



**Canadian
Frailty
Network**

**Réseau canadien
des soins aux
personnes fragilisées**

Research Management Committee

TERMS OF REFERENCE

Scope and Mandate:

Technology Evaluation in the Elderly Network (CFN) is a not for profit corporation organized under the *Canada Not-for-profit Corporations Act* (NFP Act).

The Research Management Committee is a mandatory condition of funding from the federal Networks of Centres of Excellence (NCE) program. The Committee's primary responsibility is coordinating the execution and progress of the Network's research program.

Accountability:

The Research Management Committee (RMC) is constituted pursuant to the conditions of NCE funding.

The RMC reports to the Board through the CFN Scientific Director and CEO (Scientific Director).

RMC Terms of Reference may only be amended by the Board of Directors upon the recommendation of the Scientific Director.

Roles and Responsibilities:

The Committee's primary responsibility is coordinating the execution and progress of the Network's research program, as requested by the CFN Scientific Director, and in accordance with policies, procedures and guidelines established by the Board of Directors:

- Review new proposals for funding through CFN research, knowledge translation and HQP programs;
- Recommend to the Board for approval projects in CFN research, knowledge translation and HQP programs;
- Review the progress of funded projects in Network research, knowledge translation and HQP programs, and make recommendations on the renewal/ termination of projects and/or investigators and/or HQP;
- Review funded research and knowledge translation project requests for extensions and budget re-allocations or additions;
- Make recommendations to the Board of Directors through the Scientific Director for Network Research funding including adding projects, terminating projects, adding new Network Investigators, allocating and adjusting funds and budgets for research;
- Monitor the performance of, and provide feedback to, individual Network Investigators;
- In collaboration with other Network committees, administration and key stakeholders, ensure the identification and exploitation of all opportunities for leveraging Network funding for partnership, commercialization, technology transfer, knowledge transfer, and the development of Highly Qualified Personnel.

- Assist the Network in identifying Network-funded research that contains commercializable Intellectual Property created or invented during a Network-funded project;
- Assist in fostering collaboration across research themes and teams;
- Ensure the quality and focus of Network research with input from a formative peer review process conducted by a dedicated scientific review committee;
- Provide the Scientific Director with input concerning RMC and advisory committee mandates, roles and responsibilities, and membership requirements and potential candidates;

Structure

The RMC will be led by a Chair, who will be the CFN Scientific Director and CEO.

Committee Membership

Members are appointed by the CFN Board of Directors, based on recommendations made by the CFN Scientific Director.

Membership of the Committee should be such that conflict of interest is minimized.

The RMC will be comprised of a maximum of 16 voting members (includes the Chair position), consisting of:

- The Chairs of CFN advisory committees reporting to the RMC;
- CFN Research Theme Leads;
- CFN Policy Theme Lead;
- At least one (1) member with experience in impact analysis/health economic/evaluation science, particularly with respect to health and social care policy or practice change;
- One (1) ethicist;
- Two (2) older Canadians living with frailty, current or former family or friend caregivers of a person living with frailty, or others from the general public* interested in care of older adults;
- Additional members from knowledge user sectors in the Network community such as:
 - industry or not-for-profit partner of CFN (including care facilities)
 - provincial, regional or municipal level health care or social support system – senior level policy decision maker or administrator working in the area of care for older adults;
 - healthcare practitioner (not a researcher or academic) or allied health care worker whose primary client base is older Canadians living with frailty.

Among the members, geographic, discipline, care setting and demographic characteristics such as gender will be considered to ensure adequate representation of the CFN Network community and populations served.

All members should be familiar with the needs, challenges and issues regarding healthcare and social support services for older Canadians living with frailty.

Non-voting Members:

Two (2) HQP who, at the beginning of their terms on the Committee, are/have been in the past 12 months, engaged and active participants in the CFN Interdisciplinary Training Program in good standing, will sit on the Committee as non-voting members.

The CFN Executive Director and Chief Operating Officer (Executive Director) is a non-voting member of the Committee.

A representative of the NCE Secretariat is a non-voting member of the Committee.

Membership Terms

The CFN Scientific Director, CFN Executive Director, and the NCE Secretariat Representative all serve during the course of their employment in these positions.

The Chairs of CFN advisory committees reporting to the RMC, and CFN Research and Policy Theme Leads, serve during their tenure in these roles.

HQP members serve for non-renewable terms of one (1) year, ideally staggered.

All other voting members normally serve for renewable terms of two or three (2 or 3) years. Terms are staggered so as to ensure continuity on the Committee.

Members who do not act in accordance with the *CFN Board and Committees Operating Guidelines* may be asked to leave the Committee.

History

Terms of Reference approved by the Board of Directors – May 2, 2013

Revised by the Board of Directors – March 30, 2016

Revised by the Board of Directors – May 29, 2017

Revised by the Board of Directors – August 3, 2017

** The “general public” refers to citizens with lived or personal experience with the issues relevant to CFN’s mandate who are preferably not affiliated with public or private healthcare providers, government, or industry in the area of care of older adults living with frailty. All citizens represent themselves as individuals and not any organizations or associations to which they may belong. Where appropriate, representatives of an advocacy group focused on older Canadians living with frailty or their family/friend caregivers may fill other allocated spots on the Committee.*