



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 10 (excluding Chair) recruited via member nomination and Executive Committee ballot
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, 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

Roles

The committee shall have the following roles

- Chair
- Diabetes Officer
- Digital and Information Officer
- Clinical Guidelines Officer
- Audit Officer
- Peer Review Officer
- District General Hospital Officer
- Clinical Standards Officer
- Nursing Officer
- Diabetes Nurse and AHP Officer
- Trainee Representative
- Executive Committee Representative: Normally the Secretary

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 a leading role in the development of and consultation on guidelines and standards 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 work with BSPED Office to ensure adequate representation of paediatric endocrinology and diabetes to the media.
- 5 To work with BSPED Office and ensure that the relevant sections of the website are kept up to date, including the patient resources sections.
- 6 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
- 7 If required, investigate & disseminate information on any new therapy/problem therapy to the BSPED membership.
- 8 Review the SIG reports annually and summarise their activities as part of the Clinical Committee report to the AGM. Any reporting concerns can be escalated to the Executive Committee. Have oversight of the BSPED peer review programme, via the Peer Review Officer.

BSPED Office

Association Management Organiser

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