

BC SURGICAL ONCOLOGY COUNCIL & NETWORK
TERMS OF REFERENCE
Updated 2009

AUTHORITY

The Office of the President of the BC Cancer Agency.

PURPOSE

The Surgical Oncology Network includes all providers of surgical oncology services from surgeons in remote areas to sub-specialists. Its purpose is to provide strong linkages with surgeons and hospitals across the province, including the BC Cancer Agency's five cancer centres (Abbotsford, Centre for the Southern Interior - Kelowna, Fraser Valley Centre – Surrey, Vancouver Centre, Vancouver Island Centre – Victoria, and the sixth, Centre for the North -Prince George – is due to open in 2012) and 17 clinics. The Network's goal is to establish a structure and a system to enable the integration of quality surgical oncology services into the formal cancer care system.

VISION

The best possible outcomes for all cancer surgery patients in British Columbia.

MISSION

To promote the best surgical oncology care through:

1. Providing strong linkages between the BC Cancer Agency, surgeons and hospitals across the province
2. Developing partnerships and collaborations provincially and nationally.
3. Integrating quality surgical oncology services into the formal cancer care system
4. Leadership, advocacy, mentoring and education

GOALS

1. To increase recognition of the Surgical Oncology Network as the leading advisory and resource body for surgical oncology in BC, and to foster partnerships provincially and nationally.
2. To evaluate and improve patient outcomes through research and quality data collection, management and reporting processes.
3. To promote continuous quality improvement of surgical oncology through advocacy, mentoring, medical education and professional development.
4. To promote and implement best practices for quality cancer surgery and enhance access to multidisciplinary patient-centred care.

OVERVIEW

The Surgical Oncology Network was established in 2001 as a provincial program of the BC Cancer Agency to promote and advance quality cancer surgery throughout the province. By establishing an effective network of surgical oncology care providers, implementing best practice principles and integrating surgical oncology services within

the formal cancer care system, the Network aims to ensure that patients have the best possible outcomes through consistent access to high quality multidisciplinary care.

Surgery plays a critical role in the diagnosis, staging and treatment of cancer. More than half of patients diagnosed with cancer will require some form of surgical procedure during the course of their illness and about a third of cancer patients will receive only surgery. For many cancers, surgery represents the best hope for cure. While most surgical oncology services are provided in the community, surgery is frequently the gateway into services provided by the BC Cancer Agency. There are approximately 21,000 new cases of cancer each year in BC and approximately 60% of these patients are referred to the Agency for treatment. To enhance appropriate, equitable and timely access to surgical services for cancer patients as close to home as possible, the Network supports communication and sharing of knowledge between subspecialty and community surgeons, their respective hospitals, and the formal cancer centres of the BC Cancer Agency.

STRUCTURE

The Council Executive oversees the implementation of the Network's mandate and is comprised of surgeons and senior health administrators representing all the health regions across the province. The three Committees - Clinical Practice, Continuing Professional Development & Knowledge Transfer and Research & Outcomes Evaluation - assist with the planning, implementation and promotion of the Network's goals and priorities. In addition, there are thirteen Surgical Tumour Groups, which serve to advise the Council Executive and the Committees on the issues and challenges in the surgical management of patients within each tumour site to improve the surgical management of cancer patients.

Council Executive - Sets priorities for the Network.

Council - Assists with the planning, implementation and promotion of activities for the Network.

Surgical Tumour Groups - Advises the Surgical Oncology Council & Network on the issues and challenges in the surgical management of patients within each tumour grouping to improve the surgical management of oncology patients.

Committees:

- **Executive Finance Committee** - Sets the financial plan for the Network's annual activity plan in accordance with the Network's annual operating budget.
- **Clinical Practice Committee** - Develops and promotes surgical quality improvement endeavours, practice guidelines and standards in surgical oncology for the province.
- **Continuing Professional Development & Knowledge Transfer Committee** - Develops and implements professional development opportunities that will lead

to improved surgical oncology practice and increased knowledge in the field of surgical oncology, as well as improve communication between the Council and the surgeons of BC.

- **Research & Outcomes Evaluation Committee** - Supports research and evaluation activities of the Surgical Oncology Network by providing guidance and assistance to Network surgeons with research projects, feasibility studies and measurement of practice improvement.

ROLES AND RESPONSIBILITIES

1. Surgical Oncology Council Executive

- Set priorities for the Council and Network.
- Facilitate the integration of community surgeons into the cancer treatment system.
- Perform annual performance review of the Council and Network.
- Provide and disseminate information about surgical oncology activities in a timely manner to surgeons, surgical oncologists and health regions through the website, videoconferencing and newsletter.
- Liaise with the Ministry of Health and Health Authorities (Fraser Health, Interior Health, Northern Health, Provincial Health Services, Vancouver Coastal Health, and Vancouver Island Health Authorities).
- Appoint Surgical Oncology Tumour Group Chairs and recommend surgeons for membership on BCCA Tumour Groups.
- Establish and oversee Surgical Oncology Network Committees, including the appointment of Committee Chairs.

2. Surgical Oncology Council

- Assist with the planning, implementation and promotion of activities for the Surgical Oncology Network.
- Provide guidance on matters relating to improved surgical oncology practice and facilitating the efficient passage of patients through all aspects of cancer care, including the coordination of a surgical liaison function between the cancer centres, hospitals, general and specialty surgeons, and family physicians.
- Define and promote the ideals and goals of the Surgical Oncology Network.
- Ensure the provision of timely and equitable surgical oncology care for patients.
- Guide the development of surgical oncology practice guidelines.
- Participate in and facilitate research projects and continuing medical education initiatives.
- Provide guidance for research and outcomes evaluation initiatives.

- Provide direction for activities and reviews of Surgical Oncology Network activities.
- Improve the provision of surgical oncology care for patients.
- Provide clinical outcome assessment and baseline data for the goal of improving care.

3. Surgical Tumour Group Chairs

- Establish a provincial structure and committee to address surgical oncology within the tumour group speciality.
- Establish standard of surgical care within the tumour group.
- Provide the Surgical Oncology Council with information on surgical outcomes and trends in their speciality.
- Liaise with local cancer clinic.
- Act as a conduit and liaison between the Surgical Oncology Council and Surgical Tumour Group.
- Identify and report the Surgical Tumour Group's needs to improve surgical services and outcomes.
- Act as a conduit and liaison between Surgical Oncology Council and BCCA Oncology Tumour Group.

MEMBERSHIP

1. Surgical Oncology Council Executive

- President, BC Cancer Agency.
- Vice-President, Cancer Care, BC Cancer Agency.
- Leader, Provincial Surgical Oncology Program, BC Cancer Agency.
- Surgical Oncology representative from each health region (Fraser Health, Interior Health, Northern Health, Provincial Health Services, Vancouver Coastal Health, and Vancouver Island Health Authorities). For those regions with a Cancer Centre, it is hoped that this representative will be connected with the BCCA Cancer Centre.
- Ministry of Health Representative (or designate).
- Chair, UBC Department of Surgery (or designate).
- Chairs of SON Committees:
 - Clinical Practice
 - Continuing Professional Development and Knowledge Transfer
 - Research and Outcomes Evaluation
- Community surgeons (2).
- Representative from Surgical Tumour Groups (1).

2. Surgical Oncology Council (Comprised of Council Executive and Surgical Tumour Group Chairs)

- President, BC Cancer Agency.
- Vice-President, Cancer Care, BC Cancer Agency.
- Leader, Provincial Surgical Oncology Program, BC Cancer Agency.
- Surgical Oncology representative from each Health Region (Fraser Health, Interior Health, Northern Health, Provincial Health Services, Vancouver Coastal Health, and Vancouver Island Health Authorities). For those regions with a Cancer Centre, it is hoped that this representative will be connected with the BCCA Cancer Centre.
- Ministry of Health Representative (or designate).
- Chair, UBC Department of Surgery (or designate).
- Chairs of SON Committees:
 - Clinical Practice Guidelines
 - Continuing Professional Development and Knowledge Transfer
 - Research and Outcomes Evaluation
- Community surgeons (2).
- Chairs of the Surgical Tumour Groups:
 1. Brain
 2. Breast
 3. Colorectal
 4. Endocrine
 5. Esophageal
 6. Gynaecology
 7. Head and Neck
 8. Hepatobiliary
 9. Lung
 10. Melanoma and skin
 11. Paediatrics
 12. Sarcoma/Spinal
 13. Urology

CHAIR

The Chair of the Council & and Network is the Leader of the Provincial Surgical Oncology Program at the BC Cancer Agency.

VICE-CHAIRS

The Chairs of the Network's three Committees: Clinical Practice, Continuing Professional Development & Knowledge Transfer, and Research and Outcomes Evaluation. The Vice-Chairs and Network Chair form the Executive Finance Committee.

QUORUM

Fifty percent (50%) plus one.

LENGTH OF TERM

Council and Council Executive members are appointed for an initial term of three years with the possibility of renewal for two years. Note that some members are appointed as a function of the position. These positions will have representation on a continuing basis.

SCHEDULE OF MEETINGS

1. Surgical Oncology Council - Once per year or at the call of the Chair.
2. Surgical Oncology Council Executive - Quarterly or at the call of the Chair.
3. Surgical Tumour Groups - At the call of the Chair.
4. Committees - Quarterly or at the call of the Chair.

SURGICAL ONCOLOGY NETWORK STAFF

- Operational Leader (1.0 FTE)
- Program Assistant (1.0 FTE)
- Manager, Clinical Practice Initiatives (0.80 FTE)
- Biostatistician (0.50 FTE)
- Programmer/Cancer Surveillance and Outcomes Analyst (0.40 FTE)

TERMS OF REFERENCE APPROVED: September 2007

COUNCIL EXECUTIVE - CURRENT MEMBERS**START OF TERM**

1.	Dr. Dianne Miller, Acting Chair Acting Leader, Provincial Surgical Oncology Program BC Cancer Agency	2008
2.	Dr. Abdul Aleem Community Surgeon, Cranbrook	2004
3	Dr. Chris Baliski Interior Health Authority Representative; Chair, Skin STG	2006
4.	Dr. Carl Brown Chair, Research & Outcomes Evaluation Committee	2008
5.	Dr. Nadine Caron Northern Health Authority Co-Representative	2007
6.	Dr. Rona Cheifetz Chair, Continuing Professional Development & Knowledge Transfer Committee	2001
7.	Dr. Noelle Davis Chair, Clinical Practice Committee	2001
8.	TBD Fraser Health Authority Representative	
9.	Dr. Susan O'Reilly Vice President, Cancer Care, BC Cancer Agency	2008
10.	Dr. William Orrom Vancouver Island Health Authority Representative	2009
11.	Ms. Stephanie Sainas Corporate Director, Strategic Program Development, PHSA	2007
12.	Mr. Brian Schmidt Senior Vice President, Provincial Services, Public & Population Health, PHSA Interim President, BC Cancer Agency	2003

13. TBD
President, BC Cancer Agency
14. Dr. Michelle Sutter 2007
Northern Health Authority Co-Representative
15. Dr. Garth Warnock 2001
Chair, UBC Department of Surgery
16. Dr. Sam Wiseman 2005
Vancouver Coastal Health Authority Representative
17. Dr. John Yee 2008
Designate - UBC Department of Surgery
18. TBD
Ministry of Health Representative

SURGICAL ONCOLOGY NETWORK STAFF

- Yasmin Miller, Operational Leader (1.0 FTE)
- Fatima Cengic, Program Assistant (1.0 FTE)
- Catalin Taraboanta, Manager, Clinical Practice Initiatives (0.80 FTE)
- Paul Mak, Programmer/Cancer Surveillance and Outcomes Analyst (0.40 FTE)
- Colleen McGahan, Biostatistician (0.50 FTE)

SURGICAL TUMOUR GROUPS

TERMS OF REFERENCE

PURPOSE

To advise the Surgical Oncology Council & Network on the issues and challenges in the surgical management of patients within each tumour grouping, to improve the surgical management of oncology patients.

RESPONSIBILITIES

Committee

- Establish a provincial structure and committee to address surgical oncology within the tumour group speciality.
- Ensure that provincial committee meets during the year.
- Establish standard of surgical care within the tumour group.
- To provide the Surgical Oncology Council with information on surgical outcomes and trends in their speciality.
- Liaise with local cancer clinic.
- Act as a conduit and liaison between Surgical Oncology Council and Surgical Oncology Tumour Group.
- Identify and report the Tumour Group's needs to improve surgical services and outcomes.
- Identify barriers/issues/practice patterns within the tumour group.
- Act as a conduit and liaison between Surgical Oncology Council and BCCA Oncology Tumour Group.

Chair

1. Define/recruit members for Surgical Tumour Site Group
 - Include surgeons from around the province.
 - Include high volume surgeons.
2. Organize meetings
 - Utilize teleconference/videoconference technology.
 - Assistance provided from Surgical Oncology Council & Network staff (setting up meetings, contacting invitees, distributing agenda/minutes).
3. Involve BC Cancer Agency Tumour Group members
 - Surgical Tumour Groups are intended to work with the BCCA Oncology Tumour Groups. They are meant to identify and draw out key surgical issues and to provide strategies for solving those issues. They are a complement to the BCCA

Oncology Tumour Groups.

- Communicate with respective BCCA Oncology Tumour Group Chairs.
 - Involve members of BCCA Oncology Tumour Groups in surgical meetings as appropriate.
4. Provide the Surgical Oncology Council with information on surgical outcomes and trends in their speciality.
1. Advise the Surgical Oncology Council how the needs and issues of the specific tumour site can be addressed. The Surgical Tumour Site Groups are the tumour site experts. It is hoped that they will identify the needs and issues within the tumour site and work with the Surgical Oncology Network's infrastructure to meet those needs.
- Develop clinical practice standards or guidelines of surgical care within the tumour group.
 - Communicate specific needs to Surgical Oncology Network standing committees.
 - Identify continuing professional development needs and work with CPD-KT Committee to plan events.
 - Identify research and outcomes needs and submit requests for data/data analysis to Research & Outcomes Evaluation Committee.
 - Contribute to SON newsletter.
 - Annual update of activities of Surgical Tumour Site Group.
 - One review of a journal article or book within tumour site speciality annually.

LENGTH OF TERM

Surgical Tumour Group Chairs are appointed by the Council Executive for an initial term of three years with the possibility of renewal for two years.

TERMS OF REFERENCE APPROVED: September 2007

Current Chairs:

Tumour Group	Chair	Start of Term
1. Brain	Dr. Brian Toyota	2003 - renewed for 3 years 2009
2. Breast	Dr. Laurence Turner	2009
3. Colorectal	Dr. Manoj Raval	2009
4. Endocrine	Dr. Samuel Bugis	2003
5. Esophageal & Lung	Dr. John Yee	2008
6. Gastrointestinal	Dr. Gregor McGregor	2004
7. Gynaecology	Dr. Mark Heywood	2006
8. Head and Neck	Dr. Donald Anderson	2009
9. Hepatobiliary	Dr. Charles Scudamore	2003
10. Paediatrics	Dr. Sonia Butterworth	2009
11. Sarcoma/Spinal	Dr. Bas Masri	2003
12. Skin	Dr. Chris Baliski	2006
13. Urology	Dr. Alan So	2007

**SURGICAL ONCOLOGY NETWORK
EXECUTIVE FINANCE COMMITTEE
TERMS OF REFERENCE**

PURPOSE

The Executive Finance Committee was formed March 2007 and is a sub-committee of the SON Council Executive. It is comprised of the Chair of the SON and three Vice-Chairs, who are also the Chairs of the SON's three Committees: Clinical Practice, Continuing Professional Development & Knowledge Transfer, and Research and Outcomes Evaluation. The financial planning of SON activities within the annual operating budget is under the direction of the Executive Finance Committee. Funds will be allocated based on the planned activities for the year. The Executive Finance Committee is also responsible for setting the SON's remuneration policy.

ROLES AND RESPONSIBILITIES

Committee

- Balance SON budget and approve allocation of funds to activities.
- Approve expenditures for Clinical Practice, Continuing Professional Development & Knowledge Transfer, and Research & Outcomes Evaluation Committees and Surgical Tumour Groups.
- Conduct annual review of SON remuneration policy and revise as needed.

Chair

- Oversee Executive Finance Committee.
- Provide strategic oversight on budgetary issues and liaise with BC Cancer Agency and PHSA leadership regarding financial operations of SON.
- Meet regularly with Surgical Oncology Network Operational Leader.

MEMBERSHIP

Chair

The Chair is the Chair of the SON and is also the appointed Leader of the Provincial Surgical Oncology Program at the BC Cancer Agency.

Vice-Chairs

- Chair, Clinical Practice Committee
- Chair, Continuing Professional Development & Knowledge Transfer Committee
- Chair, Research and Outcomes Evaluation Committee

LENGTH OF TERM

Chair is appointed for an initial term of five years, which is the term of the Leader of the Provincial Surgical Oncology Program at the BC Cancer Agency.

The Vice-Chairs are appointed for an initial term of up to three years with the possibility of renewal for two years, which is the term of the Committee Chairs. The Committee Chairs are appointed by the Council Executive.

SCHEDULE OF MEETINGS

The Executive Finance Committee will meet twice a year or at the call of the Chair.

QUORUM

Fifty percent (50%) plus one.

REPORTING

Surgical Oncology Council Executive

The Chair, or designate, will provide a verbal report at each Council Executive meeting. Printed materials will be circulated as required.

Surgical Oncology Council

A written report on Network activities will be circulated annually to the Surgical Oncology Council in conjunction with the annual meeting.

TERMS OF REFERENCE APPROVED: September 2007

CURRENT MEMBERS

- Dr. Dianne Miller, Acting Chair, SON
- Dr. Noelle Davis, Chair, Clinical Practice Committee
- Dr. Rona Cheifetz, Chair, Continuing Professional Development & Knowledge Transfer Committee
- Dr. Carl Brown, Chair, Research & Outcomes Evaluation Committee

**CONTINUING PROFESSIONAL DEVELOPMENT AND KNOWLEDGE
TRANSFER (CPD-KT) COMMITTEE
TERMS OF REFERENCE**

PURPOSE

To provide professional development opportunities to surgeons across BC, in a variety of formats, and to enhance communication between the Council and the surgeons of BC. Committee members will provide guidance in developing and implementing a professional development program that will lead to improved surgical oncology practice and increased knowledge in the field of surgical oncology, as well as improve communication between the Council, its members and the surgeons of BC.

ROLES AND RESPONSIBILITIES

1. CPD-KT Committee

- Understand and promote the ideals and goals of the Surgical Oncology Network.
- Assess professional development needs of members and incorporate needs assessment into the development of educational programs and communication tools.
- Provide professional development opportunities in a variety of clinical speciality areas, in a variety of formats (courses, seminars, distance education), throughout BC annually.
- Provide outcome measurements to demonstrate impact of its professional development programs and assess effectiveness of communication tools and strategies.
- Provide educational opportunities with Maintenance of Certification accreditation.
- Provide professional development sessions linked with professional associations such as the BC Surgical Society.
- Identify education and communication resources already in existence.
- Promote study and research in the area of surgical CPD-KT.
- Publish a newsletter with information on the Surgical Oncology Council & Network including administrative, clinical, educational and research updates (2-3 issues annually).
- Support Surgical Oncology Council Standing Committees in their communication with members.
- Maintain and update a Surgical Oncology Network website.
- Promote the use of electronic resources to facilitate communication (i.e. videoconferencing, Extranet technology).

2. CPD-KT Chair

- Oversee CPD-KT committee – calling meetings, correspond with Surgical Tumour Groups and other agencies and organizations.
- Meet regularly with Operational Leader.
- Plan specific content for professional development sessions in conjunction with key contacts.
- Plan content for newsletters and advise on potential contributors.

3. Surgical Tumour Group Chairs

- Act as a liaison from Surgical Tumour Groups to the CPD-KT committee.
- Provide regular input on professional development and communication needs of their respective surgical tumour sites.
- Provide information on discipline specific conferences and workshops in order to facilitate planning and communication.
- Provide information on Surgical Tumour Groups achievements and accomplishments to highlight to surgeons across BC.

MEMBERSHIP

- Surgeon Educator
- Up to six (6) surgeons from the Surgical Oncology Network, where possible representing various communities and surgical specialities in BC.
- Other members at the discretion of the chair.

CHAIR

The Chair is appointed by the Council Executive.

LENGTH OF TERM

Committee members will be appointed for an initial term of up to three years with the possibility of renewal for two years. Further renewals of appointment will be at the discretion of the SON Chair.

SCHEDULE OF MEETINGS

The CPD-KT Committee will meet as needed to plan the Annual Fall Update.

REPORTING

1. Surgical Oncology Council Executive

- The CPD-KT Chair, or designate, will provide a verbal report at each Council Executive meeting.
- Printed materials will be circulated as required.

2. Surgical Oncology Council

- A written report, including the CPD-KT plan, will be circulated annually to all members of the Surgical Oncology Council in conjunction with the annual planning workshop.
- Additional updates will be provided for newsletter publication.

3. Surgical Tumour Groups

- A written report will be circulated annually to each Surgical Tumour Site outlining how the CPD-KT plan has or will address their specific needs.

TERMS OF REFERENCE APPROVED: September 2007

CURRENT CHAIR, MEMBERS AND START OF TERM

1. Dr. Rona Cheifetz, Chair, Co-editor SON Newsletter – BCCA & Vancouver General Hospital - 2007
2. Dr. Jason Francoeur - Peace Arch Hospital– 2007
3. Dr. Elaine McKevitt - St. Paul's Hospital – 2007
4. Dr. Nathan Schneidereit – Nanaimo Regional General Hospital– 2007

RESEARCH & OUTCOMES EVALUATION (ROE) COMMITTEE

TERMS OF REFERENCE

PURPOSE

To support research and evaluation activities of the Surgical Oncology Network by providing guidance and assistance to Network surgeons with research projects, feasibility studies and measurement of practice improvement. Committee members will provide guidance and feedback with the development of projects that will lead to improved surgical oncology practice and increased knowledge in the field of surgical oncology. The Committee will oversee data collection and database development initiatives of the SON. The ROE Committee will work closely with the Clinical Practice Committee on developing outcomes reporting mechanisms and models.

ROLES AND RESPONSIBILITIES

1. Committee

Research

- Review project proposals and make recommendations, with feedback, to the Executive Finance Committee for approval, resubmission or non-approval of projects.
- Review proposals to ensure that the project is in keeping with the objectives of the SON.
- Mentor internally generated scientific research ideas, facilitate study direction, and improve the study hypothesis, design and implementation.
- Provide formal, timely, consistent processes for evaluating and prioritizing projects.
- Conduct a rigorous and consistently applied review of the methodology, ethics, budget and/or resources required from SON.
- Prioritize the project from scientific and internal resource perspectives.
- Encourage multidisciplinary cooperation in research between basic scientists, clinical scientists, including all professional practice groups at the Agency as appropriate to the advancement of the scientific knowledge of surgical oncology.
- Review project proposal template on an annual basis and update as required.
- Review SON Resident Travel Awards applications and make recommendations for funding to the Council Executive. Where appropriate applications will also be reviewed by the relevant Chair of the Surgical Tumour Group. The quality and significance of the research will be considered.

Quality Improvement of Practice

- Oversee the implementation of mechanisms to support, evaluate and measure quality improvement in the practice of surgical oncology across the province.
- Oversee the development of data collection and database development initiatives of the SON.
- In conjunction with the Clinical Practice Committee, oversee the development of an outcomes reporting model/process.
- In conjunction with the Clinical Practice Committee, oversee the development of practice audit and quality improvement initiatives.
- Provide input on the research and information/data needs of the Surgical Tumour Groups.

Data Collection and Stewardship of SON Databases

- Ensure that all projects involving databases and data collection follow the Freedom of Information and Protection of Privacy Act (FOIPPA) guidelines.
- Ensure that appropriate processes are followed and required documentation completed – i.e. Privacy Impact Assessment; ethics applications/approval.

2. ROE Chair

- Oversee ROE committee – call meetings, correspond with Surgical Tumour Sites and other groups, agencies and organizations.
- Provide strategic oversight on issues related to research and outcomes evaluation.
- Meet regularly with Surgical Oncology Coordinator of the ROE Committee.

3. ROE Coordinator

- Work with ROE Chair and Program Assistant to schedule meetings and prepare meeting agenda and materials.
- Provide regular updates to ROE Chair and Committee on progress of projects.
- Facilitate ROE project application process.

MEMBERSHIP

- Up to five (5) members at large, where possible representing each of the different health authorities and from a variety of surgical specialities.
- Surgical Oncology Network Biostatistician.
- Surgical Oncology Network Programmer/Cancer Surveillance & Outcomes Analyst.
- Specific expertise (e.g. clinical epidemiology, surgical specialties, methodologists, ethicists), multiple Centres, and external interested parties (e.g. Ministry of Health) will be invited at the discretion of the Chair.

CHAIR

The Chair is appointed by the Council Executive. Preference will be given to someone with a graduate degree in epidemiology.

LENGTH OF TERM

Committee members will be appointed for an initial term of up to 3 years with the possibility of renewal for 2 years.

SCHEDULE OF MEETINGS

The ROE committee will meet bi-monthly or at the call of the Chair.

QUORUM

Fifty percent (50%) plus one.

REPORTING

Surgical Oncology Council Executive - The ROE Chair, or designate, will provide a verbal report at each Council Executive meeting. Printed materials will be circulated as required.

Surgical Oncology Council - A written report on ROE activities will be circulated annually to the Surgical Oncology Council in conjunction with the annual meeting. Updates will be provided as needed for newsletter publication.

TERMS OF REFERENCE APPROVED: September 2007

CURRENT CHAIR, MEMBERS AND START OF TERM

1. Dr. Carl Brown, ROEC Chair (St Paul's Hospital) - 2008
2. Dr. Nadine Caron, Prince George Regional Hospital - 2007
3. Dr. Noelle Davis, Chair, Clinical Practice Committee - 2001
4. David Gavin, Director of Data Integration, BCCA – 2007
5. Dr. Andrew Gemino, Assistant Professor, Faculty of Business Administration, Simon Fraser University - 2007
6. Paul Mak, Programmer/Cancer Surveillance & Outcomes Analyst - 2007
7. Colleen McGahan, ROE Committee Coordinator – 2007
8. Dr. Sam Wiseman, St. Paul's Hospital – 2007
9. Erdem Yazganoglu, Manager, Surgical Patient Registry, PHSA - 2009

CLINICAL PRACTICE COMMITTEE TERMS OF REFERENCE

PURPOSE

To develop and promote surgical quality improvement endeavours, practice guidelines and standards in surgical oncology for the province. Committee members will provide expertise and support for projects that assess quality of care in surgical oncology practice, evaluate patient outcomes and quality improvement strategies. The Committee will work closely with the Surgical Tumour Groups and with the Research & Outcomes Evaluation (ROE) Committee to develop minimum datasets for cancer surgery, outcomes templates and clinical practice reporting mechanisms and models.

ROLES AND RESPONSIBILITIES

1. CP Committee

- Understand and promote the ideals and goals of the Surgical Oncology Network (SON).
- Act as a liaison between existing clinical practice groups (i.e. clinical practice guidelines committees supported by Ministry of Health and BCMA) and Surgical Oncology Network.
- Work with Surgical Tumour Groups and Research & Outcomes Evaluation Committee to develop outcomes reporting templates and model/process (including synoptic reporting).
- Work with Surgical Tumour Groups to identify surgical wait times for tumour sites
- In conjunction with the Research & Outcomes Evaluation Committee develop practice audits and quality improvement initiatives relating to surgical oncology.
- Review care maps, clinical practice guidelines, standards and other clinical material related to cancer surgery practice to endorse for BC or to provide a second opinion.
- Provide input and advice into promoting clinical practice initiatives (including educational opportunities and communications strategies).
- Review and recommend clinical standards relating to surgical oncology that are provincial in scope (especially as they relate to hospital or ambulatory practice).
- Regularly review clinical practice documents and send back to Surgical Tumour Group for review.
- Develop mechanisms to monitor adherence to standards and outcomes.

2. CP Chair

- Oversee Clinical Practice Initiatives Committee – calling meetings as required,

correspondence with Surgical Tumour Sites and other agencies and organizations.

- Provide strategic oversight on issues related to clinical practice.
- Meet regularly with Clinical Practice initiatives Manager.

3. CP Manager

- Work with CP Chair, SON Manager and Program Assistant to schedule meetings and prepare meeting agenda and materials.
- Provide regular updates to CP Chair and Committee members as well as to the Chairs or Surgical Tumour Groups.
- Provide expertise and support to ROE and Continuing Professional Development and Knowledge Transfer Committees as required.
- Liaise with BC Cancer Agency, Health Authorities, Hospitals and Ministry of Health as required to advance initiatives.

MEMBERSHIP

- Four to six surgeons, where possible representing various communities and surgical specialities in BC.
- Surgical Oncology Network Biostatistician.
- Surgical Oncology Network Programmer.
- Specific expertise (e.g. clinical epidemiology, surgical specialties, methodologists, and ethicists), multiple Centres, and external interested parties (e.g. Ministry of Health) will be invited at the discretion of the Chair.

Ex-Officio

- Surgical Tumour Group Chairs

CHAIR

The Chair is appointed by the Council Executive.

LENGTH OF TERM

Committee members will be appointed for an initial term of up to 3 years with the possibility of renewal for 2 years.

SCHEDULE OF MEETINGS

The Clinical Practice Committee will meet three (3) times per year or by call of the Chair as often required. Ex-Officio members will meet annually at the SON Annual Council Meeting and as required for their expertise as a Surgical Tumour Group Chair during the year.

REPORTING

Surgical Oncology Council Executive - The Chair, or designate, will provide a verbal report at each Council Executive meeting. Printed materials will be circulated as required.

Surgical Oncology Council - A written report on Clinical Practice Committee activities will be circulated annually to the Surgical Oncology Council in conjunction with the annual meeting. Updates will be provided as needed for SON newsletter publication.

SUPPORT STAFF

The Program Assistant will provide administrative assistance (e.g. scheduling meetings, recording minutes, update the website). The CP Manager will provide expertise and operational support with projects, including background research and grant application development, outcomes templates and guideline development. The Biostatistician will provide expertise on reporting methodology and data analysis. The Programmer will provide expertise with database development and data integration. The SON Manager will provide administrative oversight and report to the Executive Finance Committee and Council Executive.

TERMS OF REFERENCE APPROVED: May 5th, 2009

CP Committee Membership

1. Dr. Noelle Davis, Chair (BCCA & Vancouver General Hospital)
2. Dr. Chris Baliski (Kelowna)
3. Dr. Nadine Caron (Prince George)
4. Dr. John Carr (Nanaimo)
5. Dr. Jon Just (Kamloops)
6. Dr. Vu Truong (Burnaby)

STG CHAIRS - MEMBERSHIP AT LARGE

1. Dr. Donald Anderson - Chair Head & Neck STG (Coquitlam)
2. Dr. Chris Baliski, Chair Skin STG (Kelowna General Hospital)
3. Dr. Samuel Bugis, Chair Endocrine STG (St. Paul Hospital)
4. Dr. Sonia Butterworth, Chair Pediatric STG (BC Children's Hospital)
5. Dr. Mark Heywood, Chair Gynecology STG (BCCA – UBC Hospital)
6. Dr. Greg McGregor, Chair Proximal GI STG (Vancouver General Hospital)
7. Dr. Bas Masri, Chair Sarcoma STG (UBC Hospital)
8. Dr. Alan So, Chair Urology STG (Vancouver General Hospital)
9. Dr. Charles Scudamore, Chair Hepatobiliary STG (Vancouver General Hospital)
10. Dr. Manoj Raval, Chair Colorectal STG (St. Paul Hospital)
11. Dr. John Yee, Chair Esophageal/Lung STG (Vancouver General Hospital)
12. Dr. Brian Toyota - Chair Brain STG (Vancouver General Hospital)
13. Dr. Laurence Turner - Chair, Breast STG (New Westminster)