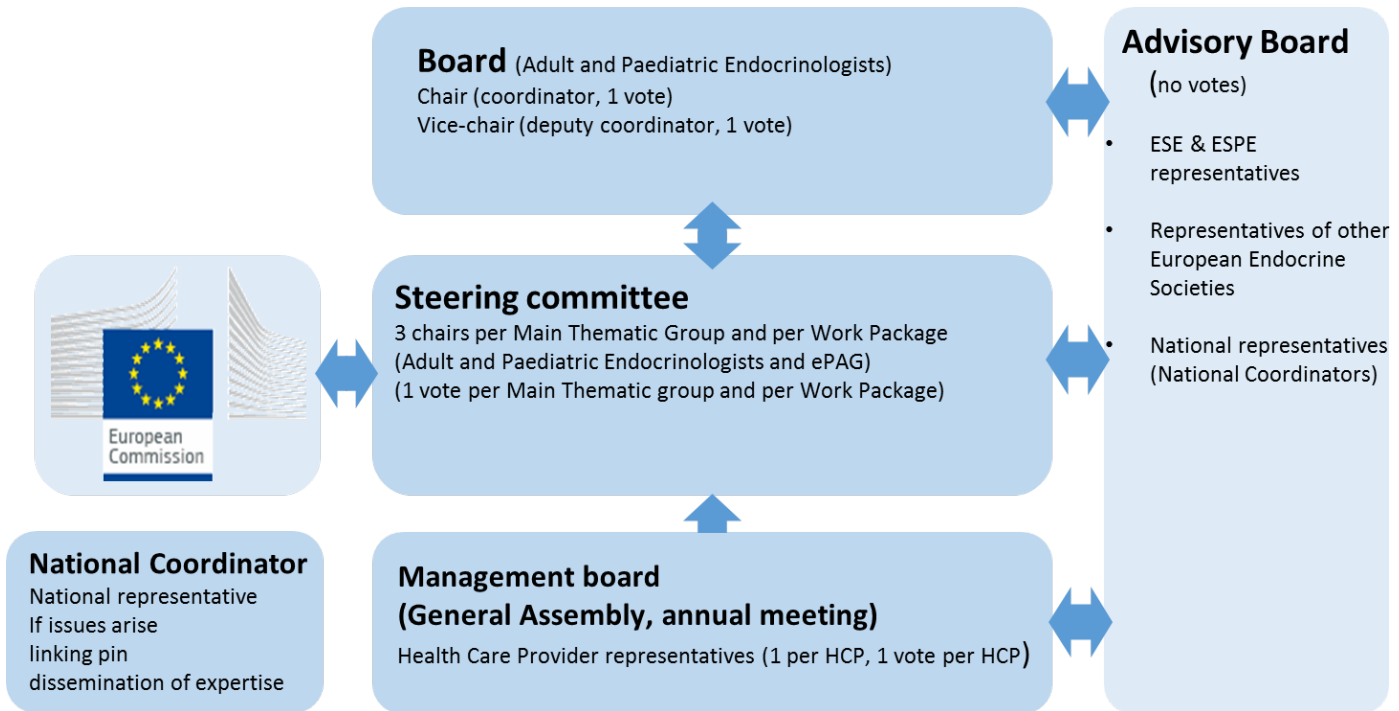


# Board Terms of Reference



Endo-ERN



## Board Terms of Reference

### The role of the board of Endo-ERN

To organize the general strategy and to decide on important steps that will warranty the long term sustainability of the ERN. The Board monitors the activity, outcomes, and initiatives of the Network and its Members in regards to their specific, predefined role. The board is also responsible to plan and manage integration of new HCP and affiliated members in the Endo-ERN in order to warrant the long-term success of the ERN and to support its objective at the pan-European level. The board of Endo-ERN will be permanently established after approval of its composition and the term of references at the first general assembly of the network, on the basis of the proposition made by its coordinator and the committees that have participated in the writing of the Endo-ERN application.

### Composition and Governance of the board

The board will be chaired by the coordinator (CDT) and the deputy-coordinator (DY-CDT) of Endo-ERN (one being an adult endocrinologist and the other being a paediatrician endocrinologist). The board will consist of the Steering committee (SC) and the Management board (MB). The SC includes the chairs of each of the 8 main thematic groups and each of the 9 Work Packages as defined in the governance structure of Endo-ERN. It is preferred that SC members chairing main thematic groups represent an HCP (not for ePAGs). The AB includes one representative of the European Society of Endocrinology (ESE) and one representative of the European Society of Paediatric Endocrinology (ESPE), as well as national representatives (national coordinators). The AB is also open for ePAGs that are not part of the SC, as well as for one representative of other European (Paediatric) Endocrine Societies. These societies can apply for AB membership through notification to the daily board and

# Board Terms of Reference



Steering Committee that will decide, anticipating to definitive approval by the MB during the General Assembly. The MB will consist of one representative of each HCP. The SC members, the CDT and DY-CDT will be elected by the MB. For the initiation process of Endo-ERN, these members have been elected upon nomination by ESE and ESPE from the Advisory Board. The AB members will be elected or designated whenever appropriated by their respective societies, board of member states, or patients associations (number to be defined at the first General assembly (GA), HCP and affiliated members from each countries (one representative per country), and the boards of ESE and ESPE. Mandates will be for a 5 years period that could be renewed once, but a process will be defined initially to assure a progressive renewal of the initial members. The possibility to include in the AB representatives of others institutions or organisations **can be** discussed on an individual basis as the need arises.

The activity of the SC, AB and MB will be reported in the minutes of their meetings. The CDT and the DY-CDT will have to include a summary of the main points of the ENDO-ERN board activity on the basis of these reports in the ENDO-ERN annual report. This annual report will also include the review of the work of the SC, AB and MB. This will be also used to review the terms of reference and to prepare potential amendment of the governance of the ENDO-ERN and its board to be discussed at the annual GA. All board members will also have the possibility to suggest these amendments.

The SC, chaired by the CDT and/or DY-CDT, governs Endo-ERN on a daily basis and will meet every trimester with the possibility of having alternatively a face to face meeting and a teleconference on a web based system. The SC initiates and monitors all ERN related activities and objectives as described in the network application and in the multiannual working plan. The Steering committee has 1 vote per Main Thematic Group and 1 vote per Work Package, which ensures a balanced continuum of representation of the core of Endo-ERN, in case a SC member is not able to attend a meeting. The AB will meet every semester with the possibility of having alternatively a face to face meeting and a teleconference on a web based system. The coordinator and/or deputy coordinator will prepare the agenda of each meeting after discussion with each members of the AB and SC and they will attend each meeting of the AB and SC. The possibility to have joint meeting of the AB and SC at least once a year will be discussed. There is the possibility for both the ERN coordinator and the deputy coordinator to invite additional members to the meeting of each structure of the board on the basis of the agenda.

The MB will meet once a year at the general assembly (GA). ENDO-ERN CDT, ENDO-ERN DY-CDT, SC, MB members will have equivalent voting rights at the GA. In case the ENDO-ERN CDT or the ENDO-ERN DY-CDT are also HCP representative, they will have one single vote for these two roles. Furthermore the possibility exists for the CDT and DY-CDT to invite for the annual GA, apart from AB, SC and MB members, patients associations representatives, affiliated members, additional HCP representatives for large HCP (to be discussed after analysis of the HCP approved by the commission), research laboratory representatives, and other type of organisations that participate in the ENDO-ERN activities.

The SC, AB and MB will have a dedicated space on the ENDO-ERN web site to exchange ideas, documents and monitor the planning and the progress of their activity. Documents for each meeting will be posted on the web site and a list of them circulated with the agenda by e-mails. This dedicated space on the ENDO-ERN web site will be confidential and access will be restricted to each group members pending on their status and the type of documents. The secretariat assistance for each board structure will be provided by the ERN coordinator and

# Board Terms of Reference



deputy coordinator staff. The board will be responsible to verify that information about ENDO-ERN is appropriately communicated through its web site. The latter will have to include details on the diseases covered by ENDO-ERN, contact information about the HCP, affiliated members, patient associations and any other organizations that are partners of ENDO-ERN. The board will have the responsibility to define and/or approve rules and formal agreements for data-sharing within ENDO-ERN and the use of databases that will be developed or used by ENDO-ERN.

## **Voting rules**

Each body's decisions shall be taken by simple majority of the votes cast. Each body shall not deliberate and decide validly unless two-thirds (2/3) of its members are present or represented (quorum). If the quorum is not reached, the chairperson of the body shall convene another meeting within 30 calendar days. If in this meeting the quorum is not reached once more, the chairperson shall convene an extraordinary meeting which shall be entitled to decide even if less than the quorum of members are present or represented.

## **Definition of terms**

AB: Advisory board

CDT: Coordinator of ENDO-ERN

DY-CDT: deputy-coordinator of ENDO-ERN

GA: General Assembly

HCP: Healthcare Provider

MB: Management board

SC: Steering committee