

CRITERIA FOR ELECTION TO FELLOWSHIP OF AAHMS

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 or contribution of the candidate.

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

1. National and International recognition for excellence in health and medical science **(35%)**
2. Significant, sustained and ongoing contributions to advance health and medical science in Australia (relative to opportunity) **(30%)**
3. Contribution to the profession through leadership and mentorship **(20%)**
4. Advancing public understanding and promoting health and medical science in the broader community **(15%)**

Types of Fellowship

Nominations for Fellowship can be made under the following categories:

1. Ordinary Fellowship: For Australian Citizens/Permanent Residents residing in Australia (including New Zealand Citizens residing in Australia)
2. Overseas Fellowship: For Australian Citizens/Permanent Residents residing outside of Australia
3. Corresponding Fellowship: For non-Australian residents, who do not anticipate coming/returning to Australia as a resident and who have contributed substantially to Australian health and medical science and/or Academy business

For Ordinary Fellowship:

Nominations of candidates for **Ordinary Fellowship** must demonstrate a significant contribution (as defined by the four criteria noted above), in at least one of the following five categories of impact:

- 1) For **clinical** candidates, there should be an actual or a clear potential contribution to an aspect of health practice from their 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. The Academy encourages nominations from health professions outside of medicine, including nursing, midwifery and allied health.
 - 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 their research, as expected for clinical candidates, which may include impacts resulting from fields outside of STEMM. For example, this might include a change in policy or practice that leads to improvements in health or health services; a drug, device or test developed or in clinical trial;

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or a significant clarification of the pathophysiology of a human disease. The Academy encourages nominations from fields outside of STEMM, including the humanities and social sciences.

- 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 10 contributions (or publications). 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. Appendix A provides further guidance on this.

For Overseas Fellowship:

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:

- a. are currently active in an aspect of health policy, practice or health and medical research;
- b. have contributed substantially to Australian health and medical science or the business of the Academy;
- c. 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 **Ordinary** Fellowship remain under consideration for three consecutive years (unless they are elected or withdrawn) provided a re-nomination is submitted by the deadline of each nomination round. The Proposer is responsible for confirming the candidate's continuing eligibility for each year the nomination is under consideration and for providing the relevant updated documentation, in liaison with the AAHMS Secretariat.

For Corresponding Fellowship:

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 (usually non-Australian citizens), 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.

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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, ethnicity, Indigeneity 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 including assessing current knowledge, conducting research studies, mentoring, and considering policy issues. Those nominated for Fellowship, in accepting nomination, commit to active participation in the Academy.

Exceptional candidates will usually demonstrate the following:

- Exceptional research outputs
- International recognition*
- Impact beyond their own field
- Strong evidence of outcomes for public good
- Sustained leadership
- Exceptional mentorship with significant positive outcomes
- Significant communication and reach beyond their research community (this includes work with media, schools, government, charities/NGOs, etc.)
- Clear evidence of broad reach/impact from these activities (relative to opportunity for their particular field)

** Candidates will be reviewed relative to opportunity since we are aware that in some areas, e.g. Aboriginal and Torres Strait Islander health, there may be less opportunity for international recognition.*

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

Industry is a critical component of the Australian health and medical sciences landscape. Candidates based in, or having strong connections to, industry form an essential part of the Academy's Fellowship, as we strive to reflect the community in which we work. The Academy values the perspectives that industry-based Fellows bring to the Academy's work, including our policy projects, sector and government engagement and efforts to celebrate excellence, as well as connections to industry networks and development opportunities, which enable the Academy to deliver on its purpose.

Industry candidates need to meet the same four scoring criteria as all other candidates, but the Academy acknowledges that there may be specific ways in which such candidates demonstrate that they meet those criteria. The below examples are provided as a **guide only** – for the kinds of contributions and evidence that might be provided 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 demonstrate excellence in the health and medical sciences.

Examples of the kind of evidence that may be provided by candidates from industry in relation to some aspects of the criteria are outlined below, to assist Proposers in making such nominations.

• 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 human trials).

• 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.).

• 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).