



Governance Structure and Terms of Reference

SPOR Evidence Alliance

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Governance Structure of the SPOR Evidence Alliance

The Nominated Principal Investigators along with the Co-Principal Investigators have established six standing committees to assist in the governance of the Alliance.



Each committee operates in a collaborative environment with specific mandates as per the Terms of Reference and maintains cross-communication between committees.





International Advisory Committee

Alliance Vision

To promote a Canadian health system that is increasingly informed and continuously improved using best available scientific evidence.

Committee Mandate

- To provide advice on the strategic direction of the Alliance based on the overall progress and impact made
- To provide advice on the overall sustainability plan of the Alliance beyond the 5-year grant period

Membership

The International Advisory Committee maintains a membership size of 10-12 members and 2-3 co-chairs with representation from researchers, trainees, patients and other decision-makers (e.g., guideline producers, policy makers, and health care providers).

Terms: Co-chairs are encouraged to participate for 2-3 years on the Committee. Membership is encouraged for a **2-year term**, but there is no obligation should you wish to withdraw your participation at any time. Our goal is to maintain an overlap in members from year to year to encourage continuity and consistency in the activities and functions of the Committee.

Selection: When a seat on the Committee becomes available, a call for applications of interest will be launched. The Nominated Principal Investigator, together with the existing co-Chair(s) and Committee members will review the applications to identify candidates who best exemplify the roles and responsibilities of the vacant seat (i.e., co-Chair, Knowledge User, Patient Partner, Trainee, and Researcher). The Alliance is committed to ensuring that members represent gender, geographic (i.e., Central, Northern, Western, and Eastern Canada), and language (both English and French) diversity.

Co-Chair Roles

- Ensure that the Committee adheres to its mandate and that members fulfill their roles.
- Develop meeting agendas in concert with the Committee's mandate and roles.
- Facilitate meetings and lead Committee discussions.
- Ensure all members are heard, engaged and respected in the work of the Committee.
- Provide progress updates at the Steering Committee meeting and the Annual General Meeting.
- Serve as spokespersons for the Committee.

Committee Member Roles

- Play an advisory role in the Alliance.
- Review the Alliance's Annual Report on progress and make recommendations within the Committee's mandate.
- Attend and participate in Committee meetings in a collaborative and constructive manner that promotes tangible outcomes.

Please note: Committee members are not expected to direct or undertake any activities resulting from their recommendations. The Central Coordinating Office will operationalize all action items with direction from the Principal Investigators.

Governance Structure and Terms of Reference





Meetings

Frequency: In the first year of formation of the International Advisory Committee, the Committee met every six months via web-conference and convened once in-person during the Annual General Meeting.

Going forward, **the Committee should aim to meet once a year** via web-conference to discuss the Annual Report. The frequency of meetings will be periodically re-examined to ensure best use of Committee members' time.

In order for a meeting to take place, a **quorum is necessary** and will be met when more than 70% of voting members are in attendance.

Decision-making: The International Advisory Committee will strive for consensus (i.e., seek agreement on a decision through discussion) and will use voting when an agreement cannot be reached.

Voting: Members will cast their vote verbally during the meeting (written for absentee ballots) or by secret ballot for sensitive decisions.

Recording: Meeting minutes will be sent to all Committee members within one week after each meeting via email. Meeting recordings will be available via WebEx for two weeks after each meeting for absentee members to review.

Secretariat

The Alliance Central Coordinating Office provides administrative support to the Committee, performing functions such as:

- Maintaining membership lists and contact details of each member.
- Circulating agendas, meeting minutes and documentation to Committee members.
- Organizing materials and all logistics for Committee meetings.
- Supporting the Chair in their role and responsibilities.

Review of Terms of Reference

The International Advisory Committee will review the terms of reference once per year and approve all revisions.





Steering Committee

Alliance Vision

To promote a Canadian health system that is increasingly informed and continuously improved using best available scientific evidence.

Committee Mandate

- To provide advice on the overall Alliance initiative, including research partnership, dissemination strategy, training and capacity-building, and query services
- To provide advice on budget and resource allocation, and recommending opportunities to expand funding partnership
- To provide advice on sustainability of the Alliance's core functions beyond the 5-year grant period

Membership

The Steering Committee maintains a membership size of 10-12 members and 2-3 co-chairs with at least one Executive Director of a Support Unit; one co-chair spokesperson from each of Partnerships Committee, Training and Capacity Development Committee, and Knowledge Translation Committee; researchers; patients and other decision-makers (e.g., guideline producers, policy makers, health care providers). The Nominated Principal Investigator is also an ex-officio member of the Steering Committee.

Terms: Co-chairs are encouraged to participate for 2-3 years on the Committee. Membership is encouraged for a **2-year term**, but there is no obligation should you wish to withdraw your participation at any time. Our goal is to maintain an overlap in members from year to year to encourage continuity and consistency in the activities and functions of the Committee.

Selection: When a seat on the Committee becomes available, a call for applications of interest will be launched. The Nominated Principal Investigator, together with the existing co-Chair(s) and Committee members will review the applications to identify candidates who best exemplify the roles and responsibilities of the vacant seat (i.e., co-Chair, Knowledge User, Patient Partner, Trainee, and Researcher). The Alliance is committed to ensuring that members represent gender, geographic (i.e., Central, Northern, Western, and Eastern Canada), and language (both English and French) diversity.

Co-Chair Roles

- Ensure that the Committee adheres to its mandate and that members fulfill their roles.
- Develop meeting agendas in concert with the Committee's mandate and roles.
- Facilitate meetings and lead Committee discussions.
- Ensure all members are heard, engaged and respected in the work of the Committee.
- Provide progress updates at the Steering Committee meeting and the Annual General Meeting.
- Serve as spokespersons for the Committee.

- Play an advisory role in the Alliance.
- Review the Alliance's Annual Report on progress and make recommendations within the Committee's mandate.
- Attend and participate in Committee meetings in a collaborative and constructive manner that promotes tangible outcomes.





Meetings

Frequency: In the first year of formation of the Steering Committee, the Committee met once a month via web-conference and convened once in-person during the Annual General Meeting.

Going forward, the Committee should aim to meet four times in a year: three times via webconference and once in-person at the Annual General Meeting. The frequency of meetings will be periodically re-examined to ensure best use of Committee members' time.

In order for a meeting to take place, a **quorum is necessary** and will be met when more than 70% of voting members are in attendance.

Decision-making: The Steering Committee will strive for consensus (i.e., seek agreement on a decision through discussion) and will use voting when an agreement cannot be reached.

Voting: Members will cast their vote verbally during the meeting (written for absentee ballots) or by secret ballot for sensitive decisions.

Recording: Meeting minutes will be sent to all Committee members within one week after each meeting via email. Meeting recordings will be available via WebEx for two weeks after each meeting for absentee members to review.

Secretariat

The Alliance Central Coordinating Office provides administrative support to the Committee, performing functions such as:

- Maintaining membership lists and contact details of each member.
- Circulating agendas, meeting minutes and documentation to Committee members.
- Organizing materials and all logistics for Committee meetings.
- Supporting the Chair in their role and responsibilities.

Review of Terms of Reference

The Steering Committee will review the terms of reference once per year and approve all revisions.





Executive Committee

Alliance Vision

To promote a Canadian health system that is increasingly informed and continuously improved using best available scientific evidence.

Committee Mandate

- To provide advice on the query intake and research priorities of the Alliance
- To make recommendations to the query research teams on budget, timeline, deliverables and patient and stakeholder engagement
- To provide advice on the day-to-day operations of the Alliance as needed
- To make specific recommendations in the development of a sustainability plan of the Alliance beyond the 5-year grant period

Membership

The Executive Committee maintains a membership size of 10-12 members and includes the Nominated Principal Investigator as the Chair of the committee, researchers, trainees, patients and other decision-makers (e.g., guideline producers, policy makers, health care providers, and health system managers).

Terms: Co-chairs are encouraged to participate for 2-3 years on the Committee. Membership is encouraged for a **2-year term**, but there is no obligation should you wish to withdraw your participation at any time. Our goal is to maintain an overlap in members from year to year to encourage continuity and consistency in the activities and functions of the Committee.

Selection: When a seat on the Committee becomes available, a call for applications of interest will be launched. The Nominated Principal Investigator (Chair), together with the existing Committee members will review the applications to identify candidates who best exemplify the roles and responsibilities of the vacant seat (i.e., Knowledge User, Patient Partner, Trainee, and Researcher). The Alliance is committed to ensuring that members represent gender, geographic (i.e., Central, Northern, Western, and Eastern Canada), and language (both English and French) diversity.

Chair Roles

- Ensure that the Committee adheres to its mandate and that members fulfill their roles.
- Develop meeting agendas in concert with the Committee's mandate and roles.
- Facilitate meetings and lead Committee discussions.
- Ensure all members are heard, engaged and respected in the work of the Committee.
- Provide progress updates at the Steering Committee meeting and the Annual General Meeting.
- Serve as spokespersons for the Committee.

- Play an advisory role in the Alliance.
- Review the Alliance's Annual Report on progress and make recommendations within the Committee's mandate.
- Attend and participate in Committee meetings in a collaborative and constructive manner that promotes tangible outcomes.





Meetings

Frequency: In the first year of formation of the Executive Committee, the Committee met once a month via web-conference and convened once in-person during the Annual General Meeting.

Going forward, the Committee should aim to meet four times in a year: three times via webconference and once in-person at the Annual General Meeting. The frequency of meetings will be periodically re-examined to ensure best use of Committee members' time.

In order for a meeting to take place, a **quorum is necessary** and will be met when more than 70% of voting members are in attendance.

Decision-making: The Executive Committee will strive for consensus (i.e., seek agreement on a decision through discussion) and will use voting when an agreement cannot be reached.

Voting: Members will cast their vote verbally during the meeting (written for absentee ballots) or by secret ballot for sensitive decisions.

Recording: Meeting minutes will be sent to all Committee members within one week after each meeting via email. Meeting recordings will be available via WebEx for two weeks after each meeting for absentee members to review.

Secretariat

The Alliance Central Coordinating Office provides administrative support to the Committee, performing functions such as:

- Maintaining membership lists and contact details of each member.
- Circulating agendas, meeting minutes and documentation to Committee members.
- Organizing materials and all logistics for Committee meetings.
- Supporting the Chair in their role and responsibilities.

Review of Terms of Reference

The Executive Committee will review the terms of reference once per year and approve all revisions.





Partnerships Committee

Alliance Vision

To promote a Canadian health system that is increasingly informed and continuously improved using best available scientific evidence.

Committee Mandate

- To provide advice on meeting the needs and expectations of potential clients of the Alliance query services.
- To provide advice on how the Alliance can increase overall awareness of the query services to potential knowledge users.
- To provide advice on enhancing patient and community engagement in research and governance within the Alliance.
- To provide advice on leveraging existing partnerships and recommending new partners to sustain the Alliance beyond the 5-year CIHR grant period.

Membership

The Partnerships Committee maintains a membership size of 10-12 members and 2-3 co-chairs with representation from researchers, trainees, patients and other decision-makers (e.g., guideline producers, policy makers, health care providers).

Terms: Co-chairs are encouraged to participate for 2-3 years on the Committee. Membership is encouraged for a **2-year term**, but there is no obligation should you wish to withdraw your participation at any time. Our goal is to maintain an overlap in members from year to year to encourage continuity and consistency in the activities and functions of the Committee.

Selection: When a seat on the Committee becomes available, a call for applications of interest will be launched. The Nominated Principal Investigator, together with the existing co-Chair(s) and Committee members will review the applications to identify candidates who best exemplify the roles and responsibilities of the vacant seat (i.e., co-Chair, Knowledge User, Patient Partner, Trainee, and Researcher). The Alliance is committed to ensuring that members represent gender, geographic (i.e., Central, Northern, Western, and Eastern Canada), and language (both English and French) diversity.

Co-Chair Roles

- Ensure that the Committee adheres to its mandate and that members fulfill their roles.
- Develop meeting agendas in concert with the Committee's mandate and roles.
- Facilitate meetings and lead Committee discussions.
- Ensure all members are heard, engaged and respected in the work of the Committee.
- Provide progress updates at the Steering Committee meeting and the Annual General Meeting.
- Serve as spokespersons for the Committee.

- Play an advisory role in the Alliance.
- Review the Alliance's Annual Report on progress and make recommendations within the Committee's mandate.





 Attend and participate in Committee meetings in a collaborative and constructive manner that promotes tangible outcomes.

Please note: Committee members are not expected to direct or undertake any activities resulting from their recommendations. The Central Coordinating Office will operationalize all action items with direction from the Principal Investigators.

Meetings

Frequency: In the first year of formation of the Partnerships Committee, the Committee met every three months via web-conference and once in-person at the Annual General Meeting.

Going forward, the Committee should aim to meet three times per year: up to two times via webconference and once in-person at the Annual General Meeting. The frequency of meetings will be periodically re-examined to ensure best use of Committee members' time.

In order for a meeting to take place, a **quorum is necessary** and will be met when more than 70% of voting members are in attendance.

Decision-making: The Partnerships Committee will strive for consensus (i.e., seek agreement on a decision through discussion) and use voting when an agreement cannot be reached.

Voting: Members will cast their vote verbally during the meeting (written for absentee ballots) or by secret ballot for sensitive decisions.

Recording: Meeting minutes will be sent to all committee members within one week after each meeting via email. Meeting recordings will be available via WebEx for two weeks after each meeting for absentee members to review.

Secretariat

The Alliance Central Coordinating Office provides administrative support to the Committee, performing functions such as:

- Maintaining membership lists and contact details of each member.
- Circulating agendas, meeting minutes and documentation to Committee members.
- Organizing materials and all logistics for Committee meetings.
- Supporting the Chair in their role and responsibilities.

Review of Terms of Reference

The Partnerships Committee will review the terms of reference once per year and approve all revisions.





Knowledge Translation Committee

Alliance Vision

To promote a Canadian health system that is increasingly informed and continuously improved using best available scientific evidence.

Committee Mandate

- To provide advice on the dissemination strategy of research outputs of the Alliance.
- To provide advice on how to reach various target audiences when new knowledge is uncovered.
- To provide advice on the evaluation and sustainability of the Alliance's dissemination efforts.

Membership

The Knowledge Translation Committee maintains a membership size of 10-12 members and 2-3 cochairs with representation from researchers, trainees, patients and other decision-makers (e.g., guideline producers, policy makers, health care providers).

Terms: Co-chairs are encouraged to participate for 2-3 years on the Committee. Membership is encouraged for a **2-year term**, but there is no obligation should you wish to withdraw your participation at any time. Our goal is to maintain an overlap in members from year to year to encourage continuity and consistency in the activities and functions of the Committee.

Selection: When a seat on the Committee becomes available, a call for applications of interest will be launched. The Nominated Principal Investigator, together with the existing co-Chair(s) and Committee members will review the applications to identify candidates who best exemplify the roles and responsibilities of the vacant seat (i.e., co-Chair, Knowledge User, Patient Partner, Trainee, and Researcher). The Alliance is committed to ensuring that members represent gender, geographic (i.e., Central, Northern, Western, and Eastern Canada), and language (both English and French) diversity.

Co-Chair Roles

- Ensure that the Committee adheres to its mandate and that members fulfill their roles.
- Develop meeting agendas in concert with the Committee's mandate and roles.
- Facilitate meetings and lead Committee discussions.
- Ensure all members are heard, engaged and respected in the work of the Committee.
- Provide progress updates at the Steering Committee meeting and the Annual General Meeting.
- Serve as spokespersons for the Committee.

- Play an advisory role in the Alliance.
- Review the Alliance's Annual Report on progress and make recommendations within the Committee's mandate.
- Attend and participate in Committee meetings in a collaborative and constructive manner that promotes tangible outcomes.





Meetings

Frequency: In the first year of formation of the Knowledge Translation Committee, the Committee met every three months via web-conference and once in-person at the Annual General Meeting.

Going forward, **the Committee should aim to meet three times per year**: up to two times via web-conference and once in-person at the Annual General Meeting. The frequency of meetings will be periodically re-examined to ensure best use of Committee members' time.

In order for a meeting to take place, a **quorum is necessary** and will be met when more than 70% of voting members are in attendance.

Decision-making: The Committee will strive for consensus (i.e., seek agreement on a decision through discussion) and use voting when an agreement cannot be reached.

Voting: Members will cast their vote verbally during the meeting (written for absentee ballots) or by secret ballot for sensitive decisions.

Recording: Meeting minutes will be sent to all committee members within one week after each meeting via email. Meeting recordings will be available via WebEx for two weeks after each meeting for absentee members to review.

Secretariat

The Alliance Central Coordinating Office provides administrative support to the Committee, performing functions such as:

- Maintaining membership lists and contact details of each member.
- Circulating agendas, meeting minutes and documentation to Committee members.
- Organizing materials and all logistics for Committee meetings.
- Supporting the Chair in their role and responsibilities.

Review of Terms of Reference

The Knowledge Translation Committee will review the terms of reference once per year and approve all revisions.





Training and Capacity Development Committee

Alliance Vision

To promote a Canadian health system that is increasingly informed and continuously improved using best available scientific evidence.

Committee Mandate

- To provide advice on the various capacity-building initiatives of the Alliance, such as development of the Mentorship Program, Fellowship Program, and any funding opportunities.
- To provide advice on the Alliance's capacity-building initiatives and Trainee experiences.
- To provide advice on expansion and sustainability of the Alliance's capacity-building efforts.

Membership

The Training & Capacity Development Committee maintains a membership size of 10-12 members and 2-3 co-chairs with representation from researchers, trainees, patients and other decision-makers (e.g., guideline producers, policy makers, health care providers).

Terms: Co-chairs are encouraged to participate for 2-3 years on the Committee. Membership is encouraged for a **2-year term**, but there is no obligation should you wish to withdraw your participation at any time. Our goal is to maintain an overlap in members from year to year to encourage continuity and consistency in the activities and functions of the Committee.

Selection: When a seat on the Committee becomes available, a call for applications of interest will be launched. The Nominated Principal Investigator, together with the existing co-Chair(s) and Committee members will review the applications to identify candidates who best exemplify the roles and responsibilities of the vacant seat (i.e., co-Chair, Knowledge User, Patient Partner, Trainee, and Researcher). The Alliance is committed to ensuring that members represent gender, geographic (i.e., Central, Northern, Western, and Eastern Canada), and language (both English and French) diversity.

Co-Chair Roles

- Ensure that the Committee adheres to its mandate and that members fulfill their roles.
- Develop meeting agendas in concert with the Committee's mandate and roles.
- Facilitate meetings and lead Committee discussions.
- Ensure all members are heard, engaged and respected in the work of the Committee.
- Provide progress updates at the Steering Committee meeting and the Annual General Meeting.
- Serve as spokespersons for the Committee.

- Play an advisory role in the Alliance.
- Review the Alliance's Annual Report on progress and make recommendations within the Committee's mandate.
- Attend and participate in Committee meetings in a collaborative and constructive manner that promotes tangible outcomes.





Meetings

Frequency: In the first year of formation of the Training & Capacity Development Committee, the Committee met every three months via web-conference and convened once in-person during the Annual General Meeting.

Going forward, the Committee should aim to meet three times per year: up to two times via webconference and once in-person at the Annual General Meeting. The frequency of meetings will be periodically re-examined to ensure best use of Committee members' time.

In order for a meeting to take place, a **quorum is necessary** and will be met when more than 70% of voting members are in attendance.

Decision-making: The Training & Capacity Development Committee will strive for consensus (i.e., seek agreement on a decision through discussion) and will use voting when an agreement cannot be reached.

Voting: Members will cast their vote verbally during the meeting (written for absentee ballots) or by secret ballot for sensitive decisions.

Recording: Meeting minutes will be sent to all Committee members within one week after each meeting via email. Meeting recordings will be available via WebEx for two weeks after each meeting for absentee members to review.

Secretariat

The Alliance Central Coordinating Office provides administrative support to the Committee, performing functions such as:

- Maintaining membership lists and contact details of each member.
- Circulating agendas, meeting minutes and documentation to Committee members.
- Organizing materials and all logistics for Committee meetings.
- Supporting the Chair in their role and responsibilities.

Review of Terms of Reference

The Training & Capacity Development Committee will review the terms of reference once per year and approve all revisions.