

Clinical Services Committee for Infection Terms of Reference 2025

1. Aims

- 1.1 To support the British Infection Association (BIA) in its aim to ensure the optimum delivery of healthcare to patients diagnosed with infection, and to represent the interests of its members.
 - 1.1.1 Specifically:
 - 1.1.1.1 To set and review standards in infection practice, working in collaboration where appropriate.
 - 1.1.1.2 To support members of the Association in the performance of their professional duties
 - 1.1.1.3 To support all aspects of communication between different branches of infection medicine and to work towards the development of an integrated voice for infection specialists.

2. Membership

- 2.1 Membership of the group should be derived from infection specialists, namely medical microbiologists, medical virologists, infectious diseases clinicians and scientists in infection. One training and workforce representative and a current member of BIA council (professional affairs) will be included in the membership. A resident doctor representative would be desirable.
- 2.2 Membership will include Co-Chairs from medical Microbiology and Virology and Infectious Diseases. One representative from a given Trust / infection department are invited to join, preferably with representation from each region within the United Kingdom. In addition, there will ideally be representative(s) from Medical Virology, a representative for Infection Prevention and Control, a representative for Paediatric infections and from the UKHSA.
- 2.3 Membership will be formally reviewed every three years, in line with the articles of the British Infection Association.
- 2.4 Co-option of members in addition to the core group members will take place when required, to allow broad discussion of specific issues.

3. Chair

- 3.1 The Co-Chairs will either be a Consultant Microbiologist, Consultant Virologist or Infectious Diseases Physician, or a joint Microbiology/Infectious Diseases Clinician. This includes consultant clinical scientists.
- 3.2 The Chair/Co-Chair will set out the agenda and Chair the Committee meetings.

4. Secretariat

- 4.1. The Secretariat to the committee will be appointed by the British Infection Association. The responsibility of the Secretariat will be to take minutes and record attendance and save all minutes and relevant documents on the BIA website. They will follow up any actions from the meeting.

5. Quorum

- 5.1. The quorum necessary for the transaction of business shall be a minimum of six members, of which one will be the Chair/Co-Chair.

6. Frequency of Meetings

- 6.1. The Committee shall meet four times during the course of the financial year via Teams. One of these meetings may be face-to-face at FIS / BIA spring meeting.

7. Notice of Meetings

- 7.1. Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with the agenda items for discussion and supporting papers, will be forwarded to each member of the committee and any other person required to attend, within seven days (five working days) before the meeting.

8. Conduct of Meetings

- 8.1. The agenda for meetings will be determined by the Chair/Co-Chair, with input from members.
- 8.2. The Terms of Reference will be formally reviewed by the Clinical Services Committee every three years and may be amended by the Committee at any time to reflect changes in circumstance which may arise.
- 8.3. A formal log of amendments to the Terms of Reference must be retained by the meeting Secretary for audit purposes.

9. Minutes of Meetings

- 9.1. The Meeting Secretary will take the minutes of the meeting, including recording the names of those present and in attendance.
- 9.2. Minutes of the meeting shall be agreed by the Chair within two weeks of the meeting occurring and shall be circulated promptly to all members of the committee thereafter. This will allow sufficient time for actions to be addressed prior to the next meeting and the formal distribution of papers.
- 9.3. The Secretary will maintain an action log of key actions and report completed and outstanding actions at each committee meeting.

10. Exclusions

- 10.1. Provision of advice to the general public on personal or individual medical conditions is outside the remit of the Committee.

11. Reporting Responsibilities

- 11.1. The Clinical Services Committee for Infection will report to the British Infection Association at Council meetings.
- 11.2. The Co-Chairs of the Clinical Services Committee for Infection will contribute to the BIA digest and an annual report on its effectiveness, attendance, work undertaken and key decisions, together with a forward plan for the forthcoming year.

12. Authority

- 12.1. The Clinical Services Committee for Infection receives no formal delegated powers – it is solely advisory.