

PEDIATRIC CARDIAC INTENSIVE CARE SOCIETY

INTERNATIONAL PCICS COMMITTEE

TERMS OF REFERENCE

- NUMBER OF MEMBERS:** The number of members may vary with time but will be limited to a maximum of 12. Whenever possible, these members should be drawn from different geographic locations, eg. Europe, Africa, Latin America, West Asia and the Middle East, East Asia, Oceania.
- METHOD OF APPOINTMENT:** The PCICS Board of Directors shall appoint a Committee Chair or Co-Chairs. The remaining members will be selected from a list of nominees or volunteers by the Chair or Co-Chairs. The committee membership must then be ratified by the PCICS Board of Directors. It is expected that committee members will include not only senior physicians but nurses and junior members as well. All committee members must be active members of the PCICS.
- TERM OF OFFICE:** Members shall serve four-year terms beginning June 1st 2015 and shall be staggered for continuity. Half of the founding members will serve 2 years to facilitate this process. Past-Chairs will serve as immediate-past chairs on the committee for 2 years following the completion of their periods as Chairs. Committee members may be allowed shorter duration of appointment at the discretion of the Chairs.
- FREQUENCY OF MEETINGS:** The Committee shall meet face-to-face biennially in conjunction with the PCICS conference. Conference calls will be every third month.
- RESPONSIBILITIES:**
1. Establish an international network of pediatric cardiac ICU colleagues to facilitate education, resource-sharing, training and mentoring. Particular attention shall be given to finding international training and observer positions for suitable candidates from low- and medium-income countries.
 2. Collaborate with other PCICS committees, both to help expand their missions outside of North America, as well as expand the International Committee's mission to a wider group using web-based resources.
 3. Provide content expertise to PCICS regarding the constraints, challenges, and value inherent in providing pediatric cardiac ICU services in international settings, particularly in low- to middle-income countries.
 4. Provide liaison with other relevant groups which undertake mission trips to provide pediatric cardiac intensive care in lower-income countries.
 5. Support the biennial scheduling of a PCICS meeting outside North America.
 6. Establish a global research network.
- First Co-Chairs:** Graeme Maclaren, Parvathi Iyer, Kate Brown