

CCS CPU: Co-chair Position Description

Co-chairs are the co-leads of a Clinical Practice Update (CPU) panel and are accountable for the development and successful publication of CCS CPUs. CCS CPUs have two Co-chairs for each document. Co-chairs possess demonstrated leadership and management skills commensurate with those required to oversee a highly functioning, medium-sized group of physicians, methodologists, healthcare professionals, and patients and caregivers. Co-chairs are experienced in strategies and facilitation of group processes, that promote equal opportunity to contribute to a supportive and collegial environment.

Role Summary

Each Co-chair plays a crucial role in the development of a successful CPU. Chairs are accountable for the integrity of the CPU's development process and the appropriateness of the content being discussed. Co-chairs are accountable for creating an active, participatory, collegial, and dynamic environment that encourages positive communication and collaboration of all Primary Panel (PP) members. They are expected to attend a scheduled 'Kick off' meeting with the Chair of the Guidelines Committee (GC), to Chair regularly scheduled meetings of the PP, as well as participate in periodic meetings with the GC Liaison, CCS staff, and/or Guidelines Chair. Co-chairs are accountable for addressing concerns and challenges as soon as they arise, consulting with the GC Liaison and/or staff as needed. Co-chairs are responsible for ensuring the management and mitigation of conflicts of interest (COI) in compliance with the CCS and Guidelines COI policy. Co-chairs will:

- Formulate the overall emphasis of the CPU;
- Delegate work and responsibilities to PP members;
- Collaborate with methodologists during the planning of systematic reviews;
- Approve the final wording of items that require voting;
- Ensure the methodologist is well involved;
- Effectively facilitate discussions and consensus among the PP; and,
- Prepare the final manuscript and accompanying documents.

One of the Co-chairs will be designated as the corresponding author for the CPU. The corresponding author is responsible for:

- PP approval of manuscript prior to submission to the *Canadian Journal of Cardiology* (CJC);
- Submission of the final documents to CJC;
- Submission of GC approved, accurate and complete documents to CJC, *within the time allotted by the CCS Guidelines Committee*; and
- Review, correction and approval of CJC proofs.

Timely Completion of CPU

Both Co-chairs are responsible for the timely submission of the CPU and additional documents to CJC on the due date approved by the Guidelines Committee. The Co-chairs understand that unrectified delays or unresolved concerns limiting CPU approvals at the due date will trigger a review. At that time the co-chairs will be requested to provide a plan to achieve successful approval to submit for publication within four (4) months. Any further delays after the four-month period will trigger remedial measures by the GC and may include replacement of the Co-chairs or, in the worst case, withdrawal of the CPU from development.

Qualifications

An ideal Co-chair should be knowledgeable, efficient, motivated and possess demonstrated leadership and management skills commensurate with those required to oversee a medium-sized, highly qualified group to produce a rigorously developed, high-quality CPU to guide management of specific cardiovascular conditions. Co-chairs understand and accept that individual time requirements are significant, include participation and leadership of many meetings, and may accumulate to 50 hours or more. They therefore confirm their commitment and availability through the entire process to successful submission to CJC. Co-chairs are required to have the following qualifications and competencies (Review also: CCS Committee Chair Competencies and CCS Guiding Principles below):

- Active, paid CCS membership status for the duration of CPU development and publication processes.
- Proven experience with participation as a fully contributing Panel Member of a group publishing an evidence-based CCS Guideline or CPU, or experience with another recognized body like AHA, ESC etc.
- Overall knowledge of the cardiovascular condition of focus and understanding of important gaps that must be addressed.
- Comprehensive understanding of the scientific literature and clinical management of the specific cardiovascular condition of the proposed topic.

- Working knowledge of Knowledge Mobilization, understanding barriers and facilitators to CPU uptake; ability to draft knowledge translation (KT) strategies related to the subject matter.
- Co-chair engagement in knowledge-to-action (KTA) strategy development and active engagement with the development of KT resources and education sessions.
- Proven, demonstrated skills in scientific writing as evidenced through publication of peer-reviewed papers as a first or final author.
- Demonstrated leadership, coaching, collaboration, and team-building skills with experience facilitating groups, productive discussions, and debates leading to positive outcomes.
- Proven success completing projects and scientific publications on time.
- Prior service as a Committee Chair (not necessarily a CCS Committee).
- Strong preference for at least one of the two identified Co-chairs to be free of significant conflict of interest (COI) related to the specific condition of interest for the duration of Guideline development and publication processes.
- Commitment to maintain confidentiality of all processes, evidence, and CPU content until after final publication in the Canadian Journal of Cardiology (CJC)

Application and Selection Process

The nomination and approval of the Co-chairs (and of the corresponding author Co-chair) will be approved by the Guideline Committee. CCS members who submit topics through the annual call for topics process are not automatically approved to lead the development of a CPU. The CCS member who submits the topic is requested to provide a letter of intent describing qualifications and competencies (as noted above) to Co-chair the CPU. While the Guideline Committee may name and approve one Co-chair through the call for topics application process (as submitted by the CCS member), an alternate may be identified.

Candidates for the second Co-chair will be selected by the Guidelines Committee during a duly constituted meeting. CCS members with interest in Co-chair position will be asked to submit a letter of intent indicating their wish to serve and include a description of their suitability for this position according to the qualifications and competencies above. In addition, candidates must submit a declaration of competing interests from the previous two years and confirm that they understand and undertake to provide the substantial time commitment required to deliver a high-quality document within the timeline approved by the Guidelines Committee.

A letter of intent to Co-chair is due from the CCS member who is submitting a topic during the call for topics submission. An applicant may alternatively submit a topic with no suggested Co-

chair, or they may indicate another nominated Co-chair in their application, in which case a letter of intent may be written on behalf of that nominee, however, the nominee must indicate agreement to be put forth. Letters of intent from other interested Co-chairs may be submitted with the call for topics submission or, emailed to CCS (guidelines@ccs.ca) within 10 days following the call for topics deadline.

Communication to successful and unsuccessful CCS member applicants will be emailed by CCS staff following Guidelines Committee review and approval; usually within 2 months following the call for topics deadline.

CCS Committee Chair Competencies

Visionary: Ability to understand important clinical gaps between current optimal and actual care. Can appreciate key barriers that must be addressed to overcome these gaps. Able to develop a workable approach to meet this challenge. Able to lead the formulation/articulation of the form that the proposed document will take.

Coaching and Mentoring: Coaches/ mentors without lecturing. Sees the need for, and helps to develop, other member competencies. Thrives on continuous learning and how to transfer that knowledge to others.

Consensus Building: Develops their network and supports an environment of participative dialogue and compromise.

Facilitation: Openly facilitates problem resolution and helps to generate ideas and the open flow of information.

Ability to influence: Ability to command the attention of others for decision making.

Strategic Planning and Risk management: Brings long-term focus to the Society's plans and goals and understands implications of risk identification, impact assessment and mitigation.

Change Management: Understands the principles of change and how to set and manage expectations associated with change.

Manages Constancy of Purpose: Does what they say they will do and sees their commitments through to completion.

Communication: Oral, written undertaken with relevance.

Decision making: Facilitates decision making.

CCS Guiding Principles

INTEGRITY

We do what we say we're going to do. We finish what we start, hold each other accountable, and honor our commitments. We do what's right, even when no one is watching.

DIVERSITY, EQUITY & INCLUSION

We define ourselves by who we include. We believe unique voices and experiences make us stronger. We actively engage the broad range of heart health stakeholders. We provide opportunities for members and others to engage on their terms.

COMMUNITY

We bring people together. We create opportunities for networking, knowledge sharing, and collaboration. We build relationships and seize opportunities to work together with others who share a common purpose.

HEALTH

We take care of ourselves and each other so we can best serve others. We believe the well-being of the members, staff, and the profession is critical to the immediate and long-term sustainability of the organization. We honor the trust our members place in us by maintaining a financially healthy organization.

EXCELLENCE & QUALITY

We continuously improve ourselves and what we do. We seek out new and better ways of doing things. We learn from others and embrace change. We see obstacles as opportunities and treat failure as a learning opportunity.

EVIDENCE

We make decisions based on facts and data. We think critically and act on evidence. We make decisions based on rigorous research. We measure and report on our own outcomes to evaluate our success and drive improvement.