

Clinical Affairs Committee,

Terms of reference, October 2003

Overall purpose

The Clinical Affairs Committee is responsible for encouraging and facilitating the establishment, maintenance and improvement of good clinical practice in all aspects of rheumatology and the provision and delivery of high quality services for persons living with rheumatic diseases.

Main responsibilities

- To address clinical and professional matters that arise within the society, with particular reference to clinical audit, clinical effectiveness, clinical standards and guidelines development and clinical governance.
- To ensure that the society meets its strategic aims and objectives in relation to clinical matters.

Main duties

- To oversee the work of the society in respect of clinical affairs activities and monitor its performance against agreed objectives and targets as laid out in the Strategic Plan.
- To ensure that clinical affairs activities outlined in the strategic plan remain relevant to the specialty
- To consider issues and provide expert advice to the society, its members and staff on matters requiring clinical guidance
- To formulate positions and policies for the society on clinical matters relevant to the specialty
- To ensure that the committee receives regular reports on clinical matters arising from external committees and organisations
- To facilitate the dissemination and exchange of information and good clinical practice amongst the society's members
- To provide advocacy and support to those providing rheumatology services, and to provide current information on workforce numbers and other useful rheumatology workforce information to BSR members.
- To respond to consultations from the National Institute of Clinical Excellence (NICE), Department of Health and other bodies as required and monitor their outcomes
- To work in liaison with other BSR committees, external bodies and organisations where appropriate in the committee's activities
- To oversee and formally approve the work of the Standards, Guidelines and Audit Working Group (SGAWG) and other subgroups set up by the committee
- To formally approve clinical guidelines produced by the SGAWG, and consider the endorsement of guidelines produced by other external organisations.
- To seek ratification of clinical guidelines from BSR Executive Committee or Council and consider seeking endorsement from external organisations as appropriate
- To regularly monitor the implementation of BSR policies and guidelines amongst the society's membership
- To consider proposals for projects within its remit and to consider appropriate funding for such projects
- To work in liaison with the External Relations Committee to identify opportunities to promote clinical aspects of rheumatology to the wider medical community, to the health service and to primary care.
- To elect ordinary members of the committee as outlined in the BSR's constitution and co-opt additional members for the purposes of particular projects
- To implement policies or plans agreed by Executive Committee or Council, with due regard to the agreed budget
- To report regularly to Executive Committee and Council, including presentation of minutes for approval
- To safeguard the society's ethos and values and to ensure that the society's activities are in keeping with its aims, objects and resources;

Membership of the Committee

The committee should be composed of:

- a) A Chairman
- b) A Chair Elect (for 12 months prior to current Chairman's term of office ending)
- c) A Vice Chairman (Selected from the committee by the Chair)
- d) Up to 3 members of the Society Council
- e) A Member of the Society of the Status of Senior Registrar or its equivalent
- f) Three other members
- g) Chairs of any society working groups or sub committees reporting to the committee.
- h) Co-opted members from other organisations, bodies or committees

The Committee co-opt members drawn from other organisations, bodies or committees including:

- a) ARC Epidemiology Unit
- b) Clinical Representative from ARMA
- c) British Institute of Musculoskeletal Medicine
- d) British Paediatric Rheumatology Group
- e) Primary Care Rheumatology Society
- f) British Health Professionals in Rheumatology
- g) BMA Central Consultants and Specialists Committee
- h) Rheumatologists in Training

The Committee will have the power to co-opt additional members as appropriate, including representatives from other BSR standing committees on mutual agreement. The Committee will aim to ensure an even geographical, scientific or other relevant spread of members as appropriate.

Members of the Committee will represent BSR on the following external organisations, bodies or committees:

- a) RCP Clinical Effectiveness and Evaluation Forum
- b) RCP Joint Specialty Committee
- c) ARMA Council
- d) BHPR Council
- e) Arthritis Care Medical Advisory Committee

* possible constitutional change – CAC members didn't feel it necessary for all members of CAC to be medically qualified