BOA Committee Structure

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| **Committee Name** | **Orthopaedic Committee** |
| **Type** | Standing Committee |
| **Purpose** | Support the delivery of the BOA strategy by developing and delivering policy and guidance with a particular focus on elective care and cross specialty issues; BOA standards for elective care; advocacy; data collection and analysis and quality improvement initiatives and engaging with stakeholders to raise the standards of elective care. |
| **Scope** | Influencing & engagement * Consultations/ engagement/ influencing
* Providing the BOA voice on matters of professional practice, elective care & patient safety
* e.g. Waiting times, CCG (Clinical Commissioning Group) policies for access, Care pathways, Ring fenced beds
* Drafting consultation responses in collaboration with BOA secretariat

Drive quality improvement through BOA Elective Care ReviewsCreating, reviewing and updating Standards:* For trainee, consultant and SAS professional practice e.g. Orthopaedic Advisory resources
* Patient care e.g. Elective BOA Standards (BOASTs) (developed by Spec Socs with input and sign off here)
* Collaborative work on elective topics with other specialties or subspecialties

Engagement with parties including:Specialist Societies, musculoskeletal charities, GIRFT, NHSEngland/Improvement and other professional groups. |
| **Authority** | * The Orthopaedic committee will devise and deliver activities and projects in support of the approved strategy.
* Council (trustee only) is responsible for the overarching governance and financial approval of the work of all committees.
* All new initiatives or significant changes to ongoing projects should be developed within the committee and proposed/recommended to Council for approval.
* All publications/position statements/standards documents should be presented to Council for approval before publication.
* Where necessary the Executive group, on delegated authority from the Council, can provide financial approval for projects or activities.
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| **Chair and Vice-Chair** | The Chair will be a Trustee Member of Council* Tenure of the appointment is usually three years
* Vice-chair to be appointed through open recruitment. Previous and existing members of the Committee are encouraged to apply. Tenure is for three years.
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| **Membership** | Maximum 10 members in addition to the Chair and Vice-Chair* Two members of elected Council
* One SAS member (appointed through open application)
* BOA Medico-legal lead
* One Trustee member with a private practice remit (who will also be the FIPO and PHIN lead for BOA Council)
* The three remaining members are appointed through an open application process. Appointees may be selected to lead on certain subject areas including BOASTs and consultations.
* One BOTA Rep
* One BODS member nominated by the BODS Chair

**Invited members**In addition to the full committee members, the following are external postholders who can be invited to committee or involved in committee business whenever appropriate. They do not constitute full members of the committee:* National Clinical Director for MSK
* GIRFT Orthopaedics Lead
* GIRFT Paediatric Orthopaedics Lead
* Versus Arthritis Patient Representative

Appointed members* The tenure of the appointment is three years, with appointments staggered in the interests of continuity, always commencing in January.
* Elected Trustees of BOA Council should not apply for committee vacancies that are advertised, as there is a separate mechanism for Elected Trustees to become members of the committees
* An open application process will be held:
	+ Using a brief person specification
	+ With an advertisement placed in JTO and newsmail
* Short listing and interviews (if necessary) conducted by a member of BOA Executive, the Orthopaedic Committee Chair and Vice-Chair.
* Appointments to the committee will be ratified by elected Council.

Any appointed committee member may stand for re-appointment when their term ends without the requirement for a fallow year. If a committee member chooses to reapply, the same recruitment process will apply, with no guarantee they will be appointed. There is a maximum of two terms for any appointed committee member. Appointed committee members should be currently clinically active at the time of application.There may be circumstances where a demitting member is responsible for a major piece of work that is not completed at the time they would demit. Such circumstances are likely to be rare as succession planning should allow transfers of responsibilities. However, if a Chair wishes to extend the term of a demitting member, they would need to seek agreement from the Elected Trustees prior to the end of that member’s term. The extension should be for no longer than one year and only one person on the committee may be on an extended term at any time.Persistent lack of attendance and/or contribution will lead to resign their membership of the Committee and any additional roles and replacement.The Chair of the Expert Working Group for Chapter H will be asked to attend as required.In attendance (BOA staff)* Head of Education and Programmes
* Head of Policy and Public Affairs
* Chief Operating officer (as required)
* Member of the policy team for meeting administration and other staff for relevant discussion items
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| **Meeting arrangements** | * Three meetings per annum, with teleconferencing used as required
* Meetings will usually last for a maximum of three hours held in the morning or afternoon, with work on BOASTs taking place in a separate sub-group
* Committee meetings will often take place virtually (e.g. using Zoom), although at least one meeting will take place in person. There is an option to join virtually for those that need to, even for the meetings that are held in person. We do encourage committee members to attend an in-person meeting at least once per year, and these are usually held in London at the RCSEngland building
* Quorum – 50% of the membership
* Non-quorate meetings can still proceed but no strategic decisions can be made
* The committee will be supported by a member of the BOA staff who will draft agendas and minutes for review by the chair.
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| **Reporting** | * The committee will report to Council via the Chair.
* A formal report on activities will be provided to Council at each meeting.
* New initiatives and requests for projects requiring additionally funding should be formally submitted to Council for approval.
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| **Resources and budget** | * A member of the BOA Office will be in attendance at meetings of the committee to advise on any resource issues;
* The budget will be set annually and informed by agreed strategic priorities.
* All projects approved by Council and within budget will be managed by the committee.
* Requests for projects requiring additional funding should be formally submitted to Council for approval.
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| **Review** | Terms of reference should be reviewed and updated annually |