral hepatitis and sexual health sectors. These include state and federal government, health services and health care workers, corporate entities in the for-profit and not-for-profit sectors, and people living with and affected by HIV/AIDS and viral hepatitis.

ASHM works collaboratively with stakeholders to maximise the effectiveness of health interventions and the best possible use of ASHM resources.

Our context

ASHM's role has developed within a complex and changing context. The Society emerged over 20 years ago as a self-support group for medical practitioners working in HIV medicine. Over time, and with the increasing sophistication of the secretariat, the Society has been able to expand its focus to embrace the multiple disciplines working in the HIV sector. 'The sector' now includes viral hepatitis and STIs. While sometimes navigating a challenging path, ASHM is committed to working collectively with its partners. In 2011 the Board made this explicit by adopting the by-line to the acronym ASHM: Supporting the HIV, viral hepatitis and sexual health workforce.

ASHM secured membership of the Blood Borne Viruses and STI Sub-Committee (BBVSS) in 2008 and in 2009 was called on to coordinate the drafting of National Strategies in HIV, Hepatitis C, Sexually Transmissible Infections and Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections and the first National Hepatitis B Strategy. In 2011 ASHM coordinates the continual updating of the HIV and Hepatitis C Testing Policies. ASHM is able to take on this work because it has a broad base, uses inclusive approaches and is committed to working in partnership and collaboratively.

ASHM will continue to work closely with governments at all levels, to participate in and support the partnership approach involving those engaged in science, medicine, government and the community. Our Conference, Sponsorship and Events Division supports sector partners domestically and internationally, providing services to a number of government, non-government and professional partners.

ASHM continues to build on its strong educational base. It became a Registered Training Organisation (RTO) in 2010. Educational activities include accreditation programs in HIV, hepatitis C and B for medical practitioners, training for nurses, Aboriginal health workers, other health professionals and consumer agencies across the range of blood-borne viruses (BBVs) and STIs. We also provide support to other workers who may be impacted by BBVs and STIs in their workplace. One of our biggest challenges now is to harness the internet so that we can maximise our stakeholder reach.

ASHM promotes a partnership approach to extend prevention and treatment programs to other countries. The vast majority of our regional collaborations are focused on HIV; however, viral hepatitis and sexual health are also components of some regional programs. ASHM's International Program is guided by the objectives of the Australian Aid Program, in particular, poverty alleviation and sustainable development. The health of communities and individuals affected by HIV epidemics is crucial to achieving and maintaining these objectives. As noted above, ASHM is also a signatory to the Australian Council for International Development Code of Conduct, which guides and supports our international partnership arrangements.

As the AusAID HIV Consortium for Partnerships in Asia and the Pacific draws to a close, ASHM looks forward to the next iteration of this work and will continue to collaborate actively with AusAID and provide support for subsequent initiatives. ASHM's International Program relies heavily on AusAID, so helping to ensure the effectiveness of these programs is vital. ASHM is actively seeking opportunities, both through AusAID and other agencies, to complement, support and grow our international partnership capacity.

Our strategic priorities

While our activities are diverse, we have identified the following four strategic priorities:

- Harnessing the internet as an effective tool to support our activities, particularly in our educational, policy and practitioner support areas
- Strengthening continual quality improvement approaches in all service areas
- Extending and developing our partnerships with key stakeholders in the international arena
- Expanding our approach to membership, particularly through our organisational member and affiliate programs so that our education, information and policy activities have optimal reach.

Key result areas

In carrying out its work, ASHM has identified 3 key areas where results are critical:

- 1. Supporting Partnerships**
- 2. Delivering Quality Services**
- 3. Leadership and Performance**

Within each of these areas, the Board and secretariat have identified:

- *the end results we want to achieve*
- *the proposed strategies to address these, and*
- *key performance indicators to guide us while assessing progress.*

The Strategic Plan will be reviewed annually, against the key performance indicators and we will report against the indicators in our Annual Report. The Plan is revised every three years. This Plan guides subordinate business plans, program and project plans.

Key Result Area 1:

Supporting Partnerships

The notion of partnership underpins ASHM's formation, development, expansion and future. ASHM was formed by health professionals who recognised that by working in partnership they could support each other and provide a more effective service to their patients. Formalisation of those partnerships has led to membership, association and incorporation. Partnering has led to strategic alliances, collaborations and understandings. As an organisation, ASHM has developed a skill and resource base which can support its own initiatives and can also support other organisations. Partnerships involve the exchange of ideas and resources in both directions. ASHM invests skills developed as an organisation in its members and secretariat, and back into the sector with its partners and new initiatives. Through *supporting the HIV, viral hepatitis and sexual health workforce*, ASHM aims to reduce the transmission of and burden associated with HIV, viral hepatitis and STIs.

| Key result or Aim | Strategies | Performance indicators |
|--|---|---|
| 1.1 Membership of ASHM is valued by individuals and organisations | <ul style="list-style-type: none"> Individual and Organisational membership programs are strengthened The Aboriginal and Torres Strait Islander BBV and STI Organisational Membership and Affiliate Program is further developed and promoted | <ul style="list-style-type: none"> # of members continues to increase Membership renewal process is simplified, time to process 50% of renewals decreases each year # Organisational members increase by 20% per year Organisational membership evaluated as useful by affiliates % of recipients viewing <i>ASHMNews</i> increases |
| 1.2 Formal arrangements with strategic partners strengthen the work of both partners | <ul style="list-style-type: none"> Partners contribute to the planning of the Professional Education and International Divisions ASHM assists in the development and support of sector collaborations ASHM takes a proactive role with state and territory departments of health to further the reach of its programs | <ul style="list-style-type: none"> Organisational memberships increase Examples of benefits are publicised in organisational membership promotional material Organisations with whom ASHM has a strategic relationship is publicised on the website and in the Annual Report Formal arrangements and activities by state and territory are published in the Annual Report |
| 1.3 Domestic, regional and international partnerships reflect the breadth of interest and are valued by partners | <ul style="list-style-type: none"> Partnership relationships with sister organisations domestically and from the region are supported Annual planning occurs with regional partners and informs the International Program | <ul style="list-style-type: none"> Information relating to these strategic relationships is publicised on the ASHM website and in the Annual Report # of formal collaborative relationships increases |
| 1.4 Affiliates value the support provided to them by ASHM | <ul style="list-style-type: none"> Affiliates and their organisations participate in evaluation of their experience of ASHM affiliation and the benefits of this | <ul style="list-style-type: none"> >75% of affiliates value the support provided to them by ASHM at annual evaluation |
| 1.5 ASHM is recognised as making valuable contributions in policy (technical and professional) development | <ul style="list-style-type: none"> ASHM plays an active role in policy development and advisory committees, particularly in its collaboration with governments and peak non-government organisations | <ul style="list-style-type: none"> # of policy submissions is reported in the Annual Report # of collaborative policy endeavours reported in the Annual Report |
| 1.6 The Australasian HIV/AIDS Conference Organising Committee (COC) reflects the multidisciplinary nature of the Society and its collaborators | <ul style="list-style-type: none"> Organisations with a stake in the conference become Organisational Members of ASHM The annual conference is a forum for exchange of ideas with a view to reducing the burden of HIV disease Conference Advisory Group (CAG) targets professions under-represented in the conference registrations and specific annual targets are set | <ul style="list-style-type: none"> >90% of partners on the COC are members or represent Organisational Members of ASHM % of members or affiliates represented in list of reviewers increases >90% of registrants record profession on registration form Participation targets by profession are met Abstract targets by theme and track are met |
| 1.7 ASHM is a valued partner with other organisations in the delivery of conference and events | <ul style="list-style-type: none"> The Australasian Viral Hepatitis Conference collaborators reflect the viral hepatitis sector ASHM is asked to assist with conferences bids | <ul style="list-style-type: none"> # of Conference Collaborators doubles for 2012 conference # and type of conference organising activities recorded in the Annual Report |
| 1.8 ASHM values and supports research through formal arrangements with strategic partners | <ul style="list-style-type: none"> ASHM endeavours to make research findings available to those who can use them ASHM participates in research, particularly to assist it to tailor and improve its programs ASHM encourages new researchers to enter the fields of HIV, viral hepatitis and STI research | <ul style="list-style-type: none"> ASHM includes a list of research collaborations in the Annual Report Scholarship, prize and award program recipients are published in the Annual Report Board and CAG developed profession and discipline targets for conference attendance and scholarships are reported against in the Annual Report |
| 1.9 ASHM contributes to the development of civil society | <ul style="list-style-type: none"> ASHM values and seeks partnerships with consumer organisations ASHM is sought as a partner by regional professional societies and other civil society organisations ASHM keeps pace with emerging civil society definitions and engages with civil society | <ul style="list-style-type: none"> # of MOU and/or Organisational Memberships with civil society organisations increases ASHM Board considers mechanisms for evaluating the quality of conferences and reports against this |

The provision of quality services is fundamental to ASHM's existence. ASHM characterises its role as *supporting the HIV, viral hepatitis and sexual health workforce*, through providing quality services in the areas of information, policy development and advocacy. It provides workforce development and uses its networks to establish and/or promote standards and guidelines. As a learning organisation it attempts to build on the body of knowledge developed in one area and applies this to emerging areas. It recognises the constraints upon its work and the importance of working efficiently, effectively and respectfully. ASHM provides a conduit for the sharing of ideas so that the activities of others are informed by current scientific, clinical, health, social behavioural and policy research. Organisationally ASHM is inquisitive, adventurous and is willing to look at new opportunities, but takes these steps with due diligence. Through *supporting the HIV, viral hepatitis and sexual health workforce*, ASHM will contribute to the reduction of new infections and the quality management of HIV, viral hepatitis and STIs.

Key Result Area 2: Delivering Quality Services

| Key result or Aim | Strategies | Performance indicators |
|--|--|--|
| 2.1 ASHM has an effective internet presence which underpins and supports all its services and activities | <ul style="list-style-type: none"> The website is redeveloped to offer an appropriate level of service for service users, including internal users and to underpin and support all aspects of our work An organisation-wide integrated IT strategy combines hardware and software supply as well as internet and database functions, which supports end users and contributors | <ul style="list-style-type: none"> >75% of users indicate improvement in website offerings and functionality A Quality Improvement Program (QIP) developed for website in year 1 An effective intranet is available to staff by end of 2011 Web statistics reflect impact of continuous quality improvement program Strategies to maintain access for those with limited web access are maintained and reviewed in the Annual Report |
| 2.2 ASHM supports the HIV, viral hepatitis and sexual health workforce by providing quality policy analysis and advice | <ul style="list-style-type: none"> ASHM is an active contributor to policy development activities ASHM initiates policy development on key issues and provides a conduit between information sources and its members ASHM participates in exercises aimed at quantifying the benefit of participation in the policy process and facilitates discussion of this complex area | <ul style="list-style-type: none"> ASHM is asked to and supported to facilitate policy activities ASHM participates in reactive policy development and publishes this on its website ASHM seeks and recognises the participation of partners in policy activities ASHM plays an active role in policy and advisory committees |
| 2.3 ASHM organises its workforce development and support programs so that they develop or reflect best practice standards | <ul style="list-style-type: none"> Where available, ASHM teaches to clinical and other practice standards, guidelines and policies Where these are not in-place ASHM develops agreed best practice standards or curricula for its courses and for the use of others Curricula developed by expert reference groups and clinical advisors | <ul style="list-style-type: none"> ASHM maintains registration as an RTO ASHM complies with any Australian Skills Quality Authority (ASQA) standards ASHM develops routine policy on issues of clinical importance and publishes this on its website Curricula endorsed by BBVSS and other relevant organisations, committees, policy groups, professional societies, union and/or employers groups and colleges as appropriate |
| 2.4 ASHM develops and makes available continuing medical education in HIV, viral hepatitis and sexually transmissible infections | <ul style="list-style-type: none"> Curricula underpin its courses and provide advice to its ongoing education programs; they are reviewed regularly and updated as required. ASHM employs, or engages through other means, clinical and technical advisers to provide a key role in program development and delivery Ongoing support is provided to sector in response to changing approaches, paradigms and needs ASHM tailors its clinical education to identified priority populations and needs of the health workforce serving these groups ASHM can respond effectively and quickly to provide urgent information alerts through its extensive network ASHM partners with leading providers of quality CME programs to expand the range of services available | <ul style="list-style-type: none"> Curricula reviewed by the curriculum sub-committee of the HIV, HCV and HBV Standards and Accreditation Panels annually Impact evaluation on a sample of >30% of courses per year reveals that participants indicate ASHM-instigated workforce development improves their practice 20% increase in number and type of updates provided post basic training in all areas per year Activities aimed at meeting the needs of emerging priority groups are described in the Annual Report If required, any emergency information updates or announcements, are issued by email alerts within 24 hours At least one partnership arrangement with a CME provider is established in year 1 and evaluated with the view to increasing the number of arrangements if appropriate |
| 2.5 ASHM develops and distributes quality resources in support of the health workforce in HIV, viral hepatitis and sexually transmissible infections | <ul style="list-style-type: none"> ASHM will continue to develop its stable of resources ASHM will explore new ways of making resources available, including through e-processes ASHM will explore new ways of making resources available in hard-to-reach settings | <ul style="list-style-type: none"> # of resources distributed by format type (hard copy versus soft) reported in the Annual Report Impact evaluation on a sample of >30% of resources per year reveals that participants indicate ASHM resources improve their practice Uptake of resources produced in electronic format will be monitored |
| 2.6 ASHM facilitates directions setting and planning in HIV, viral hepatitis and sexually transmissible infections | <ul style="list-style-type: none"> Within the context of National Strategies ASHM will use its coordination, facilitation and strategic planning skills and expertise to guide future initiatives. This will utilise 'think tanks', symposia and workshops, and policy development. ASHM will explore ways to maximise promulgation of the results of these activities | <ul style="list-style-type: none"> Suggestions from ASHM are supported by DoHA Activity in this area is published in the Annual Report An analysis of the impact this work has on ASHM-delivered conferences is published in the Annual Report ASHM performance against National Strategy Implementation Plan monitored at Strategies Mid-Term Review and reported |

Key Result Area 2: continued...

| Key result or Aim | Strategies | Performance indicators |
|--|--|---|
| 2.7 ASHM encourages and supports scientific endeavour in HIV, viral hepatitis and STIs | <ul style="list-style-type: none"> ASHM works with researchers from all disciplines to provide mechanisms for the exchange of ideas ASHM collaborates with others, including the research community, to promote investment in scientific research | <ul style="list-style-type: none"> ASHM provides Professional Conference Organiser support to researchers to secure conference bids Membership targets by profession are set and met |
| 2.8 The Australasian HIV/AIDS Conference is seen as the leading medical-scientific HIV conference in Australasia | <ul style="list-style-type: none"> The HIV/AIDS Conference is run annually and explores new ways of remaining a pinnacle meeting regionally ASHM facilitates the inclusion of Aboriginal and Torres Strait Islanders in its conference The HIV/AIDS Conference is seen as a key regional research, medical and scientific conference | <ul style="list-style-type: none"> >75% approval of conference sessions evaluated Report on how evaluation has influenced subsequent events will be included in a QIP and published in the Annual Report # of Aboriginal and Torres Strait Islander health professionals participating in ASHM conference increases # of regional delegates increases |
| 2.9 The Australasian Viral Hepatitis Conference is the leading multidisciplinary conference on viral hepatitis in Australasia | <ul style="list-style-type: none"> Increases its participation from all sectors and becomes an important multidisciplinary meeting regionally ASHM facilitates the inclusion of Aboriginal and Torres Strait Islanders and Maori in the conference ASHM facilitates the participation of affected communities in the conference | <ul style="list-style-type: none"> # of collaborators on Viral Hepatitis Conference doubles for the 2012 conference and then increases as required and practicable # of Aboriginal, Torres Strait Islander and Maori health professionals in Australasian Viral Hepatitis Conference increases # of regional delegates increases # of papers, posters and other presentations by people from affected communities increases |
| 2.10 The ASHM Conference, Sponsorship and Events Division is sought after as a professional conference organiser | <ul style="list-style-type: none"> The Conference Division collaborates on bids and is highly successful The Division has a strategy on sourcing new business and a clear set of service options | <ul style="list-style-type: none"> # of inter-sectoral meetings increases # of new conferences managed increases by at least one per year Conference Division services brochure is redeveloped and distributed |
| 2.11 ASHM is an active participant in representative and advisory forums | <ul style="list-style-type: none"> ASHM is represented on the BBVSS ASHM reports regularly to advisory committees on its activities and plays a significant role in direction setting | <ul style="list-style-type: none"> >90% of BBVSS meetings are attended Written member report submitted to 100% BBVSS meetings |
| 2.12 ASHM provides support and capacity development to civil society organisations working in the HIV, sexual health and viral hepatitis areas internationally | <ul style="list-style-type: none"> ASHM provides skills development and capacity-building programs with regional partners International Division explores funding options as AusAID HIV Consortium for Partnerships in Asia and the Pacific draws to a close Evaluation processes refined to facilitate changes to objectives as practices change | <ul style="list-style-type: none"> # of courses and participants included in the Annual Report >80% satisfaction with courses reported on evaluation Quality improvement cycle, including evaluation, reflections and change to practice apparent and documented for all programs by 2013 Strategy for future International Program submitted to Board Planning Day in 2012 |
| 2.13 ASHM supports nascent organisations and groups with an interest in HIV, sexual health and viral hepatitis areas | <ul style="list-style-type: none"> ASHM contributes collaborative initiatives with sector partners ASHM supports groups of members across jurisdictions to meet, organise and pursue professional development | <ul style="list-style-type: none"> ASHM reports on collaborative ventures in the Annual Report |
| 2.14 ASHM increases its presence in the media and provides media and communication consultancy to third parties | <ul style="list-style-type: none"> Media services are provided through the Conference, Sponsorship and Events Division | <ul style="list-style-type: none"> Media services are introduced, promoted and used Media releases published on the ASHM website |

Governance of the Society is provided by the Board, elected by the membership. Along with its legal obligations the Board provides leadership internally through its direction of the Chief Executive Officer and externally by setting the strategic direction for ASHM. It is through this leadership that the Society has established itself as a broad-based multidisciplinary organisation with the raison d'être of **supporting the HIV, viral hepatitis and sexual health workforce**. This is the key result area which concerns itself with the business of the organisation, its management and accountability, its transparency and democratic processes. As part of civil society, ASHM recognises its obligation to contribute to civil society more broadly, to provide support to partners in this area. Unless ASHM can meet these requirements and obligations it will fall short in its overarching aim of **supporting the HIV, viral hepatitis and sexual health workforce**.

Key Result Area 3: Leadership and Performance

| Key result or Aim | Strategies | Performance indicators |
|--|--|--|
| 3.1 ASHM is seen as a lead organisation, representing and supporting the HIV, viral hepatitis and sexual health workforce and through them those affected by these conditions | <ul style="list-style-type: none"> ASHM plays a leadership role in facilitating and developing national policy ASHM contributes to the implementation plans for the National Strategies Designated position for Aboriginal or Torres Strait Islander representation established on Board ASHM funding proposals specifically align with priorities from the National Strategies and, where possible, national indicators | <ul style="list-style-type: none"> ASHM maintains BBVSS membership # of agenda items initiated by ASHM at BBVSS summarised in the Annual Report Aboriginal or Torres Strait Islander position on ASHM Board is filled and both Board and representative value such participation |
| 3.2 Board, secretariat, representatives, members and affiliates participate in activities and decision-making of the Society | <ul style="list-style-type: none"> All efforts are made to encourage stakeholders to participate in the decision-making Recognition programs are developed to reward and encourage participation Members, affiliates and sector partners are given timely information about policy activities to facilitate contributions to policy development | <ul style="list-style-type: none"> Participation on decision-making committees is a feature of the redesign of the website >95% accuracy in data on the website relating to member participation in decision-making committees A proposal is developed for Board consideration at its 2012 Planning Day to explore other mechanisms to encourage participation # of policy contributions increases and # of collaborators increases |
| 3.3 ASHM media and promotional strategies are appropriate to its needs, and proactive as well as reactive | <ul style="list-style-type: none"> ASHM develops and implements an ongoing proactive media strategy This is promoted at relevant events and through a variety of media ASHM services are promoted at conferences and events | <ul style="list-style-type: none"> Media strategy is reported against at Board 2012 planning day Media activity is reported in the Annual Report # of events and conferences at which ASHM services are promoted is published in the Annual Report |
| 3.4 The business, legal and organisational frameworks and standards of the organisation are appropriate to its needs | <ul style="list-style-type: none"> ASHM is compliant with its obligations | <ul style="list-style-type: none"> Compliance schedule developed by end 2011 as part of QIP ASHM Annual Report is ACFID compliant ASHM meets OHS compliance Reporting of Board activity is 100% Australian Securities and Investments Commission (ASIC) compliant |
| 3.5 Financial management of the Society, including revenue development, sustainability, transparency and accountabilities are exemplary | <ul style="list-style-type: none"> ASHM is compliant with its contractual reporting requirements and Australian Taxation Office (ATO) and ASIC requirements ASHM is committed to quality improvement and will continue to participate in policy development around the establishment of a not-for-profit regulator, if relevant ASHM will consider being an early adopter of any new standards associated with this and relevant to our financial structure | <ul style="list-style-type: none"> ASHM financial report is ASIC compliant Business Activity Statements (BAS) are processed on-time 100% of time >90% compliance with contractual arrangements with funders 100% of deviations from contractual arrangements with funders are approved by funders |
| 3.6 A quality framework, including risk management, planning, delivery, evaluating and reporting underpins the business practice of the organisation | <ul style="list-style-type: none"> ASHM is aligning its processes with continuous quality improvement standards ASHM is entering a cycle of business process formalisation which will affect all aspects of the organisation | <ul style="list-style-type: none"> Quality improvement and risk management programs are in place Risk management is in place for >80% of projects by end of year 1 and all project by end of year 2 Business processes are defined for >75% of new projects in year 1 and all projects by end of year 2 |
| 3.7 ASHM attracts high-calibre and skilled representatives and staff as people choose to be associated with the Society. The Society values and benefits from this association and invests in its people appropriately | <ul style="list-style-type: none"> ASHM will review its Human Resources management and processes ASHM will implement a program of values reinforcement across the secretariat and in its dealings with members and other stakeholders | <ul style="list-style-type: none"> HR review is completed and implemented by end of year 1 Values reinforcement is incorporated into in-house staff development and induction >80% of staff will participate in professional development 100% of management staff will participate in performance management training |



communicate

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