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**COMMITTEES AND TASK FORCES**

**2020-2021**

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**COMMITTEES LISTED AS PER THEIR PORTFOLIO**

**ORIENTATION TO AED COMMITTEES**

An active committee structure is essential to gain participation in and commitment to achieving the mission of the Academy for Eating Disorders (AED). A meaningful and active committee structure provides a mechanism for member involvement. The type and number of committees are based on our priorities, size, and resources. Committee success depends on a strong partnership between the AED Board, the Board Portfolio holder for each committee, and the committee chairs and members and staff with clear roles and responsibilities.

AED clusters its committees into “Portfolios” and each Portfolio is guided by an AED Board member who serves as a liaison between the Board and the Committee.

**Types of Committees**

There are different types of committees that support the work of AED.

* **Structural Committees** are a core part of the overall operation of AED. They are listed in the Bylaws, and have some specific decision making authority as defined in the Bylaws. Their charge is broad and overarching, and takes into consideration issues that affect the entire organization.
* **Functional Committees** have been created to support specific recurring or ongoing programs or sections of AED. While their recommendations may have profound impact on AED, their charges are more narrowly and specifically defined.
* **Subcommittees** support the work of both Structural and Functional Committees, tackling highly defined but ongoing aspects of broader charges. All subcommittees will include at least one member who is also a member of its related Structural or Functional Committee. Each subcommittee reports out to the board and the membership through its related parent committee.
* **Work Groups or Task Forces** are used to accomplish a single or narrowly defined nonrecurring task and are dissolved when the task is accomplished

**Effective Volunteer Groups/Committees**

Committees are more effective when they have clearly defined member roles, responsibilities, deliverables, and timeframes. These are outlined in this Committee Manual, and are spelled out in detail in the AED Policy Manual.

**Volunteers**

Volunteer involvement is critical to the success of any non-profit organization. Volunteer leadership:

* Builds organizational strength by growing and retaining members, enhancing our programs and services, fosters a sense of ownership, and provides leadership opportunities within and outside the organization;
* Provides credibility within the profession for AED;
* Extends the resources of the organization;
* Provides valuable input to association leadership and staff; and
* Ensures the mission of the organization is at the forefront of all that we do.

Participation with AED should also provide benefits for volunteers as well. Volunteer leaders:

* Increase their leadership skills through participation on committees and work groups;
* Increase knowledge and competencies through networking with other knowledgeable peers; and
* Have the ability to enhance their careers by participating in professional development and increasing the value of our membership.

**Appointment to AED Committees**

Volunteers become members of a committee in various ways, appointment by the Board Chair, by election, and by committee chair selection. Appointment to a committee or workgroup depends on numerous factors.

* Demonstrated interest in the profession and the association.
* Willingness to serve – commitment.
* Ability to serve – time, company support.
* Something to contribute – knowledge and skill.
* Professional reputation – ethical and cooperative.
* Reliability – will assume necessary responsibilities.
* Leadership and communication skills.

**Policies Affecting AED Committees**

**Policy on Adding New Committee Members (Revised June 2017):**

1. New committee members will be reviewed and appointed by the president prior to the ICED. Thus all new committee members start and complete their terms at the same time of year.
2. The secretary, in liaison with staff, is responsible for updating committee lists, and circulating updated committee lists immediately after the ICED and again in the New Year.
3. Following the New Year circulation, committee members whose terms are due to expire in a given year should be made aware of this by their Committee Chairs, and committee chairs are reminded by their Board Portfolio Holders no less than three months before the ICED. Thus identification of vacancies should occur in a proactive way based on committee member term limits and/or due to situational variables.
4. The Board Portfolio Holder, committee chair(s) and committee members will identify the skills, knowledge and qualities that are mandatory or desirable for new committee members, reflective of the mission and goals of the AED and the particular committee. These characteristics, in addition to what may be required contemporaneously in terms of additional/specialized knowledge, skill, etc., should be discussed prior to seeking applicants.
5. Committee vacancies will be advertised annually in such a way as to maximize equal opportunities for all AED members to apply. Identified methods for communicating vacancies include:
   1. Via the AED Newsletter Editor for inclusion in the next quarterly newsletter,
   2. Via the web manager for inclusion in the advertisement section of the AED website.
   3. Via the AED Online Community.
6. Calls for applicants for committee member posts should include how to access information about the relevant committee (the Terms of Reference), the knowledge and skills required, particular mandatory or desirable characteristics (e.g., student status, discipline) and the procedure for application. Applicants should submit a brief CV or bio sketch. A clear deadline for receipt of candidate application materials will be specified in all communications with AED membership.
7. New committee members will normally be identified from within the AED membership and should remain members of AED to serve their appointment. Occasionally the Board may approve appointment of a non-member to a committee position, because of their particular skills, knowledge or qualities, subject to their joining AED. The procedure for appointment of a committee member is as follows:
   1. The committee chairperson(s), along with the Board Portfolio Holder and committee members, will review potential candidate applications at the next committee meeting after the deadline date for application submissions. Materials from each of the candidates will have been distributed for committee membership review before the joint call. Whenever possible this should occur before the outgoing person leaves the committee, so there can be continuity in the transition and the incoming member can receive mentorship from the outgoing member as needed.
   2. In the event of a very large number of applications, a shortlist of up to 10 candidates will be compiled by the committee chair(s), in consultation with the Board Portfolio Holder and committee as needed.
   3. The committee leadership and members will vote on which individual(s) best represent the preferred basic and specialized knowledge/skills for the position. A majority vote will decide the best candidate(s). In the event of a split vote, portfolio leadership may take chairperson’s action.
   4. The committee chairs, in liaison with the Board Portfolio Holder, are responsible for submitting the nominee’s CV or bio sketch to staff so it can be brought to the president for review. However, a CV or bio sketch is needed only for applicants who are new to a leadership role in the AED. A CV is not needed for anyone who has served as a committee chair or board member in the past. The president may choose to seek feedback from the Board.
   5. If the president, in discussion with the Board, does not endorse the committee’s recommended candidate, the president will offer feedback and request re-examination of the selected candidates, which the Board Portfolio Holder will discuss with the committee chair.
   6. If the president approves the selection, the president will appoint the committee member(s).
8. If the president approves the selected candidate(s), the Board Portfolio Holder will communicate this to the committee chair, and the committee chair(s) will announce this on the next joint phone call and contact the approved candidate.
9. The committee chair(s) are responsible for contacting and providing feedback to unsuccessful applicants, thanking them for applying and encouraging future AED involvement.
10. If a committee member needs to leave a committee, for whatever reason, at a different time of year from when the ICED is held, a new member may be appointed to that role, following the procedure above. This new member’s term will end at the ICED, as for other committee members. The date of their term end will be agreed with the Board Portfolio Holder based on the date they start. For example, if a new committee member is appointed in September, their term will normally be less than 3 years, but if they are appointed in February they may agree to serve slightly more than 3 years.

## Policy of Committee Term Duration Limits and Duration (Revised June 2017):

**Policy**

The durationof AED Committee positions will generally be three years. However, terms of service will vary somewhat according to the type of AED position, with the nature and responsibilities of some positions requiring longer terms (see below).

**Procedure**

***Committee Chairs***

*Annual Conference Planning Committees*

1. The term limit for Conference Planning Co-Chairs is six years. The first two years of the term are Co-Chair Elect training years. The second two years are active terms. In the final two years of the term, the Co-Chairs serve as consultant members on the Conference Planning Committee.
2. There will be two active Co-Chairs per Conference Planning Committee. There will also always be two Co-Chair Elects who will be serving their training terms.
3. Conference Planning Committee Co-Chairs rotate off of the committee in the same year.

*Teaching Day Committees*

1. The term limit for Teaching Day Committee Chairs is four years. The first two years of the term are Co-Chair Elect training years while the remaining two years are active terms.
2. There will be one Chair for the Teaching Day Committee. There will also always be one Chair Elect who will be serving his/her training term.

*Journal Advisory Board Committee (i.e., International Journal of Eating Disorders Associate Editors)*

1. The term limit for Journal Advisory Board Committee members is five years.
2. The term of office for the Chair of the Journal Advisory Committee is three years.

*Other Committees*

1. The term limit for all of the other AED Committee Co-Chairs is three years. The first year of the term is a training year. The remaining two years are active terms.
2. There will be at least one active Chair per Committee, although many Committees will have two active Co-Chairs. In addition, in the final year of an active Co-Chair’s position, there will always be at least one Co-Chair who will be in his/her training year.
3. Committee Co-Chairs will rotate off of Committees in alternate years.

NOTE: Committee Chair and Co-Chair positions are non-renewable. The Board of Directors may choose to override this under exceptional circumstances.

*Newsletter Editor:*

1. The term limit for the Newsletter Editor is three years. The first year of the term is a training year. The remaining two years are active terms.
2. There is only one Newsletter Editor. However, in the final year of the Editor’s term, a Newsletter Editor Elect will complete a training year in preparation for the active Editor position.

*Committee Members:*

1. With the exception of Conference Planning, Teaching Day, and the Journal Advisory Committee, the term limit for Committee Members is three years. A committee member may rise, during or after his/her term of office, to a committee Chair or Co-Chair position. If this occurs, the incumbent can then serve a single term in office as Chair or Co-Chair (see term limits for committee chairs and co-chairs shown above).
2. The term limit for Conference Planning and Teaching Day Committee members is two years.
3. Committee member positions are non-renewable. The Board of Directors may choose to override this under exceptional circumstances.
4. Whenever possible, there will be diversity in all AED Chair, Editorial, and Committee Member positions in terms of race, gender, discipline, years in the profession, and geographic residence.

Separate policies and procedures may be developed to address other issues related to term limits, such as the maximum number of successive terms and the maximum number of positions that can be held by any single AED member, and if they are will be included here.

Regardless of how one becomes a member of a committee, there are some responsibilities and duties all members have in common. Volunteering is a personal choice, not a job.

**Roles and Responsibilities**

**Role of the Board Portfolio Holder**

One or more of the AED committees is assigned to the portfolios of a member of the AED Board of Directors – Board Portfolio Holders are responsible for:

* Understanding the roles and responsibilities of each committee within their respective portfolio, and clearly communicating that information to the committee chair(s)
* Meeting with the committees when they meet to monitor and guide their discussions, ensuring that they stay focused on their respective responsibilities
* Bringing to the committee new insights and updates or special requests from the AED Board of Directors
* Reporting to the Board any actions or requests or approvals emanating from the respective committees that require Board approval or comment
* Providing a semi-annual report to the AED Board on the progress/activities of each of the committees in their Portfolio
* Recommending changes to Committee/Portfolio alignment, composition, or activity, as appropriate

**Committee Chair Responsibilities**

Successful management and achievement of objectives are closely linked to the chair’s ability to lead and direct the committee efforts. An effective committee has a Chair or chairs that accepts responsibility, encourages others to offer thoughts and recommendations, and builds consensus. In fact, it is of the utmost importance that the Chair(s) remain objective, facilitating the creation of consensus, and abstain from taking a position on issues before the committee unless his/her vote is necessary to break a deadlock. The key responsibilities of AED committee Chair(s) include:

1. **Planning** – consults with AED Board Portfolio Holder and staff liaison and other key members of the committee in planning the work of the committee for the year ahead.
2. **Scheduling** – consults with members of the committee to agree on a schedule for meetings, and conveys that schedule to the Board Portfolio Holder and the staff. AED staff sets up a recurring calendar invites for all members of the committee, and provides information regarding the Online Community work space, and a dedicated phone number for all conference calls.
3. **Conducting Meetings** – directs the committee’s work and ensures committee assignments can be effectively managed. The Chair(s), in concert with the AED Board Portfolio holder and staff liaison, maintains a focus on the committee charter and primary responsibilities, encourages discussion from all points of view, summarizes the discussion, and seeks out consensus decisions.
4. **Maintaining Records and Information** – ensures that accurate minutes are kept, motions recorded, necessary reports are prepared, and a record of the committees work is maintained. The chair(s) remains constantly informed regarding the progress of individual committee members or staff assignments.
5. **Involvement/Action** – must work toward active participation and involvement in committee activities. Based on the committee charter and objectives, the chair(s) must bring together the interests and talents of individual committee members into productive efforts and ensure the necessary follow-up actions are performed.

**Committee Member Responsibility**

The success of any committee depends on the contributions made by each of its members. After appointment to a committee, it is important for each new member to become familiar with the charge, history, current agenda, and the other members of the committee. Committee member responsibilities are outlined below:

1. Attend all meetings.
2. Review the agenda and accompanying materials prior to attending the meeting. Seek clarification of any items that are not clear.
3. Adhere to the agenda during the meeting.
4. Determine what the exact purpose of the meeting is and decide in advance how and what to contribute.
5. Keep replies succinct and to the point.
6. Do not hesitate to comment, criticize constructively, or disagree with the issues being considered.
7. Work as part of the committee and staff team to ensure that the committee's work and recommendations are in keeping with the committees’ charter and the association mission and goals.
8. Keep in mind that the volunteer group – the committee -- has authority to decide and recommend -- not any individual member.
9. Be discreet in talking about the work of the committee – consider which discussions or comments should be kept confidential within the committee, and honor that need. If unsure, the committee member should ask the Chair(s) privately.

**Committee Staff Liaison Responsibility**

Each committee will have an AED staff liaison. The role of staff is critical if the committee is to achieve its objectives. Specific roles of the staff liaison include:

1. Coordinates meeting time and agenda development with the chair.
2. Coordinates place and necessary support material for the meeting.
3. Ensures distribution of meeting notification/materials to all committee members in a timely manner.
4. Ensures that the committee has the necessary resources to accomplish its responsibilities.
5. Ensures that minutes are recorded of meetings and are distributed to committee members.
6. Assists the Board Portfolio holder in preparing reports on committee recommendations for the Board
7. Assists the Chair(s) as needed with communication with members and follow up action items.
8. Ensures the committees’ budget is adhered to.
9. Staff liaisons *do not* have a vote on the committee.

**AED VOLUNTEER AND STAFF CODE OF ETHICS**

To maintain integrity in our field, all AED volunteers and staff are asked to adhere to a code of conduct.

**Preamble**

The Academy for Eating Disorders is a not-for-profit, tax-exempt global professional association committed to leadership in eating disorders research, education, treatment, and prevention. We seek to ensure global access to knowledge, research and best treatment practice for eating disorders.

**Code of Ethics**

Members of the board (including ex officio members of the board), all other volunteers and staff, shall at all times abide by and conform to the following code of conduct in their capacity as representatives of AED. Specifically, board members, all other volunteers and staff shall follow these guidelines:

* Avoid placing (and avoid the appearance of placing) one's own self-interest or any third-party interest above that of the association; while the receipt of incidental personal or third-party benefit may necessarily flow from certain association activities, such benefit must be merely incidental to the primary benefit to the association and its purposes;
* Do not abuse board membership by improperly using board membership or the association's staff, services, equipment, resources, or property for personal or third-party gain or pleasure; board members shall not represent to third parties that their authority as a board member extends any further than that which it actually extends;
* Do not engage in any outside business, professional or other activities that would directly or indirectly materially adversely affect the association;
* Do not engage in or facilitate any discriminatory or harassing behavior directed toward association staff, members, officers, directors, meeting attendees, exhibitors, advertisers, sponsors, suppliers, contractors, or others in the context of activities relating to the association;
* Do not solicit or accept gifts, gratuities, free trips, honoraria, personal property, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment to such donor with respect to matters pertaining to the association without fully disclosing such items to the board of directors; and
* Provide goods or services to the association as a paid vendor to the association only after full disclosure to, and advance approval by, the board, and pursuant to any related procedures adopted by the board.

**AED Committees by Board of Directors Portfolio**

**Committee Policies and Procedures:**

Detailed procedures and special policies governing and informing AED Committees can be found in the AED Policy and Procedures Manual. What follows are brief descriptions of special considerations and considerations of each committee.

**President’s Portfolio**

The President of AED has overall general charge and supervision of the affairs of the corporation, and presides at meetings of the Executive Committee and the Board of Directors.

The President may sign any contracts or agreements authorized by the Board of Directors, and approves individual expenditures beyond $2500, in tandem with the Treasurer. He or she

1. Serves as the Chief Volunteer Officer of the organization and partners with the Board Members, and the Executive Director to achieve the organization’s mission.

2. Provides leadership to the Board of Directors, encouraging the Board’s role in planning, financial accountability, fundraising, evaluation of the Chief Executive, and evaluation of program performance.

3. Chairs Board and Executive Committee meetings and works with board and staff to develop the agenda. Helps guide and mediate Board actions with respect to organization priorities, and governance concerns.

**Board of Directors & Executive Committee**

The Board of Directors is the governing body of the Academy. It consists of the President, President-Elect, Secretary, Immediate Past-President, and Treasurer as well as seven voting members at large, and the Executive Director, ex-officio without vote. The Board is to be multidisciplinary, and is responsible for the supervision, control, and direction of the Academy and all efforts to pursue the purposes of the Academy, including maintaining the standards and effectiveness of the Academy.

The President, President-Elect, Secretary, Treasurer, and Immediate Past-President, and the Executive Director ex-officio, shall serve as officers and shall constitute the Executive Committee. The role of the Executive Committee is to advise and assist the President, and to help in framing the discussions of the Board, as well as to vet extremely sensitive issues that may arise, and consider and advise on how best to address them confidentially.

**President-Elect’s Portfolio**

**Translation Board**

**Objective**

The primary objective of the Translation Board is to facilitate the translation of AED materials from English into other languages. Materials include, but are not limited to, membership brochures, ICED promotional materials, press releases, Website content, and relevant documents such as the Medical Care Guide and the Nine Truths of Eating Disorders. The Translation Board will serve as resource to the AED leadership and any AED committee that develops content and identifies a need for translations.

**Composition and Appointments**

A database will be created including contact details of AED members who agree to translate AED materials from English into another language. The aim is to continuously grow this database over time by increasing the number of languages and the number of translators per language so that the work load per translator does not get too big. The duration of involvement in the Translation Board is not limited.

The following steps will be undertaken to establish the database:

1. AED members who have translated AED materials in the past will be asked if they are willing to join the Translation Board and help with translations in the future.
2. AED volunteers (i.e. committee members and committee chairs) with a native language other than English are invited to join the Translation Board. Following the initial formation of the Translation Board in 2016, invitations will be sent to new committee members on an annual basis (at the same time when new committee members are appointed).
3. The individuals above (a & b) are encouraged to nominate additional AED members for their respective languages who will then receive an invitation to join the Translation Board.

**Procedures**

Whenever AED leadership or committees identify a need for translation into one or several languages, AED staff will approach translators listed in the database. In each case, it will be noted

* date of request,
* if the translator agreed or declined to do the translation,
* which material will be translated, and
* by which deadline the translation should be completed. If the database includes multiple translators per language, staff will make sure to approach translators on an alternating basis in order to limit the workload per translator.

Whenever translators are approached they are reminded of the procedure that they should follow in the specific case. There are basically two scenarios:

1. Translation and back-translation: In the first step, translator A translates a document from English into their native language. In the second step, translator B provides a back-translation into English. In the third step, translators A and B review inconsistencies and agree on the final version which is then submitted to AED staff.
2. There may be materials and circumstances when a less formal procedure is sufficient and only one translator is approached to do a translation from English into their respective language (without back-translation). Whether or not this is the case should be determined by the body (leadership or committee) that requests the translation.

Any translated AED materials will include an acknowledgement with the names of the translators.

Immediate Past President’s Portfolio

### Nominations Committee

The AED Nominations committee will be responsible for the process of nominating members for positions within the AED, including:

1. developing and overseeing calls for nominations from the membership and Board;
2. selecting nominees based on suggestions from members and candidates’ credentials and visions for the AED;
3. informing the membership of the committee’s selections by coordinating with the AED Secretary and AED HQ to post the slate of nominees at least 60 days prior to the election.

See the Policies and Procedures and the AED bylaws for details about the nominations and elections process.

## Awards Committee

The AED values the accomplishments and contributions of its membership. The annual awards were developed to recognize and reward deserving members. The Board of Directors comprises the AED Awards Committee. There are several awards for Leadership and other recognition potentially awarded each year. See the Awards Policies and Procedures for details about the awards process.

Treasurer’s Portfolio

Finance Committee

The Finance Committee (FC) assists with preparation of the annual budget and advises the Board concerning its approval; advises the President, Treasurer, and Executive Committee on the investment of the financial reserve and on fiscal matters throughout the year; oversees implementation of budgetary priorities throughout the year; and reviews financial conduct of the AED (e.g., reviews the annual external audit).The FC works closely with the AED Executive Director and may work with a variety of financial advisors (non-voting members) performing oversight and investing on behalf of the AED. The FC functions independently from the AED Board of Directors. The AED Executive Director prepares the annual budget with the assistance of the FC. The budget includes a detailed list of income and expenses, with comparison information from the previous budget year.

The FC makes recommendations to the Board concerning its provisions and approval. The BoD authorizes discretionary (unbudgeted) activities and initiatives, identifies their fiscal and resource implications, and sets priorities among them. All appropriations decisions are to reflect the financial interests of the AED and the priorities set by the Board of Directors for the activities and initiatives in question.

The FC meets three times yearly and in-person at the annual meeting with additional ad hoc meetings as required. Official FC business can be conducted by electronic mail and other means of communication with approval of all voting members.

The FC is composed of a minimum of three (3), and a maximum of five (5) AED members, including the Treasurer. The Executive Director of the Academy is a perpetual voting member. Additional voting members of the FC are appointed by the President in consultation with the Treasurer.

Outreach Portfolio

The Outreach portfolio is responsible for overseeing AED’s activities concerning outreach both in terms of advocacy and media-related issues as well as outreach to members via the newsletter. The function of the portfolio holder is to inform the committees/liaisons of board priorities and initiatives and to facilitate communication from committees/liaisons back to the board. The following committees/liaisons are part of the Outreach Portfolio:

1. Advocacy and Communication Committee;
2. AED Forum Committee;
3. The Partner, Chapter & Affiliate Committee

### Advocacy and Communication Committee

The objectives of the Advocacy and Communication Committee are to communicate AED’s mission and point of view through press releases, letters, and via the AED website. In addition, the committee assists the media in making use of the expertise of AED members on issues of concern to the organization. Furthermore, the committee advocates for a better understanding of eating disorders by medical and mental health providers as well as a strengthening of eating disorders awareness in the public.

The functions of the committee include:

* Issue press statements and press releases on issues of concern to AED.
* Send letters on behalf of AED when letters are considered more strategic than press releases.
* Promote public recognition of AED and awareness of AED activities.
* Respond to media requests for interviews as a liaison to experts in AED membership.
* Work with AED SIGs/committees to keep up with their efforts and assist in disseminating their work to the public when appropriate.
* When appropriate, collaborate with other eating disorders organizations to address issues of concern.
* Promote lobbying efforts of other eating disorder organizations.
* Offer training to AED members on working with the media.
* Advocate on public health policy issues.
* Contribute to the global perspective of AED by initiating advocacy projects outside the US.
* Assist in AED efforts to study dissemination of the Medical Care Guidelines.

### The AED *Forum* committee

The *AED Forum* committee is responsible for producing the AED newsletter, the *Forum*, which appears in print (electronic or paper) 4-6 times per year. The committee has two or three members (i.e., one or two book reviewer(s) and the *Forum* editor).

The book reviewer(s) works with the editor and the Outreach portfolio holder (when necessary) to select books for review in the *Forum* and writes at least 4 book reviews per year. The editor is responsible for soliciting, reviewing, and organizing articles, news, and other items to be included in each issue of the newsletter. This process involves:

* contacting potential contributors via email approximately 1 month before the submission deadline to solicit items;
* reviewing and editing items once they are received (i.e., interacting with contributors to ensure that submissions are appropriate for the newsletter and that the content of each submission is clear and concise);
* sending reminder emails to contributors as the submission deadline approaches (typically sent 4-7 days before deadline);
* organizing the content of each newsletter (i.e., determining the order of articles and other items received for each issue);
* submitting final content to the Outreach Portfolio holder for review, and
* working with the AED central office to finalize the appearance and format of each issue.

The editor also works with the Outreach portfolio holder and other members of the AED Board to ensure that the newsletter includes items that reflect current AED priorities.

### Partnership, Chapter, and Affiliate Committee

The Partnership, Chapter and Affiliate Committee (PCAC) is an organized group of AED members, working to achieve AED goals in the international community and helping facilitate AED services to the eating disorder professionals worldwide, with an added emphasis on outreach efforts outside of North America. Two of our main goals are to increase the number of Partner and Affiliate Organizations (POs and AOs) associated with AED and increase the number of AED members around the world.

Committee members are tasked with fostering collaborative relationships with local eating disorder societies, leading eating disorder professionals and/or Ministries of Health from their geographical region. The PCAC is also responsible, in part, for the dissemination of membership and AED brochures at other conferences and to other organizations, and for coordinating the translation of membership materials together with the Membership, Recruitment and Retention Committee (MRRC), into languages that are represented within AED membership. As an AED membership benefit, members of Partner, Affiliate or Chapter Organizations are provided a 5% discount or $10 flat rate (whatever less) off the cost of their annual AED membership dues.

To be eligible for “Partner Organization” status, the applicant organization should:

1. be a non-profit organization with predominantly professional membership with a focus on ED (but not necessarily restricted to) ED professionals;
2. have a national rather than regional character (e.g., not a state organization within the USA);
3. not originate within the AED;
4. have mission and goals compatible with those of the AED (i.e., promoting treatment, research, or prevention of eating disorders),
5. should not be treatment facilities and
6. should not be first and foremost organizations dedicated to lobbying and/or providing support for individuals with ED and/or their carers.

To be eligible for “Affiliate” status, the applicant organization should:

1. be an organization of professionals anywhere in the world whose major raison d’être is not the research, education, treatment, or prevention of eating disorders (ED) per se, but whose objectives nevertheless include some or all of these;
2. fit the definition neither of a Partner Organization nor of a Chapter. Examples of AOs may include organizations of single disciplines with a special interest in ED, or organizations dedicated to specific populations that include a high proportion of individuals with ED,
3. have a national rather than a regional character (e.g., not a state organization within the USA),
4. should not be treatment facilities and
5. should not be first and foremost organizations dedicated to lobbying and/or providing support for individuals with ED and/or their carers.

To be eligible for “Chapter” status, the applicant organization should be formed through a merger with a pre-existing not-for-profit organization or group, from a group of members within the AED that shares a common geographic area or language, or as part of a mutual regional development strategy with a group of interested members. Chapter formation can evolve organically from naturally developing affiliations and regional interest groups rather than through pre-design.

Collaborations might take the form of availing international eating disorder professionals with educational materials via the websites of both organizations, or with links to other websites; workshops or plenary sessions addressing mutual interest at both organizations´ annual meetings; reduction of membership fees and establishment of scholarships for members to attend the annual meeting of the other organization; international libraries; increasing exposure of the AED in the other organization’s newsletter or website and vice versa; and co-writing international regulations by members of both organizations regarding assessment, prevention, treatment and understanding of eating disorders. Ultimately, it is hoped that these initiatives would lead to CME activities organized through AED and increase international membership.

**Communications Portfolio**

The Communications portfolio is responsible for the oversight of the AED website, Online Communities and learning initiatives, and social media. The function of the portfolio holder is to provide direction, inform committees of board priorities and initiatives, and participate in conference calls. The portfolio holder provides oversight and vision to aid committee chairs in their tasks.

**The Electronic Media Committee**

The Electronic Media Committee (EMC) is responsible for reviewing the AED website to ensure that materials posted to the web are current, readable, and reflect the mission of the AED, in many cases in collaborating with other AED committees. The EMC is also responsible for overseeing the Online Community, including enforcing the Standards of Conduct.

**AED Website**

The committee members review the AED webpages and ensure that changes needed to the site are made in a timely manner. The committee also provides the Board with suggestions for general website design updates, works with headquarters staff on technical aspects of improvements of the website, and functions as a link between the various AED portfolios and the board to keep the website dynamic and reflecting the various agendas that the portfolios pursue. The committee delegates to and keeps accountable other AED committees who are responsible for portions of content on the website.

**AED Online Community**

A main goal of the Online Community is to promote active discussion between AED members and especially the various specialties that are part of eating disorder treatment teams. Another important function of the Online Community is the dissemination of information across members and between the Board and the AED membership. EMC members monitor content posted to the Online Community to esure that they are consistent with the AED Online Community Standards of Conduct. Reminders are sent to anyone who misuses the Online Community, and inappropriate messages are removed. In unusual circumstances, the EMC is responsible for revoking a users’ access in accordance with the Standards of Conduct, and only after consultation with the board liaison.

**Special Interest Groups and Committee Private Working Space**

The AED Online Community provides private working space for all AED Special Interest Groups and committees. These working spaces are not monitored by the EMC. However, when there is a specific need the committee will work with the group, the Portfolio holder and AED staff to resolve the issue on a case by case basis.

General Procedures and Tasks:

The chair(s) is responsible for developing monthly agendas for the conference calls, and assisting the other EMC members with the oversight of the Online Community and website. The committee fosters collaboration with all AED committees on tasks related to the website such as trainings, dissemination of news and materials, and announcements, and this is regular part of the agenda.

Other online learning initiatives: In accordance with the mission of the AED, the EMC is responsible for developing other online learning opportunities for members and the public in collaboration with others. Such initiatives may take the form of webinars, online workshops, or even distance education coursework, where the EMC collaborates with other committees (e.g., Research-Practice Integration for webinars and *IJED* Article CEs) to facilitate the efficient and competent development of these materials and headquarters for their implementation.

**Social Media Committee**

The objectives of the Social Media Committee (SMC) are to communicate AED’s activities, mission, and standpoint and facilitate discussion of such topics through various Internet-based channels of communication such as Facebook, LinkedIn, and Twitter.

The functions of the committee include to:

* Promote public recognition of AED.
* Promote awareness of AED activities, e.g. by announcing press releases or position statements that are published by AED or by promoting the annual conference.
* Track and react in a timely manner to any AED-related communication that emerges on the social media platforms.
* Work with AED SIGs/committees to keep up with their efforts and assist in disseminating their work to the public when appropriate.
* Interact with AED members and the public on topics that fall within the mission of the AED.
* Develop a presence for AED on other social media platforms as they emerge.

Membership Portfolio

The Membership Portfolio is responsible for overseeing AEDs Membership, through recruiting new and retaining current members, and forming partnerships with other organizations with similar interests and goals. The function of the portfolio holder is to provide direction, inform committees of board priorities and initiatives, and participate in calls. The portfolio holder provides oversight and vision to aid committee chairs in their task.

### Membership Recruitment and Retention Committee (MRRC)

The Membership Recruitment and Retention Committee (MRRC) focuses its efforts on the recruitment of new members and retention of current members of the AED. We seek to implement strategies that are cost-effective, utilizing minimal financial and person-power expenses for maximal gain in membership numbers. Although not the focus of all of our efforts, we emphasize those strategies that attract and retain disciplines and nations that are under-represented within the AED membership body.

The MRRC regularly evaluates the value of the AED membership benefits (through membership surveys, utilization of membership benefits, etc.), and identifies new incentives to offer. The MRRC is also responsible, in part, for the dissemination of membership brochures at other conferences and to other organizations, and for coordinating the translation of membership materials together with the Partnership, Chapter and Affiliate Committee, into languages that are represented within AED membership.

The MRRC is responsible for four events at each ICED:

1. staffing a Membership Booth,
2. hosting a Member event (in the past open to members of all types, and going forward focusing only on New and Prospective members),
3. organizing the Mentorship Program and
4. facilitating the EAT (Expand AED Today) initiative with a biannual drawing for different prizes including a free registration for the next ICED.

The Membership Booth is open during ICED breaks and serves as a venue for prospective members to ask questions about the AED and seeks to recruit new members during the ICED.

The Member event allows (prospective and new) members access to AED leadership that may not be feasible at other times during the ICED proceedings.

The Mentorship Program pairs seasoned AED members with newer AED members at either a brief meet-and-greet event before the opening poster session or a breakfast so new AED members can connect with experienced AED members, hopefully in a long lasting mentoring relationship.

The EAT initiative is a member-to-member recruitment drive that provides an incentive for our members to refer new members. Each time a current AED member refers a new member, the current AED member´s name entered a raffle for a prize held twice a year in October and May (ICED).

### Special Interest Group Oversight Committee

The Special Interest Group Oversight Committee (SOC) is responsible for coordinating the Special Interest Groups (SIGS) and ensuring that the SIGs engage in activities that are compatible with the aims, purposes, and practices of the Academy. Committee membership involves the two co-chairs and four other members, each responsible for one area: collecting panel proposals for the annual conference, the SIG website, collecting information for the Forum, collating annual reports from the SIGs and administering an annual SIG member and SIG co-chair online satisfaction survey.

The SOC also reviews proposals for a new SIG and submits accepted proposals to the AED Board of Directors (BOD) for approval. The SOC’s main activities relate to the Annual Conference, coordinating the needs of the SIGs with the Program Chairs for the conference, establishing and promoting SIG meetings and SIG panels. Following the conference the SOC collects an annual report and a membership list from each SIG. The SOC reports to the BOD twice a year through their Portfolio Holder.

**Annual Meeting Portfolio**

The Annual Meeting Portfolio oversees the AED’s annual *International Conference on Eating Disorders* (ICED). The portfolio holder generates suggestions for future meeting locations (city and country), reviews summaries of proposals from various conference venues to present recommendations to the board, and provides recommendations to the President for conference co-chairs. In addition, the portfolio holder assists in the activity of each ICED planning committee (including scoring of conference abstract submissions, and generating ideas for meeting content) as well as being a liaison between the planning committees and the board.

There are two concurrent ICED Scientific Planning committees functioning at any one time – the committee for the meeting occurring in the current year during the beginning of a new year and the committee for the meeting occurring in the following year. There are numerous responsibilities that fall to the ICED Scientific Planning Committees that are detailed in the Annual Meeting Guidelines, which should be given to conference co-chairs and from the co-chairs to their committee members to ensure that each responsibility occurs according to schedule.

Briefly, the ICED Scientific Planning Committee is responsible for all scientific content of the meeting. Approximately 21 months in advance of the meeting, this include selection of conference theme and keynote speaker and development of 3 to 4 plenaries with 4 speakers or 3 speakers and a discussant each.

The planning committee is also responsible for selection of abstracts submitted for conference workshop presentations, scientific oral paper presentations, scientific poster presentations, and SIG panel presentations.

Finally, conference co-chairs are responsible, in collaboration with their AED staff liaison, for completing the application for continuing medical education credit and for coordinating with other committees that are active during the conference, including the Awards Committee, the Clinical Teaching Day/Research Training Day & Webinar Committee, the Awards and Scientific Review Committee, the Fellows Committee, the SIG Oversight Committee, and various other groups that seek to meet or host sessions during the annual meeting.

Importantly, the Clinical Teaching Day/Research Training Day & Webinar Committee falls under the Research Practice-Integration Portfolio, as this may include education events that do not run immediately prior to ICED.

Research Practice-Integration Portfolio

The Research Practice-Integration portfolio is responsible for overseeing the maintenance and enhancement of opportunities for individual clinicians and researchers to develop their skill base in the field of eating disorders. This includes the running of regular and occasional teaching events, as well as the provision of other support for professional development.

The portfolio holder’s function is to manage the committee, and to liaise with others (within and outside the AED and the Board). The Portfolio Holder also acts as liaison between the Research Practice Committee and other Portfolio holders such as the Electronic Media Committee, and the Board.

### Clinical Teaching/Research Training Day & Webinar Committee

The main responsibility of the committee is to propose and bring to fruition the annual Clinical Teaching and Research Training Day (CTD/RTD) slate, which takes place the day before the annual ICED. The committee is entirely accountable to the Board. It consists of four members, reflecting the international diversity of the AED membership. Members should have an interest in the development and dissemination of clinical knowledge and skills. Membership of the committee is approved by the Board, and the term is three years, as for other AED committees.

The CTD/RTD planning begins 8-9 months ahead of the relevant dates. Suggestions for session titles and potential speakers are presented to the Board, in order to gain approval prior to being put into action. Local issues (e.g., language, local interests) should be considered when establishing the educational content of the sessions, if it can be demonstrated that they bear on the number of registrations and local needs. Registrations for the CTD/RTD are monitored to ensure that all the CTD/RTD are viable (discussed with the Board)

The Committee is also responsible for the *IJED* online CE program, which provides web-based learning opportunities wherein individuals can earn CE credit for completing quizzes based upon reading identified articles in the *International Journal of Eating Disorders*. After receiving recently accepted articles from the *IJED* editor, the committee members communicate with the authors to facilitate development of the quiz for the article, proof the returned quizzes for adherence to the CE guidelines, and forward to the Committee’s AED staff liaison who complete the registration of the CE materials.

**Medical Care Standards Committee**

The Medical Care Standards task force was transitioned from a task force to a committee in March 2014 with the recognition that its original task of developing and distributing materials and initiatives to help educate both primary care and eating disorder providers was an ongoing rather than time limited mission.

The mission of the Medical Care Standards Committee (MCSC) is to elevate the standard of care for eating disorders in all communities with a focus on early recognition and timely intervention. The key tasks of the MCSC are to update, promote, and distribute the Medical Care Standards Guide (*Critical Points for Early Recognition and Medical Risk Management in the Care of with Eating Disorders*).

The MCSC is composed of AED members that are experts in the medical management of eating disorders, members who have expertise in the dissemination of educational material and represent the international and professional diversity of the AED membership. The co-chairs of this committee work together to gather information, consult with experts, and, under the guidance of AED leadership, develop documents that are accurate, up to date, and practical.

Further, the MCSC is responsible for ensuring the MCS Guide is widely accepted in the eating disorders field and reflects the general consensus of AED members. The MCSC is responsible for:

1. Ensuring the MCS Guide remains up to date and relevant;
2. Seeking endorsements (and maintaining relevant records) from other professional organizations and relevant entities on the Guide; and
3. Facilitating the distribution of the Guide.

**Research-Practice Committee**

The mission of the Research-Practice Committee is to improve the quality of research, clinical practice, and prevention in the field of eating disorders by facilitatingan on-going transfer of knowledge from research into practice and from practice into research, while working to eliminate the barriers that result in the disconnection of these two critical aspects of our field. The committee aims to promote the development of a truly integrated research-practice culture within the AED by facilitating:

* the development of effective evidence-based practices, while ensuring that research remains focused upon, and relevant to, clinical practice concerns;
* the development and sharing of core and innovative clinical practices and observations to guide the nature and direction of research; and
* the maintenance of a culture of dialogue and mutual respect between researchers and clinicians.

The committee is composed of AED members who are practitioners, researchers, and clinician-researchers and is chaired by two AED members. Preferably, these co-chairs represent unique aspects of the research-practice community (i.e., one co-chair is primarily practice-oriented, while the other has significant research experience) in order to foster dialogue and information exchange across the range of the research-practice continuum. The committee meets monthly via teleconference and is responsible for:

* the organisation of presentation relevant to its mission,
* the Research Practice Think Tank, during the annual ICED, and
* the AED Webinar Program.

The Webinar program involves developing a list of recommended topics for a one-year period for approval by the Board of Directors. Once the topics have been approved, the Committee works with their AED staff liaison to schedule and manage the webinars.

Standards of Excellence Portfolio

**Fellows Committee**

The Fellows Committee is responsible for selecting AED Fellows and planning and running the ‘Meet the Experts’ event at the annual *International Conference on Eating Disorders* (ICED). The Fellows Committee communicates largely through email, with one teleconference to agree on topics for ‘Meet the Experts’ early in the process and one teleconference to determine the new Class of Fellows. The committee term is 3 years. Only Fellows can be members of the Fellowship Committee.

The AED awards Fellow status to recognize distinguished contributions made by AED members to the field of eating disorders. The list of AED Fellows reflects a diversity of distinguished contributions to the field--and the interdisciplinary and international composition of the AED’s membership. Eligibility for Fellowship is open to those who have been full AED members in good standing for at least five years. The status of Fellow in the Academy for Eating Disorders presupposes that the qualifications of the person have elevated him or her to national and/or international recognition as a distinguished contributor to the field of eating disorders. In virtually all instances "distinguished" refers to a combination of the achievement of excellence and significant contributions deserving of recognition as extraordinary. The contributions of the person nominated have to be demonstrably unusual, innovative, and/or of a pioneering nature. Fellowship status is not conferred simply on the basis of seniority or competence.

The Fellowship Committee is thus looking to recognize candidates who have maintained AED membership in good standing continuously for at least the past five years, and who have clearly made one or more of the following contributions to the field:

1. Distinguished, sustained research-based scholarship that has contributed significantly to the professional literature;
2. Distinguished and sustained contributions to literature designed for lay audiences (e.g., people with eating disorders, families, advocates, and activists);
3. Distinguished, sustained, nationally- and/or internationally-recognized contributions to clinical services and/or prevention;
4. Distinguished and sustained contributions to the leadership and activities of the Academy for Eating Disorders;
5. Distinguished and sustained contributions to advocacy in the context of government or other major organizations.

The process for application and appointment of Fellows is outlined in the Fellows Policy.

The Fellows committee is also responsible for organizing Meet the Experts, an event held at the annual *International Conference on Eating Disorders* (ICED), providing an opportunity for AED members and ED professionals to interact with the leaders in the field, namely Fellows or those likely to be eligible for Fellowship status. Topics for the tables are chosen because they have been popular in the past (e.g., Medical Complications), have been suggested by members (e.g., Communicating with the Media), or are a hot topic (e.g., DSM-5). Each table has 2 experts, ideally both Fellows, diverse genders, and from different geographical areas.

**Awards and Scientific Review Committee**

The purpose of the AED Awards and Scientific Committee is to support and advance science in the eating disorders field. This Committee is charged with several tasks:

1. To review AED research grants, including the AED Student Research Grants;
2. To review research grants that AED administers, but may not be AED research grants (e.g., TJ’s Fund for Eating Disorders Research);
3. To review awards such as Early Career Travel Fellowships and Clinician Awards;

Policies and procedures for this process is outlined in the AED Policies and Procedures Manual.

***IJED* Editorial Board**

The *IJED* Editorial Board is the liaison committee between the *International Journal of Eating Disorders (IJED)* and the AED. The Chair) is an Associate Editor of the *IJED*. The primary responsibility of the Chair is to ensure maximum information sharing between *IJED* Editorial Staff and the AED. The liaison reports to the AED Standards of Excellence and provides updates on *IJED* activities, including those having to do with AED initiated activities (e.g., AED requested review papers). Likewise, the Chair relays information about important AED objectives, goals, and activities to the *IJED* editorial staff as well as Wiley staff. This information sharing is achieved primarily through the liaison’s participation in monthly calls for both groups, i.e., monthly calls with the *IJED* Editor, Associate Editors, and the AED and Wiley staff. The term of office for the Chair of the JAC is two years.

**Patient Carer Portfolio**

**Patient-Carer Committee**

The full integration of the experience, wisdom, and knowledge of patients and carers results in the highest quality eating disorders research, treatment, education, and prevention, which aligns with the mission of the AED. The objective of the Patient-Carer Committee (PCC) is to foster this integration throughout AED programs and services. The PCC’s approach to implementation will be three-pronged:

1. By developing and/or maintaining collaborative outreach and communication channels with key patient-carer communities world-wide to gain knowledge about regional and universal needs, views, and perspectives;
2. By developing and/or maintaining channels within AED committees, programs, and services to foster the ongoing integration of regional and universal patient-carers needs, views, and perspectives; and
3. By fostering communication/dialogue with AED members who are also members of the patient-carer community to identify their unique needs, views, and perspectives and to facilitate the integration of their experience in to the larger AED community.

**Friends of AED**

**Criteria For Friend Status**

To be eligible for Friend Status, the applicant organization should be:

* A nonprofit membership organization whose members are patients or patient carers who are managing an eating disorder
* Should not fit the category of a Partner, Chapter or Affiliate organization

**Executive Director Portfolio**

**Advisory Board**

The Advisory Board (AB) of the Academy for Eating Disorders (AED) is an unincorporated, voluntary service committee of the AED. The primary purpose of the AB is to

* use its members’ influence and resources to further the goals of the AED,
* advise on specific questions/needs within the AED, and
* act as a sounding board for potential objectives and priorities of the Board of Directors (BOD) and the AED’s leadership.

Members of the AB, acting individually or as a group, have the following responsibilities:

* support the mission of the AED;
* advise on policies of the AED related to fundraising;
* advise on policies of the AED related to public relations/education/ communications/advocacy; advise on ways for the AED to strengthen ties with the business community globally;
* increase awareness and interest of the AED through ambassadorship on behalf of the AED;
* advise on ways to address on-going changes in health care financing and for professional training that pose potential threats to our missions;
* work with regional and global organizations and governing bodies that are working to change legislation regarding recognition and reimbursement for eating disorders treatment;
* work with regional and global organizations and governing bodies that are working to increase funding for eating disorder research; and
* assist in locating sources of financial support for the AED and set an example for others in the global community to follow.

Members of the AB are composed of persons selected for their demonstrated leadership and personal interest in eating disorders and related areas. The overriding criterion for membership is the desire to support the highest quality treatment, research, and education in the causes, consequences, treatment, and prevention of eating disorders. Candidates for the AB can be nominated by members of the AB or members of the BOD of the AED. Approval for new members follows the same policy as other committees, i.e., the President approves committee members. Nominations for membership are submitted to the President Elect who proposes the candidates to the President for approval. The total number of members on the AB will not exceed 25 members.

Members of the AB shall be appointed for a 3-year term, renewable for a further three years on request by the chair of the AB, in consultation with the President-Elect of the AED. The Chairperson of the AB will be elected from among its members and may serve for an additional 3-year term after their original term was due to expire.

The AB will meet at least four times a year via teleconference. Thirty percent (30%) of the AB shall constitute a quorum at any regular or special meeting and will be governed by Roberts Rules of Order. The vote of a majority of the Advisory Board members shall constitute the decision and actions of the entire Board membership.

Eating Disorder Coalition Liaison

The AED-EDC liaison position involves serving on the EDC board, which consists of approximately 8 other ED treatment professionals, researchers and advocates.

The goal of the EDC is to advance federal legislation that will support eating disorder research, treatment, prevention and education efforts on a national level. Major progress continues to be made on this front. There are monthly hour-long board phone meetings. There are two national lobby days in Washington DC that each EDC board member, including the AED-EDC liaison is expected to attend if at all possible, usually held in October and April. These usually run from an evening reception through an all-day (e.g., 8am-6pm) lobbying of congressional and senate offices, and attending a congressional briefing. Feedback of the AED-EDC liaison and other board members is requested from the policy director and other board members periodically concerning press releases and other events and issues that are relevant to the EDC mission.

The AED-EDC liaison and other board members are sometimes contacted by news outlets to comment on a relevant issue. A final time commitment is a once a year all day board meeting (e.g., 10am-4pm), which has been held on the 2nd or 3rd Thursday of November in Philadelphia in recent years. The AED-EDC liaison gives periodic updates via the AED newsletter or AED listserv regarding ongoing EDC work and accomplishments. The average total time commitment is approximately ½ hour per week.