

# DRAFT - Terms of Reference – Guide

**NB.**

- *This is a draft. Comments/suggestions welcome (email [britt.maguire@utoronto.ca](mailto:britt.maguire@utoronto.ca))*
- *The categories suggested here can be merged or grouped in different ways and not all are relevant to all groups. It is best to use this guide as a **heuristic** rather than as a **template**.*

## 1. Title<sup>1</sup>

Consider the full **scope of action** in developing the name, e.g.:

- Sustainability
- Environmental, Social, Governance (ESG)
- Environmental Sustainability
- Climate Change – Resilience, Mitigation
- Global Ecological Change
- Planetary Health

Consider the **type** of body to establish, e.g.:

- A Working Group/ Task Force – struck to work on a specific issue and report back in a set time;
- A Standing Committee/ Special Interest Group – struck to develop and maintain activity on a certain issue;
- A Steering Committee – struck to either advise on or decide and manage the activities/ priorities of an organization or initiative;
- A Community of Practice – struck to enable ongoing collaborative action, addressing both individual and collective goals

## 2. Preamble/ Background

Consider including a brief background section to “make the case” for the proposed work; this should be accessible to both internal and external audiences:

- Explain the nature of the issue and why it should be addressed

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<sup>1</sup> Adapted from (i) Framework/ Terms of Reference of the Environmental Sustainability Working Group of Ontario’s Anesthesiologists (OMA Section) Version of February 10, 2022; thanks to Dr Anita Rao, Trillium Health Partners; (ii) Terms of Reference of the Planetary Health Regional Steering Committee, Fraser Health, Version 1.5 May 9, 2022; thanks to Darryl Quantz, Public Health Consultant, Fraser Health (iii) Terms of Reference of the Toronto Academic Health Science Network (TAHSN) Sustainable Health System Community of Practice (Version of February 13, 2020), University of Toronto Collaborative Centre for Climate, Health & Sustainable Care.

Additional information to consider includes:

- How are sister/cognate organizations responding?
- How do the issues affect the organization/ profession/ community?
- What specific issues motivate this community to act?

### 3. Purpose/ Goal/ Vision

Provide a high-level statement about the purpose of the group – what it will, in a general sense, do.

- This may include:
  - Advising Leadership & Board
  - Having certain types of impacts in the world (e.g., reducing emissions, reducing pollution, increasing capacity for climate resilience)
  - Making the organization a visible actor
  - Assisting membership in their engagement with the issue
  - Building knowledge or strengthening capacity
  - Engaging with wider communities (e.g., engaging industry, governments, health sector leadership, patient groups, groups like CASCADES, etc.)
  - Outlining certain types of principles of action (e.g., improving population health and health equity, engagement with patients, Indigenous reconciliation, etc.)

### 4. Functions/ Objectives/ Priorities/ Deliverables

*NB. You may find it helpful to organize the material here into one or several sections.*

Outline specific (or types of) priorities for the group, potentially including specific (or types of) deliverables the group will produce. This section follows from and provides more detail about the general commitments outlined in section 3.

- *If and as appropriate, specify what the group will **not** do*

Consider **areas of activity** and key **priorities** among these:

- How the **organization operates**, for example
  - Changes to Board membership to incorporate new individuals (with requisite expertise) or roles (e.g., Director responsible for climate and sustainability)
  - Changes to Board processes to enable temporary or continuing attention to the issue (e.g., new committees, standing agenda items, public reporting obligations)
  - Reducing the environmental impact of the way the organization operates – whether central offices, business travel, food or food services, gifts (i.e., “swag”), structure of conferences, management of investments, etc.
- What **changes** will be pursued **within the professional community**
  - Issues related to climate risks and the need for adaptation and resilience

- Activities that can support GHG reduction (and/ or reduced pollution, social sustainability, etc.); possible areas to prioritize:
  - Reducing low value care
  - Fostering guideline-directed care
  - Encouraging low pollution options [to specify]
- How the organization might seek to **influence the health system & beyond**
  - Issues related to operation of the health and social care system (e.g., improving access to rehabilitative care)
  - Issues related to the operation of the industry (e.g., the sustainability of the drugs or devices industry supplies, or practices they encourage)
  - General economic or social issues (e.g., climate related legislation or financing, in Canada or globally)

Outline **ways** in which the group will achieve its impact. This may include:

- Collecting information/ consulting experts or members of the community
- Providing evidence-based guidance to the community (e.g., Position Statements)
- Spearheading certain types of initiatives – training, research, practice change, policy development
- Building partnerships (with specified types of others)
- Supporting implementation into practice
- Supporting knowledge exchange and sharing
- Seeking external funding and/or guiding the allocation of funds (e.g., for fellows, research, or pilot projects, etc.)
- Engaging patients/ patient groups/ disease groups
- Engaging with health (and social care) sectors and leadership
- Engaging with NGOs or industry
- Engaging in political advocacy

## 5. Structure & Process

### Leadership

- Leadership structure (e.g., Chair, Co-chairs) and qualifications (e.g., expertise, interests, representation – by region, sub-specialty, etc.)
- Where relevant, include information about appointment process and term of appointment

### Membership

- Types of members vis expertise, interests, representation (regional, sub-specialty, etc).
- Specify term and any expectations about term renewal/ extension
- Where relevant, include information about appointment process

- Note whether members are all from within the organization or whether outside experts might serve as members or temporary participants
- An Appendix can be used to list members, including dates of term and any specific roles and responsibilities

### Accountability/ Reporting Relationship

- Specify to whom the group is accountable (e.g., Executive, Board)
- Specify any reporting requirements (e.g., Progress/Bi/Annual reports to Board/ Executive, Annual workplan, etc.)
- Specify any requirements related to the group's actions (e.g., conforming with Board policy, Organizational strategy, etc.)

### Term/ Structure

- Specify the initial term of the group (1 year, 2 years, etc.) and the potential for extension; where relevant, the initial term may be characterized as a “pilot” or “trial” phase, with specific requirements informing continuation.
- If relevant, specify any requirements regarding meeting regularity (e.g., min or max number of annual meetings), time commitment expected, minute taking, agenda setting, etc.
- If relevant, specify any performance expectations (e.g., audited attendance or measured progress toward set targets). [may be relevant to committees with formal authority in the health sector]

### Resources/ Support

- As appropriate, detail how the group will be supported (e.g., whether may seek financial support internally or externally; whether supported by the organization's core team) and for what (e.g., meeting coordination, assistance with communication, editorial or graphic support)

## 6. Appendices

Append additional information, as needed.

- This may include:
  - Names of Members/ Leaders – Roles & specific responsibilities
  - Initial workplan
  - Additional guidance, policy statements or definitions