



ABP Corporate Policy

Use of Task Forces

POLICY STATEMENT

Committees and subboards at the American Board of Pediatrics Inc. (ABP) are entities within the organization that serve a long-term function for the ABP.

At times, the ABP may make the decision to convene a working group for a specific purpose that is anticipated to be short-term. In these cases, the ABP may call for a task force to be established, either supported by core ABP dollars approved by the ABP Board of Directors or through efforts supported and approved by the ABP Foundation (ABPF) Board of Directors.

The following policy is intended to provide clarity regarding task forces and standardize approaches across ABP departments.

SCOPE OF WORK

The purpose of a task force is to address a specific, short-term objective that is not included in the directive of existing committees or subboards.

A document should be prepared by the relevant senior management team member(s) prior to appointment of a task force describing:

- Charge to the task force
- How the task force aligns with the ABP or ABPF mission
- The work that the task force will undertake to address that charge
- Proposed qualifications and numbers of task force members
- Finite, specific deliverables such as recommendations, papers or presentations
- Anticipated time commitment (meetings, calls, preparation of deliverables)
- Proposed timeline and budget
- Metrics for measuring the success of the task force
- Impact on staff time
- Senior Management Team Lead and Liaisons

This document should be submitted to the ABP Senior Management Team and the appropriate Board of Directors for approval prior to convening the task force.

Annual progress reports (e.g., minutes) and a final report at the end of the task force's tenure shall be reviewed by the senior management team and the appropriate Board of Directors as determined by the source of funding. For task forces funded by the ABPF, the ABPF templated proposal, annual report, and final report forms will suffice.

APPOINTMENTS

Task forces are appointed by the President and CEO and the appropriate Board of Directors. The maximum initial term that may be requested is three years. Following the initial term, the function of the task force shall be re-evaluated the President and CEO and the appropriate Board of Directors.



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A request for re-appointment for a second term, up to three years in length, may be made to the appropriate Board of Directors. Because of the time-limited nature of most task force directives, task forces are not intended to evolve into provisional and/or standing committees. However, in special circumstances the President and CEO may request that the ABP Board of Directors consider converting the task force into a standing committee or allowing a third and final 3-year term for the task force.

HONORARIA

Honoraria for members of a task force will parallel official ABP policies regarding honoraria for other committees and subboards.

MEMBERSHIP

Task force members will be identified based on their subject matter expertise and/or role as a liaison to another organization.

A physician member of a task force must meet the requirements for maintenance of certification in his/her specialty throughout his/her term. Since task force members are required to participate in MOC, there is no MOC enrollment fee or exam fee(s).

Task force members must adhere to all relevant ABP and ABPF policies.

LINKAGES TO ABP OPERATIONS

Task force activities ultimately should inform and improve ABP processes. As such, linkages to existing or future departmental efforts are recommended. Senior management team members or their designee(s) will work to ensure that task force activities align with departmental efforts. As a task force's activities draw to an end, plans should be made to incorporate any follow-up work into the appropriate department's efforts.

ASSOCIATED POLICIES AND/OR GUIDELINES

- Travel Policy
- Conflict of Interest Policy
- Confidentiality Policy
- Communications about ABPF-funded Projects Policy

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