



Australian guideline for the management of blood lipids (cholesterol)

Consumer advisory group terms of reference

1. Project context

In 2022, approximately 1 in 12 people living in Australia (8.4% or 2.1 million people) reported having high cholesterol. High cholesterol is one of the most significant risk factors for cardiovascular disease, contributing to coronary heart disease, heart attack, and stroke morbidity and mortality.

Statins – a class of medicines that lower cholesterol – are the most highly prescribed medicines in Australia. Since their introduction, a number of additional cholesterol-lowering medicines have been developed, as well as new testing methods for measuring blood lipid levels. Overseas, these advances have been accompanied by updated guidance for healthcare professionals to manage blood lipid/cholesterol levels. However, in Australia, this guidance has not been updated since 2003 and is therefore severely out of date.

The current project is designed to address this by providing updated, evidence-based clinical guidelines for lipid management in Australia. This updated guidance is anticipated to significantly reduce cardiovascular disease burden by improving the detection and treatment of abnormal blood lipids.

2. Purpose

The consumer advisory group (CAG) will play an important role in shaping the new clinical guideline. The group will provide feedback to make sure the recommendations, language, and plans for putting the guideline into practice reflect the needs and experiences of people with lived experience of high blood lipids/cholesterol, and their carers and families.

By sharing your perspectives, you'll help make the guideline clearer, practical and meaningful for people with lived experience of high cholesterol and those that care for them. The Heart Foundation and Stroke Foundation are leading the project, making sure it stays on track and meets high quality standards.

3. Appointment criteria

Members of the CAG will be selected based on:

- expertise and experience – lived experience perspectives related to high cholesterol and its management, treatment and prevention
- diverse representation – people are sought from all populations, including females, older adults, Aboriginal and Torres Strait Islander peoples, LGBTQIA+ individuals, people with lived experience of comorbidities and those from regional, rural and remote areas
- availability – ability to commit for the full period of the project.

4. Appointment process for members

1. Call for nominations:
 - a. The Heart Foundation and Stroke Foundation will issue a public or targeted call for nominations. This will clearly outline the qualifications, skills, and experiences required for participation in the CAG.
 - b. Nominations can be self-submitted or recommended by a peer or relevant professional organisation.
2. Application review:
 - a. Applications will be reviewed by a selection panel comprising project leads and senior clinical staff at the Heart Foundation and Stroke Foundation.
 - b. Candidates will be assessed on their ability to meet the project's needs and selection criteria, and their commitment to participation. The panel will also ensure the CAG reflects gender diversity and includes representation from key populations including females, older adults, Aboriginal and Torres Strait Islander peoples, LGBTQIA+ individuals, people with comorbidities and those from regional, rural and remote areas.
3. Interviews (if necessary):
 - a. In some cases, interviews may be conducted to assess candidates' suitability, commitment to the project timeline, and willingness to collaborate.
4. Appointment letters:
 - a. Selected members will receive a formal appointment email from the Heart Foundation and Stroke Foundation, detailing their roles, responsibilities, and time commitments.
 - b. Members will be required to sign the terms of reference form, and complete and sign a declaration of interests form, confirming their participation and adherence to project deadlines, confidentiality, and conflict-of-interest policies.
 - c. The Heart Foundation and Stroke Foundation will provide additional support to members to ensure they can fully participate and provide meaningful input throughout the project.
5. Term of appointment:

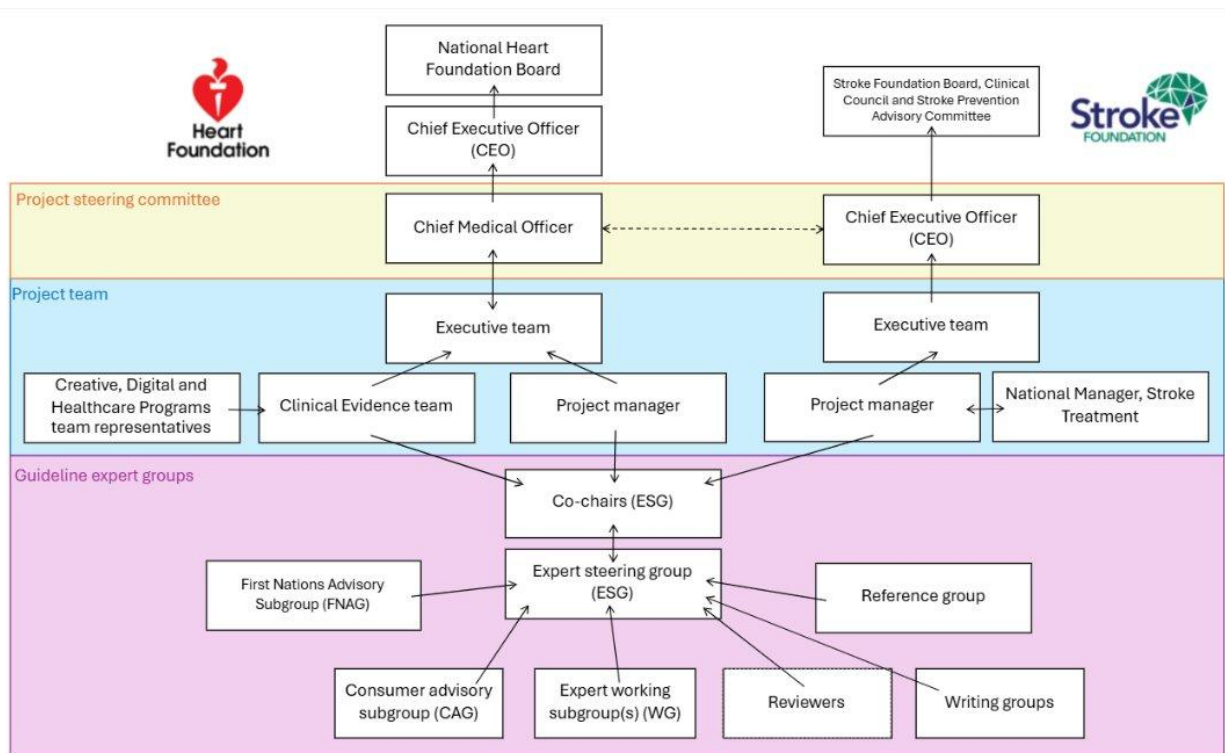
- a. Members will be appointed for the duration of the blood lipid clinical guideline project, approximately/estimated 12 months, unless otherwise specified. Appointments may be extended if the project timeline is extended.
- b. If additional modules (extra sections of the guideline) are initiated after completion of the guideline, current members may be invited to continue their involvement and contribute to these modules, subject to their availability and interest.
- c. Members may resign their position at any time by providing written notice to the project team.

5. Roles and responsibilities

Recommendations made in the guideline need to have the experiences and desires of people with lived experience of high cholesterol at heart. CAG members will provide advice and support on the guideline by:

- attending meetings (held online) and contributing perspectives and reflections on the work being done
- reviewing drafts of the guideline and offering the team feedback on the accessibility and relevance of the information
- co-designing materials that will be produced for consumers to accompany the guideline, and providing feedback and suggestions on their development
- sharing thoughts about the guideline through the perspective of someone with lived experience of high cholesterol or as a carer
- other duties that may arise through the development of the project and will be discussed with the group.

6. Governance structure



7. Meeting structure

1. Frequency
 - a. Members will be invited to attend approximately six to eight one-hour meetings over the course of the project. Fewer meetings may be held, and additional meetings may be scheduled as needed.
2. Format
 - a. Meetings will be conducted virtually via Microsoft Teams video.
 - b. Agendas and relevant materials will be distributed at least (7) days in advance. Minutes will be circulated within (5) working days post-meeting.
3. Decision-making
 - a. Decisions will be made through consensus where possible. If consensus cannot be reached, a two-thirds majority vote will be used.
 - b. The Heart Foundation and Stroke Foundation retain final decision-making authority in cases where consensus cannot be reached.

8. CAG deliverables

- Attend meetings for the duration of the project.

- Express your point of view and concerns.
- Review and provide feedback on guideline documents.
- Participate in co-design of consumer-friendly materials.

9. Editorial process

The Heart Foundation and Stroke Foundation will be responsible for the drafting and editing of the guideline. CAG members will review specific sections to ensure consumer-centred care is reflected, but the Heart Foundation and Stroke Foundation retains final editorial control.

Once the guideline content has been developed, the Heart Foundation and Stroke Foundation reserve the right to modify or abridge the material to meet the needs of different audiences. Any changes will be introduced solely to improve clarity and applicability, without altering the underlying meaning or clinical intent. This process ensures that the guidelines remain accessible, relevant and accurately aligned with best practice.

10. Conflict of interest

All CAG members are required to:

- disclose any potential or actual conflicts of interest at the outset of the project
- update the project team if any new potential conflicts arise, or any current conflicts change
- recuse themselves from discussions or decision-making where a conflict may arise.

11. Confidentiality

All CAG members must maintain confidentiality regarding:

- unpublished data and evidence discussed during meetings
- experiences and opinions shared by members of the CAG
- drafts and internal communications related to the guideline's development process.

Breaches of confidentiality may result in dismissal from the CAG.

12. Acknowledgement

Contributing members of the CAG will be acknowledged in the final guideline.

Acknowledgement will recognise the valuable expertise, advice, and input provided during the guideline development process.

13. Remuneration

Appointment to all guideline groups, including the expert steering group, working/writing groups, consumer advisory group and reference group are on an honorary basis.

The members' reasonable, direct, and authorised expenses incurred in the performance of their duties will be reimbursed by the project as per the volunteer agreement. A member incurring authorised expenditure must, wherever possible, receive, retain and produce receipts, invoices, or other evidence of such expenditure.

14. Intellectual property ownership and use

All intellectual property developed by the CAG will be owned jointly by Heart Foundation and Stroke Foundation as tenants-in-common in equal shares, unless otherwise specified in a duly executed contract.

15. Amendments to terms of reference

These terms of reference may be amended during the project, subject to agreement between the Heart Foundation, Stroke Foundation and CAG members, based on the evolving needs of the project.

Consumer advisory group member name:	
Signature	Date