



The Association of Coloproctology of Great Britain and Ireland

Clinical Governance Board (Committee) of ACPGBI

Terms of Reference

Background

Increasingly frequently over recent years officers of ACPGBI have been approached by a variety of external people (Royal College officers, Trust officials, university personnel, etc.) and asked to nominate senior consultants “in good standing with the Association” to act as advisors or assistants in governance, investigatory or disciplinary processes in the workplace involving clinicians involved in colorectal practice.

Such nominations may be made in an *ad hoc* and piecemeal fashion which can be unsatisfactory for all parties, particularly if the ultimate conclusions of the judgmental process prove to be controversial.

This Clinical Governance Board is an active body within the ACPGBI and is becoming increasingly involved with governance matters to do with the Consultant Outcome Publication as well as other matters of investigation. It also acts in a mentoring capacity for surgeons in difficulty. It works with the Invited Review Mechanism of the RCS England and is available to work with the Review Mechanisms of other Colleges.

The Board is appointed and functions in an open and transparent manner within the bounds of confidentiality towards the parties concerned.

The Board

1. The composition of the Board shall be never less than three nor greater than five Consultant members of ACPGBI. All must hold a GMC License to Practise.
2. It is permissible for the Board to contain two ACPGBI members who have retired from active clinical practice but for less than 3 years.
3. Places and vacancies on the Board shall be advertised openly among the membership of ACPGBI.
4. The ACPGBI Council shall elect the members of the Board
5. The Chairman of the Board would be appointed for 3 years, renewable by election for a maximum term of 6 years.
6. Board membership shall be for 3 years, with an option to stand for re-election for a further 3 years
7. The Chairman of the Board should prepare a short Annual Report on the activities of its members, which should be presented to the Executive. A balance needs to be struck between maintaining confidentiality (especially where the disciplinary outcome is exoneration) and transparency.
8. The Board will be answerable to Executive and Council but will normally report through the Multidisciplinary Clinical Committee via its Chairman.
9. The Chairman of the Board will sit on the Multidisciplinary Clinical Committee.

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www.acpgbi.org.uk

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