Association of Coloproctology of Great Britain and Ireland

Constitution

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MCC Subcommittees Terms of Reference

1. Abdominal Wall Sub-Committee
2. Advanced Malignancy Sub-Committee tbc
3. Clinical Governance Committee
4. Colonoscopy Sub-Committee
5. Inflammatory Bowel Disease Sub-Committee tbc
6. Emergency General Surgery Sub-Committee
7. Intestinal Failure Sub-Committee
8. Peritoneal Sub-Committee tbc
9. Proctology Sub-Committee
10. Robotic Sub-Committee

1.a) Title
The Association shall be called "The Association of Coloproctology of Great Britain and Ireland". Henceforth in this document it will be referred to as "The Association".

1.b)Definitions

"Articles" means the articles of association of The Association as adopted from time to time.

2. Objectives
The objectives of The Association shall be to prevent the suffering of people with, and prevent the occurrence of, disease and conditions of the lower gastrointestinal tract to include all lesions of the small bowel, appendix, large bowel, rectum, anal canal and perianal region by:

- *advancing the science and practice of coloproctology for the public benefit*
- *promoting best clinical practice in coloproctology amongst members of the medical and allied professions including through the advancement of education and training*
- *promoting the most efficient and effective use of healthcare resources*
- *providing and disseminating information and advice to healthcare professionals and members of the public on matters relating to coloproctology and:*
- *promoting the study of, and research into, coloproctology and facilitating the publication of the useful results thereof.*

3. Membership

There shall be eight forms of membership, namely

ORDINARY MEMBER	OVERSEAS MEMBER	ASSOCIATE MEMBER
STAFF GRADE MEMBER	SENIOR MEMBER	HONORARY MEMBER
AFFILIATE MEMBER	TRUSTEE MEMBER	

An **ORDINARY MEMBER** shall be a medical practitioner on the Specialist Register or an Associate Specialist or a non medically qualified scientist holding a permanent appointment in Great Britain or Ireland or a medical practitioner in a long term locum consultant post in Great Britain or Ireland, all of whom must have a demonstrable interest in Coloproctology. An Ordinary Member shall have full voting rights and receive the journal Colorectal Disease as part of his/her membership. Non-surgical Ordinary Members may pay a smaller subscription as determined by Council and will not receive the journal Colorectal Disease but will retain full voting rights. However, a Non-surgical Ordinary Member could receive the journal by paying an additional subscription fee.

An **OVERSEAS MEMBER** shall be a duly registered medical practitioner, residing and practising outside of Great Britain and Ireland, who has a demonstrable interest in Coloproctology and who shall have full voting rights. An Overseas Member will receive a subscription to the journal Colorectal Disease as part of his/her membership dues.

An **ASSOCIATE MEMBER** shall be a duly registered medical practitioner in a training appointment and who has a special interest in Coloproctology. An Associate Member shall not have voting rights. An Associate Member will be entitled to receive the journal Colorectal Disease as part of his/her membership dues.

A **STAFF GRADE MEMBER** shall be a duly registered medical practitioner in a staff grade appointment and who has a special interest in Coloproctology. A Staff Grade Member shall not have voting rights. A Staff Grade Member will receive a subscription to the journal Colorectal Disease as part of his/her membership dues.

A **SENIOR MEMBER** shall have retired from active practice in the field of general surgery and its associated specialities (NHS and Private) or have reached the age of seventy, whichever is earlier. He/she may be elected by Council at the member's request. A Senior Member shall not have voting rights. A Senior Member will not be entitled to receive the journal Colorectal Disease as part of his/her membership dues. However, a Senior Member could receive the journal by paying an additional subscription fee.

An **HONORARY MEMBER** shall be elected by Council after selection by the Executive. He or she will have made an outstanding contribution to the field of Coloproctology. If elected before retirement, voting rights may be retained up to the point of retirement from clinical practice (NHS or private) or the age of seventy, whichever is earlier. An Honorary Member will not be entitled to receive the journal Colorectal Disease as part of his/her membership dues However, an Honorary Member could receive the journal by paying an additional subscription fee.

An **AFFILIATE MEMBER** shall be an allied health professional with an interest in the field of coloproctology. An Affiliate Member will not be entitled to receive the journal Colorectal Disease as part of their membership dues. However, an Affiliate Member could receive the journal by paying an additional subscription fee.

A **TRUSTEE MEMBER** shall be a member with the rights set out in the Articles.

4. Mode of Election

4.1 Candidates for all categories of membership other than Honorary or Senior membership shall complete an online application on which particulars of his/her involvement in Coloproctology are included. These must be supported by one member of any membership category acting as referee and submitted to the Honorary Secretary.

4.2 The Honorary Secretary will verify that such applicants are eligible for membership for ratification by the Council under powers delegated to them by the Trustees.

4.3 Applications for all categories of membership other than Honorary Membership will be considered at every Council meeting. Only Ordinary and Overseas Members, and those Honorary Members with voting rights, ratified by Council on or before the day of the Annual General Meeting shall be entitled to vote at that and all subsequent Annual General Meetings. Honorary Members will be elected annually by the Council at the Council Meeting immediately preceding the Annual General Meeting, at which they will be specifically announced.

5. Subscriptions

5.1 The annual subscription for each category of membership shall be payable to the Honorary Treasurer from the day they join. The subscription year runs from 6th of January for 1 year The subscription will be collected annually on the 6th January.

5.2 The Honorary Treasurer will have discretion occasionally to waive part or all of the subscription for the current financial year in the event of elections late in the year.

5.3 Any Ordinary Member, Overseas Member, Associate Member, Staff Grade Member, Affiliate Member or Senior Member whose subscription is six months in arrears, and who has been duly notified thereof, shall cease to be a Member of The Association.

5.4 With the consent of Council he/she may be reinstated on payment of arrears, up to a maximum of 12 month membership dues.

6. Removal from the Membership List

6.1 The Council may in its absolute discretion and utilizing powers delegated to it by the Trustees of The Association (but noting that such powers may be revoked at any time by the Trustees of the Association) terminate the membership of any individual or organisation whose continued membership would in its reasonable opinion be detrimental to the Association. Such decision shall be made at a meeting of the Council of the Association.

6.2 At least fourteen clear days before the Council meeting to consider the proposed termination, the Council shall advise the individual or organisation in writing of its intention and reasons. It shall also offer the member the opportunity to put forward any written representation for consideration before a decision is made.

6.3 A member's written representations shall be delivered at least seven clear days before the Council considers the proposal to terminate the membership.

6.4 If the member is an office holder or Council member he/she shall be suspended and ineligible to vote from the date of the proposal to terminate the membership until the Council's decision.

7. General Meetings

7.1 These shall consist of an Annual General Meeting and such other meetings as Council may decide.

7.2 In addition a special meeting must be called by the Honorary Secretary within one month from the receipt of a request by at least ten members with full voting rights stating the purpose for which the meeting is to be summoned.

7.3 At the Annual General Meeting, normally held during the clinical meeting, the business shall be:

- To elect Officers and members of Council.
- To elect Auditors.
- To receive the Report of the President which will include reports from the other Chairs.
- To receive the Report of the Honorary Secretary.
- To receive the Report of the Honorary Treasurer and the audited accounts for the previous financial year.
- Such other business as Council may decide.

7.4 Fuller details relating to the proceedings of members, including general meetings, are set out in the Articles and must be complied with at all times.

8. Notice of Business
Any member who wishes to move a resolution at the Annual General Meeting shall give notice in writing to the Honorary Secretary not less than 21 days before the date of the meeting.

9. Quorum at Annual General Meeting
Twenty members shall form a quorum.

10. Clinical Meeting
At least one clinical meeting of The Association must be held each year.

11. Chapters
11.1 Chapters of The Association of Coloproctology of Great Britain and Ireland shall be responsible for nominating Ordinary Members for election onto Council. They shall be known as Regional Chapter Representatives.

11.2 Regional Chapter Representatives shall include two for Scotland, two for Ireland (one from Northern Ireland and one from the Republic of Ireland), two for Wales and one from each of the remainder of the English regions as defined in 1998, before NHS re-organisations.

. 11.3 Regional Chapter Representatives may belong to disciplines other than surgery.
. 11.4 Regional Chapter Representatives

The roles and responsibilities of the chapter representative are detailed in another document.

12 Officers of the Association

12.1 Officers of The Association shall consist of:

President (one year)
President Elect (one year)
President in Waiting (one year)
Honorary Treasurer (three years)
Honorary Assistant Treasurer (two years – see 12.3)
Honorary Secretary (two years)
Honorary Assistant Secretary (two years – see 12.4)
Chair of Education and Training Committee (three years)
Chair of Multidisciplinary Clinical Committee (three years)
Chair of Research and Audit Committee (three years)
Chair of External Affairs Committee (three years) ~~Chair~~
Chair of the Independent Health Committee (three years)
Chair of the Pelvic Floor Society (two years)

all of whom shall be elected or ratified by Council and confirmed at the Annual General Meeting. The initial term of office is indicated in brackets and for all officers other than the President, the President Elect, the President in Waiting, the Treasurer and Secretary this may be extended on a yearly basis up to a maximum of three years following a recommendation from the relevant Committee and Council and confirmed at the Annual General Meeting.

12.2 The President and President Elect, the President in Waiting shall be installed in Office at the end of the Annual General Meeting at which he/she is elected and shall hold office until the end of the next Annual General Meeting. The President Elect, the President in Waiting will succeed the President.

The Secretary will seek nominations for the President in Waiting from all ordinary members, no later than 4 months before the Annual General meeting. The proposer should be on Council, but any ordinary member can be a seconder. All Ordinary Members will be eligible for election as President but will normally have had experience of serving on Council. In the event of two candidates achieving equal votes, the final recommendation will be made by the current President, President Elect, Honorary Secretary and Honorary Treasurer.

12.3 Treasurer and Secretary

The Honorary Treasurer or Honorary Secretary, at the end of his/her two year period, will normally be replaced by their respective assistant on the recommendation of Council and the appointment confirmed at the Annual General Meeting. All Ordinary Members of The Association will be eligible for election.

The Honorary Secretary will seek nominations from all ordinary members. The proposer should be on Council, but any ordinary member can be a seconder. The Assistant Treasurer or Assistant Secretary will then be elected by members of Council who have voting rights. In the event of two candidates achieving equal votes, the final recommendation will be made by the current President, President Elect, the President in Waiting, Honorary Secretary and Honorary Treasurer.

The Assistant Treasurer or Assistant Secretary will serve for two years sitting on Council and Executive prior to his/her appointment to Honorary Treasurer. He/she will have voting rights and proxy voting rights in the absence of the Honorary Treasurer. In the event of two candidates achieving equal votes, the final recommendation will be made by the current President, President Elect, the President in Waiting, Honorary Secretary and Honorary Treasurer.

12.5 Single candidate for office

In the event of there being only one candidate for the post of the President in Waiting, Assistant Treasurer or Assistant Secretary, the President, current President Elect, the President in Waiting, Honorary Secretary and Honorary Treasurer will confirm that the applicant has sufficient experience for this position and the appointment will be confirmed without a need for an election.

12.6 The roles and responsibilities of the Officers are detailed in a separate document.

13. Council

13.1 The Trustees have, pursuant to the Articles, delegated the conducting of the day to day business of The Association to the Council consisting of the Officers of The Association, Chapter Representatives including the International Chapter Representative, three other non-surgical representatives (Oncology, Histopathology, Radiology, Chairs of the Early Years Consultant Network (EYCN) and of the Association of Coloproctology Nurses (ACPN)(or his or her representative),President of the Dukes' Club (or his or her representative), Chair of The Pelvic Floor Society, Chair of the Ethnicity, Diversity and Inclusivity Committee, chair of the Independent Healthcare Committee (IHCC) and the ASGBI representative.

13.2 Representatives from disciplines other than surgery, namely oncology, histopathology, radiology and nursing, shall be nominated or elected on the recommendation of their respective specialist group, or forum, and be elected for a period of three years and then be eligible for re-election for a further period of three years, making a total of six years served sequentially. Thereafter a representative shall not be eligible for re-election for a further period of three years unless appointed an Officer of The Association. In the event of there being no nomination from a forum or discipline other than surgery, Council shall be empowered to fill the vacancy.

13.3 All Officers and Ordinary Members of Council together with Chairs of the Early Years Consultant Network, the Association of Coloproctology Nurses, The Pelvic Floor Society, Ethnicity, Diversity and Inclusivity Committee and the President of the Dukes' Club shall have full voting rights on Council.

13.4 On Council all former NHS regions in England (as at 1998) shall be represented by Chapter Representatives;

Northern, North West, Yorkshire, Mersey, West Midlands, Wessex, Trent, East Anglia, Oxford, North West Thames, South West Thames, North East Thames South East Thames

13.5 Wales, Scotland, and Ireland (one from Northern Ireland and one from the Republic of Ireland) shall have two representatives each.

13.6 Chapter Representatives will be elected initially for a period of three years and then be eligible for re-election for one further period of three years making a total of six years served sequentially. Thereafter he/she shall not be eligible for re-election to Council for a further period of three years unless appointed an Officer of The Association. At least six months before the end of their term of office, Chapter Representatives will organise the election of their successors. In the case where the Chapter Representative is seeking a further period of office he/she should ask a deputy to arrange the election. Nominations shall be submitted by Ordinary Members to the Regional Chapter Representative, proposed and seconded with the written consent of the nominees. A postal or electronic ballot of the Ordinary Members of the Chapter will be organised by the current Chapter Representative in the event of more than one nomination being received. The name of the elected member will be sent to the Honorary Secretary not less than six weeks before the Annual General Meeting. In the event of two candidates achieving equal votes, the final decision will be made by the current President, President Elect, the President in Waiting, Honorary Secretary and Honorary Treasurer. In the event of there being no nomination from a Chapter for a given region, Council shall be empowered to investigate and to fill the vacancy from that region.

13.7 The Council shall be empowered to co-opt for a specified purpose and a limited time relevant individuals from within the membership of The Association who have a special expertise required by The Association at that time. The number of such individuals on Council shall not exceed two at any time, other than in exceptional circumstances.

13.8 Inter-relationships with similar bodies and societies (for example, the Royal Colleges of Surgeons, the BSG and The Association of Surgeons) shall be established, developed or maintained by representatives of The Association, usually nominated from existing Council members.

13.9 A lay person shall be appointed to the council to provide advice to the Council from the perspective of patients and carers. This appointment will not be time limited and will be an honorary position. The appointment will be made by the Officers of the Association following a process of advertisement and interview.

13.10 Executive Committee of Council
The Executive Committee will be the body responsible for the day to day running of the Association. In addition it will be responsible for collating issues relating to Coloproctology in general that should be discussed by the Council of ACPGBI and the Annual General meeting The President, President Elect, the President in Waiting, Honorary Secretary, Assistant Secretary, Honorary Treasurer, Assistant Treasurer, Chair of the Education and Training Committee, Chair of the Multidisciplinary Clinical Committee, Chair of the Research and Audit Committee and Chair of the External Affairs Committee shall form the Executive Committee to resolve urgent and all matters to be discussed at the next Council Meeting. The Executive will normally meet some time before a Council meeting. The Immediate Past- President may be invited to attend meetings when appropriate. Four members of the Executive Committee will form a quorum.

13.11 If a member occupies an official post within ACPGBI and is either unavailable or suspended from their usual place of employment, for whatever reason, they should step down from their official post. The Executive will arrange for a temporary deputy to be appointed. If the member becomes available to take up office again they should be reinstated to their role in ACPGBI, including usual limit of tenure of that official post immediately. Normal terms of service will apply.

13.12 Each member will be given a description of the duties of their respective positions on election to council. If a member occupies an official post within the ACPGBI and is felt by the executive to not be fulfilling these duties then this will be brought to the attention of the member by the Honorary Secretary. This will include attendances at meetings as well as engagement and carrying out tasks. If the duties are still not fulfilled then that member may be asked to step down. A temporary deputy may be appointed pending further election.

13.13 If a member of Council is unable to attend a Council meeting they should submit a written report and arrange a deputy who should be briefed regarding relevant issues and should report back to the member of Council. It is expected that appointing a deputy should not be a regular occurrence.

14. Quorum of Council:

The quorum for a meeting of Council shall be eight.

15. Trustees

The Trustees are the supervisory board of The Association and their powers are detailed in and derived from the Articles.

16. Financial Year

The financial year of The Association shall end on 31st day of December each year, to which day the accounts of The Association shall be balanced.

17 Cheques /Digital banking

17.1 A bank account shall be opened with any bank. The Executive/Council may decide to change bankers from time to time if it is deemed to be in the best interests of the Association. The majority of banking is carried out electronically with no less than two authorized digital signatures for payments to creditors

17.2 The Council shall authorise the Honorary Treasurer, President, Honorary Secretary, the Assistant Treasurer and the Administration Manager to sign cheques/digitally authorise on behalf of The Association. The Council can authorise the addition of one signatory from a contracted agent to be one of the signatories on the account for a temporary period. All cheques must be signed by not less than two of the six authorised signatories. In addition, there will be facilities for electronic banking whereby payments to creditors are authorised by no less than two signatories.

18. The Equality, Diversity and Inclusivity (EDI) Committee

18.1 The role and working of the Equality, Diversity and Inclusivity Committee are set out in full in separate articles. This document provides a summary of its role in EDI matters.

18.2 The committee will address and improve inequality in ACPGBI's Committees, Officer applications and at ACPGBI functions and courses.

18.3 The Committee will work with other sub-specialty organisations, the four Colleges of Surgery, and RSM Coloproctology Chapter to address all areas of inequality in surgical practice.

18.4 The Committee will address issues within training and liaise with the Deanery/JCST/Royal Colleges regarding exam inequality. See separate EDI articles.

19. President

The President, or in his/her absence the President Elect, the President in Waiting, or in the absence of both a member elected by the meeting, shall preside at all General and Council meetings and shall have a casting vote.

20. Honorary Treasurer

The Honorary Treasurer shall receive subscriptions, pay all bills, and present the accounts at the Annual General Meeting. In his or her absence the Assistant Treasurer will assume this duty.

21. Honorary Secretary

The Honorary Secretary shall summon meetings, prepare agendas, and keep minutes of the proceedings. In his or her absence, the Assistant Secretary will assume these duties.

22. System of committee election from 2021

22.1 Appointment to the major committees of the Association (Education and Training, Research and Audit, Multidisciplinary Clinical, External Affairs), as well as the Early Years Consultant Network, the Ethnicity Diversity and Inclusivity Committee and the Independent Health Care Committee shall follow a similar process:

22.2 The Chair will sit on Council but the other members need not necessarily do so. The Chair will normally be elected by and from within the Committee but not necessarily and will normally have had previous experience of this Committee. The tenure as Committee Chair should be initially for three years but may be extended on a yearly basis up to a maximum of a further three years following a recommendation from the Committee, confirmed by Council and ratified at the AGM. If a nomination for the post of Chair of the Committee is not forthcoming from the membership of the Committee, the Honorary Secretary will seek nominations for the post of Chair from all ordinary members. The proposer should be on Council, but any ordinary member can be a seconder. The nominee should have experience on Council or of the work of the Committee. The Chair will then be elected by those members on Council with voting rights. In the event of two candidates achieving equal votes, the final recommendation will be made by the current President, President Elect, the President in Waiting, Honorary Secretary and Honorary Treasurer.

22.3 The elected members of the Committee will serve for a period of three years and will normally be eligible for election for a further three years of office. If a member is elected as Chair, he/she will continue until the period of office as Chair ends.

22.4 Six months before the term of an elected member of a committee expires, the Chair will inform the Honorary Secretary. The vacancy will be advertised to Ordinary Members, Overseas Members and the Honorary Members who have voting rights and applications will be invited. Younger consultants should be encouraged to apply for these elected posts to promote wider representation within the Association. Applications must also be seconded by Members of The Association having voting rights and sent with a short Curriculum Vitae of the candidate to the Honorary Secretary not less than six weeks before the Annual General Meeting. Where there are more applicants than posts available, the Honorary Secretary will organise a secret ballot of all members of Council with voting rights, four weeks before the Council meeting immediately preceding the Annual General Meeting. In the event of two candidates achieving equal votes for one vacant position, the final decision will be made by the current President, President Elect, the President in Waiting, the Honorary Secretary and Honorary Treasurer. The successful applicant(s) will be ratified at the Council meeting and their names will be announced at the Annual General Meeting.

22.5 An Ordinary member can only serve on a maximum of 2 elected committees at any one time. This applies to the following committees:

Education and Training Committee
External Affairs Committee
Independent Healthcare Committee
Multidisciplinary Clinical Committee (MCC)
Abdominal Wall sub-committee of MCC

Advanced malignancy sub-committee of MCC
Colonoscopy sub-committee of MCC
Emergency Surgery sub-committee of MCC
IBD sub-committee of MCC
Intestinal Failure sub-committee of MCC
Peritoneal malignancy sub-committee of MCC
Proctology sub-committee of MCC
Robotic Committee sub-committee of MCC
Clinical Governance sub-committee of MCC

Research and Audit Committee

23 Education and Training Committee

23.1 The Education and Training Committee shall:

- *consider any matters referred by Council and, in particular, consider matters relating to education and training in coloproctology and advise Council accordingly.*
- *bring forward ideas concerning education and training in Coloproctology. and advise Council accordingly.*
- *consider matters relating to Continuing Professional Development and advise Council accordingly.*
- *liaise with other bodies as deemed appropriate with regard to training and education matters.*
- *produce a verbal report for each Council meeting, which may be written if absent from the meeting.*

23.2 Membership of the Committee shall consist of a Chair, an Surgical Advisory Committee representative(SAC) (if not already represented by an ordinary member), a representative of the Dukes' Club, the ACPGBI, the Chair of the Colonoscopy Sub-group, the ACPN representative and five other elected members.

24. Multidisciplinary Clinical Committee

24.1 The Multidisciplinary Clinical Committee shall:

- *consider any matters referred by Council and, in particular, consider matters relating to the provision of coloproctology services within both the State and private sectors and advise Council accordingly.*
- *shall advise on the efficient and effective provision of a multi-professional team based coloproctology service and set standards for all aspects of this service.*
- *liaise with other bodies as deemed appropriate with regard to the provision of coloproctological services.*
- *produce a verbal report for each Council meeting, which may be written if the Chair or a representative are absent from the meeting.*

MCC has sub-committees, all of which have a representative on MCC. The Terms of reference for all of the sub-committees is found in the Constitution appendices

24.2 Membership of the Multidisciplinary Clinical Committee shall consist of:
Chair,
non-surgical representatives on Council for oncology, histopathology and radiology,
Chair or a representative of the Colonoscopy Sub-Committee
Chair or a representative of the Inflammatory Bowel Disease Sub-Committee
Chair or a representative of the Emergency General Surgery Sub-Committee
Chair or a representative of the Abdominal Wall Sub-Committee
Chair or a representative of the Intestinal Failure Sub-Committee
Chair or a representative of the Proctology Sub-Committee
Chair or a representative of the Robotic Sub-Committee
Chair or Representative of the Advanced Malignancy Sub-Committee
Chair or Representative of the Peritoneal Sub-Committee
Chair or Representative of the Clinical Governance Committee
A representative of the Pelvic Floor Society and PLG Representative
5 other elected members
A representative of the ACPN and a representative nominated by the Dukes' Club who shall be in a training grade or within two years of having been appointed to a consultant post.

24.3 The Committee shall nominate a medical gastrointestinal specialist, preferably on the advice of the BSG, to be a member of this committee.

24.4 The Chair and oncology, histopathology and radiology representatives will be on Council but the elected members and other members will not. Representatives of the ACPN and the Dukes' Club will be elected by their respective Committees and the Medical Gastroenterology representative by the BSG.

24.5 Members should have an interest and experience in the provision of coloproctological services.

25 Research and Audit Committee
25.1 The research and Audit Committee shall:

- *be responsible for supporting and collecting information on the research and audit projects done by the membership.*
- *produce a verbal report for each Council meeting, which may be written if absent from the meeting.*
- *hold regular teleconferences amongst members of the committee.*
  hold an Annual Meeting of the Committee at The Association Annual Meeting.

25.2 Membership of the committee shall consist of a Chair and eight other members. Five will be elected and have voting rights One will be nominated by the ACPN. One will be nominated by the Dukes' Club who shall be in a training grade or within 2 years of appointment to the post of consultant and will serve for two years or until no later than two years after appointment as a consultant. One representative will be from the Pelvic Floor Society. Invited advice will be sought from non- surgical members of Council (eg oncology, pathology and radiology) when considering a topic in these specialties. Other members will be co-opted as appropriate when particular projects are being considered or supported.

25.3 The Chair will sit on Council but the elected members and representatives of the ACPN and Dukes' Club need not necessarily do so.

26 External Affairs Committee
26.1 The External Affairs Committee shall:

- *be responsible for the way the ACPGBI is presented to the outside world; deal with the press and other external bodies that may contact the Association for information and comments on matters related to coloproctology; consider matters of public concern, public relations, ethical practice and medico-legal matters in coloproctology and advise Council accordingly.*

- *liaise with other bodies as deemed appropriate with regard to public relations and ethical matters.*

- *produce a verbal report for each Council meeting, which may be written if the Chair is absent from the meeting.*

26.2 Membership of the Committee shall consist of a Chair, two elected members, ~~the elected~~ Representative for International Affairs, AUGIS and BSG representatives as well as the Chair of the Information Technology Group and the Independent Health Care Committee, one lay member, at least one member from a non-surgical discipline usually on Council, the Chair of the Clinical Governance Board and one nominated member of the ACPN. The AUGIS representative will be appointed on the recommendation of their Council, usually for three years. The Gastroenterology representative will be appointed on the recommendation of the Council of the British Society of Gastroenterology, usually for three years.

26.3 Members shall have an interest and experience in matters pertaining to issues of public concern, public relations, ethical and medico-legal practice.

27 The Journal Committee
27.1 The journal Committee shall:

- *formulate, present and implement the views and policies of The Association in liaison with the publishing house and Editorial Board.*
- *have a close supervisory, non-editorial role in its financial management and other matters relating to the Journal.*
- *advise Council and the publishing house on appointments to the Editorial Board.*
- *advise on the responsibilities and tenure of the Editorial Board members.*
- *advise Council on the appointment of the Editors and Chair of the Editorial Board.*
- *have regular discussions to consolidate the above policies and advance new ones as time and circumstance dictate.*

27.2 Membership of the Journal Committee shall consist of the President who is the Chair, the Honorary Secretary, the Honorary Treasurer, the President-Elect and the President-in-Waiting of The Association, the Chair of the Editorial Board and the Editor-in-Chief.

28. The Pelvic Floor Society is a specialist sub-committee within ACPGBI that is represented on and reports to Council and focuses on the management of patients with pelvic floor disorders and works closely with health care professionals belonging to other disciplines.

28.1 The Pel*vic Floor Society shall:*

- *provide a forum for members to engage in critical discussion on the investigation, diagnosis, management and epidemiological studies of pelvic floor problems.*

- *support relevant clinical, and will occasionally promote collaborative trials to address specific problems.*

- *facilitate the interchange of information on pelvic floor disorders between members of the Pelvic Floor Society and other interested parties in the Great Britain & Ireland as well as worldwide.*

- *define and monitor the standards of pelvic floor investigation and medical/surgical management throughout the Great Britain & Ireland.*

- *engage with external organizations including the Department of Health and NICE to develop a strategic policy approach to colorectal pelvic floor dysfunction and the commissioning of a robust service.*

- *provide an advisory role to and work with other interested bodies including commissioners etc to promote the sub-specialty.*

- *support and develop educational initiatives (including scientific meetings) to disseminate the issues around these aims to a broader audience. Develop a training curriculum and courses in the investigation and management of pelvic floor problems*

- *organise and arrange funding for Great Britain pelvic floor clinical fellowships & provide opportunities for suitably qualified trainees to undertake formal research projects.*

- *produce a verbal report for each Council meeting, which may be written if absent from the meeting*

28.2 Membership of the Pelvic Floor Society will be available to all full members of ACPGBI who have an interest in pelvic floor disorders.

28.3 Membership is welcome from other clinical disciplines involved in the management of pelvic floor disorders such as uro-gynaecologists, urologists, radiologists, physiologists, specialist nurses, physiotherapists, chronic pain specialists, psychologists etc. Such members could also join ACPGBI as an Affiliate Member.

28.4 The Pelvic Floor Society will normally meet twice year in May and October. The AGM will follow the October meeting. In addition, the Pelvic Floor Society will usually be asked to organize a Pelvic Floor Symposium to take place during the Annual Scientific meeting of ACPGBI.

28.5 The Pelvic Floor Society shall be run by a Committee comprising the Chair,, Secretary, Treasurer, Membership Secretary Training Lead, Programme lead, Research Lead and Quality Assurance lead, plus one co-opted member (as deemed appropriate). All Officers must be members of Pelvic Floor Society.

28.6 The Pelvic Floor Society Committee shall meet regularly by teleconference to discuss the business of the society and matters relating to pelvic floor disorders

28.7 The Chair will serve for 2 years and will not be eligible for re- election. The remaining officers will serve for 3 years and may be re-elected but cannot hold an officer position for more than 6 consecutive years. Terms will end at the General Meeting held at the Annual Scientific Meeting.

28.8 Six months before the end of the Chair's term of office, the Chair and Secretary of the Pelvic Floor Society will seek nominations for Chair.. The Secretary will circulate the list of nominations, together with the papers for the October meeting. Election will be by postal ballot of the membership of the Pelvic Floor Society and the result will be decided by simple majority. In the event of a tie, the retiring Chair of the Pelvic Floor Society together with the President, President Elect, the President in Waiting and Secretary of ACPGBI will exercise casting votes.

28.9 Nominations for the other officers should be made to the Secretary of the Pelvic Floor Society, 90 days prior to the October AGM. Where more than one candidate is proposed, postal ballot of the membership will take place with a simple majority required. In the event of a tie, the retiring Chair of the Pelvic Floor Society together with the Pelvic Floor Society Committee will exercise casting votes.

28.10 The finances of the Pelvic Floor Society will be maintained under the umbrella of the ACPGBI as a separate account. Authorised signatures to approve payment will consist of the Administration Manager, the Pelvic Floor Society treasurer and ACPGBI treasurer and assistant. The ACPGBI has no obligation to underwrite this account should funds run out, unless by agreed negotiation.

29. Early Years Consultant Network (EYCN)
The transition to independent practice is challenging and whilst training *per se* equips individuals to deal with the majority of clinical scenarios, there is a need for support for surgeons in the first few years of Consultant practice in other areas. The aim of EYCN is to provide support in all respects for Consultants within the first 5 years of independent clinical practice and senior colorectal trainees in making the transition to Consultant practice.

29.1 The EYCN will be managed by 8 elected members including the Chair. Each member will fulfil a specific role. These are:
1. *Chair*
2. *Vice Chair*
3. *Honorary Secretary*
4. *Honorary Treasurer*
5. *Social media/Moderator lead*
6. *Mentorship lead*
7. *Events & sponsorship lead*
8. *Website lead – will sit on Website Subcommittee*

They will be supported by an *ex officio* member of the ACPGBI Executive who will not have voting rights on EYCN elections.

29.2 The Chair of EYCN will sit on and report to ACPGBI Council and is a member of the External Affairs committee.

29.3 Individuals may remain on EYCN Committee for a maximum of 3 years, unless they become Vice chair in their last year, in which case maximum time will be 4 years. The demitting Chair will leave the EYCN Committee once the year has been completed. Committee members who have over 60 monthsof clinical activity as a Consultant (including locum positions) are no longer eligible to remain on thecommittee and would normally demit at the time of the next annual election. Exceptional circumstances may be considered by the Chair whose decision is final.

29.4 Meetings will be held three times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by teleconference. ACPGBI members attending the annual meeting are responsible for their own expenses.
The agenda will be coordinated by the Chair, and the Honorary Secretary will be responsible for minutes that should be submitted to ACPGBI Council.

29.5 EYCN will seek sponsorship from industry and otherrelevant bodies to fund EYCN activities. On those occasions where this is not possible then the final decision regarding funding rests with the Honorary Treasurer and Executive of ACPGBI.

29.6 All members of ACPGBI who are within 5 years of Consultant appointment are eligible for membership of EYCN. Allowances may be made for career breaks. Senior trainees who are ST8, post-CCT or in Fellowship posts are also eligible if members of ACPGBI.

30. Independent Healthcare Committee

30.1 The Independent Healthcare Committee shall:

- *consider matters referred by Council and the Multi-disciplinary Clinical Committee pertaining to independent healthcare practice.*
- *foster and encourage relationships with the agencies involved in the provision of independent healthcare practice.*
- *promote the highest standards of professional practice and surgery in the independent health care sector.*
- *support the concept of independent healthcare practice.*
- *produce a verbal report for each Council meeting, which may be written if absent from the meeting.*
- *hold at least three meetings per year or teleconferences, one of which shall be in proximity to the Annual General Meeting of The Association.*
- *produce an annual report which would be presented at the Annual General Meeting.*
- *through the Chair or his named deputy, represent The Association at meetings of the Independent Healthcare Committee of The Association of Surgeons of Great Britain & Ireland and the Federation of Independent Practitioner Organisations.*

30.2 Membership of the Independent Healthcare Committee shall consist of a Chair and up to three co-opted members on recommendation of the committee and three elected members.

31. The Association of Coloproctology Nurses

The constitution of the ACPN is detailed in a separate document.

32. Annual Scientific Meeting Programme Committee

32.1 The Programme Committee shall assist the President in organising the programme on behalf of The Association at other Scientific Meetings.

32.2 The Chair of the Programme Committee shall be the President.

32.3 The other members are: The Honorary Secretary, The Honorary Treasurer, Chairs, Education and Training and Research and Audit Committees, the Chair of ACPN, the President of the Dukes' Club and other co-opted representatives at the discretion of the President.

32.4 When the Tripartite Meeting is held in Great Britain and Ireland the relevant officers of the Section of Coloproctology, Royal Society of Medicine, shall together with representatives from The Association, usually the President and Secretary and Treasurer who will be in post at the time of the Tripartite Meeting, will form the Programme Committee.

32.5 The Programme Committee shall meet as often as necessary to conduct its affairs.

33. Clinical Excellence and Distinction Awards Committee
33.1 The Clinical Excellence and Distinction Awards Committee shall comply with ACCEA requirements whatever they may be for each year.
33.2 Membership of the Committee shall consist of a Chair, The President, three members with a higher award, three members without a higher award and one lay member. Members shall normally be in active practice at the time of election to the committee.

33.3 Members need not necessarily be on Council.

33.4 Existing members will propose names to Council for membership of this committee to be elected by Council when a vacancy arises

33.5 Members shall serve for three years in the first instance and will be eligible for a further three years of office if necessary.

34. Sub-committees
If there is felt to be a need for a sub-committee to be formed the same process for appointment as that for major committees will be followed (see section 21).

35. Amendment to the Rules
Alterations to this constitution shall receive the assent of two-thirds of the members present and voting at an Annual General Meeting or a special General Meeting. A resolution for the alteration of the constitution must be received by the Honorary Secretary of The Association at least twenty-one days before the meeting at which the resolution is to be brought. At least fourteen days' notice of such a meeting must be given by the secretary to the membership and must include notice of the alteration proposed. Provided that no alterations shall be made to Clause 2 (Objectives), Clause 32 (Dissolution) or this Clause until the approval in writing of the Charity Commissioners or other authority having charitable jurisdiction shall have been obtained, and no alterations shall be made which would have the effect of causing The Association to cease to be a charity in law.

36.Dissolution

The Association may be dissolved by a resolution passed by a two-thirds majority of those present and voting at a Special General Meeting convened for the purpose, of which twenty-one days' notice shall have been given to the members. Such resolution may give instructions for the disposal of any assets held by or in the name of The Association, provided that if any property remains after the satisfaction of all debts and liabilities, such property shall not be paid to or distributed among the members of The Association but shall be given or transferred to such other charitable institution or institutions having objectives similar to some or all the objectives of The Association if and in so far as effect cannot be given to this provision then to some other charitable purpose.

37. Conflict

In the event of any inconsistency or conflict arising between the provisions of this document and the Articles the provisions of the Articles shall prevail.

Constitution Dated: *June 2021 James Wheeler & Steve Brown*

Appendices

Appendix 1

Terms of Reference Abdominal Wall Sub-Committee

Background

Colorectal surgical patients suffer a large burden of morbidity and an impaired quality of life due to problems related to their abdominal wall. Colorectal surgeons represent a large part of the emergency on call rota and perform many emergency laparotomies with or without stomas. Elective colorectal operations are also associated with a relatively high incidence of surgical site infections (SSI) and subsequent incisional hernia formation. Incisional hernias and recurrent incisional hernias are common. Parastomal hernias are also common and problematic and there is no satisfactory method of prevention or repair. Reoperative colorectal operations with or without intestinal failure can lead to abdominal wall failure with complicated and problematic incisional hernias. There is probably no other surgical subspecialty that is associated with as much abdominal wall morbidity and many colorectal surgeons in the UK are involved in incisional hernia repair and a minority have developed a practice in abdominal wall reconstruction (AWR).

Purpose & Objectives

The purpose of the Abdominal Wall subcommittee is to represent and support ACPGBI members in matters relating to the abdominal wall during or after elective and emergency colorectal or other abdominal surgery. This subcommittee is not an Abdominal Wall Reconstruction (AWR) subcommittee. It is an inevitability that some of the members will have an AWR practice and AWR will be within the remit but this is a subcommittee which is to dedicate itself to education and best practice in matters relating to the abdominal wall in the broadest sense. This will include supporting best clinical practice as well as education, training, clinical audit and research. This will include but is not limited to SSI prevention, wound formation and closure in open and MIS surgery (both elective and emergency), incisional hernia prevention and prophylaxis, parastomal hernia prevention and treatment, prevention and management of the open abdomen, abdominal wall management in intestinal failure as well as mechanisms and methods of hernia repair including AWR. It is envisaged that the subcommittee will form collaborative links with existing hernia and plastic surgery societies as appropriate to support best practice.

Membership & Structure

There will be 6 elected members including the Chair. The initial chair shall be elected by ACPGBI executive and subsequently by the members of the subcommittee. The first and subsequent chairs may be in post for 3 years only, unless exceptional circumstances dictate otherwise. There will be elected representation from Dukes and nursing as well as the PLG (Patient Liason Group). Other co- opted members will be recruited as required and Stoma nurse and tissue viability involvement and representation will be encouraged as will formal representation from an appropriate plastic surgery society.
The subcommittee will sit within the Multidisciplinary Committee. In this regard it mirrors all other clinical subcommittees that similarly report through MCC. The chair will report to Council and Executive via the Chair of the Multidisciplinary committee (MCC), though may on occasions be asked to present directly. They will work closely with the Education & Training committee as well as the elected members of MCC.

Interactions

- *Multidisciplinary Clinical Committee (MCC). The subgroup reports to ACPGBI Council and Executive through the MCC Chair.*
- *Nursing and Allied Health Professionals (NAHP) Group*
- *Royal College of Surgeons Getting It Right First Time (GIRFT) initiative*
- *Association of Surgeons of GB&I, AUGIS & BSG& British Hernia Society*
- *AWR Europe*
- *British Society of Plastic Surgery or other plastic surgery society as appropriate*
- *Charities and patient support groups & Commissioning bodies*

Accountability

The Chair of the subcommittee will report to the Chair of the MCC.

Meetings

Meetings will be held three times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by teleconference. The agenda will be coordinated by the Chair, who will be responsible for minutes that will subsequently be submitted to the Chair of MCC and ACPGBI Council.

Reimbursement of expenses

The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will be covered if required.

May 2020

Appendix 3

Terms of Reference Clinical Governance Board (Committee)

Background

Increasingly frequently over recent years officers of ACPGBI have been approached by a variety of external people (Royal College officers, Trust officials, university personnel, etc.) and asked to nominate senior consultants "in good standing with the Association" to act as advisors or assistants in governance, investigatory or disciplinary processes in the workplace involving clinicians involved in colorectal practice.

Such nominations may be made in an *ad hoc* and piecemeal fashion which can be unsatisfactory for all parties, particularly if the ultimate conclusions of the judgmental processprove to be controversial.

This Clinical Governance Board is an active body within the ACPGBI and is becoming increasingly involved with governance matters to do with the Consultant Outcome Publication as well as other matters of investigation. It also acts in a mentoring capacity for surgeons in difficulty. It works with the Invited Review Mechanism of the RCS England and is available to work with the Review Mechanisms of other Colleges.

The Board is appointed and functions in an open and transparent manner within the bounds of confidentiality towards the parties concerned.

The Board

1. The composition of the Board shall be never less than three nor greater than five Consultant members of ACPGBI. All must hold a GMC License to Practise.
2. It is permissible for the Board to contain two ACPGBI members who have retiredfrom active clinical practice but for less than 3 years.
3. Places and vacancies on the Board shall be advertised openly among the membershipof ACPGBI.
4. The ACPGBI Council shall elect the members of the Board
5. The Chairman of the Board would be appointed for 3 years, renewable by election for a maximum term of 6 years.
6. Board membership shall be for 3 years, with an option to stand for re-election for a further 3 years
7. The Chairman of the Board should prepare a short Annual Report on the activities of itsmembers, which should be presented to the Executive. A balance needs to be struck between maintaining confidentiality (especially where the disciplinary outcome is exoneration) and transparency.
8. The Board will be answerable to Executive and Council but will normally report throughthe Multidisciplinary Clinical Committee via its Chairman.
9. The Chairman of the Board will sit on the Multidisciplinary Clinical Committee.

June 2021

Appendix 4

Terms of Reference for Colonoscopy Sub-Committee

Purpose

Endoscopy has always been an integral part of colorectal practice. The purpose of this subgroup is to ensure that the highest standards of practice are maintained going forward, training is maintained, and that new techniques can be supported appropriately. The Colonoscopy subcommittee mirrors IBD, peritoneal malignancy and proctology subgroups that similarly report through MCC.

Interactions

- Multidisciplinary Clinical Committee (MCC). The subgroup reports to ACPGBI Council and Executive through the MCC Chair.
- Nursing and Allied Health Professionals (NAHP) Group
- Royal College of Surgeons Getting It Right First Time (GIRFT) initiative ·Association of Surgeons of GB&I
- Charities and patient support groups
- Commissioning bodies

The Association of Coloproctology of Great Britain and Ireland Objectives

• Promotion of expert provision, resources and quality improvement in colonoscopy nationally
• Provision of oversight, direction, governance and promotion of colonoscopy-related databases, audits, research and initiatives.
• Address issues related to training and the performance of colonoscopy by colorectal surgeons.
• Collaboration with other bodies and charities with shared interest in colonoscopy.

Membership

The membership of ACPCBI will be invited to apply for 6 positions on the subgroup. These will be voted by Council following submission of an abridged CV. Three year terms are encouraged to ensure continuity. The Chair will be appointed by the members of the subcommittee.
A patient representative will be nominated by the Patient Liaison Group.
A trainee representative will be appointed by the Duke's Club.
Other co-opted members will be recruited as required.

Accountability

The Chair of the subcommittee will report to the Chair of the MCC.

Meetings

Meetings will be held four times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by teleconference. The agenda will be coordinated by the Chair, who will be responsible for minutes that will subsequently be submitted to the Chair of MCC and ACPGBI Council.
Reimbursement of expenses The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will be covered if required

October 2020

Appendix 6

Terms of Reference Emergency General Surgery Sub-committee of the Multidisciplinary Clinical Committee

Purpose
Emergency surgery and its provision within Trusts is of paramount importance. The purpose of the Emergency Surgery Subgroup (EGS) is to represent ACPGBI members ensuring that emergency colorectal surgery is performed to the highest standard and that their contribution to the generality of emergency surgery is similarly recognised. This group mirrors IBD, peritoneal malignancy and endoscopy subgroups that similarly report through MCC.

Interactions
The MCC. The subgroup reports to Council through MCC Chair
The nursing and Allied Professionals Group
The Royal College of Anaesthetists
Representatives of NELA/PQUIP,AUGIS, ASGBI, BSG
Charities and patient support groups
Commissioning bodies

Objectives
Representation of views of professional and patient groups in shaping
strategy for emergency colorectal and general surgery.
Provision of oversight, direction, governance and promotion of emergency surgery-related databases, audits, research and initiatives.
Address issues related to training and the performance of emergency colorectal surgery by non-specialists.
Collaboration with other bodies and charities with shared interest in Emergency surgery, including but not limited to NELA and PQUIP.

Membership
The membership of ACPCBI will be invited to apply for 4 positions on the subgroup. These will be voted by Council following submission of an abridged CV. All members should be currently involved in the provision of emergency general/colorectal surgery in their Trusts. Three year terms are encouraged to ensure continuity.
The Chair will be appointed by the Executive of the ACPGBI.
A patient representative will be nominated by the Patient Liaison Group.
A trainee representative will be appointed by the Dukes' Club.
Other co-opted members will be recruited as required.

Accountability
The chair of the subcommittee will report to the Chairman of the MCC

Meetings
Meetings will be held twice each year. At least one face-to-face meeting is encouraged each year either at the annual meeting of ACPGBI or at the Royal College of Surgeons of England in London with teleconferencing available. Other meetings will be held by teleconference.
The agenda will be coordinated by the Chair and Honorary Secretary but any member of the subcommittee may propose items for the agenda if the Chair agrees.

Reimbursement of expenses
The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will not be covered.

October 2015

Appendix 7

Terms of Reference for the Intestinal Failure Sub-Committee

Background

Intestinal failure represents a significant burden of disease and is an important cause of long-term morbidity and mortality in the general, emergency and colorectal surgical communities. High-quality surgical efforts in both the prevention and management of intestinal failure are therefore of the utmost importance. Elective colorectal and emergency operations may be associated with a relatively bowel injury and surgical site infections (SSI) and can also be complicated by fistulas especially if reoperation is deemed necessary. Intestinal failure may follow occlusive vascular events or be associated with luminal bowel diseases such as Crohn's or malignancy or with mechanical or non-mechanical bowel obstructions. All colorectal surgeons will face disease related or iatrogenic intestinal failure patients as part of their practice; all should be able to deal with such patients acutely but patients with established intestinal failure should to be referred on to a designated surgical centre.

Purpose & Objectives

The purpose of the Intestinal Failure subcommittee is to represent and support ACPGBI members in matters relating to intestinal failure during or after elective and emergency colorectal or other abdominal surgery. This subcommittee will dedicate itself to education and best practice in matters relating to intestinal failure in the broadest sense. This will include supporting best clinical practice as well as education, training, clinical audit and research. This will include but is not limited to bowel damage and SSI prevention, optimal treatment of complications and limitation of abdominal wall deficits. It is envisaged that the subcommittee will form collaborative links with existing intestinal failure societies as appropriate to support best practice.

Membership & Structure

There will be 6 elected members including the Chair. The Chair shall be elected by the members of the subcommittee, for a period of 3 years, unless exceptional circumstances dictate otherwise. In addition there will be:
A patient representative.
A trainee representative appointed by the Dukes' Club.
Other co-opted members will be recruited as required, to include a specialist nurse, dietician and pharmacist.

The subcommittee will sit within the Multidisciplinary Committee. In this regard it mirrors all other clinical subcommittees including IBD, peritoneal malignancy, colonoscopy, abdominal wall, advanced malignancy and proctology subgroups that similarly report through MCC. The chair will report to Council and Executive via the Chair of the Multidisciplinary committee (MCC), though may on occasions be asked to present directly. They will work closely with the Education & Training committee as well as the elected members of MCC.

Interactions

- *Multidisciplinary Clinical Committee (MCC). The subgroup reports to ACPGBI Council & Executive through the MCC Chair.*
- *Nursing and Allied Health Professionals (NAHP) Group*
- *Royal College of Surgeons Getting It Right First Time (GIRFT) initiative*
- *Association of Surgeons of GB&I*
- *BIFA / BAPEN*
- *ESPEN*
- *Charities and patient support groups*
- *Commissioning bodies*

Accountability

The Chair of the subcommittee will report to the Chair of the MCC.

Meetings

Meetings will be held three times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by teleconference. The agenda will be coordinated by the Chair, who will be responsible for minutes that will subsequently be submitted to the Chair of MCC and ACPGBI Council.

Reimbursement of expenses

The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will be covered if required

May 2021

Appendix 9

Terms of Reference for the Proctology Sub-Committee

Purpose

Proctology has always been the *sine qua non* of the profession. The purpose of this subgroup is to ensure that the highest standards of practice are maintained going forward, training is maintained, and that new techniques can be supported appropriately. The Proctology subcommittee mirrors IBD, peritoneal malignancy and endoscopy subgroups that similarly report through MCC.

Interactions

- Multidisciplinary Clinical Committee (MCC). The subgroup reports to ACPGBI Council and Executive through the MCC Chair.
- Nursing and Allied Health Professionals (NAHP) Group
- Royal College of Surgeons Getting It Right First Time (GIRFT) initiative
- Association of Surgeons of GB&I
- Charities and patient support groups
- Commissioning bodies

Objectives

- Promotion of expert provision, resources and quality improvement in proctology nationally.
- Provision of oversight, direction, governance and promotion of proctology-related databases, audits, research and initiatives.
- Address issues related to training and the performance of proctology by colorectal surgeons.
- Collaboration with other bodies and charities with shared interest in proctology.

Membership

The membership of ACPCBI will be invited to apply for 6 positions on the subgroup. These will be voted by Council following submission of an abridged CV. Three year terms are encouraged to ensure continuity.

In the first instance the Chair will be appointed by the Executive of the ACPGBI. Thereafter he/she will be voted by the members of the subcommittee.

A patient representative will be nominated by the Patient Liaison Group.

A trainee representative will be appointed by the Dukes Club.

Other co-opted members will be recruited as required.

Accountability

The Chair of the subcommittee will report to the Chair of the MCC.

Meetings

Meetings will be held three times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by teleconference.

The agenda will be coordinated by the Chair, who will be responsible for minutes that will subsequently be submitted to the Chair of MCC and ACPGBI Council.

Reimbursement of expenses

The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will be covered if required.

February 2020

Appendix 10

Terms of Reference for Robotic Sub-Committee

Purpose

Robotics has become an integral practice within coloproctology over the last 10 years. The aim of the Robotic sub-committee of MCC is to provide leadership in this rapidly developing field.

Interactions

- The subcommittee reports to ACPGBI Council and Executive through the Chair of MCC.
- ACPN
- Charities and patient support groups
- Commissioning bodies
- Industry
- Dukes Club
- The Early Years Consultant Network (EYCN)
- Other committees as required as ex-officio members (R+A, External affairs, E+T)

Objectives

- Provision of leadership and expertise in the field of robotic colorectal surgery. This may encompass areas such as governance, research, and training.
- Collaboration with industry and developers of new robotic platforms.
- Collaboration with other bodies and charities with shared interests.
- Collaboration with Dukes Club, ensuring promotion of trainee interests.
- Collaboration with patient groups.

Membership

The membership of ACPCBI will be invited to apply for 6 positions on this subgroup. These will be voted by Council following submission of an abridged CV in the event of more than 6 applications. Three year terms are encouraged to ensure continuity. Members may reapply for a further term of 3 years, though may, depending on number of applicants, need to go through an election process.
A Chair will be appointed by Executive in the first instance, and then by the sub-committee subsequently.
A patient representative will be nominated by the Patient Liaison Group.
A trainee representative will be appointed by the Dukes Club.
Other co-opted members will be recruited as required.

Meetings

Meetings will be held three times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by videoconference.
The agenda will be coordinated by the Chair, who will be responsible for minutes that will subsequently be submitted to the Chair of MCC and ACPGBI Council.
The Chair of the sub-committee may be required to present their activities to Council and/or Executive on occasion, either in person or by videoconference.

Reimbursement of expenses

The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will be covered if required.

June 2020