



INTERNATIONAL
PATIENT DECISION
AID STANDARDS
COLLABORATION

International Patient Decision Aid Standards (IPDAS) Collaboration
IPDAS Steering Committee
Terms of Reference

1. Purpose:

To enhance the quality and effectiveness of patient decision aids by establishing a shared evidence-informed framework for improving their content, development, implementation, evaluation, and use in other contexts (e.g., clinical practice, public health, school health).

2. Functions: The IPDAS Steering Committee is a group of experts who volunteer to:

- 2.1 Oversee the processes of maintaining and revising the IPDAS criteria for improving quality and effectiveness of patient decision aids through evidence reviews.
- 2.2 Provide guidance to enhance the reporting of research on patient decision aids.
- 2.3 Facilitate stakeholder involvement in IPDAS. Stakeholders include patients/public, policy makers, decision aid developers, healthcare professionals, and researchers.
- 2.4 Disseminate and implement IPDAS criteria through overseeing and setting principles for:
 - 2.4.1 use and refinement of the IPDAS criteria, and
 - 2.4.2 produce quality-assured IPDAS materials (e.g. educational workshops/courses, policy briefs, SUNDAE reporting guidelines, online resources, presentations).
- 2.5 Monitor progress of the IPDAS working groups. More specifically, provide advice and share knowledge that could inform the progress of the working groups.
- 2.6 Approve consensus statements and publication of IPDAS.

3. Membership: members will serve on the Steering Committee for three to five years (renewable). As original “grandfathered” members (in place before the new terms of reference were enacted) leave the Steering Committee, eligible members include:

- researchers who have led or co-led previous evidence updates for IPDAS domains and willingness to participate in future updates as lead or co-lead of IPDAS domain groups;
- representatives from a diverse range of countries;
- individuals with no actual or perceived conflicts of interest
- additional members, given this is a volunteer organization, may include: the host of the list-serv, the host of the IPDAS website, patient partner(s), a ‘historian’ of the IPDAS work, and a fundraiser.

During calls for new members, volunteers submit their interest by indicating their expertise and reason for requesting membership. It is expected that Steering Committee applicants will have served on and led IPDAS working groups. Applications are reviewed by the Steering Committee to select members willing to fulfil the mandate of the IPDAS Collaboration ensuring expertise for IPDAS domain groups (or emerging groups), healthcare professionals, researchers, and from a diverse range of countries.

The replacement of Steering Committee co-chairs will be from Steering Committee members to ensure volunteers are willing to fulfil the mandate of the IPDAS Collaboration and represent at least two different countries.

4. Meetings:

4.1 Meetings will be held twice a year or as determined by the chairs or the members.

5. Working Groups

5.1 New working groups may be proposed and will be assigned to specific activities as needed (e.g., research priority setting, new IPDAS domains).

5.2 Working groups include potential end-users of IPDAS deliverables. Ideally this includes patients/public, decision aid developers, healthcare professionals, and researchers.

5.3 All working groups report to the Steering Committee in advance of Steering Committee meetings (or more frequently as determined by the pace of the work).