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Executive SUMMARY

In 2020 the Society for Endocrinology convened a member working group, led by Professor Karen Chapman, to conduct a review of its governance including the structure of our Council and Committees and other decision-making groups, the breadth of expertise represented and the underpinning processes.

The group concluded that although the Society was well-run and effective, it could, and should, do more to embed equality, diversity and inclusion (EDI) practices across its governance to enable it to best fulfil its mission. The main themes from the review are summarised below.

• the diversity of the Society’s membership should be better represented within the governance structure; there are underrepresented groups, notably clinicians working at District General Hospitals (DGHs), nurses and early career members.

• more clarity and transparency over election processes were needed to foster better member engagement, which should translate into better diversity within the governance structure.

• the Society must focus on recruiting and supporting the development of Early Career endocrinologists; drawing more early career members into the governance positions would allow their experiences to inform decision making.

• in support of the above, education and training should be given greater focus within the governance structure.

Society members were consulted on the group’s recommendations before they were discussed by Council in September 2021. The themes that were highlighted in the Review were all accepted. 47 of the 92 individual recommendations were approved as written, with the rest to be reconsidered in the spirit with which they were put forward. The main outcomes that have been accepted are summarised below.

• a new member-led working group will be set up to consider Equality, Diversity and Inclusion recommendations including how EDI data is effectively captured and monitored, and reviewing the membership process to identify any barriers to joining.

• the Society will increase the clarity and transparency around all governance processes including clear job descriptions and statements of desirable skills.

• the Society will move from nominations to an application-based election process to make it more inclusive and to foster better member engagement particularly from under-represented groups.

• further clarity and transparency will also be extended to the Medals, Prizes and Grants processes.

• in recognition of the importance of education and training, and of supporting future generations within the Society, members from across all the Committees will meet twice a year to review past results and set the forward strategy.

‘The Society runs well, though right to look at governance periodically.’
‘The Society works hard to be inclusive. Membership engagement can be a challenge. The same people seem to be doing a lot of the work.’
In July 2020, the Society agreed to conduct a review of its governance including the structure of our Council and Committees and other decision-making groups, the breadth of expertise represented and the processes that underpin it.

Importantly, this review was not commissioned to address a particular concern, problem or set of issues, but rather to hold ourselves up against markers of best practice to ensure our Society is fit and well-equipped to serve its members and champion the field of endocrinology in the most impactful way. The field of endocrinology is incredibly broad and our Society must represent a diverse community that spans the scientific-clinical spectrum. We must therefore continually work hard to meet the challenge of representing the voices of all of the members that we serve if we are to meet our charitable aims, which are to:

- advance scientific and clinical education and research in endocrinology for the public benefit
- attract high quality scientists, doctors and nurses into endocrinology and support their professional development to advance science and medicine
- engage the public with endocrinology and its impact
- raise the profile and be the voice of endocrinology in the UK, and
- promote and support the global endocrine community through collaboration.

2.2 METHODS

Member-led working group

After deciding that it was timely to review the Society’s governance, Council determined that it should create a Working Group to undertake the task and appoint an independent Chair to set the scope and Terms of Reference of the review. Council sought a Chair that had deep knowledge of the Society and its activities, wide and recent experience of its governance at multiple levels, who had a strong and demonstrable track record of independent thought and who could command the confidence of the membership. Following discussion and consultation, Council appointed Professor Karen Chapman (University of Edinburgh) as Chair of the review Working Group. Professor Chapman served on numerous Society committees from 2006 to 2021, including as Chair of the Society’s Science Committee, and was as a member of the Society’s governing Council from 2010-2014 and from 2015-2018 when she held office as our General Secretary.

An open call was put to the membership to recruit a Working Group to carry out and oversee the review process. The participants in the Group were chosen by the Chair based on their interests and experience in governance and, as far as possible, to represent the breadth of the members. Two members of the Group were serving on a Society committee at the time of the Review, though several have done so in the past. The Group was supported by the Society’s office team with administration and provision of background information. Three sub groups were set up to explore particular areas in more detail – leadership, decision making and Equality, Diversity, and Inclusion (EDI), with their outputs brought back to the Working Group for discussion and agreement.

The Governance Review Working Group members were:

- Professor Karen Chapman (Chair, Scientist, Edinburgh)
- Professor Tim Cole (Scientist, Melbourne, Australia)
- Professor Hilary Critchley (Clinical Academic, Edinburgh)
- Ms Chona Feliciano (Nurse, Birmingham)
- Dr Anneke Graf (Early Career Clinician, London)
- Dr Steve Orme (Clinician, Leeds)
- Dr Jessica Piasecki (Early Career Scientist, Nottingham)
- Dr Doug Robertson (Clinician, Cheshire)
- Professor Claire Stewart (Scientist, Liverpool)
- Professor Jeremy Tomlinson (Clinical Academic, Oxford)

The Society wishes to place on record its thanks to Professor Chapman and all of the members of the Working Group for giving their time freely and extensively to this important and comprehensive review of the Society’s governance and for benefitting the Society and its members with their skill, knowledge and expertise. Neither the Chair nor any other member of the Working Group was remunerated by the Society for their work on the Group.

The review process also benefited from the expertise of an external consultant who specialises in governance for learned societies and charities (Lucy Devine, Wellspring Consulting). This helped ensure we approached the review objectively based on sound governance principles and best practice.
Framework for decision-making

The Working Group were advised to use the Charity Governance Code as a framework for the review and considered the Society’s performance against the Code’s seven areas, which are:

- Organisational purpose: the purpose is clear and relevant, with a clear, well-communicated strategy
- Leadership: the Board takes collective responsibility, there is clarity over roles, and it provides challenge and support to staff
- Integrity: Articles are followed and reviewed as necessary. People are kept safe and conflicts are managed
- Decision-making, Risk & Control: duties and strategic objectives are delegated appropriately to effective committees, policies are kept up to date.
- Board Effectiveness: The Board has the right skills, training and time to conduct its business with robust transparent election processes that encourage diversity.
- Equality, Diversity & Inclusion: EDI values run through the governance structure and organisation more widely and are regularly used by the organisation to evaluate its approach
- Openness & Accountability: members are consulted and communicated with appropriately and encouraged to use their right to vote.

The Working Group also had regard to the Trustees legal duties which are to:

- Ensure your charity is carrying out its purposes for the public benefit
- Comply with your charity’s governing document and the law
- Act in your charity’s best interests
- Manage your charity’s resources responsibly
- Act with reasonable care and skill, and
- Ensure your charity is accountable.

The recommendations of the group were reviewed by the governance consultant and refined with the benefit of her expertise.

Information gathering

Society members were made aware of the governance review through all of the Society’s regular communications from autumn 2020 and invited to contact the office, or Professor Chapman directly, to put forward any general comments or specific areas for consideration.

To inform the conversations of the working group, a total of 22 interviews were held. 21 of these interviews were between Professor Chapman and Society members who were currently serving in (or had previously held) positions within the Society’s governance structure, and who represented a range of member categories and backgrounds. A further interview was held with the Society’s Chief Executive, Ian Russell.

In addition, a survey was distributed to all committee members to gather views on committee effectiveness and 49 responses were collated. The full list of questions and their detailed responses can be found in the appendices.

2.3 EMERGING THEMES

From the interviews, survey and Working Group discussions, there was much positive feedback about the Society as a whole. Many individuals acknowledged that the Society was well-organised and effectively run, and provided a warm welcoming community for its members – which was reflected within its governance structure.

There was a strong general feeling that the Society’s committees are effective, well chaired, with appropriate, clearly understood remits and there is excellent support from the Executive (office) team. Several commented on the admirable dedication, drive and skills of many Council and Committee members who had the best interests of the Society and discipline at heart.

In addition to the positive feedback, there was a strong sense that the Society could, and should, do more to embed equality, diversity and inclusion (EDI) practices across its governance structure and processes and that this is important to enable the organisation to best fulfil its mission. EDI was a cross-cutting theme across many of the recommendations.

Several areas were highlighted where the Society could introduce beneficial changes to strengthen its governance structure and processes.

2.3.1 Better representation of members and their interests

There was a strong feeling that the Society should ensure that the profile of the membership is better represented within the governance structure, thus ensuring that the Society is discussing and addressing the diversity of its members’ needs. The Society’s charitable aims clearly refer to all areas of practice, both clinical and scientific as well as meeting societal needs. There was frequent mention of over-represented institutions (e.g. those associated with teaching hospitals) and under-represented groups, notably clinicians working at District General Hospitals (DGHs), nurses and early career members. As examples, Clinicians-in-Practice represent 56% of our membership, yet there are only two of this group among the 19 members serving on Council at
the time of the Governance Review. Clinicians working within DGHs account for over 20% of our members (42% of Clinicians and 20% of Nurse members), yet there are only currently three individuals from DGHs serving within the Society’s governance structure (of a total of 110 individuals). Neither a Nurse member nor an early career member have ever served as a Trustee of the Society.

There was also strong feedback that the Endocrine Networks should be better connected and integrated into the governance structure, to improve their effectiveness and ensure they contributed to the future direction of the Society.

2.3.2 More inclusive election processes to foster better member engagement and diversity with the governance of the Society at all levels

Linked to the above, it was felt that there was currently a perception of elitism around Council and some committees (e.g. the Nominations Committee), which possibly emanates from a lack of transparency about duties and how individuals were elected into key positions.

Although there was much admiration for individuals who held, and had previously held, leadership positions within the Society there is a perception that certain positions were reserved for a certain type of individual who were within the ‘inner circle’ and recruited through personal networks. Even within Council there was a lack of clarity about the remit of the Officers group (made up of the President, the General Secretary, the Treasurer, the Programme Secretary, and any members serving an ‘elect’ year in any of those positions) and the duties of individual Officers, particularly that of the President and General Secretary. There was also a lack of transparency around decisions that are delegated to Officers. In addition, there was a perceived lack of engagement of some Council members. This generates a substantial risk given that all elected members of Council are both Trustees of the Society as a UK registered charity and Directors of the Society as a UK registered company. As such all elected members of Council have equal responsibilities according to Charity and Company Law.

The lack of clarity over responsibilities and election processes is also very likely to be off-putting to many types of members who may be well suited to serve in these positions yet haven’t been traditionally seen in them, reducing engagement when these positions are advertised.

Making election processes evidence-based ‘applications’, rather than ‘nominations’, with a clear statement of responsibilities and required skills could present a big opportunity to bring additional experience and perspectives to the Society’s governance. This would encourage a wider selection of members to put themselves forward for governance positions, dispel the view that people were appointed into roles based on their connections, enrich discussion and debate for more robust decision making, and provide opportunities for individual member career development.

2.3.3 Focusing on the future generation

The importance of firmly embedding Early Career members within the Society’s governance was frequently cited in feedback and discussed at length by the Working Group. It was strongly felt that this was important not simply to better reflect the Society’s membership profile, but to ensure the Society’s focus remains on supporting future generations of endocrinologists across the scientific-clinical spectrum and that our activities are effectively supporting the evolving needs of Early Career members.

It was strongly and unanimously felt that the Society’s most important work was securing the future health of our discipline. To do this effectively the Society must focus on recruiting and supporting the development of Early Career endocrinologists, which must be guided by the experiences of those currently navigating these pathways.

By increasing the representation of Early Career members within the governance structure, giving the Early Career Steering Group a more integrated role and responsibility for communicating with the wider Early Career membership, together with a dedicated Education and Training committee (see below), the Society will be in a stronger position to support the future of the discipline.

2.3.4 A greater focus on education and training

As well as the importance of focusing on the next generation, the Society sets education and training at the heart of its aims both in “advancing scientific education and research in endocrinology” and “supporting the professional development” of the high quality scientists, doctors and nurses the Society aims to attract into the field. Given its central importance to the Society’s aims it was strongly felt that education and training should be given greater focus within the governance structure.

To enable this, it was proposed that all activities in this area be brought into the remit of a new Education and Training Committee. This would in effect be a transformation of the Programme Committee, representing all member categories and endocrine networks. It was further proposed that this committee should be led by two co-Chairs who would both be part of the Officers’ group.

This would allow a single view point of all education and training activities, enabling more strategic decisions to be made about direction and allowing the committee to identify areas for further development.

‘There is a wealth of talent within the membership; we need to make them aware of the opportunities and facilitate engagement.’
'The Society provides a lovely, warm and friendly environment. There is no sense of ruthlessness/competition (that happens in some other arenas). It is genuinely warm, inclusive and supportive. Caring - specifically of careers.'
Each of the 92 recommendations were discussed by Council at a special Strategy Retreat held in person in Oxford on 9 September 2021. With the President of the Society, Professor Thakker, as Chair, each recommendation was discussed and a decision made either through a consensus in the room, or through an anonymous vote of the elected members of Council. The views of the ex-officio members and observers were sought in the debates around each point.

In total 51% of the recommendations were agreed as drafted and the Executive (office) team at the Society will now look at the implementation of those recommendations. Council decided not to implement 42% of the recommendations as written at this time.

One recommendation was deferred for further investigation, and four others will be included within the remit of a new working group focused on Equality, Diversity and Inclusion for resolution.

Each of the recommendations of the Governance Review, and Council’s response to that recommendation, are reported below organised under seven headings based on the Charity Governance Code, as outlined on page 6.

### 3.1 ORGANISATIONAL PURPOSE

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<th>Recommendation</th>
<th>Council’s Response</th>
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<tr>
<td>3.1.1. Council should develop and then review Society strategy every 3-5 years to ensure the Society has clear, SMART objectives which are cascaded to committees and proactively communicated to the membership.</td>
<td>Council agreed that the regularly and formally reviewing the Society’s strategy and in particular ensuring that there are clear SMART objectives was important for the future development of the Society and as a result this recommendation was agreed.</td>
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<tr>
<td>3.1.2. Society strategy should consider and set out what international reach and influence the Society is aiming for and how international members should be represented, in line with the Society’s charitable purpose.</td>
<td>Council agreed that it was important that this strategy should include discussion and agreement on the Society’s international standing and representation of international members. This recommendation was therefore agreed.</td>
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<td>3.1.3. Council should develop a clear statement of values that is publicly available.</td>
<td>Council agreed that this would be an important outcome of the development of the Society’s strategy, and as a result this recommendation was agreed.</td>
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<td>3.1.4. A “plain English” version of the Memorandum and Articles and the Byelaws should be produced and provided (with a summary version) to Trustees and committee members as part of the induction process.</td>
<td>The view of Council was that these documents are relatively clear and that clarification can be sought, if necessary, from the Executive. Council’s view was therefore that this was not a priority at this time and as such Council declined to create a plain English version of the Memorandum and Articles of Association at this point in time.</td>
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### 3.2 LEADERSHIP

| 3.2.1. | Additional clarity on duties, particularly the roles of President, Treasurer and General Secretary, should be provided. | Council discussed whether this was already covered by the existing job descriptions. It was felt that they were sufficient at the present, however it was agreed that the Executive should review these job descriptions and ensure that they are more widely disseminated and easily available to the wider membership. |
| 3.2.2. | All Trustee roles and Committee Chair roles should be openly advertised, together with job descriptions, required skillsets and future strategic direction of the Society/Committee. | The recommendation was agreed. A review of committee remits by the Executive is required to establish whether experience on a committee is a prerequisite for applying for the role of Chair for all committees. |
| 3.2.3. | Additional clarity on duties, particularly the roles of President, Treasurer and General Secretary, should be provided. | Council discussed whether this was already covered by the existing job descriptions. It was felt that they were sufficient at the present, however it was agreed that the Executive should review these job descriptions and ensure that they are more widely disseminated and easily available to the wider membership. |
| 3.2.4. | All Trustee roles and Committee Chair roles should be openly advertised, together with job descriptions, required skillsets and future strategic direction of the Society/Committee. | The recommendation was agreed. A review of committee remits by the Executive is required to establish whether experience on a committee is a prerequisite for applying for the role of Chair for all committees. |
| 3.2.5. | The Society should encourage evidence-based ‘applications’ from members - rather than ‘nominations’ - for all key roles, to make the election process more inclusive and transparent. | The recommendation was agreed with ‘key roles’ defined as elected members of Council and all committee chairs. |
| 3.2.6. | Members should be openly encouraged to ‘apply’ for each of these roles (not nominated nor requiring a proposer) in a timely way, and provide evidence of how they demonstrate the required skills and how their interests and experience align with the Society’s values and priorities. | Council agreed that this was an important change to the governance of the Society and one that would make a real difference in encouraging members from across the Society to become involved in the running of the Society and improve engagement. |
| 3.2.7. | A member vote should usually be held for election of all Trustee and Committee Chair positions (see ‘Openness and Integrity’). | Council agreed with this recommendation in support of the decision to have open applications for all positions. |
| 3.2.8. | Candidates should be given feedback on their application, where possible, and encouraged to reapply if not successful. | Council declined to implement this recommendation as written as it was felt that it would not always be possible, for instance if this was a result of a vote. However, it was agreed that feedback on applications that do not meet objective criteria for the position should be given to encourage a future re-application if appropriate. |
| 3.2.9. | Additional expertise should be introduced into the Officer’s subgroup to be more representative of the membership, ease individual workloads and mitigate any perception that Officer positions are restricted to a small group of eligible individuals. | Council declined to implement this recommendation at this time. It was felt that the size of the Officer’s subgroup is appropriate for the purpose of providing rapid initial assessment of issues. It was noted that online meetings meant it was now possible to convene additional meetings of Council to consider urgent issues, if required. |
| 3.2.10 | All Officers (including role of Treasurer) should have a two year term, plus a two year ‘elect’ period, to widen the pool of expertise and spread duties. | Council declined to implement this recommendation as written. It was felt that the current three year term is appropriate and that a two year term of office is too short to effect meaningful change. It was agreed instead to clarify that Officer-elects should take office as Trustees and Directors of the Society on the day their election is announced at the Society’s AGM, followed by the current three year term in the role. The resulting total term of four years is therefore in line with the terms of the other Trustees / Directors of the charity. Because of the complexity of the role and the need for greater continuity, Council agreed that the term of office of the Treasurer should be a total of six years, the first of which should be as Treasurer-elect. |
3.2.11 All Officer-elect roles should have a formal job description with assigned duties e.g. a role communicating Council activities to the membership plus the number of meetings annually that they are required to attend in person and virtually. Council agreed with this recommendation as a means to help encourage members from across the Society to become involved in its governance.

3.2.12 A skills-based application process should encourage applications from members who have not traditionally filled these roles, thus enhancing diversity. Council agreed with this recommendation as a means to encourage wider representation and foster greater engagement from the membership.

3.2.13 The number of elected Trustee positions could potentially be reduced to prevent the overall size of Council becoming too large. Council declined to implement this recommendation at this time as it was felt that the current size of Council works well.

3.2.14 The total term of four years for each Officer position (including Treasurer which is currently five) is equivalent to the four year Trustee term of office, emphasising that all Trustees have equal responsibility according to Charity Law. Individuals in Officer roles should not be elected to another Officer position in consecutive terms to provide more opportunities for other members. Whilst accepting the general point about the equivalence of all Trustees in the eyes of the law, Council declined to implement this recommendation regarding consecutive terms not wishing to be overly restrictive and given the agreed changes to the way Officers will be elected.

3.3 INTEGRITY

3.3.1 The Conflict of Interest policy should be reviewed and updated to define common conflicts across the Society and how these should be effectively managed. Council agreed with this recommendation.

3.3.2 The Society’s Articles should be reviewed by Council every 5 years. Council agreed with this recommendation.

3.3.3 The first review of the Articles should be undertaken following the outcome of the governance review, to ensure the Articles comply with any changes made. Council agreed with this recommendation.

3.3.4 A ‘plain English’ version of the updated Articles should then be created. This recommendation was nullified by the decision in the section on Organisational Purpose and as a result was declined although the updated Articles will be modernise as use plain English as much as possible.

‘The Society is a broad church and Council needs (and has) representation from clinical academics, clinicians in practice, scientists and nurses. People need to put themselves forward. If clinicians in practice are not represented on Council, they will be represented through the clinical committee.’
3.4 DECISION MAKING, RISK AND CONTROL

3.4.1 Committees should ensure they are meeting their remits and are monitoring effectiveness.  
Whilst noting that there was no evidence that committees are not meeting their remits, Council agreed this recommendation.

3.4.2 Council should agree Key Performance Indicators for the Society (alongside other measures of success aligned with strategic objectives) to effectively monitor performance.  
Council agreed this recommendation.

3.4.3 Council and Committees should continue to use smaller, time-bound, working groups to address specific issues  
Council agreed this recommendation.

3.4.4 Committees should define the skills they require from Committee members and strive for increased diversity to maximise effectiveness.  
Council agreed this recommendation.

3.4.5 A similar ‘application’ process as described above (see Leadership) should be used for Committee vacancies, with the Committee required to vote on candidates.  
Council agreed this recommendation.

3.4.6 Positive action should be used to recruit underrepresented groups into shortlists (e.g. geography, member type, type of institution, particular skills).  
Council agreed with this recommendation noting that the Society should actively encourage applications while ensuring the recruitment of the best person for the role.

3.4.7 Each Committee should consider whether there are benefits to including lay people on Committees (e.g. teacher to sit on Public Engagement Committee).  
Council agreed this recommendation but exercised care regarding the term “lay person” given that some non-members – for instance patient advocates - are often highly expert in their field.

3.4.8 A shadowing/observer scheme should be introduced for members interested in Committee and Council positions to attend meetings and have informal chats with existing Committee members and Trustees, to promote interest in applying for Committee/Trustee vacancies.  
Council declined to implement this recommendation as written. However, Council accepted that more needs to be done to make the work our committees better known in the general membership and to ensure that they operate with transparency. It was therefore agreed that member communications regarding committee work needs to be reviewed and improved.

3.4.9 An additional, optional, Trustee place should be reserved for underrepresented groups, e.g. Nurse or Clinician-in-Practice, (depending on Council composition at any given time).  
Council declined to implement this recommendation at this time as it was felt that it was an unnecessary change in light of the accepted changes to way that Trustees are appointed. In addition, Council felt that the remits already allowed representatives from all member categories, with the exception of student members, to apply for Trustee positions.

3.4.10 Early Career and Endocrine Network members should be formally embedded within committees to ensure their voices are heard and feed into decision making.  
Council declined to implement this recommendation as written at this time as the impact on the balance of committees, in light of the other relevant changes arising as a result of the Governance Review, was unclear. Instead Committee Chairs should have regard to Early Career and Endocrine Network members when recruiting to their committees.

3.4.11 Up to two places on each Committee, including at least one at Trustee level, should be reserved for Early Career members.  
Council declined to implement this recommendation as written as they did not wish to make these positions mandatory at this time. Instead Committee Chairs should encourage Early Career members to apply for two places on each committee.
### 3.4.12 The Early Career members who sit within each Committee should collectively form the Early Career Steering Group (ECSG).

As a result of the previous decision, and noting that the current Early Career Steering Group was not in favour of this proposal, these recommendations were no longer relevant at this point in time and were therefore declined.

### 3.4.13 This group should communicate committee business to all Early Career members within the Society, through virtual meetings (e.g. Town Hall style) or other communications, gathering feedback and other suggestions that will inform committee decision making.

As a result of the previous decision, and noting that the current Early Career Steering Group was not in favour of this proposal, these recommendations were no longer relevant at this point in time and were therefore declined.

### 3.4.14 The Chair of the Early Career Steering Group should be an ex-officio member of Council (i.e. at the same level as other Committee chairs).

Council agreed this recommendation.

### 3.4.15 Endocrine Network representative members should sit on most of the Society’s committees, with Network Convenors sat on the Programme/ Education committee. This should be formalised within the committee remits.

Council declined to implement this change at this time for logistical reasons. It was felt that it would be difficult to have all the networks represented, and if they were, this would result in committees becoming too large.

### 3.4.16 The Network representatives from each Committee should regroup and collectively communicate Society business to the wider Network once or twice a year through a virtual (e.g. Town Hall style) meeting, and invite feedback and other suggestions to take back to Committees (parallel to recommended Early Career model).

As a result of the previous decision this recommendation was no longer relevant at this point in time and the recommendation was therefore declined.

### 3.4.17 Education and training needs to be given more focus within the governance structure, given its central importance to the Society’s mission.

Council agreed this recommendation and acknowledged the continuing importance of education and training for the Society’s members and future direction.

### 3.4.18 A new Education and Training Committee should be formed representing all member categories and Endocrine Networks, which should report back to other relevant Committees and Council.

Council debated whether setting up a new committee as per the recommendation would be the best way to support education and training and declined to progress with this proposal at this point in time. Instead, Council decided that the Society must ensure that education and training features more highly within committee agendas, and that Committee Chairs, including Finance Committee representation, should be encouraged to get together to discuss education and training on a six-monthly basis. Chairs could delegate this meeting to a person from their committee if necessary to help with workload.

### 3.4.19 Programme Committee could be transformed into this new Committee expanding their remit beyond setting the SfE BES programme and formalising organisation of the training events within the remit of the Committee.

As a result of the previous decision not to set up an Education and Training Committee these points were moot and as a result Council declined these recommendations.

### 3.4.20 Clinical and non-clinical expertise of Committee members should be considered as well as other aspects of diversity, e.g. teaching experience, DGH vs academic environment.

### 3.4.21 This committee should be led by two co-Chairs who would both be part of the Officers group. The two co-Chairs should also be drawn from different parts of the membership.

### 3.4.22 Grants, Awards and Prizes should be given a more ‘joined up’ oversight to ensure that they are developed strategically to cater for each member type and in line with the changing external landscape.

Council declined to implement this recommendation at this time. Council acknowledged that the Society needs to be more ‘joined up’ regarding grants, awards and prizes; greater transparency is needed about the processes involved to overcome any misconceptions on how decisions are made. Council decided to review its oversight of grants, awards, and prizes and that a report be published annually on how they are awarded for the wider membership to view.
### 3.4 BOARD STRUCTURE AND FUNCTION

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>3.4.23</td>
<td>Nominations Committee should be transformed into a Grants, Prizes and Awards Committee, representing all member categories, reporting to Council.</td>
<td>As a result of the previous decision, these three recommendations were declared moot and Council therefore <strong>declined</strong> to implement them at this time.</td>
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<tr>
<td>3.4.24</td>
<td>Society Grants should be marked separately by a dedicated Grants panel (who are given appropriate training) that feeds into the Grants, Prizes and Awards Committee.</td>
<td>As a result of the previous decision, this recommendation was declared moot and therefore <strong>declined</strong>.</td>
</tr>
<tr>
<td>3.4.25</td>
<td>The Leadership and Development Awards selection panel should also report into this main committee.</td>
<td>Council did, however, decide that the Programme Secretary should be asked to sit on Nominations Committee given the importance of the decisions made regarding medal lecturers to the SfE BES programme.</td>
</tr>
<tr>
<td>3.4.26</td>
<td>Medals and other Prizes should be judged by a third selection panel that also reports into this main committee.</td>
<td>As a result of the previous decision, this recommendation was declared moot and therefore <strong>declined</strong>.</td>
</tr>
<tr>
<td>3.4.27</td>
<td>The Grants, Prizes and Awards Committee and all subpanels will need clear terms of reference to provide clarity and avoid duplication.</td>
<td>As a result of the previous decision in this section to not form these two new committees these points were rendered moot and thus <strong>declined</strong>.</td>
</tr>
<tr>
<td>3.4.28</td>
<td>As a consequence of creating a new ‘Education and Training’ committee and ‘Grants, Awards and Prizes’ committee, the remit of other Committees should be reviewed.</td>
<td>Council noted that, with regard to the Science Committee, clinical research is already represented.</td>
</tr>
<tr>
<td>3.4.29</td>
<td>The Science Committee could be transformed into a ‘Research’ committee, drawing in Clinical Research</td>
<td>This recommendation would only be relevant if the previous recommendations about new committees had been passed. As such this recommendation was rendered moot and thus <strong>declined</strong>.</td>
</tr>
<tr>
<td>3.4.30</td>
<td>The Clinical and Nurse Committees could retain and expand their focus on clinical practice.</td>
<td>Council <strong>agreed</strong> this recommendation. Further thought needs to be given to whether training that members already receive in their work setting can fulfil this need, or whether it needs to be Society specific training.</td>
</tr>
<tr>
<td>3.4.31</td>
<td>A formal review of the Remuneration Group should be undertaken to ensure that conflicts of interest are avoided.</td>
<td>Council <strong>declined</strong> this recommendation determining after discussion that a formal review was not needed at this time. It was, however, agreed that Council should look to invite an appropriate external person to join this group to help avoid any conflicts of interest.</td>
</tr>
</tbody>
</table>

### 3.5 BOARD EFFECTIVENESS

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5.1</td>
<td>Induction processes for all Council roles should provide specific skills training and further clarity on roles and responsibilities.</td>
<td>Council <strong>agreed</strong> this recommendation to be taken forward and asked that the complete induction process be reviewed as a result.</td>
</tr>
<tr>
<td>3.5.2</td>
<td>All Trustees should undertake Society-specific training in finance, equality, diversity and inclusion (EDI), and Trustee responsibilities with additional training in leadership offered to Trustees and Committee Chairs.</td>
<td>Council <strong>agreed</strong> this recommendation. Further thought needs to be given to whether training that members already receive in their work setting can fulfil this need, or whether it needs to be Society specific training.</td>
</tr>
<tr>
<td>3.5.3</td>
<td>All Council members (Trustees, ex-officio and Observer members) should be made aware of the other roles on Council, as well as their own, and given specific information on the role of Council and Society strategy during induction.</td>
<td>Council <strong>agreed</strong> this recommendation.</td>
</tr>
<tr>
<td>3.5.4</td>
<td>The equal responsibilities to the Society of ALL Trustees should be particularly highlighted during induction.</td>
<td>Council <strong>agreed</strong> this recommendation, given its importance in charity and company law.</td>
</tr>
<tr>
<td>3.5.5</td>
<td>Any decision-making powers delegated to the Officers group should be clearly documented and communicated to all Trustees and other Council members.</td>
<td>Council <strong>agreed</strong> this recommendation and agreed that there should be additional clarity around what decisions are delegated to the Officers subgroup and which ones should stay with Council.</td>
</tr>
<tr>
<td>3.5.6</td>
<td>Time should be given annually to a reflective review process when Council looks back at its performance over the last year.</td>
<td>Council <strong>agreed</strong> this recommendation and felt that it was good practice to undertake such an annual review.</td>
</tr>
<tr>
<td>3.5.7</td>
<td>Additionally each Trustee could have an annual one-to-one review with the President.</td>
<td>Council <strong>declined</strong> to implement this recommendation at this time. It was felt that this could be an onerous burden on the President in an already busy role.</td>
</tr>
<tr>
<td>3.5.8</td>
<td>Council should dedicate more time to discussing strategic issues.</td>
<td>Council <strong>agreed</strong> this recommendation. Given its importance it was agreed that strategic issues should be discussed at specific face to face meeting to ensure that the time required was not lost to more normal committee activities.</td>
</tr>
<tr>
<td>3.5.9</td>
<td>Two meetings per year should be held for Trustees only, to address finances (and other Trustee-specific business).</td>
<td>Council <strong>declined</strong> to implement these recommendations as written at this time. However, it was agreed that consideration be given to the detailed discussion of financial and other Trustee specific business in a Trustee only pre-meeting ahead of the full Council meeting to make best use of people’s time. Additionally, Council asked that further thought be given to how the finances are presented for ease of consumption. Council <strong>agreed</strong> that a pre-meeting covering finance would free up time in the main meeting to afford deeper strategic discussions and also noted that the experience over the COVID-19 pandemic has shown that extraordinary meetings can be held as needed.</td>
</tr>
<tr>
<td>3.5.10</td>
<td>A further two meetings a year should be held for strategic discussion and decision making to involve all of Council (plus Committee Chairs and Observers)</td>
<td></td>
</tr>
<tr>
<td>3.5.11</td>
<td>Consideration should be given to a mix of physical and online meetings.</td>
<td>Council <strong>agreed</strong> to implement this recommendation. Virtual meetings have worked well throughout the COVID-19 pandemic, and although they are not a substitute for face to face discussions, they have additional benefits - such as having a lower environmental impact and providing access to a wider range of members from different regional locations and roles who may be unable to take a day out to travel to a committee meeting. As such a mix of both is a welcome development.</td>
</tr>
<tr>
<td>3.5.12</td>
<td>More time should be freed up within Council meetings by deferring some Council business to email.</td>
<td>Council <strong>declined</strong> to implement this recommendation as written at this time feeling that appropriate items of business are already transacted by email when required.</td>
</tr>
<tr>
<td>3.5.13</td>
<td>Council should seek professional advice when it needs to, for example advice on legal issues, income generation, governance or EDI.</td>
<td>Council <strong>agreed</strong> with this recommendation as being good practice for an organisation when there was a specific need or area of challenge but noted that the Society already seeks appropriate, independent professional advice as required.</td>
</tr>
<tr>
<td>3.5.14</td>
<td>To increase engagement with Trustees and Committee Chairs the Society should offer free or reduced rate registration to SfE BES in recognition of the time given by Trustees and Committee Chairs to the Society.</td>
<td>Council <strong>declined</strong> to implement this recommendation. Council felt that, as the body that ultimately sets fees for SfE BES they should not be exempt from paying them and that it was more important to use the Society’s resources to facilitate attendance of Early Career members to the annual conference.</td>
</tr>
<tr>
<td>3.5.15</td>
<td>There may also be an opportunity to schedule one of the Trustee meetings to take place at SfE BES as a result.</td>
<td>Council <strong>declined</strong> to implement this recommendation at this time because both the conference programme and meeting schedules for members of Council are already very busy.</td>
</tr>
</tbody>
</table>

‘Monitoring of nominations for diversity might be helpful - subjects/areas, gender etc. Decisions need to be based on excellence rather than other characteristics, but discussions around diversity do take place.’
### 3.6 EQUALITY, DIVERSITY AND INCLUSION (EDI)

<table>
<thead>
<tr>
<th>Section</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6.1</td>
<td>An EDI taskforce/working group should be set up to review the Society’s current approach to EDI, identify how EDI can be better embedded in governance and applications/nominations processes and how EDI can be embedded with Council and Committee remits and be periodically reviewed. Considerations should include:</td>
</tr>
<tr>
<td>3.6.2</td>
<td>Introduction of EDI ‘champions’</td>
</tr>
<tr>
<td>3.6.3</td>
<td>Performing equality impact assessments (EIAs) on all of SfE policies and processes and committees.</td>
</tr>
<tr>
<td>3.6.4</td>
<td>Reviewing membership pricing and processes to determine if these may be barriers to joining the Society.</td>
</tr>
<tr>
<td>3.6.5</td>
<td>Investigating if the Society should collect – and if so, how it would use - ‘protected characteristics’ data.</td>
</tr>
<tr>
<td>3.6.6</td>
<td>EDI training should be provided to every new committee member as part of induction, with short refresher training provided annually. Individuals should be directed to the Society’s website for further resources for those interested to know more.</td>
</tr>
<tr>
<td>3.6.7</td>
<td>The Medals process should be made more objective and transparent.</td>
</tr>
<tr>
<td>3.6.8</td>
<td>Criteria for each of the Society Medals should be revised by the Grants, Prizes and Awards Committee.</td>
</tr>
<tr>
<td>3.6.9</td>
<td>The nominations form should require evidence of the impact of the publications so the ranking is made on merit rather than where research is published, following DORA Principles.</td>
</tr>
<tr>
<td>3.6.10</td>
<td>A ‘narrative’ type of CV, in line with Royal Society and UKRI guidelines, could be considered.</td>
</tr>
<tr>
<td>3.6.11</td>
<td>The forms should be explicit of the measurable criteria used for ranking, to provide further objectivity and transparency to the decision-making process.</td>
</tr>
<tr>
<td>3.6.12</td>
<td>EDI data should be more effectively captured and monitored.</td>
</tr>
<tr>
<td>3.6.13</td>
<td>A yearly report on the diversity of Committee members, Medalists and Awardees should be presented to Council to include member type, career stage, gender and location as minimum.</td>
</tr>
<tr>
<td>3.6.14</td>
<td>Membership joining forms should include additional fields, for example to capture geographical region, type of institution so that representation can be better monitored.</td>
</tr>
<tr>
<td>3.6.15</td>
<td>At each renewal cycle, members should be required to review their information (and membership category) and update as necessary.</td>
</tr>
</tbody>
</table>

Council agreed that Equality, Diversity and Inclusion (EDI) was very important and that greater consideration needs to be given to this agenda. Council therefore agreed to the formation of an EDI Working Group. Such is the importance of EDI the other relevant recommendations will form part of the Terms of Reference for this Working Group.

Given the importance of this area Council agreed this recommendation. It was agreed that links to EDI training could also be provided on the website.

While acknowledging that our processes regarding the selection of medal lecturers is robust, Council accepts that the processes should be more transparent and therefore agreed with this recommendation.

Council agreed to implement this recommendation. However, this work should be carried out by the Nominations Committee as the recommendation to setting up a Grants, Prizes and Awards committee was not taken forward.

Council agreed this recommendation.

Council declined to implement this recommendation at this time. Council felt that creating this type of CV would be onerous for applicant and unnecessarily limit the pool of suitable candidates.

Council decided to defer this recommendation until more work can be undertaken by the Executive to establish best practice.

Council agreed that the decision on implementing this recommendation should fall within the remit of the EDI working group.

Council agreed to implement all three of these recommendations. The detailed decisions around which types of data should be requested, held and reported will sit within the remit of the EDI Working Group.
### RECOMMENDATIONS & COUNCIL RESPONSE

**3.6.16** The membership joining process should be changed to remove the requirement for a proposer to make it easier for those who do not have a personal network within the discipline e.g. clinicians working on endocrinology based with District General Hospitals. These types of individuals potentially have the most to gain from joining the Society, so it is important we remove any barriers.

Council **declined** to implement this recommendation at this time wishing to exercise caution regarding the potential for unscrupulous practitioners to join the Society and utilise our brand to boost their credibility. Council accepted that barriers for valid potential members should be reduced or eliminated and therefore requested that the current process for accepting prospective members without a proposer, using the General Secretary’s approval, be reviewed to ensure it doesn’t present a barrier for potential new members.

**3.6.17** The process should be reviewed for members taking career breaks, e.g. for caring responsibilities or maternity leave, to encourage them to stay part of the Society during that time.

Council **agreed** to implement this recommendation and asked the Executive to review the process.

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### 3.7 OPENNESS AND ACCOUNTABILITY

<table>
<thead>
<tr>
<th>3.7.1</th>
<th>Council should communicate more directly to the membership.</th>
<th>Council <strong>agreed</strong> to implement this recommendation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7.2</td>
<td>Council should communicate and consult more frequently with the membership e.g. through dedicated communications, such as ‘from the President’ emails, or via ‘meet and greet’ virtual or in-person events.</td>
<td>Council <strong>agreed</strong> to implement this recommendation.</td>
</tr>
<tr>
<td>3.7.3</td>
<td>Additionally, to ensure new members are made aware of the opportunities to become involved in the Society’s governance, the President should hold a welcome session for new members as part of their induction at SfE BES and potentially virtually at another point in the calendar. This could include a pre-recorded video for example.</td>
<td>Council <strong>agreed</strong> to implement this recommendation as it would be an important step in encouraging new members to think about a future role in the governance of the Society.</td>
</tr>
<tr>
<td>3.7.4</td>
<td>The full minutes, or a summary of the minutes, of Council and committee meetings for the previous two years should be published in the Members’ Area of the Society’s website.</td>
<td>Council <strong>declined</strong> to implement this recommendation at this time having concerns that publishing full minutes may impact the discussion of sensitive issues and be detrimental to open discussion. Producing summary minutes was felt to be administratively burdensome for the benefit. However, Council agreed that transparency should be improved by better communication with the membership on the work of the Society’s committees.</td>
</tr>
<tr>
<td>3.7.5</td>
<td>Processes for appointment to Trustee/Committee Chair positions should be more transparent and elections contested.</td>
<td>Council <strong>agreed</strong> to these recommendations. A candidate statement that can be shared with the membership should be sought as part of the election process.</td>
</tr>
<tr>
<td>3.7.6</td>
<td>Members should be provided with the job description and required skillset for each role and evidence of how each candidate meets those skills.</td>
<td>Council <strong>agreed</strong> to these recommendations.</td>
</tr>
<tr>
<td>3.7.7</td>
<td>Every effort should be made to ensure a minimum of two candidates for each position, requiring members to vote. However, in the event where there is only one applicant, a confirmation vote should be held.</td>
<td>Council <strong>agreed</strong> that every effort should be made to encourage more than one person to apply for each position however it declined to implement a confirmation vote at this time instead suggesting that further work is carried out as to how such a process would work in practice.</td>
</tr>
</tbody>
</table>

‘It would be good to have more information on the diversity and complexity of the membership; this could be brought to the attention of Council on a regular basis.’
It is unclear how committee chairs and other appointments are made. It seems to be the “tap on the shoulder” mechanism. There needs to be transparency in how appointments are made. Some seem to be in the “in group” and others are not.”

Next STEPS

The Society’s Executive will take the agreed recommendations from this report and build an implementation plan. The Executive will identify any logistical barriers which may require an adjustment to these recommendations and ensure that any changes are communicated back to Council and Officers.
Appendices

- **Appendix i** List of interviewees
- **Appendix ii** Questions used during the interview process
  - Section a - Main Questions
  - Section b - Questions relevant to Council
  - Section c - Questions for interviewees with experience of committees, but not Council.
  - Section d - Discussion Group questions
  - Section e - Survey questions for all current and recent (1 year) committee members and Network leads (those not interviewed) to assess committee effectiveness
- **Appendix iii** Full list of answers and results

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**APPENDIX I**

The Society would like to thank the following people who took part in the interview stage, for their time and input.

- Asif Ali
- Stephanie Baldeweg
- Duncan Bassett
- Julia Buckingham
- Eleanor Davies
- Maralyn Druce
- Louise Hunter
- Channa Jayasena
- Kim Jonas
- Gareth Lavery
- Kate Lines
- Anne Marland
- Chris McCabe
- Barbara McGowan
- Zoi Michailidou
- Kevin Murphy
- Ian Russell
- Lisa Shepherd
- Raj Thakker
- Peter Trainer
- Jeremy Turner
- Graham Williams

‘Members in DGH are in need of the support that SfE can provide, yet have the least engagement.’
APPENDIX II

Questions used during the interview process

Section a – Main questions

Topics to be discussed and reviewed

Council - remit, structure and effectiveness

- Questions relevant to Council are listed in Section b (for those with experience of Council). These aim to explore and address the questions/issues below and probe solutions.
  - Consider, would an external observer (without knowledge of existing processes within the Society) be able to understand the governance arrangements?
  - Is Council effective in fulfilling its remit?
  - Is Council sufficiently diverse to represent the interests of the membership? What are the mechanisms for recruiting new members of Council and do they engage a wide enough section of the membership? What are the mechanisms for ensuring proportionate representation of the membership? Consider diversity (including gender, ethnicity) and career (career route, stage). What are the eligibility criteria? Is there a bias towards particular categories of membership - if so, what are the consequences? Consider positive action to ensure representation (in eliciting nominations).
  - Is decision making by Council robust? Does Council meet with the right frequency? Is there sufficient scrutiny of papers at Council? Should there be very focussed meetings of Council, e.g. an annual meeting just to approve financial statements/management accounts, review the risk register and discuss membership fees?
  - Is the financial and audit-compliance oversight effective
  - What is (and what should be) the role of Council in setting the strategy for the Society?
  - How effective is Council in monitoring Society activities?
  - Is the frequency of meetings appropriate? Is there a case for a hybrid format, with some meetings face to face and some online to allow more meetings, including on focussed topics?
  - Examine what induction procedures entail. What is the mechanism for monitoring uptake of induction? Is induction/training mandated? Should it be if not?
  - Is the mechanism for formulating the risk register robust?
  - Consider including more flexibility for extraordinary meetings of Council (virtual) to consider specific topics.
  - Might there be merit in interviewing potential trustees? Providing a pro-forma for candidates to outline specific aspects of what they will bring (e.g. approach to EDI, skills relevant to committee work)?
  - Explore the remit and effectiveness of the Officers sub-committee of Council. Is it representative of the membership? Consider the remit of General Secretary vs President. Should there be any changes? Does the remit of the President sufficiently fulfil the ambassadorial role expected for the President of the Society? Should the balance of the roles between General Secretary and President change? Is the difference between the roles clear (externally as well as internally)? Is it clear to external parties who they should address? Is the distinction between the Officer role and that of committee chairs clear?

Committee structure, remit and effectiveness

- Questions for Committee Chairs and other interviewees are listed in Section c, with a survey of all current and recently demitted (within 1 year) members (Section e). These aim to explore the following specific issues:
  - Explore the remit, structure and effectiveness of the committees; is the remit clear and appropriate? Do committee members feel sufficiently informed about the Society activities and the place of their committee within these?
  - Are the committees the right size? Do they have the appropriate skill sets to fulfil the remit? How to ensure that requirements are met and gaps identified? Recruitment or election to committee? How effective is the committee at engaging the relevant community? How representative is the committee of the membership?
  - What committees does the Society need?
  - What are the mechanisms to foster/engage emerging future committee members (or trustees)?
  - Does the committee structure engage the general membership in Society governance? Could engagement be improved?
  - Authority may be delegated to enable swift action. Are members of committees and their chairs aware of the delegation of authority? Is the delegation of authority pertaining to the Officers clear to Council and committees?
  - Does the Finance committee have the right skill set?
  - Currently the Science Committee marks grant applications (with the exception of the Meeting Support grant, marked by Officers). Is this the fairest and most effective way to do it?
  - Currently the Clinical Committee oversees several Society clinical research projects. Is this the best way to support research? How can the Society support research?
  - How is the Chair of the committee appointed? Is this the right process? Consider inviting expressions of interest from committee members.
  - Is the current Programme Organising Committee structure (with feed-in from Science and Clinical Committees) the most effective way to organise the SFE BES? Are Networks appropriately engaged in the process?
- Explore views on the Nominations committee. Is the remit clear? Should it also conduct audit functions (e.g. annual review of Council and Committees for diversity and expertise) or would this be better done at arm’s length by an Audit committee? Would there be an advantage to include governance (Governance and Nominations), to review annually, allowing adaption. Does it have the right structure? Consider whether the nominations committee should include the Chairs of all other committees (e.g. nurses, public engagement).

- Medals/prizes/awards: Look at process for identifying and eliciting suggestions for awardees. Is the membership sufficiently engaged in the call for nominations? What information should be collected/considered in nomination papers? Does SFE need to implement the DORA principles (remove all metric based indicators - journal impact factor, h-index etc so that research is judged on its own merits rather than where it is published)? Consider replacing list of papers (which is currently the main measure of success) with paragraph describing contribution. This can refer to key papers (e.g. by Pubmed reference).

• Other questions for discussion
  1. How to best represent members based outside the UK?
  2. Consider the relationship between the Executive and Membership. Should there be a formal involvement of members in appointments to the Senior (Executive) Team?
  4. Should the Society formalise policy work? E.g. Clinical Guidelines could be considered as part of policy.
  5. Where do the Networks sit? Role and remit? Can they be integrated into the Committee structure (e.g. as sub-committee of POC or Science committee)?
  6. Where does education and training sit in the committee structures?
  7. Consider a Conference/Events/Events and Training Committee with subcommittees; Education and Training, Knowledge exchange (comprising network leads), Public Engagement.
  8. Which operational matters can and should be delegated to the Executive team? Is this balance right? Is it sufficiently clear?
  9. Consider an audit committee to operate at arm’s length to Council, to review/monitor Council governance and maintain oversight (and make recommendations) of Council and Committee composition/structure and remit. To meet annually. To include finance audit (by someone external to the Society with relevant audit/finance expertise).
  10. Publications - consider how oversight of the Society journals is best achieved. Most are published by Bioscientifica but Clinical Endocrinology is published by Wiley. The Editors of Clinical Endocrinology currently sit on the Society’s publications committee. Is this appropriate? What limitations and opportunities arise as a result? How best to ensure the journals remain relevant and serve the community as a whole, retain oversight of policy and best practice (ethics, integrity) and appointments of Editorial Board members?
  11. Consider the Ambassador scheme - how best to use this to engage membership. Formalise?
  12. Does the early career steering group best serve the interests of the ECR community within the Society? How could this be done better? What should be the role(s) of the Chair of the group within the Society structures (full member of Council, representation on other committees)?

Section b Questions to form the basis for interview for interviewees with experience of Council (with additional sub-questions to probe issues identified above).

1. Do you understand the remits of the committees that report into Council and are they appropriate? If not, what are your suggestions?

2. Do the committees and Council fulfil their remit? Are they effective?

3. Is Council representative of the membership in a way that reflects the diversity of the membership (consider category of member, gender, ethnicity)? Are there any issues with regards to behaviours?

4. How well do you feel the relationship between committees, Council and the office team works?

5. How effective is the Officers sub-committee of Council in contributing to the work of Council? Is the Officers sub-committee helpful to decision making by Council? Are the right roles represented on the Officers sub-committee to fulfil the remit of the sub-committee?

6. Is Council sufficiently able to debate and make decisions for the best interests of all of the membership? Does it have the right skill set? If not, how would you like to see this change?

7. Does Council have an appropriate strategy-setting/reviewing process and timetable? Does Council currently have the right strategy in place to take the Society forward? If not, what would you like to see in place?

8. Do you feel Council is consulted on the appropriate Society matters at the right time?

9. Is Council confident that the Society’s activities are developing in the right way?

10. Does Council monitor committee and Society activities in a robust manner?

11. Does Council meet the right number of times to conduct its business? If not, how might this change?

12. How helpful did you find the induction process? Did it prepare you adequately? Were you clear about what was expected of you (and what to expect) following the induction?
13. Is there any other training you would have found helpful to prepare you for the role or which should be offered as standard?

14. Do you have anything else you would like to comment on?

Section c Questions for interview for interviewees with experience of committees, but not Council.
1. Do the committees have the right remits?
2. Is the committee effective and does it fulfil its remit? How is the wider membership engaged in the activities of the committee?
3. Several of the current committees are structured according to membership category (Clinical, Science, Nurse, ECR Steering) whereas others are structured according to activity (Finance, Corporate Liaison, Public Engagement). Is there merit in structuring all committees by activity? If so, what might this look like?
4. Did you have an induction to the committee? How helpful did you find the induction process? Did it prepare you adequately? Were you clear about what was expected of you (and what to expect) following the induction?
5. Is there any other training you would have found helpful to prepare you for the role or which should be offered as standard?
6. How well do you feel the relationship between the committee, Council and the office team works?
7. Does Council currently have the right strategy in place to take the Society forward? If not, what would you like to see in place?
8. Do you feel able to consult Council on the appropriate Society matters at the right time?
9. Does Council monitor committee and Society activities in a robust manner?
10. Do you have any other comments on the committees (more generally)?

Section d Questions for discussion groups
1. Do you feel that the Society understands your needs and represents your interests?
2. Is the Society developing in a way that supports its members with current challenges?
3. Do you feel you understand the relationship between Council and the committees? How easy is it to engage with the work of the committees and Council?
4. What would you like to see the SfE do differently? What would be the best way to achieve this?

Section e Survey questions for all current and recent (1 year) committee members and Network leads (those not interviewed) to assess committee effectiveness
Respondents to rate the level to which they agree, with free text boxes for some questions to capture more nuanced information.

Committee Remit
1. I have a clear understanding of the purpose and function of the committee
2. The Committee has a clear understanding of its purpose and function
3. The remit of the Committee, as I understand it, is functionally appropriate
4. It is clear how the Committee interacts with related committees

Committee composition, skills and experience
1. The current composition of the Committee is appropriate
2. Committee members have the appropriate skills and experience to fulfil their role
3. The Committee is sufficiently diverse
4. The Committee represents the appropriate sections of the membership
5. The Committee creates a succession and rotation plan for its members
6. The Committee creates a succession and rotation plan for its members
7. The process of selecting the Committee chair is clear and fair
8. New Committee members participate in an induction programme to educate them on the organisation, their responsibilities and the organisation’s activities

Monitoring Activities and Driving Strategy
1. The Committee regularly receives appropriate information on related subject matter for consideration
2. The level of communication between the Committee and the membership is appropriate
3. There is a clear process for members of the Committee to request information on appropriate subject content
4. The Committee has a clear understanding of all key strategic and operational information relevant to its remit
5. I am aware of the strategic goals of the Committee
6. The Committee is aware of its strategic goals in relation to the greater Society group strategy
7. The Committee contributes to setting the strategic direction of the organisation
Decision Making

1. The Committee follows a clear decision making process
2. I am able to disagree with other members of the Committee and feel that my opinion is fully appreciated
3. When clear consensus is not met, appropriate measures are taken to ensure a decision is made based upon ballot/Chair’s action or is set aside until additional information is available
4. The Committee understands the division between governance and management

Meetings

1. Committee meetings are organised properly in number, timing and location
2. The agenda and related papers are circulated sufficiently in advance of meetings to allow Committee members sufficient time to study and understand the information
3. Written materials provided to Committee members are relevant and concise
4. Committee meetings are conducted effectively, with sufficient time spent on significant or emerging matters of importance
5. Committee meetings are focused on the Committee’s core roles
6. Committee meetings operate in a way that allows all to participate
7. All Committee members engage fully with matters under consideration
8. Committee members come to meetings well prepared
9. Committee members act in the Society’s best interests
10. Committee meetings are chaired effectively
11. The Committee maintains adequate minutes of each meeting

Financial and Audit Oversight

1. The Committee regularly considers and evaluates the financial health of the organisation
2. The Committee considers the quality and appropriateness of financial accounting procedures
3. The Committee monitors compliance with corporate governance regulations and guidelines
4. The Committee takes into account significant risks that may directly or indirectly affect the organisation
5. The Committee is consulted when management is seeking a second option on an accounting or auditing matter

Overall Evaluation

1. What does the Committee need to start doing?
2. What does the Committee need to stop doing?
3. Are there any comments you would like to make about the committee?

‘The Society for Endocrinology is a good, welcoming and positive society that gives a lot back to its members and to those involved on its committees and Council. The outcomes of this review need to maintain and buoy that positivity.’
APPENDIX III

Complete list of answers and results

Governance review interviews

These answers have been grouped by primary area rather than by person. The content of these answers may relate to more than one area.

Strategy and International

- Anything to do with Council is very vague to a committee member. The President could give an introduction to strategy, structure of the Society, how it is changing/evolving. Could have a short video on the website, or in messages to members (updates from our President).
- Bringing on future leaders needs them to be challenged and supported. One is no good without the other.
- Committee chairs feed into Council, but not much of a feel for a longer-term strategy.
- Committees can discuss or formulate strategy, but the result can be a compromise/middle of the road. A small group of individuals are able to make more of a change, to really make a difference.
- Committees set strategy and define themselves, not really directed by Council.
- Consider dedicated international appointment to the Future Leaders scheme
- Could reconfigure some of the committees to be more effective. The focus could be more on strategy (activity) rather than member representation (of science/clinical/ECR/nurse). This might also help Council to become more strategic if the committees are more strategy-focussed.
- Couldn’t say what stage of a strategy cycle Council is in (an example of disconnect/engagement) but things work well and there is a general feeling that SfE is very well run. Whatever strategies are in place are working and can continue – no point in fixing what isn’t broken.
- Council doesn’t have a formal strategy setting/reviewing process. SfE’s key objectives are clear by and large (in mission statement etc.) and probably won’t change (though emphasis may). Strategic priorities/direction depends mostly on ideas generated by the Officers.
- Council has an appropriate strategy setting and reviewing process in place
- Council is consulted on appropriate Society matters at the right time. It has an appropriate strategy setting and monitoring role (gave examples of Leadership and Development awards, training initiatives).
- Council is good at setting strategy, but perhaps this could be reviewed - to look at how strategy is set and how Council perceives itself.
- Council is not an effective tool for strategy setting - it is more reactive than strategy setting. Council is the main decision making body of the SfE and decides the overall direction and strategy of the Society (example being the decision to reformat the SfE BES). It is a steering body that makes decisions that shape the activity of the Society.
- Council probably doesn’t monitor activities as well as it could. Committees work autonomously and then report on what they have done to Council. Council is not actively monitoring or directing committee activities. This works fine, but also would be happy to see Council directing committee activities as part of strategy too.
- Council probably doesn’t understand very well what its committees do. Perhaps it needs to make more time to better understand what the committees do to make the activities more effective and strategic.
- Council should set the strategy with input from the executive (office team); the executive should implement the strategy with input from Council.
- Does Council have an appropriate strategy setting/reviewing process? No. The agenda for Council meetings is very packed. Unless there is an issue, Council doesn’t get together for a “think-tank”. Consider a “horizon-gazing” process to inform strategy. Could do that in a strategy/extraordinary meeting, perhaps once every few years.
- Does Council have the right strategy and right way to set strategy? Yes, probably.
- Does Council/SfE have the right strategy? Probably. SfE feels well managed, steered. It feels like it has direction, but this is an act of faith rather than actually knowing this.
- Endocrinology has changed over the years and is now viewed more broadly. Need to engage with other bodies/Societies representing sub-specialties (e.g. diabetes, thyroid, bone, obesity etc.). Note this can lead to COI which need to be managed.
- Form a working group from membership to best support oversees graduates in UK and international members working abroad (career development & mentorship, getting PLAB / GMC recognition, employer sponsorship, job & research opportunities)
- In terms of strategy, Council isn’t setting the strategy, it reviews strategy.
- Inductions are fine. The roles on Council are not especially demanding so not much is needed beyond trustee responsibilities. No other training needed. Council is a “tick box” exercise. If this changed, and committees became more strategic and roles on Council became more substantial then maybe more training might be appropriate.
- International members - what is their motivation for joining? If simply access to journals, then perhaps no need to engage further. Can the UK be useful in contributing to endocrine practice in other countries? Perhaps. A possible opportunity here.
- Is there merit in an International committee? Maybe, if SfE wants to reach out.
- Is there merit in committees being activity based? Don’t want more committees! Could, however, consider an international committee (what would it do?) or an international representation on Council. ECR have the potential to have bigger impact with a bigger remit if Education and Training. Some merit and benefit to that.
• It's important that the President is able to implement ideas/strategy quickly and efficiently to effect change.
• Mentoring/sign-posting can be extremely helpful in bringing along future talent. How well is this working in the Leadership and Development scheme? Can it be extended to engage others working in departments/institutions where SfE is less well represented?
• Most of the decisions of Council are (and should be) taken by the Officers, a small set of engaged people, with subsequent approval by Council. Decisions are not made best by committee. Involvement of larger groups of people is an ineffective way to make decisions, including on strategy.
• Numbers choosing endocrinology as their specialty has fallen over recent years. How to promote Endocrinology as a specialty is an important question for SfE leadership.
• SfE is very UK based. It could reach out more internationally, especially to share good practice in patient care, patient outcomes. This is especially important in low and mid-income countries.
• The networks could be more strategic/form more of the Council strategy, beyond the current role in the pandemic. The 5 year plan doesn’t have a lot of meat on the bones.
• The nurse committee is represented on the FINE (Federation of International Nurses in Endocrinology) network. This helps support nurse attendance at ECE, ENDO, ICE etc. and facilitates sharing of knowledge and creation of accepted universal standards in endocrine nursing.
• The nurses committee has reached out to international members and has formed an alliance to help raise funding to support conference attendance by endocrine nurses. The competency framework brought this together, with affiliation to the International Society for Endocrinology. Attendance at international conferences can be particularly challenging for nurses. So far most of the alliance work has been around conferences but the committee is trying to branch out to better support endocrine nurses internationally (e.g. by access to competency support). This is helping raise the profile of endocrine nurses in other countries and how they can help clinicians.
• The President is a figurehead who represents SfE as a whole. They have to have a profile and be reasonably well known. It is important for the President to have vision and to want to do something rather than just maintain the status quo. They have to want to move SfE in a direction to make it better.
• The Royal College of Physicians (Edinburgh) has a huge following (and membership) in the Indian subcontinent and does really well in including these members. They have a hybrid model (operating since at least 2018) that combines the floor (physical presence) with online format for meetings (of several hundred). Q&A are fed through the Chairs. Important high-profile appointments are made internationally and there are strong links through Africa and Asia. Those practising or recently moved from other countries could be strategically important in broadening the reach of SfE. US Endocrine Society is also very international whereas SfE is very UK focussed. There is an opportunity to reach out internationally to increase the reach of SfE.
• The Science and Clinical committee chairs are free to drive committee strategy/reform the committee. Science and Clinical committee remits are broad. The Science committee could focus more on ECR support and grants if that is what is needed.
• The Society has recently been focussed on responding to the pandemic which has created some new opportunities. However, once SfE can exit from this challenge, it will be useful to take stock and devise a clear strategic plan. It probably needs short (1 year) and long (5-10 year) plans.
• The strategy and approaches of SfE are not very clear.
• The strategy setting is reasonable, though consider surveying the membership during the planning stages to input into strategy-setting. [Council]
• To function well, Council members need bigger roles, Council needs to meet more than twice a year (maybe 4 times) and there needs to be communication in between. This could help develop strategy between members of Council.
• We need to be clear about what we are and what our purpose is. What can we realistically do?
• Where does SfE strategy come from? Is it top down or process driven?
• A governance review should be conducted periodically, perhaps every 5 years.
• Council does a reasonable job of monitoring committee activities, although this is less good for finance on the whole.
• Council is appropriately consulted on matters and works well. The relationship with the Executive is good, consultations happen quickly. Issues are not allowed to drift but are tackled in a timely, open and honest way. This makes decision making straightforward.
• Council is appropriately consulted with 2 meetings a year and communication in between. It works. An example is the COVID response where there was good communication, good options presented and it was all discussed.
• Council meetings do not allow for time for proper decision making. Decisions can be difficult with large groups as well. Need to be clearer about what Council has to do.
• Council monitoring of activities is performed but could be more robust. Things are challenged at times, but there could be a clearer mechanism for highlighting an issue (e.g. if someone is not performing well). There could be an annual review or survey of Officers/Council committee chairs. However, most people are engaged and take their responsibilities seriously so this can be “light touch”.

Processes
• It is important that Council isn’t too big to make effective decisions.

• Meeting frequency – why not 3X per year? Given the amount of business, 3x2h would be preferable to 2x3h. There is a danger of committee fatigue and there are difficulties in bringing people together. Needs to be at least one face to face meeting per year. An option for online could be useful for a 3rd meeting which might be dedicated to a particular topic (for example).

• Need to reference “current best practice” and clarify the process by which the review has been set up and Chair appointed.

• Not clear how committee chairs are chosen. This process should be clearer, especially given that other committee members do not know how the chair is “anointed”

• Not entirely sure about conduit of information from Council to committees and vice versa. This isn’t at all clear to committee members. The mechanisms for hearing Council discussions and where initiatives come from are very unclear to committee members.

• Officers make decisions, Council approves them.

• Officers set direction, Council rubber stamps it. Council doesn’t really make decisions of importance, more a debating forum that passes decisions made by Officers.

• On coming onto Council, expected more discussion. Ideas/proposals usually come to Council very well formed and well thought through, so that the role of Council members seems to be approval of things that are very clear and make sense. Proposals are generally so sensible that it leaves Council with little to do.

• On the relationship between committees/Council and office staff, the Office do a wonderful job. Things move seamlessly back and forth and it works very well. Committee-Council relationship is comfortable. Overall, inclusive atmosphere. There is room for more continuity in process of supporting committee - although the individual is great, there seems to be an element of reinventing the wheel when the office staff supporting the committee moves on. There should be more memory/consistency in the system to help with transitions as people move on. Perhaps the committee remit could be better reflected back, e.g. in a calendar of activities to facilitate handovers.

• People are listened to within the Society.

• Rebalancing committees: Symposia planning by Clinical and Science committees should probably move to the POC.

• Rebalancing committees: The Science Committee could become a research committee, responsible for oversight of grants (with an appropriate clinical representation on the committee).

• Should there be someone with a business/finance background as a member of finance committee? Perhaps bring in an external person with that expertise.

• Some basic training on finance would be helpful for Council members. There is a lot to swallow in the finance information and some background information on accounts management and investment strategies would be useful, perhaps in the form of a training video.

• The SfE BES programme is critical to the Society and its membership. The POC puts together an excellent programme and a lot of effort does and should go into this. A separate science meeting (or meetings) could be divisive and endanger the SfE BES. Need to ensure the science quality in SfE BES stays high.

• The CEO could have more autonomy. The CEO seems constrained by the structure of Bioscientifica/SfE, requiring all decisions to go through Officers/Council. Perhaps more authority could be delegated to the CEO from Council, though this would only be appropriate for some matters. Other decisions (academic for example) should remain entirely with Council.

• The induction to Council involves a lot of (useful) paperwork. The information on trustee responsibilities and the annual briefing from the Auditors is helpful, insightful and informative. The Auditors flag up things that could be done better.

• The number of Council meetings is about right. There is the ability to make decisions more quickly via email. The pandemic has shown how we can do business in a different way. Online doesn’t work as well as face to face but there is a case for having a mixture.

• The Officers sub-committee works very well and is effective, with nuts and bolts business meetings.

• The process is slow. Ideas/propositions need to wait until the next Council or Officers meeting. The structures seem rigid and not very flexible. Some things (endorsements for example) need to move more quickly. Although the process is robust and proper, the lack of nimbleness could result in missed opportunities. Consider doing more by email or via extraordinary (online) meetings. Face to face meetings are time-consuming, so don’t want more. Authority could perhaps be delegated to make decisions more timely. [Council/Officers]

• The remit of committees and Council is clear. These are regularly reviewed and understanding of the remits has improved in recent years.

Council, Officers, Committee Structure, Committee Effectiveness, Committee Composition

• 2 meetings a year is about right, with the option of a special online meeting, as happened in 2020. Online meetings could be dedicated to specific topics.

• 2X half-day meetings a year is not enough to allow discussion at Council. There is a lot on the agenda. Could consider making time for a face-to-face meeting before SfE BES (a full day or even 2 day meeting to fully debate and discuss matters). Could also have several meetings by Teams, which has “equalised” meetings for those who need to travel to London. Time previously spent travelling could then be spent discussing Council matters.

• 2X meetings per year is OK. The role is voluntary and unpaid. Have to be realistic about what people can do.

• 2X per year is probably not enough, but everyone is overwhelmed by the requirement to attend meetings and this is all voluntary. Difficult to get Council to meet more than 2X even with online meetings. It would be quite difficult to meet more effectively.
• A good grasp of the remit of the committee, developed through serving on the committee for some time prior to becoming Chair. Has also served on another SfE committee and has reasonable grasp of what they do.

• A probationary period of 3 or 6 months for membership of committees may be beneficial, to try and address the problem of lack of engagement. Shadowing can be very helpful in identifying people who do engage.

• A problem with engagement and joining work of committees might be time availability. Some might be lack of knowledge/confidence. Having observers on committees/Council might help with the latter and might help engagement overall.

• A small committee structure of a few very effective people can be a powerful way to get things done. [Officers sub-committee]

• A training and education committee might be useful, perhaps incorporating a mentorship scheme (which could be geared towards membership category). [Structuring Committees by activity]

• Activity led would allow cross-communication between membership categories. Could cross-fertilise and involve people more. [Structuring committees by activity]

• Additional training that might be useful could be an opportunity for “effective Chairperson” training. It is largely a matter of learning on the job as it stands.

• Additional training would probably not be helpful, the induction is enough. The context could be optimised though, with more info in inductions on governance and structures.

• An Audit and risk committee (analogous to that developed by the Biochemical Society, at arms-length from Council and the Executive) might be one way to perform internal audit and to assess risk. This could include 2 independent people on the committee (e.g. chartered accountants) to periodically do a deep dive into the Executive.

• An induction outlining the organisational structure of the SfE office, and the role and responsibilities of Council would have been useful.

• An induction to the Bristol office would be useful. What do different people in the office do (not just those supporting the committee)?

• Are the Officers the right roles? Unclear what they do.

• As a committee chair, there was no formal induction, though there was shadowing of the previous committee chair. No induction to Council.

• As a committee member, no idea how Council worked. Very little idea of governance above committee level

• As a whole and over time, Council works very well and is very effective. It meets the needs of the membership. However, there does seem a “disconnect” in that it just seems to ratify things that are brought to it already well thought out. It is therefore effective by proxy.

• As the committees now stand, there is quite a bit of overlap in some of the work. There could be more “flow through” the committees as they now exist to keep things a bit more joined up. Moving to activity based committees would embrace the overlap and would likely bring benefits.

• As the senior trustees, the Officers are the most engaged, and work with the Executive

• Being elected to Council can be a popularity contest.

• Can’t recall an induction to Council (as a committee chair and previously committee member). An introduction to members and what to expect of the role (and what is expected) would be helpful.

• Care should be taken to make sure that SfE investments are ethical.

• Clinical and Science committees are effective with clear remits, though it might be interesting to consider moving to more activity based. Science committee is already predominantly activity based.

• Committee currently meets 3X per year and online meetings are working well. For the future, could consider one face-to-face meeting per year and 2-3 meetings online.

• Committee remits are clear (in contrast to Council). In some cases, these are perhaps too broad? The Science and Clinical committee remits, for example, could be more focussed and perhaps the committees would achieve more that way.

• Committees appear effective.

• Committees are not very effective in policy work, with possible exception of clinical guidance

• Committees by activity or membership category - Having Science and Clinical committees generates a bit of a divide, an “us and them” feeling. There could be a lot more integration between the two.

• Committees fulfil their remits in the way the remits are written down.

• Compared with some other learned societies, SfE is relatively large so a bit more unwieldy when it comes to making changes.

• Consider a Resource committee (HR/finance), with an independent member (a chartered accountant), chaired by the Treasurer.

• Consider periodic appraisals with Council members, could be very useful in getting feedback from and supporting members. Useful to see how members see Council, what works well, what could be improved.

• Could be more use of working groups, especially to work between committees, can also bring in different expertise through working groups.

• Could consider expanding the Officers group but then reduce the size of Council perhaps, correspondingly.

• Could have a clinicians committee and an academic committee (addressing conflicts between clinician scientists - who would be in the academic committee - and clinicians in practice). And a training committee. The science committee already has clinician scientists, so this wouldn’t be massively different from current.
• Council and committee members are unpaid volunteers. Whilst the work is done willingly and remuneration is perhaps not appropriate, greater acknowledgement of the amount of work and effort that people put in (especially committee chairs/officers) could be considered. For example, free attendance at SfE BES could be provided as an acknowledgement of the time and effort involved. Staff in the SfE office and Bioscientifica are paid for the work they do for the Society and this leaves a slight feeling of “imbalance” when actions are requested from committees - need to avoid an impression of taking the voluntary work of members for granted. This is especially true during the current pandemic, when many members are feeling exhausted.

• Council and the committees are effective.

• Council can be intimidating.

• Council can be quite intimidating, especially on first meetings. It can be quite difficult to contribute, especially when an Officer voices an opinion. This can suppress any debate.

• Council could be more adaptable. There should be more communication (to each other). It’s hard to get to know individuals with just 2 meetings a year. Q7

• Council could consider different ways of gathering information on committee activities for monitoring purposes.

• Council could do more in giving jobs to sub-committees, with the completed work then brought back to Council.

• Council does a good job. A bit bureaucratic and the current zoom format is a bit restrictive, but plenty of discussion and Council is effective in decision making.

• Council does monitor committee and Society activities in a robust manner, though there are issues with the level of scrutiny at Council of finances (the legal responsibility being with Council).

• Council doesn’t come up with new ideas.

• Council doesn’t really have enough opportunity to discuss and debate in making decisions. Meetings are too few and far between. There could be intermediate meetings, perhaps being flexible with when and how (online).

• Council feels very serious, like a court of law. Can it be made less intimidating and more welcoming?

• Council is consulted appropriately on Society matters.

• Council is consulted on the appropriate matters at the right time.

• Council is consulted reasonably well on appropriate Society matters at the right time.

• Council is sufficiently able to debate and make decisions for the best interests of the membership

• Council is, at the same time, both welcoming and intimidating.

• Council knows what the Society is doing and what is going on. Council is able to look at group remits/ intentions, but does it have a mechanism to redirect a runaway committee? Not clear.

• Council meeting frequency: this is about right. There is a danger of meeting fatigue (especially for committee Chairs). Having an extraordinary meeting worked well. The frequency is sufficient for Council to be effective.

• Council meets the right number of times. Twice a year is appropriate, an extra meeting (online) can be held if needed, for example to respond to a particular matter as this year for the Future of Endocrinology.

• Council monitors committee and Society activities robustly.

• Council monitors the activities of committees though there could be room for improvement here. Gaps are noticed though, and discussed and are then improved.

• Council only meets twice a year, so hard to say if it is consulted appropriately on matters at the right time.

• Council remit - it’s not clear to committee chairs. A bit of an enigma. Lack of transparency over Council/ committee communication (both ways) and where matters/responsibilities end up.

• Council seems less engaged/ more internally focussed than the committees. Helpful that Council speaks directly to the membership (e.g. SfE President speaking out on important issues in emails directly to members). Perhaps more can be done to engage and communicate directly with membership.

• Council tries to monitor committee activities, via committee reports. Information is only given that is asked for. Maybe the information requested needs to be reviewed?

• Council works well, 2 meetings a year is fine. Could have extraordinary meetings if needed. It’s hard for busy people and especially clinicians to make time for more meetings than this.

• Council’s remit is clear. Certain aspects are mandatory and have to be discharged (so clear why these are discussed). Whether everything discussed at Council is relevant to the remit is perhaps less clear.

• Council’s remit is maybe not as clear as it could be to a committee chair (a formal induction could have helped rectify this). Clear that Council makes the decisions and represents all areas of SfE work. Clear it is the critical part of governance.

• Debates are appropriately had at Council, reaching decisions. Opinions are listened to.

• Decisions are made by Council but have already been made by the Officers. So things are brought to Council already very well thought out and don’t need much extra thought.

• Didn’t really have an induction to join the committee or as committee chair. No induction to Council (this would have been helpful). The Auditors yearly update/reminder on the trustee responsibilities of Council is useful to increase awareness of the role and responsibilities.

• Does Council monitor committee and Society activities in a robust manner? No clue. Probably, but this view is based on instinct/faith.

• Encouraging members to be observers at committees/ Council is a nice idea, though clinicians in DGH might find it hard to get the time to attend.
• Feedback - who is listening to the membership? How does SfE focus on capturing feedback? There are very few surveys that capture the views of anything other than a small percentage of the membership.

• Finance committee does a good job, especially with a level of scrutiny from the auditors.

• Finance committee does a great job, but Council largely just accepts the output of finance committee.

• Finances can be passed over without proper scrutiny. [Council meetings]

• Function/exact role of Council is not entirely clear other than oversight of SfE activities.

• Having been on the committee for some time prior to taking over as Chair, there wasn't really much of an induction for the role. Although there was a discussion, the burden of the Chair role wasn't clear prior to becoming Chair.

• Having the science committee is seen as a positive thing for scientists - signals that SfE cares about them.

• If committees were structured by activity, then a Training and Education committee could be more directed to that role and make training initiatives more effective. Advocacy may be more effective if the committee included routes to be able to effect changes (e.g. through people in senior positions in NHS or who are involved in examinations processes).

• Important for committee members to meet, to get to know each other. With more strategic/less frequent meetings (e.g. if activity based), something might be lost. The wider role (for membership category based committees) allows oversight of a variety of activities.

• In terms of Council monitoring of committee activities - this works well but could perhaps be made more robust with more structure in the way feedback to Council is provided. Could consider a template asking for details of (for e.g.) recruitment, representation.

• Inductions - there could have been a better induction to Council. Only trustees get a full Council induction.

• Inductions in general can be formulaic and non-specific and often don't take account of the experience of an individual. The trustee induction was helpful and useful. Other inductions are not important (all the information is in the remit). Important thing is to recruit people with relevant experience who are independent minded to facilitate discussions that are open and frank.

• Interpersonal relationships work well. Practically, timing makes things cumbersome. Ideas can get caught between committees and meeting and risk being lost. The strategy of cross-representation on committees is a good one. Committees can report back but don’t have authority, so decisions still have to be made elsewhere/ at Council.

• Is Council consulted on appropriate Society matters at the right time? No clue.

• Is Council effective? There is never a full quota of people there, everyone is busy. This is a limitation to being effective.

• Is Council monitoring of activities robust? No. Time is a problem. Council relies on committee chairs to report back. Maybe there could be more monitoring of committees so that Council has a better feel for what the committees are doing, e.g. a few headline decisions/reporting on diversity.

• Is it appropriate for the Programme Secretary to be one of the Officers? Might it be more appropriate to include the Chairs of the Clinical, Science and Nurse Committees and the Chair of the ECR group?

• It could be helpful to ask committees to provide more stratified information. [Reporting to Council]

• It is important that members of Council/committees do not feel intimidated. Consider a “buddy” scheme, whereby (for example) there are at least 2 Council attendees from each membership group (one could be a committee chair).

• It makes a lot of sense to bring people onto committees, then Council and then to Officers. This is an excellent way to ensure levels of commitment, engagement and capability on the governing body.

• Look at structure of the Remuneration committee. The General Secretary (line manager of the CEO) should not be involved in remuneration of the CEO, as there is a COI. The Treasurer would be better placed to Chair this committee. The independent member should attend (not merely send a report). Consider including a member on the Remuneration committee who has experience in senior management (e.g. at own institution) but who is not a member of any of the committees of SfE or Council.

• Meetings can be repetitive, but this allows for discussion across a range of different forums and can be useful. [Council]

• Members could be invited to be observers on committees/Council, with potential to join a committee for 3 or 6 months to get a feel for how it operates as a way of identifying future leaders and increasing transparency and engagement more generally.

• More committees are not needed.

• More than 2X per year would be burdensome. There is already a lot of other committee work for Committee Chairs.

• More training? Able to follow financial discussions, but at the limits of being able to.

• Most aspects of what the committee does are effective, though not all.

• Most decisions are made by Officers and CEO. Is that right or not? It has advantages but is a small cabal.

• New initiatives are thought about, and can be brought through quite quickly. People with vision and personality can make a difference.

• No additional training is needed.[Committees]

• No clear idea of what the Officers sub-committee remit is or have an understanding of the structure of the Officers sub-committee, but the sub-committee does a good job.
• No direct experience of Council, but the role of Council (as it appears to committee members/ordinary members) is nebulous and mysterious, with more than a whiff of ivory tower.
• No induction to committee or Council (as committee chair). This would have been useful. Some introduction to know how the committee/Council works. Goals of the committee and of the individual: What is required/expected of me and/or the committee?
• No induction to Council as a committee chair (this would have been helpful).
• No induction to the committee, better induction as chair (though internally recruited to chair position from committee).
• No issues with behaviour either experienced or witnessed.
• No merit to an Audit committee (similar to Biochem Soc), for monitoring Council activities, this would just add unnecessary bureaucracy and may not necessarily represent best practice.
• No real awareness of the Officers sub-committee prior to Council experience (externally the sub-
  • No strong views as yet but felt this was appropriate. Officers and office staff facilitate/trigger decision making processes as and when appropriate. [Council monitoring]
  • Not clear how the voice of the committee is heard at Council.
  • Not much of a feel for how Officers/Council works.
  • Not very clear how the Officers sub-committee works.
  • Of all the SfE committees experienced, Council engenders the least feeling of engagement.
  • Officers are extremely engaged and hard working.
  • Officers are useful to decision making by Council.
  • Officers give Council a steer. This can be useful to cut through some of the issues. Things are still presented and discussion/sufficient debate happens at Council. Council can still vote against proposals. Officers’ proposals are not a done deal.
  • Officers need to be aware of what goes to Council and to have broadly discussed issues, but should leave the decision making to Council. This can be a tricky balance.
  • Officers? Unclear really what they do or what the remit is, how often they meet, what they discuss, what authority is delegated to Officers.
  • Overall, experience of committee/Council is very positive. Membership is always at the heart of things. The membership is supported in the best way possible.
  • People are involved and engaged, members are very open, civil, respectful and constructive.
  • Perhaps Council is meant to be light touch? The Officers have already taken care of things. Council isn’t expected to prepare much. Don’t really feel disengaged, there just isn’t a lot to do. This isn’t complacency, and shouldn’t result in rocking a boat that works really well.
• Perhaps set up a working group to look at how a Training and Education committee might look? This could be cross-disciplinary and even involve people from other Societies. [Structuring committees by activity]
• Positives would be that each committee could become more nimble. Greater possibility of discussion and diversity. Negatives would be that governance could become more cumbersome with decisions/approvals needing to go through more committees. [Structuring committees by activity]
• Probably 3 meetings a year or even 4 would be optimal, with smaller agendas. Some could be virtual (and virtual meetings tend to be shorter anyway). Perhaps finance could be dealt with once per year with other committees reporting more regularly.
• Probably no other training needed, other than induction to Council - roles and responsibilities.
• Probably sensible to have a unification of committees - all structured by that they do or all by membership category. By activity makes it clear what the committee is for - e.g. Clinical Practice, Training and Education. Perhaps consider unpicking remits of committees and resorting.
• Quite a bit of the work of the committee is delegated to working groups that then report back to the committee.
• Rebalancing committees: Clinical Committee could be slimmed down and focussed.
• Remit of committee is clear and good. Effectiveness? There is lots of good stuff going on, but that’s not to say there isn’t room to do better.
• Remits of some of the other committees that feed into Council are not necessarily clear to those not on the committee, unless the information is sought out (and it is readily available in any case).
• Remits of the committees that report into Council: I have a broad understanding of what this is.
• Remits: Most of the committee remits are clear. In some cases remit hasn’t been clear but has been reviewed and clarified.
• Remits: own committee remit is very clear and has recently been reviewed (remits are periodically reviewed). Remit is appropriate for the committee.
• Same for Officers - role is very unclear.
• Science and clinical committees seem appropriate.
• Science committee already has a number of clinician scientists, so currently not really by membership category. [Structuring committees by activity]
• SFE is a good, welcoming and positive society that gives a lot back to its members and to those involved on its committees and Council. The outcomes of this review need to maintain and buoy that positivity.
• SFE needs to promote Endocrinology as a specialty. Training is different for nurses, physicians, scientists (lobby for more prominence for endocrinology in undergraduate degrees?) [Structure committees by activity or membership]
• SFE running is very slick and well run, so there doesn’t seem a need to do much to contribute.
• SfE would benefit from having other opportunities to receive feedback, actively sought (people are too busy and not sufficiently engaged to volunteer it). Randomly sample the membership? Committees? Networks? for interview, on a regular basis perhaps. Or conduct a “listening” exercise from time to time - “come and talk to us”. This could even be at SfE BES.

• Should Council be better informed about the performance of the Executive? Consider an internal audit.

• Some members of Council don’t seem fully engaged in the business - for example, missing meetings or being insufficiently prepared for the meeting (not reading the papers).

• Some Society activities seem to happen rather than being actively directed or monitored by Council. However, nothing happens in isolation and Council is kept informed.

• Some things on committees could be done differently to make the committees more effective (and perhaps avoid some duplication between committees - e.g. in putting together the SfE BES programme). On the whole, there is a high level of autonomy within the committees so that committee chairs have flexibility and are able to move forward.

• Structure committees by activity or membership - There are merits in both. Switching may keep things better joined up for a while, but then this might be lost over time (as memory fades and people turn over)

• Structure committees by activity or membership? Depends on the outcomes/what the mission of the committee is. It could be difficult to get a balance. It’s not clear what other committees do.

• Structure committees by activity or membership? Need to be careful not to throw baby out with bathwater. Merits in having the oversight of a single (clinical) committee.

• Structure committees by activity or membership? Tricky.

• Structuring all committees by activity seems sensible and might get around a bit of silo mentality.[Structuring committees by activity]

• Structuring committees by activity has merit. It could result in the membership category being more involved.

• The ability of Council to debate and make decisions is compromised by what is on the agenda.

• The agenda is busy but the committee generally gets through things and certainly everything that should be discussed (other matters can be dealt with by email).

• The Auditors presentation at the beginning of Council meetings is a helpful reminder of the responsibilities of trustees, though it does take time. Consider producing an online training video – maybe an hour? A simple introduction to finance (investment portfolios, balance sheets etc.).

• The committee has the right remit and is doing nice work.

• The committee is effective, though how effective can depend on the membership at any one time. The committee is able to develop ideas and influence how things happen. Council is effective.

• The committee is effective.

• The committee remits are clear and committees are effective.

• The committee remits are clear, especially the committee that has been chaired. Committee has an appropriate role and can influence the Society, feed into public engagement. Interactions with Council foster an understanding of how SfE can support its membership.

• The Committee-Council-office interact well.

• The Committee-Council-office relationship works extremely well. Support from office staff is fantastic.

• The committees and Council fulfil their remit and are effective, by and large. Some initiatives are very successful (example given of the Steroid card). Others are not as effective, e.g. influencing national training. Possibly if Training and Education lay in a specific (activity based) committee, initiatives would get more attention and may be more effective (can get diluted in, say, clinical committee).

• The committees could talk to each other more, perhaps mediated at Council.

• The Council role and remit can be a bit confusing. Whilst by-and-large it is clear, some things are not (e.g. the role/representation of Bioscientifica at Council). As a committee chair, there was no induction to Council, though had a vague/reasonable idea of what was happening.

• The document package for each Council meeting is huge. There is a limited amount of time that can be given to working through it and there is a large agenda for each meeting.

• The efficacy/direction of Council is strongly dependent on the Officers sub-committee and individual personalities.

• The finances, remit/aims of SfE are clear, less clear on structures.

• The induction process for both for the Committee and for Council is very helpful. The induction was set up well to support the business. The provided UB training is good and useful. No obvious need for additional training.

• The induction process to the committee (as a member) was OK. It comprised a series of helpful emails - whilst not being described as an induction, per se, it provided a good grounding for the role.

• The induction to the committee was basic and a bit box-ticking but could be useful too. Not much info on Council. The relationship between committees was explained. Would have been helpful to have more information about relationship between committee and Council.

• The induction was helpful and the regular reminders of trustee responsibilities are useful.
• The inductions ensure elected members of Council are aware of their responsibilities and the annual reminders of trustees’ responsibilities from the auditor is helpful.
• The legal responsibilities of trustees can be intimidating.
• The member-based committees are a useful talking-shop and benefit the committee members, though unclear how these particular benefits can be transferred down to members.
• The mixture of activity and membership-category based committees works well and there is not much redundancy, but there is some scope for change. Activity based committees (e.g. to develop clinical guidance) would draw on potential for cross-disciplinary work and could span all categories of member.
• The office and committee work extremely well together and this relationship feels healthy. Relationship committee/Council is completely nebulous.
• The office team provides great support for the committee with good communication and organisation.
• The Officer/Council distinction is not clear. It is clearer what Council does and what it wants to achieve than for the Officers (as a sub-committee). Council comprises the committee leads as well as the elected trustees.
• The Officers do a great job.
• The Officers group allows for rapid decision making without too many agendas/vested interests. It needs an overall view. With more people, this might happen less. Is the balance right? No strong view.
• The Officers sub-committee remit is unclear. The delegation of authority (from Council to Officers) can be useful for rapid decisions, especially when things come up, leaving big decisions to Council. There is a long gap between Council meetings and approval by the Officers can be useful.
• The presentations of finances to Council could perhaps be improved to aid with understanding. Consider a power point presentation with clear highlights. Retain the information but make it more digestible. Grants, reserves, gift aid etc. in graphics.
• The regular reminders about trustee responsibilities are good and helpful. [Council meetings]
• The relationship between committees, Council and office works well, is open and good. Communication is mainly by email outside of meetings. There is very little communication directly between committees. Committees communicate via reports to Council.
• The relationship between committees, Council and the office team works very well.
• The relationship between Officers/Council and the office team is good and works very well. The structure of the office is clear. A designated person from the office supports each committee.
• The remit of Council is opaque from the perspective of a committee chair.

• The remit of the committee is crystal clear. This is restated at the beginning of the minutes for each meeting, which helps maintain focus on the role of the committee. The focus of the committee is on the membership rather than the committee itself - it is outward looking and provides opportunities to those working their way up the career ladder.
• The remit of the committee wasn’t clear prior to joining, but became clear after a period of time serving on the committee. More briefing prior to joining the committee might be helpful.
• The role and remit of the Officers sub-committee is mystifying. No insight into what they do.
• The role of Council is very unclear to a committee member. What is it? What does it do? It is clear that Council has to be “asked for permission” but very hazy idea of how it works or what it does. An introduction to the governance would be helpful as part of the induction to the committee - best done as a diagram perhaps (no time to look for information, has to be accessible and preferably provided).
• The role of Officers relative to Council is less clear. Sometimes Council seems to be a rubber-stamping body, to ratify decisions already made by Officers. This leaves Council with little to do in the way of governance. Council doesn’t have much chance to contribute because things have already been decided.
• The role of the President is clear. That of the General Secretary is less clear.
• The SfE structure is laid out clearly. It has an iterative process. Various committees have been added to or changed to meet requirements.
• The SfE works well. Committees are focussed and individuals can change things. There isn’t too much inertia.
• The Society as a whole seems well governed, both Council and the committees. It follows due process.
• The Society runs well, though right to look at governance periodically.
• The structure of a Chair/President, Board/Council with oversight of the work carried out by the Society is similar to that of a company or advocacy/political grouping. Exactly what are the roles we need performed - a Chair or a President? A Board or a Council?
• The time commitment required of Officers, committee chairs, and council members is a big issue.
• There are opportunities for debate. Council is able to have a measured debate.
• There aren’t enough opportunities for informal verbal feedback of committee members or others involved in SfE schemes.
• There is a “missing remit” for education, certain aspects of education that should be included are not included in the remits of the SfE committees.
• There is a fine balance for Officers/Council between being supportive of the Executive and challenging the Executive.
• There is a lack of transparency. What are the outcomes from Council? How are they viewed (by committees)? The rationale for what gets taken forward by Council (amongst what is submitted) is unclear and appears selective.

• There is a lot on the agenda for Council. This doesn’t leave a lot of time for discussion. Maybe look at the agenda to ensure it is appropriate for the remit of Council.

• There is a relatively small pool of people willing to volunteer their time for committee work.

• There is negligible engagement with the wider membership.

• There may be some merit in rebalancing committees towards activity based (rather than membership-category based).

• There wasn’t an induction, just a brief introduction to committee members. Had to learn what was expected on the job. A short induction to the committee explaining how it works and what it does would have been helpful. Information about the governance of SfE would have been helpful and a general discussion around expectations/responsibilities. An induction is especially important for those relatively new to SfE structures/committees.

• Timelines are clear for Council matters; projects have deadlines.

• Training and Education might be too broad a remit. [Structuring committees by activity]

• Training in how to behave on committees/Council is important - this can be via experience or by example, but Council members should follow established committee protocols.

• Two regular meetings of Council, with extraordinary meetings where appropriate is a good frequency. The face-to-face aspect is extremely important for introducing new members, to help put them at their ease. Online meetings can be more intimidating. Consider always bringing new people (trustees/committee chairs) onto Council at a face-to-face meeting (could be, by default, the June meeting).

• Unclear what Finance committee does (or what members actually do), though the impression is that they do a good job.

• Very little is asked, other than the papers are read for the meeting. There isn’t much input requested into the work of Council. It feels as though is mainly serves a legal role – mainly approval (or not) of proposals brought to Council. Box-ticking

• With 2 meetings a year there probably isn’t sufficient time for Council to properly discuss issues requiring decisions. There is a big agenda at Council meetings so there isn’t a lot of opportunity to talk through things.

• Worth trying out. Look around and see what other Societies do first. [Structuring committees by activity]

• Would allow committees to be spread less thinly - focus on retaining people, lobbying, guidance etc. [Structuring committees by activity]

• Would be good to explore merits of structuring all committees by activity.

• Would having observers on committees help with engagement? It may be counter-productive if it reinforces feelings of “otherness”.

Skills

• Are the Officers the right group? There are advantages as it is. It is light and nimble. There is a broad spectrum of experience with a good overview. The sub-committee has the ability to make decisions quickly. It wouldn’t necessarily be detrimental to expand the group, but it risks making it less nimble.

• Are the Officers the right roles? Job description of General Secretary is unclear. Why the Programme Secretary rather than one (or more) of the other committee chairs? The role of the President is clear - to be the figurehead of the Society, to set the tone internally and externally for SfE.

• By and large committee and Council members have the right skill set. There is a need for a particular skill set on the Finance committee and this relies on being able to identify appropriate individuals (who do not necessarily come forward themselves). There is a heavy reliance on the Finance Director. The Auditor doesn’t usually attend meetings. Perhaps consider bringing in an independent chartered accountant if there is no-one obvious with the right expertise.

• Consider an Academic Officer role instead of Programme Secretary, with oversight of the academic affairs of the Society. This could bring people together under one umbrella, covering Education, Training and Research.

• Council members are capable and experienced people who usually have the right skill set - no additional training needed.

• Engagement of Council members can be problematic; Council members need to be people who will commit to the role, who will read the papers properly and contribute. Commented on very little engagement over financial reporting. Is this worthwhile even?

• Experience in chairing meetings and reporting is important to serve as a committee chair. Training in these could be considered for aspiring committee chairs/Council members.

• No induction to Council as a committee chair. With a good understanding of governance, probably not essential, but this depends a lot on the Chair. The Chair has to set the tone and parameters to ensure good governance. The Chair has to have a thorough understanding of good governance to set the tone and bring people back to it.

• Officers’ sub-committee - In terms of the roles, perhaps the chairs of Clinical, Science, and Nurse Committee would be more useful than Programme Secretary.

• Officers’ sub-committee - The role and remit are unclear, so effectiveness is hard to judge.
• Probably don’t need a mechanism to remove non-engaged members from Council, more important to recruit engaged people in the first place who can evidence their potential to contribute to SfE. This doesn’t necessarily have to be through SfE committee work, but could be via service to another organisation - needs evidence of being effective in a role.

• Right skill set? Yes, in the main. [Council/ Officers]

• Skill set on Council is appropriate.

• Some individuals are more visionary and are working to try and change things and achieve a broader outlook. There is a feeling that there is a taste for change in some quarters.

• The distinction between the roles of President and General Secretary isn’t completely clear.

• The President is a figurehead role. Has a strong hand on the tiller.

• The President must be seen as a leader in the field and someone who can take SfE in a direction/who has a strategy. The General Secretary is more operational than strategic.

• The President sets the tone for the Society. Needs to be presidential and not just a figurehead. Is there enough visibility of the President? Perhaps the President could speak directly to the members (including by email) a bit more. This might encourage a feeling of belonging and support.

• The President should have an ambassadorial role, being the “voice” of the Society. The President should be responsible for making the Society publicly visible, to raise the profile of SfE and create external impact. This should include liaison with other Societies/professional bodies and signing off consultations. It should include being the voice to communicate to members.

• The roles of the President/General Secretary are, to some extent, overlapping and perhaps not entirely clear.

• The skill set of Council is fine. They are a capable and experienced group.

• What skill set is needed to be on Council? Is it defined anywhere? Council has the right constituency, yes.

Nominations

• As someone who hasn’t been a member of the nominations committee, the remit is a bit obscure (even though it is written down). The role seems wider than the remit might suggest.

• Calls to the membership can be an ineffective way of bringing new people into Council, so this has to be proactive, with word-of-mouth being an extremely useful way to identify appropriate individuals who may not have identified themselves/come forward (for committees as well as Council).

• Candidates could be invited rather than nominated (can encourage a person to apply). [Council]

• Chair/President job description: Track record of service to SfE should be a pre-requisite.

• COI policy should be robust and enforced. For example, nominations committee members should be exempt from being nominated (nominating current President, for example, to represent SfE in a role that isn’t ambassadorial).

• Committee structures and remits are clear. Nominations processes are clear. Information is easily available.

• Consider a “job description” - what are the essential and desirable skills/characteristics needed for the role? For example, a track record of working for SfE (serving on Council or serving in some other format; could capture achievements in various roles). This would be a way of screening candidates for a role. [Council]

• Council members usually come via the committees (demonstrating engagement on the committee). Sometimes they come via other Societies where they have demonstrated engagement and efficacy.

• Elections should be meaningful, based on skill set. [Council]

• For nominations for SfE positions, need to look at the effectiveness of people on the Networks, and on committees - as a way of trying out people and identifying promising people and bringing them on. Important to encourage promising candidates.

• It is unclear how committee chairs and other appointments are made. It seems to be the “tap on the shoulder” mechanism. There needs to be transparency in how appointments are made. Some seem to be in the “in group” and others are not.

• It’s good to recruit Committee Chairs internally from the committee, but this should remain flexible.

• Medallists need to give a top quality lecture at the SfE BES, so should be leaders in areas where the latest developments in endocrinology are happening. SfE BES is crucial for continuing professional development/education and training, and the medallists play a vital role in this.

• Might observers on committees help? Perhaps on Council and on some committees, perhaps not suitable for other (very busy) committees.
• Monitoring by Council is fine. Could consider reporting on committee engagement to Council - e.g. a list/table of committee members detailing activities each has led/been involved with. This would highlight who is contributing/engaging on each committee and might help identify potential future Chairs/Council members.

• Need to identify people who have done something within SfE or demonstrated engagement with SfE activities to bring on board for committees/Council.

• Nominations are now well streamlined. The Science and Clinical committee feed-ins are useful. The forms are reasonable, with paragraphs to describe impact. The nominations themselves (and likelihood of success) are very dependent on who has written them. Perhaps that process could be examined?

• Nominations require due diligence to be performed to ensure quality of medallists. This requires experience. Scrutiny of publications and abstracts of research is important to judge merit. This task can’t be too onerous for people on the committee who are busy and volunteering their time. Could consider allocating spokespeople to present nominations, as on a grants panel for example.

• Officer/Council role needs time and diligence. Currently Council has open nominations and it doesn’t require many votes to be elected, so may not be getting the best people to serve (may not participate, or even attend). Need to look at the process for nominating/electing people to Council.

• Open recruitment may not be the right approach to bring people onto committees. For example, a particular skill set is required for Finance committee. If no one with the relevant skill set comes forward, there needs to be a mechanism for identifying someone - this often has to be word of mouth.

• Probably want people to have a probationary period on committees. Some don’t pull their weight and it would be good to identify these early on - need to encourage them to become more involved or to reconsider their suitability for the role. It doesn’t need to be formulaic, and informal mechanism can work well (e.g. a simple email).

• SfE needs to be clear if it is an academic body or a professional society. Clarity on this issue should inform job description of President – being an eminent academic does not necessarily imply good leadership skills.

• Some duplication of effort for science/clinical committees with other committees (e.g. feeding into nominations and SfE BES programme)

• The “churn” or recycling of engaged people through various committees/roles is helpful in bringing out/identifying the people capable of taking on the Officers roles.

• The current nomination committee structure is sensible and has been iterated over a number of years.

• The networks are not working as autonomously as they should be. They are not doing what was envisaged (although they may not have clear remits?). Perhaps they could play a role in some of the activities (if committees all became activity based) - e.g. in taking over some things like nominations or programme content from Science or Clinical committees. Perhaps other Science or Clinical committee work could be assigned to the networks? Need to be careful to watch for growth of the number of committees.

• The nominations committee needs to include people with the voice of experience, led by a strong group of people. The process for nominations works well and ensures that appointees have experience of committees before taking on roles.

• The nominations role of the Science and Clinical committees is probably not very useful; this could revert to solely the Nominations committee.

• There is a difficulty with transparency around how all the leading roles (committee chairs, officers) are assigned. Very opaque how the President (or other substantial roles) is chosen.

• There needs to be a mechanism for removing people (from Council/committees) who don’t pull their weight.

• Trustees need to have qualifications.

• When nominations are submitted by committees, there is a feeling they don’t go far. It’s not a trivial effort to nominate, but the submitted nominations don’t seem to be taken seriously. What are the criteria for nominations to go through?

Equality, Diversity and Inclusion

• Activity based committees could allow a more holistic view to be taken - e.g. incorporating consultant views, clinician-in-practice views, nurse views, scientist views and even perhaps patient views (public engagement) on a matter - e.g. gender dysphoria or late effects, both of which are becoming more prevalent clinically.

• Allowing observers on Council might be a way to increase diversity/give people insight into what is involved, but this would need to be limited (non-participation in discussions, no more than 2 and a closed session of the meeting, to preserve confidentiality, where appropriate).

• Although an individual is always made to feel welcome, senior members of the Society or of Council can seem quite intimidating and even slightly dismissive. A feeling that one needs to be a Professor to be heard (not about gender either).

• Although Council is very supportive of diversity and inclusion, it perhaps doesn’t quite “get it” and doesn’t really buy-in. Diversity is not valued for its own sake, but seems to be more of a box-ticking exercise.

• Apart from gender, Council is not representative of the membership. However, there needs to be more data collected on the diversity of the membership so that representation can be addressed.
• Appointments/nominations all seem to be “stitched up” internally, rely on word of mouth. Should be much more transparent, for all positions and need to be sure to attract and foster young talent. [Council vacancies]

• Are the Officers the right group of people to lead the Society? Is it too small a group? This can be a danger with such a small group and the agenda can be dominated by a few voices.

• Behaviour on Council/committees is respectful. Opinions are respected.

• Behaviour? There have been instances when behaviour has been less than fully professional. Sub-group and “matey” behaviours can happen in committees and even in Council if not appropriately chaired. The Chair has to be inclusive and has to listen. Ensuring appropriate behaviour of committee/Council members is the responsibility of the Chair.

• Benchmarking against other Societies/Academy of Medical Sciences could be helpful to see how they promote diversity within the Council

• SfE BES is not progressive enough for a scientist. If a scientist chose not to go to SfE BES, they wouldn’t lose anything. Scientists don’t go for the science. It’s expensive too when the money could be spent on a more relevant scientific meeting.

• SfE BES is the one event that brings in a large number of clinicians-in-practice. Could there be more done at SfE BES to advance/develop leadership and representation amongst this section of the membership? Something to challenge and support? A speed-dating session with experienced/senior members of SfE?

• SfE BES is trying to do the impossible. It cannot strike the balance for everyone (except perhaps the clinician scientists). It feels like a get together rather than a scientific meeting.

• Calls for nominations/applications to positions could be clearer in terms of statements about inclusion and diversity, but there is no conscious bias operating and there is awareness of unconscious biases too.

• Cannot project change if committees/programmes are all the same familiar people or are working for all the same familiar people. Becomes self-perpetuating.

• Committee is reasonable on clinicians/non-clinicians, ethnicity, age (given requirement for a level of experience), gender. Quite good on geographical diversity and ECR are included.

• Committees are knowledgeable groups. Need to be cautious about diluting expertise by (for example) removing some of the remit to other committees. Also be cautious about proposing more committees. That might just reduce focus and dilute impact/overview. There is a danger of segregation if that overview is lost, which could make the committee contributions less rich rather than more.

• Committees send nominations for medalists up to nominations committee. This is a fair process.

• Consider an international committee, to look at how we collaborate, how we can support developing countries. The Chair could be someone who trained overseas, with an understanding of the challenges faced overseas.

• Consider carrying out equality impact assessments on SFE policies, including the nominations process (is this a legal requirement? It is within Universities). How does SFE make sure that it truly applies EDI principles to its nominations processes? Does it monitor data for EDI?

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• Consider making President-Elect a formal role (already happens in other Societies - US and Australian for example) with a more limited term for President. The role is time-consuming if performed diligently. This would provide opportunities for more people, increase diversity and would move people on more effectively.

• Consider, having committees structured by activity with appropriate representation from relevant member categories - clinicians-in-practice, academic clinicians, scientists, ECR. For ECR, this would provide a wider view of what happens in the committees. ECR representatives on committees could form a network/social group of some sort to arrange particular ECR-directed events/activities (e.g. meeting at SfE BES to plan the Quiz). The network could be used to facilitate consultation - for example for Clinical Taster days, SfE BES symposium.

• Could do a lot more on committees, at Council, at SfE BES to monitor diversity. Often what comes out of nominations committee (especially medals) is not a diverse group.

• Council and committees are reasonably diverse. Males may outnumber females on Council.

• Council and the committees are reasonably representative. Could do more on ethnicity, but awareness is increasing. Previously people were cherry-picked into posts.

• Council can only debate and make decisions for those it is representative of, and with the necessary input from committees and from the wider membership. Council can be “cosy” so diversity is important to maintain discussion and debate.

• Council feels very inclusive and respectful; no issues with behaviours. In terms of diversity, broadly speaking SFE is doing reasonably well.

• Council has the right group of people though trainees need a voice that is listened to at Council (rather than merely reporting into Council).

• Council is about the right size (when considering issues of diversity for e.g.)

• Council is an older/more experienced group, a safe set of hands. Not much ECR representation. Election to Council is not totally democratic, but is “guided”.

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• Council is diverse in terms of gender and ethnicity, though representation is mainly very senior experienced people.

• Council is intimidating. It gives the impression of being high powered. Maybe it is partly in the name, maybe it is partly the Agendas. No one individual on Council is intimidating, it’s the collective. Might be helped by having more diversity, e.g. greater representation of the “minority” groups of the membership, at least having a “buddy”.

• Council is not very diverse. It gives the impression of being from a certain background, a certain school/Oxbridge. Pale, male and stale (though not as pale as it could be).

• Council is representative of category of member and pretty good on gender and age (given the requirement for a certain level of experience and recognition). Ethnicity? Not sure what this looks like across the membership.

• Council is sufficiently able to discuss/debate, but this is not usually needed. Like-minded people are likely to agree with the proposals brought before Council.

• Council is very “senior”. Very few ECR (other than YE rep). Council is representative of senior people. Also feels male oriented. Committees are perhaps better. There tend to be opportunities for EC people on committees.

• Council members (especially committee chairs) are very proactive - maybe this selects for certain personalities? This may not be fully representative of the membership but perhaps inevitable.

• Council needs better representation for ECR, and some new blood from less traditional areas, including more clinicians-in-practice.

• Council needs to be reminded of the wider SfE “family” of members. Regular review of the membership diversity would keep Council mindful of who is being represented

• Council needs to identify gaps in representation and encourage people to put themselves forward. Need to be proactive in seeking representation from the devolved nations of the UK so that all are represented.

• Council seems to encapsulate an old boys and girls club. One of the drivers for keeping Council elite, aloof, separate. This becomes self-perpetuating, keeping it as the old boys/girls club.

• Council would benefit from greater representation of members in DGH. Otherwise it has an appropriate representation and skill set. Perhaps more could be done to represent the scientist community? The Scientist members seem to be well-established PIs. It seems hard to have a good group discussion at Council.

• Council/committee nominations - who should decide? Having Council nominees creates bias, as there is an unwillingness to nominate someone against the Council nominee.

• Decisions on awards etc. should be more on merit, with more diversity. There is a smack of insider influence in the way some (e.g. Starling) medals are awarded.

• Declarations of interest for Officer roles should include close working relationships or friendships with nominees (for roles) or members of the Executive

• Diversity - could do better. Largely known faces. Appointments/nominations all seem to work through word-of-mouth.

• Diversity in output of committees should be (and generally is) informally monitored (e.g. grants awarded, SfE BES programme, nominations etc.); wouldn’t want to mandate outcomes.

• Diversity on Council is good, in terms of gender, geography, subject area; ethnicity is not bad. It covers all areas of the membership. Maybe consider a lay/industry/patient support group member.

• Endocrinology is a small world in the UK. It is ripe for the feeling of a closed shop, with the old boys club in the higher echelons. This has evolved (is accidental) rather than deliberate.

• Engaging people can be tricky. There is a limited pool of willing and able people. Need to make it easy for those people to be noticed and to become involved. [Nominations]

• Facilitate / welcome applications/nominations to committees/Council from under-represented groups and give additional support to these applicants, e.g. in developing a personal statement. This could ‘seed’ under-represented members into SfE membership, who can later filter into becoming Committee Chairs / on Council.

• For nominations for jobs/positions - consider a policy on short-listing (for interview/voting) to include diversity in short-lists (e.g. at least one female).

• Gender and ethnic diversity within Council and the committees are OK, and reflect the pool(s) from which the members are drawn. Both are perhaps less good at reflecting the diversity of the membership. The bias towards clinicians who work in teaching hospitals (at the expense of those in DGH) is a challenge. Needs better representation of DGH/clinicians-in-practice at both Council and in the committees. International representation needs to be improved too. Agrees that inviting observers to committees, from the membership, is worth trying as a way to engage and encourage a greater diversity of members onto committees.

• Geographical diversity is patchy/not great.

• Good people are selected to be Officers, they do good jobs and so Council doesn’t start from scratch when it comes to consultation/decisions. It starts from a well thought out position.

• Great that the patient/carer voice is included in SfE activities. This is very valuable and inclusive and organisationally healthy.

• Great to have such a decent % of nurse members. [SfE in general]

• Greater diversity of the membership - perhaps 2 of each group represented, including people in DGH (clinician in practice/clinician scientist; nurse from teaching hospital/DGH) might increase the usefulness of committee/group contributions to Council.
• Greater diversity on committees/Council provides insight across all levels and can facilitate implementation of ideas/good practice etc.; this can help to drive activities in a more joined up way.

• How to represent and engage international members? What does SfE want its international members to do? Promote SfE’s international interests or is it just a question of representing the international members’ interests within SfE?

• If the network is hard to penetrate, if someone operates in a non-standard way (not conforming to the box ticking on CV) then those people are lost.

• In 2020, it’s time to move on from having a nurse committee - it smacks of last century and seems patronising. Nurses should be recognised as clinicians. Structuring committees by activity would resolve that.

• In general, committees are well-represented in terms of membership category. Science committee has clinician scientist members and Clinical committee has representation from nurses, ECR and other groups are co-opted as required. Activities can be delegated to working groups to facilitate the work of the committee.

• Increasingly nominations committee takes into account diversity and inclusion. It is relatively democratic.

• Individuals need to be respected and listened to, to benefit from the diversity in skills, knowledge etc. (not that this is an issue on either Council or on committees currently).

• Is Council representative? No, but they try. Representation/diversity is considered at outward facing events (SfE BES programme, public engagement). On Council, imbalances have been evident at times (gender, ethnicity).

• Is Council sufficiently diverse? This can be hard to judge without knowing the distribution of the membership. Does the membership need to be represented proportionately? Probably not, but good to have all categories represented. Need data to see what is missed though. Clinician scientists and basic scientists are well represented.

• Is it worth including international representation? SfE probably isn’t aiming to be truly international (there are already groupings that are pan-national, international – ESE, ISE). [Council]

• Is there merit in all committees becoming activity-based? The Science/Clinical/ECR/Nurse committees are not actually particularly demarcated. Science committee has always had clinician members and Clinical committee has sometimes had scientists (e.g. as ECR rep). Activity based committees like public engagement have a range of members.

• It can be challenging to engage members who feel “unworthy” (imposter syndrome), including clinicians-in-practice in the DGH. There is a need to reach out and encourage these people. Notably, international people (i.e. those who trained overseas) are over-represented in DGH vs the teaching hospitals, which is indicative of systemic racism. Not in favour of quotas (people with joint appointments in teaching and DGH might game the system). Suggested having positive action to bring in international representation (on committees, Council) by people who may be abroad or who trained abroad. The RCP (Edinburgh) provides an example of how this could operate. This could be further explored via a working group (call out to the membership to participate? Those who work overseas or who trained overseas). This could identify activities to support these members.

• It is difficult to recruit members to Council from all parts of the UK.

• It is very important to identify enthusiastic up and coming members to join committees. It needs to be obvious how they can do it and important to encourage as diverse a group as possible. Need to advertise to the membership to find people.

• It would be good to have more information on the diversity and complexity of the membership; this could be brought to the attention of Council on a regular basis.

• It’s always the same people - consistently see the same faces. This is especially true for some groups (ECR, nurses). It takes opportunities from others to get involved. Opportunities could be spread.

• Leaders aren’t born, they develop. Leadership skills require development. Can’t expect the finished product from the outset. Without this for minority groups, leaders become a homogeneous group, and the leadership style/thought is perpetuated.

• Maybe people outside the organisation don’t see themselves as belonging. Perhaps SfE is seen as hard to penetrate, especially to achieve a position of leadership.

• Members in DGH are in need of the support that SfE can provide, yet have the least engagement.

• Might be worth including ECR/nurse view in some way in the Officers sub-committee?

• Minority groups (black/overseas trained/women) have to prove themselves more than others. This is particularly true of members who trained overseas. There is not enough support at the lower levels to develop.

• Monitoring of nominations for diversity might be helpful - subjects/areas, gender etc. Decisions need to be based on excellence rather than other characteristics, but discussions around diversity do take place.

• More could be done at SfE BES perhaps to give opportunities – e.g. 3 symposium chairs with 2 junior and one senior – gives younger people something for their CV. Could mandate at least one female chair.

• Most of Council comprise the committee chairs, so the monitoring is done by the same people on Council. Really, only the 4 elected members are able to effectively and independently monitor, which is quite a responsibility.

• Need a safe space for nurses on the other hand. But having a nurse committee perpetuates the idea of superiority of clinicians.

• Need COI statements for all posts (to include membership of other bodies/Societies representing aspects of endocrinology).

• Need to be open-minded and inclusive in considering nominations.
• Need to have a balanced representation on Council, including geographical. Not a box-ticking though (so not quotas).
• Need to think beyond engaging the same insider group of people (that are 100% known). Need an outside view to see the change that is needed in SfE.
• Nominations committee: The medals set the tone for SfE BES, for the programme, to awardees need to be world-leaders. The nominations committee is responsible for identifying world-leaders in their fields. There has been a tendency (in the past) to nominate friends and it can still be a bit “cloak and dagger”, but on the whole is fairly democratic.
• Nominations committee is clique-ish.
• Nominations committee is very dominated by senior people. Consider another tier of membership, even a lay person.
• Nominations depend heavily on networks. Some nominees are rejected on the basis of the paragraph they have written. Others (successful) may have had guidance on this (e.g. from people “in the know”). There is a danger that the member voting may be strongly influenced by knowing the name of the person who has nominated a candidate, especially if a Council nominee.
• Nominations need to be by a transparent process. Friends tend to be nominated.
• Nominations/elections are transparent and inclusive. Nominations committee appears pretty open, pretty sensible. Nominations committee needs experience, expertise and specialised knowledge. There are a limited number of individuals capable of considering nominations and deciding on winners - these individuals need to have stature, expertise and overall international experience in the field as a whole and it is important to find them.
• Not keen for SfE to become regimented and too process-driven. Need to avoid too many layers of decision making.[Nominations]
• Officers as a group works well, probably the right number and right group. Could consider including (say) the Science and Clinical committee chairs but need to be careful not to duplicate Council.
• Officers can be from any membership category (though in reality this doesn’t really happen). SfE needs to have a broad view of who can represent members across the spectrum.
• Officers/Council members need to be inclusive. Examples given of events at SfE BES where only males are acknowledged (in some cases, this was corrected when pointed out).
• On the whole, Council is quite broad, and represents the Society at all levels. The gender balance is pretty good, ethnicity isn’t looked at. Fairly much a meritocracy.
• Opportunities for engaging overseas. For example, overseas trained endocrinologists who have worked in the UK and have returned to their home country - retaining/engaging these people represents an opportunity.
• Opportunities need to be more transparent.

• Other Societies/bodies use restricted short-lists to improve diversity (ethnicity, gender, category of membership) on governing bodies. [Council vacancies]
• Own committee is diverse.
• Particular views can dominate at committees and/or Council. There isn’t enough diversity of thought/views on Council or on some committees, so they become an echo chamber. There needs to be diversity of thought, not just diversity of people.
• People on committees need to be very broad minded and need to help identify and bring new people on/ facilitate others applying.
• Personal knowledge plays too big a role in nominations. Connections dictate whether people progress.
• Possible bias in nominations - risk that Council nominees may mirror the skill set/profile of the current occupant of a role. This can result in the perpetuation of elite attitudes (albeit subconscious).
• Recruiting scientists, especially outside of departments associated with teaching hospitals, is hard. What is in it for them?
• Representation is not very diverse on Council, especially geographical representation (Wales, N Ireland not represented/poorly represented). How to increase diversity? Could consider restricted shortlists as per the US Endocrine Society - e.g. all female, all male, all MD or all scientist shortlists.
• SfE could shake off some of its past style to become much more approachable. There is a sense of an old network that is not easily penetrable. This isn’t helped by the way things are done. There is a sense, for example, that it is possible to predict the next person who will get an award (e.g. Starling) or appointment in SfE.
• SfE does an excellent job of catering to, and including clinicians in tertiary centres, but there is very little relevant to the day to day interests of DGH members. More could be done for this large category. An example is the recent (COVID-related) online programme of clinical seminars aimed at supporting clinicians in practice.
• SfE focuses on exceptionalism. This comes at the cost of excluding a large part of the grass roots membership, e.g. clinicians in DGH.
• SfE is a broad church and Council needs (and has) representation from clinical academics, clinicians in practice, scientists and nurses. People need to put themselves forward. If clinicians in practice are not represented on Council, they will be represented through the clinical committee.
• SfE is behind other organisations/Societies in approach to Diversity and Inclusion. A culture change is needed at SfE. Diversity and Inclusion need to be built into the organisation (this is not unique to SfE).
• SfE is biased towards the interests of academic clinicians. It is designed for them. Hard to see what others get from it. This reflects what happens elsewhere (outside of SfE). If it is always a clinician scientist who is President, then the inbuilt bias will continue.
• SfE is failing to attract scientists. Ambassadors may help. It requires an understanding of what SfE is in the outside world (outside the SfE insider network/clique). Huge challenge.

• SfE provides a lovely, warm and friendly environment. There is no sense of ruthlessness/competition (that happens in some other arenas). It is genuinely warm, inclusive and supportive. Caring - specifically of careers.

• SfE seems to work within personal networks. There needs to be a way to break through into this, a framework for “outsiders” to progress.

• SfE supports its basic scientists well. Science is highly valued in SfE. In part, this is because the clinicians involved are all scientists too.

• SfE works hard to be inclusive. Membership engagement can be a challenge. The same people seem to be doing a lot of the work.

• Should the trustees be elected according to category of membership?

• Starling medal - this is tricky for women. It is aimed at the career stage which is often most heavily impacted by family for women. Although some allowance is made for maternity, this doesn’t take into effect the “penumbral” effect whereby small children often disproportionately affect a woman’s career vs a man’s.

• Strategy – more could be done around development of activities, especially around ECR and diversity. You and Your Hormones is really useful, communication here is done well. Could be part of a larger strategy.

• Supportive of structuring committees by activity. This would need a careful look at how this could be done to make sure that everything was covered and make sure the scientists are not lost. There has to be a home for the scientists within SfE.

• The “tap on the shoulder” is very common, so people are anointed. Very hard to nominate someone against the Council nominee and the process by which the Council nominee is chosen isn’t clear.

• The committees in general are more representative of the rank and file than Council is.

• The Council structure feels very old school. The SfE BES speech from the president reinforces this opinion. The President is a role model, comes across as very traditional and hierarchical, old-fashioned. One way of doing things.

• The ECR group is cross-disciplinary and covers diverse training programmes from nurses to scientists. It works as it is, but can be a bit disjointed. However, ensuring across the board representation could be a bit unwieldy. [Structuring committees by activity]

• The function and output of the nominations committee is heavily dependent on the individuals on the committee. There can be an element of institutional snobbery. It can also be difficult to deal with conflicts of interest when nominees are from the same institution as those on the committee.

• The L&D awards are a good start to identifying and cultivating future leaders within SfE, but there needs to be more ways to reach out. This concerns clinicians-in-practice who are already members. Clinicians in practice are busy and this has to be made easy for them. Sponsorship is one way to identify and support future leaders. This already happens, but could be more extensive. It has its own hazards of course (sponsors tend to sponsors others like themselves), but might work if combined with, say, affirmative action (sponsorship by, for example, someone who trained overseas, or a BAME female). The same could be said of reaching potential members who are scientists who work in endocrine-related fields but are outside of the tertiary centres (most of our scientist members are embedded in the tertiary centres with clinician scientists).

• The language of SfE is English. Should more of the outward facing information (You and Your Hormones, competency framework for nurses, clinical guidelines) be translated?

• The new awards (teaching, clinician) are a good idea, but because they are judged in the same ways as the more traditional awards (by personal knowledge/connections) there is a danger of them working to reward the same people in different ways.

• The new teaching prizes are good and reflect a need to recognise other contributions, not just academia. Members need to feel valued. Need to make everyone feel part of the Society - “sense of belonging”.

• The nominations process is frustrating and very unclear. The committee has put forward several nominations for medals over the past several years and none has made it through to medals. It would be helpful to have more guidance/information about what the process involves and more clarity about what the medal/nomination criteria actually are. What is considered in making the decisions about medal awardees?

• The nominations process should be open and transparent. Care must be taken around the hierarchical nature of the clinical professions (this is not as big an issue for scientists)

• The nurse committee has diverse representation, including from the European committee. This is helpful in working together internationally to create uniform/accepted standards (competency framework).

• The nurse membership is becoming very diverse in terms of nursing roles. There has been a very rapid pace of change over the last 10 years in the nursing profession. It might be hard to capture the full diversity of roles within the nurse committee. Perhaps do more to seek the views of individual members to inform activities/strategy?

• The Officer roles represent the appropriate group of people for this sub-committee to be effective

• The Officers make sure there is balance in the Officers sub-committee (gender, clinical/non-clinical), so there isn’t a need (for example) to include Science/Clinical committee chairs.

• The President is almost always a clinician scientist and usually from Oxbridge/Imperial. There should be a pathway for others to become President. A majority of the membership are clinicians, most working in DGH. Under current systems, they are pretty much excluded.
The Society is very academic. Service delivery is equally important. There seems a certain snobbery around hard core academia.

- The President is usually a male clinician from Imperial College or Oxbridge. Certain institutions dominate within SfE, possibly because these places are active and promote their own people or encourage their own people to come forward. This can become self-perpetuating. There are lots of very able people across the UK.
- The President needs to be an ambassador for SfE. A figurehead. However, the main criterion for nomination is prominence as a researcher. The President needs to be the expert face of the Society who can talk to other Societies/organisations and represent the membership.
- The process by which members of committees are appointed is quite clear and fair, but there is a limited group of people coming forward: the pool of recruits is very limited.
- The right roles are represented. The Programme Secretary is crucial given the importance of SfE BES in reaching out to all the membership. Could consider adding the Chairs of the Clinical and Science committees, but Officers needs to be a small group to be effective. People on this group should be of high (sufficient) calibre.
- The role of the President is very personality driven and perhaps ill defined. The General Secretary is more of an operational role, seems more engaged but that may be because the role is more clearly defined than that of President.
- The skill set on Council is appropriate and representative. Could perhaps do more to reach out to members in the district general hospitals. There is awareness of this though and steps taken to address it - it is important that these members are (and feel) represented.
- The skill set on the committees seems good and appropriate - the collective experience, including on Council is good (though prestige seems to weigh heavily here too, not just skill set). Collective experience of Council may not be representative of the membership though. This could result in "tunnel vision" about what is right or wrong e.g. for career stage.
- The Society has drifted towards a strongly clinical focus. The majority of scientist members are embedded within strong clinical endocrinology departments. More could be done to bring back some of the scientists working outside of these locations (e.g. reproductive biologists, neuroendocrinologists, places such as Babraham) who have typically moved to other Societies. SfE most strongly represents clinically relevant/translational areas of endocrinology and less so endocrinology applied to more basic understanding of systems. A challenge is in making people feel valued and engendering a "sense of belonging". Poor attendance at SfE BES sessions is unhelpful. Perhaps there are other ways to do this?
- The Society is very academic. Service delivery is equally important. There seems a certain snobbery around hard core academia.

- There is a systemic (subconscious) bias in SfE. This can manifest, for example, in an assumption that clinician scientists represent all clinicians, including those in DGH. This, however, remains just an assumption.
- There is a limited number of people with the appropriate experience, time, enthusiasm and dedication to serve committees (as opposed to those who may simply do it for their CV). This is true even for SfE, a relatively large organisation.
- There is a perception that Council is an elite group, representing the great and good. The rank and file may feel alienated and poorly represented. There is a need to recognise excellence and inspire the next generation but SfE has to be relatable to members.
- There is a systemic bias in SfE. This can reflect a small pool of able and willing people? It’s not necessarily bad, but shouldn’t be exclusive and to the detriment of greater diversity.
- There is a perception that Council is an elite group, representing the great and good. The rank and file may feel alienated and poorly represented. There is a need to recognise excellence and inspire the next generation but SfE has to be relatable to members.
- There is a feeling that a certain status is needed to apply for certain positions. [Council vacancies]
- There is a different distribution of people in network meetings to those in the medal lectures/on Council. Much more grass roots. The behaviour is different. Hands fly up, questions/ideas/discussion. Very lively, very healthy. Inherently this is a good thing. There are opportunities for more junior/less well known members to be involved.
- There is a perception that Council is an elite group, representing the great and good. The rank and file may feel alienated and poorly represented. There is a need to recognise excellence and inspire the next generation but SfE has to be relatable to members.
- There is a slight anxiety about committees being self-selecting. Members are identified via a tap on the shoulder. This plays to inbuilt (systemic) prejudices so that biases are perpetuated. It brings in more of the same (mini-me effect).
- There is a wealth of talent within the membership: need to make them aware of the opportunities and facilitate engagement. [Council vacancies]
- There is an advantage to having a limited number of lead people to provide vision, strategy and leadership. [Council/ Officers]
- There is not much understanding (at Council for example) of what it means to be out there “in the trenches”. There are lots of people doing really good research as scientists in non-Russell group universities and clinicians in the DGH, but they are also juggling the teaching/clinical work and have fewer opportunities for research/academic work.
- There is perhaps a bias towards research/academic roles, this might be representative of the engaged membership though.
- There needs to be a gender balance amongst the Officers and at Council. Need to be careful too to balance clinician and scientist.
- There needs to be better representation of clinicians-in-practice, more awareness.
• There needs to be more transparency. Very often nominations take the form of the tap on the shoulder. The root cause of this is insufficient engagement from the membership who rarely submit nominations. How often are nominations (from the general membership) successful? There shouldn’t be a need for the tap on the shoulder. People should engage.

• There needs to be more visibility of diversity in the form of role models.

• There should be a healthy turnover of Officers, with perhaps a limited total term in Officer roles. This could be helpful in countering perceptions that an elite group occupy the senior positions within the Society for an extended period of time (“recycling” of roles) and might be helpful in maintaining the right balance between being supportive of, and challenging, the Executive.

• There should be transparency in how all opportunities are allocated; SfE needs to be more mindful of diversity.

• To really benefit from increased diversity, SfE could do more to break down stereotypes/preconceived ideas (e.g. about roles, ability etc.). Do some profiling of members to illustrate the complexity/professionalism of what people do?

• Training - it is important that everyone is aware of (and can mitigate against) unconscious bias and inclusivity and their place in decision making. Most will have had this through their institution, but everyone should have undertaken some form of EDI training.

• Training? Experience in chairing meetings is extremely important in taking on a committee chair role. It would be hard without this. Diversity and inclusion training can be important but can sometimes be seen as box-ticking. Perhaps the best way to retain sight of diversity and inclusion is to ensure there are “champions” on all committees/Council, to speak up for, and monitor, diversity and inclusion.

• US Endo has sessions focussed on clinical practice. SfE BES focuses on science and features the usual high profile stars. There could be more of relevance to clinicians in practice - either through SfE BES or via online.

• What is the best collective to represent the diversity of the membership to do the best job on strategy? Council is not effective at setting strategy. Strategy is set by Officers, a narrow group though Officers are good at this and work hard. The CEO contributes to strategy.

• With one exception, for three decades Chair/President has been selected by nomination from Imperial, Oxford or Cambridge.

• Women have to play by the same rules as the men to be able to progress within SfE, diversity (of thought/behaviour) is not encouraged.

Early Careers

• At least one ECR member should be elected as trustees. There should be at least 2 ECR members attend Council meetings, to help make them feel comfortable, ideally one clinician and one scientist.

• Committees by activity or membership category - Need to be careful not to lose merits of current committee structures, e.g. the enthusiasm generated through the ECR steering group.

• Consider 2 ECR representatives on Council, as trustees. One clinician, one scientist.

• ECR Chair sits on several committees (straddling). This is quite a heavy burden, involving a lot of meetings.

• For ECR reps taking an idea to one of the other committees - the idea can sometimes get railroaded, for example if not enough time for proper discussion, so ideas don’t get taken further.

• Having an ECR rep (or 2 where appropriate, a clinician and a scientist) on each committee would be good. Currently the ECR Chair has to sit on several committees which is burdensome. Although this can be delegated, that makes it hard to then report on activities to Council as knowledge is second hand and not direct. Moreover, the ECR Chair may not have appropriate understanding of the topic under discussion (e.g. a Scientist representing clinical views/ questions or vice versa).

• Having senior people on (for e.g.) a Training and Education committee would be a mechanism to make something happen.

• Ideas for the future: Leadership and Development Awardees could join committees as “probationers” - good experience for future leaders and would facilitate assessment of engagement and capabilities.

• On the ECR group, the Deputy is nominated (from the group) and takes over as Chair when the Chair finishes their 2 year term. This makes it hard to maintain continuity as often the clinical ECR come to the end of their training before they could complete a term as Chair.

• The ECR group Chair is asked to do a lot (attending multiple committees/reporting to Council) without having the power to say or do much (e.g. vote on Council). This is burdensome and time-consuming. The ECR Chair attends Council essentially to read the report and feels at the periphery of discussions, rather than being embedded. This is largely by virtue of the way the ECR group is represented at Council by the Chair, rather than the ECR person being there in their own right. The rest of the ECR group has little interaction with SfE committees or with Council.

• The networks struggle for a role, similar to the SIGs previously. The view from “on high” regarding what the networks should do doesn’t really work (much like the SIGs). The remedy could be to tie in more to ECR/ training. Perhaps the networks could be more involved in training and education.

• There is overlap between the ECR group and the Leadership and Development Awardees, perhaps this could be considered further, so that the ECR voice is more effective across the committees. The L&D awardees could be invited to sit on committees as ECR representatives?
Endocrine Networks

- Networks could have niche meetings which could benefit scientist members more than the SfE BES format does.
- Networks currently feed into POC via Science or Clinical committee. That could be more efficient with less duplication.
- Networks need to be accountable to Council, and need to fit within Council strategy. They submit an annual report, but very unclear what happens to that.
- Not clear where the Networks fit. Are they committees? What is their remit and purpose? They don’t cover the whole range of endocrinology, certain areas are covered but there are plenty of gaps. They seem to set their own agenda resulting in a bit of an unwieldy mess. How they interact with committees isn’t clear. Each network may touch on the remit/scope of the clinical, science and public engagement committees and contributes to POC work too. Not clear how the governance works.
- The SfE BES could function well as a conglomeration of smaller meetings based on network activities.
- The networks are really interesting in this respect. To a large extent their purpose has evolved. They are potentially very powerful. The have the potential to be very democratic. Growth/evolution has been organic and they are self-governing and democratic.

- There could be a benefit to committees ALL being by activity. This might bring more focus. For e.g., a lot of time is spent by Science and Clinical committees on symposia for SfE BES, but this is really the job of the POC. Could perhaps make better use of the Networks feeding into the POC? Putting programme suggestions forward from Science committee is often a waste of time as suggestions as reworked extensively by POC.
- There is a sense of a glass ceiling in SfE. The networks help break that down. Networks can usefully continue in their current form. They are reaching maturity in terms of function at SfE BES, contributing usefully to SfE BES and SfE. The voice at SfE could be louder and networks could be more included.
- What are the networks for? Are they to provide a day of programme for SfE BES and a meeting once per year or are they for something else?

Society Engagement Team Staff

- SfE is great, and reflective/critical comments should be taken in this context - a very positive light.
- The office team are the glue that keep SfE together. The feeling of family and history is nice. But the feeling of establishment is not so good. It can be off-putting to really good people with vision.
- The SfE office staff that support the committee are fantastic and that relationship works extremely well.

‘Greater diversity on committees/Council provides insight across all levels and can facilitate implementation of ideas/good practice etc.; this can help to drive activities in a more joined up way.’
‘The Society for Endocrinology is a good, welcoming and positive society that gives a lot back to its members and to those involved on its committees and Council. The outcomes of this review need to maintain and buoy that positivity.’