BASL/BSG Special Interest Groups (SIGs) – Terms of Reference

The BASL / BSG Special Interest Groups were established to promote and encourage collaborative research networks and clinical trials in liver disease, whilst also supporting education (especially amongst Trainee members), and service development through the setting of quality standards and are open to all members of BASL. The SIGs are aligned to the 7 disease areas recognised by the NIHR Research Delivery Network, although each area can have more than one SIG.

1. Each SIG to have a chair/lead elected by all the members of that SIG every 2 years. The chair cannot stand for re-election. Anyone in a SIG can stand for the chair. The chair's responsibilities include:
    a. Attending the 3x per year meetings of BASL Liver Research Development / BSG Liver Clinical Research Group which meets jointly with Hepatology CRN Specialty Group.
    b. Ensuring that subgroups within the overall topic areas are recognised and supported and feedback activity of these groups to the above meeting.
    c. Helping to coordinate bids for funding and link with NIHR (and other funders) calls for trials.
    d. Maintain strong ties with the BSG and continue to seek co-funding support for SIGs

2. Each SIG to have a deputy chair/lead elected by all the members of that SIG. The deputy will support the SIG chair/lead in their role and take over from them at the end of the 2 years. Should a chair/lead step down before the end of their tenue the deputy will move into the SIG chair/lead role.

3. All SIGs to be open to all members of BASL and BSG free of charge. The secretariat will offer membership to each of the SIGs annually, or at the time of the new member joining the association, with no restriction on the number of SIGs that members can join. The memberships will be available on the BASL website.

4. A cost maybe charged in future to non-BASL and non-BSG members for affiliate membership of a SIG.

5. SIG business meetings to be conducted via an online, third-party platform with registration set-up implemented, apart from the allowance of one face-to-face SIG meeting per year (see 7).

6. In addition to the SIG meetings, webinars to be conducted by two SIGs per year on a rotational basis. Webinars will be a maximum of 40 minutes educational content and sponsorship to be arranged by EBS. An attendance fee for non-BASL and non-BSG members may be applied. Joint hosting with other associations is welcome with an MOU drawn up to detail the revenue share with BASL.

7. Administrative support is minimal and provided by BASL. The Secretariat will maintain contact lists for the groups and can help with communication and promotion of SIG meetings.

8. For an annual one-day, face-to-face meeting, SIGs must seek sponsorship support to cover the costs of their meetings. SIGs to consider linking in with another face to face meeting if there is a room available e.g. BASL Annual Meeting.

9. All publications, including but not limited to position papers, clinical guidance and guideline publications and QSF/service standard documents, arising from the group will have '…. and the BASL/BSG SIG name' where the list of members is in an appendix to the paper if the journal allows *or*, if the journal insist referred to the BASL website where current members will be listed.

10. Each individual paper will have a study group responsible for writing agreed in advance, including the order of authorship.

11. Patient representation on SIGs is important and should be sought whenever appropriate by the members of the SIG. Funding for travel to SIG meetings for a patient representative will be covered.

12. The SIG can co-opt expertise outside BASL where indicated and to consider supporting these specific travel costs.

13. SIGs will engage with pharmaceutical companies to conduct high quality clinical studies. The SIGs should be open to questions from Pharma at an early stage of clinical trial development and prepared to host collaborative meetings with interested Pharma companies. Clinical studies should be open to any centre able to deliver patients in timely fashion and in sufficient number.

14. Each SIG will be tasked with developing long-term clinical databases for their disease area. The aim is to hold these within BASL in collaboration with PHE or equivalent. For this purpose an NHS number and consent for long-term follow up of clinical outcomes should be an integral part of all future data collections.

15. Each SIG will report to the BASL committee and will submit an Annual report in advance of the main annual BASL conference, highlighting membership numbers, meetings/webinars delivered, and key outputs relating to research or service development, and publications; where appropriate, a short progress report at the meeting itself.

16. Each SIG would be the natural group to look to for provision of input in guideline development, particularly identification of areas of research priority.

17. Each SIG would be responsible for responding on behalf of BASL to national bodies such as NICE & HTA.