



Diabetes Action Canada

Preventing complications. Transforming lives.

DIABETES ACTION CANADA POLICY HANDBOOK

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[Abstract](#)

High-level overview of governance practices of Diabetes Action Canada

Tracy McQuire

Tracy.McQuire@uhnresearch.ca

Contents

1. TERMS OF REFERENCE	3
1.1 Steering Council Executive	3
1.2 Steering Council.....	4
1.3 Standing Committees of the Steering Council.....	5
1.3.1 Strategic Partnerships and Innovation Standing Committee	5
1.3.2 Nomination/Governance Standing Committee	6
1.3.3 Finance/Audit Standing Committee	7
1.4 Operations and Management Committee	8
1.5 Patient Council.....	10
1.6 Project Coordinators Committee	16
1.7 Health Informatics Working Committee	17
2. FINANCIAL COMPENSATION POLICY FOR PATIENT PARTNERS	18
3. FINANCIAL COMPENSATION POLICY FOR COMMUNITY HEALTH CARE PRACTITIONER VOLUNTEERS	26
4. MEMBERSHIP	32
4.1 Policies for Membership in the SPOR Network.....	33
4.1.1. Policy for SPOR Network Academic Relations.....	34
4.1.2. Policy for SPOR Network Strategic Partner Relations	35
4.2 Associate Membership	39
4.2.1 Academic (Researchers)	39
4.2.2 Students and Postdoctoral Trainees (Research)	39
4.2.3 Patient Representative (Research)	40
5. CONFIDENTIALITY POLICY & AGREEMENT	44
6. CONFLICT OF INTEREST POLICY AND AGREEMENT	45
Appendix 1: Some Categories of Conflict of Interest Situations	50
Appendix 2: Some Possible Scenarios	51
7. TRAINING AND MENTORSHIP	52
7.1 Mentorship and Internship Procedural Plan	52
7.2 Award Selection Criteria.....	52

7.2.1 2017 DAC TRAINING AND MENTORING APPLICATION REVIEW CRITERIA – MENTORSHIP PROGRAM	52
7.2.2 2017 DAC TRAINING AND MENTORING APPLICATION REVIEW CRITERIA – INTERNSHIP PROGRAM	55
7.2.3 Patient-Oriented Research (POR) Early Career Investigator Mentorship Award in Diabetes and its Complications 2018-2019	57
7.2.4 Patient-Oriented Research (POR) Intercentre Trainee Internship Award in Diabetes and its Complications 2018-2019	59

1. TERMS OF REFERENCE

1.1 Steering Council Executive

Terms of Reference for the Steering Council Executive:

- 1) To review and approve the agendas for the Steering Council Meetings;
- 2) To review strategic initiatives and partnership proposals brought forward by the Strategic Partnerships and Innovation Standing Committee;
- 3) To review nomination of new members or re-appointment of members to the Steering Council and its Standing Committees, as proposed by the Nomination/Governance Standing Committee;
- 4) To advise Co-Scientific leads and Executive Director about issues arising between meetings of the Steering Council that require executive decision;
- 5) To review the draft Annual Financial Report to CIHR and Network Partners, as submitted by management with oversight by the Finance/Audit Standing Committee;
- 6) To work closely with the Co-Scientific Leads and Executive Director on all matters related to fulfilling the objectives of Diabetes Action Canada.

Frequency of Meetings:

Quarterly; meetings of the Executive would be scheduled before the Steering Council Meetings.

Member category	Number of members	Condition	Members
Chair	1	Chair of Steering Council	Malcolm King
Vice Chair	2	Chairs of Standing Committees	Terry Sullivan Ross Gray
Scientific Co-Leads	2		Jean-Pierre Després Gary Lewis
Exec Director (<i>ex officio</i>)	1		Catharine Whiteside
Administrative Support	2		Tracy McQuire Mildred Lim

1.2 Steering Council

Terms of Reference for the Steering Council:

- 1) Ensure that the Vision and Mission of the SPOR Network are fulfilled through a strategic, accountable, committed leadership and management functions;
- 2) Through the skill-based and partnership governance structure, create the highest quality oversight, communication, support and guidance for the conduct of the patient-oriented research goals using best (corporate) governance principles;
- 3) Develop appropriate agreement and memorandum documents articulating terms suitable for membership in the SPOR Network including specific description of participation and co-investment of resource (time, expertise, infrastructure and revenues);
- 4) Enable strict financial oversight using standard accounting and auditing measures;
- 5) Promote strategic partnership relationships with inaugural (core) and new members (academic, public and private) of the SPOR Network with sensitivity to balancing gender, age, language (French, English);
- 6) Incorporate local academic and clinical nodes of the Network in strategic project development, implementation and evaluation;
- 7) Monitor governance performance including excellence and sustainability of the leadership, management and engagement of the participating members;
- 8) Manage conflict of interest through appropriate processes including necessary agreements establish for all aspects of governance and research partnerships.

Frequency of Meetings: Quarterly

- Two teleconferences
- Two face-to-face meetings (Fall & Spring)

Member category	Number of members	Condition	Members
Chair	1		Malcolm King
Patient or patient representative	6	<ul style="list-style-type: none"> - at least one Indigenous person - one rep from Diabetes Canada - one rep from JDRF 	Debbie Sissmore Holly Witteman Jan Hux (CDA) David Prowten (JDRF) Ross Gray Roslynn Baird
Network partner representative	6	<ul style="list-style-type: none"> - one Health Policy expert - two Research Network leads - one private sector representative 	Terry Sullivan Luc Boileau Diane Finegood

Co-Leads (<i>ex officio</i>)	3		Peter Senior Michelle Greiver
Exec Director (<i>ex officio</i>)			Jean-Pierre Després Gary Lewis Catharine Whiteside

1.3 Standing Committees of the Steering Council

1.3.1 Strategic Partnerships and Innovation Standing Committee

Terms of Reference for the Strategic Partnerships and Innovation Standing Committee:

1. To develop and oversee the implementation of all the internal and external strategic partnerships for the collaborative research, KT and education projects that are undertaken by the Network Goal Groups;
2. Responsible for advising about the ongoing strategic planning and evaluation of these activities;
3. To receive the annual reports of each of the Goal Groups and the Scientific Advisory Panel and to advise the Steering Council;
4. To advise about the strategic plans for support and sustainability of the Network.

Frequency of Meetings: Quarterly

Member category	Number of members	Condition	Members
Chair	1	Chair of Steering Council	Malcolm King
Co- Leads (<i>ex officio</i>)	2	N/A	Jean-Pierre Després Gary Lewis
Patient representative from the Steering Council	3	- one rep from Diabetes Canada - one rep from JDRF	Jan Hux (Diabetes Canada) David Prowten (JDRF)
Patient representative	3	- reps from Patient Council	Ross Gray

Network Partner representatives	6	- 3 from the Steering Council - Representatives from Sponsor Partners approved by the Steering Council	TBA Jean-François Richard (Merck) Gavin Searle (AstraZeneca) Tom Hsu(Bayer Inc)
Executive Director (<i>Ex Officio</i>)			Catharine Whiteside

1.3.2 Nomination/Governance Standing Committee

Terms of Reference for the Nomination/Governance Standing Committee:

1. To recruit and nominate members of the Steering Council including the Executive. A slate of new members will be brought forward to the Steering Council annually as necessary in their Fall Face-to-Face Meeting;
2. The Committee Chair along with the Chair of the Steering Council and Co-Leads will be responsible for orientation of new members of the Council;
3. Responsible for organizing and implementing the evaluation of the performance of the Steering Council as well as the annual performance of the Co-Leads (Academic);
4. To assist in recruitment of Members of the Standing Committees of the Steering Council

Frequency of Meetings: Once a year, or as necessary

Member category	Number of members	Condition	Members
Chair	1	- A Vice Chair of the Steering Council	Terry Sullivan
Patient representative from the Steering Council	2	- Nil	Debbie Sissmore
Network Partner representative	2	- Nil	Diane Finegood Michelle Greiver Peter Senior
Co-Leads (<i>ex officio</i>)	2	- N/A	Jean-Pierre Després Gary Lewis

Executive Director (<i>ex officio</i>)	1	- N/A	Catharine Whiteside
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1.3.3 Finance/Audit Standing Committee

Terms of Reference for the Finance/Audit Standing Committee:

1. To develop the annual revenue/expense budget of the SPOR Network for approval by the Steering Council;
2. To report the quarterly actual against budget to the Steering Council;
3. To oversee the annual formal financial audit for the Network’s annual report;
4. To recommend an auditor for the SPOR Network

Frequency of Meetings: Quarterly

Member category	Number of members	Condition	Members
Chair	1	- A Vice Chair of the Steering Council	Ross Gray
Patient representative from the Steering Council	2	- Nil	Holly Witteman
Network Partner representative of the Steering Council	2	- Nil	Jan Hux
Co-Leads (<i>ex officio</i>)	2	- N/A	Jean-Pierre Després Gary Lewis
Executive Director (<i>ex officio</i>)	1	- N/A	Catharine Whiteside
Business Officer (Admin Support)	1	- N/A	Mildred Lim

1.4 Operations and Management Committee

Preamble

The Operations/Management Committee represents the core principal investigators of the SPOR Network who are responsible for the implementation of all of the programs and projects constituting this patient-engagement, research, knowledge translation and training alliance. The meetings are meant to ensure continual communication, relationship-building, collaboration and synergy and among these key leaders. The operations and management of the Network must be directed by their strategic, critical and innovative thinking. This Committee will be responsible for ensuring the work plans, logic models and performance plans agreed to by the CIHR are executed with adherence to timelines and evaluative reporting on outputs and outcomes. This Committee will provide advice to the Co-Scientific Leads and Executive Director, as well as the Steering Council, about new directions for the Network including opportunities for acquiring new revenues, co-investigators and sponsor partners.

Members:

Co-Leads: Gary Lewis
Jean-Pierre Després

Principal Investigators:

André Carpentier (Training & Mentoring)
Mathieu Bélanger (Training & Mentoring)
Michael Brent (Diabetic Retinopathy)
Adalsteinn Brown (Knowledge Translation)
Joe Cafazzo (Digital Health to Improve Diabetes Care)
Michael Farkouh (Clinical Trials & New Therapies)
Paul Fernyhough (Clinical Trials & New Therapies)
Michelle Greiver (Digital Health to Improve Diabetes Care)
France Légaré (Knowledge Translation)
David Maberley (Diabetes Retinopathy)
Jon McGavock (Indigenous Peoples Health)
Bruce Perkins (Innovations in T1D)
Paula Rochon (Sex & Gender)
Peter Senior (Innovations in T1D)
Toronto General-Western Hospital Foundation (Fund-raising)
Catharine Whiteside - ex officio

Research Program/ Research Enabling Program Leads:

Mohamed Al-Omran (Foot Care and prevention of lower extremity Amputation)
Joyce Dogba (Patient Engagement)
Tom Forbes (Foot Care and prevention of lower extremity Amputation)
Maureen Markle-Reid (Aging Community and Population Research)
Robin Mason (Sex and Gender)
Alex McComber (Indigenous Peoples Health)
Tracy McQuire (Manager of Research Operations)
Jenny Ploeg (Aging Community and Population Research)
Valeria Rac (Health Technology Assessment and Network Evaluation)
Ruta Valaitis (Aging Community and Population Research)
Holly Witteman (Patient Engagement)

Admin support: Jessica Antwi

Terms of Reference:

Guided by the CIHR SPOR Network's Work plans, Logic Models and Performance Plans

1. Coordinates and monitors all patient-engagement, research, KT and education translation activities of the SPOR Network with advice from members of the Patient Council
2. Creates necessary Working Groups for networking (communication and collaboration) among Goal Groups
3. Receives quarterly and annual reports from all of the projects and evaluates progress toward target deliverables and milestones
4. Assists in preparation of the annual budget with the Executive Director
5. Assists the management team in ensuring timely reporting of the revenues and expenses and assessing financial targets according to the planned budget throughout the year
6. Advises the Steering Council about strategic directions based on iterative evaluation of outcomes and partner relationships, including changes to implementation of projects or development of new opportunities
7. Works closely with institutional fund-raising leads to leverage new resources to meet and exceed the target for matched funding

Frequency of Meetings:

Monthly, including 2x/year face-to-face at the annual Workshop (spring) and Diabetes Canada conference (Fall)

1.5 Patient Council

Diabetes Action Canada Patient Circles: Overview and Terms of Reference

Goals of the Patient Circles

The goals of the Patient Circles are:

- i) to foster patient-oriented research relevant to diabetes; and
- ii) to contribute to better quality research on diabetes and its related complications.

To accomplish these goals, the Patient Circles aim to:

- Bring together diverse groups of people who bring a variety of backgrounds, expertise, ideas, types of diabetes, and personalities
- Foster understanding across these groups
- Create a community of people living with diabetes and their caregivers (hence referred to as Patient partners) who will be involved fully as partners of the Network
- Build capacity for patient engagement in research on diabetes and its related complications in collaboration with the Training and Mentoring Group of the Network
- Ensure that Patient partners are involved at every *level* (governance, tactical and operational) of the Network and in all *phases* of the research process (planning of studies, conducting the studies, disseminating the studies' results, and implementing results of studies)
- Foster communication among and between researchers and those whose lives are most affected by research findings, namely, patients and their family members.

We will regularly report on our progress on these points.

Responsibilities of Members of Patient Circles

- Articulate what matters to patients, families, and communities to inform what diabetes-related research should be done and how it should be done
- Bring knowledge and ways of knowing from other communities to diabetes research
- Support a strong patient voice in working groups, committees and research teams

- Identify and establish local connections to build Diabetes Action Canada’s network of Patient partners
- Share news about Diabetes Action Canada with their communities
- Help disseminate research findings within communities of people affected by diabetes (including, if desired, helping to organize meetings where researchers can bring research findings to communities or health professionals such as certified diabetes educators or dietitians can present best practices)
- Solicit feedback from members of those communities of people affected by diabetes

The Patient Circles adhere to the ***Guiding Principles*** set out by the Canadian Institutes of Health Research (CIHR) in the Patient Engagement Framework. These are:

- Inlusiveness: Patient engagement fully integrates a diversity of patient perspectives
- Support: Adequate support and flexibility are provided to patient participation to ensure that they can contribute fully to discussions and negotiations
- Mutual Respect: Researchers, practitioners, and patients acknowledge and value each other’s expertise and experiential knowledge
- Co-Build: Patients, researchers, and practitioners work together from the beginning to identify problems and gaps, set priorities and work together to produce and implement solutions.

This is a living document, as the Patient Circles become more established and as Diabetes Action Canada progresses, changes may be required.

Leadership & Membership of the Patient Circles

To begin, there will be three distinct Patient Circles composed of diverse groups of people who live in Canada and who have diabetes themselves (type 1, type 2 or other types) or who are primary caregivers for persons with diabetes. Each Circle (Collective Patient Circle, Indigenous Patient Circle, Francophone Patient Circle) will include about 12-16 members. The Collective Patient Circle will include at least two liaisons from each of the other Circles. Liaisons will help facilitate smooth communication between Circles and to help ensure that the Collective Patient Circle appropriately incorporates the voices of members of specific populations. Over time, the structures of Circles may change. For example, we initially envisioned having a separate Circle of people who immigrated to Canada as adults, but members of this Circle preferred to be integrated into either the Collective or Francophone Circle, depending on preferred language. We may also add more Circles; for example, we envision possibly adding a French-speaking

Indigenous Patient Circle, a Youth Circle, and perhaps others. The Circles will be structured as follows:

Collective Patient Circle

- 12-16 members, at least 4 who are also members of the other 2 Patient Circles
- Persons ensuring functioning of Circle: Holly Witteman, Olivia Drescher
- Additional support: Jon McGavock, Joyce Dogba, Marie-Claude Tremblay
- Anticipated frequency of meetings: 8 meetings per year, 90-minute teleconferences
- Language of meetings: English

Francophone Patient Circle

- 12-16 members, including at least 2 who are also members of the Collective Patient Circle
- Persons ensuring functioning of Circle: Joyce Dogba, Olivia Drescher
- Additional support: Jon McGavock, Holly Witteman, Marie-Claude Tremblay
- Anticipated frequency of meetings: 4 meetings per year
- Language of meetings: French

Indigenous Patient Circle

- 12-16 members, including at least 2 who are also members of the Collective Patient Circle
- Ideally, this Circle will include 2-3 elders
- Persons ensuring functioning of Circle: Alex McComber, Jon McGavock, Marie-Claude Tremblay, Pusha Sadi
- Additional support: Holly Witteman, Joyce Dogba, Olivia Drescher
- Anticipated frequency of meetings: 4 meetings per year
- Language of meetings: Mostly English; Indigenous languages when possible

Patient Circles' representativeness

Each Patient Circle will aim to have an approximately equal representation of men and women.

Taken together, the Patient Circles will also aim to represent:

- People of different ages, racial, ethnic, and socioeconomic backgrounds.
- People whose lives are affected by type 1, type 2, and other types of diabetes.
- People from different regions of Canada.

- People who are Indigenous from nations located within Canada, settlers born in Canada or who immigrated as children, and people who immigrated to Canada as adults

SPOR Diabetes Network Patient Engagement and Indigenous Health Team Roles

Diabetes Action Canada’s Patient Engagement and Indigenous Health teams will support and coordinate activities of the Patient Circles. They will:

- help plan the meetings;
- organize teleconferences;
- distribute materials and minutes to Patient partners, specifically:
 - send meeting documents by email as soon as they are available, in both Microsoft Word and pdf formats, and
 - aim to send a final package of meeting documents one week in advance of the meeting, noting documents that are duplicates of those previously sent; and
- Provide administrative and other aid as required by members of the Patient Circle.

Communication guidelines

Our goal in all communication is to understand and be understood. To that end, we will:

- avoid jargon and acronyms as much as possible,
- explain specialized terms whenever it is not possible to avoid using them, and
- Avoid tables and figures in documents to allow screen readers to more easily interpret the document.

Role of the Patient Circles

The Patient Circles are advisory and guidance bodies. They advise and guide Diabetes Action Canada on multiple levels to ensure that the network is responsive to what matters to patients. The Patient Circles advise the Steering Committee. The Steering Committee holds the ultimate governance responsibility for Diabetes Action Canada and has 50% patient or patient representative membership (6 members). Some of these may be members of the Patient Circles.

The Patient Circles also advise on research projects in a number of different ways. Advising on research projects includes discussing research projects at Patient Circle meetings to provide guidance to researchers to help make the research more relevant to patients. Members of Patient Circles as well as other patient members of DAC may

also serve as Patient partners on research projects, bringing their expertise from their lived experience with diabetes to the research. Patients can provide expertise in many ways, including their experience of living with diabetes and, if applicable, complications; experience with the health system (care delivery), experience with specific treatments (drugs, surgeries, devices), and community needs.

Levels of Involvement & Time Commitments

All levels of participation are encouraged and welcomed in the Patient Circles. It is understood that the level of involvement and the time commitment possible will vary between members, given the diversity among the Patient Circles members' jobs, personal commitments, wellness and illness, and other supports. Depending on the level of involvement, the anticipated workload for most Patient partners will be 0.5-2 hours per week.

Members have the option to scale their commitment at any time: When a Patient partner decides to change his/ her level of commitment, he/ she may inform the lead(s) of the research team(s) or Patient Circle(s) and the Patient Engagement Coordinator. Sometimes during times of difficulty in a person's life, it may be necessary for him/her to step away from his/her role on the Circle. In such cases, the Circle may "keep the person's seat warm" so that they may return to the Circle when they are able. The Patient Circles will make sure that there is a succession plan for members for when they leave the Circle.

Learning from each other: When new Patient Circle members come on board, they will be offered a brief orientation and mentorship from another member. All Patient Circle members are strongly encouraged to participate in a free training session on Patient-Oriented Research. When a Patient Circle member leaves, the Patient Engagement team will organize a final meeting in which that member may provide any parting thoughts and advice they have to improve our work in future.

Meeting frequency: The Collective Patient Circle will meet approximately eight (8) times per year, for 90 minutes by teleconference, online technology or other method selected by the group. Other Patient Circles will meet approximately four (4) times per year, for 60-90 minutes by teleconference, online technology, or other method selected by the group. These meetings will take place during the time of day or evening most convenient for all participants, alternating if necessary to balance needs. Full-day, in-person meetings will take place at least once per year, budget permitting, ideally in different locations. Meeting frequency and method may be adapted according to the

views of Circle members. For example, a Circle may choose to have less frequent, in-person meetings.

Term length: Patient Circle members will initially be encouraged to sit for a term of 1 year, starting from the first full meeting of Diabetes Action Canada Patient Circles, May 2017. After the first year, we hope to maintain at least two thirds of Patient Circle members as active Circle members, with new members joining to help provide new perspectives and allow exiting members to pursue other activities, including possibly other roles within Diabetes Action Canada. Ultimately, we aim to have Patient Circle members take up 3-year terms, with one third of the members finishing their term each year. In this way, participation renewal will be staggered to ensure that there are experienced members, as well as new members on the Patient Circle at all times. Existing members will help informally mentor new members. As the Patient Circles take shape in the first two years, the Patient Engagement team will help to identify which members wish to continue their terms or step back, and will structure ongoing terms accordingly to balance the Circles.

Chairs: Chairship of meetings will be determined by each Circle. It is suggested that chair responsibilities be assumed by those who wish to assume them, sharing responsibilities as needed, with rotating chairs if desired. Meeting chairs will have support from the Patient Engagement team.

Decisions and Quorum: As primarily advisory bodies, Patient Circles will not need to take formal votes frequently. When decisions are required, the Circles will aim for consensus, with an ethic of collaboration, cooperation, and trust, aiming always for respectful debate in which we all seek to understand and be understood. If consensus cannot be reached, those who disagree with the group's decision may include their concerns in the final report to ensure that these are documented. Because the liaisons represent specific groups who may have particular needs, when decisions are made on the Collective Patient Circle that require a vote, liaisons will be invited to bring issues and/or proposed decisions to their Circles for further discussion prior to the Collective Patient Circle's vote. The quorum of the Collective Patient Circle (number of members whose presence is necessary to make a binding decision) will be half of its members plus 1, with at least 1 liaison from each other Circle present.

Communication: The Patient Circles will explore options (i.e., methods and frequency) for communication between meetings of the Patient Circles. This can take the form of social media, e-mails, newsletters etc. as deemed most appropriate and effective by the members of the Patient Circles.

Working groups and committees: As the initiative evolves, a number of working groups or standing committees may be established which will provide more focused work. Members of the Patient Circles will be encouraged to join as many working groups as time and interest allows.

Compensation: In recognition for their time spent and valuable expertise, members of the Patient Circles will be offered compensation in accordance with the Diabetes Action Canada Compensation Policy. Compensation will be provided for selected activities, including both meetings and preparation time for meetings. Travel and accommodation costs will be reimbursed. Patient partners will have the option to decline to be compensated.

Opportunity for community at large to provide input to the Circles: Members of the Patient Circles will be ambassadors and champions by liaising with other community organizations and groups. They will bring back any relevant input to the Patient Circles. Members of the Patient Circles are welcome to bring in any idea and/or suggestion from the community for discussion within the Circles.

References

This document draws from a number of other documents, including the Canadian Institutes of Health Research (CIHR) [Patient Engagement Framework](#) and the Patient Council Terms of Reference developed by the Can-SOLVE CKD SPOR Network and generously shared with other SPOR Networks.

1.6 Project Coordinators Committee

The Project Coordinators Committee provides a valuable source of information to the network. They are often the implementers of research and main connection among Goal Groups. They also report on the status of the Research programs and Research enabling programs including activities, progress, deliverables, events, etc.

The Committee comprises the Project Coordinators of the Goal Groups and the staff of DAC Administration. The members of the Committee are:

Chair: Tracy McQuire, Manager/Research Operations & Project Coordinator, Clinical Trials

Members:

- Olivera Sutakovic, Project Coordinator, Diabetic Retinopathy
- Helena Medeiros, Project Coordinator, Health Informatics

- Pusha Sadi, Project Coordinator, Indigenous Peoples' Health
- Olivia Drescher, Project Coordinator, Patient Engagement
- Michelle Murray, Project Coordinator, Training & Mentoring
- Annie Barbeau Project Coordinator, Knowledge Translation
- Conrad Pow, Project Coordinator, Digital Health to improve Diabetes Care
- Amy Clare, Project Coordinator, Sex and Gender
- Abdelrahman Zamzam, Project Coordinator, Foot Care and prevention of lower extremity Amputation.
- Mildred Lim, Business Officer
- Jessica Antwi, Administrative Assistant

Frequency of Meetings:

Monthly, before the Operations-Management Committee Meeting

1.7 Health Informatics Working Committee

The Health Informatics Working Committee is an ad-hoc committee established to develop a health technology strategy across the research programs of Diabetes Action Canada.

Members of the Health Informatics Working Committee:

Chair: Catharine Whiteside

Members:

Michael Brent

Joe Cafazzo

Jean-Pierre Després

Neil Drummond

Jean-Francois Ethier

Shivani Goyal

Michelle Greiver

France Légaré

Gary Lewis

Tracy McQuire

Bruce Perkins

Conrad Pow

Matthew Tenant

David Wong

Frequency of Meetings: Quarterly

2. FINANCIAL COMPENSATION POLICY FOR PATIENT PARTNERS

Research and other research-related activities funded by Diabetes Action Canada should reflect the time and contributions of all partners. Financial compensation demonstrates recognition of the value and worth of the additional expertise brought by the perspectives of Patient partners. Therefore, covering costs and paying for time should be seen as a tangible way to acknowledge the valued contributions of Patient partners.

By offering compensation, we also seek to (a) reduce power hierarchies caused by the fact that others at the table receive a salary related to their role and (b) ensure that Patient partners who cannot afford to volunteer their time are able to participate in network activities. This helps us achieve our goal that Patient partnership in our network be inclusive.

Who can receive compensation?

All Patient partners* can receive compensation for their contributions to the Network.

*As outlined by the Canadian Institutes of Health Research (CIHR), the term ‘patient’ under the Strategy for Patient-Oriented Research (SPOR) is understood to include individuals with personal experience of a health issue and informal caregivers, including family and friends.

Types of contributions:

The Network is committed to integrating the patient perspective into every step of the research process including identifying gaps, developing research questions, defining research objectives, recruiting participants, collecting data, evaluating results, and disseminating knowledge. Some patients have the readiness to contribute as full members of research teams, while others bring expertise in a range of other key areas such as ethics or as knowledge brokers. Overall the patients’ roles will vary according to the contributions a patient is prepared and willing to offer. Equipping Patient partners to participate in network activities may include offering compensation for time spent in orientation (training, learning activities). The following table breaks down the different compensation rates for the various roles of Patient partners, as well as the different eligible expenses.

Table 1: Eligible expenses and compensation rates for Patient partners of the Network

	ACTIVITY	DESCRIPTION	\$\$\$	half-day (\$) ²	full-day (\$) ³
ELIGIBLE EXPENSES	Travel	Travel costs for any involvement are covered. This includes economy class airfare, train fare, bus fare or mileage. Taxi fares are reimbursed for short distances. Car rental may also be reimbursed with advance approval.	Reimbursement or covered directly ¹	n/a	n/a
		<u>Car travel:</u> \$0.51 per kilometer for the first 20 kilometers, and \$0.42 for additional kilometers.	Reimbursement	n/a	n/a
	Overnight accommodation	The Patient partner may need overnight accommodation (hotel, motel, bed & breakfast, lodge or other) if travelling some distance to take part in an involvement activity such as training or meetings.	Reimbursement or covered directly ¹	n/a	n/a
		Overnight accommodation -private residence-	\$25/night	n/a	n/a
	Subsistence	Subsistence costs are for time spent away from home. The maximum per diem amount that can be covered is \$45 per day (breakfast: \$8, lunch: \$14, dinner: \$23).	Reimbursement or covered directly ¹	n/a	n/a
	Personal assistants	Some disabled people may have a personal assistant to support them to get actively involved as Patient partners.	Reimbursement or covered directly ¹	n/a	n/a
Childcare	Some people may need childcare support to be fully involved as a Patient partner.	Reimbursement or covered directly ¹	n/a	n/a	
COMPENSATION	Training and learning	The Patient partner attends a training event (conference, online training course, etc.).	\$25/hr	75	150
	Consultant role	The Patient partner offers his/her opinion, advice or feedback (e.g. Patient Council meetings).	\$25/hr	75	150
	Collaborator role	The Patient partner participates as a member of the research team and takes joint decisions with research projects leads.	\$25/hr	75	150

Strategic role	The Patient partner plays a strategic role in the Network's governance. (N.B. Compensated only at the request of Patient partners for whom it would be difficult to enact this role without compensation.)	\$25/hr	75	150
Patient Council members	The Patient partner is a member of a Patient Council.	\$95/meeting (including 0.5 hrs of prep time and 2 hrs for document review) or \$50/meeting for those who cannot attend the meeting but who take time to read the documents and send comments by email		
Patient partnership consultant	The consultant provides specific expertise, or works to improve a particular component of the Network.	\$50/hr	150	300

¹ The travel costs will be reimbursed or covered directly, for example by booking tickets via a travel agency.

² Half-day compensation at 4 hours.

³ Full-day compensation starts at 7 hours

Considerations for Patient partners:

- Patient partners should be aware of the items that are covered and the upper limits on expenditures (e.g., per diem amounts), listed in Table 1.
- All expenses are subject to institutional approval. Travel plans and appointing a personal assistant should therefore be discussed with the Patient Engagement Coordinator ahead of time to ensure that all expenses incurred are able to be reimbursed.
- The per diem amounts are daily allowances to cover meals when traveling for the Network. The Patient partners are not required to show receipts for meals, they will receive the per diem amounts listed in Table 1. Group meals beyond this may be covered; these cases should be planned in advance and be part of the budget for the event.
- When participating in a Diabetes Action Canada sponsored event, it is possible for a Patient partner to extend his/her stay after or before the event. However, the price of the plane ticket will have to be equal or cheaper than the price of the ticket with true event dates (with reservations made at least 14 days in advance). If the price of the ticket with extended dates is more expensive, then the Patient partner will have to buy his/her ticket and Diabetes Action Canada will reimburse the price of the ticket with true event dates. In other words, the Patient partner will absorb the difference in price.
- When travelling by car to an event, kilometers are reimbursed according to the rate indicated in Table 1. The distance travelled is calculated using Google Maps from the address of residence to the event location.
- Reimbursement for expenses is generally not subject to tax as it is not counted as income, but if a Patient partner is self-employed, they may need to declare expenses.
- Patient partners receiving welfare (a.k.a. social assistance or income assistance) should be prepared to report compensation received from the Network.
- Other options for compensation can be explored.
- Patient partners may decline compensation. If compensation is declined, the funds will be used by Diabetes Action Canada for other activities undertaken by the network, including research projects.

Procedures for Patient partners who are members of a research project and Patient partners who are members of Patient Councils:

1) PATIENT PARTNERS WHO ARE MEMBERS OF A RESEARCH PROJECT

The compensation rate is defined in Table 1 of this document. It is important that before each involvement, the number of hours of collaboration expected, the role and responsibilities of the Patient partners be clearly defined.

Patient partners will be asked to submit their hours to research project Coordinator.

If time on a project looks like it may exceed the time estimate, it is up to the Patient partner to let the Project team and Patient Engagement team know. We depend on Patient partners to help keep track of actual time spent in order to ensure that time estimates are reasonable. Due to budget limits, there may not always be additional funds available to compensate Patient partners. At that point, it is up to Patient partners to decide whether to stop or continue collaboration.

Depending on the length of collaboration, Patient partners can choose to receive compensation at intervals as short as two weeks or at the end of the collaboration (not exceeding one year).

Receiving compensation:

Whether attending a training event or consulting with a research team, claims for compensation should be made following the steps below (steps 1 and 2 do not need to be repeated for subsequent compensation claims):

- 1) Fill-out FORM-1: personal information (name, address, phone number, date of birth, social insurance number).**
- 2) Fill-out DIRECT DEPOSIT FORM, else compensation will be sent by check.**
- 3) Send hours to research project Coordinator.**
- 4) Follow approval procedure (via Email).**

2) PATIENT PARTNERS WHO ARE MEMBERS OF A PATIENT COUNCIL

The compensation rate is defined in Table 1 of this document. **To facilitate involvement in the Patient Councils, the number of hours required for meetings and accompanying activities of the Patient Councils has been estimated on a per meeting basis amounting to: \$95 / meeting.**

For example: The Collective Patient Council intends to meet eight (8) times over a period of 12 months; therefore, members of the Collective Patient Council who participate in all meetings will be offered \$760/year in compensation. The Indigenous Patient Advisory Circle and the Francophone and Immigrant Patient Councils intend to meet four (4) times over a period of 12 months; therefore, members of these councils who participate in all meetings will be offered \$380/year. Members who are designated Patient Council liaisons between the Collective Patient Council and one of the other Patient Councils will attend 12 meetings: eight (8) meetings of the Collective Patient Council plus four (4) meetings of one of the other Patient Councils; therefore, Patient Council liaisons who participate in all meetings will be offered \$1140/year in compensation.

Each member will receive compensation after every meeting, in the form of a direct deposit or a check. Compensations amounting to \$95 or less are exempt from tax. You do not need to report these amounts in your income.

Members who cannot attend the scheduled Patient Council meeting for exceptional reasons, but who have spent time reviewing documents and preparing for the meeting can claim compensation of \$50. Cases of absenteeism will be dealt with on a case-by-case basis. In the event of prolonged absenteeism, the Patient Engagement team may suggest that a Patient partner withdraw from a Patient Council temporarily or indefinitely.

Receiving compensation:

When attending a Patient Council meeting, claims for compensation should be made following the steps below (steps 1 and 2 do not need to be repeated for subsequent compensation claims):

- 1) Fill-out FORM-1: personal information (name, address, phone number).**
- 2) Fill-out DIRECT DEPOSIT FORM, else compensation will be sent by check.**
- 3) Follow approval procedure (via Email).**

Obtaining reimbursement for travel expenses (for all Patient partners):

Ideally, expenses (e.g. plane ticket, overnight accommodation, etc.) will be paid directly by the Network on behalf of the Patient partner involved in the activity. The reason for this is to incur the least amount of out-of-pocket expenses to the person involved in the activity. In some cases, it may also be possible to issue advances. However, some expenses may have to be reimbursed after the event.

Original receipts and in some cases boarding passes (please see details in statement 3 below), are required for reimbursement of expenses. Scans of original receipts cannot be accepted. Acceptable receipts show details of the items paid for and the mode of payment.

Please send all original receipts by mail to this address:

Université Laval
c/o Olivia Drescher
Faculté de médecine
1050, avenue de la Médecine
Pavillon Ferdinand-Vandry, local 2881
Québec (Qc) G1V 0A6

- 1. Claims for reimbursement should be made within 30 days of return from travel or the date the expense was incurred. If an advance was issued, receipts must be submitted to the university within 30 days.**
- 2. Patient partners should be aware of the three weeks' minimum delay between the moment the claim is received and the reimbursement. Delay may unfortunately sometimes be longer due to university schedules.**
- 3. Claims for reimbursement of travel (plane, train, bus or boat) PURCHASED DIRECTLY by the Patient partner, should include round-trip boarding passes as proof of travel. If the travel expense was paid directly by the Network, Patient partners do not need to save boarding passes.**

Whom to contact:

Please contact Olivia Drescher, Patient Council Coordinator.

Phone: 418 656 2131 ext: 4421

Email: Olivia.drescher@fmed.ulaval.ca

List of consulted resources:

Canadian Institutes of Health Research (CIHR). Strategy for Patient-Oriented Research – Patient Engagement Framework. (2016, September 2nd). From <http://www.cihr-irsc.gc.ca/e/48413.html>

Patient-centered outcomes research institute (PCORI). Financial Compensation of patients, caregivers, and patient/caregiver organizations engaged in PCORI-funded research as engaged research partners. (2016, September 2nd). From <http://www.pcori.org/sites/default/files/PCORI-Compensation-Framework-for-Engaged-Research-Partners.pdf>

Réseau-1 Québec. Lignes directrices pour informer les relations et mandats de partenariat avec des patients. (Version : February 14th, 2016).

3. FINANCIAL COMPENSATION POLICY FOR COMMUNITY HEALTH CARE PRACTITIONER VOLUNTEERS

Diabetes Action Canada would like to ensure that health care practitioners, such as community physicians, dietitians, physiotherapists, nutritionist, kinesiologists, pharmacists, etc. who are volunteering to participate in activities required to implement research projects are compensated appropriately for their professional time. Since participating in Diabetes Action Canada projects, such as serving on our Diabetes Action Canada governing committees, can take health care practitioners away from their practice duties and result in lost billing hours and loss of revenue to maintain business operations, financial compensation is offered to demonstrate recognition of the value of their time and expertise. Compensation is also offered to enable participation of these individuals who would not normally be able to participate in Network activities because of obligations associated with their clinical practice. By offering compensation we seek to acknowledge the professional time lost by health care practitioner volunteers; however, Diabetes Action Canada expects that their participation in our research activities is strictly volunteer and does not result in personal gains. We expect that health care practitioner engagement in Diabetes Action Canada activities will be mutually beneficial as we endeavor define clear health care paths and remove barriers of care these individuals encounter in their treatment of people living with diabetes.

Who is eligible to receive compensation?

Diabetes Action Canada, a CIHR Strategic Patient Oriented Research Network, will follow the eligibility criteria for administering additional compensation as outlined by the Tri-Council Policy.

Health care practitioners who volunteer their expertise towards non-research activities, necessary to conduct the research projects of Diabetes Action Canada are eligible to receive compensation. Activities should enable research, such as Diabetes Action Canada Repository Research Governing Committee membership, but should not include conducting actual research. The health care practitioners are to represent the broader primary care community and provide advice and guidance on strategic research direction and feasibility of knowledge translation into clinical practice for diabetes care. These individuals can hold a university appointment, but must not receive compensation for research activities conducted at the university, from academic practice plans, or from hospital-based research

institutes. Health care practitioner volunteer's compensation is to incentivize participation and can be declined.

If these health care practitioners also hold an academic appointment with a University, they must consult with their University Department to determine whether receiving CIHR funds through Diabetes Action Canada as a volunteer presents any risk related to current or future CIHR grant funding.

Types of contributions by Health Care Practitioners

Diabetes Action Canada recognizes the importance of integrating the front-line health care practitioner's perspective into research activities that affect models of health care. This perspective is very important in determining the limitations and feasibility of proposed actions in implementing applied health research (i.e., recruiting patients, collecting data, evaluating results, and disseminating knowledge). We expect that health care practitioner involvement will be primarily as consultants to the research, education and knowledge translation investigators of Diabetes Action Canada, as our Network has already engaged a wide variety of clinicians and physicians with University appointments to conduct these activities.

We also recognize that to prepare health care practitioner volunteers to participate in Diabetes Action Canada research projects that they may be offered compensation for time spent in orientation (training, learning activities). We also expect that compensation rates be determined based on loss of clinic time and the impact this will have on the operation of individuals businesses. This rate will need to be negotiated by the Goal Group Leads to understand what is feasible to engage these individuals into research activities. This could include determining different rates for different engagement levels and adjusting the rate based participation in-person versus remotely. Compensation ranges for health care practitioners can be found below in Table 1. Compensation rates should not exceed the maximums indicated in Table 1. Table 1 also outlines travel and accommodation reimbursement as well as the different eligible expenses.

Table 1: Eligible expenses and compensation rates for health care practitioner volunteers of the Network

	ACTIVITY	DESCRIPTION	\$\$\$	half-day	full-day
ELIGIBLE EXPENSES	Travel	Travel costs for any involvement are covered. This includes economy class airfare, train fare, bus fare or mileage. Taxi fares are reimbursed for short distances. Car rental may also be reimbursed with advance approval.	Reimbursement or covered directly ¹	n/a	n/a
	Overnight accommodation	The health care practitioner volunteer may need overnight accommodation (hotel, motel, bed & breakfast, lodge or other) if travelling some distance to take part in an involvement activity such as training or meetings.	Reimbursement covered directly ¹	n/a	n/a or
	Subsistence	Subsistence costs are for time spent away from home. The maximum per diem amount that can be covered is \$55 per day (breakfast: \$11 lunch: \$17 dinner: \$27)	Reimbursement covered	n/a	n/a or
	Personal assistants	Some disabled people may have a personal assistant to support them to get actively involved as health care practitioners volunteers	Reimbursement covered	n/a	n/a or
	Childcare	Some people may need childcare support to be fully involved as a Health care practitioners volunteer.	Reimbursement covered	n/a	n/a or
COMPENSATION	Training and learning	The health care practitioner volunteer attends a training event (i.e. Workshop, conference, online training course)	\$25-200/hr	\$75-500	\$150-1000
	Consultant role	The health care practitioner volunteer offers his/her opinion, advice or feedback (i.e. Research Governance Committee)	\$25-200/hr	\$75-500	\$150-1000
	Strategic role	The health care practitioner volunteer plays a strategic role in the Network's governance. (N.B. Compensated only at the request of health care practitioners volunteers for	\$25-200/hr 1000	\$75-500	\$150-
	Health care practitioners	The consultant provides specific expertise, or works to improve a particular component of the Diabetes Action Canada	\$25-200/hr 1000	\$75-500	\$150-

¹ The travel costs will be reimbursed or covered directly, for example by booking tickets via a travel agency.

² Half-day compensation at 4 hours.

³ Full-day compensation starts at 7 hours.

Considerations for Health Care Practitioner volunteers

- Health care practitioner volunteers should be aware of the items that are covered and the upper limits on expenditures (e.g., per diem amounts), listed in Table 1.
- Health care practitioner volunteers should be aware of the compensation rates for their engagement and that remuneration is to recuperate costs lost by their participation and not for personal gain.
- All expenses are subject to institutional approval from the host institution that holds the research funding. Travel plans and appointing a personal assistant should therefore be discussed with the Diabetes Action Canada Administration ahead of time to ensure that all expenses incurred are able to be reimbursed.
- The per diem amounts are daily allowances to cover meals when traveling for the Network. The health care practitioner volunteers are required to show receipts for meals to receive the per diem amounts listed in Table 1. Group meals beyond this may be covered; these cases should be planned in advance and be part of the budget for the event.
- When participating in a Diabetes Action Canada sponsored event, it is possible for a health care practitioner volunteer to extend his/her stay after or before the event. However, the price of the plane ticket will have to be equal or cheaper than the price of the ticket with true event dates (with reservations made at least 14 days in advance). If the price of the ticket with extended dates is more expensive, then the health care practitioner volunteer will have to buy his/her ticket and Diabetes Action Canada will reimburse the price of the ticket with true event dates. In other words, the health care practitioner volunteer will pay the difference in price.
- When travelling by car to an event, kilometers are reimbursed according to the rate indicated in Table 1. The distance travelled is calculated using Google Maps from the address of residence to the event location.
- Reimbursement for expenses is generally not subject to tax as it is not counted as income.
- Other options for compensation can be explored.
- Health care practitioner volunteers may decline compensation. If compensation is declined, the funds will be used by Diabetes Action Canada for other activities.

Procedures for health care practitioner volunteers who are members of Diabetes Action Canada's Research Governing Committee or Data Provider Advisory Group

The compensation rate range is defined in Table 1 of this document. It is important that before each involvement, the number of hours of collaboration expected, the role and responsibilities of the health care practitioner volunteers be clearly defined.

Health care practitioner volunteers will be asked to submit their hours to the Research Project Coordinator. If time on a Research Governance Committee exceeds the time estimate, it is up to the health care practitioner volunteer to let the Project team and Diabetes Action Canada administrative team know. It is the responsibility of the health care practitioner volunteers to help keep track of actual time spent in order to ensure that time estimates are reasonable. Due to budget limits, there may not always be additional funds available to compensate health care practitioner volunteers beyond the originally planned time commitment. If time exceeds the originally budgeted commitment, it is up to health care practitioner volunteer to decide whether to stop or continue collaboration (without compensation).

Health care practitioner volunteers will be compensated via T4A income and can choose to receive compensation at the conclusion of each research activity, e.g., Diabetes Repository Research Governing Committee event or at the end of the collaboration (not exceeding one year).

Receiving Compensation

Whether attending a training event or consulting with a research team, claims for compensation should be made following the steps below (steps 1 and 2 do not need to be repeated for subsequent compensation claims):

- 1) Email the following information to Diabetes Action Canada Administration (name, address, phone number, date of birth, social insurance number). Note this information is confidential and encrypted within the Diabetes Action Canada email system.**
- 2) Send hours to Research Project Coordinator**
- 3) Payment will be issued as an honorarium and will come as a check mailed directly to the Health care practitioners home address**
- 4) Follow approval procedure (via Email).**

Obtaining reimbursement for travel expenses (for all health care practitioner volunteers)

Ideally, expenses (e.g. plane ticket, overnight accommodation, etc.) will be paid directly by the Network on behalf of the health care practitioner volunteer involved in the activity. The reason for this is to incur the least amount of out-of-pocket expenses to the person involved in the activity. In some cases, it may also be possible to issue advances; however, some expenses may have to be reimbursed after the event.

Original receipts and in some cases boarding passes (please see details in statement 3 below), are required for reimbursement of expenses. Scans of original receipts cannot be accepted. Acceptable receipts show details of the items paid for and the mode of payment.

Please send all original receipts by mail to this address:

Diabetes Action Canada
c/o Mildred Lim
Toronto General Hospital
200 Elizabeth St.
Eaton Building, Room 12EN242
Toronto ON, M5G2C4

- 1. Claims for reimbursement should be made within 30 days of return from travel or the date the expense was incurred. If an advance was issued, receipts must be submitted to the Diabetes Action Canada within 30 days.**
- 2. Health care practitioner volunteers should be aware of the three weeks' minimum delay between the moment the claim is received and the reimbursement. Delay may unfortunately sometimes be longer due to University Health Network schedules.**

Claims for reimbursement of travel (plane, train, bus or boat) PURCHASED DIRECTLY by the health care practitioner volunteer, should include printed round-trip boarding passes as proof of travel. If the travel expense was paid directly by the Network, health care practitioner volunteers do not need to save boarding passes.

Whom to contact

Please contact

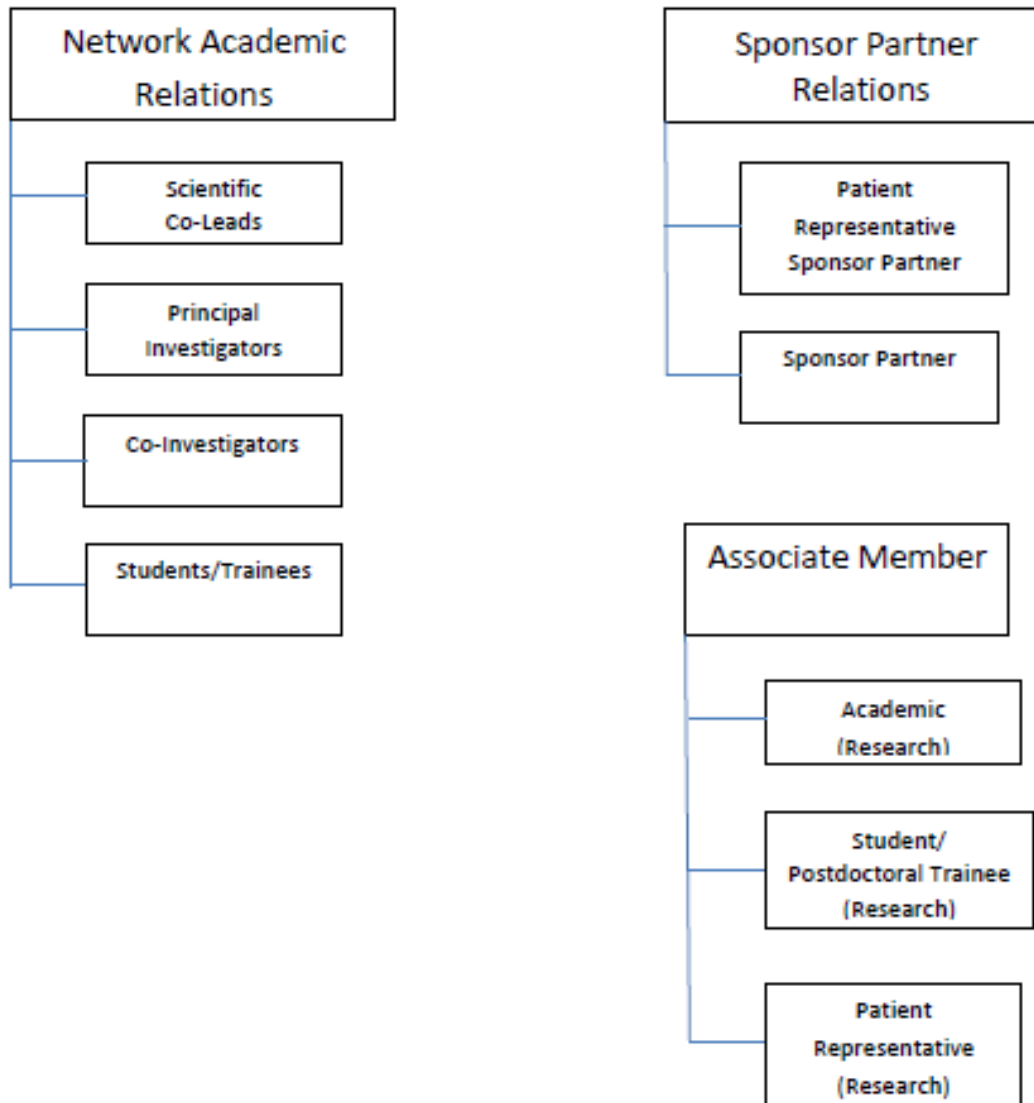
Mildred Lim: Business Officer, Diabetes Action Canada

Phone: 416-340-4800 ext: 2522

Email: Mildred.Lim@uhnresearch.ca

4. MEMBERSHIP

Diabetes Action Canada Membership Structure



4.1 Policies for Membership in the SPOR Network

Network Members

The Members will consist of those stakeholders approved by the CIHR (original SPOR Network proposal) and, subsequently, approved by the Steering Council who have signed a written, time-limited agreement. These stakeholders include the following:

1. Inaugural 15 Network Principal Investigators and Scientific Co-Leads;
2. Co-Investigators who are directly engaged in collaborative activities;
3. Collaborating institutions (where the Principal Investigators and Co-Investigators conduct SPOR Network activities) including universities, academic hospital research centres and institutes, independent research centres and institutes eligible to receive CIHR funds;
4. Students and Trainees who are engaged in SPOR Network academic activities supervised by Principal Investigators or Co-Investigators and successfully competed for a SPOR Network award through a peer-review process;
5. Sponsor Partners that include NGOs, government or private sector entities that share the vision, mission and goals of and provide support to the SPOR Network.

The following policies define the terms and conditions that constitute the requirement for a co-investment of expertise, resource and service with respect to governance and operational management to deliver the outcomes articulated in our SPOR Network proposal and work plans. Membership requires a commitment to the principles of conflict of interest and adherence to declaration of real or perceived conflict when representatives of the Scientific Co-Leads, Principal Investigators, Co-Investigators, Students/Trainees or Sponsor Partners are engaged in any aspect of governance, operational management, research, education or communication related to SPOR Network activities.

The Steering Council of the SPOR Network reviews and approves the Membership Policies and the overall slate of members (as proposed by the Co-Leads advised by the SPOR Network Operations and Management) on an annual basis. These policies will be made transparent to all SPOR Network members in terms of agreement documents and through direct communications.

4.1.1. Policy for SPOR Network Academic Relations

Membership in Diabetes Action Canada of researchers, educators, students and trainees is essential for the fulfillment of the mission and vision of the SPOR Network. The following describes the general criteria for eligibility and the process for appointment of academic members. The Table details all the rights and privileges of membership.

Scientific Co-Leads

Diabetes Action Canada – the SPOR Network in Diabetes and its Related Complications has two Scientific Co-Leads – Gary Lewis and Jean-Pierre Després. Gary Lewis is the Nominated Principal Applicant for the CIHR SPOR Network Grant. The Co-Leads report to the Steering Council and are responsible for all the activities of the SPOR Network including oversight of research, knowledge translation, training and mentoring, patient-engagement and the management of the administrative operations of the Network including support of the CIHR-approved governance function.

Principal Investigators

The CIHR SPOR Network application required the recruitment of 15 individuals with specific skills in the envisioned activities of the Network including human subjects applied research, patient-oriented research training, knowledge translation and patient-engagement, health policy, sex and gender, Indigenous Peoples' health. These Principal Investigators signed the original SPOR Network application and have committed to the mission and vision of Diabetes Action Canada for its 5 year term and are represented on the Steering Council. Unless they resign their position at their Collaborating Institution, they are able to use the title Principal Investigator in Diabetes Action Canada for the 5 year term. They form the Operations/Management Committee of Diabetes Action Canada chaired by the Co-Leads. The Principal Investigators are entitled to use the Diabetes Action Canada Logo and Word Mark on their email and other signatures.

Co-Investigators

A larger team of investigators and educators are engaged in the activities of Diabetes Action Canada. These individuals may lead projects or provide significant collaboration. They are appointed to their position as Co-Investigator by either signing : 1) an inter-institutional or transfer agreement as the Institutional Investigator on a SPOR Network project; or, 2) a letter of agreement with Diabetes Action Canada. The appointment is time-limited to their engagement in the project as indicated in their signed agreement. Unless they resign their position at their Collaborating Institution, they are able to use the title Co-Investigator in Diabetes Action

Canada for the term of their appointment. Co-Investigators are entitled to use the Diabetes Canada Logo and Word Mark on their email and other signatures.

Collaborating Institutions

A collaborating institution is a university or research institute (academic hospital-based or independent) that is able to hold CIHR funding. Collaborating institutions have signed an inter-institutional agreement with the University of Toronto for their engagement in projects for the SPOR Network in support of Principal Investigators and/or Co-Investigators.

Students/Trainees

Graduate students (Masters or PhD candidates) and Post-doctoral Fellows who are engaged in SPOR Network academic activities supervised by Scientific Co-Leads, Principal Investigators or Co-Investigators are eligible for membership in the SPOR Network. They must have competed successfully for a SPOR Network award through a peer-review process and approved by the Steering Council. They may maintain their membership for the duration of their award or until the end of the 5 years of the SPOR Network grant. They may use the title: “Recipient of a Diabetes Action Canada Studentship or Fellowship”.

4.1.2. Policy for SPOR Network Strategic Partner Relations

Framework for Private and Public Sector Partnerships

The Vision of our SPOR Network is to enable the transformation of health outcomes for all Canadians with diabetes. We will accomplish this by aligning collaborative research performed upstream with what patients and their health professional care providers perceive as most urgent to prevent and effectively treat diabetes complications. We have identified goals that will uniquely position our investigators to network their activities across disciplines and provincial boundaries. The outcomes of these strategic basic, clinical research, knowledge translation, training and patient-engagement efforts will facilitate the scale-up of new and effective interventions to prevent and treat the complications of diabetes (retinopathy, nephropathy, neuropathy and cardiac disease) using precision diagnostic and therapeutic interventions. Transformative change of clinical care will rely on novel technologies to monitor and promote patient-empowered self-care. We must translate patient-centered knowledge into customized clinical care models that will include targeted therapies for diabetes complications.

To accomplish effective and timely translation of new knowledge into clinical practice it is essential that the SPOR Network partner strategically with stakeholders in both public and private sectors. The testing and scale up of new diagnostic and therapeutic interventions will require co-investment including from for-profit corporations, that share our vision and mission over the next 5 years. Co-investment may range from direct funding of research projects, e.g., new diagnostic or drug discovery for one or more diabetes complications, to provision of infrastructure such as equipment or services, e.g., telecommunications for patient data acquisition. In addition the SPOR Network welcomes philanthropic support of researchers, students or specific research programs.

Depending on the negotiated arrangement, the co-investment by a private or public Strategic partner may be arranged directly with the SPOR Network through a Memorandum of Understanding agreement with the Co-Leads and Steering Council (Governance body for the SPOR Network) through:

- either an industry contract with a SPOR Network partner academic or health care institution (University or university –affiliated research hospital) for a SPOR Network investigator; or,
- by a standard donor agreement with a partner institution (University or Hospital Foundation).

Corporate Partners who co-invest will have the opportunity to become recognized members of the SPOR Network in accordance with policies and procedures set out by the governance (Steering Council) approved by CIHR. This may include invitation for Corporate Partners to be represented on the Strategic Partnership and Innovations Committee of the Steering Council. The interactions between the SPOR Network and its Members (Investigators, Government Agencies, NGOs) with the Corporate Private Sector Partners are anticipated to result in mutual gains and benefits that are desirable and natural outcomes of being involved in the SPOR Network. Such interactions will be conducted within the framework of the SPOR Network Conflict of Interest Policy and procedures (as required by CIHR).

Purpose of the Policy for SPOR Network Strategic Partner Relations

The purpose of this Policy is to reflect the framework for relationships between public and private strategic partners and Diabetes Action Canada - the SPOR Network in Diabetes and Its Related Complications. This Policy focuses on protecting the integrity of the SPOR Network's name, brand, and reputation, while enabling productive relationships that further the mission

and goals of the SPOR Network. For the purpose of this Policy, a corporation is broadly defined as:

- limited companies (those that are incorporated), including publicly traded and non-public corporations;
- sole proprietorships;
- partnerships;
- crown corporations;
- non-governmental organizations or not-for-profit organizations; or,
- foundations formed to carry out philanthropic activities on behalf of a national corporation.

Procedures for Entering into Relationships with Public and Private Strategic Partners

The SPOR Network will undertake a risk assessment of each potential relationship with a strategic partner to determine if the Network's reputation could be adversely affected. The SPOR Network will also assess the potential impact of the relationship in achieving the overall goals of the SPOR Network. These assessments will be conducted by the SPOR Network Steering Council with advice from the Operations/Management Committee. Any relationship developed with a corporation may not contravene SPOR Network procedures, organizational rules or policies. Any real or perceived conflict of interest with potential public or private strategic partners must be declared by the members of the Steering Council and Operations/Management Committee in advance of the assessment process and on an ongoing basis according to the Policy on Conflict of Interest. The terms of agreement between the SPOR Network and Strategic Partners will include, among other things, procedures about "use of name" including logos and word marks of both parties.

Endorsement

The SPOR Network will not typically endorse a commercial product or service. An "endorsement" is an explicit statement of approval that gives direct support for a product or service, its claims and its properties. If endorsement is to be considered, the Steering Council must first evaluate the product or service with advice from the Operations /Management Committee. Since the general public perceives close linkage among the terms "endorsed", "recommended", and "approved" the SPOR Network will consider these as synonymous.

Exclusivity

Whenever possible and feasible, the SPOR Network will seek funding for initiatives from a variety of strategic partners. It is understood that occasions may arise where a sole strategic

partner is appropriate. However, the SPOR Network will not enter into relationships that involve agreements of total exclusivity that would restrict interested competing strategic partners from working with the SPOR Network on other initiatives.

Content Control

The SPOR Network will, as appropriate, maintain content control and/or approve the content of all information and health promotion resources resulting from strategic partner relationships including the use of the SPOR Network brand (logo and word mark) and trademarks. The SPOR Network will use disclaimers as necessary on all such information and health promotion resources.

Role of Strategic Partners in the SPOR Network

Those NGOs that have been recognized by the CIHR SPOR Program as relevant representatives for patients (Diabetes Canada [*formerly Canadian Diabetes Association*] and the Juvenile Diabetes Research Foundation) may have representation on the highest level of governance for the SPOR Network (the Steering Council) with voting privileges. Since these NGOs have also contributed revenues (matching funds) to the SPOR Network for projects conducted by the SPOR Network, they are also Strategic Partners. Therefore, these NGOs are considered “Patient Representative Strategic Partners”.

Any other corporation with whom the SPOR Network has entered into a funding relationship are deemed “Strategic Partners” under the definition of SPOR Network Membership. From time to time, the SPOR Network may also nominate representatives from corporations to serve as non-voting members on the SPOR Network Steering Council committees, e.g., Strategic Planning and Innovations Committee. These nominations will be based on the potential individual contribution of the nominee in achieving the goals of the SPOR Network. These nominations may not necessarily be based on the level of contribution of the corporation to the SPOR Network.

Role of SPOR Network Representatives in Strategic Partner corporations

SPOR Network staff or members may at their own discretion act in an advisory capacity to strategic partners. However, in acting in that capacity, they shall not represent the SPOR Network unless pre-approved by the SPOR Network Steering Council. The individual shall provide an oral or written disclaimer (as appropriate) to the corporation stating that the views expressed are his/her own, and not those of the SPOR Network.

4.2 Associate Membership

4.2.1 Academic (Researchers)

Who is eligible?

Individuals appointed to a university, academic hospital or research institute who are engaged in diabetes-related research (basic, clinical, knowledge translation) and interested in contributing to the mission and vision of Diabetes Action Canada, but who are not directly collaborating in a project funded through institutional agreements with Diabetes Action Canada, are potentially eligible. For individuals outside of Canada, academic appointment must be at an internationally recognized research-intensive university and/or academic hospital or research institute. Research Associates who are key members of an existing project with one of our Principal Investigators, but do not hold an appointment at a university, academic hospital or research institute, may be considered on a case-by-case basis by the Steering Council.

How is membership acquired?

Through inquiry to Diabetes Action Canada or to one of our Principal Investigators, a researcher may be recommended for membership. An application is submitted to Diabetes Action Canada that provides background information on the academic status of the individual as well as an updated CV. Applications are reviewed by the Operational Management Committee who recommends membership to the Co-Scientific Leads. The final decision for membership is by approval of the Steering Council.

Duration of membership?

Membership is for two years with the opportunity for renewal with a letter of attestation about continued interest and an updated CV.

What is value of Associate Membership?

- Listing on the Diabetes Action Canada Website and networking with researchers, patients and students with common interest in preventing diabetes complications
- Review of grant proposals and potential endorsement for research that contributes to the mission and vision of Diabetes Action Canada
- Opportunity to collaborate on Diabetes Action Canada projects
- Receives Newsletters and News-blasts from the Scientific Co-Leads

4.2.2 Students and Postdoctoral Trainees (Research)

Who is eligible?

Graduate or health professional students or postdoctoral trainees engaged in research training at a university, academic hospital or research institute who are engaged in diabetes-related research (basic, clinical, knowledge translation) and interested in contributing to the mission and vision of Diabetes Action Canada. For students or postdoctoral trainees outside of Canada, research must be conducted at an internationally recognized research-intensive university and/or academic hospital or research institute.

How is membership acquired?

Through inquiry to Diabetes Action Canada or to one of our Principal Investigators, Co-Investigators, or Associate Members a student or postdoctoral fellow may be recommended for membership. An application is submitted to Diabetes Action Canada that provides background information on the academic status of the individual as well as an updated CV. Applications are reviewed by the Training and Mentoring Goal Group Leads who recommend membership to the Co-Scientific Leads. The final decision for membership is by approval of the Operations-Management Committee.

Duration of membership?

Membership is for two years with the opportunity for renewal with a letter of attestation about continued interest and an updated CV.

What is value of Associate Membership?

- Listing on the Diabetes Action Canada Website and networking with researchers, patients and students with common interest in preventing diabetes complications
- Opportunity to collaborate on Diabetes Action Canada projects
- Receives Newsletters and News-blasts from the Scientific Co-Leads

4.2.3. Patient Representative (Research)

Who is eligible?

Patients who are directly engaged in the activities of Diabetes Action Canada as advisors and/or collaborators are eligible to apply for Associate Membership.

How is membership acquired?

The application process requires a letter of recommendation from the relevant Goal Group lead. A biosketch or resume may be provided instead of a CV.

Applications are reviewed and approved by the Operations-Management Committee.

Duration of membership?

Membership is for two years with the opportunity for renewal with a letter of attestation about continued interest and an updated CV.

What is value of Associate Membership?

- Listing on the Diabetes Action Canada Website and networking with researchers and patients with common interest in the treatment and prevention of diabetes complications
- Opportunity to collaborate on Diabetes Action Canada projects
- Receives Newsletters and News-blasts from the Scientific Co-Leads from Diabetes Action Canada

	Associate Member – Academic (Researchers)	Associate Member – Students and Postdoctoral Trainees (Research)	Associate Member – Patient Representative (Research)
Eligibility	Individuals appointed to a university, academic hospital or research institute who are engaged in diabetes-related research	Graduate or health professional student, or Postdoctoral trainee	Patients who are directly engaged in the activities of Diabetes Action Canada as advisors and/or collaborators
	Interested in contributing to the mission and vision of Diabetes Action Canada, but who are not directly collaborating in a project funded through institutional agreements with Diabetes Action Canada	Engaged in research training at a university, academic hospital, or research institution engaged in diabetes-related research	
	Research Associates who are key members of an existing project with one of our Principal Investigators, but do not hold an appointment at a university, academic hospital or research institute, may be considered on a case-by-case basis		

Application process	PI recommends researcher for membership	PI, Co-I, or Associate Member recommends Student / Postdoctoral Fellow for membership	Relevant Goal Group lead writes letter of recommendation
	Researcher submits application and CV	Student / Postdoctoral Fellow submits application and updated CV	Patient submits biosketch or resume
	Operations-Management Committee review application	Training & Mentoring Goal Group Leads review applications	Operations-Management Committee review application
	Operations-Management Committee recommends membership to Co-Scientific Leads	Training & Mentoring Goal Group Leads recommend membership to Co-Scientific Leads	
	Membership is submitted to Steering Council for approval	Operations-Management Committee review application	
Membership duration	Two years	Two years	Two years
Value of membership	Listing on the Diabetes Action Canada Website and networking with researchers, patients and students	Listing on the Diabetes Action Canada Website and networking with researchers, patients and	Listing on the Diabetes Action Canada Website and networking with researchers, patients and

	with common interest in preventing diabetes complications	students with common interest in preventing diabetes complications	students with common interest in preventing diabetes complications
	Review of grant proposals and potential endorsement for research that contributes to the mission and vision of Diabetes Action Canada		
	Opportunity to collaborate on Diabetes Action Canada projects	Opportunity to collaborate on Diabetes Action Canada projects	Opportunity to collaborate on Diabetes Action Canada projects
	Receives Newsletters and News-blasts from the Scientific Co-Leads	Receives Newsletters and News-blasts from the Scientific Co-Leads	Receives Newsletters and News-blasts from the Scientific Co-Leads

5. CONFIDENTIALITY POLICY & AGREEMENT

Members of the Steering Council and its Standing Committees, the Co-Scientific Leads, and ex-officio members on the Steering Council and its Standing Committees are requested to sign a Confidentiality Agreement annually.

CONFIDENTIALITY POLICY & AGREEMENT

As a member of the Steering Council or one of its Standing Committees, I recognize that I owe a duty of confidentiality to Diabetes Action Canada. All information and documentation pertaining to research activities, public and private sector relationships and emerging intellectual property of investigators or institutions that I receive from Diabetes Action Canada and others in connection with my service on the Steering Council or one of its Standing Committees will be treated with strict confidentiality. This information may include personal information related to people living with diabetes who serve on the Steering Council, its Standing Committees or the Patient Councils of Diabetes Action Canada. Neither the contents nor the existence of this information or documentation will be shared with anyone other than the Scientific Officers, Members of the Steering Council, employees and authorized agents of Diabetes Action Canada.

It is, however, understood that our corporate partners have a duty to report on the exchanges taking place at the stakeholders table. This Confidentiality Agreement therefore would not limit their ability to do so with a restricted number of people in the respective organization, so that key internal stakeholders can appreciate the efforts and progression of the Diabetes Action Canada project and justify the continued financial investments. Notwithstanding the above, there may be instances when information must remain strictly confidential and should not be disclosed to anyone outside of the Diabetes Action Canada Committee or Council. I will direct any questions regarding confidentiality obligations to the Chair of the Diabetes Action Canada Steering Council or the Executive Director.

I agree that my selection to serve on the Steering Council or one of its Standing Committees constitutes good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge. I agree that this agreement continues to apply for a period of **12 months** from the effective date of cessation of my participation on the Steering Council or Standing Committee.

Signature: _____

Name: _____

Date: _____

6. CONFLICT OF INTEREST POLICY AND AGREEMENT

DIABETES ACTION CANADA - CONFLICT OF INTEREST POLICY

Objective:

Diabetes Action Canada must meet high ethical standards in order to merit the trust of partners and volunteers, as well as sponsors, donors, governments and the public. The integrity of Diabetes Action Canada depends on ethical behaviour throughout the organization, and in particular on fair, well-informed decision-making. The ability to make a decision is sometimes affected by other interests (personal or professional) of individuals in the organization. Such conflict of interest situations are a regular part of organizational and personal life and cannot simply be eliminated. The objective of this policy is to permit Diabetes Action Canada to manage real or perceived conflict of interest situations successfully and resolve them fairly.

Scope:

This policy applies to all members of the Steering Council, Investigators, Students and Trainees and all staff of Diabetes Action Canada. It also applies to volunteers, but formal procedures should take into account their particular circumstances. Collectively, these groups are called “affected persons” below. Partner organizations are encouraged to establish similar policies, if not already in place, for themselves.

Definition of Conflict of Interest:

A **Conflict of interest** is a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties at Diabetes Action Canada.

“Private or Personal Interest” refers to an individual’s self-interest (e.g., to achieve financial profit or avoid loss, or to gain another special advantage or avoid disadvantages); the interests of the individual’s immediate family or business partners or their interests of another organization in which the individual holds a position (voluntary or paid).

“Objective exercise of duties” refers to an individual’s ability to carry out her or his responsibilities in the best interest of Diabetes Action Canada.

Types of Conflict:

A Steering Council member, employee or volunteer of Diabetes Action Canada may be in a conflict of interest situation that is:

1. **Actual or real**, where official duties are or will be influenced by private interests;
2. **Perceived or apparent**, where official duties appear to be influenced by private interests; and,
3. **Foreseeable or potential**, where official duties may be influenced in the future by private interests.

Examples of Conflict of Interest:

[See Appendix 1 for some categories of conflict situations, as well as Appendix 2 for some longer scenarios.]

Responsibilities:

Overall Responsibility

Members of the Steering Council, Investigators, Students and Trainees, and volunteers are responsible for managing conflict of interest situations in order to ensure that workplace behaviour and decision-making throughout are not influenced by conflicting interests.

Responsibility for Prevention

Diabetes Action Canada supports an organizational culture in which people freely take responsibility for both “self-declaring” possible conflicts of interest, and respectfully raising possible conflicts faced by others in the organization. This culture makes it possible to avoid many such situations from arising in the first place. Staff, volunteers and Steering Council members have the responsibility to implement practical preventive measures, such as:

- Providing education about what to do when gifts and hospitality are offered;
- Providing meeting agendas in advance to enable participants to foresee possible conflicts;
- Ensuring that people are clearly told when information must be protected from improper use;
- Declining involvement in action (such as supporting a questionable outside activity)

Responsibility for Managing

Where prevention is not the solution, conflict of interest situations must be managed. Here are the steps to be taken by those involved in such situations, working together and supporting one another's ethical responsibilities.

1. **Declare it.** Ensure transparency by self-declaration, and by making sure that a record of the declaration is made.
2. **Discuss it.** In a doubtful situation, take a moment for a quick word with the chair of your meeting, or undertake a full dialogue with the group, if the situation warrants it.
3. **Deal with it.** Measures to mitigate or eliminate a conflict of interest will depend on what is appropriate to the severity of the situation. Options include:
 - a. **Restrict the involvement of the individuals.** For example, withdraw from decision-making. This would not be appropriate if the conflict of interest arises frequently, or if the individual cannot be separated from parts of the activity.
 - b. **Recruit a third part to assist.** For example, ask a disinterested party to sit on a hiring board. There will be situations where no appropriate third party is available.
 - c. **Remove the individual from affected duties.** When restrict and recruit are not suitable options, the individual with the conflict may be removed from duties related to the conflict. The individual could transfer to other duties.
 - d. **Relinquish the private interest.** In cases of serious conflict, the individual may choose to drop the private interest, such as membership on the Board of another organization, which is causing the conflict.
 - e. **Resign from the official duties.** In serious cases where other solutions are not possible, the individual may have to resign from the position creating the conflict.
4. **Document what has been done.** Steering Council minutes, correspondence to interested parties, or other documentation will provide a record of steps taken.

Policy Application:

1. This policy must be explained to all new Steering Council members, Investigators, Students and Trainees, and volunteers. All such affected persons must agree in writing, at the outset of taking a position or volunteering with Diabetes Action Canada, that they will abide by this policy.
2. Investigators, Students and Trainees are expected to adhere to the Codes of Conduct and Conflict of Interest Policies of their institutions.
3. At that time, Steering Council members and staff must disclose possible conflict situations to the Executive Director (or Steering Council Chair if appropriate) in confidence. Subsequent material changes must be disclosed when they first emerge. Volunteers must inform their coordinator of possible conflict situations.

4. The Executive Director (or Steering Council Chair if appropriate) will indicate to each individual whether any further action is necessary to manage the possible conflicts of interest disclosed. Actions might include the following, depending on the severity of the conflict:
 - a. Declaring the conflict to all concerned before discussion or decision-making;
 - b. Withdrawing from final decision-making only;
 - c. Withdrawing from all aspects of discussion and decision-making.
5. The Executive Director (or Steering Council Chair if appropriate) is also the final authority on resolving disputes for example when an individual does not agree with the perception that he or she is facing a conflict of interest.
6. The Executive Director (or Steering Council Chair if appropriate) is the authority on dealing with real conflicts of interest which are discovered “after the fact”. A variety of serious measures, such as cancelling a contract or hiring decision, may have to be considered, case by case, in such situations.

For the purposes of this policy, the Steering Council Chair is the appropriate authority in all matters related to the affairs of the Steering Council, and to any issues involving the Executive Director’s own affairs. Any issues involving the Steering Council Chair’s own affairs will be dealt with by the Steering Council Vice-Chair and the Steering Council. The Executive Director is the authority in all other matters.

Transparency:

The application of this policy involves two types of transparency:

1. **Confidential Disclosure:** Affected persons must provide information on possible conflicts of interest and related matters to the Executive Director (or Steering Council Chair if appropriate). This information will be kept strictly confidential.
2. **Declaration to Concerned Parties:** If the Executive Director (or Steering Council Chair if appropriate) deems that a particular element of information on a possible conflict of interest must be provided to a wider audience of concerned parties (such as the members of a committee or the Steering Council, or the public at large), then a declaration of the conflict of interest situation will be made and recorded. The person involved should be consulted prior to the wider declaration.

Good Judgement

The application of this policy relies heavily on the good judgment and common sense of those affected, following the ethical principles outline in the CIHR Code of Conduct

www.cihr-irsc.gc.ca/e/41722.html, and the University of Toronto Policy on Conflict of Interest Academic Staff
www.governingcouncil.utoronto/Assets/Governing+Council+Digital+Assets/Policies/ppjun221994.pdf

Accountability

Every member of staff is responsible for his or her own conflict of interest situation:

1. Awareness of the policy;
2. Self-declaring potential problems to superior;
3. Respectfully identifying potential problems of other staff members;
4. Undertaking follow-up action determined by the Executive Director; and,
5. Making disclosures when circumstances change significantly.

Volunteers are responsible for respecting this policy. They should take any questions in this regard to their coordinator. **Coordinators of volunteers** will apply the policy to them under the general direction of the Executive Director.

The **Executive Director** is responsible for the ongoing application of the policy and procedures to staff. The Executive Director will:

1. Provide a point of contact for advice about conflict of interest matters;
2. Determine the actions required as a result of confidential disclosures by staff;
3. Receive complaints about possible breaches of the policy;
4. Determine the actions required by breaches of the policy; and,
5. Make annual reports on the overall situation of conflict of interest of staff and volunteers to the Steering Council.

The Executive Director's own conflict of interest situation is the responsibility of the Steering Council Chair.

The **Steering Council Chair** is the key person to establish the ethical climate for Diabetes Action Canada and its Steering Council, and for ongoing attention to conflict of interest issues on the Steering Council. The Chair is also responsible for resolution of conflict of interest situation, and related disputes, among members of the Steering Council.

The **Steering Council Vice-Chair** will, together with the Steering Council, deal with the Steering Council Chair's own conflict of interest situation.

The **Steering Council** bears great responsibility for the good name of the organization and as such has a special responsibility for ethical matters. The Steering Council is also ultimately responsible for policy and should review of the conflict of interest policy every 5 years, or when the nature of the organization changes significantly.

Appendix 1: Some Categories of Conflict of Interest Situations

- **Self-interested funding, contracting or hiring:** when an affected person uses a position in Diabetes Action Canada to influence a decision to provide function or contracts to another organization in which he or she has an interest, or to go outside normal hiring processes to give a job to a friend or family member
- **Improper influence:** when an affected person solicits or accepts some form of benefit in return for influencing Diabetes Action Canada activities or promoting someone else's interests in Diabetes Action Canada
- **Misuse of information or property:** when an affect person uses information or property to which the person has access at work, and to which others would not have access, for some personal benefit
- **Inappropriate outside activity:** when an affected person's activities outside Diabetes Action Canada are in conflict with the interests of Diabetes Action Canada
- **Accepting undue benefits:** such as significant gifts which place an affected person under obligation to the donor

Appendix 2: Some Possible Scenarios

The scenarios below illustrate the application of the policy, showing the kinds of judgments, values and measure involved.

- **Gifts** – People in partner organizations and communities frequently offer gifts that it would be impolite to refuse. It is important to distinguish gifts and favours that represent goodwill and friendship from those that are designed to create an indebtedness on the part of the recipient. A conflict of interest may also arise when gifts are larger than a normal token in a given situation. Key ethical principles in resolving the situation are **integrity** (i.e. action in line with our policy and values), **transparency** (including honesty in discussing the issue), and **respect** (for the gift giver). A possible action would be to explain that policy will only allow the gift to be accepted on behalf of the organization. If there is an appearance of indebtedness, it may be necessary to respectfully decline the gift.
- **Network members involved in funding and decisions** – The terms of reference for a coalition should state clearly that the first duty of the coalition’s Steering Council members is to the coalition. When the coalition members provide funding and are active in decisions about programs, there is a possibility of conflicts arising between the interests of the coalition and the members’ own organizations. Such conflict situations must be **declared** and discussed by the Steering Council. Then, depending on the extent of the possible conflict, the Steering Council will decide to what sort of **restrictions** should be placed on the concerned individual in discussions and decisions. The resolution of the issue should be **documented** in the minutes.
- **Awards committees** – Members of awards committees are in a similar situation to the coalition members described above, but the situation is even more serious because they are making decisions about the disbursement of funds. In addition to **declaring** conflicts, and **removing** themselves from the awards process as ti related to their home organization, members of such committees must remove themselves from the application process in their **home organization**. They may also have to **recruit** someone else to undertake some of the duties they cannot fulfill as a result.

7. TRAINING AND MENTORSHIP

7.1 Mentorship and Internship Procedural Plan

1. Application & Approval Process

- a. Information and application forms in both languages are provided on DAC website (follow-up with Cathy)
- b. Training & Mentoring Coordinator receives and screens application forms and relevant documents
- c. Training & Mentoring Coordinator adds applicants information to tracking database
- d. Training & Mentoring Goal Group Leads evaluate (using evaluation criteria/chart) and recommend to the Co-Scientific Leads
- e. Co-Scientific Leads submit the recommendations to the Steering Council (Quarterly meetings)
- f. Diabetes Action Canada Central Admin updates Training & Mentoring Coordinator on the decision of the Steering Council

2. Next Steps

Follow-up by Training & Mentoring Coordinator:

- informs awarded candidates and provides additional information if needed
- updates Mentorship/Internship tracking database

3. Mentorship/Internship Report reminders

- a. Training & Mentoring Coordinator monitors reminders for reports due
- b. Training & Mentoring Coordinator sends an email to candidates for reports
- c. Training & Mentoring Coordinator updates database

7.2 Award Selection Criteria

7.2.1 2017 DAC TRAINING AND MENTORING APPLICATION REVIEW CRITERIA – MENTORSHIP PROGRAM

Eligibility criteria:

- 1) The applicant must be a member of the DAC Network.
- 2) Early career investigators must be within three years of their university appointment and have a research program deemed to be of excellent scientific quality. An

appointment start date must be included in the Candidate's Research Program Section of the application.

- 3) The applicant's research and mentorship plan must relate to diabetes and its complications.
- 4) The applicant must propose a mentorship plan that demonstrates capacity building in Patient-Oriented Research (e.g. establishment of new multidisciplinary and/or intersectoral collaborations within a network of patient-oriented research).
- 5) The applicant must have the support of 1) an internal mentor from his/her research centre, and 2) an external mentor from a different research centre recognized by CIHR. At least one of the two mentors should be a member of the DAC Network. These mentors should be actively involved in the scientific leadership of the applicant, including student co-supervision, scientific collaboration, access to specialized platforms, etc.
- 6) The applicant must submit a mentorship plan that has been discussed and approved by both internal and external mentors. A detailed description of the mentorship plan should be submitted for evaluation.
- 7) Submit a CIHR CCV (with the Detailed Contributions section) of the applicant and mentors (internal and external) to assess scientific excellence. If the mentors are outside Canada, any CV containing information similar to the CIHR CCV will be accepted.
- 8) A one-year budget plan of expenditures (limit \$10,000), see below for eligible expenses.
- 9) Successful candidates agree to provide a brief report each year for 3 years to demonstrate the leverage effect of the program (i.e. new collaborations, obtaining scholarships and/or external grants).

Note: Although not a criterion, applicants from rural or less connected communities will be given priority if proposed research program deemed appropriate.

The Diabetes Action Canada Network supports equity in its Mentorship program and encourages applications from qualified individuals, women or men, including Aboriginal people, persons with disabilities and members of visible minorities.

Application Evaluation Process:

- 1) Potential of the candidate: Quality of research training, scientific achievements, history of publication, funding and training of students;
- 2) Research program: Clarity of the research question and scientific justification. Potential for the creation of new knowledge, originality of assumptions and research questions, new approach, or methodologies or new application of existing methodologies;

- 3) Affiliation and expertise of the proposed mentors;
- 4) Relevance and quality of the proposed intercentre mentorship plan: Immediate or potential impact of mentorship for the early career investigator's laboratory/research and research within the DAC Network (e.g. establishment of new multidisciplinary and/or intersectoral collaborations within a network of patient-oriented research);
- 5) Feasibility of the proposed budget: Relevance of the proposed use of funds.

Scoring System – Scores out of 50

1. QUALITY OF THE APPLICANT (TRAINING, PUBLICATIONS, ETC.) – 20 points

Applicant's score: ___/20 points

2. QUALITY OF THE MENTORSHIP PLAN AND ALIGNMENT WITH DIABETES ACTION CANADA NETWORK OBJECTIVES – 20 points

Applicant's score: ___/20 points

3. QUALITY OF THE MENTORS – 10 points

Applicant's score: ___/10 points

Note: Considerations and pertinence related to POR (sex and gender, etc.) will be judged by the Patient Engagement Group in the next round.

7.2.2 2017 DAC TRAINING AND MENTORING APPLICATION REVIEW CRITERIA – INTERNSHIP PROGRAM

Eligibility criteria:

- 1) The applicant must be a doctoral student, a postdoctoral fellow, a health professional research trainee, or a research professional and member of the DAC Network by the time of tenure of the grant (not necessarily before).
- 2) The applicant's supervisor must be a PI or Co-I of the DAC Network (*i.e.* before the application).
- 3) Only one application per year per PI or Co-I in total may be submitted for this contest.
- 4) Any applicant can only receive this support grant once.
- 5) The applicant must provide a description of relevant training and integrate it into an intercentre collaborative project (incorporating at least two recognized research centers) involving at least one researcher of the DAC Network.
- 6) Successful candidates agree to submit a scientific abstract for oral or poster presentation at the Annual Scientific Meeting of Diabetes Canada or other major national and international diabetes research conferences.

- 7) Successful candidates agree to provide a brief progress report after the one-year funding and to respond to a short questionnaire yearly for another 2 years to document impact (i.e. new collaborations, obtaining scholarships and/or external grants).

Application Evaluation Criteria and Process:

For DAC PIs, Co-Is and collaborators:

- 1) Excellence in home and host laboratories: Description of performance, scientific contribution and expertise of the laboratories involved in the collaboration;
- 2) Relevance and quality of the proposed intercentre training: Immediate or potential impact of mentoring for the original laboratory and research within the network, according to its objectives (ex. establishment of new multidisciplinary and/or intersectoral collaborations inside the DAC Network or at an international level, knowledge transfer, patient-oriented research, standardization of methods, establishment of a platform or common resources, etc.);
- 3) Feasibility of the proposed budget: Relevance of the proposed use of funds.

For the student/intern/resident/professional:

- 1) For doctoral students, residents and postdoctoral fellows:
 - a) Holding an excellent record of publication and participation/involvement in scientific activities.
- 2) For research professionals:
 - a) Must be actively involved in activities related to the priorities of the DAC Network as in research platforms, multi-centric projects, provincial, national or international research networks.
- 3) Demonstrate motivation to pursue a career in research areas related to diabetes and its complications.

Note: Although not a criterion, applicants from rural or less connected communities will be given priority if proposed research project is deemed appropriate.

The Diabetes Action Canada Network supports equity in its Internship program and encourages applications from qualified individuals, women or men, including Aboriginal people, persons with disabilities and members of visible minorities.

Scoring System – Scores out of 50

1. QUALITY OF THE APPLICANT (TRAINING, PUBLICATIONS, ETC.) – 20 points

Applicant's score: ___/20 points

2. QUALITY OF THE TRAINING PLAN AND ALIGNMENT WITH DIABETES ACTION CANADA NETWORK OBJECTIVES – 20 points

Applicant's score: ___/20 points

3. QUALITY OF THE MENTORS – 10 points

Applicant's score: ___/10 points

Note: Considerations and pertinence related to POR (sex and gender, etc.) will be judged by the Patient Engagement Group in the next round.

7.2.3 Patient-Oriented Research (POR) Early Career Investigator Mentorship Award in Diabetes and its Complications 2018-2019

Diabetes Action Canada is launching its 2018-2019 Intercentre Mentorship award for early career investigators interested in Patient-Oriented Research (POR) in diabetes and its complications. The goal of this award is to promote networking and optimal integration of early career investigators into the Diabetes Action Canada (DAC) Network and the Canadian diabetes research community. Up to two (2) annual mentorship awards will be awarded to early career investigators to work with an internal mentor and an external mentor. The internal mentor will be affiliated to the same research centre as the early career investigator. The external mentor will be affiliated with a *different* research centre from that of the early career investigator. At least one mentor will be a regular member of the DAC Network. Mentors who are not PI's or Co-I's of DAC must become DAC members before the allocation of funds.

Eligibility criteria and methods of evaluation are described below. Successful candidates will receive financial support of a maximum of \$10,000 for a one-year period to support their intercentre scientific activities.

Application deadline

The deadline for submission of applications is **June 29th, 2018** for funding commencing no later than September 1st, 2018.

Applications submitted late, incomplete or which do not meet the eligibility criteria will not be evaluated. Proposed mentoring must be completed within the year of holding the award.

If not a DAC Network member at the time of application, successful early career investigator applicants must apply to become members of the DAC Network before allocation of award funds. Successful applicants must complete a final report at the end of their mentorship year (December 2019) and agree to subsequent annual reports for an additional two (2) years to document the impact of this mentorship experience.

Eligibility criteria for the proposed candidate:

- 1) The applicant must be a member of the DAC Network.
- 2) Early career investigators must be within three years of their university appointment and have a research program deemed to be of excellent scientific quality. An appointment start date must be included in the Candidate's Research Program Section of the application.
- 3) The applicant's research and mentorship plan must relate to diabetes and its complications.
- 4) The applicant must propose a mentorship plan that demonstrates capacity building in patient-oriented research (e.g. establishment of new multidisciplinary and/or intersectoral collaborations within a network of patient-oriented research).
- 5) The applicant must have the support of 1) an internal mentor from his/her research centre, and 2) an external mentor from a different research centre recognized by CIHR. At least one of the two mentors should be a member of the DAC Network. These mentors should be actively involved in the scientific leadership of the applicant, including student co-supervision, scientific collaboration, access to specialized platforms, etc.
- 6) The applicant must submit a mentorship plan that has been discussed and approved by both internal and external mentors. A detailed description of the mentorship plan should be submitted for evaluation.
- 7) Submit a CIHR CCV (with the Detailed Contributions section) of the applicant and mentors (internal and external) to assess scientific excellence. If the mentors are outside Canada, any CV containing information similar to the CIHR CCV will be accepted.
- 8) A one-year budget plan of expenditures (limit \$10,000), see below for eligible expenses.
- 9) Successful candidates agree to provide a brief report each year for 3 years to demonstrate the leverage effect of the program (i.e. new collaborations, obtaining scholarships and/or external grants).

Note: Although not a criterion, applicants from rural or less connected communities will be given priority if proposed research program deemed appropriate.

The Diabetes Action Canada Network supports equity in its Mentorship program and encourages applications from qualified individuals, women or men, including Aboriginal people, persons with disabilities and members of visible minorities

Eligible Expenses:

Any expenses related to mentorship support for the recipient according to CIHR research grant standards. This may include:

- transportation and accommodation costs for external mentor visits to the early career investigator's research centre;
- transportation and accommodation costs for the early career investigator to the external mentor's research centre;
- transportation, accommodation and registration at conferences/meetings for the early career investigator if at least one of the mentors is present at the same event and a meeting is on the agenda; or
- costs related to intercentre scientific collaborations (support of early career investigators directly involved in the intercentre collaboration, supplies, technical services, etc.).

7.2.4 Patient-Oriented Research (POR) Intercentre Trainee Internship Award in Diabetes and its Complications 2018-2019

Diabetes Action Canada is launching its 2018-2019 Intercentre Internship competition for graduate students, postdoctoral fellows, and research professionals interested in Patient-Oriented Research (POR) in diabetes and its complications. The goal of this award is to promote networking and optimal integration of trainees into the Diabetes Action Canada (DAC) Network and the Canadian diabetes research community. Up to two (2) annual internships will be awarded to trainees. The DAC Network invites researchers who are PI's or Co-I's of the DAC Network to propose collaborative projects in the areas of diabetes and its complications and for which a trainee will complete his training in another laboratory (in another research centre). This project will involve a DAC Network PI or Co-I with one or more collaborators of another Patient-Oriented Research centre. Every collaborator must be a member of the DAC Network (or another SPOR Network) and participate in its activities.

Eligibility criteria and methods of evaluation are described below. Successful candidates will receive financial support of a maximum of \$10,000 for a one-year period to allow the establishment of the trainee-based collaboration between the collaborators.

Application deadline

The deadline for submission of applications is **June 29th, 2018** for funding commencing no later than September 1st, 2018.

Applications submitted late, incomplete or which do not meet the eligibility criteria will not be evaluated. Funded projects must be completed within the year of holding the award.

If not a DAC Network trainee member at the time of application, successful applicants must apply to become members of the DAC Network in order to receive the grant. Recipients must complete a final report at the end of their year of funding and agree to respond to subsequent annual short questionnaires for an additional two (2) years to document the impact of this internship experience.

Eligibility criteria:

1. The applicant must be a doctoral student, a postdoctoral fellow, a health professional research trainee, or a research professional and member of the DAC Network by the time of tenure of the grant (not necessarily before).
2. The applicant's supervisor must be a PI or Co-I of the DAC Network (*i.e.* before the application).
3. Only one application per year per PI or Co-I in total may be submitted for this contest
4. Any applicant can only receive this support grant once.
5. The applicant must provide a description of relevant training and integrate it into an intercentre collaborative project (incorporating at least two recognized research centres) involving at least one researcher of the DAC Network.
6. Successful candidates agree to submit a scientific abstract for oral or poster presentation at the Annual Scientific Meeting of Diabetes Canada or other major national and international diabetes research conferences.
7. Successful candidates agree to provide a brief progress report after the one-year funding and to respond to a short questionnaire yearly for another 2 years to document impact (*i.e.* new collaborations, obtaining scholarships and/or external grants).

Eligible Expenses:

Any expenses related to internship support for the recipient according to CIHR research grant standards. This may include:

- Transport, accommodation and living expenses (if necessary depending on the distance) for the trainee(s) in the collaboration laboratory;
- Shipping costs between the main laboratory and the collaboration laboratory(ies) in connection with the trainee's stay;

- Purchase of supplies necessary for the trainee's setup in the collaboration laboratory(ies) (the purchases can be made in the host laboratory or in the main laboratory).

Ineligible Expenses:

- Transport, accommodation and living expenses for the trainee in his/her main laboratory; Salary for trainees or other researchers.

Application Submission Process:

- 1) Application form completed by the trainee or research personnel;
- 2) A CIHR CCV (with the Detailed Contributions section) of the trainee or research personnel.

All documents must be submitted (in PDF format) to the DAC Training and Mentoring Coordinator, Michelle Murray, Michelle.Murray@umoncton.ca.

Application Evaluation Criteria and Process:

All applications will be assessed according to the eligibility criteria of the competition and the following criteria. Successful candidates will be notified by July 13th, 2018.

For DAC PI's, Co-I's and collaborators:

- 1) Excellence in home and host laboratories: Description of performance, scientific contribution and expertise of the laboratories involved in the collaboration;
- 2) Relevance and quality of the proposed intercentre training: Immediate or potential impact of mentoring for the original laboratory and research within the network, according to its objectives (ex. establishment of new multidisciplinary and/or intersectoral collaborations inside the DAC Network or at an international level, knowledge transfer, patient-oriented research, standardization of methods, establishment of a platform or common resources, etc.);
- 3) Feasibility of the proposed budget: Relevance of the proposed use of funds.

For the student/intern/resident/professional:

- 1) For doctoral students, residents and postdoctoral fellows:
 - Holding an excellent record of publication and participation/involvement in scientific activities.
- 2) For research professionals:

- Must be actively involved in activities related to the priorities of the DAC Network as in research platforms, multi-centric projects, provincial, national or international research networks.

3) Demonstrate motivation to pursue a career in research areas related to diabetes and its complications.

Note: Although not a criterion, applicants from rural or less connected communities will be given priority if proposed research project is deemed appropriate.

The Diabetes Action Canada Network supports equity in its Internship program and encourages applications from qualified individuals, women or men, including Aboriginal people, persons with disabilities and members of visible minorities.

Any request for additional information can be forwarded to the DAC Training and Mentoring Coordinator, Michelle Murray, Michelle.Murray@umoncton.ca.