

Terms of Reference

Short introduction – Copenhagen Health Science Partners (CHSP)

CHSP is a new strategic partnership between the University of Copenhagen and the Capital Region of Denmark for clinical and translational health research, education and innovation. CHSP grew out of the desire to further the integration of research environments, clinical practice and education in health and medical sciences for the benefit of patients and society. Thus it represents a shared strategic focus, which, in the long run, will bring together both existing and new, shared public health initiatives between the two stakeholders in the new organisation.

CHSP's mandate is to promote synergies and collaboration between top-level research, clinical practice and education and thus contribute to the transformation that is needed in the health sector. Common priorities and development will provide the partners with the momentum to further advance a number of chosen target areas to ensure the generation of new and greater value for society. CHSP was established based on the goal of rapidly putting excellent research into play in clinical practice and for patients with the help of translational collaboration, new education measures and greater agility among the partners.

The strategic management of CHSP will be overseen by a Board of Partners comprising the:

- Capital Region of Denmark: the Regional Chief Executive, the Director of the Centre for Regional Development in the Capital Region of Denmark and the CEO of Rigshospitalet
- University of Copenhagen: Rector and the Dean of the Faculty of Health and Medical Sciences

In autumn 2016 the Board of Partners established an Executive Board with four members from each partner organisation who will jointly ensure strategic collaboration.

The position of director for CHSP has been advertised and is expected to be filled in early 2017. The director of CHSP will have overall responsibility for the strategic and professional/academic development of the collaboration between the partners.

The joint aims of the partners will be achieved through targeted initiatives and a clear strategic focus. An essential component of the collaboration is thus a number of Clinical Academic Groups (CAG). The goal of the individual CAG is to strengthen the translational approach in order to achieve research-based breakthroughs in the treatment of patients as well as support the general transformation of the healthcare system in the Capital Region of Denmark, along with international dissemination of results. This is to be achieved in a process where research, clinical practice and education/clinical training become equal and mutually beneficial elements.

On 15 November 2016 an open call for applications with deadline 12 noon 1 March 2017 was published to promote support for the establishment of CAGs. CHSP expects to establish four CAGs after the first round of applications, with an international panel assessing and prioritising the applications.

Role and composition of the international assessment panel

Panel's role/task

The primary task of the international assessment panel is to execute the evaluation of the CAG applications in March 2017.

The panel's assessment will aid and ensure selection of the first four CAGs. It will take into account which projects are deemed best suited to contribute to the strategic aims of the collaboration. In other words, based on underlying excellent academic quality, the panel will assess applications based on the forward-looking vision and strategic aims of the collaboration in terms of better integrating basic research, clinical research and clinical treatment, as well as (clinical) education and training and with a strong and unique potential for clinical and societal impact.

The panel will submit a prioritised written recommendation to the CHSP Executive Board explaining the reasoning behind its ranking, which will represent an overall evaluation of each application based on the panel's assessment of the applicant's ability to contribute to the fulfilment of the strategic aims of CHSP. This assessment should also take into account the panel's interview/meeting with a selected number of applicants.

The subsequent procedure will include:

- A review by the CHSP Executive Board of the application and the panel's recommendations based on which applicants are deemed best suited to promote the desired strategic development.
- Submission of the panel's recommendation and the Executive Board's assessment to the regional decision-making authorities and the university.

The panel's composition

The assessment panel must collectively possess a variety of skills that enable the evaluation of the applications in accordance with the aims of the call for applications and the basis of the CHSP collaboration.

The assessment panel must, as a group, represent/possess the following qualifications and skills:

- Leading, internationally recognised researcher/clinician in the clinical and pre-clinical area
- Thorough knowledge of cross-organisational collaborations between hospitals and universities
- A strategic management perspective on the relationship and links between research, clinical practice and education, as well as on the opportunities for social value creation this type of collaboration represents
- A strategic understanding of 1) international (including Scandinavian) health research, research policy and research funding; 2) development of the healthcare system and the future challenges and demands hospitals face in the treatment of patients; and 3) the socio-economic impact of health research, innovation and development, including the potential for cooperating with industry and so on

Prior to assembling the panel, CHSP will appoint a chair from among its members, who, at the panel meeting in Copenhagen, will be in charge of:

- 1) Initiating joint discussion of the applications

- 2) Writing and ensuring, with the aid of the CHSP secretariat, the panel's approval of its recommendations to the Executive Board prior to the close of the meeting

Panel members are expected to have read all the applications in order to discuss them as the basis of the panel's discussion prior to the meeting and the interviews with selected applicants.

Secretariat support

Members of the panel will receive the applications electronically in one batch in PDF format on 6 March 2017.

The secretariat will be present during the entire meeting to assist the panel with the ongoing compilation of the discussion and editing drafts of the panel's final recommendations.

Conflict of interest

To ensure that an assessment is not subject to bias, reviewers must not have a conflict of interest (such as close family relationships or friendships with any of the individuals involved in the proposed CAG, joint projects or co-authorships within the past five years).

The panel's work plan

Late February 2017	Skype meeting with chair of international assessment panel and chair and vice chair of the Executive Board on overall purpose of CHSP, vision, process etc.
6 March 2017	Panel members each receive the CAG applications by e-mail
13 March 2017	Skype meeting with panel members and Executive Board to select applicants who will present their CAG proposal to the panel
20 March, 5:00 pm	Panel meeting in Copenhagen and dinner
21 March, 4:00 pm	Panel meeting, including presentation from applicants and panel evaluation
27 March 2016	The chair of the panel forwards the prioritised list with reasons to the CHSP Executive Board, including a short description for rejected applicants

The panel will be invited to attend the launch of the CHSP collaboration and the first CAG event in June 2017 in Copenhagen.

CHSP will bear the expenses, based on existing rules and tariffs, for travel, food and accommodation for panel members attending the meeting in Copenhagen and the launch of CHSP and the CAGs.

Each member of the panel will receive DKK 30,000 in remuneration, with an additional DKK 10,000 given to the panel chair.

The purpose of CAGs

What is a CAG, and what should assessment of its purpose be based on?

As a strong, academic-based network acting within fields which offer particular potential, CAGs will bring collaboration between clinicians and hospital and university researchers to a new level, with the ultimate objective of producing concrete, groundbreaking results. Individual CAGs are expected to contribute *both* through pioneering research *and* by enhancing quality in clinical practice and education. The goal of the individual CAG is thus to strengthen the translational approach, such that research, clinical practice and education become equal and mutually beneficial elements of an overall focus on a particular field. The expected results should be achieved within the framework of research excellence and the creation of value for society.

The individual CAG's professional ambitions must be persuasive regarding the mutual effort to achieve research, clinical practice and education of an excellent quality. Furthermore, it must be substantiated that the realisation of the full potential within a given field can only be achieved via the proposed CAG collaboration and its shared vision, ambition and priorities.

The individual CAG will enhance collaboration between clinicians and researchers from one, and preferably more, hospitals/departments, and researchers and instructors at one or more university departments. The aim of CAGs is to ensure the free flow of existing know-how, the collaborative development of new knowledge and the various participants' mutual influence on each others' academic and research agendas. In other words, clinicians will have an impact on the researchers' agendas and the researchers – at universities or hospitals – can influence academic activity in the clinical setting. Cooperation must be two-way.

The CAG structure should lead to a significant professional and organisational boost that will benefit research, clinical practice and, last but not least, patients/society. Collaborating in a CAG must add value creation to the participating environments, which must realise a special potential as a result of the CAG structure. A greater exchange must occur across existing structural/organisational barriers to help erode them. Consequently CAG collaboration represents more than just a research collaboration structure in that a well-functioning CAG is expected to:

- Create research-based breakthroughs in the treatment of larger patient groups
- Support the transformation of the healthcare system in the Capital Region of Denmark
- Strengthen the links between research, clinical practice and education
- Contribute to the dissemination and application of results
- Promote internationally the region's strengths in pioneering research and treatment results
- Collaborate with private partners and/or having a commercial perspective
- Have a realistic funding strategy.

Criteria for the panel's assessment of CAG applications

In its assessment of individual CAG applications, the panel must ensure that and evaluate whether the CAG's goals and *scope* meet the overall strategic aims of the CHSP collaboration, as well as whether the area is in need of the organisational boost that being selected as a CAG provides. Furthermore, the panel

can follow the criteria mentioned below to assess the applications, cf. the CAG Call for Applications and description.

The goal

- Large clinical significance for larger patient groups
- Translational necessity of link to clinical practice including clinical training/education
- Clear clinical measurability and potential socio-economic benefit
- Strong shared vision

The team

- Strong and clear management with scientific merit and organisational skills
- Excellent research and/or clinical environment
- Strong international network and plan for its development

The plan

- Clear, realistic and documentable implementation plan
- Contribution to the development of education within the CAG's field
- Potential for obtaining external funding
- Potential for dissemination and outreach

Assessment of individual applications should also include whether the area is in need of the organisational boost that being selected as a CAG provides.

As tool for the assessment a template for evaluation of each applicant will be developed. The template will be approved by the panel before March 1st 2017.