



**Canadian Cardiovascular
Society**

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de cardiologie**

Communauté. Connaissances. Leadership.

2006 CCS Heart Failure Consensus Conference Recommendations Program

Primary and Secondary Panel Roles and Responsibilities



Table of Contents

Letter of Introduction – Panel Roles.....	3
CC Roles and Responsibilities	4



Letter of Introduction – Panel Roles

RE: CCS Consensus Conference on Heart Failure – Roles and Responsibilities

On behalf of the Canadian Cardiovascular Society (CCS), we wish to welcome you to the Primary Panel of the CCS Heart Failure Consensus Conference Recommendations.

To help you better understand this innovative and exciting initiative, we have prepared this package of background information. In this package you will find a summary of the roles and responsibilities of Co-chairs and both Primary and Secondary Panel members.

We are extremely encouraged by the interest and excitement growing around this ambitious initiative. Indeed, several precedents have already been set with respect to formal representation of several national affiliate groups on the Primary Panel and multi-sector representation on the CCS Consensus Conference on Heart Failure Advisory Roundtable.

We believe the business and investment models for this project are similarly innovative and should enable investors, developers and stakeholders alike to concentrate their efforts and expertise on development of a world-class Knowledge Translation Program.

Please feel free to contact John Parker (parker@ccs.ca) at any time. John will be happy to address your questions and comments on any aspect of this initiative.

We look forward to working with you on this ambitious and important initiative.

Kindest regards,

Heather Ross MD
Chair CCS Consensus Conference Committee

Malcolm Arnold MD
Chair CCS Heart Failure Consensus Conference

John Parker MN
Director Knowledge Translation

Jonathan Howlett MD
Co-Chair CCS heart Failure Consensus Conference



CC Roles and Responsibilities

Overview

Consensus conferences deal with topics of clinical relevance where there is sufficient literature but where clinical practice patterns are contentious or where literature is conflicting in terms of management. The purpose is to synthesize and analyze the literature available to provide evidence-based guidelines for practitioners. Well-developed guidelines have the potential to improve the quality of cardiovascular care, lead to better patient outcomes, improve cost effectiveness and highlight areas of further research needs.

The creation of consensus conferences has been a key activity of the Canadian Cardiovascular Society (CCS) for over ten years and the presentation of consensus conferences has become an anticipated event at each year's annual Canadian Cardiovascular Congress (CCC).

Consensus conferences serve an important role in supporting the mission of the CCS "to advance the cardiovascular health and care of Canadians, through advocacy, continuing professional education and the promotion and dissemination of research." However, the production of CCS consensus conferences each year requires a considerable amount of member expertise, time and financial resources of the Society.

The following pages contain a synopsis of existing CCS policy for development of consensus conferences. Special considerations of the "closed-loop" development model with respect to this existing policy conclude this section.



Chair Selection and Responsibilities

Given the increasing complexity of consensus conferences and the increasing demands being placed on cardiovascular specialists, it is proposed that all new consensus conferences be developed by 2 co-chairs.

The Standing Committee recommends Chairs that are selected based on their expertise in the chosen topic area.

Chairs are responsible for developing the consensus conference to completion; managing the budget and co-coordinating administrative work with CCS Staff. Chairs will provide a written status report to Council for each council meeting. Chairs will be considered as the Chair of a particular consensus conference until an update is written (within 2-5 years). The existing Chairs will be given right of first refusal to conduct the update or help in the selection of the new Update Chair(s).

It is recommended that the Co-chairs of the consensus conference identify and contact the Primary and Secondary panel members. The co-chairs of the consensus conference committee should choose Secondary panel members with input from other Primary panel members.

Primary and Secondary Panels

The Primary Panel is the main writing committee for the consensus conference and is comprised of CCS members with expertise in the topic area. They decide the substantive content of the document. Together, the Primary Panel reflects content expertise for the topic addressed in addition to the diversity of the CCS membership with respect to geography and type of practice as they apply to the topic area. The Primary Panel should also be representative of the audience of health professionals that will use the material including family practitioners, IM specialists and others as applicable. Secondary Panel members provide feedback and guidance on drafts and provide a



wider perspective on the topic. Secondary Panel members may not be CCS members, but have internationally recognized topic expertise or are key members of the targeted audience group. Secondary Panel members may be topic experts but not necessarily CCS members. Secondary Panel members have the capacity to consult on consensus conference drafts in terms of content, presentation and relevance to the audience addressed.

Publication Policy

Until 2001, draft consensus conference documents have been translated, printed and mailed to all members of the CCS so that members could provide input on each document prior to final publication. Frequently, drafts were made available to delegates at the CCS Annual Meeting prior to the consensus conference presentation at the meeting. This process was very expensive and of limited value in terms of feedback to the Primary Panel. The update of the Congestive Heart Failure Consensus Conference was circulated via email and feedback to the Committee was immediate and helpful.

The following process is recommended for all future new and updated consensus conferences:

- Given the availability of the CCS website and email access by most members, it is proposed that draft documents be circulated one month prior to the CCS Annual Meeting via the CCS website and email notification.
- Printed copies will be made available on an individual request basis only.
- Copies of the Executive Summary of the consensus conference will be available at the time of presentation at the CCS Annual Meeting.
- As the CCS is a national society, draft versions of the consensus documents will be available in English and French.



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- Final version of consensus conferences.
 - The executive summary of the final version of the consensus conference will be published in the *Canadian Journal of Cardiology*, listing all participating authors.
 - Full text of the final version of the consensus conference will be published on the CCS web site. It is recommended that the consensus conference be published (either on the website or in hardcopy format) within 18 months of the first meeting of the Primary Panel.
 - As the CCS is a national society, final versions of the consensus documents should be available in English and French.

Implementation of Consensus Conference Recommendations

The increasing complexity of consensus conferences has resulted in information-loaded documents that need to be formatted to address the needs of busy clinicians in their daily practice. Implementation tools and CPD initiatives can address this area in ways that a larger document cannot. Therefore the following recommendations are made regarding implementation of consensus conference findings:

- Consensus documents will be created with the explicit understanding that the information in the document will be disseminated using practical “implementation tools” such as pocket guides, Palm-based guides CPD learning modules, etc. that encourage adaptation of the recommendations by clinicians in their practice.
- The development of implementation tools will be a role of the CPD function of the CCS in consultation with the consensus conference Writing Committee.



Sponsorship Guidelines

Consensus conferences are considered a core function of the CCS and therefore the CCS should have complete ownership of each document.

As stated in the 2000 recommendations of the CCS Sponsorship Working Group, CCS resources should fund the development of CCS consensus conferences, without support by third parties.

Once the document has been published in its final form, dissemination and learning tools derived from the original document may be funded through unrestricted grants from third parties, as long as development of the learning tools has been conducted by the CCS CPD department in conjunction with the consensus conference Writing Committee.

Publication of the consensus conferences in the *Canadian Journal of Cardiology* can be supported by advertising revenue generated by Pulsus once the final version of the consensus conference has been completed.

Intellectual Property Issues

The following principles apply to the intellectual property of CCS Consensus Conferences:

- All information contained in CCS consensus conferences is the property of the CCS.
- All consensus conference authors should sign a copyright transfer agreement prior to beginning work on the document.
- All requests for reprints or reproduction received by Pulsus, Chairs of individual consensus conferences and others should be referred to the CCS Secretariat for consideration.



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- The CCS should encourage the dissemination of the guidelines for use in clinical practice for the purpose of advancing the cardiovascular health and care of Canadians.

Updates of Consensus Conferences

Consensus conference updates should be undertaken upon the recommendation of the most recent Chair(s) of the most recently published consensus conference on the stated topic, or after five years has passed since last publication, whichever comes first.

Update recommendations should be made to the Standing Committee, who will determine if the update should be undertaken. More than one topic may be updated in any given year, if there are sufficient financial resources available and the cardiovascular community requires the updates.

Most updates should be completed within one year of the confirmation of the Primary Panel.

Chair(s) of the original consensus conference should be asked to chair the first update or recommend a replacement Chair(s). It is recommended that, for continuity, the replacement Chair(s) be a CCS member that was on the Primary Panel of the original consensus conference. Chairs of updates will choose the Primary Panel, using Panel members from the original document or choosing new members, as required.

Generally, an update should focus on the areas of the original consensus conference where significant changes have occurred and when new information needs to be presented. As a result, the document can be significantly shorter than the original publication. As with new consensus conference topics, updates will be circulated by email for input prior to final publication. Updates will be published on the CCS website and in the *Canadian Journal of Cardiology*.



Closed-Loop Model Considerations

Adopting the closed-loop model for the CCS Consensus Conference on the Diagnosis and Management of Heart Failure – Update 2006 has a number of important implications for the consensus conference development process. These implications are highlighted below and detailed in the following sections. Questions regarding these changes can be directed to John Parker (parker@ccs.ca).

1. Term of Co-Chair:
 - Two years on a staggered basis to provide continuity
 - One year as past chair to improve continuity
 - Identification of new Co-chair determined by Primary Panel and approved by CCS Consensus Conference Committee
 - Nominated Chairs should have served a minimum of two years as Primary Panel Member

2. Term of Primary Panel Members:
 - Three years on a staggered basis
 - Identification of new Primary Panel members determined by existing Primary Panel and Co-chairs
 - The Primary Panel should be regarded as a professional development opportunity for younger members of the Canadian cardiovascular community
 - Primary Panel will be representative of the Canadian cardiovascular community at large

3. Responsibilities and term of Secondary Panel Members:
 - Three years on a staggered basis
 - Identification of new Secondary Panel members determined by Co-chairs



These fundamental changes in consensus conference development have a number of important implications, especially as they relate to time commitments of members of the Primary Panel. Primary Panel members can expect to participate in the following events as the entire team works together to identify and refine best practices within the closed-loop model of development:

Primary Panel Activity Per Development Cycle	Estimated Time Commitment (Hours)
Two face-to-face meetings	16
Four teleconferences	8
Development of evidence-based recommendations	10
First and final draft of content	20
TOTAL	54