



CRITERIA FOR ELECTION TO FELLOWSHIP OF AAHMS

Persons considered for election to Fellowship of the Australian Academy of Health and Medical Sciences:

- Will have rendered, and will continue to render, conspicuous service to medical and health science.
- Will be recognised by their peers for excellence in an aspect of health and medical research in Australia.
- Will demonstrate ongoing commitment to research to improve health care through practice and/or leadership.

The primary criterion for Fellowship is contribution to health through health and medical research. This contribution can be assessed in different ways, according to the experience of the candidate.

For Ordinary Fellows:

Nominations of candidates for Ordinary Fellowship must demonstrate a significant contribution, as defined above, in at least one of the following categories of impact:

- 1) For **clinical** candidates, there should be an actual or a clear potential contribution to an aspect of health practice from the research, i.e. a change in health policy or clinical practice, a drug, device or test developed or in clinical trial, a significant clarification of the pathophysiology of a human disease.
 - a. Candidates with a substantial clinical workload (e.g. clinicians in full time public hospital practice) should have this taken into consideration, when being compared with candidates in academic positions with less clinical responsibilities. (Clinical workload can influence the quantum of research contribution for Fellowship, but not the expected impact.)
- 2) For **non-clinical** candidates for Fellowship, excellence in their primary discipline is important, in addition to an actual or clear potential contribution to an aspect of health from the research as expected for clinical candidates, i.e. a change in health policy or clinical practice, a drug, device or test developed or in clinical trial, a significant clarification of the pathophysiology of a human disease.
- 3) For candidates where **leadership** is a ground for consideration, this should be leadership of research. Leadership in clinical service, and/or in administration of an academic department, themselves do not warrant consideration: there must be a research mentorship component and, if this is the sole ground for consideration, it must be sustained, impactful, and a substantial part of the work load of the candidate.
- 4) For **industry** candidates where contribution to health is through leadership in industry, there should be a strong track record of achievement and a clear connection between the work of the candidate and research or development leading to demonstrable outputs, such as a change in health policy or clinical practice; patents; drugs, devices or tests developed or in clinical trials; or a significant clarification of the pathophysiology of a human disease. The candidate will have made a demonstrable personal contribution to those endeavours, which should be provided through a summary (including links to evidence where available) of their top 5 contributions. They will usually be based for the majority of their time in industry (e.g. pharma, biotech) though may have moved into industry from another sector. Proposers will need to provide evidence of the candidate's substantial research and/or clinical development experience in each of the following domains (see Appendix A for examples):
 - a. *Leadership*
 - b. *Health Translation/commercialisation*
 - c. *Scientific/research track record*

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- 5) Candidates for **overseas** Fellowship will have made substantial contributions to health and medical sciences in Australia and will be Australian Citizens (or permanent residents if applicable) who at the time of nomination reside outside of Australia, but anticipate this to be on a *temporary* basis (though that may be for a number of years); they must have ongoing collaborations within Australia. Eligibility is restricted to those who:
- are currently active in an aspect of health policy, practice or health and medical research;
 - have contributed substantially to Australian health and medical science or the business of the Academy;
 - are eligible for Fellowship of the Academy when judged against the published Criteria for Fellowship, in the opinion of the Proposer.

For individuals located permanently overseas, but with strong connections to Australian, a nomination for Corresponding Fellowship maybe more appropriate (see below).

Please note that candidates for **all categories** of **Ordinary** fellowship remain under consideration for three years unless they are elected or the nomination is explicitly requested to be withdrawn before the nomination deadline for a given election round. The Proposer is responsible for confirming the candidate's continuing eligibility for each year the application is under consideration.

For Corresponding Fellows:

A Corresponding Fellow is ineligible for Ordinary Fellowship due to residency status, but will have contributed substantially to Australian health and medical science and/or Academy business – as defined at the beginning of this document. Eligibility is restricted to non-Australian residents, who do not anticipate coming/returning to Australia as a resident. They must be active in an aspect of health policy and/or practice and/or health and medical research at the time of the nomination, and in the opinion of the Proposer, eligible for Fellowship of the Academy when judged against the usual Criteria for Fellowship, bearing in mind their contribution is primarily made from overseas.

For all categories of Fellowship:

While excellence of contribution to health and medical research is the primary criterion for election, Selection Committees and Council are encouraged to consider the diversity of the Fellowship, including across age, gender, geographical location, and professional discipline – in line with the Academy's Diversity and Inclusion Policy, which provides further detail. Younger candidates should be assessed against the achievements at a comparable age of older candidates, and assessment of their contribution should take account of opportunity and career interruptions.

Fellows of the Academy have skills and resources to contribute to the Academy's tasks of assessing current knowledge, conducting studies, and considering policy issues. Those nominated for Fellowship, in accepting nomination, commit to active participation in the Academy.

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Appendix A: Examples of evidence that may be provided for industry candidates

The below examples are provided as a **guide only** – for the kinds of contributions and evidence that might be provided in the three domains specified above for candidates being nominated for Ordinary Fellowship from industry. Every candidate will be different and each will be considered on their merits given that the context of their work has predominantly been in industry. Ultimately, candidates elected as Fellows must always clearly meet at least one of the three criteria set out at the start of this document.

Nominations of candidates from industry will need to provide evidence of substantial research and/or clinical development experience in each of the following domains – in each case the candidate's personal role and contribution should be clearly articulated and evidenced:

A) Leadership

Examples of how this might be demonstrated:

- Title similar to Vice President (or above) in a large company and with e.g. >50 direct/indirect reports (a 'large' company could consist of >2000 people, turnover >AUD\$250M, >5 approved marketed drugs).
- C-level position (e.g. CMO, CSO) in small company (a 'small' company could consist for example of >10 people, turnover >AUD\$2.5M, or >2 molecules into the clinic).

B) Health translation/commercialisation

Examples of how this might be demonstrated:

- Significant responsibility for relevant activities, e.g. for taking >2 molecules/devices into the clinic, for >3 approved molecules/devices, for programs >AUD\$150M annual revenue, or for design/execution/completion of regulation-quality therapeutics (e.g. phase 2/3) or pivotal devices studies.
- Substantial role in business deals, e.g. as internal research/clinical development advocate and/or reviewing diligence >AUD\$700M.
- Leadership in liaising with international Regulatory Authorities, e.g. >5 face-to-face meetings with Regulatory Authorities as the research director/strategist (USA, Europe, Japan, Australia etc.,).

C) Scientific/research track record

Examples of how this might be demonstrated (albeit in the context of industry):

- Strong publication track-record.
- Strong track record in securing internationally granted patents.
- International engagement through regular presentations at international conferences or leadership in international investigator meetings.
- Regularly providing advice to government bodies (e.g. health, industry, defence).