

Terms of Reference

Clinical Leadership and Engagement Committee

1. Purpose

The Clinical Leadership and Engagement Committee (CLEC) serves as an advisory body that provides insights, perspectives, and recommendations on behalf of the IPS membership to the Board of Trustees and CEO. The group's primary focus is to ensure that the voices of members, including their professional (including clinical, research and educational) expertise in infection prevention and control, inform the strategic direction, delivery, and priorities of the society. The CLEC plays a critical role in ensuring that the strategic decisions made by IPS are informed by the knowledge and leadership of members working across diverse sectors in infection prevention.

2. Accountability

The CLEC is accountable to the Board of Trustees for ensuring that the voices, professional expertise, and perspectives of members in infection prevention and control, are effectively communicated and considered in IPS's strategic direction. The CLEC's expert knowledge in IPC is crucial in shaping the society's goals and priorities.

3. Key Functions

Member Representation:

- Act as a channel for members to voice their opinions, concerns, and suggestions, ensuring that the professional expertise of members in infection prevention and control is represented and valued in decision-making processes. Ensure that the perspectives of different membership categories and professional backgrounds are represented, alongside the diverse membership of the IPS.

Clinical Leadership and Advisory Role:

- Provide expert advice, recommendations, and co-creation on key strategic initiatives, policies, and programmes developed by the IPS, drawing on members' professional expertise and leadership in infection prevention and control to inform high-quality, evidence-based recommendations. Respond to clinical queries, and inform clinical communications and policy positions.
- Review and provide feedback on both the delivery and any proposed changes to the IPS strategy, ensuring alignment with member interests and needs.

Engagement and Communication:

- Facilitate communication between the IPS membership and the leadership, ensuring transparency and fostering a sense of inclusivity.
- Assist in developing and delivering strategies to increase member engagement and participation in IPS activities.
Engage with other Societies and stakeholders to promote and engage on the IPS's mission, vision, and strategic delivery, ensuring that the society's expertise in infection prevention and control is communicated effectively to external partners and the broader community.

Feedback on services:

- Provide expert insights on how IPS services, events, resources, and communications are perceived by members, offering constructive feedback that takes into account the professional needs and expectations of those working in infection prevention and control. Advise and co-create on the development and enhancement of member benefits, including educational resources, networking opportunities, and other support services and support in their delivery

Support for strategic growth:

- Support the delivery of the current IPS strategy, providing expert feedback to the CEO and Board of Trustees to ensure it aligns with the evolving needs of the membership and strengthens the leadership of the society in infection prevention and control across diverse healthcare settings.
- Provide input on membership growth strategies, including recruitment, retention, and engagement initiatives.
- Contribute to the development of IPS's outreach efforts to underrepresented groups within the infection prevention community.

4. Membership

- The CLEC will consist of:
 - IPS President (Chair)
 - IPS Vice-President
 - IPS Treasurer
 - Country Leads
 - Branch Leads
 - SIG Leads
 - Business/Committee Leads
 - Early-career representatives

In Attendance:

IPS staff team as required

5. Chair of the Group

The CLEC will be chaired by the elected President of IPS, with support from an IPS staff liaison, typically the CEO or a designated staff member. The IPS Vice-President will chair the meeting in the absence of the President.

6. Meeting Arrangements

- The CLEC will meet every two months, with additional meetings scheduled as needed.
- Meetings will be held virtually.
- Agendas and minutes will be prepared and circulated by the IPS staff in advance of each meeting.

7. Reporting

- The President will provide a report on CLEC activity directly to the Board of Trustees and will submit a summary of discussions and recommendations following each meeting.
- Regular updates on the group's activities will be provided to the IPS membership through established communication channels.

8. Confidentiality

- Members of the CLEC are expected to maintain confidentiality regarding sensitive matters discussed during meetings.
- Observers may be invited to attend meetings by prior arrangement, but they will be expected to adhere to the same confidentiality standards.

9. Review and Evaluation

- The effectiveness of the CLEC and its ToR will be reviewed annually by the Board of Trustees, Consultative Committee, and the CLEC members, with specific focus on ensuring that the professional skills and leadership in infection prevention and control are effectively integrated into the decision-making processes.
- Adjustments to the ToR may be made based on feedback and evolving needs of the IPS and its membership.

9. Financial Arrangements

- Reasonable expenses incurred by CLEC members while attending IPS-related meetings will be reimbursed in accordance with the IPS Expenses SOP.
- CLEC members serve on a voluntary basis and are not entitled to financial remuneration.