Royal Osteoporosis Society
Better bone health for everybody

TERMS OF REFERENCE - Clinical and Research Committee (CRC)

Role

The role of the Clinical and Research Committee (CRC) is to be the first touchpoint for clinical and academic expertise for the Clinical Directorate, Senior Leadership Team and the Board of Trustees – providing leadership and advice on all matters relating to clinical practice, research[1] and innovation[2], in line with the Royal Osteoporosis Society (ROS) strategy.

Main tasks

The Clinical and Research Committee (CRC) will:

- Advise the charity and Board of Trustees on all matters relating to clinical practice, research and innovation.
- Consider items brought by the ROS Senior Leadership Team and/or ROS Clinical Directorate (*Figure 1*) which need input or advice from a clinical and/or research and innovation perspective.
- Provide a 'critical friend' role to other clinical individuals and organisations in the osteoporosis and bone health field.
- Actively support ROS initiatives to meet the educational and development needs of healthcare professionals and academics in training.
- Nurture and optimise constructive and collaborative working relationships with external advisory and specialist bodies, such as NICE, GIRFT, BOA, etc. in order to influence and shape the bone health agenda.
- Support the development of the ROS professional networks and College of Experts.
- Influence and inform strategies to address succession planning in the field of osteoporosis and bone health.
- Maintain strong links with the ROS Aspiring Leaders programme.
- Conduct environmental horizon scanning to inform clinical, research and innovation prioritisation in line with ROS strategy and Research Roadmap.
- Review and set the priorities and funding scheme criteria for each ROS Research and Innovation Grants Round.
- Support and enable the ROS research programme to continue to meet best practice guidance, ensuring the programme remains relevant and ROS maintains its AMRC membership and accreditation.

[1] **Research:** a process of investigation to test a hypothesis with the aim of identifying generalisable new knowledge that could lead to changes to treatments, policies or care.

[2] **Innovation:** activity leading to the development and delivery of something new (e.g. processes, products, services or methods of delivery) for patient benefit. An example of this is the Northern Bone Project

- Ensure strong patient advocate representation is included in all activities, as appropriate.
- Ensure reciprocal lines of communication to the Research and Innovation Grants Assessment Panel (RIGAP) and the Members and Volunteers Committee (*Figure 2*).
- Contribute to writing and production of reports involving the review and synthesis of scientific and clinical information.

The CRC will oversee the work of:

- Bone Densitometry Training and Advisory Panel
- Osteoporosis Review Editorial Board
- Osteoporosis Conference Planning Committee
- Subgroups - set up as needed for specific topics in agreement with the ROS Senior Leadership Team (SLT) for a defined time period, drawing on the College of Experts, Lead Volunteer Advocates and Community Advocate Network.

Number and quorum

The CRC will comprise up to 16 people. An exception to this will be during the first year of the establishment of the CRC, where the membership may be exceeded to facilitate the transition. Members will include two sitting Patient Advocates and two deputy Patient Advocates, and the Chair of each advisory panel.

Additional associate members from the College of Experts may be co-opted to sit for a time-limited periods when projects and circumstances require additional specific expertise.

The quorum will be six and must include at least one clinical Trustee and one Patient Advocate. If a Trustee or Patient Advocate is not present, then the Committee can still meet provided that the meeting's business is promptly reported to the Trustees by the CRC Chair. Business that is transacted at a meeting that is not quorate will only be valid once approved by a quorum.

The CRC aims to reflect a fair balance of experience and disciplines, with all members having an equal right to have their views heard, in line with the ROS Equality, Diversity and Inclusion Policy.

Officers

The Chair of the CRC must be a Trustee who is active in clinical practice. If during their term, the Chair stops practicing clinically they must maintain their professional registration and will step down from their role as Chair within 24 months. Only clinical members of the CRC can nominate themselves for the role of Vice-Chair, due to the nature of the role. The Vice-Chair of the CRC will be appointed in collaboration with the Chair and the Director of Clinical Services, then ratified by the Appointments & Governance Committee. The Director of Clinical Services and/or nominated deputy will attend the CRC meetings and facilitate these with the Chair.

Appointments

Vacancies for Patient Advocate positions will be recruited from the ROS Lead Volunteer Advocates (LVAs). LVAs will be able to apply and be interviewed by the CRC Chair and the Director of Clinical Services. Recommendations will then be made for ratification by the Appointments & Governance Committee.

Recruitment of all other CRC members will ensure an appropriate balance of skill and expertise and will be undertaken through a nomination route and advertisements through the charity's website and via other appropriate channels as required. All candidates will submit an application and be interviewed by the CRC Chair and the Director of Clinical Services. Recommendations will then be made for ratification by the Appointments & Governance Committee.

The Chair and Vice Chair of the Research and Innovation Grants Assessment Panel (RIGAP) will be prohibited from being members of the CRC.

Term of office

CRC members are appointed for such term of office as the Trustees determine.

The usual policy is for the term of office to be three years before retirement. Retiring members may be reappointed for a second term of office.

The Trustees have discretion to make exceptions to this policy.

Meetings

The CRC will meet up to four times each year. Teleconference facilities will be made available. Meetings will preferably be held one month prior to the Board of Trustees' meetings.

Meeting agendas will be agreed by the Chair, Vice-Chair and the Director of Clinical Services and circulated with papers, no fewer than 5 working days before the meeting. Draft meeting minutes will be circulated within seven working days of the meeting.

Reporting

Minutes of the CRC will be reported to the Board of Trustees by the Chair of the CRC. The work will also be reported through the charity's publications as appropriate.

Members of the CRC might be asked to attend other meetings or events to report on the work of the Committee.

Budget

The CRC may request limited funding to facilitate activities agreed between the Chair of the CRC and the ROS Senior Leadership Team based on specific criteria set by the ROS Senior Leadership Team.

Expenses

Charity travel and subsistence expenses will be refunded in line with the ROS's Travel and Subsistence Policy.

Expectations of Committee members

The ROS is extremely grateful to its supporter Members, who give their time and expertise. In order to ensure that the Committee both helps the ROS carry out its charitable purposes and is enjoying and fulfilling for its members, members of the Committee are asked to agree that:

- They will abide by the ROS policies, including:
  - Conflict of Interest and Related Parties policy
  - Trustee Code of Conduct
  - Dispute resolution process
- They will attend meetings
- If they cannot attend a meeting, they will let the Chair and staff know that they cannot attend
- They will read papers in advance of meetings
- They will carry out actions that they agree to, by the due date agreed
- They will respond to communications between meetings

If the Chair of the Committee has concerns about any member of the Committee in relation to the duties listed above, they will discuss this with the member.

The Chair of the Committee may remove any member from the Committee if they feel that the member is not contributing to the Committee as described above.

Review

The Committee will review its achievements and lessons learned each year.

The Board of Trustees will review these Terms of Reference every three years.

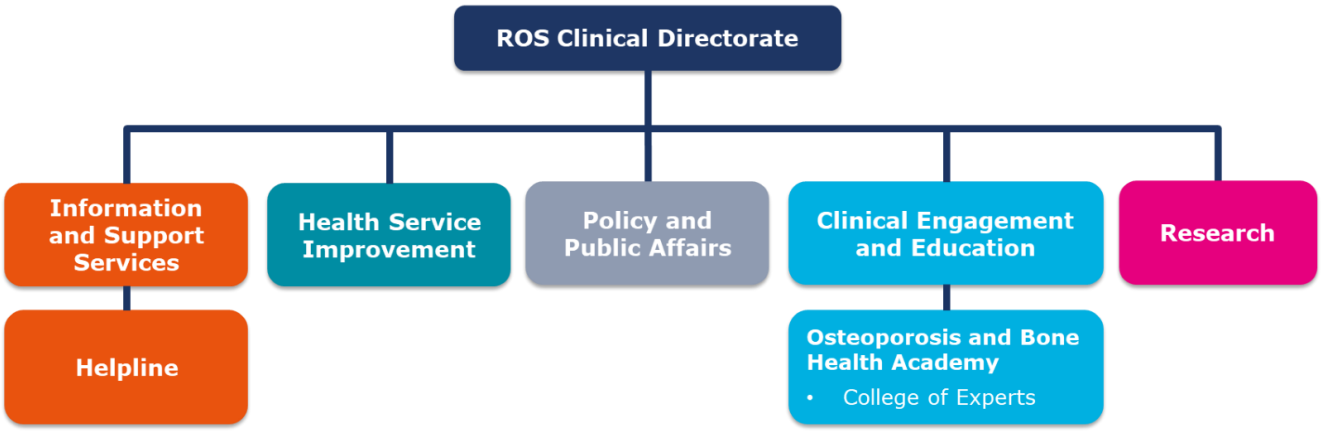

Figure 1: ROS Clinical Directorate Organisational Chart

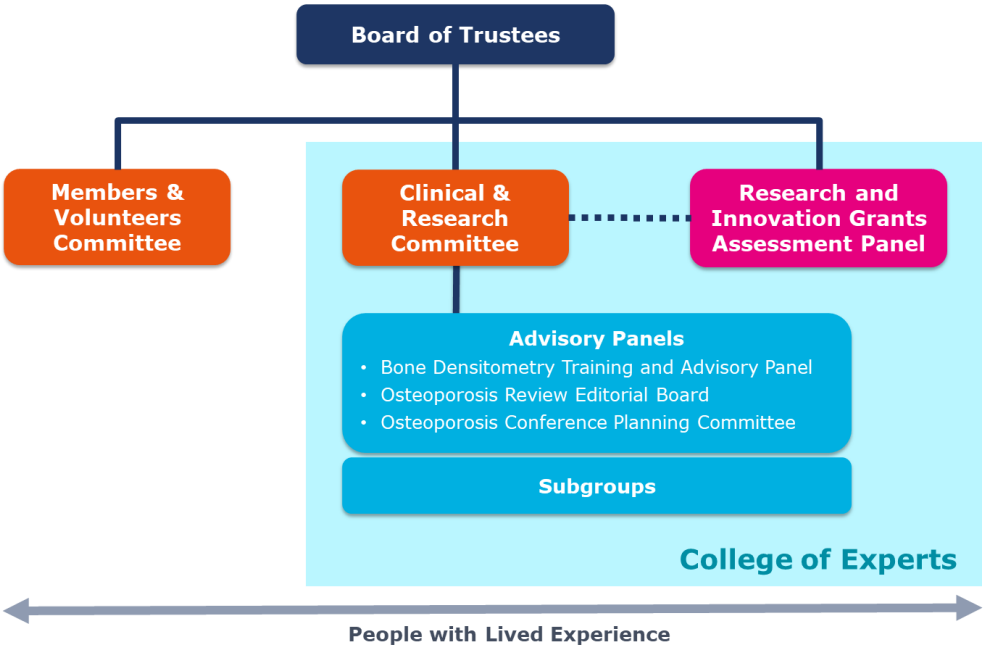

Figure 2: ROS Committee Matrix