# BACPR logo Final

**Council Member’s Handbook**

**2024 Edition\***

.

***“Promoting excellence in***

***cardiovascular disease prevention and rehabilitation”***

**\*This Handbook should be reviewed annually and revised as necessary each January**

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**The spirit and philosophy of being a volunteer member of BACPR Council**

**Who and what is the BACPR?**

The BACPR (previously BACR) evolved out of the Coronary Prevention Group who held an initial symposium in London in 1987 on Exercise and the Heart. This group led by Dr Hugh Bethell went on to form the BACR in 1992, with a first meeting in Oxford, and a written constitution registered with the Charities Commission in 1994. In 2004, to protect the Trustees and Council members against any personal liability, the BACR registered itself with Companies House as a Charity Limited by Guarantee. The documents outlining our governance as a Membership Association managed by an elected Council are in keeping with Companies House and the Charities Commission; The Rules, Memorandum and Articles of Association.

**What does it mean to be a BACPR Council member?**

A BACPR Council member is one who freely volunteers his/her time to benefit this charitable organisation (BACPR), its members and those whose health and well-being will benefit from the work of the members. ***In keeping within the spirit and philosophy of doing charitable work, a Council member should only have the aim of what he/she can give and offer for the good of BACPR, its members and the related public and not to focus on what can be gained from doing work for BACPR.*** An exception to this is often the treasured intrinsic gains of the friendships and camaraderie that one will likely gain in sharing both the honour and pleasure of doing good work for others in the name of BACPR. As such, one’s work with BACPR should also include doing what one can do to support the efforts of his/her BACPR Council colleagues.

Though the Council needs to be operated in applying prudent work and business approaches, the ultimate profit is to achieve the greatest benefit for the members and their patients/clients. The Association must be run on a financial foundation of generating income and expending these resources in a prudent, transparent manner and at all times to protect its financial viability. Good and honest business techniques should be pursued including using relevant organisational management principles, financial acuity and relevant marketing techniques in order to sell (in its widest sense) the services of the organisation to best achieve the Objects outlined in the Constitution. One’s work should always be performed with full transparency to his/her Council colleagues and ultimately the members of BACPR.

***At all times all members of Council should respect that the Council is made up of volunteers who have varied levels of personal and professional commitments. These levels of commitment need to be discussed with your Executive Officers to avoid misunderstandings about what is expected of or can be achieved by each member.***

At times, some of your colleagues may not be able to meet their BACPR Council commitments due to events at home or at work that were honestly unexpected. It is important for anyone considering putting his/her name forward for Council, or at anytime during one’s tenure, to keep informed the Executive of any changing circumstances that will affect one’s commitments, roles and responsibilities laid out in this handbook. The expectations of you and your fellow Council members needs to be approached in a somewhat different manner to what we are obliged to assume within our paid employment; volunteer work needs to respect some flexibility.

***Balancing BACPR work with one’s personal and professional life***

The primary philosophy of working with others to do good work for the benefit of BACPR members and their patients is always the priority. The experience and sacrifices made (personally and professionally) of being a Council member should ultimately result in feelings of enjoyment and fulfillment. If at anytime you feel this is not being achieved or valued it is important to share your concerns with the Executive Officers*.* Therefore**, *as best as possible, the mood of any gathering or meeting, telephone discussions etc. should aim to be as relaxed, friendly and enjoyable as possible; yet still respect the serious professional nature of the work.***

**Council Members’ Declaration**

Upon the appointment of any Council Member (elected or co-opted), a letter should be received from the new Council member with the following statement:

*For elected Executive or Ordinary Officers (Trustees)*

“Upon accepting my position on BACPR Council, I confirm I am a member of BACPR and have read and understood the information in this handbook and the Constitution and my responsibilities as a Trustee as outlined in the information from the Charities Commission and Companies House. I agree to abide by the Rules and Articles of Association of the BACPR”

Name, Signature and Date

*For Co-opted officers and invited representatives*

“Upon accepting my position on BACPR Council, I confirm I have read and understood the information in this Handbook. I agree to abide by the Rules and Articles of Association of the BACPR”

Name, Signature and Date

**Governance, Objects, Aims and Benefits of BACPR**

The governance of the BACPR is guided by two key documents:

“The Rules” and “The Articles” of the Association, of which the latter is better known as “the Constitution” (see Appendices 1 and 2)

1. **The rules of the Association** (Appendix 1) are the rules and regulations for being a member of BACPR (e.g. membership fees and the professions represented within BACPR)
2. **The Articles of the Association** (Appendix 2) have two parts:

* Definitions on what we are about, whom we serve, and how we serve (which was previously set out in a separate document named the Memorandum of Association),
* Definitions on how we (Trustees and Council) run and manage our affairs in keeping to the rules and legal obligations of the “Companies Act” and the Charities Commission

**The 2012 constitutional Objects of the Association** are defined in these words:

The Charity’s objects (“the Objects”) are to undertake and promote, with respect to diseases of the heart and circulation, all or any of the following, by such means as are charitable, and in each case for the benefit of the public:

1 The prevention of disease of the heart and circulation and the relief of sickness of persons suffering from such diseases, by promoting prevention, rehabilitation and health education

2 Disseminate the results of Medical and Scientific research

3 The advancement of education and training and the promotion of best

practice in relation to the treatment of such diseases.

In meeting these Objects, the main aims of BACPR therefore include:

* To promote the practice and philosophy of cardiovascular disease prevention and rehabilitation (“CR”)
* To produce national standards or guidelines for CR which will improve safety and the standards of programmes throughout the UK
* To develop an educational programme and professional training system for new and existing CR practitioners
* To produce BACPR communications, in all appropriate forms as a resource for all members to be engaged in the work of the BACPR, with the Annual Conference being a highlight and focal point of this work
* To act as a resource or link to national registers (e.g. NACR, NHS Improvement, regional cardiac and stroke networks)

**Benefits of BACPR Membership, Council, and operational structure of BACPR**

**Membership benefits**

Benefits to members of BACPR can be found here: [BACPR Membership Benefits | BACPR](https://www.bacpr.org/membership-benefits)

**Council representative groups and operational structure of BACPR**

***The BACPR belongs to its members and not to the Council***. As a Council member your role is to act as a voice and advocate of the wider membership. The Council (Figure 1) is made up of six Executive and nine Ordinary Officers, and linked Co-Opted representatives, with management and administrative support provided by the BACPR Education team and a BCS Affiliates’ Coordinator.

**Figure 1: Integrated structure of membership, Council, and operations of BACPR**

**BACPR Members**

**Elected Trustees**

**Executive Officers**

President, President-elect, Immediate Past President, Treasurer, Secretary, Research Lead/Scientific Officer

**Ordinary Officers**

**Co-opted members and affiliated groups’ representatives**

**Operational subcommittees**

Membership services and communication, Conference,

Education

**Services, education programmes, Interest groups, Steering groups,**

**Project working parties**

e.g. Standards and publications,

Profession specific groups,

Position statements

**Employed staff from:**

BACPR Education,

BCS

Affiliates Administration

**Being a Trustee**

All elected members of Council (six Executive and nine Ordinary Officers) take on the roles and responsibilities of a Trustee. The Trustees take ultimate and legal responsibility of the Council and the Association. It is vital that any key decision made by the Association has agreement by the Trustees and finally signed at off, at least, by the President, Treasurer and Secretary. If decisions are of a constitutional nature it is advisable to confirm decisions with the Association’s legal and financial advisors so that these are in keeping with the laws of the Companies Act 2006 and the Charities Commission.

The role of the Trustee is collectively outlined from the following sources (all of which should be read carefully):

* The Memorandum and Articles of Association,
* The Charities Commission (responsibilities of Trustees): <https://www.gov.uk/topic/running-charity/trustee-role-board>
* The Companies Act 2006 General Duties of Directors (Part 10/Chapter 2): <http://www.legislation.gov.uk/ukpga/2006/46/pdfs/ukpga_20060046_en.pdf>

**Professional and national representation**

Within the fifteen (15) total Elected Members of Council (Executive and Ordinary Officers), the Council will aim to ensure that at there is at **least one person representing each of the key professions identified in the BACPR Standards & Core Components** (Nursing, Medicine/Cardiology, Physiotherapy, Exercise Science or Exercise Professionals, Psychology, Dietetics, Occupational Therapy or any other profession deemed appropriate). Furthermore, from within these groups of people, **each of the four nations of the UK should be represented.**

When advertising nominations for Ordinary or Executive Officers, it may also be necessary to inform the membership of specific professions and countries, which require representation and to outline that such representations do take priority over votes cast.

**The Executive Officers**

The constitutional Executive Officers include the President, President-Elect, Past President, Secretary, Treasurer, and the Scientific Officer. Their general collective responsibility is to ensure that the business of the Association is conducted in keeping with the Companies Act 2006 and the rules of the Charities Commission.

***Desirable qualities for Executive Officers***

Anyone who is interested in pursuing a position as an Executive Officer should not only be a highly experienced specialist practitioner in cardiovascular disease prevention and rehabilitation but ideally should have skills, competences and good experience in the management of workforces or teams of practitioners and administrators. It is also highly recommended that all Executive Officers are well established in their current careers to such a degree of possessing autonomy and flexibility in their workload, working hours and agreement with their employer, to effectively carry out the duties, roles and responsibilities outlined in this handbook.

**The Executive Coordinating Group (ECG)**

The aims of the ECG are to lead the Council, by way of an integrated strategy, in implementing the three main constitutional objectives: membership services and communications, conference programmes and education programmes and services. The ECG is made up of the six Executive Officers along with the Executive Director and the BCS Affiliates Coordinator. Additionally, the ECG can include any other appropriate or appointed Council member or key employee appointed at the discretion of the Executive Officers and the Council. With the agreement of the Council, the ECG will implement activities by appropriate means such as the establishment of committees, steering groups, project working groups etc.

The President will chair the ECG, with the following responsibilities delegated to:

* The Secretary: Membership Services and Communications
* The Scientific Programme Officer: Conference Programmes and scientific merit of BACPR published materials
* Treasurer
* The employed Executive Director: core functions of the organisation including the Education Department

***Employment and contracts managed by the Executive Officers***

The BACPR has the following employed and contracted obligations, and these are:

* The employed **Executive Director** position is responsible for establishing (with Council) major goals and objectives and executing these for the organisation.
* **Education and Training**

A team responsible for the development and delivery of all BACPR educational programmes and manage the majority of the BACPR total financial activity

* + - **Education Director** (role currently under the remit of the Executive Director),
    - **Education and Training Lead**
    - **Education Co-Ordinator**
    - **Education Office Administrator**
* The contract with the British Cardiovascular Society, who appoint an **Affiliates Coordinator** to support Council activities, Membership activities and communications, and Conference planning and delivery. BCS also provide the support of their in-house IT Team in developing and maintaining the BACPR website and email accounts.

Any individuals employed by the BACPR or any service or other business and legal contracts made with the BACPR are the direct responsibility of the Executive Officers with the first point of contact, unless otherwise agreed, being the President. All employed staff will be managed by the Executive Officers, led by the President, and in keeping with current employment legislation. Salaries should be reviewed annually and roles reviewed every 3 years. Professional and human resources support services must be sought in this light to ensure the most up-to-date standards are met.

BACPR HR Resource is currently provided by **Croner Employment Advisory Service**: http://cronersimplify.co.uk

If the need for any new legal, financial or human resource services is required, the permanent management staff at the British Cardiovascular Society is often a good first point-of-reference for “sign-posting” to appropriate services.

**Key role of employed and contracted staff**

The employed and contracted staff play a vital part in the “front-line” operations of the Association and should fully participate in Council activities and meetings in an advisory and information processing and dissemination capacity. They provide the vital link between the decisions Council make (left hand side of Figure 1) and the implementation of activities the association undertakes through Membership services; Education and Conference work-streams (right hand side of Figure 1). As with co-opted members, employees or contracted staff are not eligible to vote in Council matters but their ideas and opinions in matters that are subject to voting should always be welcomed.

***BACPR Executive Director***

The Executive Director is responsible for establishing (with Council) major goals and objectives and executing these for the organisation. The role also implements policies established by BACPR Council and provides leadership, direction and guidance of the Association’s activities. This includes: analysing and evaluating the effectiveness of all organisation operations; developing and maintaining organisational structure and effective management of personnel; coordinating major activities through subordinates and appraising assigned personnel. The Executive Director represents the Association to regulatory bodies, other agencies, community and civic organisations, donors, funders and supporters and the general public.

***BACPR Education Staff***

The BACPR Education programme and services are led by the **BACPR Education Director** (currently within the remit of the Executive Director). To support this work there is an **Education and Training Lead**, **Education Co-Ordinator** and an **Education Office Administrator.** The work of this group is carried out remotely and at the BACPR Education Office in Farnham, Surrey. In the main, this activity usually includes: i. delivering over ten courses per year, which lead to the BACPR Exercise Instructor Qualification (Specialist Exercise Instructor) and ii. Over 30 CPD courses per year for qualified cardiovascular health care professionals. In total this work provides education both face–to-face and virtually for over 700 exercise and cardiovascular health care professionals that requires the management, coordination, training, travel and accommodation arrangements and resource materials needed for over 60 multi-professional tutors to deliver courses throughout the whole of the UK.

***BCS Affiliates Coordinator***

The work for this position is based on an annual Service Level Agreement (SLA) between the BCS and the BACPR for an individual(s) to carry out administrative support work of agreed committees typically involving meeting organisation, agendas and minute-taking; room and venue bookings, front-line communications and enquiries management, conference administration and supporting key administration duties required by the Executive Officers. This contract is reviewed on an annual basis. The financial resources supporting this work are mainly made up from a pre-agreed single fee that is paid out of set proportions between membership fees and conference registration fees.

**Ordinary Officers**

There are nine positions on Council for Ordinary Officers. Upon the vacancy of Executive Officers’ positions, with the exception of President or President-elect, current Ordinary Officers are welcome to pursue these vacancies upon agreement or an “in-house” vote by the Council. Please see section 17 of the Articles to review rules of tenure and election to each of the positions.

It may also be desirable during an election period to advertise for nominations for individuals with particular skills in addition to profession or country representation (e.g. educational, research or management). This however cannot be used as a priority over counted votes to select an individual.

***BACPR Qualified Exercise Instructors’ representation***

In light of the fact of the wide national recognition that BACPR has gained and remains to gain from the 4000+ BACPR qualified exercise instructors, it is considered important to ensure the representation of both the Exercise Professionals Group [EPG] and the Exercise Instructors Network [EIN] on Council.

The Chairs of both the EPG and EIN will be Co-opted to join Council and in addition to the normal role of Co-optees, the holders of these positions will be expected to attend all four Council meetings each year. These Co-opted positions will be distinct from the Elected Officers, in that (unless concurrently Elected) they will not be allowed to vote on Council business.

***National Audit of Cardiac Rehabilitation [NACR] representation***

In light of the importance of the ongoing working relationship with NACR and joint working on the BACPR-NACR National Certification Programme (NCP-CR) programme of accreditation, it is considered important to ensure that NACR has a voice on Council and that Council have a direct line of communication with NACR. As such, one member of key NACR staff will be invited to attend all four Council meetings each year. This Co-opted position will be distinct from the Elected Officers, in that (unless concurrently Elected) they will not be allowed to vote on Council business.

**Co-opted members and affiliated groups representatives**

# To ensure continued appropriate external engagement, Council will invite (co-opt) individuals who can meet the needs of the Association in specific areas of expertise or partnership working. Re-affirming or inviting new Co-opted members will occur annually. Co-opted members are not allowed to vote on Council business.

For full eligibility and criteria for Co-opted members, please see Section 17.4 of the Articles of Association.

The following list provides examples of current co-opted and invited representatives and this should be reviewed annually in December:

* British Heart Foundation (BHF)
* British Society for Heart Failure (BSH)
* Cardiovascular Care Partnership UK (CCPUK)
* National Audit of Cardiac Rehabilitation (NACR)
* International Council of Cardiovascular Prevention and Rehabilitation (ICCPR)
* Public Health
* Primary Care
* BHF Clinical Research Collaborative (CRC)
  + A Co-opted member is someone (other than an Executive Officer or Ordinary Officer) who represents another organisation or group with links to cardiovascular disease prevention and rehabilitation.
  + Co-opted members bring specialist knowledge and/or skills, particularly relating to the organisation or group represented as a member of the committee, a co-optee, with the exception of voting can take a full and active part in the work of Council.
  + Some co-opted members have a named substitute who can attend Council meetings in their place. Council must be notified of substitutes prior to the Council meeting.
  + Co-opted members are invited by BACPR Council and are not required to pay the BACPR membership subscription but are bound by its rules and regulations.
* In special circumstances, the Council can choose to Co-opt an individual, until an election takes place to ensure either a given profession or country is represented. This position should not last for more than 12-months.
* For certain workstreams from our strategy plan, it may be advantageous to invite a representative of a partner association to contribute to projects.

**Operational BACPR work-streams**

Depending on the needs of the BACPR Strategic Plan, the ECG will decide annually on the number of Ordinary Officers needed to serve on the various committees, steering groups, or project groups. It is possible for the same Ordinary Officers to participate in more than one committee or group, but this should mainly be for the purposes where there is an obvious overlap in needs of the different committees or projects.

All activities relating to the four main work streams in the strategy plan: Member support, Education, Research and Promotion and Policy should involve the Treasurer and thus the Treasurer should not be expected to take a lead role in any committees or project groups.

Within the core activities of Council there may be a need to appoint Ordinary Officers to lead specific work streams.

Currently these work streams have been identified as:

* BACPR Core Standards and Core Components Review & Revision
* Implementation of the BACPR Strategic Plan 2022-2025
* BACPR-NACR National Certification Programme (NCP-CR) liaison
* International Council of Cardiovascular Prevention & Rehabilitation [ICCPR] liaison
* BACPR Diet Working Group
* BACPR Psychological working group

**Interest groups and project working parties**

In the event there is a need to set up interest groups or project working parties, this must be agreed by the full Council. Leadership or liaison roles of these groups should normally involve a Member(s) of Council. It may be necessary to canvass the membership for specified individuals to join a group but they must be members of BACPR. The Council should ensure it has facilitated and agreed the group’s aims, terms of reference, budget and/or a set of financial management arrangements.

The establishment of permanent professional development interest groups should be encouraged and in this instance BACPR members should be encouraged to take leading roles but with full knowledge, agreement and a defined liaison path with the Council.

Project working parties are typically time-limited. The Executive Officers must ensure that the opportunity to participate in such groups is open inclusively to all Ordinary Officers of Council. Scheduling of meetings and the production of documents or information should be organised so that feedback and progress are presented at the next Council meeting. Council should be informed of progress and be allowed opportunities to scrutinise information and offer advice and support.

**Annual activity and tenures of office**

Activity of meetings and related Council members sessions should normally run annually from the Annual General Meeting (AGM).

**Tenures** (see section 17.2 within the Articles of the Association):

* President - Serves for two years, with option to remain as Past President for a further year
* President-elect – Serves for up to two years before taking up the Presidency
* Past President – Serves for one year
* Secretary - Serves for two years with the option to remain as Secretary or as an Ordinary Council member for up to a further two years
* Treasurer - Serves for two years with option to remain as Treasurer or as an Ordinary Council member for up to a further two years
* Research Lead/Scientific Officer - Serves for two years with option to remain Scientific Programme Officer or as an Ordinary Officer for up to two years
* Ordinary Officers - Serve for two years with option to take up a vacancy of either Treasurer, Secretary, Scientific Officer, for the periods noted above or stand for re-election as an Ordinary Council Member for another two years
* Co-opted officers - 1 year term renewed annually
* Council Members may, subject to re-election, serve a total of four years in the position of Ordinary Officer on Council. Council Members who take on an Executive Position may serve a total of six years on Council. No one shall have a total tenure exceeding six years in consecutive time served on Council.

**Recurring elements for Council meetings**

**Forming a quorum and proceedings for a full Council meeting**

The “Articles of Association” require that to hold an official Council meeting there must be present at least two Executive Officers and five Ordinary Officers. Historically decisions are often made by discussion and consensus and that all members have appropriately been allowed the opportunity to voice his/her opinion. If any member of Council feels it is necessary that a decision needs to be based more formally on a vote then constitutionally this is correct and due process. A vote can either be by a show of hands or if needed, a private ballot (again, only one member needs to voice such a concern). Co-opted representatives are not able to vote. The “Articles of Association” require a minimum of at least two full meetings per year, but in following tradition, four meetings per year have been held in the following months.

**Meeting dates:**

September/October (elected members and selected co-optees)

December (full Council with all co-opted members)

March (elected members and selected co-optees)

June (full Council with all co-opted members)

**Meeting Venues:**

Meetings will be held either face to face or virtually at the discretion of ECG. Face to Face meetings are held at the Offices of the British Cardiovascular Society (BCS), 9 Fitzroy Square, London or where appropriate and with the agreement of the Elected Council, at the location of BACPR national events or other charitable offices suitable for such a meeting. All preparations for meetings should be arranged with the appointed BCS Affiliates Coordinator. Health and safety procedures of the BCS are to be always respected, including confirming your attendance at meetings to the Affiliates Coordinator upon notification of a meeting either from the Secretary or the meeting convener with the Affiliates Coordinator. Hospitality in the way of refreshments, and lunch if pre-ordered, is normally provided for a fee by the BCS but all requirements must be agreed with the Affiliates Coordinator. Meetings should be booked well in advanced and confirmed with number and names of attendees within one-week prior to a meeting. Meetings at the BCS officers, unless otherwise agreed, should start no sooner than 10:00 hour and finished no later than 16:30 hours.

All activities for a BACPR meeting, including lunch and refreshments, should be identified to the BCS appointed Affiliate’s Co-ordinator who will then confirm and prepare the room (s) and equipment that can be used.

Meetings can be arranged at other venues where all the same elements above being considered with the meeting’s venue host. This includes virtual online meetings.

**Points of note for preparing and running meetings**

It is **desirable to have a theme** or overall aim to each Council meeting. A **sense of teamwork** should always be advocated by allowing all Council members to contribute. In follow-up action activities, if it can be afforded and regardless of how small a project or initiative may seem, the widest possible representation of Council members should be encouraged, so as to engender understanding and development of working relationships, appreciation of personal qualities, support, communication and trust between Council members, which will be vital for effective teamwork when it comes to managing larger or more significant events.

Information for a meeting should be sent out as far in advance as possible so that time at meetings can be used most effectively for discussions and decisions. Try to **minimise time allocated to simple reports and updates**, which can be achieved by having committee or working/project group Chairs provide a brief summary sent prior or subsequent to the meeting. Regular updates via emails can be used to prevent concentrations of “information over-load” in and around meetings.

Make the meetings **decision- and action-oriented**, which involves discussions, debates and resolutions based upon previous meetings or information sent out in advance and ensure that all members are encouraged to speak without inhibition. All members of Council should show respect of any comment, regardless of how minor or insignificant it may appear at first hand – these comments often become good catalysts for larger more significant issues. Topics of familiarity, where all members feel some confidence to speak should be presented early in a meeting which then often leads to members feeling more confident to “speak up” as more challenging issues arise.

For meetings that include Co-opted affiliates, agenda items should reflect direct relevance to their valuable involvement and this should include allowing them to highlight their expertise (e.g. having an interesting invited short presentation and subsequent discussion often helps in this process).

The President and the members of the ECG should make sure that every Council member has been engaged and played an active part at each and every meeting.

***Standing agenda timings and items for Quarterly Council meetings***

1000 hrs – 1200 hrs: ECG and/or committee, project or working group meetings

1200 hrs – 1230 hrs: Lunch with all attending members

1230 hrs – 1630 hrs: Main meeting

(Or if held virtually:

0900 hrs – 0930 hrs: ECG and/or committee, project or working group meetings

0930 hrs - 1230 hrs: Main Meeting)

Main meeting items including:

* Apologies, minutes of last meeting and matters arising
* Confirmation of meeting theme and aims
* Review of Council tenures and required elections
* Reports with actions and decisions on Memberships Services & Communications, Conferences, Education, and Finances
* Reports from interest groups and current working parties or projects
* Activities and reports of work relating to Co-opted affiliates groups (December & June)

Minute taking at meetings is the responsibility of the Affiliates Co-ordinator, with the support of the Secretary. Minutes will be issued in a timely manner following the meeting and will include an ‘Action List’, which summarises key actions and those responsible for completing them.

**BACPR Recurring quarterly work-streams**

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|  | | **Executive and Council** | **Membership & Communication** | **Conference** | | | **Education** | |
| **Jan - Mar** | **March Elected Council Meeting**  ***(Q3 Financial figures)***  Attendance at BCS council meeting  Review and update Council Handbook | | Process new membership applications  Notification to members of membership renewals and reminders  Follow up with lapsed members.  Liaise with BCS finance re transfer of funds including joint BCS-BACPR  Manage monthly members online sessions  Collate monthly membership report  Website amends  Format and circulate e-bulletins/dates for diary  Process enquiries  Develop and publish Connect – include conference summary | | Finalised financial figures of last conference  Book conference venue and develop programme / invite speakers  Secure conference sponsorship | Financial and performance review of education activity. and re-adjusting of financial and operational plan | |

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|  | **Executive and Council** | **Membership & Communication** | **Conference** | **Education** |
| **Apr - Jun** | **June Elected and Co-opted Council Meeting**  ***(End of year financial figures)***  Finalise full accounts and submit to accountants and book in meeting with accountant    Finalise budget for the coming year  Review and agree overall strategic plan now that all financials are complete  Review of Council tenures and preparations of any Spring/Summer elections  Review and finalise any proposed resolutions that will need voting on at AGM in October  Review BCS Service Level Agreement (SLA)  Attendance at BCS council meeting  Attendance of BCS council meeting  Preparation of Annual and Financial Report ready for circulation to members | Process new membership applications  Notification to members of membership renewals and reminders  Follow up with lapsed members.  Liaise with BCS finance re transfer of funds including joint BCS-BACPR  Managing monthly members online sessions  Collate  monthly membership report  Website amends  Format and circulate e-bulletins/dates for diary  Process enquiries  Review travel award applications after deadline | Conference registration opens  Core promotion of upcoming Conference  Conference abstract marking and results  Review NRDF applications  Participation in BCS Conference | Financial and performance review of education activity. and re-adjusting of financial and operational plan  EPG Study Day- May  Discussions on any new educational developments/projects |

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|  | | **Executive and Council** | | **Membership & Communication** | | **Conference** | | **Education** | |
| **Jul - Sep** | **Sept Elected Council meeting**  ***(Q1 Financial figures)***    Prepare items for AGM with any proposed resolutions being sent out to membership at least 3-6 weeks prior  Attendance at BCS council meeting | | Process new membership applications  Notification to members of membership renewals and reminders  Follow up with lapsed members.  Liaise with BCS finance re transfer of funds including joint BCS-BACPR  Managing monthly members online sessions  Collate monthly membership report  Website amends  Format and circulate e-bulletins/dates for diary  Process enquiries | | Final preparations of Conference planning and implementation  Delegation of Conference tasks to Council Members  Review conference budget to make any final adjustments and decisions to ensure a financially viable conference | | Financial and performance review of education activity. and re-adjusting of financial and operational plan | |

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|  | **Executive and Council** | **Membership & Communication** | **Conference** | **Education** |
| **Oct – Dec** | **Dec Elected and Co-opted Council Meeting**  ***(Q2 Financial figures)***  Agree next year’s council meeting dates  Inductions of new Council members  Review of Council tenures including co-optees and preparations of any Winter/Spring elections  Update council contact list  Attendance at BCS council meeting  Ensure appropriate files are submitted to Companies House and Charities Commission | Process new membership applications  Notification to members of membership renewals and reminders  Follow up with lapsed members.  Liaise with BCS finance re transfer of funds including joint BCS-BACPR  Managing monthly members online sessions  Collate monthly membership report  Website amends  Format and circulate e-bulletins/dates for diary  Process enquiries | Annual conference- Early Oct  Financial review of recent annual Conference  Confirmation of venue and date for next year’s Conference  Agree budget for next year’s Conference  Confirmation of BACPR session at BCS Conference | Financial and performance review of education activity. and re-adjusting of financial and operational plan  Develop webinar plan |

**Council Members Roles and Responsibilities**

**PRESIDENT**

The President is the figurehead and spokesperson of the Association. It is always important whenever speaking or communicating to discern whether the thoughts and opinions being given are personal ones or those representative on an agreed basis from the Council. The President is expected to Chair not only the Council but to Chair the Executive Coordinating Group (ECG) in overseeing and directly supporting the work of his/her executive colleagues who are delegated to lead and chair committees, working parties and the like. The President is expected to lead on all matters of public relations, whether it is to engage with members, patients, service providers, regional and National Health Service bodies or networks and ultimately government related health organisations. He/she should be expected to travel around the UK, Europe, and other parts of the world, if deemed necessary and affordable, to represent the Association at affiliated conferences, promotional or local or National Health Service related events. The roles include (but not exclusively):

* To be the lead Trustee
* To lead the BACPR in anticipating and planning for the future by developing and/ or being part of a current three-year strategy for the organisation
* To ensure that the direction taken by Council and the Association is in keeping with the Constitution and is always relevant to the membership. This includes meeting the requirements and standards as set down by the Charities Commission, Companies House, and maintaining liability insurance
* To represent and promote the BACPR in a variety of settings and locations, both within and outside the UK particularly ensuring representation at British Cardiovascular Society, European Society of Cardiology and if possible and affordable, other similar Associations around the world
* To represent and promote BACPR on the I**nternational Council of Cardiovascular Prevention and Rehabilitation (ICCPR) c**ommittee from 2nd year of tenure
* A member of the BCS Council and attend the main Council meetings and other subgroup initiatives especially those linked to the BCS Annual Conference
* To provide appropriate responses, usually following consultation with at least the ECG or more favourably the whole Council, to any professional issues related to cardiovascular disease prevention and rehabilitation in keeping with the Constitutional Objects of the Association
* To work with the BACPR Conference and Scientific committee in developing the BACPR and BCS Conference programmes, including acting as an initial lead link with key speakers, sponsors, partners, or agencies who support these events
* To represent and promote the interests of all members of the Association, without an inappropriate focus on one’s own speciality
* To oversee the BACPR subgroups, providing direction as required
* To demonstrate appropriate leadership of the Council and the Association
* To preside over and chair each Council meeting and the Annual General Meeting
* To work closely with the Secretary in drafting the Annual Report
* To contribute material for publication on the various social media outlets where BACPR have accounts
* To work closely with the Treasurer in managing the Associations Finances including the development of financial strategic plans that under-pin both the core and developmental activity of the Association
* To be a financial counter-signatory for banking and payments
* To preside over and to present the President’s Annual Report at the Annual General Meeting
* To respond promptly to enquiries initiatives and delegate to BACPR Council as appropriate
* To respond promptly to complaints about the association

**PRESIDENT ELECT**

The President Elect should be able and prepared to deputise and support the President in all of the roles described in relation to the office of President and is a key member of the Executive Coordinating Group (ECG). He or she may need to shadow the President at meetings as well as help draft documents and responses in partnership with the President. It is helpful if the President-elect takes part in assisting or leading on particular initiatives (e.g. conference or education programmes, business or Council developments etc.). This specific engagement with members and other members of Council will aid in him/her becoming familiar with and respected by others in the anticipation of commencing and subsequently fulfilling his/her presidency with a sense of mutual confidence. In the second half of the year preceding the transition to President, the President-elect should take an obvious and lead role in working with the Secretary with regard to new Council elections or appointments, development of future goals or strategies with the ECG, and any work-streams that will need continuing on from the current President’s tenure.

**IMMEDIATE PAST PRESIDENT**

* **To support a smooth transition for the new president in taking over the role.**
* To represent and promote the BACPR on the I**nternational Council of Cardiovascular Prevention and Rehabilitation (ICCPR)** committee
* In agreement with president continue with agreed projects/ work streams

**SECRETARY**

* To be a member of the Executive Coordinating Group (ECG)
* To liaise with the President concerning the agenda for all Council meetings and for the Annual General Meeting
* To assist the President in the production of the Annual Report
* To ensure that accurate minutes of meetings are taken and to liaise with the employed or contracted administrative staff concerning the circulation of minutes and other relevant documentation to Council
* To chair and lead on Membership Services and take overall responsibility (by delegation or working with employed or contracted staff) for specific matters of membership management, communications with members, and communications with external organisations
* To be the key point of contact for membership and external enquiries received to the organisation and to coordinate a timely and supportive response
* To ensure that correct contact details are available for all Council members
* To ensure circulation of relevant information to all members prior to the Annual General Meeting
* To ensure circulation of relevant information to all new members on joining BACPR Council such as constitution, rules and this Council Handbook
* To coordinate all electoral procedures including nominations and voting procedures
* To ensure that dates and venues for all Council meetings are accurately circulated
* As Editor compile the bi-monthly e-bulletins and align the features with current BACPR member’s discussion topics on MedShr
* As Editor compile the annual CONNECT magazine
* Highlight and raise awareness of key themes arising from the BACPR members’ networking sessions and MedShr topics
* To alert the President and Council of any concerns arising from the BACPR MedShr platform
* To liaise with BCS Affiliates Coordinator in ensuring that the BACPR website is up to date and fit for purpose with regular refreshing of all sections and key information feeds e.g. News/Events
* To drive and develop content for social media (Twitter, Facebook, Instagram and LinkedIn) to promote BACPR activities conference and education programmes with members, and external organisations

**TREASURER**

* To be a member of the Executive Coordinating Group (ECG)
* To ensure each year that all possible means are pursued for the Association’s Balance Sheet to maintain a minimum “cash reserve” or bank balance (reconciled for accounts payable and accounts receivable) to an amount that, for contingency purposes, is equivalent to covering the sum total of the following three cost centres:
* A year’s worth of Education office and staffing costs
* The annually agreed service contract with the BCS
* The costs associated with running the annual conference
* To be able to effectively create and use data spread-sheets
* To be responsible for the management of the finances of the association and report on these at each Council meeting
* To lead the financial meetings of the ECG
* To support the President in ensuring that the BACPR is meeting the requirements and standards as set down by the Charities Commission and Companies House and that liability insurance is maintained
* To alert the President and Council to any concerns regarding the financial status of the Association
* To liaise with administrative staff at BCS concerning the payment and renewal of membership dues
* To work with the Director of Education in the financial planning and management of the Education services and in preparing these accounts for the auditor
* To arrange the annual auditing of the accounts
* To present the Treasurer’s Report at council meetings and the Annual General Meeting
* To sign off any reimbursements to Council members for expenses incurred in relation to BACPR business
* To work collaboratively with the BACPR Council with regards to fundraising and sponsorship activities
* To be a financial counter-signatory for banking and payments

**RESEARCH LEAD/SCIENTIFIC OFFICER**

* To be a member of the Executive Coordinating Group (ECG)
* To coordinate BACPR responses to any issues that relate to the scientific evidence-base for cardiovascular prevention and rehabilitation.
* To be the chair of the conference committee with an agreed committee made up of Council members including the president.
* To compile the scientific programme with the committee, in liaison with the Council to design an attractive programme of speakers in representing innovations around the core components of cardiovascular disease prevention and rehabilitation.
* To coordinate abstract submissions and marking, along with council members who can represent the needs of key professional groups outlined in the BACPR Standards and Core Components.
* To liaise with editorial team at HEART regarding publication of accepted abstracts.
* To ensure the ongoing work of BACPR Clinical Study Group (CSG**)**
* To coordinate and advise on the assessment of New Researcher Development Fund (NRDF) applications.
* To develop guidance and support on research skills
* To collaborate with other relevant partner organisations in ensuring BACPR is represented in conference programmes e.g. BCS annual conference.

**ROLES AND RESPONSIBILITES FOR ALL COUNCIL OFFICERS**

* To attend all council meetings, including the Annual General Meeting, and participate in BACPR business and activities. Meetings are held four times per year (more frequently for Executive Officers) and all elected members are expected to achieve 75% attendance, and may be asked to resign if their work for the association cannot be demonstrated to make-up for their non-attendance.
* There will be two “full Council” meetings per year to which Co-opted members will be invited and the agenda should include content that reflects such interactive work between the BACPR and external organisations
* There will be two council meetings per year which will only be for elected officers for which the agenda should focus on core business of the association that needs to be implemented that is less likely to need the expert views of the Co-opted members
* Council members may volunteer, or be asked by the Council, to take part in committees and working parties. These are usually time limited, task specific and generally set up to carry out specific reviews within agreed terms of reference and report back to the full council
* To represent and promote the BACPR in a variety of settings and locations
* To make explicit other affiliations and 'network' opportunities which individual members may have that could be utilised by Council
* To actively encourage membership of BACPR by lobbying appropriate individuals and groups.
* If unable to attend council meetings, to notify the Secretary or administrative staff in advance and to feedback on any relevant activities or initiatives undertaken on behalf of the BACPR
* To respond promptly to BACPR business or if unable to do so, notify the President and identify an appropriate alternative
* To collaborate with other organisations, nationally and internationally, to achieve common goals
* To liaise closely with the multi-disciplinary team of health professionals with an interest in cardiovascular prevention and rehabilitation (doctors, nurses, physiotherapists, occupational therapists, dieticians, exercise specialists, psychologists etc.) to ensure a consistent common interest across the disciplines
* To contribute material on the various social media outlets where BACPR have accounts Officer for publication on the various outlets managed under their role.
* To be prepared to evaluate level of commitment to the BACPR and be prepared to resign if other activities preclude full participation

***Council members’ remunerations/expenses (Sections 4, 20 Articles of Association)***

Council members will be paid all reasonable travelling, hotel (usually one night if required) and other expenses properly incurred by them in connection with their attendance at meetings of Trustees or committees of Trustees or general meetings or otherwise in connection with the discharge of their duties. At all times Council members should do what they can to minimise their expenses, which includes forward planning in booking of travel or accommodation.

There will be many times, most often for the President and for members of the ECG, to attend, present talks or presentations, and participate in events around the Country and sometimes abroad. These events may offer Council members an ***honorarium*** in addition to the covering of travel, accommodation and subsistence expenses. ***If such monies have been offered because of your position on Council, then these fees or honorariums received in addition to expenses received should not be taken personally but directed for payment into the Membership Account for the benefit of the Association;*** Trustees are legally bound by the “Companies Act” and the “Charities Act” to such a ruling.

***Council Members working as BACPR Tutors***

One exception to the above is where members of Council and Trustees are working as paid tutors for the BACPR education programme. It first needs to be clarified that one’s work as a BACPR tutor would have been secured anyway without being a member of Council and is because of his/her specialism as a health care and cardiac rehabilitation specialist or educator. It is also important that when acting as a BACPR tutor to ensure your work in this role is not biased or influenced because of your position on Council and thus used to advantage yourself or disadvantage other tutors or course delegates in any way. Discussion of sensitive Council related issues should be avoided on education courses unless it is a vital component of the course being delivered. In such a case, all course tutors should have been given prior notice from Council of a “particular position” or policy. If delegates do wish to raise issues, these should simply be noted and reported back to the appropriate member of Council.

***Conflicts of interest (Sections 21.11, 21.12 Articles of Association)***

In the variety of work that Council members are involved and with the CR community being relatively small, there are likely to be times when events, projects and contracts may overlap with one’s own personal workplace/institution. In the first instance, it is a legal obligation that Council members who find themselves in such a position, that they declare a conflict of interest. If he/she’s colleagues on Council are aware of this, then it’s clear that he/she’s opinion could have a personal bias towards the given matter. This should not automatically exclude the individual (s) involved in discussions/decisions, as it may be helpful for he/she to be available to qualify matters. It is then up to the discretion of the Council, on a case-by-case basis to decide whether or not the individuals should or should not participate (or to what level he/she participates) in the given matter. This person will however not be allowed to vote on such a matter.

***BACPR Policy for Claiming Expenses***

1. All claims must be submitted on the official form and sent to BACPR, c/o BCS, 9 Fitzroy Square, London, W1T 5HW or emailed to [bacpr@bcs.com](mailto:bacpr@bcs.com)
2. Claims should be submitted within four weeks of the expense being incurred
3. Original receipts must be submitted for every claim
4. Claimants are responsible for ensuring they keep a copy of the claim form and all receipts submitted
5. All claim forms will be counter signed by the Treasurer or Executive Director.
6. All expenses will be paid by BACS
7. You will be informed of the total amount being paid by BACS, only in the event of a dispute and your full claim not being paid will individuals be given a breakdown of the amount paid

**Election of Trustees (Executive and Ordinary Officers)**

Please refer to section 17 of the Articles of Association for the specific details on the electoral process

**Appendices**

1. [BACPR Members Rules (2023)](file:///W:\Affiliated%20Societies\BACPR\Articles%20of%20Association\Members%20Rules%202023.pdf)
2. [BACPR Articles of Association (October 2012)](https://www.bacpr.org/__data/assets/pdf_file/0029/65279/BACPR-Articles-of-Association-Oct-2012_201211201437.pdf)
3. [BACPR Membership Benefits](https://www.bacpr.org/membership-benefits)