

<b>Division:</b>	<b>Research, Audit and Academic Surgery</b>	<b>Ref. No.</b>	<b>TOR-3120</b>
<b>Department:</b>	<b>Section of Academic Surgery</b>		
<b>Title:</b>	<b>Clinician Researcher Committee</b>		

**1. PURPOSE AND SCOPE**

These Terms of Reference establish the Clinician Researcher Committee (CRC), which is a subcommittee of the Academic Surgery Committee. Hereafter, the Clinician Researcher subcommittee will be referred to as the CRC.

In order to fulfil its purpose, Clinical Academic Pathways Working Party transitioned from a short-term Working Party to the Clinician Researcher Committee in 2021. It is acknowledged that its advocacy role is ongoing and it would be better positioned to undertake this endeavour as a formal and permanent entity.

The aims of this Committee are:

- i) to advocate for and develop a strategic framework that will identify the requirements for entrenching clinical academic career pathways within the Australian and New Zealand healthcare systems, and
- ii) to investigate providing active support to host institutions wishing to build new clinical academic training pathways/positions throughout the continuum of training in collaboration with the relevant training, regulatory and professional bodies (including medical schools and specialist medical colleges).

**2. KEYWORDS**

Academic surgery, Clinical, Research, Training, Career Pathway, Diversity and Inclusion, Clinician Researcher

**3. BODY OF POLICY**

**3.1. Background**

In 2011, a discussion paper was prepared by the Medical Deans Australia and New Zealand on 'Creating and Sustaining the Next Generation of the Clinical Academic Workforce' exploring the major challenges to developing and maintaining a clinical academic workforce and developing the best strategies to ensure sustainability of the clinical academic workforce.

The Royal Australasian College of Surgeons, through the Section of Academic Surgery, has had a key focus on clinical academic pathways. In 2012, the Chair of the Academic Surgery Committee presented a paper, which was endorsed by the Academic Surgery Committee, on a range of projects including clinical academic pathways.

A meeting, the International Summit Meeting on Academic Career Pathways, was held in Sydney on 12 November 2014 with a range of stakeholders from the government (Australian, federal, State and Territory, and New Zealand); clinical service delivery; education and training across the medical continuum; health and research funders; and professional bodies.

A Working Party was formed to progress this work, reporting back to Summit attendees ahead of a second meeting held on 11 November 2015. It has endeavoured to identify, develop and promote clinical academic pathways in Australia and New Zealand.

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### 3.2. Objectives

The CRC is responsible for developing strategies to ensure the sustainability of the clinical academic workforce through engaging with institutions, colleges and associations concerned with clinical academic pathways for health care practitioners.

### 3.3. Duties and Responsibilities

The Committee will:

- Identify and document nationally recognised pathways for clinician researchers
- Identify barriers to engagement with clinical academic pathways and engage with relevant institutions to reduce the impact of these in the implementation of such pathways
- Identify and engage with institutions and organisations interested in developing, improving and maintaining clinical academic pathways for health care practitioners
- Encourage institutions and organisations to consider diversity, equity and inclusion in their development of clinical academic pathways
- Identify potential host(s) institution for future summit(s) on academic career pathways
- Identify and engage with major government funding bodies on clinical academic pathways [e.g. National Health and Medical Research Council (NHMRC), Medical Research Future Fund (MRFF) and Health Research Council (HRC)] to secure sustainable funding support for clinical pathways
- Prepare article(s) for peer-reviewed journal(s) including the Medical Journal of Australia (MJA) and the Australian and New Zealand Journal of Surgery that better promotes and advertises clinical academic pathways to the readership

### 3.4. Composition

#### 3.4.1 The Committee will consist of one representative from each of the following groups:

- Medical Deans Australia and New Zealand
- Royal Australasian College Of Surgeons, (in addition to the CRC Chair) through a process of nomination to the Chair
- Royal Australasian College Of Physicians (RACP)
- Australian Medical Council (AMC)
- Australian Academy of Health and Medical Sciences (AAHMS)
- Australian Medical Association, Council of Doctors in Training (trainee representative)
- Australian College of Nursing,
- An Academic Health Science Centre
- An Australian or New Zealand Medical School
- A senior New Zealand clinician researcher
- An Allied Health practitioner

The Chair reserves the right to initiate direct communications with external institutions for advice and/or seek representation from external institutions that would be advantageous to achieving the aims of the Committee.

#### 3.4.2. Co-Opted and invited attendance

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Co-opted and invited attendance as deemed necessary will be at the discretion of the Chair of the CRC . Co-opted and invited attendance will be for a defined period as determined by the Chair.

**3.4.3. In Attendance**

1. General Manager, Research, Audit and Academic Surgery
2. Manager, Research and Academic Surgery
3. Coordinator, Academic Surgery

**3.5. Tenure and Method of Appointment**

- 3.5.1.** The Chair will be an academic surgeon from the Royal Australasian College of Surgeons who is appointed by the Academic Surgery Committee.
- 3.5.2.** The Chair will serve a 3 year term with a maximum of 3 terms (9 year total).
- 3.5.3.** Membership of the Committee is approved by the Chair. If the member is no longer able to represent their group, a replacement representative will be delegated by the relevant institution or association.
- 3.5.4.** If a representative is unable to attend a meeting, the representative may nominate a proxy for the meeting.

**3.6. Meetings**

The Committee will convene at least two meetings per annum either by videoconferencing or face-to-face as the opportunity arises.

**3.7. Quorum**

The quorum will be the majority of the voting membership of the Committee members.

**3.8. Accountability**

The CRC’s proceedings will be recorded in minutes. Reports are provided to Professional Standards and Advocacy Committee (PSAC) via the Research and Academic Surgery Committee (RASC).

**3.9. Publications**

All publications arising from CRC activities will be submitted to the Academic Surgery Committee, the Research and Academic Surgery Committee (RASC) and the Professional Standards and Advocacy Committee (PSAC) for noting.

**3.10. Reporting Structure**

The CRC will report through the Academic Surgery Committee, the RASC to the PSAC.

**4. ASSOCIATED DOCUMENTS**

Discussion paper ‘Creating and Sustaining the Next Generation of the Clinical Academic Workforce’ (Medical Deans Australia and New Zealand 2011)

The UK Foundation Program ‘Rough Guide to the Academic Foundation Program and Compendium of Academic Competencies (2009).

**5. COMMUNICATION**

The policy is available on the College’s website for access by Fellows, Trainees, and Specialist International Medical Graduates (SIMGs).

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**TERMS OF REFERENCE****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

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**Approver** PSAC  
**Authoriser** Council

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