

6.08 Canadian Respiratory Health Professionals (CRHP) Assembly

Purpose

The purpose of the CRHP Assembly is to engage health care professionals in providing national leadership to achieve the promotion of lung health, the prevention of lung disease, and the management of lung disease through:

- facilitation of inter-professional collaboration,
- knowledge generation (research), and
- knowledge translation (education and dissemination).

Leadership Council

The CRHP Leadership Council will be elected by the membership and will serve as a steering committee/Executive for the CRHP Assembly. Positions on the Leadership Council will include a Chair, Chair-elect, 3 Members-at-large, and a Past-Chair. Members of the Leadership Council shall hold office for a term of two (2) years and will be eligible for re-election or re-appointment for one additional two year term. Terms begin immediately following election at the annual meeting.

The Chair-Elect shall be appointed by the Leadership Council at a meeting following the annual meeting. Usually the Chair-Elect will have already served as a member of the Leadership Council. The Chair-Elect will serve a one year term, prior to becoming Chair for a two year term. The previous Chair shall then become Past Chair for a one year term.

The Members-at-large will lead the Assembly's Membership, Liaison, and Education/Professional Development committees; the assignment of these responsibilities be determined by the Leadership Council. The Research Chair is appointed by the CRHP Research Committee for a two year term*.

Representation on the CTS Board, Standing Committees and Clinical Assemblies:

The Chair or Past Chair of the CRHP Assembly will usually represent the Assembly on the CTS Board of Directors and will be approved by the CTS Executive for a 3 year term. In lieu of the Chair/Past Chair, a designate may be selected from members of the CRHP Leadership Council.

The Leadership Council will identify CRHP members to serve on CTS standing committees (eg. research, education, guidelines, membership) and clinical assemblies.

Assembly Membership

Membership in the CRHP Assembly shall consist of health professionals from various disciplines who have a primary role in education, patient care, clinical and basic research or management in respiratory care, and, are members in good standing of a recognized clinically based discipline related to respiratory health such as:

- registered nurse
- nurse practitioner
- physiotherapist
- respiratory therapist
- pharmacist
- cardio-pulmonary technologist
- polysomnographic technologist
- kinesiologist
- dietician
- occupational therapist
- social worker
- psychologist
- exercise physiologist

A broad range of healthcare professionals may qualify for membership beyond those listed above, and will be considered for full or associate membership on a case-by-case basis by the CRHP Leadership Council. Physicians who are eligible to be members of the CTS may not be members of the CRHP Clinical Assembly.

Membership in the CTS is mandatory for participation in the CRHP Assembly with the following exception:

- Technical experts from other health professional or specialty societies who may be invited by the Chair to participate for a limited period or for the duration of a specific project.

Assembly Terms of Reference

- i. To advocate and advise the CTS from an inter-professional healthcare provider perspective;
- ii. To foster education and continuous professional development by proposing programs, topics and speakers to the Education Committee for scientific meetings, symposia, and the annual Canadian Respiratory Conference;
- iii. To identify needs in clinical and basic research for the attention of the CTS Research Committee and the National Respiratory Research Strategy of the Canadian Lung Association;
- iv. To advise the Canadian Respiratory Guidelines Committee on the review and updating of respiratory guidelines and derivative knowledge translation tools and resources;
- v. To nominate appropriate individuals as members of CTS standing committees and clinical assemblies;
- vi. To participate in the development of policies, commentaries, and position papers;
- vii. To liaise and coordinate with other national professional groups with similar clinical, professional and academic interests; [Note: All formal collaborations and joint initiatives must be pre-approved by the CTS Executive.]
- viii. To provide review of health information prepared by the Canadian Lung Association for patients and the general public;
- ix. To recommend media spokesperson(s) for the CTS and the Canadian Lung Association and respond to media enquiries, as required;
- x. To recognize leadership and mentorship through the CRHP Distinction Award;
- xi. To recognize research excellence through the annual CRHP Poster Award;
- xii. To submit an annual workplan proposal and bi-annual reports to the CTS Board of Directors; and
- xiii. To undertake specific projects and programs with the approval of the CTS Executive and/or Board.

Meetings

The CRHP Assembly shall conduct an annual meeting at a time and place to be determined by the CRHP Leadership Council and approved by the CTS Executive. One purpose of the annual meeting will be to elect officers of the CRHP Leadership Council. In addition, a report to the membership and the CRHP Distinction Award may be presented.

The CRHP Leadership Council shall meet 8-10 times a year by conference call and at least once face to face, in conjunction with the annual meeting, to carry out Assembly business.

**This is an anomaly in process and may change in the future through the development and evolution of the research partnership between CTS and the Canadian Lung Association.*