

CRB Terms of Reference

Overview

The *openEHR* Clinical Review Board (CRB) has been established by the *openEHR* Foundation Executive to advise on clinical aspects of its work, including strategic direction, programmes of work and deliverables.

The overall working approaches of *openEHR*, covering requirements, architecture, engineering and implementation, are documented in the *openEHR* architecture Change Management Plan (CMP), which provides a framework for the work programme that the CRB will manage and quality assure, in partnership with the *openEHR* Architecture Review board (ARB).

The Terms of Reference will be kept under review, as required, by the Foundation Executive, in consultation with the CRB members.

Goals

The goals of the CRB are:

- to guide the clinical and end-user strategy of the *openEHR* Foundation, in keeping with its overall mission and objectives;
- to assure the quality of *openEHR* outputs (documents, knowledge resources and tools) from a clinical perspective.
- To assure the quality of *openEHR* archetypes.

Core Tasks

The principal tasks of CRB members are as follows.

Requirements

- Maintain a published inventory of requirements across all *openEHR* work activities and projects, referring to and contributing to relevant standards.
- Agree and manage a process whereby the ARB specifications and *openEHR* projects can demonstrate conformance to these requirements.

openEHR Archetypes and other knowledge resources

- Specify requirements for tools and services to manage archetypes and support their use.
- Propose and oversee a strategy for archetype development across the *openEHR* community.
- Define quality criteria and an editorial policy for *openEHR* archetypes.
- Manage the governance and maintenance of *openEHR* archetype repositories, and provide policy advice to custodians of archetypes.
- Provide feedback to the ARB on the archetype formalism, repository specification and, where

relevant, to implementers of *openEHR* tools and components.

- Liaise with other bodies and groups using or interfacing with the archetype methodology.
- Oversee the integration and, where appropriate, the development of other relevant knowledge artefacts, such as ontologies, vocabularies and terminologies, with similar scope to archetypes.
- NOTE: The members of the CRB must recognise that they are there to support the development of *openEHR* archetypes for use with the *openEHR* information model. Other agendas need to be pursued outside the CRB meetings and process.

Demonstrator sites

- Liaise with clinical and health communities working with *openEHR* products, to identify particular new requirements and review feedback.
- Maintain an inventory of demonstrator sites.
- Facilitate appropriate support and guidance to each site.

Support of education

- Contribute to the development and delivery of educational materials.

Responsibilities and Accountability

The CRB has responsibilities to the *openEHR* Foundation Executive, as follows:

1. To process nominations for new members of the CRB
2. To process all Problem Reports and Change Requests referred to it by the ARB in a timely manner
3. To inform the Executive of any proposed decisions that have any financial, policy or legal implications for the *openEHR* Foundation. Such decisions will be subject to ratification by the *openEHR* Foundation Executive.
4. To provide a quarterly report of activities to the Foundation Executive. This report may be, by and large, automatically generated by software tools or other available means to minimise the work.
5. To aim to hold at least one physical meeting a year.

Rules

Membership

The CRB consists of a number of permanent members appointed by the Foundation Executive, as well as invited members who accept the position and its Terms of Reference. The CRB is intended to grow to up to around 12 members. The membership rules are as follows:

1. All members of the CRB must be members of *openEHR*¹¹ and agree to its mission and objectives and to the CRB Terms of Reference
2. Invitations are made through a letter from the Chair of the Foundation Executive, on the basis of nominations received.

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3. All invited appointments are for 12 months, and are renewable.
4. All nominations of new members must be supported by at least two existing members of the CRB.

Members of the CRB may:

1. vote on new nominations for CRB membership
2. access the CRB's private mailing list and any other materials, documents etc used for conducting the business of the CRB
3. raise new problem reports and change requests (in common with the rest of the *openEHR* community)
4. suggest strategic changes or enhancements to the clinical or technical direction of *openEHR*
5. suggest changes to the way the CRB is run.

Members of the CRB are expected to:

1. Remain up-to-date with the deliverables of the *openEHR* Projects (as defined in the CMP)
2. Be responsive in discussions relating to processing CRs that require clinical input
3. Take part in votes on all new memberships, and on the election of a chair and secretary
4. Take part in any vote (decided by simple majority) which is used to resolve a CR issue which has not been resolved in some other way
5. Inform the CRB if there is any change in their status, institution, or activities which means they can no longer agree to the Terms of Reference of the CRB, and/or *openEHR*'s mission. Members in this situation must resign.

Special Positions

Each year the CRB will, by simple majority, elect a Chair and Secretary from among the elected members.

The responsibilities of the Chair are:

1. to ensure the CRB fulfils its responsibilities to the Foundation Executive, according to these Terms of Reference;
2. to organise and conduct physical meetings;
3. to conduct any necessary voting, at meetings or by electronic means.

The responsibilities of the secretary are to generate the quarterly CRB report to the Foundation Executive, to convene agreed meetings, to produce and distribute minutes and the results of voting.

CRB Experts

The CRB may co-opt advisory experts when appropriate, to complement the existing expertise and capacity of the CRB in a specific area. The rules relating to experts are:

1. The CRB elects (by simple majority) to co-opt an individual with specific expertise, for a particular task
2. An CRB Expert retains the status for a period of up to 12 months, which may be renewed.

3. CRB Experts do not have voting rights on the CRB

CRB experts have access to some or all of the CRB's private materials, as appropriate

CR and PR Processing

Problem Reports and Change Requests may be referred by the ARB for the attention of or action by the CRB.

1. Problem Reports and Change Requests are to be processed according to the *openEHR* Change Management Plan (CMP).
2. Not all PRs and CRs have to be processed by the CRB. However, all PRs and CRs referred to the CRB are automatically notified to the members via the private mailing list.
3. The CRB Chair must ensure that processing of each PR and CR whose *owner* field is "CRB" has commenced within one month of the date it was raised.
4. A member of the CRB must become the *manager* of a PR or CR before changes can occur. This can occur by self-nomination or nomination by the CRB Chair.
5. The manager of a CR or PR is responsible for progressing it through its lifecycle, even if he/she does not do any analysis or work on it. The manager proceeds according to the detailed process defined in the CMP.

Physical Meetings

Physical meetings are used for various purposes, including:

- To allow members to get to know each other
- To discuss functioning of the CRB
- To discuss the clinical direction of *openEHR*
- To deal with unresolved knowledge representation problems
- To vote on matters requiring a vote at the point in time when the meeting occurs (i.e. meetings do not need to be called for the purpose of voting)

Robert's rules will be used for running meetings.

¹ by having subscribed to the discussion fora via the *openEHR* web site

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