

## Australian Paediatric Hypertension Guideline Clinical Advisory Panel

# Terms of Reference

Version 1. January 2023

## 1. Abbreviations

BP, Blood Pressure

CAP, Clinical Advisory Panel

GSC, Guideline Steering Committee

## 2. Context

BPOzKids, Hypertension Australia and the Murdoch Children's Research Institute have initiated development of Australian guidelines for the detection and management of high blood pressure in children and adolescents. Whilst a number of international guidelines exist, including from the American Academy of Pediatrics, European Society of Hypertension, Hypertension Canada, and Japanese Society of Hypertension, there are presently no national guidelines for paediatric hypertension in Australia. The 2016 Heart Foundation Guideline covers diagnosis and management of hypertension in adults only. Recent data suggest the global prevalence of high blood pressure (defined as either elevated BP, stage I or stage II hypertension) in children and adolescents is approximately 14%, and has increased by 75% from 2000 to 2015 (Song et al. JAMA Pediatrics, 2019;173:1154-63). Direct associations between childhood hypertension (and other risk factors) and fatal/non-fatal cardiovascular events and mortality in adulthood have also recently been demonstrated (Jacobs et al. NEJM, 2022;386:1877-88). The present initiative aims to develop Australian paediatric guidelines that:

- Adapt international guidelines, with processes drawn from the [ADAPTE framework](#) and the [NHMRC Guidelines for Guidelines](#)
- Accounts for the latest evidence
- Makes actionable recommendations in the Australian context, including consideration of Aboriginal and Torres Strait Islander communities.
- Encourages consistency of management across Australia
- Facilitates continuity of management for the paediatric to adult transition

The initiative will consist of a Guideline Steering Committee (GSC), Clinical Advisory Panel (CAP) and Project Team. This document concerns the terms of reference for the CAP only.

For context, the GSC is responsible for 1) providing advice and guidance on the processes of developing the guideline, 2) develop the guideline scope and questions (PIPOH: Population, Intervention, Professionals, Outcomes, Health care setting), 3) developing and approving the terms of reference for the Clinical Advisory Panel (incl. COI process, authorship, decision processes), 4) reviewing and making decisions about managing conflicts of interest for Clinical Advisory Panel members, 5) determining the composition of the CAP (including

process for EOI), 6) overseeing stakeholder involvement and liaison with endorsement bodies, 6) overseeing external consultation of the developed guideline.

The Project Team will manage the initiative and provide assistance to the GSC and CAP by preparing materials, organising meetings, assisting with evidence review, contributing to document drafting/dissemination, etc.

### **3. Purpose of the Clinical Advisory Panel**

The primary purpose of the GSC will be to:

- Review international guidelines
- Review and incorporate recent evidence
- Formulate guideline recommendations with consideration to the Australian context
- Consider and (where appropriate) address feedback from stakeholder consultation
- Approve the final guideline
- Contribute to guideline drafting

Other contributions include:

- Playing a key role as champions within the organisations you represent.
- Contributing to implementation planning
- Contributing to dissemination in various forms

### **4. Membership**

Membership of the CAP will be for the period required to develop and disseminate the guideline. We expect the term of your membership to be approximately 12-18 months.

### **5. Governance Structure**

The committee will be appointed and governed by the Murdoch Children's Research Institute.

- Day to day operations, the guidelines in development and publications will be managed by the Guideline Project Team, led by A/Prof Jonathan Mynard, and co-led by Tanya Medley, under the governance and supervision of the Murdoch Children's Research Institute's Clinical Sciences Team. The Project Team leads will attend GSC and CAP meetings.
- The Chair of the GSC is A/Prof Cathy Quinlan.
- The Chair of the CAP is Dr Nick Larkins, who will also sit on the GSC.
- Meetings will be via teleconference and where possible face-to-face. The frequency of meetings is proposed as monthly, but may vary based on project stage and requirements.
- Where the committee are unable to reach full consensus on an issue, decisions can be made by a 2/3<sup>rd</sup> majority.
- Agendas and minutes from each meeting will be prepared and distributed to members in a timely fashion.

### **6. Responsibilities and Expectations**

The following responsibilities and expectations apply to all members of the CAP:

- Participate respectfully in group discussions and out-of-session interactions with CAP members
- Understand and adhere to agreed methods of communication
- Attend meetings unless there are extenuating circumstances, in which case an apology should be communicated to the Chair
- Active participation in CAP functions and agreed-upon tasks

Where these responsibilities and expectations are not adhered to, the CAP Chair or GSC may at their discretion

direct the member to step down.

## **7. Disclosure of Interest**

Any potential conflicts of interest must be declared via a form that will be provided. Should an interest arise during the development of the guideline please notify [jonathan.mynard@mrci.edu.au](mailto:jonathan.mynard@mrci.edu.au) and your form will be updated. Whether a disclosure is a conflict of interest, and how it will be managed, will be determined by the GSC. Declarations of interest will be published in the guideline.

## **8. Confidentiality Obligations**

If a Committee member shares Confidential Information (of their employer organisation or of a third party) during their membership, they must make it clear that the information being shared is confidential. No Committee member may disclose any Confidential Information of another Committee member to any third party or use any Confidential Information other than for the purpose of collaborating and developing the guideline, except for disclosures:

- required by law or government authorities;
- to employees, students or financial or legal advisers on a need to know basis and provided they agree to be bound by obligations of confidentiality; or
- with the prior written consent of the other party.

For the purposes of this section, Confidential Information means any information or knowledge, in any form or media relating to or representing the intellectual property or other confidential information of a party other than information which:

- was in the public domain at the time of its disclosure or subsequently comes into the public domain otherwise than through breach by the receiving party;
- came into the hands of the receiving party by lawful means and without breach of any obligation of confidentiality by any third party; or
- was in fact known to the receiving party prior to its disclosure to that party.

In parallel any personal information, terms of reference and conflicts provided to the Murdoch Childrens Research Institute by CAP members will be held in confidence and not shared without consent from the member, unless required by applicable law.

## **9. Intellectual Property**

Each member acknowledges and agrees that a member's background (pre-existing) intellectual property will remain the property of the member who provided it.

Members acknowledge and agree that any new intellectual property in material created or produced as part of the conduct of the CAP will be owned jointly (and in equal shares) by all members.

All members are granted a non-exclusive, perpetual, royalty-free licence to use all new intellectual property in material created or produced in the conduct of CAP for their internal research and education purposes. No member may commercialise the material created or produced during the conduct of the CAP without prior written consent from all members.

## **10. Acknowledgment**

All members must acknowledge the Murdoch Childrens Research Institute and other funding bodies contributing to the guideline initiative (where applicable) when internally and externally referring to the final developed guidelines.

## **11. Voluntary Time Commitment**

Due to limited funding for this initiative, no honorarium will be provided to CAP members and involvement is on a voluntary basis.

## **12. Publication and Authorship**

The guideline publication process and procedure will be decided by the GSC, with input from the CAP where appropriate, and will be documented in the meeting minutes.

Authorship of journal publications will be determined on the basis of [ICMJE guidelines](#) which require 1) substantial contributions to the work, 2) drafting or critical revision, 3) final approval, and 4) agreement to be accountable for all aspects of the work. GSC and CAP members who do not fulfil these requirements will be acknowledged, for example, with the author list including “On behalf of the Australian Paediatric Hypertension Guideline Working Group” and a list of all members in the Acknowledgements section.

Stakeholder input into the guideline (e.g. by GSC and CAP members) will be documented as much as possible for the purpose of acknowledging contributions in the final guideline and associated publications.

## **13. Liability**

Each member (and their employer organisation) is liable for their member’s acts and omissions in relation to their conduct and work on the CAP.

## **14. Withdrawal**

Where a CAP member is no longer able to participate, the member will provide the other members with at least 30 days’ prior written notice (where possible) of their intention to withdraw.