



British Thoracic Society

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MODEL CONSTITUTION FOR SPECIALIST ADVISORY GROUPS

1. PREAMBLE

The Advisory Group structure was put into place in 2007 so that the Society could rationalise and codify arrangements that were already in existence to enable the Society to be more nimble in its external affairs and internal communications. The drive for reform came about for a number of reasons:-

- Respiratory medicine is a broad specialty with a number of sub-specialisms. This often means that BTS has to deal with a number of complex issues at any one time.
- The specialty is not static; there were, and are, a number of external pressures and challenges that require sensitive and strategic handling.
- The Society is a stakeholder in a number of external organisations' consultation arrangements, some of which require a "rapid response".
- The Trustees (Executive Committee) had developed a strategic planning process, and an associated change in external communications strategy took place in 2006. This process had identified a need to ensure that more effective two-way communication existed between the Trustees and those who were responding to requests for a "BTS view" on a number of issues.
- The annual planning process always relies on accurate and timely "horizon scanning", and Trustees considered that this would require active involvement from the membership via its Committee and communications structures.
- Improvements had also been made in respect of internal communications with members. This has enabled the establishment of web-forums and survey tools are available. The first of these could be used to build "on-line communities" if these would be helpful. Trustees felt that survey tools needed to be used in a strategic fashion.
- A number of ad-hoc groups and working parties had been in existence for several years, and the reporting arrangements (to the Society's Standing Committees) were felt to be in need of reform.

2. TERMS OF REFERENCE FOR BTS SPECIALIST ADVISORY GROUPS

- To advise the Society on matters which influence the care of patients with *(add specific respiratory disease and/or procedure)*, including their treatment, therapy and procedures; appropriate standards of care and resources; and education and research requirements.
- Specific tasks will include:-
 - giving advice to the Society on programme content for the Winter and Summer Meetings and short course programme, as requested;
 - SAG members will be asked to review Winter Meeting abstracts (for spoken and poster sessions) in their area of expertise.

- liaising with the Standards of Care Committee (SOCC) about the Society's Guideline programme. This may include giving advice to the SOCC about the need for a Guideline or responding to a request from the SOCC about the need to develop a Guideline in the disease area; advising about who might Chair and/or become members of the Guideline Group; providing at least some members of the Group; and reading the draft Guideline and making comments to the SOCC as part of the peer review process for the Guideline;
 - providing advice to the Science and Research Committee about emerging and unmet research needs in the disease area, especially where the Society might be involved in some way in answering clinically significant questions;
 - assisting the Professional & Organisational Standards Committee in its task of developing relevant audit tools and the collection of data about respiratory services in a planned way linked to the Society's strategic objectives;
 - advising the Education and Training Committee, if required, on relevant training issues
- To provide a pool of expert opinion to which the Society can refer when it receives requests for advice and in response to consultations. This will include providing advice on where opinions might be obtained from colleagues outwith the core SAG when necessary.
 - To provide the means by which members with specific interests can find common cause and share views and experiences.
 - This will require the core membership of the SAG, via its Chair, to liaise with the relevant Standing Committee(s) of the Society, and in particular their Chairs, reporting regularly in a structured way. The Society will provide a structure in which this liaison can take place effectively, using headquarters staff to facilitate effective communication.

3. MEMBERSHIP

3.1 Membership should be structured so that the Society gains advantage from a broad range of members' expertise, while ensuring that the size of the group is contained.

3.2 All members of SAGs must be members of the British Thoracic Society.

3.3 The maximum number of SAG members will not exceed 7 at any time, and a system will be put in place to allow rolling replacement of members, to regularly replenish the group as members come to the end of their period of service.

3.4 All members, however selected and in whatever capacity, will normally serve for 3 years from the date of taking up membership. The term of service is usually effective from the date of the Society's Annual General Meeting in December each year. Since the SAG system was put in place, and after discussion with SAG Chairs at their annual meeting with the Executive Committee, it is acknowledged that there *may* be a limited or variable pool of individuals who are willing and able to serve on these Groups. So, while the expressed aim of the regular inclusion of new members is to encourage newcomers into the speciality interest, there needs to be some flexibility in the arrangements for replacement of members. This is particularly important for those areas where there are fewer potential members and where the compulsory replacement of members after a set period of service may work against the stated aim. This situation may have been exacerbated if it was not

possible to establish the intended “rolling programme” of replacements when the SAG was established. The case for extending the period of service of 1-2 members each year should be made in the annual report submitted to the Executive Committee at the end of the year and confirmed, or not, by the Hon. Secretary before the annual call for volunteers is prepared for circulation in May.

3.5 The only exception is the Chair – elect. S/he will be appointed in the third year of the Chair’s period of service, to allow handover, and may expect to serve for a longer period, but certainly for no longer than 4 years but exceptionally for 5 or 6 years. This latter situation will only occur if the Chair-elect is already serving on the SAG at the time of the election (see item 4.4, below).

3.6 After the initial establishment period, when members will be selected to serve on the SAG, and appointed for a varying lengths of time to ensure a rolling succession, vacancies will be filled in the usual way i.e. by soliciting volunteers annually. A call for volunteers for all BTS Committees and Advisory Groups is circulated in the early summer each year to all BTS members. The call for volunteers will clearly state the vacancies that are available; the experience and special interests sought (if any) and the arrangements for selection. If there are more volunteers than places available, selection will be undertaken by a ballot involving all members of the current SAG based on the provision by volunteers of a short c.v and supporting statement.

3.6 It is not intended that any professional body and/or type of member should be given a place in a *representative* capacity. However, Trustees consider that it is important for the SAGs to involve younger colleagues and so it is likely that one place on a SAG will be taken by a Specialist Trainee. When a SAG is being established, it may also be important that the membership is multi-disciplinary. This should be discussed by the Chair of the SAG and the Honorary Secretary and, in annual reports to the Executive Committee, this aspect will be monitored. All such appointments, however, will also be in a personal capacity, and not as the representative of a particular professional body.

3.7 All members are required to conduct themselves in accordance to the Society’s policies and general procedures (e.g. for travel expenses), and in particular in relation to the policy about relationships with the bio-medical and tobacco industries, and the associated Declarations of Interest Scheme (see section following). Members are especially asked to note that efforts should be made to return a completed DoI form each year. If a form has not been completed after a reminder has been given, and certainly before the first meeting (including by teleconference) of the year, the member concerned will be asked to withdraw.

4 Role of the Chair of the Specialist Advisory Group

4.1 The Chair is responsible for the direction, conduct, progress and completion of SAG business, both during meetings and between the meetings. A Deputy Chair post is not necessary, but the SAG may function more effectively if members are given specific roles (including note-keeping) as resources are not available at Head office to be able to provide a full secretariat service to the SAGs. Advice is always available to the Chair of the SAG from the Society’s Honorary Secretary and Chief Executive.

4.2 The Chair will plan Committee business and will chair the formal meetings of the SAG, open meetings during the Winter and/or Summer Meetings, and any ad-hoc meetings and teleconferences.

4.3 The Chair has an important role in ensuring that Declaration of Interest forms from all Committee members are scrutinised and any issue of concern discussed with the individual concerned and/or the Honorary Secretary. S/he must also ensure that at the beginning of each

meeting members are asked to declare any additional recently-acquired interests, and is expected to exercise judgement in the conduct of Committee business in the event of any potential conflicts of interest.

4.4 Succession planning for the Chair of the Committee will take place as follows. In the summer of the year preceding the December when the Chair's 3 year term in office is due to end, the Society will advertise that a vacancy for the Chair of the SAG will be coming up. Members of the SAG plus any other member of the Society will be invited to apply by submitting a short c.v. and statement of interest. The SAG will then vote (secret ballot, based on information supplied) and the outcome of that vote made known to the Executive Committee at its December meeting. The Executive Committee is responsible for confirming the appointment of the new Chair of the SAG, taking into account the result of the ballot. Trustees reserve the right not to accept the outcome of a ballot, although the circumstances under which this right might be exercised would be exceptional. The Executive Committee's decision will be made known to the successful candidate so that the Chair-elect can spend the year before taking up post shadowing the incumbent.

5. STANDING ORDERS

5.1 The SAG is required to hold a general meeting for all interested parties (members / non-members) at the BTS Winter Meeting and /or Summer Meeting. Only one such meeting a year is necessary. The purpose of this meeting will be to report on developments in the year and receive feedback about:-

- Required educational activities
- Suggested topic(s) for Winter Meeting and Summer Meeting
- Guideline /care pathway development (via SOCC or other relevant route, eg IMPRESS)
- Training issues (via BTS reps on SAC in Respiratory Medicine)
- Research issues
- Resourcing and standards

5.2 In between times, the Society will provide funding for one or two meetings and/or teleconferences of the SAG core group and will establish a Discussion Forum for each using the BTS website so that interested members may for example discuss grey cases, and the SAG can collect views and disseminate information to all members of the Society. If more meetings are needed a case should be made and approval sought from the Hon. Treasurer, via the Chief Executive, both of whom who will consult Trustees as necessary.

5.3 It is not possible for BTS Head Office to provide a secretariat service for meetings of SAGs, although BTS staff are able to provide help with organising meeting dates and /or teleconferences.; advice about BTS Committees and internal communications; setting up of web discussion fora and so on. It is recommended that the SAG records its discussions (certainly its main decisions), however. This might be done by the Chair; or a designated member, or by members in rotation, but the Society does not encourage the development of structures within each SAG so that there are "SAG Secretary" posts.

6. REPORTING ARRANGEMENTS

6.1 In matters where the Society's opinion is required by external organisations, the Honorary Secretary and /or relevant Committee via the Society's Head Office staff will seek the views of the SAG and may ask it to reply on the Society's behalf, or to contribute opinions as part of an overall BTS

response. The SAG may also be called upon to provide individual representative(s) on external bodies when a BTS nomination is sought.

6.2 Each SAG will be asked to prepare an annual report for the Executive Committee, for the meeting in December each year. A pro-forma will be developed for this purpose. These will be collated by head office and scrutinised in advance by the Hon. Secretary who will decide if any issues need to be pulled out for discussion at the Executive or relevant Standing Committee, otherwise the reports will be submitted on the 'information only' section of the Executive Committee agenda.

6.3 A meeting will be held in April each year between SAG Chairs and the Executive Committee. This will enable the Committee to report on the Society's activities and plans; to receive feedback from SAGs about significant issues and developing themes; and to check that governance and communications systems are working effectively.

6.4 The SAG will be able, via consultation with the Hon. Sec./Chief Executive about which is the most relevant Committee, to ask that an item or items be discussed by the appropriate BTS Standing Committee. Similarly, the SAG may be invited to prepare a paper and /or make a presentation for a Standing Committee or Council to inform discussions at any time during the year.

7. CODE OF CONDUCT

7.1 The Society values the contribution of those members who serve on its various Committees and Advisory Groups and Working Parties. Without this service, it would not be possible to carry out the great variety of work that is undertaken which contributes to the raising of standards of care of people with respiratory disease. BTS has a justifiably high reputation for the quality of its activities and the advice it gives to external bodies.

7.2 The Society is also proud to have been a pioneer in a number of areas, including the Declarations of Interest scheme, which has been replicated by a number of other Societies in recent years. The probity of our actions is underpinned by a number of policies and procedures which are kept under regular (annual) review.

7.3 Consequently, we ask all members of Committees, Advisory Groups and Working Parties to note and abide by the following policy and procedures documents:-

BTS Policy on Biomedical Industries & Commercial Sponsorship and associated Declarations of Interest Scheme (last approved November 2010)

Endorsement Policy (currently under review)

Media policy (currently under review)

Travel and subsistence policy (last approved April 2010)

BTS Executive Committee

July 2006

First Revision October 2007

Second revision February 2009

Third revision agreed November 2011