



# EMHS Research Advisory Committee

## Terms of Reference

# 1. Establishment and Purpose

The EMHS Research Advisory Committee (RAC) works to provide leadership and support to the EMHS research and clinical trials community and advice to the EMHS Chief Executive and Area Executive Group (AEG) about the strategic direction of research and clinical trial activity within EMHS.

## 2. Accountability

The EMHS RAC is accountable to the EMHS AEG via the EMHS Executive Director of Medical Services (EDMS) (Executive Sponsor).

## 3. Functions

The RAC has two functions:

1. **Advisory:** Provide expert advice via a quarterly advisory to the EMHS Chief Executive and AEG on the strategic direction of research and clinical trials, highlighting opportunities and identifying challenges/risks to research and trial services.
  - Support EMHS Innovation and Research to prioritise and implement actions under the EMHS Research Strategy and monitor and support progress against the National Clinical Trials Governance Framework (NCTGF) Action Plan.
  - Monitor and provide strategic advice on research budget allocation, workforce capacity and the management of research and trial resources within EMHS.
  - Identify emerging or active risks observed within EMHS and offer advisory insights to mitigate occurrence.
2. **Capacity Building:** Support the EMHS research community and partners by working to strengthen research and clinical trial capacity, increase partnerships and grant success and cultivate a strong culture of intellectual curiosity across EMHS.
  - Identify opportunities for research- and trial-related policies and processes and recommend revisions to comply with legislative, regulatory or policy requirements.
  - Lead and contribute to EMHS submissions to consultations relating to proposed policy or legislative changes that will impact research and trials.
  - Attend EMHS and RPH Research Foundation research events, forums and webinars
  - Offer innovative ideas and feedback to build research and clinical trial business opportunities and revenue.
  - Identify and foster internal collaborations among staff and encourage research partnerships across tertiary and general hospitals and area-wide services.
  - Identify and foster research and clinical trial collaborations with other health service providers, research institutions, universities, and industry and encourage greater involvement of external organisations in research and trials at EMHS.
  - Work with EMHS Communications and other partners, including the RPH Research Foundation, to ensure research and trial achievements are communicated effectively to the EMHS workforce, external stakeholders and the wider community.
  - Encourage and support research by EMHS staff, mentor early- and mid-career researchers and drive effective succession planning for critical senior positions.
  - Provide advice to EMHS staff preparing research grant applications to funding bodies, such as the WA Future Health Research and Innovation (FHRI) Fund and the Medical Research Future Fund (MRFF).

## 4. Working Groups and Out-of-Session Work

RAC members will work with flexibility in response to arising matters and tasks.

Working group are formed as required. They report back to the RAC and are dissolved by the RAC as required.

Formal Dissolution is noted by a statement in the decision log.

Working Parties do not require Terms of Reference.

## 5. Membership

### 5.1 Core Membership

The RAC core membership consists of key personnel whose duties directly relate to achieving the outcomes of the Committee, key partners and consumer representatives:

| Core Members |                                       |                                     |
|--------------|---------------------------------------|-------------------------------------|
| 1.           | EMHS Director of Research             | Chair – rotating annually (see 8.1) |
| 2.           | EMHS Director Allied Health Research  |                                     |
| 3.           | RPBMLG Director of Acute Care Nursing |                                     |
| 4.           | RPH Research Foundation CEO           |                                     |
| 5.           | Consumer Representative               |                                     |

| Ex-Officio |                                       |  |
|------------|---------------------------------------|--|
| 1.         | EMHS Director Innovation and Research |  |
| 2.         | Manager, EMHS Research Hub            |  |
| 3.         | Clinical Nurse Manager - Research     |  |
| 4.         | AKG Research Coordinator              |  |

### 5.2 Appointed Membership

The remaining membership will consist of no more than 8 highly motivated research-active/engaged EMHS staff and external partners passionate about improving research and clinical trial capacity within EMHS.

Members must have sufficient interest and time to meaningfully contribute to the functions of the Committee and be willing to actively support and develop all aspects of research and trials at a strategic and operational level.

Members are not appointed to represent any EMHS hospital or service, clinical speciality, professional or interest group, but to offer their individual and collective knowledge, skill and leadership abilities to efforts to improve policies and operational processes and the effective governance of research and clinical trials within EMHS.

Member qualities and expectations:

- Passionate about research and clinical trials.
- Able to dedicate time to work on tasks related to the Committee functions.
- Experienced in conducting research and/or clinical trials within EMHS or leading research/trials from an external partner in collaboration with the WA Health System.
- Willing to bring fresh ideas within a pragmatic understanding of how the WA Health System operates and is funded.
- Has a track record in identifying and successfully obtaining competitive research grants.
- Has experience working with external research and trial partners from the various sectors such as industry, universities and research institutes and not-for profit organisations.
- Has established research and trial networks across sectors including industry, universities and research institutes and not-for profit organisations.
- Is committed to mentoring and developing early- and mid-career researchers/trialists.

Committee members are expected to use their knowledge and experience to drive new ideas and assist EMHS Innovation and Research to action and report on the EMHS Research Strategy and National Clinical Trials Governance Framework (NCTGF) Action Plan. Tasks may involve prioritisation of actions, surveilling the research and trial environment for opportunities and risks, providing pragmatic and actionable ideas to capitalise on opportunities or identify risks and actively seeking out new partnerships and collaborations.

Members will be appointed following review of an Expression of Interest (EOI) and appointment for a three-year renewable term by the EDMS.

While the membership is not intended to be representative of hospitals or services, clinical specialities, professional or interest groups, where possible it will include a mix of:

- Senior clinical academic researchers
- Early-to-mid career clinical academic researchers
- Staff from Royal Perth Bentley Mount Lawley Group (RBMLG)
- Staff from Armadale Kalamunda Group (AKG)
- Staff from EMHS Mental Health Directorate
- Staff from EMHS East CareConnect and Population Health
- Allied Health researchers
- Nursing researchers
- Junior Medical Officers
- Aboriginal Health researchers
- Mental Health researchers
- Senior business support managers or executives
- Other personnel with a strong interest in research and trial support functions from teams including Communications, Safety & Quality, Finance, People & Culture.

## 6. Conflict of Interest

A member of the RAC who has duties or interests in conflict with their duties or interests on the Committee, whether direct, indirect, financial, material or otherwise, must withdraw or declare a possible conflict of interest to the Chair in accordance with the [Department of Health Managing Conflicts of Interest Policy](#).

The member will withdraw from the Committee for the duration of the deliberation in question, prior to any discussions or decisions on the matter being taken unless the Committee determines the conflict is trivial or unlikely to compromise decision making.

Where the Chair has excused a person from the Committee for that matter it may co-opt an alternative person to sit on the Committee for the purpose and duration of the period during which such a matter is under consideration.

## 7. Co-option

The Committee can co-opt others in an advisory capacity when it requires specific advice, such as from experts in communications, finance, people & culture or information technology. The Committee Chair will ensure invited persons are aware of their obligations with regards to confidentiality including the [EMHS Media Communications Policy](#).

## 8. Meeting Operating Procedures

### 8.1 Chair

The Chair will rotate approximately annually between the clinical, nursing and allied health research directors, with the Chair for the next year confirmed at the last meeting of each year.

Where the availability and/or capacity of a research director precludes a rotation, the Committee can agree to the current Chair continuing into a second year.

The Chair, or in their absence, a Deputy Chair assigned from the Core Membership, will be responsible for preparing meeting agendas and Chairing meetings.

### 8.2 Administrative Support

The Administrative Officer is the authorised channel of communication of decisions of the Committee. The Administrative Officer, following approval by the Chair/Deputy Chair, will:

- Issue and prepare: Agendas, decision log, action log, meeting schedules, attendance list and documents required for the meeting at least 3 working days prior to a meeting.
- Distribute draft decision and action logs within 7 working days of a meeting.
- Book venues and informs membership of the location.
- Keeps records of Agendas and documents circulated with them, as well as correspondence or documents tabled at meetings.
- Ensure Decision and action logs, together with an executive sponsor/governing Committee summary report is sent to the Executive Sponsor after every meeting.

The RAC records will remain the property of EMHS and must be preserved in accordance with the State Records Act 2000.

### 8.3 Quorum

A quorum consists of the Chair/Deputy or delegate plus 50% of the Committee or proxy members.

If a member of the Committee or their representative does not attend for more than three consecutive meetings, the Chair will notify the person in writing of intent to replace.

## 8.4 Meeting Frequency

The Committee will meet quarterly in the second week of the last month of each quarter (March, June, September, December). This aligns with the EMHS research and clinical trial reporting schedule and ensures the RAC can provide written advice in advance of quarterly reporting to Hospital/Service level Executive Committees and bi-annual reporting to the AEG and Board.

Urgent business will be dealt with out of session by email as required by the Chair.

## 8.5 Special Meetings

The Chair may convene a special meeting on their own initiative or at the request of a member. Members must, if possible, receive at least 24 hours' notice of the meeting.

## 8.6 Apologies

If a member is unable to attend a meeting, then an apology should be given to either the Chair or Administrative Officer.

## 8.7 Conduct of Meeting

The decision of the Chair is final in all matters of procedure and order.

## 8.8 Destruction of Documentation

Destruction of documentation is determined by State Records Act 2000, the EMHS Information & Records Management Policy Confidentiality and Information Security Policy.

# 9. Reporting

## 9.1 Research Activity and Strategy Action Plan Updates

The EMHS Research Hub will provide the Committee with the following regular reports prior to meetings:

- The latest *EMHS Research and Clinical Trial Reports* to the Hospital/Service Executive Committees/AEG/Board which include summary update against (1) the EMHS Research Strategy Action Plan and (2) the NCTGF Action Plan.
- The Committee Agenda will include a standing item to discuss matters arising from Executive Committee/AEG/Board that require Committee attention (e.g., current focus actions; upcoming events; major outcomes or achievements).

## 9.2 Committee Reporting

The Committee will provide a quarterly summary '*EMHS RAC Advisory*' for the Hospital/Service-level Executive Committees and AEG/Board. A standing agenda item will cover discussion of items to be included in this report.

The EMHS Research Hub will append this Advisory to Hospital-level and AEG/Board reports at the next reporting cycle.

## 9.3 Evaluation of Committee Performance

The Committee will undertake a summary of achievements and conduct a self-assessment to determine areas for improvement and to assess membership's compliance against the committee etiquette standard.

## 9.4 Review of TORs

Terms of reference are to be reviewed at least every 3 years and revised accordingly to ensure its role and functions are met.

# 10. Confidentiality – Consumer Representative

Committees are encouraged to engage consumer representatives as part of routine committee activities.

Consumer representatives must be sourced via an EMHS/AKG/RPBMLG Consumer Engagement Unit.

These consumer representatives have already undergone the relevant Police clearance, volunteer screening, hospital and volunteer induction, have signed confidentiality agreements and will be remunerated according to current Department of Health Guidelines.

If a visitor is attending a meeting, please consider discussing the confidentiality requirements for the meeting at the introduction.

# 11. Endorsement of Terms of Reference

| RAC Endorsement                                                            |                |
|----------------------------------------------------------------------------|----------------|
| Endorsed at a RAC meeting held:                                            | 27 August 2026 |
| Approval                                                                   |                |
| Approved by EMHS Chief Executive                                           | September 2026 |
| Review Date                                                                | September 2029 |
| These TOR are reviewed at a minimum every 3 years, or earlier if required. |                |