



BSPED Special Interest Groups (SIGs) – Terms of Reference

1. Purpose of BSPED SIGs

- To bring together professionals involved in a particular area of paediatric endocrinology or diabetes to collaboratively achieve at least one of the following:
 - maintain and advance clinical standards of care in the specific field (through recommendations, guidelines, standards of care, audit, service evaluation etc.)
 - advance research in the specific field
 - improve the quality of training and knowledge sharing for professionals in the specific field

2. Establishment of a BSPED SIG

- A proposal for a new SIG may be made by any BSPED member, with written support from at least one other BSPED member. The proposer(s) must make a clear case for its establishment detailing: the need (and lack of existing body to meet this need), mission of the group, expected output of the group and expected longevity of the group.
- The proposal must be accompanied by at least one expression of interest for a potential coordinator of the group.
- The decision to establish a new SIG will be made by the Executive Committee and Chair of the Clinical Committee and announced to the membership via the newsletter and AGM.
- The BSPED will support a maximum of eight working groups at any one time.

3. Governance of SIGs

- Each SIG should have a coordinator, who should be a BSPED member in good standing.
- SIG coordinators should hold office for a period of three years (or the life of the SIG if shorter) and the leadership should be reviewed at that point, with the opportunity for a new coordinator to take office. The current coordinator may extend annually if no other coordinator is forthcoming. A coordinator may appoint a deputy.
- Vacancies for SIG coordinators should be identified by the current coordinator and advertised to the BSPED membership via the newsletter and website. Expressions of Interest should be received to the BSPED Office, with the members of the Executive Committee and Chair of the Clinical Committee making the final decision.
- There is no set term of office for members of SIGs. Those wishing to join a SIG should send an expression of interest to the SIG coordinator for approval and inclusion within the group.
- SIGs are managed by the group's coordinator and not the BSPED Office.
- The BSPED will support a maximum of eight working groups at any one time.

4. BSPED support and benefits for SIGs

- BSPED endorsement of the SIG and use of the BSPED logo.
- A meeting room to hold a meeting at the BSPED annual conference, as long as space at the conference venue and society finances allow (up to 25 people and scheduled in association with the POC). The meeting room may not be available every year. SIG members attending



the meeting may only attend the BSPED annual conference programme if registered as a delegate.

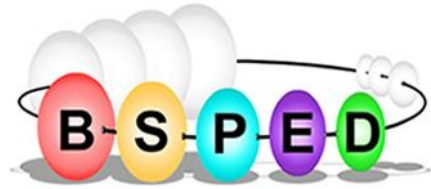
- Promotion of the SIG on the BSPED website.
- The opportunity to promote SIG research and initiatives via the BSPED newsletter.
- The opportunity to apply for BSPED funding during the annual funding round to support a SIG project (subject to availability of funds).

5. Maintenance of a BSPED SIG - requirements

- Each SIG is expected to:
 - Submit a report to the Executive Committee and Clinical Committee ahead of each BSPED annual meeting, detailing:
 - Group membership
 - Meetings held
 - Key achievements (recommendations, guidelines, publications, events, projects etc.) that demonstrate the group is meeting its mission
 - Areas of focus/priority for the coming year(A summary of SIG activity will be presented by the Clinical Committee Chair at the AGM)
 - Reference the BSPED in any publications or output that result from the work of the SIG, having sent the draft of any potential publication to the BSPED Clinical and Executive Committees for approval prior to publication
 - Forward any clinical guidelines generated by the SIG to the BSPED Clinical Guidelines Officer for review and approval by the BSPED Clinical Committee (following the process laid out in the [Clinical Guidelines Endorsement document on the BSPED website](#))
 - Notify the BSPED Audit Officer of any proposed audit by the SIG and forward audit output to the Clinical Committee for review
 - Be a source of information and expertise on its agreed subject matter that can be drawn on for: media enquiries, the scientific programme of the annual meeting, Clinical Committee work, etc

6. Discontinuation of a BSPED SIG

- The Executive Committee will make the ultimate decision regarding the discontinuation of a BSPED SIG. A SIG should be discontinued if any of the following situations occur:
 - a. No members come forward to take on the coordinator role
 - b. The purpose and theme of the SIG is no longer relevant or the mission has been achieved
 - c. No activity in support of the SIG's mission has been demonstrated for one year
 - d. The annual report is not submitted in a timely manner on request
 - e. The SIG has been functioning for four years and there is greater need for an alternative BSPED SIG. SIGs will be asked to re-apply to retain SIG status after four years
 - f. By mutual consent
- A SIG should be given a minimum of six months' notice before discontinuation.



- The SIG could still continue to function, but would not do so as a BSPED-supported group, with the above benefits and requirements.