

## **TERMS OF REFERENCE**

### **Aims**

1. To undertake multicentre research in the field of Paediatric Intensive Care. Wherever possible, the PSG will aim to undertake research that is inclusive of children admitted to all Paediatric Intensive Care Units in Australia and New Zealand. In selected studies the PSG will aim to include children receiving intensive care in general or cardiac intensive care units.
2. To provide a point of contact and facilitate participation of Australian and New Zealand units in international paediatric intensive care trials.
3. To provide a point of contact and facilitate participation of paediatric units in selected trials proposed by the ANZICS CTG.
4. To undertake specific projects that aim to assess and improve the quality and safety of paediatric intensive care in Australia and New Zealand.
5. To maintain a registry of children admitted to intensive care units in Australia and New Zealand (the ANZPIC Registry). To provide intensive care units participating in the Registry with efficacy and efficiency reports that compare performance in their units against national and international standards.

### **PSG Structure**

- The PSG is a sub-committee of the ANZICS Paediatric “Region”.
- PSG finances are managed via the paediatric region’s cost centre in ANZICS and via a separate line of accounting parallel to that of the CTG in which voluntary annual unit contributions are sequestered.
- The PSG is a forum open to doctors, nurses and other professionals active in research, quality or safety initiatives in paediatric intensive care in Australia and New Zealand.
- Projects undertaken by the PSG will have an identified principal investigator and identified co-investigators in each participating unit.

### **PSG Member Paediatric Intensive Care Units and Services**

PIC units/services are:

- Auckland (Starship Hospital)
- Brisbane (Royal Children’s Hospital)
- Brisbane (Mater Hospital)
- Sydney (Sydney Children’s Hospital)
- Sydney (Children’s Hospital at Westmead)
- Melbourne (Royal Children’s Hospital)
- Adelaide (Women’s and Children’s Hospital)
- Perth (Princess Margaret Hospital)

## **PSG Steering Committee** (see Appendix for method of election of committee members)

Membership of the steering committee shall comprise:

- 1 medical representative from each paediatric intensive care service, elected by each service.
- 1 nursing representative from each paediatric intensive care service, elected by each service.
- 1 Executive Officer who shall for the time being be the nurse ANZPIC Registry manager (non-voting, co-opted).
- ANZPIC Registry medical manager (co-opted), if not otherwise a medical representative as above.
- ANZICS Board Paediatric Representative (co-opted), if not otherwise a medical representative as above.
- The immediate past Chairperson, if not otherwise a medical representative as above.
- CTG executive committee representative (co-opted).

Medical members and the Chairperson shall be ANZICS members.

The Chairperson is elected from the medical members of the steering committee, except that the Chairperson shall not be the ANZICS board representative or the CTG representative.

Membership and Chairmanship are for two-year periods, but members and Chairpersons may be re-elected to serve for further terms.

The PSG steering committee shall have two meetings per year, at the Noosa meeting and at the ANZICS ASM, and two telephone conferences, one in December or January and one in June or July. Additional face to face meetings or teleconferences may be arranged if necessary.

### **Steering Committee Charter**

1. To promote the development of collaborative multicentre research.
2. To promote the development of individual projects.
3. To endorse new PSG projects.
4. To liaise with the Clinical Trials Group of ANZICS via their Executive Officer and obtain CTG endorsement for PSG studies and papers for publication (excluding papers arising from Registry activity).
5. To co-ordinate the timing and prioritisation of PSG projects.
6. To co-ordinate funding strategies for PSG projects.
7. To develop policies and procedures for PSG activities.
8. The PSG shall comply with the Conflict of Interest policy of the ANZICS CTG.

### **Steering Committee Office Bearers**

PSG Steering committee Chair (see Appendix for election mechanism)

ANZPIC Registry manager

Executive officer

### **Links to Other ANZICS Committees**

ANZICS Board link

The PSG reports to the ANZICS board via the Paediatric Representative on the Board.

Paediatric Representative on the Board a member of PSG Steering Committee.

ADMC and Quality and Safety Committee Links

Quality and Safety arm of PSG linked to the ADMC and the Q&SC.

ANZPIC registry manager is representative on ADMC and Q&SC.

Co-ordinated, joint funding strategy.

Where possible aim for synergy between databases (eg definitions).

## CTG Link

The Clinical Trials arm of the PSG linked to CTG.

The Chairperson of the PSG steering committee is the paediatric representative on CTG executive committee.

CTG representative on PSG steering committee.

Paediatric representative on the CTG to forward proposed CTG studies to PSG for consideration of paediatric participation.

PSG to forward proposed paediatric studies to CTG Executive Committee for "CTG endorsement".

PSG Steering Committee to be on CTG\_List ([ctg\\_list@anzics.com.au](mailto:ctg_list@anzics.com.au)).

CTG Executive Committee to be on Paed\_List ([paed\\_list@anzics.com.au](mailto:paed_list@anzics.com.au)).

## Communication

Steering committee members communicate with each other by each member maintaining an email group.

Nurse members of the steering committee communicate with other liaison nurses by each member maintaining an email group.

Wider PSG communication is via the ANZICS Paediatric list ([paed\\_list@anzics.com.au](mailto:paed_list@anzics.com.au))

## Appendix

### Mechanism for electing the Chairperson of the PSG steering committee

1. Medical membership and the Chair of the steering committee are chosen every two years to commence service at the autumn meeting in odd-numbered years (currently held at Noosa around early March). Medical representatives on the committee and the Chair may serve for more than two years but positions do have to be formally renewed. Those who have served for four years or more might consider making way for others if sufficient numbers are interested.
2. All medical PSG committee members shall be ANZICS members.
3. Each PICU chooses its own medical member of the PSG steering committee. This should happen in December of each even-numbered year, starting 2004. The medical registry manager and the paediatric ANZICS board representative are automatically co-opted as voting members. The CTG also chooses one of its executive committee members to be co-opted on to the PSG steering committee. This occurs at the CTG executive committee meeting prior to the Noosa meeting (usually in January) of odd-numbered years.
4. The Chairperson shall be chosen from the medical committee members. Nominations for the Chair shall be sent to the Executive Officer by the end of December.
5. Nominations may only be made by the medical and nursing committee members. Any medical member interested in being nominated should seek nomination by another committee member. Nominations may be accompanied by a paragraph written by the nominee indicating why they are interested in serving as Chairperson.
6. Nominations do not need to be seconded.
7. No voting is required if there is only one nomination.
8. Voting papers shall be sent to committee members by the Executive Officer in early January.
9. Closing date for voting shall be the end of January.
10. The successful candidate chairs the Noosa paediatric day and the committee meeting at the end of that day.