

# **The Constitution of the British Association for Chronic Fatigue Syndrome/ME (BACME)**

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# The Constitution of the British Association for Chronic Fatigue Syndrome/ME (BACME)

The name of the organisation is the British Association for CFS/ME (BACME).

## 1. History

The CFS/ME clinical and research network and collaborative (CCRNC) was formed in April 2009 from the merging of two previous organisations-The Collaborative of CFS/ME Network Coordinating Centres, and the CFS/ME Network. At that time the name of the Organisation (CFS/ME clinical and research network and collaborative) and the acronym (CCRNC) were adopted temporarily, until a better name and acronym could be agreed upon.

Following wide consultation with membership, various possibilities were discussed at an executive committee meeting on 16th of October 2009, and an agreement reached to adopt the new name.

On 16th of October 2009, the organisation was renamed the British Association for chronic fatigue syndrome/ME (BACME).

At the point of setting up the organisation anyone who was a member of either the collaborative of CFS/ME network coordinating centres or the CFS/ME network became a member of the new organisation BACME. Clinicians from local multidisciplinary teams that had representation on the collaborative therefore automatically became members.

The Constitution for BACME was again reviewed in 2013, the proposed changes were circulated to the membership and these proposed changes were agreed by a two thirds majority at the GM held in Milton Keynes in October 2013.

## 2. Aims and Objectives

### 2.1 Aim

The BACME is a multidisciplinary organisation which exists to promote and support the delivery of evidence based treatment for children, young people and adults with CFS/ME throughout the United Kingdom.

### 2.2 Objectives

2.2.1 To champion evidence-based approaches to the treatment of CFS/ME such as those provided in the NICE guidelines.

2.2.2 To provide a forum for the monitoring and dissemination of new evidence for the management of CFS/ME as it emerges.

2.2.3 To advocate for excellence in the provision of and for equity of access to clinical services for children, young people and adults with CFS/ME.

- 2.2.4 To support the delivery of services and to enable services to maintain standards of care in the treatment of CFS/ME as set out in the NICE guidelines (August 2007) Royal College of Paediatrics guidelines (RCPCH 2004).
- 2.2.5 To use clinical expertise and evidence to influence and inform healthcare policy.
- 2.2.6 To promote, facilitate and provide training for clinicians and researchers from all disciplines involved in the diagnosis and treatment of CFS/ME.
- 2.2.7 To foster research collaborations and communication between clinicians, researchers professional bodies and charities.
- 2.2.8 To facilitate patient involvement in the development of evidence based services and to promote patient centred care to foster cooperation and collaboration between teams, charities and individuals that share these principles.
- 2.2.9 To encourage and facilitate the systematic and rigorous audit, benchmarking and evaluation of CFS/ME assessment, treatment and services.

### **3. Membership of the BACME**

#### **3.1 Membership**

Membership of the BACME is open to all UK-based healthcare professionals and researchers involved in the diagnosis and/or treatment of CFS/ME using evidence based practice. Individuals not meeting these criteria and with a specific interest in CFS/ME can also apply to join BACME providing they agree to uphold evidence based practice and the terms of the constitution. Each membership is for a single and separate individual.

Members will receive information updates from the executive committee via the secretary and may be eligible for discounts on BACME conference and some training events.

Membership is subject to an annual fee and will be subject to review by the Executive (patient representatives and charity representatives are exempt):

- 3.1.1 Be located in the United Kingdom.
- 3.1.2 Deliver or support evidence based treatment directly through clinical services or via research.
- 3.1.3 Regularly provide or support the provision of training to CFS/ME services.

- 3.1.4 Support their CFS/ME services to deliver effective treatment that is consistent with NICE and RCPCH guidelines or updated best available evidence.
- 3.1.5 Promote, support and share audit and evaluation information among CFS/ME services including encouraging the use of available tools (such as the minimum data set) to benchmark services.
- 3.1.6 Support research for individuals diagnosed with CFS/ME.

### **3.2 Applying for Membership**

- 3.2.1 New members should apply on a membership application form obtainable from and returned to the Secretary.
- 3.2.2 Members will be asked to sign a declaration that they agree to all points in the Constitution and to having their details kept on a password protected database for purposes of communication. This is on the understanding that the information will not be passed to other organisations.
- 3.2.3 The secretary will consider all proposals for membership and reserves the right to seek further information, approve, decline or defer proposals as appropriate consulting the executive committee when necessary.
- 3.2.4 Membership will run from January to December each year. Any individual who joins for the first time after 30th September will be granted membership until the following December (15 months).
- 3.2.5 The executive committee has the right to refuse or withdraw membership where it is considered inappropriate for a particular individual to continue being a member of BACME or if they have demonstrated non-compliance with the constitution.

### **3.3 Members Meetings**

Members of BACME will be given the opportunity to meet at the General Meeting (GM) which will be arranged to coincide with a conference or other BACME supported event. Confirmation of elections to the executive and any changes to the Constitution will take place at this meeting (see section 4.1.5 and section 5.) Additional meetings may also be arranged if members so wish.

## **4. The BACME Executive Committee**

### **4.1 Membership of BACME Executive Committee**

Members of BACME will be represented by an executive committee having a maximum of 23 members. The BACME executive committee membership will comprise:

## **4.2 Specialist CFS/ME Centre Representatives**

Thirteen healthcare professional/researcher representatives, with one representative nominated where possible from each of the originally designated geographic specialist CFS/ME clinical network coordinating centres (see list below).

The executive will aim to have representation from each of the following professional groups: clinical psychologists, dieticians, general practitioners, liaison psychiatrists, nurses, occupational health practitioners, occupational therapists, physicians, physiotherapists, or other primary care workers.

- 1 - Northern
- 2 - North, East & West Yorkshire
- 3 - Liverpool & Mersey
- 4 - Greater Manchester
- 5 - South Yorkshire & North Derbyshire
- 6 - East Midlands
- 7 - West Midlands & Birmingham
- 8 - East Anglia
- 9 - North London, Essex, Sussex & Hertfordshire
- 10 - South West London & Surrey (Sutton)
- 11 - Dorset, Hampshire & Isle of Wight
- 12 - Avon, Wiltshire & Somerset
- 13 - South-West Peninsula (Cornwall and Devon)

4.2.1 The list of specialist CFS/ME centres may subsequently be expanded to include new centres especially from Wales, Scotland and Northern Ireland, if and when such equivalent centres are created. At such time executive membership may be reviewed.

4.2.2 Appropriate co-options for specific geographic locations (or under represented healthcare professions) may also be considered.

## **4.3 Ten Elected Individual Members Comprising:**

Four patient/carer members.

Four members from a maximum of four different national UK CFS/ME organisations which support the objectives of BACME.

Two independent healthcare professional/research practitioners.

The selection process is the same with nominations and applications being agreed by the executive.

## **4.4 BACME Executive Committee Nomination and Election**

All BACME Executive committee members will:

4.4.1 Be elected from the BACME membership.

- 4.4.2 Be nominated by a member of the BACME executive or a local team member (with an election only if there is more than one candidate).
- 4.4.3 Aim to have members representing adults, young people, children and carers.
- 4.4.4 Be asked to serve for a minimum of 2 years.
- 4.4.5 A maximum of half of the entire executive committee will be up for re-election in any one year, in order to provide continuity of purpose and expertise.
- 4.4.6 The BACME executive committee will have the power to co-opt members by nomination and executive committee election for a fixed minimum period of 2 years.
- 4.4.7 Election of any member to the executive committee will take place one month prior to the GM by post/email and will be announced at the GM.
- 4.4.8 Elections of any member of the executive committee will use a one member one vote first past the post voting system.
- 4.4.9 Executive members have a responsibility to distribute decisions and notes from the meetings and work streams to their clinical or research teams and to the wider individual membership.
- 4.4.10 At the end of their term on the BACME Executive, members will be expected to hand over responsibilities in a timely manner.

#### **4.5 Officers of the Executive**

- 4.5.1 The officers comprise the chair, the deputy chair, a secretary, a treasurer.
- 4.5.2 All officers will be elected by the Executive for a term of two years renewable for a further two years.
- 4.5.3 All officers will have served on the executive committee for one year before becoming eligible for nomination to officer positions.
- 4.5.4 The Deputy Chair shall deputise for the Chair in their absence, or when a conflict of interest requires that the Chair stand aside on a particular item.

#### **4.6 Duties of the Executive Committee**

##### **4.6.1 Meetings**

- 4.6.1.1 Members of the BACME Executive committee, or a named alternate, will normally be expected to attend the Executive Committee meetings. If a member misses 2 consecutive

meetings and fails to deputize, membership will be reviewed.

- 4.6.1.2 The Executive committee will meet at least twice a year. The meeting is quorate with 8 members.
- 4.6.1.3 The responsibility for setting the dates of the meetings will rest with the Chair who will normally give at least 4 months' notice.
- 4.6.1.4 The agenda for each meeting will be set by the Chair. Items for inclusion on the agenda must be submitted to the Chair in writing no later than 3 weeks before the next meeting.
- 4.6.1.5 The agenda will be sent to executive committee members two weeks before the next meeting.
- 4.6.1.6 The secretary is responsible for ensuring that minutes are taken at the meeting and distributed in a timely fashion after the meeting.
- 4.6.1.7 Additional or extra-ordinary meetings may be called where circumstances require, normally at least three weeks from notification.
- 4.6.1.8 Minutes of the BACME executive committee meetings will be made available to all members via the BACME members pages on the website [www.BACME.info](http://www.BACME.info)).

#### **4.6.2 Work streams**

- 4.6.2.1 All work streams will have a named lead and deputy.
- 4.6.2.2 All BACME executive committee members will be a member of at least one work stream and are expected to take an active role.
- 4.6.2.3 Work streams may also include members not on the executive.
- 4.6.2.4 The current work streams are research, training, communications, website and severely affected patients.

#### **4.6.3 Decision making process**

- 4.6.3.1 All representatives, executive members and deputies will be eligible to vote at meetings.
- 4.6.3.2 Voting on decisions within executive committee meetings will ordinarily be using a simple majority, and by a show of hands, but may be by ballot if the Chair so decides, in the

event of late submission of items, or if requested by any two members.

- 4.6.3.3 The Chair will not normally vote but, in the case of a tied vote, will have a casting vote.

## **5. Constitution revisions**

- 5.1 This constitution, or any part of it, can be revised at the General Meeting with 2 weeks written notice of proposed changes.
- 5.2 Any revision will require a two-thirds majority of those present at the GM, and any members voting prior to the meeting.