

# **The Constitution of the British Association of Audiovestibular Physicians**

## **1. DESIGNATION**

The body should be termed the British Association of Audiovestibular Physicians, hereinafter termed the Association.

## **2. AIMS**

2.1 The aims of the Association are:

- 2.1.1 To provide a forum for doctors in Audiovestibular Medicine to discuss issues relevant to their profession;
- 2.1.2 To provide information and/or opinions relevant to Audiovestibular Medicine to other bodies or agencies as appropriate;
- 2.1.3 To concern itself with training in the specialty at all levels by supporting the Specialist Advisory Committee in Audiovestibular Medicine at the Royal College of Physicians (RCP) and the Audiovestibular Medicine Post-Graduate Medical Training Committees;
- 2.1.4 To set the professional and clinical standards for doctors working in the specialty through regular communication with RCP and Royal College of Paediatrics and Child Health (RCPCH) and take the lead in auditing practice against those standards;
- 2.1.5 To support the continuing professional development of members by organising regular academic meetings;
- 2.1.6 To disseminate information about the specialty;
- 2.1.7 To promote multidisciplinary working by maintaining links with other professional bodies and agreeing pathways of clinical care;
- 2.1.8 To develop and promote evidence-based high quality patient care.

## **3. MEMBERSHIP**

3.1 All consultants from any discipline whose practice is predominantly in Audiovestibular Medicine in the British Isles shall be eligible for full membership of the Association.

- 3.1.1 Any Audiovestibular Physician who has completed UK Training in Audiovestibular Medicine, having obtained their CCT, CST, CESR or equivalent, shall be eligible to apply for full membership of the Association, even if they are not in a substantive Consultant post. Having once been admitted to full membership, any such member would be obliged to retain

that status and would not have the option of reverting to associate membership.

- 3.2 Associate membership shall be open to Staff and Associate Specialists and junior doctors whose practice is predominantly in Audiovestibular Medicine. Doctors working overseas in the specialty may be admitted as associate members. Associate members may attend business meetings but have no voting rights.
- 3.4 The Executive Committee may award Honorary Life membership to those considered to have made a significant contribution to the specialty.
- 3.5 Membership of the Association, other than Honorary Life membership, will automatically include membership of the International Association of Physicians in Audiology (IAPA).
- 3.6 Retired membership of previous full or associate members is available on request.

#### **4. SUBSCRIPTION**

- 4.1 All members shall pay an annual subscription fee as determined from time to time at the annual general meeting. The full subscription includes the subscription for IAPA.
- 4.2 There will be differential subscription rates for Associate and Retired membership.
- 4.3 The subscription shall fall due on 1<sup>st</sup> January annually.
- 4.4 A reminder shall be sent by the honorary treasurer to those who have not paid by the following 1<sup>st</sup> March and if the subscription has not been paid by the following 31<sup>st</sup> December i.e. they are one year overdue, their membership will be terminated.

#### **5. OFFICERS**

- 5.1 The Officers of the Association shall be the President, Vice President, Honorary Secretary, Honorary Treasurer and the immediate Past President.
- 5.2 The President, the Vice President, the Honorary Secretary and the Honorary Treasurer shall serve for a period of three years commencing at the end of the AGM at which appointed.
- 5.3 The Vice President shall normally become President on the expiry of the latter's term of office, the President then becoming Past President and normally serving for three further years in that capacity.
- 5.4 The Vice President, Honorary Secretary and Honorary Treasurer will be elected by a simple majority vote at the AGM.
- 5.5 The Honorary Treasurer and Honorary Secretary may stand for re-election for one further three year term.

- 5.6 In order to provide for continuity, in the event of the terms of office of Officers ending simultaneously, those of the Honorary Secretary or Honorary Treasurer may be extended by one year.

## **6. ELECTION OF OFFICERS**

- 6.1 The Honorary Secretary shall inform all members of the Association of the expiry of terms of office of the Officers of the Association not less than one year before the expiry date.
- 6.2 Nominations for Officers should be sent by any full member of the Association to the Honorary Secretary not less than four months before the expiry of the terms of office. In the event of no nominations being received, the Executive Committee will propose a candidate.
- 6.3 Each nomination should be seconded and accompanied by an agreement from the nominee to stand for that office.
- 6.4 If there is more than one nomination for an office there will be a secret ballot of the full members of the Association at the AGM. The candidate with the majority of votes will be elected.
- 6.5 In the event of a tie, the President shall have the casting vote.
- 6.6 Only full members are eligible to be elected as Officers of the Association.

## **7. EXECUTIVE COMMITTEE**

- 7.1 An Executive Committee shall be established comprising the Officers of the Association, the Chairmen of the Audit & Governance, Education, Clinical Standards and Promotion & Recruitment sub-committees, the Chairman of the Specialist Advisory Committee. A specialty registrar (elected by the registrars) shall serve on the Committee but will not have voting rights and may be asked to leave any meeting of the Committee when requested to do so by that meeting's chairman, for the discussion of any reserve business.
- 7.2 The powers and functions of the Executive Committee shall include the following:
- 7.2.1 To make decisions on behalf of the membership;
  - 7.2.2 To incorporate any decisions made into Officers reports which are presented at the next full meeting of the membership;
  - 7.2.3 To consider applications for membership and accept or reject as appropriate;
  - 7.2.4 To prepare the agenda for meetings of the Association;
  - 7.2.5 To respond to queries from outside agencies;
  - 7.2.6 To award prizes of the Association;
  - 7.2.7 To invite members of the Association to represent the Association on other professional committees as and when required;
  - 7.2.8 To promote and nominate members of the Association for appropriate positions and awards.
- 7.3 The Executive Committee shall meet at least three times per year.

- 7.4 The meetings shall be called by the President at his or her discretion or when requested to do so by another member of the executive committee.
- 7.5 The members of the Executive Committee and those invited to attend the meeting shall have at least 6 weeks notice of meetings.
- 7.6 Other members of the Association may be invited to attend the meetings in order to provide appropriate advice or information, but will not have voting rights.
- 7.7 A quorum shall be five members with at least two Officers present.
- 7.8 Where ever possible decisions of the Executive Committee should be by consensus. In exceptional circumstances, a vote by a show of hands may be used to resolve a difference of opinion.
- 7.9 The Honorary Secretary shall keep minutes of the proceedings and decisions made at all Executive Committee meetings and copies of these minutes will be circulated to all Executive members and anyone who attended the meeting by invitation. Once agreed by the Executive Committee, the minutes will be available to members on request and will be posted in the Members' Area of the website.
- 7.10 The Honorary Secretary shall prepare a list of all members representing the Association on outside professional committees and present it to the Annual General Meeting.

## **8. SUB-COMMITTEES**

- 8.1 The sub-committees of the Association will be:
- Audit & Clinical Governance
  - Education
  - Clinical Standards
  - Promotion & Recruitment

Additional sub-committees may be set up as required by the Executive Committee. The Hallpike committee shall be a subgroup of the Education sub-committee; its Chairman shall liaise with and report to the Chairman of the Education sub-committee.

- 8.2 Election to the Chair of a sub-committee is by nomination by any full member of the Association, seconded by a full member and with the agreement of the nominee, followed by a secret ballot of the full members at the AGM. The Chairman will hold office for three years and may be elected for a second term.
- 8.3 The Chairman will assemble a sub-committee of at least four members of whom one will be selected to be secretary. Each sub-committee should include a specialist registrar. The Honorary Secretary shall be informed of the composition of the sub-committee.
- 8.4 The Chairman of each sub-committee shall call as many meetings of their sub-committee as is required for the completion of their designated tasks.

- 8.5 The Chairman of each sub-committee will provide a report of the activities of their group for the AGM.
- 8.6 Any member of the Association may be invited by the Executive Committee to represent the Association on other professional committees or representative bodies as and when required (see 7.2.7 above).
- 8.7 Any member who is absent from work due to permanent or temporary suspension (for whatever reason), lack of success in revalidation, or long term (more than three months) sickness, may not:
- be eligible to be nominated for election as an officer of the Association or as chairman of one of the sub-committees of the Association;
  - be invited to serve on any sub-committee of the Association;
  - be invited to represent the Association at any level.
- 8.7.1 Any such member who is already serving in any of the capacities mentioned above should cease to do so within a maximum period of one month (or three months in the case of sickness) and should inform the Executive Committee of their situation. The Executive Committee should decide upon the need for their temporary or permanent replacement according to the immediate and longer-term needs of the Association.
- 8.7.2 Any such member may continue to be a full member of the Association and would continue to be welcome to attend and participate in all meetings of the Association, including the AGM, and to vote in elections.

## **9. ANNUAL GENERAL MEETING**

- 9.1 There shall be one annual general meeting of the Association each year.
- 9.2 Meetings shall be open to all grades of membership. The exception to this will be those items of the agenda which may be designated as "Reserve Business". Such a designation will be by the agreement of the Officers and will only be discussed by full members.
- 9.3 Members must be notified of meetings at least three months beforehand.
- 9.4 An agenda for each meeting shall be agreed by the Executive Committee and distributed to the members at least two months before the meeting.
- 9.5 The decisions taken at the AGM shall be written down as minutes and circulated to members as soon as possible after the meeting but not less than two months before the subsequent meeting.
- 9.6 In the absence of the President, the meeting shall be chaired by the Vice President: failing that, by the Honorary Secretary.
- 9.7 At least twenty full members including at least one of the Officers, must be present to constitute a quorum for a meeting.
- 9.8 Voting for Officers and Chairmen of sub-committees shall be by secret ballot.

- 9.9 All full members present will have the right to vote.
- 9.10 Decisions, other than election of Officers and chairmen of sub-committees, shall be determined by a simple majority of votes on a show of hands.
- 9.11 The President of the meeting shall have no voting power unless the votes are equal, in which case he/she will have the casting vote.
- 9.12 The business to be transacted at the AGM shall include:
- 9.12.1 Consideration of the annual report from the President;
  - 9.12.2 Consideration of the annual report from the Honorary Secretary;
  - 9.12.3 Consideration of the income and expenditure account and balance sheet presented by the Honorary Treasurer;
  - 9.12.4 Election of Officers and Chairmen of sub-committees as required;
  - 9.12.5 Presentation of reports by Chairmen of sub-committees and representatives of the Association on committees of other professional organisations.

## **10. EDUCATIONAL MEETINGS**

- 10.1 Hallpike symposia shall be held regularly.
- 10.2 Audit meetings will be held at least once a year.
- 10.3 There will be regular opportunities for Specialist Registrar presentations.
- 10.4 A conference shall be held each year.

## **11. FINANCE**

- 11.1 The Honorary Treasurer shall keep proper accounts of all income and expenditure of the Association.
- 11.2 The financial year shall run from April to March.
- 11.3 The accounts shall be presented to the members at the AGM.
- 11.4 The Honorary Treasurer shall make recommendations on the subscription rates to be levied for each year to cover the running costs of the Association and these will be discussed and voted on at the AGM.

## **12. RELATIONSHIP WITH THE AUDIOVESTIBULAR MEDICAL FEDERATION**

- 12.1 The Audiovestibular Medical Federation is a union between the Association and the British Association of Paediatricians in Audiology (BAPA). The Federation was formed in order to:
- 12.1.1 Present a shared political voice with regard to matters of national importance in paediatric Audiovestibular Medicine;

- 12.1.2 Provide information for commissioners and service providers about paediatric Audiovestibular Medicine in order to promote the specialty, maintain existing posts and create new posts where required;
  - 12.1.3 Enable shared professional education and audit;
  - 12.1.4 Enable peer support and review between the two associations.
- 12.2 The Association shall provide secretarial and financial support to the Federation to a level agreed by the Executive Committee.
- 12.3 Regular communication between the Officers of BAAP and BAPA shall occur. This will be either by attendance at executive meetings and at the AGMs of either association or by e-communication coincident with these meetings and as appropriate.
- 12.4 In order to encourage shared education and peer review between members of BAAP and BAPA, the following activities shall be supported and encouraged:
- 12.4.1 Joint national (paediatric) audit;
  - 12.4.2 Mutual attendance at conferences and meetings of each Association;
  - 12.4.3 Development of Guidelines and Clinical Standards.

### **13. AMENDMENTS TO THE CONSTITUTION**

- 13.1 A resolution for the alteration of the constitution must be circulated to the membership at least 3 months before the AGM.
- 13.2 The proposed resolution shall be discussed at the AGM and the members shall then have the opportunity to vote by postal or e-mail ballot.
- 13.3 The resolution shall be carried if supported by two thirds of members of the Association voting in the ballot.
- 13.4 Were the specialty or the Association to change their name, the constitution would be amended appropriately to reflect these changes without needing the vote of the membership.

### **14. DISSOLUTION OF THE ASSOCIATION**

- 14.1 Dissolution can only be considered at an AGM. The resolution may be proposed by the Executive Committee or on receipt by the Honorary Secretary of a written request signed by five full members of the Association.
- 14.2 A resolution for dissolution of the Association must be circulated to the membership at least 3 months before the AGM.
- 14.3 The proposed resolution shall be discussed at the AGM and the members shall then have the opportunity to vote by postal ballot.
- 14.4 The resolution shall be carried if supported by two thirds of the full members of the Association.

14.5 The Executive Committee will decide on the distribution of any assets of the Association.

## **15. INTERPRETATION OF CONSTITUTION**

15.1 Any possible ambiguity that might arise in the constitution, or its application, shall be interpreted by Officers present at the particular meeting where such possible ambiguity arises.