Clinical Research Network (CRN)

Leadership Group Terms of Reference

Purpose

The Clinical Research Network (CRN) Leadership Group provides strategic leadership, governance and oversight of the HMRI Clinical Research Network. The Leadership Group is responsible for guiding the CRN in line with its goals of:

- building research capacity and capability across the district
- fostering collaboration and connections
- reducing barriers to research participation
- supporting research that improves patient outcomes, healthcare delivery and policy
- promoting the value and impact of the network.

Commitment to Aboriginal Leadership

The Leadership Group recognises Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands on which we work and acknowledges their enduring leadership, knowledge systems and connection to Country. The Leadership Group is committed to ensuring that Aboriginal leadership, perspectives and expertise inform the planning, implementation and evaluation of its work. This commitment supports self-determination, meaningful partnership and culturally responsive decision-making.

Objectives

The CRN Leadership Group will:

- Set the strategic direction and priorities of the CRN through ongoing consultation with members and key stakeholders.
- Foster a collaborative, culturally safe, inclusive and research-active culture across the network.
- Value Aboriginal and Torres Strait Islander knowledge, lived experience and leadership as essential to decision-making.

- Strengthen research capability, capacity and clinical engagement in research.
- Identify and facilitate opportunities for networking, knowledge exchange, collaboration and co-design through meetings, forums, workshops and collaborative projects.
- Champion research engagement and translation to support evidence-based clinical practice, service improvement and policy development.
- Promote the visibility, value and impact of the CRN through appropriate channels.
- Demonstrate leadership to support a coordinated, inclusive and sustainable approach to research development and delivery across the network.

Responsibilities

The CRN Leadership Group is responsible for:

- Providing strategic leadership and governance for the CRN.
- Consulting regularly with CRN members and key stakeholders to identify, inform and develop the CRN's strategy and develop priority activities to support implementation of the strategy.
- Reviewing and monitoring CRN priorities, activities and budget allocation, and making recommendations regarding expenditure in line with CRN objectives and funding guidelines.
- Working with HMRI and the HNELHD Research Office to identify and address barriers to research participation, capacity and capability.
- Supporting equitable access to research opportunities, resources and support across the network.
- Acting as ambassadors for the CRN within HMRI, HNELHD and the broader community.
- Reviewing meeting documentation as required and providing agenda items to the CRN Coordinator.

Membership

The Leadership Group will comprise approximately 5 - 7 CRN members appointed through an Expression of Interest (EOI) process. Leadership Group members must be members of the CRN and hold an affiliation with HMRI. A minimum of five members must be employed by HNELHD to ensure the Leadership Group remains clinically embedded and aligned with health service priorities. Up to two positions may be held by individuals in non-patient-facing roles where their expertise in clinical research, research leadership, research support, translation, capacity building or network development strengthens the work of the CRN. For the purposes of this Network, a clinical researcher is a clinician, researcher or health professional who contributes to the generation, translation or implementation of research designed to improve patient

outcomes, healthcare delivery, service improvement or health policy. This includes individuals undertaking, supporting or leading clinical, health services, translational, implementation or population health research.

Members will have a demonstrated commitment to fostering a positive, inclusive and collegial culture, underpinned by professionalism, mutual respect and constructive contributions to mentoring, discussions and decision-making.

To maintain appropriate separation between strategic leadership and financial governance, individuals with responsibility for approving, allocating or making financial decisions regarding HMRI Research program (e.g., Chair of Brain Health or Reproductive and Family Health) budgets are not eligible for appointment to the Leadership Group.

Membership shall include diversity in representation including:

- Gender diversity.
- Clinicians and researchers working across adult, paediatric, Aboriginal and Torres Strait Islander and CALD populations.
- Diverse research methodologies (qualitative, quantitative, implementation, clinical trials, translational research).
- Regional and rural HNE locations
- Diversity in research specialty and areas of interest

Dedicated Positions

The Leadership Group includes the following dedicated positions:

- Two Aboriginal and Torres Strait Islander representatives.
- One Early Career Researcher (ECR) representative.

To support Aboriginal and Torres Strait Islander leadership and maintain cultural safety within the Leadership Group, two Aboriginal and Torres Strait Islander representatives will be appointed.

The ECR representative position will remain vacant until the CRN ECR Committee is established. Once established, the elected Chair of the ECR Committee will automatically become a member of the Leadership Group and serve as the ECR representative, providing a formal link between the ECR Committee and the Leadership Group. This appointment will occur through the ECR Committee election process rather than the Leadership Group EOI process.

The CRN Coordinator and a representative from the HNE Research Office may attend meetings in an ex officio advisory capacity to facilitate knowledge sharing and support the delivery of CRN activities. They are not formal members of the Leadership Group and do not hold decision-making authority or voting rights.

Decision-making Governance

All appointed Leadership Group members are entitled to one vote and have full decision-making authority on matters within the scope of the Leadership Group's responsibilities.

The Leadership Group will seek to make decisions by consensus wherever possible. Where consensus cannot be reached, final decisions will be made by the Leadership Group Co-Chairs. Each appointed Leadership Group member will have one vote.

A quorum must be present for decisions to be valid. Attendance may be in person or via an approved virtual meeting platform, and remote attendance will be considered equivalent to in-person attendance for the purposes of participation, quorum and voting.

Conflicts of interest (COIs) will be managed in line with HMRI's COI Policy. Members must declare any actual, perceived or potential COIs in relation to matters under discussion. The Co-Chairs will determine how the conflict will be managed, which may include the member abstaining from discussion, decision-making or voting on the relevant matter. COIs and actions taken to manage them will be recorded in the meeting minutes.

CRN Chairing Arrangements

The Leadership Group will be co-chaired by one Aboriginal and Torres Strait Islander member and one non-Aboriginal member to reflect shared leadership, partnership and culturally responsive decision-making. The Co-Chairs will be elected by the Leadership Group and appointed for a 12-month term.

The Co-Chairs will be jointly responsible for chairing Leadership Group meetings, liaising with the CRN Coordinator, representing the CRN at HMRI and other relevant stakeholder events as required, and supporting Leadership Group members to fulfil their responsibilities. The Co-Chairs will work collaboratively to ensure the effective functioning of the Leadership Group and the achievement of the CRN's objectives.

Individuals nominating for a Co-Chair position must ensure they have the capacity to fulfil the responsibilities of the role.

Term of Appointment

Leadership Group members will be appointed for an initial two-year term. To maintain continuity and corporate knowledge, up to half of the Leadership Group may have their term extended once by a further 12 months. Members may nominate for an extension through an EOI process.

Meetings

Frequency: Meetings will be held monthly. Additional or informal meetings may be convened as required.

Quorum: 75 percent of the total number of Leadership Group members.

Attendance: Members of the Leadership Group are expected to attend at least 70% of scheduled meetings each year.

Secretariat Support

The CRN Coordinator will provide secretariat support for the Leadership Group, including coordinating meetings, preparing and circulating agendas and recording minutes. Agendas and draft minutes of previous meetings will be circulated at least five working days prior to the next meeting.

Reporting

An annual report summarising achievements, key activities and priorities will be prepared by the CRN Coordinator under direction from the Leadership Group. This will be approved by the Leadership Group Chair within a week of receiving the document and shared with CRN governance.

The CRN coordinator will support the Leadership Group with required progress and financial reporting to HMRI.

Review

The Terms of Reference will be reviewed annually to ensure they remain fit for purpose and aligned with the evolving strategic priorities of the CRN, HMRI and HNELHD.

Version	Approved by	Date
1.0	Nicolette Hodyl, Chief, Research Translation and Healthcare Improvement	17/08/26