The Association of Coloproctology of Great Britain and Ireland

CONSTITUTION

July 2013

A company limited by guarantee registered in England and Wales

Company Registration No. 5962281

Registered Charity No 1118063
CONSTITUTION

1 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”.

It shall also be known as “The Association of Coloproctology”. ? Add ACP for short

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:

a) advancing the science and practice of coloproctology for the public benefit

b) promoting best clinical practice in coloproctology amongst members of the medical and allied professions including through the advancement of education and training

c) promoting the most efficient and effective use of healthcare resources

d) providing and disseminating information and advice to healthcare professionals and members of the public on matters relating to coloproctology and:

e) promoting the study of, and research into, coloproctology and facilitating the publication of the useful results thereof.

3 Membership

a) There shall be eight forms of membership, namely ORDINARY MEMBER, OVERSEAS MEMBER, ASSOCIATE MEMBER, STAFF GRADE MEMBER, SENIOR MEMBER, HONORARY MEMBER, AFFILIATE MEMBER and CORPORATE MEMBER.

b) An ORDINARY MEMBER shall be a medical practitioner on the Specialist Register or an Associate Specialist in any discipline relating to coloproctology or a non medically qualified scientist holding a permanent appointment in the UK or Ireland or a medical practitioner in a long term locum consultant post in the UK 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 Diseases 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-
a) A surgical Ordinary Member could receive the journal by paying an additional subscription fee, a course of action encouraged by the Association.

c) An OVERSEAS MEMBER shall be a duly registered medical practitioner, residing and practising outside of the UK and Ireland, who has a demonstrable interest in Coloproctology and who shall have full voting rights. An Overseas Member will not be entitled to receive the journal Colorectal Disease as part of his/her membership dues. The Association would be pleased should they decide to take the journal by the payment of an additional fee.

d) 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 not be entitled to receive the journal Colorectal Disease as part of his/her membership dues. However, an Associate Member could receive the journal by paying an additional subscription fee, a course of action encouraged by the Association.

e) 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 not be entitled to receive the journal Colorectal Disease as part of his/her membership dues. However, Staff Grade Member could receive the journal by paying an additional subscription fee, a course of action encouraged by the Association.

f) 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, a course of action encouraged by the Association.

g) An HONORARY MEMBER shall be elected by Council after selection by the Honorary Members’ Sub-committee. 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, a course of action encouraged by the Association.

h) An AFFILIATE MEMBER shall be a ward or out-patient based specialist nurse with expertise in stomatherapy, endoscopy, colorectal cancer, genetic counselling or palliative
care, an audit assistant, multidisciplinary team co-ordinator, physiology technician or non-medical practitioner with specialist knowledge 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 course of action encouraged by the Association.

4 Mode of Election

4.1 Candidates for all categories of membership other than Honorary, Senior or Corporate membership shall complete an application form on which particulars of his/her involvement in Coloproctology are included. These must be supported by two ordinary members acting as referees and submitted to the Honorary Secretary.

4.2 The Honorary Secretary will verify that such applicants are eligible for membership for ratification by Council.

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 at the time of election. The subscription year runs from 1st of January to the 31st of December. The subscription will be collected annually on a specified date and 12 monthly thereafter.

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 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:

a) To elect Officers and members of Council.
b) To elect Auditors.
c) To receive the Report of the President.
d) To receive the Report of the Honorary Secretary.
f) To receive the Report from the Education and Training Committee.
g) To receive the Report from the Multidisciplinary Clinical Committee.
h) To receive the Report from the Research and Audit Committee.
i) To receive the Report from the Information Management and Technology Group.
j) To receive the Report from the External Affairs Committee.
k) To receive the Report from the Journal Committee.
m) To receive the Report from the Bowel Disease Research Foundation.
n) To receive the Report from the Nursing Forum.
o) To receive the Report from the Dukes’ Club.
p) To receive report from the Independent Health Care Committee
q) Such other business as Council may decide.

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 one month 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. (see 13.6)

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

11.4 Regional Chapter Representatives

a) Shall convey matters of training and education between Council and members within their Chapters.

b) Advise the Regional Postgraduate Deans and Chairmen of Regional Specialist Training Committees on matters concerning training in coloproctology.

c) Advise Specialist Regional Advisers on the job description of consultant posts with an interest in coloproctology.

d) Organise regular multi-professional local Chapter Meetings.

e) Attend Council meetings

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 (one year – see 12.3)

Honorary Secretary (three years)

Honorary Assistant Secretary (one year – see 12.4)

Chairman of Education and Training Committee (three years)

Chairman of Multidisciplinary Clinical Committee (three years)

Chairman of Research and Audit Committee (three years)

Chairman of External Affairs Committee (three years)

Chairman of the Information Management and Technology Group (three years)

Chairman of the Journal Committee (three years)

Chairman of the Independent Health Committee (three years)

Chairman 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, President-Elect and 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 will succeed the President and the President-in-Waiting will succeed the President-Elect.

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. The President-in-Waiting 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, President-in-Waiting, Honorary Secretary and Honorary Treasurer.

12.3 Treasurer

a) The Honorary Treasurer, at the end of his/her three year period, will normally be replaced by the Assistant Treasurer 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 as Assistant Treasurer or Honorary Treasurer.

b) 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 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, President-in-Waiting, Honorary Secretary and Honorary Treasurer.

The Assistant treasurer will serve for one year sitting on council and exec 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. The Assistant Treasurer will be a member of the Finance Committee assisting the President and the Honorary Treasurer in conducting the financial affairs of the Association. In the event of two candidates achieving equal votes, the final recommendation will be made by the current President, President-Elect, President-in-Waiting, Honorary Secretary and Honorary Treasurer.

12.4 Secretary

a) The Honorary Secretary at the end of his/her three year term of office will normally be replaced by the Assistant Secretary on the recommendation of Council and the appointment confirmed by the Annual General Meeting. All Ordinary Members of The Association will be eligible for election as Honorary Secretary Elect or Honorary Secretary.

b) The current Honorary Secretary will seek nominations for the post of Honorary Assistant Secretary from all ordinary members, one year before the end of their term of office. The proposer should be on Council, but any ordinary member can be a seconder. The Assistant Secretary 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, President-in-Waiting, Honorary Secretary and Honorary Treasurer.

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

12.4 Single candidate for office

In the event of there being only one candidate for the post of President in Waiting, Assistant Treasurer or Assistant Secretary, the President, President-Elect, 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.

13 Council

13.1 The business of The Association shall be conducted by Council consisting of the Officers of The Association, Chapter Representatives, four other non-surgical representatives (Oncology, Histopathology, Radiology and Chairman of the Nursing Chapter or his or her representative) and President of the Dukes’ Club (or his or her representative) and the Chairman of the Bowel Disease Research Foundation.

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 the Chairman of the Nursing Forum and the President of the Dukes’ Club shall have full voting rights.

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

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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, 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 if appropriate to investigate and to fill the vacancy from that region.

13.7 The Chairman of Bowel Disease Research Foundation, as determined by the Trustees of the Foundation, will be a member of Council and have voting rights.

13.8 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.

13.9 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.

13.10 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.

13.11 Executive Committee of Council
a) 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

b) The President, President Elect, President-in-Waiting, Honorary Secretary, Assistant Secretary (when in post) Honorary Treasurer, Assistant Treasurer (when in post), Chairman of the Education and Training Committee, Chairman of the Multidisciplinary Clinical Committee, Chairman of the Research and Audit Committee and Chairman 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.

c) The Chairman of the Bowel Disease Research Foundation or their representative, if an Ordinary Member of the Association, will be invited to all meetings of the Executive. They will not have voting rights on Executive.

13.12 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.

14 Quorum of Council:

The quorum for a meeting of Council shall be eight.

15 Trustees

The Council may appoint a Custodian Trustee or a Trust Corporation of not less than three of their number to hold any property held by or in trust for The Association.

Typically the Trustees will be the President, Honorary Secretary and the Honorary Treasurer

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

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.

17.2 The Council shall authorise the Honorary Treasurer, President, Honorary Secretary, the Assistant Treasurer and the Administrator to sign cheques on behalf of The Association. All cheques must be signed by not less than two of the five authorised signatories. In addition, there will be facilities for electronic banking whereby payments to creditors are authorised by no less than two signatories.

18 President

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

19 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.

20 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.

21 Finance Committee

21.1 The Finance Committee shall assist the President and Honorary Treasurer in conducting the financial affairs of The Association.

21.2 The Committee shall comprise the Honorary Treasurer (Chairman), the immediate past Honorary Treasurer, the Assistant Treasurer (when in post) and the Administrator.
addition the Honorary Treasurer of the Bowel Disease Research Foundation shall be co-opted on to the Finance Committee.

22 Committee Appointments

22.1 Appointment to the major committees of the Association (Education and Training, Research and Audit, Multidisciplinary Clinical, External Affairs) as well as the Journal Committee and Independent Health Care Committee shall follow a similar process.

22.2 The Chairman will sit on Council but the other members need not necessarily do so. The Chairman 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 Chairman 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 Chairman of the Committee is not forthcoming from the membership of the Committee, the Honorary Secretary will seek nominations for the post of Chairman 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 Chairman 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, 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 Chairman, he/she will continue until the period of office as Chairman ends.

22.4 Six months before the term of an elected member of a committee expires, the Chairman 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, 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.
23 Education and Training Committee

23.1 The Education and Training Committee shall

a) consider any matters referred by Council and, in particular, consider matters relating to education and training in coloproctology and advise Council accordingly.

b) bring forward ideas concerning education and training in Coloproctology.

c) consider matters relating to Continuing Professional Development and advise Council accordingly.

d) liaise with other bodies as deemed appropriate with regard to training and education matters.

f) produce a verbal report for each Council meeting, which may be written if absent from the meeting.

g) produce an Annual Report which will be presented at the Annual General Meeting.

23.2 Membership of the Committee shall consist of a Chairman, an SAC representative (if an Ordinary Member), a representative of the Intercollegiate Board in General Surgery, a representative of the Dukes’ Club, the joint RCS/ACPGBI Coloproctology Tutor, the Chairman of the Colonoscopy Sub-group and five other elected members.

24 Multidisciplinary Clinical Committee

24.1 The Multidisciplinary Clinical Committee shall

a) 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.

b) 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.
c) liaise with other bodies as deemed appropriate with regard to the provision of coloproctological services.

d) produce a verbal report for each Council meeting, which may be written if the Chairman or a representative are absent from the meeting.

e) produce an Annual Report which shall be presented at the Annual General Meeting.

24.2 Membership of the Multidisciplinary Clinical Committee

shall consist of a Chairman, the non-surgical representatives on Council representing oncology, histopathology and radiology, a representative of the Nursing Forum 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, the chairman of the Colonoscopy subgroup, the Chairman or a representative of the Inflammatory Bowel Disease Sub-Committee, a representative of the Pelvic Floor Society and five other elected members.

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 Chairman and oncology, histopathology and radiology representatives will be on Council but the elected members and representatives of the Nursing Forum, Dukes’ Club and Medical Gastroenterology need not be so. Representatives of the Nursing Forum 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

a) be responsible for supporting and collecting information on the research and audit projects done by the membership. A database of projects will be kept. Projects will be reported on regularly. Publication of data from Association approved projects will be within the group conducting the research or audit with acknowledgement that it is done under the auspices of the Association.
b) produce a verbal report for each Council meeting, which may be written if absent from the meeting.

c) produce an Annual Report which shall be presented at the Annual General Meeting.

d) hold regular teleconferences amongst members of the committee.

e) hold an Annual Meeting of the Committee at The Association Annual Meeting.

25.2 Membership of the committee shall consist of a Chairman and eight other members. Five will be elected. One will be nominated by the Nursing Forum. 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. The Chairman of the National Cancer Research Institute (NCRI) Colorectal Subgroup will be a member of the committee. 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 Chairman will sit on Council but the elected members and representatives of the Nursing Forum and Dukes’ Club need not necessarily do so.

26 External Affairs Committee

26.1 The External Affairs Committee shall

a) 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.

b) liaise with other bodies as deemed appropriate with regard to public relations and ethical matters.

c) produce a verbal report for each Council meeting, which may be written if absent from the meeting.

d) produce an annual report which will be presented at the Annual General Meeting.
26.2 Membership of the Committee shall consist of a Chairman, two elected members, the elected Representative for International Affairs, AUGIS and BSG representatives as well as the Chairman 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 and one nominated member of the Nursing Forum. 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

   a) formulate, present and implement the views and policies of The Association in liaison with the publishing house and Editorial Board.

   b) have a close supervisory, non-editorial role in its financial management and other matters relating to the Journal.

   c) advise Council and the publishing house on appointments to the Editorial Board.

   d) advise on the responsibilities and tenure of the Editorial Board members.

   e) advise Council on the appointment of the Editors and Chairman of the Editorial Board.

   f) 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 a Chairman, the Honorary Secretary, Honorary Treasurer of The Association, the Chairman of the Editorial Board, Editor and two other elected members.

27.3 The tenure of all elected members will be three years with the possibility of a further three years on the recommendation of the committee unless elected as Chairman when he/she will continue until his/her period as Chairman ends.
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 Pelvic Floor Society shall:

a) provide a forum for members to engage in critical discussion on the investigation, diagnosis, management and epidemiological studies of pelvic floor problems.
b) support relevant clinical, and will occasionally promote collaborative trials to address specific problems.
c) facilitate the interchange of information on pelvic floor disorders between members of the Pelvic Floor Society and other interested parties in the UK & Ireland as well as worldwide.
d) define and monitor the standards of pelvic floor investigation and medical/surgical management throughout the UK & Ireland.
e) 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.
f) provide an advisory role to and work with other interested bodies including commissioners etc to promote the sub-specialty.
g) 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.
h) organise and arrange funding for UK pelvic floor clinical fellowships and provide opportunities for suitably qualified trainees to undertake formal research projects.
i) produce a verbal report for each Council meeting, which may be written if absent from the meeting.
j) produce an annual report which will be presented at the Annual General Meeting of ACPGBI.

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 should 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 Chairman, the Chairman elect, 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 Chairman and Chairman elect 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 October Scientific Meeting. Could not all be done at the ACP AGM?

28.8 Six months before the end of the Chairman’s term of office, during the course of the Autumn/Spring meeting, the Chairman and Secretary of the Pelvic Floor Society will seek nominations for Chairman elect. 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 announced at the Spring Meeting and decided by simple majority. In the event of a tie, the retiring Chairman of the Pelvic Floor Society together with the President, President Elect, 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 Chairman of 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 (similar to arrangement with BDRF). Authorised signatures to approve payment will consist of the administrator, the Pelvic floor Treasurer and ACPGBI treasurer and assistant. The ACPGBI has no obligation to underwrite this account should funds run out (similar to arrangement with BDRF) unless by agreed negotiation.

29 Information Management and Technology Group (IMTG)

29.1 The Information Management and Technology Group will report to the External Affairs Committee and the Chairman will be a member of the External Affairs Committee. Although not sitting on Council, the Chairman (or nominated deputy) can be co-opted onto Council to discuss specific matters.

29.2 The Information Management and Technology Group shall
a) consider all matters relating to information technology pertaining to Coloproctology

b) work with the External Affairs Committee on all aspects of the Association Web Site.

29.2 The Secretary will advertise the vacancy for a Chairman to all Ordinary Members, Overseas and Honorary Members who have voting rights of The Association and applications will be invited. Younger consultants will be encouraged to apply for this elected post to promote wider representation of 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. These will be considered at the Council meeting immediately preceding the Annual General Meeting and Council members who have voting rights will elect the committee member by secret ballot. The successful applicant will be announced at the Annual General Meeting. In the event of two candidates achieving equal votes, the final decision will be made by the President, President-Elect, President-in-Waiting, Honorary Secretary and Honorary Treasurer.

29.2 On successful election, the Chairman of the IMTG will submit a list of five co-opted IMTG members selected from amongst Ordinary Members, Overseas Members and Honorary Members who have voting rights of the Association and to include the Administrator.

29.3 IMTG members will be selected to facilitate the working of the website in relation to the Executive, Council and Committees of the ACPGBI.

29.4 The list of five co-opted IMTG members requires formal ratification by the Executive.

30 Clinical Governance Board and Clinical Review Panel

30.1 The role and working of the Clinical Governance Board are set out in full in a separate document (Clinical Governance Panel and Board Terms of Reference). This document provides a summary of its role in clinical governance matters.

30.2 It is the responsibility of the Clinical Governance Board to nominate senior consultants “in good standing with the Association” to act as advisors or assistants in investigatory or disciplinary processes in the workplace involving clinicians in colorectal practice.

30.3 Suitable senior consultants will form a Clinical Review Panel, selected by the
Governance Board from applications by Ordinary Members of ACPGBI. A Panel member should be a consultant in full or substantial part-time active clinical practice for a minimum of 10 years and must be of good professional standing. Ideally, the Panel should include practitioners from different geographical areas so that consultants are not required to adjudicate on colleagues who are based in nearby hospitals and institutions.

30.4 Places and vacancies on the Panel shall be advertised openly among the membership of ACPGBI. Appointment to the Panel will be by approval of the Governance Board and will be ratified by the Executive of ACPGBI. An ordinary member shall be expected to sit on the Panel for a minimum period of 5 years, renewable every 3 years or until the member retires from substantial active clinical practice.

30.5 The Governance Board shall be made up of 5 people including the chairman. A majority of the Governance Board shall be selected from the Panel by ballot of the Panel members. For a Panel member to be eligible for election to the Board they should have been in substantive consultant practice for at least 10 years.

30.6 On election to the Board, the member will no longer remain a member of the Panel. Board membership shall be for 3 years, renewable for a further 3 years by election. Doctors may not be members of both the Board and the Panel. A member can remain on the board for up to 2 years following retirement from active clinical practice.

30.7 Ideally the Chairman of the Board will also be elected from the membership of the Board or Panel, by ballot of the Panel and Board members and the President responsible to the Executive for the Board and Panel.

30.8 The Chairman of the Board would be appointed for 3 years, renewable annually by election for a maximum term of 6 years.

30.9 The Chairman of the Board sits on the External Affairs Committee and reports to the Executive and Council of ACPGBI through a nominated President (elect, in waiting or actual), who would support the board for a period of two years to maintain better continuity. The Chairman of the Board may be invited to attend meetings of the Executive and or Council to discuss specific items as the need arises.

30.10 In the event of two candidates achieving equal votes for the position of Chairman, the final decision will be made by the current President, President-Elect, President-in-Waiting, the Honorary Secretary and Honorary Treasurer. The appointment of the successful applicant will be ratified at the next Council meeting and his / her name will be announced at the Annual General Meeting.

31 Independent Healthcare Committee
31.1 The Independent Healthcare Committee shall

a) consider matters referred by Council and the Multi-disciplinary Clinical Committee pertaining to independent healthcare practice.

b) foster and encourage relationships with the agencies involved in the provision of independent healthcare practice.

c) promote the highest standards of professional practice and surgery in the independent health care sector.

d) support the concept of independent healthcare practice.

e) produce a verbal report for each Council meeting, which may be written if absent from the meeting.

f) hold at least three meetings per year or teleconferences, one of which shall be in proximity to the Annual General Meeting of The Association.

g) produce an annual report which would be presented at the Annual General Meeting.

h) through the Chairman 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.

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

32 Annual Scientific Meeting Programme Committee

32.1 The Programme Committee shall

a) assist the President in the selection of short papers, posters and videos for the Annual Scientific Meeting.

b) assist the President in choosing the winners of the British Journal of Surgery and Research Foundation Prizes and The Association Poster Prize.
c) assist the President in organising the programme on behalf of The Association at other Scientific Meetings.

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

32.3 The other members are:
The Honorary Secretary,
The Honorary Treasurer,
Chairmen of the the Journal, Education and Training and Research and Audit Committees,
The oncology, radiology and pathology representatives of Council,
A co-opted academic representative,
The Chairman of the Nursing Forum
The President of the Dukes’ Club

32.4 The Programme Committee shall co-opt other members as required to advise on the content of Scientific Meetings of The Association, to assist in the selection and adjudication of presentations and to advise on the content of scientific meetings of The Association.

32.5 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.

32.6 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

a) seek CVs and citations for higher awards three months before they meet so that the recommendations can be made in a timely fashion.

b) make recommendations directly to the Advisory Committee on Clinical Excellence Awards (ACCEA), the Royal Surgical Colleges, The Association of Surgeons of Great Britain & Ireland and Regional Award Committees.

c) provide the ACCEA with:
1) an outline of its aims, structure and membership (one paragraph), and details of how it sifts and ranks candidates for award (one paragraph)

2) the name and contact details of the President and Honorary Secretary

d) ensure that members of the Association are aware of the processes for determining its ranked nomination list and there is provision for self-nomination to it.

e) not submit candidates’ CVQs, but only the citations

f) consider nominations for bronze and platinum awards

g) consider nominations for either silver or gold levels at whichever of those levels they feel is most appropriate

h) strongly emphasize candidates’ Coloproctology achievements in citations

i) ensure that any nomination is accompanied by a completed citation which identifies

   1) the nominating body

   2) the person completing the citation

   3) a senior officer of the Society who vouches for the citation having the imprimatur of that institution

33.2 Membership of the Committee shall consist of a Chairman and three other members, all of whom shall usually be senior award holders. Members shall normally be in active practice at the time of election to the committee.

33.3 Members need not necessarily be on Council but a mechanism shall exist for membership of the President if he/she is not already a member of the Clinical Excellence and Distinction Awards Committee.

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

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

34 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.

35 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.