

# **Clinical Committee Terms of Reference**

# Four meetings per year, organised by the BSPED Office.

# Composition

Chair: The Chair is a clinical member of the BSPED, appointed by the

Executive Committee of the BSPED.

Full Members: Up to 9 recruited via member nomination and Executive

Committee ballot. Representing the different functions of the

Committee.

Ex officio Members: Executive representative

Co-opted Members: The Chair may co-opt additional members of the BSPED (or in

exceptional circumstances from other professional

organisations) for a limited period and for specific projects only, subject to Executive approval. Input may also be sought from

patient support groups

Quorum: 6 members, including the chair

# **Duration of service**

Chair: 4 years - The Chair should not serve a second consecutive term

of office, unless there are exceptional circumstances identified

by the Executive.

Full Members: 3 years, and can be extended for up to 1 year at the discretion

of the Chair and Executive. This will ensure a steady annual

change of committee members.

Ex officio Members: Co-terminal with office

Co-opted Members: Duration of specific project (see above)

### Reporting

The Clinical Committee reports to the Executive Committee of the BSPED through the Chair of the Committee and Executive Committee attendance at meetings.

#### Remit

- 1 To respond and give opinions on matters in clinical paediatric endocrinology and diabetes including ethical issues, and funding of high-cost therapies.
- 2 To play an advisory role in the development of guidelines for optimal management of paediatric endocrine disorders and diabetes.
- 3 To participate in the development and maintenance of audit in paediatric endocrinology and diabetes from a national perspective.
- 4 To ensure adequate representation of paediatric endocrinology and diabetes to the media.
- 5 To increase awareness of therapeutic issues and any possible therapeutic problems, and arrange for national surveillance/audit where deemed appropriate in paediatric endocrine and diabetes practice
- 6 If required, to investigate & disseminate information on any new therapy/problem therapy to the BSPED membership.
- 7 To review and develop the provision of BSPED's information for patients.
- 8 To review the output of BSPED Special Interest Groups.
- 9 To review surveys submitted by BSPED members prior to promotion by the BSPED.
- 10 To co-ordinate peer review of the designated paediatric endocrine centres in the UK (including Northern Ireland).

#### **BSPED Office**

Association Management provider (Bioscientifica), with Committee support from the Scientific Development Officer.

### Additional notes:

- Committee members should make every effort to attend all meetings. Attendance records will be kept and reviewed annually. Any committee member who does not attend any meetings in a year will be asked to step down, other than in exceptional circumstances
- Each new committee member will be issued with a job description and remit of the committee, together with the last three sets of meeting minutes
- A committee member needs to be a paid up member of the BSPED
- All papers and minutes must be treated in strictest confidence.
- A committee member must act in the best interest of the BSPED. Any potential conflicts of interest should be declared at the start of the meeting or as they arise, and the member concerned should take no part in the discussion.
- Ex officio members on this committee have full voting rights.
- Second class travel expenses and associated costs will be met by the BSPED.