

Unclassified



CIPHS Collaborative

Terms of Reference - i-PHIS Program Advisory Group

Health Canada

***i*-PHIS Program Advisory Group Terms of Reference**

Reporting Relationship:

To: CIPHS, The CIPHS Collaborative, and the CIPHS Collaborative Executive Council

Through: Epidemiologist for the Public Health Information System

Background: In Spring 2002, the PHIS Epidemiology/Surveillance Technical Group was formed “to discuss and identify a core set of report standards consistent with sound epidemiological principles for communicable diseases (including outbreaks, STD, and TB), immunization, and vaccine associated adverse events surveillance” related to the Public Health Information System, or *i*-PHIS. Recognizing a need for a broader mandate, the Group reviewed its’ scope in the summer of 2002 and decided that its’ purpose was more generally “to provide advice on epidemiological issues as they relate to *i*-PHIS”. The Group also renamed itself as the *i*-PHIS Epidemiology Advisory Group to better reflect its role.

At the CIPHS Collaborative Retreat in November 2002, it was recommended by the Public Health Program Stream that the *i*-PHIS Epidemiology Advisory Group revise both its mandate and membership to be more inclusive of the *i*-PHIS stakeholder community. The Group’s name has been changed to the *i*-PHIS Program Advisory Group.

Mandate:

To provide CIPHS and the CIPHS Collaborative with ongoing and timely advice relating to *i*-PHIS in order to continue to advance its usefulness as a case management and health surveillance tool for the spectrum of public health programs.

To perform its mandate, the *i*-PHIS Program Advisory Group will:

- advise/make recommendations on public health, epidemiology, and surveillance issues related to *i*-PHIS.
- participate in CIPHS Change Management focus groups for *i*-PHIS (standing and ad hoc) to prioritize change requests for development, to identify requirements associated with change requests for the application submitted to the CIPHS Product Manager, and to test changes to the application in advance of new releases of *i*-PHIS

Functioning:

At a maximum, two face to face meetings will be held annually and teleconferences quarterly or as needed. E-mail updates will be provided by the Secretariat between meetings.

Three weeks notice of each teleconference will be given to each member.

Two Co-Chairpersons will preside at each teleconference unless one is unable to preside.

The agenda for each teleconference will be developed by the Co-Chairpersons with input from Group members.

Recommendations and reports will be developed by the *i*-PHIS Program Advisory Group and will be submitted to CIPHS, the CIPHS Collaborative, the CIPHS Collaborative Executive Council, and the Communicable Disease Surveillance Standards Working Group for presentation and/or approval, as appropriate.

The *i*-PHIS Program Advisory Group may, as the need arises, create sub-committees to examine specific issues (e.g. *i*-PHIS surveillance reports/reporting standards, catalogue requirements, etc.). Recommendations or reports developed by sub-committees will be brought back to the Advisory Group as a whole for consultation, and if approved, will become recommendations and reports of the full Advisory Group.

Members will endeavour at all times to reach agreement on *i*-PHIS Program Advisory Group reports and recommendations. The Members who disagree with or dissent from a decision will register their dissent or disagreement, and the grounds for it, on the report or recommendations in question.

Tenure/Life Cycle:

The *i*-PHIS Program Advisory Group will be a standing committee until 2005 with a review at that time. This was mandated at the CIPHS Collaborative Retreat in November 2002.

Membership/Representation:

Membership will include representatives from the following groups:

CIPHS, Health Canada

i-PHIS users (pilot and roll-out sites, considering it in the future)

Communicable Disease Surveillance Standards Working Group

Centre for Surveillance Coordination, Health Canada

Canadian Immunization Registry Network

CIPHS Executive Council

Centre for Infectious Disease Prevention and Control

Size of the Advisory Group:

The membership of the group will include between 15-16 people. It is understood that these individuals represent the core advisory group and that smaller working groups (between 5-6 members) will be struck to address specific public health issues at they relate to i-PHIS (e.g. reports and reporting standards; reporting tools; etc.)

Selection of Members:

- a) **Co-Chairpersons** - One chairperson will be the epidemiologist for the Public Health Information System, Communicable Disease Surveillance Coordination, Health Canada. The second chairperson will appointed by CIPHS will be a public health professional from the provincial/territorial/local level.
- b) **Members** - Members will be selected by CIPHS and the CIPHS Collaborative. The membership of the Advisory Group will include people with the following range of skills/backgrounds: Epidemiology/Surveillance; Public Health Nursing; Environmental Health/Public Health Inspection; other skill sets. Consideration will be given to ensure appropriate geographic and expertise representation.
- c) **Ex-Officio Representatives** – These may include representatives from the Public Health Training Division, Centre for Surveillance Coordination, and the Centre for Infectious Disease Prevention and Control, Health Canada.

Secretariat:

Secretariat functions will be covered through CIPHS/the epidemiologist for the Public Health Information System, Centre for Surveillance Coordination Health Canada.