

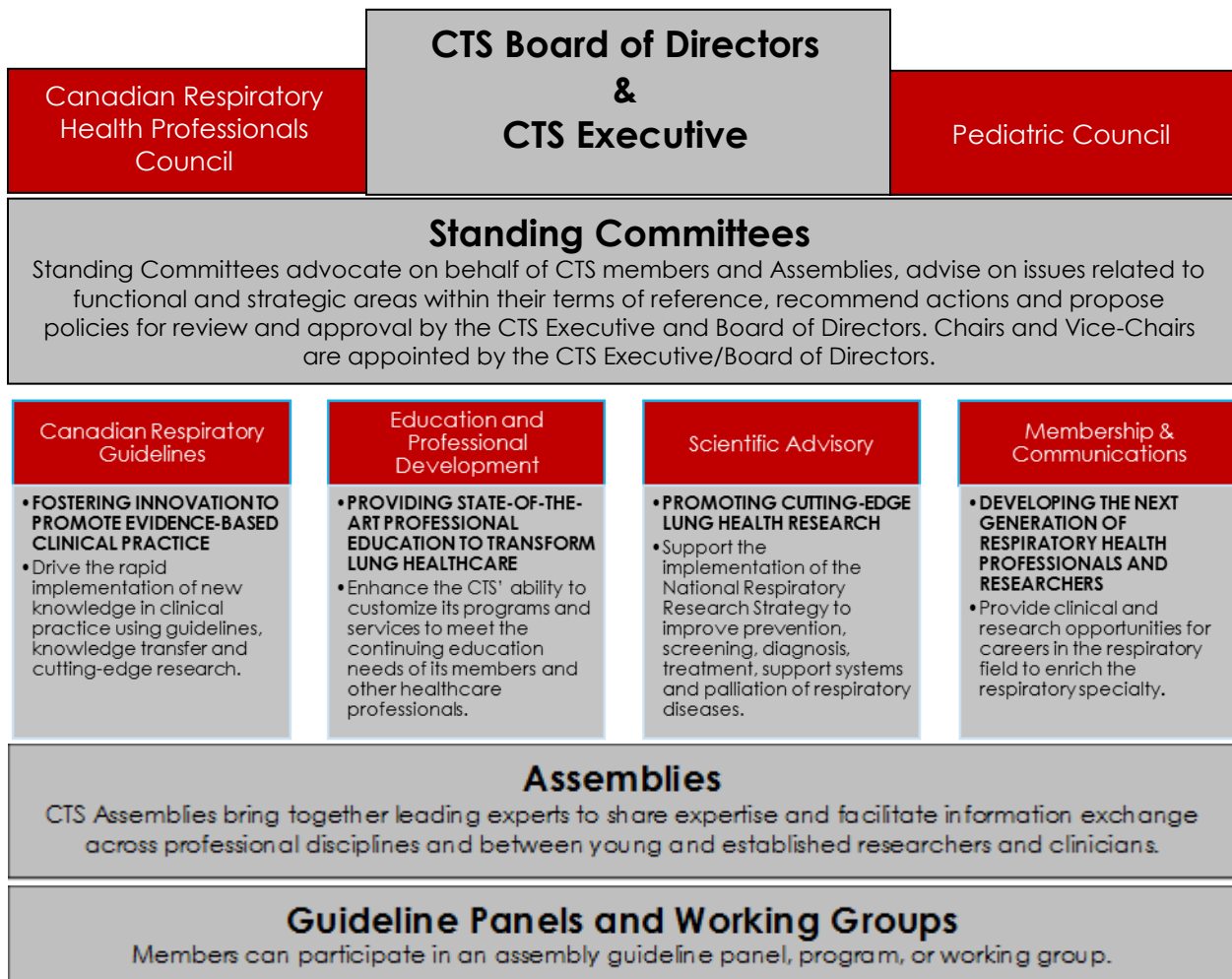
CTS ASSEMBLIES – WORKING TERMS OF REFERENCE*

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1.0 GENERAL

CTS Assemblies bring together leading experts in their clinical and research areas of interest to share expertise and facilitate inter-disciplinary scientific and clinical exchange between early career and established researchers and clinicians across all membership categories within CTS. Within an assembly, a steering group oversees and coordinates the activities of the assembly to lead and promote evidence-based clinical practice, 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.

The work of an Assembly is advisory to the CTS Board of Directors and its standing committees through the Assembly Steering Committee in the identification and development of priorities and programs in research, education and continuous professional development, and the production of respiratory guidelines and their corresponding resources and tools. An Assembly may also undertake specific projects and programs with the approval of the Board.



For each Assembly there will be a Steering Committee with designated Chair or co-Chairs, membership and terms of reference. It is the responsibility of the Assembly Steering Committee to develop a work plan with input from the CTS membership and coordinate the activities via guideline panels and working groups. Assemblies will work largely via electronic means (membership portal workspace, webinar, teleconferences, etc.), with opportunities for in-person annual meetings held in conjunction with CTS or sister Societies (example ATS) national meetings or conferences.

An Assembly may wish to liaise and/or coordinate with other national professional groups with similar clinical, professional and academic interests; however, all formal collaborations and joint initiatives must be pre-approved by the Assembly Steering Committee and the CTS Executive and must comply with the CTS' endorsement policy. The establishment of a new Assembly must be approved by the Executive and/or the Board.

2.0 CTS ASSEMBLIES

A CTS member can be part of a primary Assembly and up to two secondary assemblies.

Asthma	Focus on diagnosis, evaluation and pharmacological and non-pharmacological management of patients with asthma and severe asthma.
CHEST Procedures & Oncology	Focus on invasive procedures performed by chest physicians and some aspects of thoracic cancer including screening and diagnosing.
COPD	Focus on prevention, diagnosis, evaluation and pharmacological and non-pharmacological management of patients with COPD,
Environmental, Occupational & Population Health	Focus on the impact of environmental and occupational exposures on lung health and to promote the advancement of patient care and public health in order to reduce the incidence of lung disease and other conditions attributable to toxic inhalation exposures.
Home Mechanical Ventilation	Focus on management of patients and to promote knowledge and education of clinicians, caregivers, and patients on the long-term respiratory care of individuals with neuromuscular and other conditions and individuals requiring home-based mechanical ventilation to maximize their QoL and home-based living.
Interstitial Lung Disease	Focus on diagnosis, evaluation, and pharmacological and non-pharmacological management of patients with ILD.
Physiology & Imaging	Focus on increasing understanding of pulmonary physiology & function as well as imaging and incorporating that knowledge into clinical practice.
Pulmonary Vascular Disease	Focus on pathophysiology, prevention, diagnosis, and treatment of pulmonary vascular diseases and to achieve the best possible patient-focused care through advancement of education and research.
Respiratory Infections and Bronchiectasis	Covers all issues of pulmonary and respiratory infections with a strong focus on bronchiectasis, tuberculosis and non-tuberculous mycobacteria.
Sleep Disordered Breathing	Focus on the diagnosis, causes, consequences and clinical management of sleep disordered breathing.

2.0 ANNUAL MEETING

An annual meeting of the Assembly, coinciding with the Canadian Respiratory Conference or other key meetings (ATS, CHEST), provides the CTS membership with the opportunity to network, contribute to the development of a work plan aligned with the CTS strategic plan; and suggest topics and speakers for the Canadian Respiratory Conference and other key scientific meetings and education programs.

Assembly workspaces provided on the CTS web-based member portal will enable members to engage in information exchange and discussions with other CTS colleagues throughout the year, access files, post documents and announcements, and review Assembly working files.

Travel and accommodation expenses associated with attending the Assembly annual meeting are the individual responsibility of participating CTS members.

3.0 STEERING COMMITTEE

The Steering Committee oversees and supports the activities of an Assembly. Based on a consultative annual priority setting process, the Steering Committee will establish guideline panels with the required methodology and guideline development expertise as well as some working groups to advance the work and the strategic directions of the Society. A member of a Steering Committee can also participate as a member of a guideline panel or working group.

The Assembly Steering Committee will:

- Host an annual meeting to provide updates and gather input from CTS members for the development of a work plan
- Prioritize proposed activities, develop a work plan and receive the necessary approvals from CTS Standing Committees and the CTS Executive regarding allocation of resources
- Provide medical review of information (i.e., online CME module, Lung Association RESPTREC program, etc.)
- Recommend media spokesperson(s) for the CTS and respond to media inquiries, as required
- Post meeting minutes and annual work plan in the designated Assembly workspace available in the CTS member portal
- Convene by phone or webinar 2-4 times annually to monitor progress and to receive updates from guideline panels and/or working groups
- Prepare an annual report for the CTS Board of Directors and CTS membership

Composition

The Assemblies will determine if the composition of their respective Steering Committee should include a single chair or co-chairs representing relevant areas to meet the needs of the Assembly's mandate (i.e. adult/pediatric). To the greatest extent possible, membership on a Steering Committee will represent ethnic/cultural diversity, gender diversity, geographical regions and generation. Steering Committee members must be CTS members in good standing for the duration of their term.

Chair or co-Chairs: A Chair will be appointed by the CTS Executive in the first year of implementing the new model. Subsequently the Chair or co-Chairs will be succeeded by the Vice-Chair or co-Chairs.

Vice-Chair or co-Vice-Chairs: A Vice-Chair will be appointed by the CTS Executive in the first year of implementing the new model and subsequently, will be elected by the membership for a two (2) year term, to facilitate leadership succession planning. **Those eligible for the Vice-Chair position must currently serve as a voting member of an Assembly steering committee, or of a guideline panel or working group.**

A CTS member cannot serve as a Chair or Vice-Chair of more than one Assembly at a time.

Early Career Rep: An early career representative (first 5 years of practice) will be appointed by the CTS Executive in the first year of implementing the new model, and subsequently will be elected by the membership for a two (2) year term (renewable once). An early career rep on the Steering Committee will foster mentorship opportunities; bring awareness of particular needs of this group; encourage other early career professionals to join our specialty society; and build capacity at the working group/guideline panel levels.

Canadian Respiratory Health Professionals (CRHP): CRHP representatives (nurses, respiratory therapists, cardio-pulmonary physiotherapists, pharmacists, and other health professionals working in the respiratory field) will be nominated by the CRHP Leadership Council for a two (2) year term (renewable once) and ratified by the Assembly membership at the annual meeting.

Researcher: A researcher (PhD or MD/PhD) with an active research program will be appointed by the CTS Executive in the first year of implementing the new model, and subsequently, will be elected by the membership for a two (2) year term (renewable once). A researcher will facilitate translational research and bring specific expertise (i.e. clinical methodology, population health, etc.) to advance the work of the assembly. The research rep will identify the needs and gaps in research or clinical methodology and bring it to the attention of the appropriate CTS Standing Committee.

Community Respiriologist: A community respirologist will be appointed by the CTS Executive in the first year of implementing the new model, and subsequently will be elected by the membership for a two (2) year term (renewable once).

Academic Adult Respirologist: An academic adult respirologist will be appointed by the CTS Executive in the first year of implementing the new model, and subsequently will be elected by the membership for a two (2) year term (renewable once).

Pediatric Respirologist: A pediatric respirologist will be nominated by the Pediatric Assembly Executive and ratified by the membership at the annual meeting for a two (2) year term (renewable once).

5.0 NOMINATION PROCESS FOR AN ASSEMBLY STEERING COMMITTEE

The CTS Staff will be responsible for the Assembly nomination process. It is proposed that Steering Committee members representing constituencies be recommended by their respective Councils (Pediatric & CRHP), vetted by the CTS Executive Committee and ratified by the membership at the annual meeting. Optimally, membership on Steering Committees will represent ethnic/cultural diversity, gender diversity, geographical regions and generation.

Election Process:

- The CTS Staff will solicit nominations for the steering committee positions from the general membership via e-mail and member portal prior to the annual meeting.
- ***Those eligible for the Vice-Chair position must currently serve as a voting member of an Assembly steering committee, or of a guideline panel or working group. As the incoming Vice-Chair assumes his/her role, the current Vice-Chair shall move to the office of Chair (to be ratified by the CTS Executive).***
- Nominations for Steering Committee members representing CTS constituency-based Councils (Pediatric & CRHP) shall be solicited from the Councils' Executive Committees around the same time.
- The CTS Executive Committee shall vet and consolidate the list of candidates for a vote at the Assembly annual meeting.
- When possible, the Assembly annual meeting shall take place in April coinciding with the Canadian Respiratory Conference, or coinciding with other sister societies' key meetings, to elect the positions and to ratify the appointment of CRHP and Pediatric Council representatives.

6.0 GUIDELINE PANELS

Respirologists, primary care physicians, nurses, pharmacists, other healthcare professionals who are experts in their respective clinical content make up a guideline panel to provide their clinical and/or guideline methodology expertise; knowledge of the current care gaps; and challenges they face on the frontlines. CTS encourages the involvement of early career CTS members in the guideline panels.

Proposals for new guideline topics are submitted to the Canadian Respiratory Guidelines Committee (CRGC) through the CTS Steering Committee. The criteria used to set priorities for the development of a *de novo* guideline include: burden of disease, emergence of new care options, unwanted variation in clinical practice, opportunity to improve quality of care, new evidence, etc.

CTS has a policy that outlines a process for updating existing CTS guidelines. The review process, based on the “Living” guidelines concept, is to be conducted by the Steering Committee a maximum of three years after the publication of a guideline to determine if a revision (full or partial) is required.

A guidance document proposal form must be completed summarizing the importance of developing a new guideline or update an existing guideline. The CRGC reviews the proposals and provides a recommendation to the CTS Executive. The CTS Executive reviews the recommendations and makes the final decision ensuring appropriate staffing and resources are in place. The CRGC Executive communicates the final decisions back to the Assembly Steering Committee.

Composition of guideline panels:

Membership in the CTS is mandatory for membership on a guideline panel except for technical experts/end-users from other specialty societies who may be invited by the CTS Assembly Steering Committee or Guideline Panel Chair to participate for a limited period or duration of a specific guideline. This maximizes the chances of guideline uptake and ideally, these representatives would later endorse or promote the CTS guideline.

CTS and the College of Family Physicians of Canada (CFPC) work collaboratively to appoint family physicians to the CTS guideline panels.

The guideline panels will review the CTS patient/public involvement strategy and determine the strategies which may be considered before guideline development commences.

Methodology training is provided to panel members through online tutorials or workshops held annually at the Canadian Respiratory Conference or at other key meetings.

Ideally, the size of a panel is between 6 and 10 members with a majority being CTS members and the balance representing other organizations such as CFPC and other stakeholder organizations (e.g. patients or other specialties).

Panel members serve as unpaid volunteers of the Society, however, panel operating costs and any travel required for duly called face-to-face meetings are covered by the Society or other organizations, whenever possible, according to available funds, and according to the Society's annual budget and expense guidelines.

7.0 WORKING GROUPS

The Assembly Steering Committee will set up working groups to 1) engage the broader membership, considering the various constituencies, in activities or programs (not always the Steering Committee members); 2) advance the work of the CTS within the four strategic areas; 3) foster mentorship; and 3) create positive change.

Working groups are accountable to the Assembly Steering Committee and to the Assembly members through an annual report. Terms of Reference outlining the mandate, role and responsibilities, and membership will be developed for each Working Group and approved by the Steering Committee.

Assemblies can establish working groups to:

- 1) Monitor the literature and populate data extraction tables
- 2) Evaluate guideline uptake pre & post
- 3) Develop or evaluate KT tools or educational resource deriving from a CTS guideline (e.g. educational slide decks or curriculum)
- 4) Produce Standard Operating Procedures and decision or treatment pathways
- 5) Prepare position statements, commentaries or year-end reviews for the CTS Journal
- 6) Create and analyze surveys (needs assessments)
- 7) Conduct a research study
- 8) Other activities, as approved by the Assembly Steering Committee

Composition of a working group:

Membership in the CTS is mandatory to be on a working group except for technical experts from other organizations who may be invited by the CTS Assembly Steering Committee to participate for a limited period of time or duration of a project. Working group members serve as unpaid volunteers of the Society, however, working group operating costs are covered by the Society whenever possible, according to available funds, and according to the Society's expense guidelines. Maximum: 10 members per working group.

8.0 ANNUAL REVIEW

These terms of reference will be reviewed on an annual basis by the CTS Board of Directors to facilitate monitoring and revision of the new assembly model, as required.