



Royal College of Anaesthetists

Clinical Quality & Research Board Terms of Reference

Version	2.0
Owner	Sharon Drake
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Council approval	July 2024
Review due	May 2025

Purpose

The Clinical Quality & Research Board (The Board) serves to allow Council to fulfil the College's charitable objects and strategic commitments as set out in its [Charter & Ordinances](#) and [Strategic Plan](#).

The Board provides operational and strategic management and oversight of the Clinical Quality and Research functions of the College. The Board scrutinises and monitors the operational work of the committees and working groups within the Clinical Quality and Research Directorate and reports to Council on issues of strategic importance in these areas for the benefit of anaesthesia and the wider healthcare environment that our members and fellows practice in.

The Board will be responsible for the management and effective delivery of Clinical Quality, Standards, Accreditation, Safety, Research, Patient and Public Involvement, Policy and Public Affairs, and Fundraising. It will provide support and oversight of the sub-groups listed below.

The Board scrutinises and approves the Directorate's operational plans and oversees the development of the Directorate budget. The Board oversees progress against the approved operational plan and the agreed budget. The Board is informed in its deliberations by receiving regular reports from relevant Committees and senior Directorate staff regarding operational and emerging issues.

The Board operates within the College's regulations, Scheme of Delegation and financial regulations. Working with the Director responsible and within the scheme of delegation, the Board has delegated authority to authorise, pause or terminate expenditure up to a limit of £50,000. The Board will monitor and mitigate financial and reputational risk to the College within its areas of responsibility.

Accountability to Council

The Board is accountable to and reports to Council. The terms of reference for the Board, and any subsequent amendments, will be reviewed and approved by Council.

Groups reporting to the Board

The Board can create groups that are accountable to and report to it subject to the approval of both the Board and Council. The establishment of committees can only be done with the approval of Council. They should have Terms of Reference that are compatible with the College's generic Terms of Reference for Committees, and that are reviewed annually. All groups reporting to a Board should provide regular reports to Board meetings. Groups should be one of three types:

- Standing Committee – a permanent group created to conduct or supervise work in an established and enduring area of College activity that forms a formal part of published College strategy. The activities of Standing Committees will be subject to annual financial review and formal performance review every three years.
- Working Group – a temporary group created to conduct or supervise work in an area of College activity that is supported by The Board and Council/Board of Trustees. The activities of Working Groups will be subject to financial and performance review every year, or at scheduled target completion date if less than one year.
- Task-and-Finish Group – a temporary group created to conduct or supervise work in a specified area of College activity that has a finite remit and a target completion date. The creation of the Group should be supported by The Board with Council/Board of Trustees being informed of its creation. The work of Task-and-Finish Groups will be subject to financial and performance review at its scheduled target completion date.

Other groups can only be created with the express approval of Council, to include approval of its Terms of Reference and finances.

Current Board sub-groups are:

- Anaesthesia Clinical Services Accreditation (ACSA) Committee
- RCoA Centre for Research & Improvement
- Clinical Leaders in Anaesthesia (CLAN) Executive
- Ethics Committee
- Guideline for the Provision of Anaesthesia Services (GPAS) Editorial Board
- PatientsVoices@RCoA
- Safe Anaesthesia Liaison Group (SALG)
- Standards Committee

These may change subject to the recommendation of The Board and approval by Council.

Membership and Decision-Making

The Board shall comprise:

- Members
 - A Chair and Vice Chair who are Royal College of Anaesthetists (RCoA) Council Members selected by open recruitment and approved by Council
 - RCoA Vice-President
 - RCoA Council Members nominated by the President and approved by Council
 - Two Trainee representatives from RCoA Council
 - The Clinical Quality Advisor (Council Lead)
 - A Council Lead for Patient Safety (SALG Chair)
 - A Council Lead for Research
 - The Chair of PatientsVoices@RCoA
 - An SAS representative

- Co-opted members
 - ACSA Lead (RCoA Council Member)
 - Chair of the Clinical Leaders in Anaesthesia Network Executive (CLAN)
 - Director of CR&I
 - GPAS Editor
 - RCoA Patient Information Lead
 - Chair of the Research and Audit Federation of Anaesthetic Trainees (RAFT)

The CQ&R Director and other directorate managers and staff including The Board secretary attend as necessary for the conduct of Board meetings. All College Trustees and Directors have the right to attend Board meetings.

Chairs of The Board's Standing Committees, Working Groups and/or Task-and-Finish Groups may, from time to time, be invited to attend Board meetings.

Quorum

The quorum for The Board shall be three RCoA elected Council members. Decisions shall be made by consensus whenever possible. When this is not possible, the Chair may call for a vote in which only RCoA elected Council members may participate. In the event of a tied vote, the Chair will either have the casting vote or the decision will be made by Council.

Tenure and membership

The tenure of membership for the Chair, Vice-Chair and other Council members will be while they remain an elected Council member and up to three years, renewable for a second and final period of three years.

The membership of co-opted members (including external representatives) is subject to annual renewal by The Board and will be up to three years, renewable for a second and final period of three years.

All clinical members are required to be in good standing with the GMC.

Frequency of meetings

The Board will meet four times a year; additional meetings may take place under exceptional circumstances with the approval of The Board Chair and Director of CQ&R. Meetings will be held in person and virtually.

Expenses

The reasonable travel, accommodation and subsistence expenses of those invited to attend Board meetings shall be met in accordance with published College guidance. Those attending Board meetings as representatives of external organisations will not be offered expenses except with the Chair's and Director of CQ&R's prior knowledge and approval.