**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** | Professional practice issues including:   * Elective Care Reviews * GIRFT (Getting it Right First Time) Elective * CORESS (Confidential Reporting System in Surgery)/Patient safety issues/Never events * Cross-cutting policy/ issues, e.g. Waiting times, CCG (Clinical Commissioning Group) policies for access, Care pathways, First contact practitioners, Musculoskeletal (MSK) triage, Ring fenced beds   Profession-wide issues including:   * Just culture, ‘Cut it out’/bullying/undermining * Workforce * Global orthopaedics/WOC (World Orthopaedic Concern) * Two-surgeon operating * Theatre discipline, * SAS surgeons * Use of AI * Research liaison regarding orthopaedic research/trials (with ResComm)   Medico-legal issues (in conjunction with the medico-legal committee):   * Montgomery, Whiplash, revalidation for medico-legal experts, recent court cases of legal significance, consent. * Industry and Medical Devices * Regulation/registration * ODEP, Beyond Compliance * Implant safety alerts and concerns   Standards:   * Orthopaedic Advisory book (previously called Consultant Advisory Book) * Elective BOA Standards (BOASTs) (developed by Spec Socs with input and sign off here) * Collaborative work on elective topics with other specialties or subspecialties * Clinical practice issues e.g. VTE (venous thromboembolism) prophylaxis, Hyponatraemia   Registries, data and quality:   * National Joint Registry and T&O Registries Unifying Structure (TORUS)/Registries * Quality Improvement studies e.g. QIST (led by Northumbria) * Private Healthcare Information Network (PHIN) * Federation of Independent Practitioner Organisations (FIPO)/private patients/insurer issues * Consultations/engagement/influencing * Tariff, Best Practice Tariff, coding   Engagement with parties including:   * Specialist Societies * Versus Arthritis * Arthritis Action * Arthritis and Musculoskeletal Alliance * GIRFT * NHSEngland/Improvement * Professional groups: Chartered Society of Physiotherapists, Society for Orthopaedic and Trauma Nurses (SOTN), British Orthopaedic Directors Society (BODS) |
| **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. |
| **Chair and Vice-Chair** | The Chair will be a member of the Executive Group   * An elected Officer of the Association, normally the Vice President Elect, and is selected by the President in consultation with the Executive Group. * Tenure of the appointment is usually two years (prior to assuming the Presidency). * Vice-chair to be appointed from the previous Professional Practice Committee in the first instance, and then to be appointed through open recruitment for future terms. Previous and existing members of the Committee are encouraged to apply, and are not required to take one fallow year if moving from an existing Committee role into this position. |
| **Membership** | Maximum 10 members in addition to the Chair and Vice-Chair   * Two members of elected Council * One BOTA Rep * One SAS member (appointed through open application) * BOA Medico-legal lead * One BODS member nominated by the BODS Chair * One appointed member with a private practice remit * 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.   **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   Appointed members   * The tenure of the appointment is three years, with appointments staggered in the interests of continuity, always commencing in January. * 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 can stand for re-appointment after one ‘fallow’ year.  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.  The new committee structure comes into effect in January 2020 and some members of the previous ‘Professional Practice committee’ will be transferred into the new committee in the ‘appointed’ roles (to ensure continuity and allow staggered end-dates as these individuals will have earlier end-dates than those who are newly appointed to the committee).  Persistent lack of attendance and/or contribution would lead to resignation and replacement.  The Chair of the Expert Working Group for Chapter H will be asked to attend as required.  In attendance   * Director of Policy and Programmes * Chief Operating officer (as required) * Member of the policy team for meeting administration and other staff for relevant discussion items |
| **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 * 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. |
| **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. |
| **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. |
| **Review** | Terms of reference should be reviewed and updated annually |