



British Thoracic Society

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BRITISH THORACIC SOCIETY

SPECIALTY WORKFORCE COMMITTEE

1. TERMS OF REFERENCE

The BTS Specialty Workforce Committee is responsible for workforce issues in respiratory medicine. Its work comprises:-

- collating information about Specialist Training vacancies and appointments;
- keeping track of the medical consultant workforce, including consultant retirements;
- promoting family-friendly policies;
- annual discussions with national departments of health about training numbers and related policy matters;
- involving regional Training Programme Directors (which comprise the membership, in the main) in the gathering and dissemination of this information, and the Society's Specialist Training Advisory Group (STAG), so that rapid action can be taken in response to national developments;
- liaison with other healthcare professional groups regarding their workforces to ensure a synergism of activity and a sharing of ideas with others on how we capture and process this data.

2. MEMBERSHIP

2.1 Membership of the Committee comprises:-

- Chair
- Chair –elect (in the third year of the Chair's period of service, to allow handover)
- Council member(s), who may select to serve on the Committee while serving on Council. A maximum of 3 Council members to be on this Committee at any one time.
- 18 consultant physicians – one from each region in the UK - who carry out the function of Regional Representatives/Regional Training Programme Directors.
- A representative from the Specialist Trainees who will be nominated by BTS Specialist Trainees Advisory Group (STAG) and will act as the link between the two.
- A representative from the sub-Committee that meets by email and teleconference to lead and advise on flexible training and working
- A member of the Society's Public Liaison Committee

In addition to the core membership, it is expected that the Committee, through its Chair or a nominated consultant member, will also need to consult with the leadership of other respiratory professions in order to progress specific areas of work, but it is not envisaged that these need to become members of the Committee:-

- The BTS Nurse Advisory Group.
- The Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- The Association of Respiratory Technical Professions (ARTP).
- The British Paediatric Respiratory Society (BPRS)

2.2 All members, however selected and in whatever capacity, will normally serve for a maximum of 3 years from the date of taking up membership. However, the membership of this Committee differs because some RTPDs will serve for longer than 3 years. 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 will therefore expect to serve for no longer than 4 years, but exceptionally for 5 or 6 years. This will only occur if the Chair-elect is already serving on the Committee at the time of the election (see item 3.6, below). The term of service is usually effective from the date of Society’s Annual General Meeting in December each year.

2.3 Members can join BTS Committees in one of 2 other ways:-

- When elected to serve on Council, each Council member is asked to select a Standing Committee on which to serve. There is generally no barrier to a Council member joining their Committee of choice, although it may from time to time be necessary to negotiate filling a gap where one exists and the Society has need of additional Council input, and therefore first choice of Committee cannot always be guaranteed.
- By being the nominated representative of one of the bodies mentioned above in the membership list. In this event, the “three year rule” will still apply

2.4 All members of BTS Committees must be members of the Society unless they have been nominated by an external organisation.

2.5 If a Committee wishes to involve a member with specific skills, and that person is not therefore likely to be a BTS member; or, if a Committee wishes to vary the membership as outlined above, this MUST be discussed first by the Chair with the Executive Committee (the Society’s Trustees), and agreement of Trustees obtained.

2.6 Every effort is taken to agree dates of meetings one year in advance and notify these to all members as soon as they have been agreed. Dates agreed in advance will only be changed if there are exceptional circumstances, and then at least 8 weeks’ notice will normally be given. If a member misses more than 2 meetings in succession, and there are no extenuating circumstances (in relation to sickness absence, for example), then the Society will ask that member to stand down.

2.7 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 (DoI) (see section 6.3, following). Members are especially asked to note that efforts should be made to return a completed DoI form before the end of January each year, or prior to the first meeting of the Committee in every calendar year, whichever is earlier. If a form has not

been completed after a reminder has been given at that meeting, the member concerned will be asked to withdraw until the information has been provided.

3 STANDING ORDERS

3.1 Role of the Chair of the Committee

The Chair of the Committee also serves as a Trustee of the Society during the time s/he is in post. S/he is therefore the main link between the development and execution of the Society's strategic objectives (as summarised in the Strategic Plan) and the detailed work of the Committee.

3.2 The Chair is responsible for the direction, conduct, moving forward and completion of Committee business, both during Committee meetings and between the meetings. In this task s/he is supported by the Society's staff (who provide a full secretariat service) and other members. A Deputy Chair post is not required.

3.3 The Chair will approve the Committee agenda and draft minutes, which are prepared by BTS staff. S/he will also prepare and/or commission papers from other and will chair the formal meetings of the Committee and any ad-hoc meetings and teleconferences.

3.4 While BTS staff can draft follow up correspondence and deal with queries arising from the work of the Committee on an operational level from day to day, it is anticipated that the Chair will provide advice on content and professional issues involved and, in particular, deal with peers and external organisations in relation to all areas where clinical leadership is required.

3.5 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.

3.6 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 that Committee will be coming up. Members of the Committee plus any other member of the Society will be invited to apply by submitting a short c.v. and statement of interest. The Committee 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 Committee, 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 and receiving information about being a Trustee of the Society.

3.7 Before a Chair is appointed, s/he will be asked to submit an updated Declaration of Interest form, if this is not already available. This will be submitted to the Chair of the Executive Committee (the Trustees) and Honorary Secretary for approval before the appointment is confirmed.

3.8 **Frequency and conduct of meetings of the Committee**

The Committee will normally meet 2-3 times a year. One of these meetings will be in December each year during the Society's Winter Meeting, but it may be necessary to meet also during the year at the Society's London headquarters. In addition there is an annual meeting (towards the end of November) between the Committee, the JRCPTB Specialist Advisory Committee for Respiratory Medicine, Regional Training Programme Directors and regional Specialist Trainee representatives to discuss matters relating to the respiratory medicine training programme.

3.9 Trustees recognise that it may be necessary from time to time to plan an additional meeting in any year when anticipated business demands this. This would not normally be a problem, except that short notice may result in poor attendance, and it is now important to give at least 8 weeks' notice. For urgent/timing dependent issues that might arise which do not justify a full agenda, the Society's constitution allows business to be conducted by teleconference. This can be organised at no cost to Committee members or their employers. (This paragraph does not contradict the restriction in paragraph 2.6, above).

3.10 Because some members have to travel some distance to attend meetings in London, and to maximise the amount of business that can be achieved and also opportunities for "off peak" travel (in at least the return portion) meetings are normally held between 10.30 and 3.00pm and lunch is provided.

3.11 It is not usually acceptable to conduct a Committee meeting at BTS headquarters with one or more members attending for all or part of the meeting via teleconference or web-cam, as this impedes progress of business. The Society recognises that in exceptional circumstances it may be necessary for a Committee member to participate for specific items of business, but this should be arranged on a case-by-case basis.

3.12 The Committee secretary (BTS staff member) will draft an agenda and discuss with the Chair no later than 3 weeks before the date of the meeting. The agenda and papers will be sent by post to all members no later than 7 days (and preferably) 10 days before the meeting takes place.. It is not good practice to table papers at meetings, especially those that contain detailed information and these will not normally be allowed, at the discretion of the Chair, and taking into account circumstances involved. Authors of papers are therefore asked to submit in time according to the date given by the secretariat, so that copying can take place.

3.13 A draft minute, including named action points, will normally be produced within 7-10 days of the meeting to be agreed by the Chair and then sent to members as an aide-memoire for those who may have been asked to carry out actions, or for the information of those who were not able to attend.

3.13 **Sub-Committees and ad-hoc groups**

Because the Society has a comprehensive network of Specialist Advisory Groups which act as expert advisors in specific disease/therapy areas, it is not generally permitted for Standing Committees to establish any sub-Committees and/or working parties and ad-hoc groupings. Any proposals that this ruling is relaxed must be discussed and agreed by the Executive Committee in advance.

4 CODE OF CONDUCT

4.1 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.

4.2 The Society is also proud to have been a pioneer in a number of areas, including its 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.

6.3 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.** This is reviewed annually by BTS Council and Trustees. (last approved November 2008)
- **Endorsement Policy** (due to be reviewed in 2009 by Executive Committee and BTS Council)
- **Media policy** (ditto)
- **Travel and subsistence policy** (reviewed annually by Honorary Treasurer and Chief Executive)

These documents can all be found on the BTS website in the “governance” pages of the section entitled “About BTS”

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