



# Global Surgery Policy Unit

## INTERNATIONAL ADVISORY FORUM TERMS OF REFERENCE

### 1. Introduction

- 1.1 The Global Surgery Policy Unit ('the Unit') is a strategic collaboration between the Royal College of Surgeons of England (RCS England) and the London School of Economics and Political Science (LSE) ('the Parties'). The Unit aims to advance global surgery and anaesthesia-related health economics, systems strengthening capacity development, research, public health policy, advocacy and engagement.
- 1.2 The Unit recognises global surgery as a multidisciplinary field of practice and will adopt an evidence-based, inclusive, multi-sectoral and multidisciplinary approach to its activities and operations. It will engage a diverse range of individuals and expertise that will include academics, clinicians, politicians, lawyers, economists, activists and patients at local, national and international levels.
- 1.3 The International Advisory Forum ('the Forum') is an essential component of a diverse and inclusive governance and operating framework for the Unit.

### 2. Purpose

- 2.1 The Forum shall:
  - 2.1.1 provide expert advice to the Unit, acting as a strategic advisor to the Board and working to help shape and inform the development of the Unit's work programme.
  - 2.1.2 act as a consultative body and platform for discussion, knowledge and information exchange, innovative thinking and a sounding board to test or challenge the feasibility of new ideas, approaches and emerging themes.
  - 2.1.3 ensure that the Unit's activities are relevant, evidence-based, consistent with its remit and outcomes-focused in making a sustainable difference and impact on patient safety, population health and access to high quality, safe and affordable surgery.
  - 2.1.4 promote the work and goals of the Unit, identifying opportunities for dissemination, influencing decision-makers, empowering communities, fostering third party collaborations and devising advocacy campaigns to bring about change in surgical practice, public policy and legislative change.

### 3. Membership

- 3.1 Members of the Forum shall be diverse, inclusive and representative of the wider global health, global surgery and international development sectors. The Unit will seek to draw upon the expertise and insight from those involved in the following:
- 3.1.1 all surgical specialties.
  - 3.1.2 the wider surgical team (nursing, perioperative care, anaesthesia)
  - 3.1.3 other medical specialties and related health (such as paediatrics, pathology, laboratory medicine, oncology, public health, critical care, obstetrics and gynaecology, nutrition etc)
  - 3.1.4 international development
  - 3.1.5 technology and digital health (including Virtual Reality, Augmented Reality and gamification)
  - 3.1.6 economics
  - 3.1.7 human rights/ law
  - 3.1.8 public policy
- 3.2 Members shall be appointed following open competition, which will include calls for expressions of interest from suitably qualified and/or experienced individuals. The role and contribution of members shall include (but will not be limited to) the following:
- 3.2.1 act as a 'critical friend' to the Unit as well as championing the goals and activities of the Unit.
  - 3.2.2 contribute to and participate in events organised by the Unit and in collaboration with the Parties. Such events include conferences, symposia, webinars, roundtables and podcasts.
  - 3.2.3 assist in the dissemination of research findings, impact studies, briefings, capacity development evaluations, reports and briefings published by the Unit and in collaboration with the Parties.
  - 3.2.4 advise and guide the Unit in relation to its activities, priorities and collaborations.
  - 3.2.5 facilitate access to decision-makers, policy advisors, legislators and donors.
  - 3.2.6 work proactively to embed diversity, gender equity and inclusion in global surgery generally and the work, structure and operation of the Unit in particular.
  - 3.2.7 participate in working groups and review panels as subject matter experts, providing comment and feedback as appropriate.
  - 3.2.8 provide feedback on how the Forum is operating and make suggestions for improvement.
- 3.3 Members are required to declare any conflict of interests and sign a non-disclosure statement upon joining the Forum. If conflicts of interest arise during any Forum meetings or work of the Unit, members are required to declare these.

### 4. Term

The Forum is not time-bound and members do not need to attend every meeting or participate in all discussions and activities.

### 5. Operation & Meetings

- 5.1 As a consultative body, the Forum shall operate with maximum flexibility and meetings are defined as the sharing, discussion and dissemination of non-confidential information relating to public health policy, advocacy, research, innovation, surgical systems strengthening and capacity development.



5.2 Meetings will occur virtually and online using telephone and/or video conferencing tools. Where appropriate and agreed, members may have the opportunity to attend meetings in person.

5.3 On average, members are expected to commit between 2-4 hours per quarter to Forum activities. Notwithstanding, these terms of reference acknowledge that the level of member participation will be largely determined by member interests and the projects, research, policy and advocacy priorities of the Unit.

**6. Secretariat**

Administrative support and management of Forum shall be provided by RCS England.

**7. Revisions**

These terms of reference shall be reviewed by the Forum annually and any revisions or amendments shall be approved by the Board.