

Terms of reference HFA Committees 2026-2028

This committee structure was approved by the HFA Board on 8 May 2026 and comes into effect as of 1 September 2026.

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Introduction

The ESC's mission is to reduce the burden of cardiovascular disease and the ESC disseminates evidence-based scientific knowledge to cardiovascular professionals so they can better care for their patients.

The Heart Failure Association (HFA) of the ESC is one of the 7 ESC Associations, a branch of the ESC. As the world's largest heart failure association, the Heart Failure Association of the ESC prioritises patient management and awareness of heart failure as a global health problem.

The HFA's mission is to improve quality of life and longevity through better prevention, diagnosis and treatment of heart failure, including the establishment of networks for its management, education and research.

The HFA is governed by the ESC Statutes and Bylaws, including the HFA rules of governance, approved by the ESC Board in 2026. These are the reference documents for all points concerning the HFA's structure, committee eligibility, etc.

According to the HFA rules of governance, the structure of the HFA Committees is reviewed by the incoming HFA President at the start of each new mandate: their Chairpersons & co-Chairpersons are appointed; Committee members are selected after a call for candidates sent to the HFA Members.

The list of HFA Committees is available [online here](#).

The present Terms of Reference aim to:

- Provide guidance to Committee Chairpersons and Committee Members on their role and responsibility during their mandate
- Enable smooth transition and promote continuity from one mandate to the next

HFA General Committees

There are seven HFA General Committees, created to contribute directly to the Association's strategy and development, or to coordinate the Association's priority key initiatives. The Chairperson of each HFA General Committees report to the HFA Board, of which they are a non-voting member.

1. Nominating Committee (structural committee)
2. Diversity, Equity and Inclusion Committee
3. Education Committee
4. Certification Committee
5. Heart Failure Matters Committee
6. ICARE-HF Committee
7. Young Committee

1. Composition and governance - chairperson job description

1. Composition and governance

- **The Nominating Committee is a structural committee** (extract of article 9 of the HFA [Bylaws](#))
 - The Nominating Committee consists of the immediate Past President as non-voting Chairperson, and up to ten (10) voting members, elected for two years by HFA voting members who have settled their dues
 - The Nominating Committee should strive to ensure diversity - including geographical and gender - in its nominees for elected positions, in accordance with the ESC's policies.
- **HFA General committees** (extract of article 6.2 and 7.5 of the HFA [Bylaws](#))
 - HFA Committees are composed of a chairperson appointed by the HFA President-Elect and validated by the HFA Board prior to the start of the new mandate
 - HFA Committees are composed of a nucleus of 8-12 members appointed by the Committee Chairperson (after a call for candidates open to all HFA members and HFA Fellows), and validated by the HFA Board

2. General Committee chairperson job description

- Works with and reports to the HFA Executive Board and Board
- Proposes specific priorities and objectives for their respective Committee, in support of the HFA's roadmap and priorities as defined by the HFA President
- Monitors activities, including quality, deadlines and budget and is accountable for the Committee's results
- Provides leadership to the Committee members to delegate tasks and to motivate collaborative efforts with creative thinking

- Communicates expectations regarding Committee members' input, monitors their contributions and ensures all committee member efforts and outputs are appropriately acknowledged
- Schedules, chairs and prepares agendas for Committee meetings (in collaboration with HFA team)
- Prepares reports and presentations for the HFA Executive Board and HFA Board
- Is responsible for the application of ESC Policies & Procedures in the remit of her/his committee

3. co-Chairperson job description (if applicable)

- Reports to the Committee Chairperson
- Deputises for the Chairperson as needed
- Supports the Chairperson in all her/his activities

2. General Committees: description, responsibilities, and strategy

1. The HFA Nominating Committee

The HFA Nominating Committee shall be responsible for nominating to the general assembly, for members vote, candidates for the position of:

- elected voting members of the next HFA Board
- members of the succeeding HFA Nominating Committee

The Nominating Committee will fix the HFA election timelines in order to be in a position to announce the election results during the HFA General Assembly.

The HFA Nominating Committee member is responsible for:

- Preparing the call for applications and defining potential selection criteria,
- Evaluating the candidates and proposing all suitable candidates per position,
- Ensuring a good balance of candidates by considering the experience, the geographical representation, and the gender,
- Ensuring full transparency of decision-making in the HFA election process
- Reviewing and verifying the completeness and accuracy of candidates' Declarations of Interest, ensuring full transparency and adherence to ethical standards
- Evaluating and improving the nominations process on a regular basis, incorporating feedback and best practices to enhance governance and representation
- Preparing or updating the job description for each Board and Nominating Committee position.

The Nominating Committee shall respect the Code of conduct for elections for the HFA Board as described in the ESC bylaws (Article 7.1)

2. Diversity, Equity and Inclusion

The HFA DEI Committee was established in 2024 to promote an inclusive, fair, and diverse environment within the Association, where all individuals can contribute and thrive. The composition of the Committee should reflect diversity in geography, gender, career stage, and professional background.

Candidates for the DEI Committee are evaluated based on a combination of:

- scientific activity, including research output, publications, and academic engagement;
- clinical experience, with active involvement in heart failure care;
- demonstrated interest or experience in DEI-related initiatives, including education, leadership, or advocacy;
- engagement within HFA/ESC activities, including prior contributions to committees, congresses, or educational programs;
- ability to work collaboratively within an international and multidisciplinary environment;
- motivation to contribute to a more inclusive and equitable cardiovascular community.

Responsibilities

- reviewing all HFA activities (including congresses, educational programs, committees, and publications) and providing advice to ensure alignment with DEI principles;
- overseeing the implementation of the ESC Gender Policy across all HFA initiatives;
- identifying and addressing potential imbalances in representation, participation, and opportunities within the Association;
- promoting awareness and integration of DEI principles across all HFA domains;
- collaborating with the ESC Gender Task Force and other ESC bodies to ensure alignment and foster cross-functional initiatives;
- advising HFA leadership on strategies to improve inclusiveness, equity, and representation within the Association.

Strategic implementation

At the beginning of the mandate, the DEI Committee shall develop a clear and actionable strategy to promote diversity, equity, and inclusion across all HFA activities. This strategy shall ensure that DEI principles are systematically integrated into congresses, education, committees, leadership structures, and scientific activities. The Committee shall define measurable objectives and monitoring processes to identify and address imbalances in representation and participation.

3. Education committee

The HFA Education Committee is responsible for the design, development, and implementation of the HFA's educational strategy and programmes, aiming to advance knowledge, skills, and excellence in heart failure care across all healthcare professionals. The composition of the Committee should reflect diversity in geography, gender, career stage, and professional background.

Candidates are evaluated based on a balanced assessment of:

- scientific activity, including research output, publications, and academic involvement;
- clinical expertise, with active engagement in heart failure care;
- educational experience, including teaching, curriculum development, faculty participation, and mentorship;
- experience in developing or delivering educational programmes, including digital and in-person formats;
- involvement in HFA/ESC activities, including congresses, webinars, or prior committee work;
- ability to collaborate within an international, multidisciplinary environment;
- motivation to contribute to the advancement of education in heart failure.

Responsibilities

- defining and implementing the HFA educational strategy, aligned with the broader ESC framework;
- conducting regular needs assessments to identify gaps and priorities in heart failure education across the HFA community;
- developing and overseeing a structured, long-term educational roadmap, including both online and in-person learning activities;
- designing and supporting new educational initiatives, adapted to evolving scientific and clinical needs;
- developing and maintaining educational materials, including MCQs and other assessment tools;
- collaborating with the ESC Education Committee and other ESC bodies, to enhance synergies and avoid duplication across subspecialties.

Strategic implementation (Education Committee)

At the beginning of the mandate, the Education Committee shall develop a comprehensive and structured educational strategy, tailored to different levels of expertise and healthcare professionals involved in heart failure care.

This strategy shall ensure a strong integration between education, certification, and quality of care programmes (ICARE/QCC), with the ultimate goal of improving guideline implementation and patient outcomes. Educational activities should be accessible, scalable, and embedded within accredited centres, supporting multidisciplinary training and reducing disparities in care across countries. A clear roadmap with defined priorities, deliverables, and a realistic financial framework shall be established to ensure sustainable impact.

4. Certification Committee

The HFA Certification Committee is responsible for the development, maintenance, and quality assurance of the HFA Certification programme, ensuring it reflects the highest scientific standards and remains aligned with contemporary heart failure practice. The composition of the Committee should reflect diversity in geography, gender, career stage, and professional background.

Candidates are evaluated based on:

- scientific activity, including research output, publications, and academic engagement;
- clinical expertise, with active involvement in heart failure management;
- experience in education and assessment, including examination design, question writing, or curriculum development;
- knowledge of current guidelines and evidence-based practice in heart failure;
- prior involvement in HFA/ESC activities, including congresses, education, or committees;
- ability to work collaboratively in an international and multidisciplinary setting;
- commitment to maintaining high standards in certification and professional education.

Responsibilities:

- overseeing the HFA Certification programme, ensuring its scientific rigor, fairness, and relevance;
- developing, reviewing, and validating examination content, including MCQs and other assessment formats;
- performing a comprehensive review of all examination questions during the first year of each mandate, with revision and updating where necessary;
- ensuring the continuous renewal of the question bank, by developing a sufficient number of new questions each year, in line with scientific advances and updated clinical guidelines;
- ensuring that the examination reflects contemporary clinical practice and evolving knowledge in heart failure;

- maintaining high standards of quality control, reliability, and validity of the examination process;
- collaborating with the HFA Education Committee and ESC structures, to ensure alignment between educational content and certification standards.

Strategic implementation

- Develop a plan to evolve the current examination format—traditionally organized as two fixed online examination sessions per year—towards a more continuous and flexible examination model, allowing candidates to take the exam at multiple time points throughout the year, potentially through accredited centers (e.g., universities or certified testing hubs), analogous to internationally recognized systems such as TOEFL. Exploring and implementing the necessary operational, technological, and regulatory frameworks to support this transition, ensuring accessibility, scalability, and exam integrity.

5. Heart Failure Matters (HFM) committee

The Heart Failure Matters (HFM) Committee is responsible for the development, maintenance, and strategic evolution of the HFA's patient platform (www.heartfailurematters.org), serving as a key pillar of patient education and advocacy within the HFA.

The Committee plays a central role in ensuring that patients, caregivers, and the wider public have access to reliable, understandable, and actionable information on heart failure. The composition of the Committee should reflect diversity in geography, gender, professional background, and perspective, including representation of different healthcare roles.

Candidates are evaluated based on:

- clinical and scientific expertise in heart failure;
- experience in patient education and communication, including the ability to translate complex medical information into accessible language;
- demonstrated interest or involvement in patient advocacy initiatives;
- experience with digital content, outreach, or public engagement;
- involvement in HFA/ESC activities;
- ability to collaborate in an international and multidisciplinary environment;
- commitment to improving patient empowerment and health literacy.

Responsibilities:

- maintaining and updating the HFA patient platform, ensuring high-quality, accurate, and up-to-date content;
- regularly reviewing and updating all website content to reflect current scientific evidence and guidelines;

- developing new educational materials for patients and caregivers, adapted to evolving needs;
- strengthening the role of HFA in patient advocacy, positioning Heart Failure Matters as a central tool to engage patients and society;
- collaborating with the ESC Patient Forum and other ESC bodies, to ensure alignment and maximize impact across initiatives.

Strategic implementation:

Within the beginning of the mandate, the Committee shall develop a clear strategic plan for patient education and advocacy, defining priorities, target audiences, and key initiatives. This plan should include a structured approach to outreach and impact, including digital dissemination, partnerships, and engagement strategies. The Committee shall also try to provide a realistic financial plan and budget estimation, aligned with its objectives and the HFA staff, to ensure feasibility and sustainability of proposed activities.

6. ICARE-HF (Quality of Care Centres) committee

The ICARE-HF Committee is responsible for the HFA's flagship accreditation programme: Improving Care through Accreditation and Recognition in Heart Failure (ICARE-HF), aimed at enhancing the quality of heart failure care across Europe and beyond. The composition of the Committee should reflect diversity in geography, healthcare systems, and professional background.

Candidates are evaluated based on:

- clinical expertise in heart failure, with active involvement in patient care;
- experience in quality improvement programmes, accreditation systems, or healthcare organisation;
- scientific and/or academic activity in heart failure;
- experience in implementation of clinical pathways or healthcare programmes;
- involvement in HFA/ESC initiatives;
- ability to work collaboratively within an international and multidisciplinary framework;
- commitment to improving quality of care at a systems level.

Responsibilities:

- overseeing the ICARE-HF programme, ensuring its successful delivery in line with defined objectives and timelines;
- implementing and continuously refining the programme's business and operational plan;
- promoting the accreditation programme within the HFA community, and actively supporting the enrolment of centres;

- defining and updating accreditation criteria, developing assessment tools, reviewing applications, and validating centre performance;
- providing guidance and feedback to participating centres, and supporting continuous quality improvement;
- to identify and address barriers to implementation and develop simplified and scalable processes to facilitate participation across diverse healthcare systems.
- to establish mechanisms to ensure robust but feasible quality control, balancing scientific rigor with practical implementation.
- collaborating with ESC initiatives such as GRASP-HF, to ensure alignment and synergy.

Strategic implementation and expansion

- Within the beginning of the mandate, the Committee shall develop a clear and actionable implementation plan to significantly improve the uptake and scalability of the ICARE-HF programme. The objective is to ensure that by the end of the mandate, all countries represented within the HFA have at least one centre participating in ICARE-HF. The Committee should therefore also actively develop strategies to increase the attractiveness of ICARE-HF participation for centres, including but not limited to:
 - clear added value (e.g. benchmarking, visibility, academic opportunities),
 - recognition within the HFA/ESC ecosystem,
 - opportunities for participation in research, publications, and collaborative initiatives.

7. HFA Young committee

The HFA Young Committee is responsible for the development, engagement, and growth of the HFA Young Community, bringing together the next generation of heart failure specialists and fostering their active involvement in the Association. The composition of the Committee should reflect diversity in geography, gender, background, and professional profile.

Candidates are evaluated based on:

- clinical and/or scientific engagement in heart failure;
- active involvement in HFA/ESC or national activities;
- demonstrated interest in education, communication, or community building;
- ability to collaborate in an international environment;
- motivation to represent and support the next generation of heart failure professionals.

Responsibilities:

- developing and expanding the HFA Young Community, including recruitment of new members and ambassadors;

- representing the interests of young professionals within HFA leadership, educational activities and committees;
- actively engaging with the community, identifying needs and opportunities for new initiatives;
- collaborating with ESC Young groups and HFA committees, to foster cross-functional interaction and integration;
- contributing to HFA communication and visibility, including social media, newsletters, and digital content;
- delivering dedicated initiatives and assisting in the delivery of educational events, including:
 - HFA Podcasts
 - HFA Fundamentals+ educational video content
 - HFA Young Track and events at the annual congress
 - HFA webinars and Journal Club
 - HFA Young Ambassadors network
 - supporting broader HFA projects and strategic initiatives.
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Strategic implementation:

At the beginning of the mandate, the Committee shall develop a clear strategy to grow and engage the HFA Young Community, with a focus on visibility, participation, and value creation for its members. This strategy should ensure strong integration of young professionals across education, research, congress activities, and HFA governance, positioning HFA Young as a key driver of innovation and future leadership. A structured plan with defined priorities, initiatives, and measurable growth targets, as well as a realistic resource framework, shall be established.

HFA Scientific Committees

The HFA Scientific Committees are responsible for contributing to the scientific development of the Association by identifying priorities, generating ideas, and initiating high-quality scientific content within their respective domains.

The Scientific Committees are organized by thematic and play a key role in ensuring that the HFA remains at the forefront of scientific innovation and clinical relevance.

To further strengthen collaboration, coherence, and scientific impact, the HFA has evolved of its current Scientific Committee structure towards a model based on **7 thematic Scientific Committees**.

This approach is designed to:

- enhance collaboration across related domains,
- reduce overlap and improve alignment of activities,
- create stronger critical mass within each scientific area,
- support the development of high-quality, impactful scientific and educational outputs.

Rather than operating as multiple highly specialized and independent groups, Scientific Committees will be broader, reflecting the increasingly interconnected nature of heart failure, its comorbidities, and its management.

Each committee will encompass a range of closely related topics (non-exhaustive examples below), while maintaining flexibility to develop focused initiatives or writing groups when needed.

1. Scientific Committee

- **Prevention, Treatment and Systems of Care**
Topics may include: prevention, obesity and metabolic diseases, exercise and rehabilitation, digital health, telemonitoring, and care delivery models.
- **Diagnosis**
Topics may include: imaging, biomarkers, HF phenotypes (including HFpEF and HFmrEF), heart–brain interactions, and advanced diagnostic strategies.
- **Comorbidities**
Topics may include: atrial disorders, coronary artery disease, cardio-oncology, cardio-renal interactions, frailty and cachexia, pulmonary hypertension, sleep disorders and other cardiovascular conditions intersecting with heart failure.
- **Acute and Advanced Heart Failure**
Topics may include: acute heart failure (including Takotsubo), advanced heart failure, end-stage disease
- **Devices, Interventions and Structural Heart Disease**
Topics may include: cardiac devices, valvular heart disease, and interventional and structural approaches in heart failure care.
- **Cardiomyopathies and Rare Diseases**
Topics may include: cardiac amyloidosis, hypertrophic cardiomyopathy, inflammatory and inherited cardiomyopathies, pericardial diseases, and pregnancy-related heart conditions.

- **Basic, Translational & Pharmacological Sciences**

Topics may include: basic and translational research, pharmacology, pharmacotherapy, and emerging therapeutic targets.

The composition of the Committee should reflect diversity in expertise, geography, and professional background.

Composition and governance (extract from article 6.2 and 7.5 HFA [Bylaws](#))

Extract of article 6.2 and 7.5 of the HFA [Bylaws](#)

- HFA Committees are composed of a chairperson appointed by the HFA President-Elect and Section Coordinator, and validated by the HFA Board prior to the start of the new mandate
- HFA Committees are composed of a nucleus of 8-12 members appointed by the Committee Chairperson (after a call for candidates open to all HFA members), and validated by the Section Coordinator and HFA Board

2. Core responsibilities

- Identifying gaps and needs for scientific documents within their specific domain (e.g. position papers, consensus documents, scientific statements);
- Proposing new scientific documents, which may be developed within the Committee, in collaboration with other Scientific Committees, ESC Associations, or Working Groups where appropriate;
- Contributing to HFA educational and scientific activities, including webinars, courses, and congress sessions;
- Fostering collaboration across committees, to ensure alignment and avoid duplication of efforts.
- social and networking activities, including at least one dedicated in-person meeting per year during the HFA Congress, to strengthen collaboration, exchange of ideas, and community building within each committee.

3. Scientific document proposal process

- Any proposal for a scientific document must be formally submitted by the Committee and undergo a critical review process:
- First by their respective Coordinator of the Clinical and/or Basic Science Section, depending on the topic;
- Subsequently by the HFA leadership (Presidential trio, Executive committee and if needed Board).
- If a proposal is not approved within the official HFA Scientific Document (SDoc) process, it may still be pursued as a “state-of-the-art” manuscript, to be submitted to European Journal of Heart Failure or ESC Heart Failure, without HFA endorsement.

4. Scientific Committee Chairperson role description

- Works closely with and reports to the Coordinator of the Clinical and/or Basic Science Section;
- Leads the Committee in identifying scientific priorities and opportunities aligned with the HFA strategic roadmap;
- Promotes collaborative and cross-functional work across HFA committees and ESC structures;
- Oversees the development of scientific proposals and outputs, ensuring quality, relevance, and timely delivery;
- Provides constructive input and proposals for educational activities, including webinars, courses, and congress sessions, ensuring alignment between scientific content and HFA educational priorities
- Facilitates efficient functioning of the Committee, including setting agendas, chairing meetings, and coordinating tasks;
- Ensures active engagement and contribution of all Committee members, with appropriate recognition of their work;
- Prepares reports and updates as requested by HFA leadership;
- Ensures adherence to ESC policies and procedures within the Committee's remit.