BCS, The Chartered Institute for IT

BCS Faculty of Health & Care Board

(formerly known as BCS Health & Care Executive)

Terms of Reference

Responsible Body	Community Board
Version	7.0
Prepared by	Philip Scott, Chair, BCS Health & Care Executive
Date Approved	23 July 2024
Date Issued	23 July 2024
Date of Last Review	23 July 2024

Summary Of Revisions Made	Version	Date
First version by Matthew Swindells and Chris Mayes	1.0	May 2010
1.1.1 Reference to 'Society' amended to 'Institute'.	2.0	31 October 2012
Added VC Publications and Communications.	3.1	17 November 2015
5.4 Chair appointment process updated to reflect appointment by interview.	3.2	17 November 2015
Update to align to Community Board hierarchy of governance.	4.1	4 October 2019
Update to name to reflect coverage of the care profession.	4.1	4 October 2019
Health and CareExecutive version 4.1approved by CommunityBoard on 11October2019in supporting paper 'CB/2019/051App2. Health and CareExecutive ToR v4.1041019'.	5.0	11 October 2019
Corrected 1.1; decreased indent levels on sections 1-3 and 5; removed footnote on 2.1; added citizen interests to 2.2; added FEDIP to 2.3; added new 3.1; added "membership" to 3.5; changed "oversight" to "collaboration" in 3.4; changed "oversee" to "coordinate" and "vice-chairs" to "portfolio leads" in 3.6; added industry and academia (previously separate clauses) and changed "propagate" to "promote" and "progressive" to "professional" in 3.7; changed section 4 to use wording from Early Career Executive terms of reference (ECE ToR); added preamble to section 5 from ECE ToR; changed Vice Chairs to leads, removed Vice Chair (Clinical), replaced Vice Chair (Professionalism) with FEDIP liaison lead, added Early Careers lead and Healthcare Data Science lead in 5.1; added 5.4, 5.5 and 5.12; removed previous sections 5.3 and 5.7; modified 5.9, 5.10, 6 and 7 based on ECE ToR.

Approved by Community Board via an electronic meeting, 10-21 December 2021 (CB/2021/113). See Community Board minutes CB/2021/128 | 6.0 | 30 November 2021 |
Changed name from BCS Health & Care Executive to BCS Faculty of Health & Care, throughout document. Added definition of Faculty Board to section 1 and differentiated Faculty from Faculty Board in section 2. 3.1 and 3.4 amended wording on policy development. 5.2 added Past Chair / Chair Elect, deleted Healthcare Data Science Lead, split Events from Publications and Communications Lead. Added requirement that all voting members of Faculty Board are professional members. 5.3 Deleted Chair holding other roles. Added 5.4 explaining terms of Chair, Chair Elect and Past Chair. Deleted previous 5.5. Re-worded 5.11 and 5.12 about suspension of Faculty Board or Faculty membership. Corrected typo in section 6 heading.	6.1	3 July 2024
Minor amendments following comments from Health & Care Executive: 2.5 added revalidation, 2.12 and 3.7 added clinical professional bodies.	6.2	15 July 2024
Approved by Community Board, 23 July 2024 (CB/2024/059). See Community Board minutes CB/2021/063	7.0	23 July 2024

Confidential to BCS members

TERMS OF REFERENCE

1. Status

The BCS Faculty of Health & Care comprises the totality of BCS membership affiliated with any of the Institute's specialist groups in health and care (listed in 5.1). The Faculty is led by a Faculty Board, which reports to the Institute's Community Board.

2. Purpose

The purpose of the BCS Faculty of Health & Care is to provide a single community for all those working in digital health and care, supported by communities of practice for specified disciplines. The concept of a BCS Faculty is to offer a semi-autonomous structure for a strategic community, while still respecting proper governance within the wider BCS.

As a professional community under the leadership of the Faculty Board, the BCS Faculty of Health & Care will:

2.1   Develop policy, in collaboration with FEDIP and BCS Policy team.
2.2   Advocate professionalism.
2.3   Provide strategic advice to governments, health and care providers and related agencies, industry, researchers and individual professionals.
2.4   Develop and share market insights.
2.5   Develop resources for the professional development of multi-disciplinary digital teams, including revalidation where required by relevant regulatory bodies.
2.6   Build communities of practice to develop and share good practice for health and care informatics.
2.7   Develop research proposals and priorities within the sector.
2.8   Provide leadership for the profession.

The principal aims of the Faculty Board are to:

2.9   Ensure that the Faculty's activities support the Institute's purpose and strategic objectives.
2.10   Support the work of BCS in areas that influence the use of information and technology by health and care professionals and citizens in their interaction with health, care and wellbeing services.
2.11   Increase the standing and influence of informaticians within health and care in the UK, in collaboration with the Federation for Informatics Professionals (FEDIP).
2.12   Represent the informatics profession in working with government, industry, clinical professional bodies and others to improve the use of informatics in health and care.
2.13   Support the Institute's growth and retention strategies within the health and care sector for individual and organisational membership.
2.14   Advise the Institute on how best to support and engage with the health and care informatics community.
2.15   Contribute to informing the public on how health and care informatics impacts the health and wellbeing of citizens, communities and civil society.

3. Key Responsibilities

In support of its purpose, the Faculty Board will:

3.1   Ensure that the Faculty Board delivers its annual operational plans.
3.2   Manage the operations and finance of the Faculty Board.
3.3   Identify how BCS can support individuals working in health and care informatics.
3.4   Coordinate membership contributions and collaborate with BCS policy team to develop and communicate BCS Health & Care Policy.
3.5   Work to increase the membership and influence of BCS Faculty of Health & Care.
3.6   Coordinate and support the work of the portfolio leads, as listed in 5.1 and 5.7, and specialist groups according to the terms of reference of the individual committees.
3.7   Build a relationship with government, industry, academia, clinical professional bodies and other influential groups in health and care to promote a professional approach to the use of informatics

3.8 Provide representatives for international organisations where the BCS is the UK representative organisation and the primary topic of interest is health and care informatics. Currently, these organisations are the European Federation of Medical Informatics (EFMI) and the International Medical Informatics Association (IMIA).

4. Strategic Planning and Management

4.1 The Faculty Board will produce an annual operational plan, supporting the Community Board's aims, which will be reported to Community Board. It will review achievements against this plan at the end of each annual cycle.

4.2 The Faculty Board will carry out an annual self-assessment of its performance and record any concerns. A summary of actions points will be reported to the Community Board.

5. Constitution and Membership

Members will be selected on the basis of their knowledge and expertise in the relevant area, to include broad representation from all stakeholder groups.

Members, in exercising their appointment, must put the interests of the Institute and the achievement of its objects above those of any constituent groups or areas of the Institute.

Members must make decisions entirely on merit. Members must publicly support Faculty Board decisions, once taken, even if they do not privately agree with them.

5.1 Voting membership of the Faculty Board shall comprise:
- Chair
- Past Chair or Chair Elect (explained in 5.4)
- Treasurer
- Technical Standards Lead
- Strategy & Policy Lead
- Events Lead
- Publications and Communications Lead
- FEDIP Liaison Lead
- Social Care Lead
- UK Representative to EFMI & IMIA
- Equality & Diversity Lead
- Early Career Professionals Lead.

5.2 Voting members of the Faculty Board serve a three-year term of office, with a maximum of two consecutive terms. All voting members shall be professional members of the Institute.

5.3 The Chair and Chair Elect will be appointed through an interview panel process, overseen and ratified by Community Board. The role will be advertised on the Institute's web site

5.4 The Faculty Board shall have concurrently a Chair and either a Past Chair or a Chair Elect. The Past Chair will serve for one year after completing their term as Chair. The Chair may serve for one or two three year terms. When the Past Chair is approaching completion of their one year term, a Chair Elect will be appointed to serve until the Chair finishes their term. The purpose of this arrangement is to ensure suitable handover and continuity of leadership.

5.5 The FEDIP Liaison Lead shall be appointed in collaboration with FEDIP. The appointment will be made by the Chair and ratified by Community Board based on a joint recommendation from the Faculty Board and FEDIP, following an advertisement for the role on the Institute's web site and a suitable selection process.

5.6 All other voting members of the Faculty Board will be appointed by the Chair and ratified by Community Board, following an advertisement for the role on the Institute's web site and a suitable selection process.

5.7 The non-voting members of the Faculty Board are the chairs of the following specialist groups:
- Primary Health Care
- Mental Health
- Nursing

Confidential to BCS members

- Clinical Safety
- Computable Knowledge
- Digital Medicines
- Health & Care Scotland.

5.8 Additional specialist group chairs shall be added as new groups are formed, or deleted if a group lapses.

5.9 The quorum shall be one quarter of the voting membership of the Faculty Board, rounded up to the nearest whole number.

5.10 The Faculty Board may co-opt other, non-voting, members as they see fit.

5.11 All Faculty Board members must commit reasonable time and effort to the work of the BCS Faculty of Health & Care and make best endeavours to attend meetings. If a Faculty Board member fails to attend three consecutive meetings, the Faculty Board may terminate that person's membership. If the non-attendee is a specialist group chair, the Faculty Board will notify the other officers of the relevant specialist group.

5.12 On the recommendation of the Chair of the Faculty Board, the Community Board may cancel or suspend a member of the Faculty where the member's actions have, in the opinion of the Faculty Board and of the Community Board, been detrimental to the work of the Faculty.

5.13 In the event of a tied vote, the Chair shall have an additional casting vote.

5.14 In the absence of the Chair, a meeting of the Faculty Board shall be chaired by the Past Chair or Chair Elect. In the absence of either of these, the Faculty Board shall select a chair for the meeting by consensus or simple majority vote.

6. Committees reporting to the Faculty Board

The Faculty Board may create standing committees or work groups for discrete purposes provided such committees are predominately comprised of BCS members.

7. Approval and review

These Terms of Reference shall be approved by the Community Board. The Faculty Board will review them on an annual basis.