

## Canine Cruciate Registry (CCR) Steering Group and Advisory Committee Terms of Reference

(Updated 08/06/2020)

### 1. Background

- 1.1 It is vital to assess what we do in order to ensure that we are moving with the times and adapting and responding to the advances in evidence and in the profession.
- 1.2 As expectations of customers grow day by day, it is important for business to continually improve the quality of the care and services they have to offer. High standards do not just happen by chance; they evolve over some time as a result of experience and evidence.
- 1.3 Practices will constantly have numerous priorities to deal with. Practice teams often feel overworked and unable to take on new work. By introducing quality improvement techniques, the aim is to optimise the design, delivery and efficiency of current systems of care to ensure the highest level of quality.
- 1.4 Quality Improvement is about making veterinary healthcare more safe, effective, client and patient-centred, timely, efficient and evidence-based. We are focussing on what organisations and individuals can do using quality improvement tools with an aim to bring about measurable improvement by applying evidence-based veterinary medicine (EBVM) in practice.
- 1.5 The RCVS Knowledge Canine Cruciate Registry aims to provide feedback to clinicians in order to evaluate which surgical techniques and implants lead to improved patient outcomes and minimised complications for the management of cranial cruciate ligament rupture in dogs in the UK.
- 1.6 The registry will also allow individual veterinary surgeons to perform clinical audit and benchmarking, allowing for quality improvement. Submitted data will benefit development into enhanced techniques and offer insights into the technique that would provide patients with the best outcomes. Veterinary surgeons will be able to make comparisons with anonymised data within the registry.

### 2. Remit and responsibilities

#### 2.1 RCVS Knowledge has appointed a CCR Clinical Lead to

- 2.1.1 Provide clinical oversight and accountability for the delivery of the CCR in order to meet the expected high-level requirements and key-performance indicators as set out in the Project Charter, this includes:
  - 2.1.1.1 Providing updates as required and at least on an annual basis to the RCVS Knowledge QIAB. Identifying and providing information on exception reports (where the scope, budget or timeline differs from the Project Charter) which require ratification by the RCVS Knowledge QIAB or Board of Trustees as required. On request, the Chairperson may be required to report directly to the RCVS Knowledge Quality Improvement Advisory Board (QIAB) and Board of Trustees meetings;
  - 2.1.1.2 Ensuring appropriate mitigations against risk;
  - 2.1.1.3 Horizon-scanning for opportunities and threats, building networks to understand, for example, research and best practice from other similar organisations, and acting on this information appropriately;

- 2.1.1.4 Representing the CCR as the main clinical contact – the spokesperson for the Steering Group, Advisory Committee and the supplier (Amplitude Clinical Outcomes), and providing their representation to RCVS Knowledge;
- 2.1.1.5 Taking the role of Chairperson for the project, including;
  - 2.1.1.5.1 Ensuring meetings and decision-making processes are focused on addressing the key issues and questions identified in the agenda;
  - 2.1.1.5.2 Attending planning meetings, including providing agendas and key lines of inquiry;
  - 2.1.1.5.3 Defining key areas to address, and areas for recommendation;
  - 2.1.1.5.4 Acting as the lead spokesperson for the CCR project.

## **2.2 RCVS Knowledge has appointed a Clinical Support Officer**

- 2.2.1 To arrange and record the meetings and decisions of the Canine Cruciate Registry Advisory Committee and Canine Cruciate Registry Steering Group.
- 2.2.2 To support the CCR Clinical Lead in fulfilling their objectives.

## **2.3 RCVS Knowledge has established the Canine Cruciate Registry Advisory Committee (CCR-AC) who will be vital at the start of the project, though may be convened on an ad-hoc basis**

- 2.3.1 To provide a consensus on the scope and content of the registry.
- 2.3.2 To define the dataset and approve changes.
- 2.3.3 To define the outcome measures.
- 2.3.4 Members may be contacted individually to provide specialist input should the need arise. On occasion external individual specialist advice may be sought.

## **2.4 RCVS Knowledge has established the Canine Cruciate Registry Steering Group (CCR-SG)**

- 2.4.1 To give direction to the development and running of the registry.
- 2.4.2 To make decisions on the content of the registry and associated website.
- 2.4.3 To discuss additional outcome measures.
- 2.4.4 To coordinate reporting to the QIAB and RCVS Knowledge.
- 2.4.5 To coordinate the collation, dissemination and publication of the data, results and outcomes of the registry.
- 2.4.6 To test the system to ensure that it meets requirement.
- 2.4.7 To recommend on the future direction of the project, including support to assess cost-benefit analyses and potential funding sources which would be for clinical approval by the QIAB and financial approval by the Board of Trustees.

## **2.5 RCVS Knowledge has appointed the Canine Cruciate Registry Independent Reviewers (CCR-IR)**

- 2.5.1 To provide an external review to advise on the data elements once they have been incorporated into the BETA version
- 2.5.2 To provide a sense-check and to ensure that there are no obvious emissions for the various procedures or fields relating to patient signalment or vet or owner assessments.

## **2.6 RCVS Knowledge has appointed Amplitude Clinical Outcomes to take charge of the data and manage the user interface.**

## **2.7 All members of the team** are appointed to champion the CCR internally and externally to secure buy-in. This includes;

- 2.7.1.1 Working in partnership with RCVS Knowledge Communications and Digital team to ensure alignment with RCVS Knowledge Communications Strategy;
- 2.7.1.2 Identifying and considering issues and activities for communication to the wider organisation, profession and public;

2.7.1.3 Act as a customer representative to accurately represent the customer's needs with the principal aim of advancing the quality of veterinary care for the benefit of animals, the public, and society.

**2.8 All members of the team** will be required to

- 2.8.1 Attend all meetings where possible, including pre-meetings.
- 2.8.2 Read paperwork provided in advance of meetings.
- 2.8.3 Suggest questions and issues to be investigated.
- 2.8.4 Maintain efficient communication with the project team.
- 2.8.5 Help to identify and develop possible recommendations.

### 3. Accountability

**3.1** Amplitude Clinical Outcomes are accountable to the Clinical Lead of the CCR.

**3.2** The CCR-AC, CCR-SG, and CCR-IR, are accountable to the Clinical Lead of the CCR.

**3.3** The Clinical Lead of the CCR is clinically accountable to the RCVS Knowledge Quality Improvement Advisory Board (QIAB) and managerially accountable to the Project Manager and Head of Quality Improvement of RCVS Knowledge.

**3.4** Member/s of the Quality Improvement Advisory Board will attend the CCR-SG meetings and will provide regular progress reports to the QIAB. Any decisions made outside of the scope, budget or timescales that have already been agreed, must be accepted by the representative of the RCVS Knowledge QIAB either at the meeting or by accepting the minutes of the meetings or notes on the decisions. The Project Manager will have the authority to halt progress which may affect budget until approval from the Executive Director or the Board of Trustees has been given.

**3.5** The QIAB are accountable to the RCVS Knowledge Board of Trustees. A member of the Board of Trustees will attend the QIAB meetings and will provide regular progress reports to the RCVS Knowledge Board of Trustees.

### 4. Membership

**4.1** The CCR Clinical Lead, the CCR-AC, the CCR-SG and the CCR-IR, are appointed through arrangements agreed by RCVS Knowledge.

**4.2** The CCR-AC and CCR-SG shall have between four to twelve members, but may operate with fewer if a vacancy exists, provided quorum is maintained.

**4.3** The CCR-IR will operate with between zero and four members. Quorum for this group is not required.

**4.4** The members of the CCR-SG shall include;

4.4.1 The CCR Clinical Lead who will be the Chair;

4.4.2 At least one representative of the RCVS Knowledge QIAB;

4.4.3 At least one professional who as part of their regular work, is an epidemiologist;

4.4.4 At least two veterinary professionals who as part of their regular work are RCVS recognised Specialists in Small Animal Orthopaedics;

4.4.5 At least one veterinary professional who as part of their regular work, is a general practitioner (and not a referral practitioner);

4.4.6 At least one representative of the British Veterinary Orthopaedic Association;

4.4.7 At least one representative who is not in a workplace which would be considered veterinary related, who provides the perspective of the client;

4.4.8 Other members may be co-opted as required by the CCR-SG with prior approval from RCVS Knowledge. This may be on an ad-hoc or a regular basis.

**4.5** The members of the CCR-AC shall include;

4.5.1 The CCR Clinical Lead who will be the Chair;

4.5.2 At least one professional who as part of their regular work, is an epidemiologist;

4.5.3 At least five veterinary professionals who as part of their regular work are veterinary orthopaedic surgeons (most likely to be RCVS recognised Specialists in Small Animal Orthopaedics);

4.5.4 At least one veterinary professional who as part of their regular work, is a general practitioner (and not a referral practitioner);

4.5.5 Other members may be co-opted as required by the CCR-AC with prior approval from RCVS Knowledge. This may be on an ad-hoc or a regular basis.

**4.6** The CCR-IR shall have zero to four members. Ideally at least one will provide the veterinary perspective and one the client perspective.

**4.7** If any member has an interest relating to a specific project issue, pecuniary or otherwise, and is present at the meeting at which the matter is under discussion, they will declare that interest at the start of the meeting, or when the Conflict of Interest becomes apparent, and shall not participate in the discussions. The Chair will have the power to request that member to withdraw from the meeting until the consideration has been completed.

## 5. Code of Conduct

**5.1** All members are required to abide by the RCVS knowledge's Code of Conduct, Annex 1. It is the responsibility of the members to ensure that declarations are kept up-to-date.

## 6. Confidentiality

**6.1** Members are privy to materials and data within the registry, and information on the design and nature of the registry itself, in the conduct of their roles that may be confidential in nature or not for wider distribution. This confidentiality is required to be maintained.

**6.2** All members shall handle personal data as confidential personal information in accordance with General Data Protection Regulations and the Data Protection Act 2018.

**6.3** All materials shared are assumed to be confidential, unless otherwise stated. All members will be required to sign and abide by non-disclosure agreements.

## 7. Quorum

**7.1** A quorum for each Committee of the CCR-SG and CCR-AC of at least three members in attendance in person or via teleconference (or similar), is maintained.

**7.2** A quorum is not required for the CCR-IR.

## 8. Attendance

**8.1** CCR-SG and CCR-AG members are required to attend all scheduled meetings. However, a nominated deputy, approved by the Chair, may attend in the member's absence.

**8.2** Where the Chair is unable to attend, the Chair should nominate from the attending members an acting Chair in their stead.

**8.3** The CCR-IR are not expected to meet in person, but should participate electronically. Responses to electronic communication must take place within 5 working days for their input to be considered.

## 9. Frequency of meetings

**9.1** It is expected that members will meet approximately one time a year with additional electronic contact.

## 10. Terms of office

**10.1** The term of office of the Clinical Lead shall be four years. At the end of each term, the Clinical Lead may stand for re-election.

**10.2** The term of office for the CCR-SG, CCR-AG and CCR-IR members shall be two years. At the end of each term, members may be re-elected for a maximum of three consecutive terms (six years in total).

**10.3** Re-elections will be determined by the RCVS Knowledge Board of Trustees.

## 11. Removal of appointed members

**11.1** RCVS Knowledge may remove a member before the expiration of their period of office in agreement with the RCVS Knowledge Quality Improvement Advisory Board and the RCVS Knowledge Board of Trustees.

## 12. Disqualification or vacation of office

The office shall be vacated if

**12.1** The member ceases to be in good professional standing with the RCVS;

**12.2** The member is absent from four consecutive meetings without leave and RCVS Knowledge resolve that the office should be vacated;

**12.3** The member is directly or indirectly interested in any contract with RCVS Knowledge and fails to declare the nature of their interest and RCVS Knowledge resolve that the office should be vacated;

**12.4** The member ceases to hold the appointment in line with the relevant membership requirements as set out in points 4.3 (all) and 4.4 (all) and RCVS Knowledge resolve that the office should be vacated;

**12.5** A member holds an interest which is in conflict with the objectives of the project or the charity and RCVS Knowledge resolve that the office should be vacated.

## 13. Conflicts of interests and conflicts of loyalty

**13.1** Whenever a member has a personal interest (including but not limited to a personal financial interest or a duty of loyalty owed to another organisation or person) directly or indirectly in a matter to be discussed at a meeting or in any transaction or arrangement with regards to the project (whether proposed or already entered into), the member concerned shall;

13.1.1 Declare an interest at or before any discussion on the item;

13.1.2 Withdraw from any discussion on the item save to the extent that they are invited expressly to contribute information;

13.1.3 Not be counted in the quorum for the part of any meeting and any vote devoted to that item; and

13.1.4 Withdraw during the vote and have no vote on the item.

## 14. Remuneration

**14.1** RCVS Knowledge will cover reasonable travel expenses to attend the meetings.

## 15. Review of the Terms of Reference

**15.1** RCVS Knowledge undertakes to give prior notice to the members of any updates to these Terms of Reference.