



National Advisory Committee on Blood and Blood Products

Terms of Reference

The National Advisory Committee on Blood and Blood Products (NAC) is an interprovincial medical and technical advisory body to the Provincial and Territorial (PT) Health Ministries through the Provincial and Territorial Blood Liaison Committee (PTBLC), and to Canadian Blood Services (CBS) as the national blood supplier for all provinces (except Québec). NAC provides professional leadership in assisting, identifying, designing and implementing cost-effective blood and blood product utilization management initiatives for the optimization of patient care throughout Canada. In its role as an advisory body, NAC takes direction from and reports to the CBS-PTBLC.

Every two years, one province assumes the role of lead jurisdiction on behalf of corporate members of CBS (PT Ministers of Health) in matters related to the National Blood File. In this role, the Lead Province is responsible for secretariat services for the National Blood File during its two-year term.

The organizational structure provides guidance on NAC's relationship with CBS and PTBLC and is outlined in Appendix A of this document.

1.0 MANDATE

NAC shall be responsible for executing initiatives on the NAC Work Plan as approved by the PT Ministries of Health (except Québec) and CBS. To this end, NAC shall:

- 1.1. Provide advice on matters pertaining to the blood supply, including those directly affecting the practice of transfusion medicine in hospitals;
- 1.2. Develop and provide information about blood and blood product utilization and utilization management efforts;
- 1.3. Develop and/or endorse guidelines and recommendations for blood component and blood product use;
- 1.4. Identify opportunities to influence optimization of transfusion medicine practices;
- 1.5. Provide leadership on a jurisdictional level in the identification, design, and implementation of blood utilization management initiatives for the optimization of patient care; and
- 1.6. Assist CBS and PTs in the product selection process.

2.0 MEMBERSHIP

2.1 CBS-PTBLC and CBS shall appoint members to NAC as follows:

2.1.1 Voting Members:

- Each PT may appoint up to two members from their jurisdiction (permitted one combined vote per jurisdiction represented) who meet the following criteria:
 - A health care professional with experience in transfusion medicine or expertise in blood utilization management, and/or
 - Ministry of Health personnel with primary responsibility for blood resource management.



- CBS shall appoint up to four members who have medical, scientific and/or other subject matter expertise related to blood and blood products and the work of NAC (permitted a maximum of two votes).

2.1.2 Non-Voting Members:

- The co-chairpersons of the CBS-PTBLC and any member's delegate (in case the member is not able to attend the NAC meeting).
- Québec CCMNT Representative on NAC.
- Invited guests attending the NAC meeting.

2.2 NAC may invite additional experts to meetings on an ad hoc basis to provide expertise on the subject matter being discussed.

2.3 The Chair and Vice Chair Roles:

2.3.1 NAC Chair Role: An appointed NAC member, selected by the PT from the Lead Province. This role will, when feasible, rotate with the Lead Province for a two-year term.

2.3.2 NAC Vice Chair: This role will be an appointed member selected from the next Lead Province.

These appointments shall be subject to endorsement by CBS-PTBLC.

2.4 In carrying out its function, NAC may establish sub-committees or working groups to address specific issues and provide representation as requested on matters related to the National Blood File. All members are expected to actively participate in sub-committee and/or working group activities executing NAC Work Plan initiatives.

- NAC may invite additional experts to serve on sub-committees on an ad hoc basis to provide expertise on the subject matter being discussed.

2.5 Each voting member shall develop a mechanism for regular communication with their PTBLC member.

2.6 Voting Members are expected to serve for a minimum two-year term. NAC member terms from each province should be staggered to ensure continuity of information shared by each province.

3.0 MEETINGS

3.1 Meetings shall be chaired by the Chairperson, or in his/her absence, by the Vice-Chairperson.

3.2 Notwithstanding exceptional circumstances, NAC shall meet in-person at least twice annually, with one such meeting to occur in conjunction with the CBS-PTBLC (Joint Planning Meeting).

3.3 Additional teleconferences may be held at the call of the Chairperson or at the call of a standing member upon approval of the Chairperson.



3.4. The Lead Province shall be responsible for recording minutes documenting discussions at NAC meetings. Approved minutes of NAC Meetings shall be circulated to the CBS-PTBLC for information, to ensure clear communication and an opportunity for mutual support between groups.

4.0 PLANNING AND EVALUATION

NAC and CBS-PTBLC shall meet annually in the spring for a joint strategic planning and priority-setting meeting (Joint Planning Meeting).

4.1 NAC shall prepare an annual Work Plan for review and approval by the CBS-PTBLC, based on the priorities set by NAC and the CBS-PTBLC.

4.1.1. NAC Work Plan initiative suggestions may be brought forward for CBS-PTBLC consideration and discussion by means of a formal Briefing Note from the NAC Chair.

4.2 Jurisdictional implementation of NAC recommendations or guidance statements arising from completion of NAC Work Plan initiatives and evaluation of their effectiveness in optimizing transfusion practices shall be the responsibility of each provincial jurisdiction.

5.0 DECISIONS

5.1 Meeting quorum is 50% plus 1 of voting members attending in person or through teleconference meetings.

5.2 Decisions shall be made by consensus among the voting members (whether at meetings or via electronic communication). Decisions that are not supported by a minimum of 80% of the membership will be documented and referred for further stakeholder consultation.

5.3 NAC guidelines and/or recommendations documents shall include a section outlining significant or major dissenting opinion(s) of NAC membership of NAC or applicable working group members.

6.0 POSITIONS AND DUTIES

6.1 NAC Coordinator: The PT Collaborative Initiatives Fund (CIF), which is funded by the PTs, includes the NAC Coordinator to support the work of NAC. The NAC Coordinator shall:

6.1.1 Be appointed by and report to the Lead Province and NAC Chair;

6.1.2. Maintain the NAC Work Plan document, in collaboration with the NAC Chair;

6.1.2 Provide policy analysis and support on issues identified in the NAC Work Plan;

6.1.3 Develop and distribute briefings and communications to the CBS-PTBLC and NAC;

6.1.4 Provide financial updates to the NAC chair;

6.1.5 Assist in the development of the NAC Work Plan;

6.1.6 Establish, promote, and support communications with CBS, the Canadian Agency for Drugs and Technologies in Health (CADTH), and other research groups; and

6.1.7 Provide updates to the NAC website to ensure the material is current and relevant.



6.2 NAC Chair

See Appendix B for detailed position description

6.3 NAC Members

In addition to providing advice and professional leadership within the NAC, its members are expected to serve as champions within their own jurisdictions for blood utilization management initiatives.

6.4 PT Ministries of Health

6.4.1 The Lead Province manages and oversees the NAC budget. The NAC budget is part of the Collaborative Initiative Fund (CIF) and will support/fund the following:

- The role of the NAC Coordinator as above;
- Meeting logistics including space, audio visual requirements and hospitality;
- Meeting attendance by the lead jurisdiction secretariat including the coordinator as required;
- Meeting attendance of the NAC Chair and one additional member from the Lead Province;
- Meeting attendance of one NAC member from each province (other than the Lead Province);
- NAC website management and periodic maintenance;
- Support for priority initiatives as budget allows.

6.4.2 PTs who appoint more than one member shall fund expenses related to travel for the additional member to attend NAC meetings.

6.4.3 PTs shall champion support within their jurisdictions for appointed members to fulfill NAC duties.

6.4.4 Ensure that resources are allocated and used in a manner, which meets or exceeds the goals and objectives of the NAC.

7.0 CONFLICT OF INTEREST AND CONFIDENTIALITY

7.1 Any NAC member or sub-committee member that has an interest that is or could be seen by a reasonable third party to be a conflict between the NAC members' professional interest and the issue that is before NAC must declare such a conflict to the NAC Chair. If the committee Chair is or may be in a conflict of interest, that conflict must be declared to the committee.

7.2 Members and their delegates must complete a Disclosure of Potential Conflict of Interest form (see Appendix C) on an annual basis and update that form as appropriate.

7.3 The Committee may, at times, be privy to information that shall remain confidential to the Committee members and shall not be communicated beyond the Committee.

7.4 The NAC Terms of Reference will be reviewed each time the National Blood File transitions to the next Lead Province.



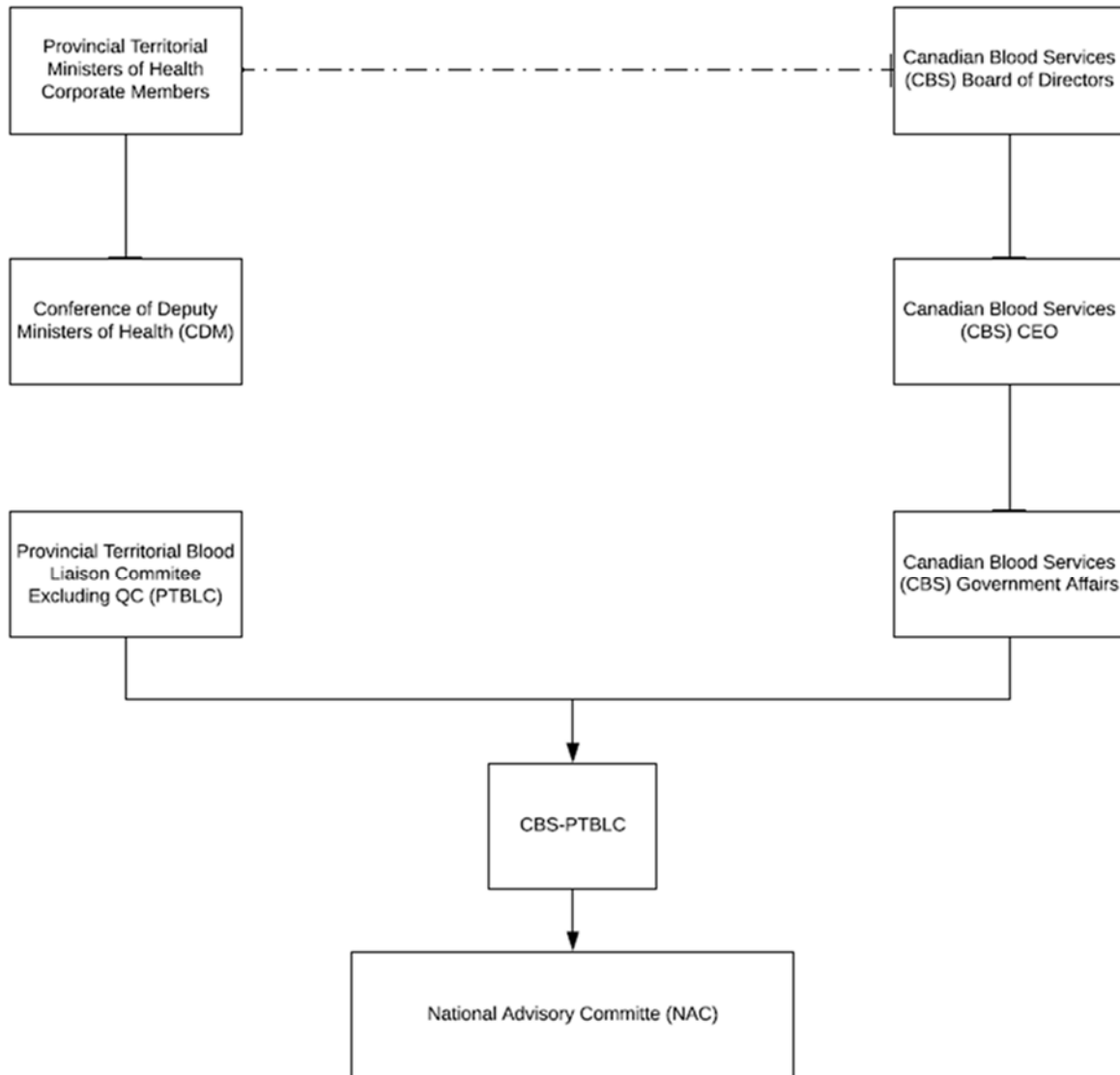
8.0 Terms of Reference Revision

This Terms of Reference has been reviewed by the Lead Province, PTBLC, NAC, CBS in 2020-21 year, endorsed by NAC as of June 18 -2020, and approved by CBS-PTBLC on July-15-2020.



Appendix A

NAC Functional Structure Chart





Appendix B NAC Chair Job Description

POSITION FUNCTION

The Chair of the National Advisory Committee on Blood and Blood Products (NAC) is responsible for the successful leadership and management of the NAC according to the strategic direction endorsed by the Canadian Blood Services-Provincial/Territorial Blood Liaison Committee.

ORGANIZATION SUMMARY

The NAC provides medical and technical advice on the utilization management of blood and blood products to the provincial and territorial (PT) Ministers of Health and Canadian Blood Services (CBS). In its role as an advisory body, NAC takes direction from and reports to the Canadian Blood Services-Provincial/Territorial Blood Liaison Committee (CBS-PTBLC). Please refer to Section 1.0 of this document for a description of the NAC Mandate.

When feasible, the Chair will rotate with the appointment of the Lead Province for blood and blood products at the PT Committee level. The Vice Chair will be selected from the next Lead province. These appointments shall be subject to endorsement by the CBS-PT Blood Liaison Committee, and the terms may be extended by agreement of the NAC, subject to endorsement by the CBS-PTBLC.

The NAC Chair role shall be supported by the NAC Coordinator role. (See Section 6.1).

POSITION SPECIFICATIONS

- Extensive education and professional experience in transfusion.

TIME COMMITMENT

- 0.2 FTE
- Occasional travel within Canada required

PRIMARY DUTIES AND RESPONSIBILITIES

Executive Leadership

- Ensure the membership of NAC is diverse and has representation from all jurisdictions.
- Develop and maintain an effective relationship with the lead Province through the lead PT blood representative and PT representative on NAC.
- Coordinate the development of an annual work plan for review and approval by the CBS-PTBLC.
- Coordinate the development, implementation and evaluation of strategic and operational plans for the NAC.
- Maintain effective priority setting with regards to NAC initiatives.
- Conduct effective NAC meetings and facilitate consistent participation of NAC members.



- Facilitate identifying NAC members to serve on NAC subcommittees and other national committees as agreed to by NAC.
- Actively support the work of NAC subcommittees.
- Support contributions to the professional literature through publications.
- Support the administration of operational and program processes of the CBS-PTBLC and Lead Province.
- Represent NAC, as required at appropriate Regional, National and International functions.

Program Planning and Management

Four broad work plan priorities were identified in Spring 2007. With future strategic developments, these may be revised as necessary.

1. Systematic Development and implementation of Guidelines

- Ensure the development of a consistent framework for the systematic development and dissemination of guidelines.
- Ensure the development of evidence-based criteria and/or practice guidelines in conjunction with blood transfusion services and medical staff.
- Ensure the development of strategies for the promotion, implementation and review of practice guidelines.
- Identify opportunities for collaboration with other international transfusion medicine organizations.

2. Benchmarking Capability to Enhance Utilization Performance

- Facilitate the development of a process for identifying priority areas for benchmarking.
- Facilitate the identification of existing utilization databases in Canada.
- Facilitate the development of a process for collaboration between provincial blood offices/programs and sharing of data.
- Facilitate the development of a process for standardizing requests for blood and blood products.

3. Identification of Patient Safety Issues and Recommendations to PTs

- Facilitate the development of a process for identifying areas of safety concerns.
- Facilitate the presentation of patient safety issues and recommendations to the CBS-PTBLC.

4. Development of Contingency Plans in the Event of Product Shortages

- Ensure representation on the national planning committee coordinated by CBS.

Human Resources Planning and Management

- Actively participate in the recruitment of the NAC Coordinator.
- Participate in the training, supervision and performance evaluation to the NAC Coordinator.
- Continue to enhance the relationship among NAC members through regular operations meetings educational activities.

Stakeholder Relations

- Ensure the development and maintenance of working relationships with National/Provincial transfusion medicine stakeholders, corporations/organizations/researchers/foundations/health authorities, volunteer/community groups and agencies as valuable resources for the



- development, promotion and success of the NAC.
- Develop and maintain communication with and provide support to jurisdictional health care facilities

KEY RELATIONSHIPS

- CBS and Provincial/Territorial Blood Representatives.
- Provincial/Territorial Blood Coordinating Programs.
- Respective Department of Health
- Jurisdictional health care facilities
- Professional medical associations/organizations and licensing bodies
- Consumer/patient organizations
- Public Health Agency of Canada



Appendix C

Disclosure of Potential Conflict of Interest for Participants in the National Advisory Committee on Blood and Blood Products

The attached disclosure declaration is designed to allow participants in the National Advisory Committee on Blood and Blood Products (NAC) to disclose any real or apparent conflict(s) of interest.

A conflict of interest is defined as a set of conditions in which professional judgement concerning a primary interest may be influenced by a secondary interest (such as financial gain).

Many physicians are confident that competing interests do not influence their judgement and therefore choose not to declare them. However, secondary interests can lead to sub-conscious bias. As this committee covers a broad range of topics in blood transfusion, it is inevitable that many participants will have something to declare.

The intent of this policy is not to prevent any NAC member with a potential conflict of interest from participating fully in the committee. It is intended primarily to assure that any potential conflict should be identified openly so that individuals may form their own judgments to determine whether outside interests may reflect a possible bias.

Please complete, sign and fax the attached form (even if you have no competing interests).

Thank you



Disclosure of Potential Conflict of Interest for Participants in the National Advisory
Committee on Blood and Blood Products

Please complete either part A or part B. Please print.

Name: _____

A. ____ I do not have / have not had any financial interest/arrangement or affiliation **within the past year** with one or more organizations that could be perceived as a real or apparent conflict of interest of this National Advisory Committee on Blood and Blood Products.

Signature: _____ Date: _____

OR

B. ____ I have/had financial interest/arrangement or affiliation **within the past year** with one or more organizations that could be perceived as a real or apparent conflict of interest of this National Advisory Committee on Blood and Blood Products.

Please specify below:

AFFILIATION/FINANCIAL INTEREST	NAME OF ORGANIZATION(S)
Grant / Research (PI or co-investigator)	
Consultant / Honoraria	
Stock Shareholder	
Other Financial / Material Support	
Other	

Signature: _____

Date: _____

Please Return Completed Form to:

Rony Skaff

NAC Coordinator

Email: riskaff@gov.pe.ca

Department of Health and Wellness

PO Box 2000, Charlottetown

FAX: 902-368-4224

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