

Terms of Reference

1. Purpose

The CPGC was established to develop guidelines and recommendations for use by CSN members. Clinical practice guidelines (CPGs) are systematically developed statements to assist practitioners and patients reach appropriate health care decisions. If developed properly, CPGs assimilate and translate the abundance of evidence published daily into practice guidelines and recommendations. CPGs are not meant to replace sound medical decision, which individualize clinical care by utilizing patient preferences and clinician experience.

Our mandate is to improve the delivery of health care to patients with kidney disease in Canada by reducing the use of unnecessary or harmful interventions and facilitating the treatment of kidney patients to achieve maximum benefit and minimum risk at an acceptable cost.

2. Frequency of Meetings & Attendance

The CPGC will meet quarterly for up to two hours via teleconference. Additional meetings with Chair/Vice Chair and CPGC members may also be requested.

Annual in-person meetings will be scheduled during the CSN annual general meeting.

Committee members should make every effort to attend all meetings, and at a minimum, are expected to read through material and meeting minutes and provide feedback to Chair/Vice-Chair.

Attendance will be monitored by the CSN administration.

3. Governance

A quorum for a meeting is constituted by a simple majority, with at least 50% + 1 of the Committee members are present either in person (when applicable) or by video/teleconference. A meeting can only proceed, and decisions can only be made, if the quorum is met. If the quorum is not met, the meeting may be adjourned and rescheduled.

All members on the Committee are voting members, except administrative staff, ad hoc members and/or guests. The result of any vote on a change in major policy or procedure requires subsequent discussion and approval by the CSN Officers.

4. Membership & Member Selection

The CPGC shall consist of a minimum of 10 members and a maximum 17 members. All committee members must be active members of CSN. Learners will comprise a maximum of three (3) committee members.

New recruitment of members, and current membership will be reviewed annually. Expressions of interest will be called for to fill missing roles and whenever a vacancy presents.

New potential members will be recruited by the following methods, but not limited to:

1. General call for applicants through the CSN website
2. Recommendation by current CPGC members or any CSN member OR
3. Recommendations by professional societies (e.g., CST, CAPN, CSN)

- Learners can also be recruited through a general call for applicants via Canadian clinical Nephrology training programs, or KRESCENT training program. We will aim for the recruitment of one trainee per year, and the call for applications will be disseminated in July of each year to coincide with training program timelines. The deadline to apply will be by the end of July with each call.

New potential members to the CPGC will be reviewed for suitability by the CPGC and appointed by the CSN CPG Chair. Specific skill sets will be posted to reflect the needs of the committee, considering geographic representation, gender balance, and upholding equity, diversity, and inclusion. Appropriate candidates will be appointed by the Chair and/or President of the CSN, with a commitment to creating a diverse and inclusive environment that reflects the broader community we serve.

Potential applicants will also be reviewed for clinical expertise, conflict of interest, professional writing ability, experience in writing guidelines, experience in guideline development methodology, willingness to participate actively in the content development process, ability to meet deadlines, etc.

Chair and Vice-Chair roles must be held by committee members based in Canada.

Immediate Past Chairs will remain as voting members of the committee for two years after their time as Chair. After this period, they will be invited to serve as non-voting members of the CSN CPGC to ensure transfer of knowledge and committee memory.

Role	Selection Criteria	Term Limit
Chair	Served at least one (1) term on CPGC and selected by outgoing CPGC chair.	3 years, 2 term limit
Vice-Chair	Appointed by the CPGC Chair and selected from open call to CPGC members. Prior serving CPGC member for two (2) years or longer.	3 years, 2 term limit
Past-Chair	Served as immediate past chair. This is a voting member position on the committee.	1 year, 1 term limit
Emeritus Member	In this non-voting advisory role, past chairs will contribute to discussions and CPGC activities.	1 year, no term limit
CAPN member	Current CAPN member, with CPG methods expertise which is established or in development by active participation in CPG panels and/or educational workshops.	3 years, 2 term limit
CST member	Current CST member, with CPG methods expertise which is established or in development by active participation in CPG panels and/or educational workshops.	3 years, 2 term limit
Member(s)	CPG methods expertise which is established or in development by active participation in CPG panels and/or educational workshops.	3 years, 2 term limit
*Learners	<i>(Clinical Nephrology or KRESCENT Trainees)</i> Nephrologist-in-training, either clinical or research training.	3 years, non-renewable

**Learners will be paired with a formal mentor for duration of their term on the CPGC, to facilitate their clinical and research career objectives*

All committee members must be active members of CSN if they have voting privileges.

5. Responsibilities

a. Chair

The Chair is responsible for the following:

- Chairing all Committee meetings.
- Consulting with CSN Administration to draft/distribute meeting agendas and minutes.
- Reporting to the CSN President through sharing of all meeting minutes and documents.
- Preparing an annual report for presentation to the CSN Board and the CSN membership at the Annual General Meeting.
- Preparing progress reports for publication within CSN newsletters as requested by the CSN President or CSN Director of Operations.
- Assigning action items to CPGC members including mutually agreed upon timelines.
- Facilitating consensus building amongst CPGC members.
- Discourage any potential conflicts of interest relevant to the development of CPGs.
- Report all potential conflicts by any CPGC member or CPG panel members to the CSN Admin Office – Director of Operations, who manages and reviews the conflicts with the CSN Officers.

b. Vice-Chair

The Vice-Chair is responsible for the following:

- Performing duties as delegated by Chair.
- Acting as proxy for Chair in their absence
- Disclosing any potential conflicts of interest to the Chair.
- Performing all duties of Committee member (see below).

c. Committee Members

Members are accountable for contributing to the effectiveness of the committee by:

- Developing and maintaining methods expertise in guideline development.
- Participating in and/or providing methods expertise and support for CPG panels, in consultation with the Chair.
- Partnering with fellow CPGC members to draft and revise CPG documents, in consultation with the Chair.
- Liaising with CSN members to assist with information dissemination.
- Contributing to recruitment efforts to CPGC as able, by introducing potentially interested candidate(s) to the Chair for suitability assessment.
- Contributing to development and update of pre-determined key CPGC priority areas every 12-24 months.
- Completing action items as assigned.

- Disclosing any potential conflicts of interest to the Chair.
- Actively participating in all meetings; being open, honest, and transparent; discuss matters respectfully and professionally and being open to other member's ideas and perspectives to work together to advance the purpose/mandate of the CPGC.
- Participating in at least 70% of meetings, barring extenuating circumstances.

Membership will be reviewed if participation does not meet terms of reference criteria.

d. CSN Administration

The CSN Administration is responsible for the following:

- Providing administrative support for meeting organization and meeting minute taking.
- Working closely with the Chair and Vice Chair.

6. Emeritus Committee Member

The Emeritus Committee Member designation is an honorary status granted to former Chairs of the Committee who have demonstrated significant contributions and exemplary service. This role allows for the continued involvement of experienced leaders, providing historical knowledge, mentorship, and strategic guidance to current committee activities.

Responsibilities

- Serve as an advisor to the Committee, offering insights based on prior experience and institutional knowledge.
- Participate in committee meetings as requested, providing input on key discussions and decisions without assuming active project or task responsibilities.
- Engage in strategic discussions to support the committee's goals and objectives.

Voting Rights

Emeritus Committee Members are non-voting members of the committee. Their input is valued in deliberations, though their participation in formal votes is limited based on the committee's requirements.

NOTE: *If an Emeritus individual wishes to have voting rights, approval must be reached by Committee consensus and would apply for the individual's duration on the Committee.*

Meeting Attendance

Emeritus Committee Members are encouraged, though not required, to attend all scheduled committee meetings. Their attendance is at the discretion of the committee Chair and may be requested for meetings where their expertise and historical perspective would be beneficial.

Exclusion from Membership Cap

Emeritus Committee Members are honorary participants and, as such, are not counted within the maximum number of committee members allowed under the TOR. This designation ensures the committee retains sufficient capacity for active roles.

7. Funding

The CPGC must not have any direct responsibility for fund-raising to support activities that fall under our purpose and mandate. The CSN Officers will be responsible for securing funds and resources to allow the CPGC to perform its responsibilities. This may include, but not be limited to, librarian, research coordinator, statistician, and medical writer.

8. Approval Date

Approved by the Clinical Practice Guidelines Committee | 08NOV24