

Clinical Leadership Group Terms of Reference

Tropical Australian Academic Health Centre

1. Background

- The Tropical Australian Academic Health Centre (TAAHC) has been established to enhance research activity and impact across north Queensland as a partnership between the five northern Hospital and Health Services (HHS), the North Queensland Primary Health Network (NQPHN), James Cook University, including the Australian Institute of Tropical Health and Medicine.
- TAAHC is governed by an Executive Board, Chaired by Professor Ian Wronski and including high level executives from all the partner organisations.
- TAAHC has been designated a Centre for Innovation in Regional Health (CIRH) by the NHMRC, joining two other CIRHs and seven Academic Research Translation Centres (a total of ten national translational health research centres).

In order to achieve its aims, TAAHC needs to further develop a governance and operational structure and associated processes to ensure it is able to bring its visions and plans to fruition. This is also critical for accountability to its member organisations; both in the immediate and longer term.

2. Role of the TAAHC Clinical Leadership Group

The primary function of the TAAHC Clinical Leadership Group (CLG) is to provide operational guidance and direction for TAAHC with a focus on engagement, research capacity strengthening and research support. Through a connected group of mostly clinician leaders and influencers, nominated by their organisations, this group will be able to ensure engagement and relevance of TAAHC activities across the various contexts in which TAAHC operates. Working closely with the TAAHC Board, the secretariat and staff in all partner organisations will be critical to their success.

To achieve this, the CLG will:

- provide advice to the TAAHC Board;
- prepare strategic, operational and policy documents for consideration by the TAAHC Board;
- implement the TAAHC strategic and operational plan with a particular focus on engagement, research capacity strengthening and support;
- advocate on behalf of TAAHC to clinicians, key community groups, professional organisations and government;
- communicate with stakeholders on behalf of TAAHC;
- communicate outcomes of meetings to the TAAHC Board.

3. TAAHC Clinical Leadership Group membership

The membership of the TAAHC CLG will be established from and by the organisations that are members of TAAHC.



Initially the TAAHC CLG will comprise one nominated representative from each of the member organisations - seven (7) members in total.

The Clinical Leadership Group recognises and embraces the benefits of having a diverse membership. The Clinical Leadership Group is committed to diversity in membership across race, gender and experience.

Initial nominees (from north to south) are as follows:

Partner Organisation	Initial Nominee
Torres and Cape Hospital and Health Service	Dr Allison Hempenstall
Cairns and Hinterland Hospital and Health Service	A/Prof Edward Strivens
North Queensland Primary Health Network	Ms Jill Thomas
North West Hospital and Health Service	Dr Julie Parry
James Cook University	Prof Sarah Larkins
Townsville Hospital and Health Service	Prof Sabe Sabesan
Mackay Hospital and Health Service	A/Prof David Farlow

In addition, Mr Peter Westwood from the Australian Institute of Tropical Health and Medicine will participate in the Clinical Leadership Group to provide operational input and support.

At a future date, this may be extended, in an equitable manner, to include two nominees per partner organisation, with one playing a lead role in engagement and capacity strengthening and another in the expert research advisory group.

The convenor of the CLG will be nominated within the membership and may be a rotating position.

New members will be appointed from and by the TAAHC CLG following a call to the leadership of the relevant member organisation for nominations (and a vote if required).



4. Roles and Responsibilities of TAAHC Clinical Leadership Group members

Position	Responsibilities
Convenor	<ul style="list-style-type: none"> Arrange agenda Lead meetings Lead decision-making process Write and receive correspondence Act as spokesperson for the TAAHC CLG
All members	<ul style="list-style-type: none"> Regularly attend and participate in meetings Contribute their skills, knowledge and experience Write and/or review relevant documents Report as necessary to their organisation to share knowledge on progress and issues. Seek to make available relevant information held by the organisations they represent to assist the development of TAAHC Lead and/or participate in sub-groups (where required)

5. Decision making

Where possible decisions will be made via consensus. Where consensus is not possible, a vote will be held with 50% plus one being the basis for any decision.

Conflicts of interest will be declared at the start of each TAAHC CLG meeting.

6. Reporting

The CLG will report to the TAAHC Board of Directors.

8. Meetings

The meeting schedule will be determined by the TAAHC CLG and may be subject to change depending on activities required to meet identified timeline milestones and align with TAAHC Board meetings. Initially monthly meetings lasting one hour are envisaged.

7. Tenure

The TAAHC CLG will operate until June 30, 2022.

Members of the CLG are appointed for a term of two years.



8. Structural Relationships

The Research and Innovation Expert Reference Group was established by the TAAHC Board with responsibility for peer review of TAAHC funding applications and research strengthening and engagement activities. The Research and Innovation Expert Reference Group is sub-divided into two functional groupings: the CLG and the Expert Research Advisory Group.

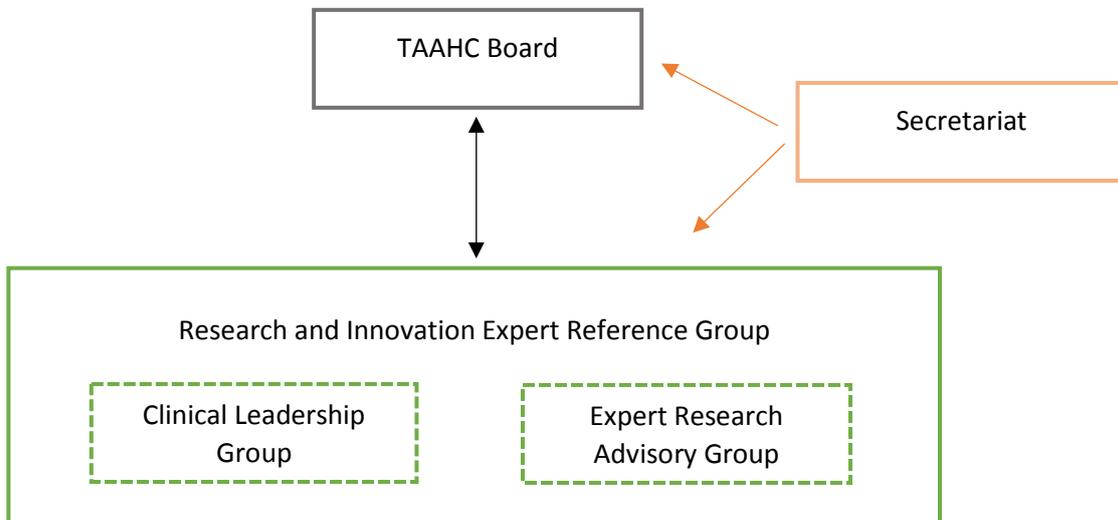
The CLG is responsible for research capacity strengthening and engagement activities (see **3. Role of the TAAHC Clinical Leadership Group**). The Expert Research Advisory Group is responsible for peer review of TAAHC funding applications.

Each TAAHC Member has nominated a representative to the Research and Innovation Expert Reference Group. These representatives are members of the CLG. Each TAAHC Member may also nominate a representative to the Expert Research Advisory Group.

The CLG will meet regularly (see **8. Meetings**). The Expert Research Advisory Group will meet as needed for the review of TAAHC funding applications.

The CLG and Expert Research Advisory Group will meet in combination as the Research and Innovation Expert Reference Group at least twice per year.

Figure 1. Relationship between the TAAHC Board, Research and Innovation Expert Reference Group, Clinical Leadership Group and Expert Research Advisory Group.



9. Endorsement

These terms of reference have been endorsed by:

TAAHC Clinical Leadership Group on 15 July 2020.

TAAHC Board on 28 September 2021.

