Bylaws

British Association for Immediate Care

Company No: 3553177
Charity No: 1188273

Approved by resolution of the Board of Directors

6 June 2020
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Important note:
These bylaws should be read in collaboration with the current Articles of Association for the British Association for Immediate Care.
1. Introduction
   1.1. The bylaws of the British Association for Immediate Care (the Association) are issued in accordance with the Articles of Association.
       a. The bylaws should be read in collaboration with the current Articles of Association for the British Association for Immediate Care.
   1.2. No rule or guidance within these bylaws shall affect or repeal anything contained in the Articles:
       a. Where there is any inconsistency, the Articles shall at all times have primacy.
   1.3. The purpose of the bylaws is to provide definition and procedure to the management, operation and oversight of the Association.

2. Individual subscription membership
   2.1. There are different levels of individual membership requiring the payment of an annual subscription.
       a. Subscription amounts will be decided by a vote at a meeting of the Association following a resolution tabled by the Board of Directors.
       b. Membership subscriptions will automatically renewable but can be terminated at any time by giving 3 months written notice.
       c. Members will be asked to complete a gift-aid form in order to maximise the subscription income for the charity.
   2.2. The subscribing membership classes are:
       a. Full, voting members;
       b. Associate, non-voting members;
       c. Student, non-voting members;
       d. Retired, non-voting members, and
       e. Supporters, non-voting members.
   2.3. Each level may be sub-divided, as appropriate and at the discretion of the Board of Directors, to accommodate different requirements of individuals who make up the membership.
   2.4. The Board of Directors, may at their discretion, extend the appropriate level of membership to individuals domiciled and practising outside of the UK subject to the determination of equivalence through evidence of registration with the appropriate statutory body in their country of domicile or their job role.
       a. Where this cannot be determined by the information provided, the default membership level offered shall be associate membership.
   2.5. Full, voting members:
       a. Registered health care professional: A practitioner registered with either the General Medical Council or the Nursing and Midwifery Council or Paramedics registered with the Health Care Professions Council.
          2.5.a.1. Individuals should be in good standing with their relevant registrant body(s), without any restriction or sanction on their practice.
          2.5.a.2. Those who remain registered but without a license to practice may retain their full membership if they so desire.
          2.5.a.3. Associate and assistant grade registrants shall not be eligible for full voting membership.
2.6. Associate, non-voting members:
   a Individuals active within or interested in pre-hospital care who are not eligible for any other class of membership.

2.7. Student, non-voting members:
   a Individuals studying on an approved course leading to a primary professional registration with either the General Medical Council, the Nursing and Midwifery Council or the Health Care Professions Council, this includes:
      2.7.a.1. Those studying for associate practitioner status;
      2.7.a.2. Those studying to advance from associate practitioner status to practitioner registration
      2.7.a.3. Those undertaking study for primary registration with one of the health care regulators and who already hold a primary registration with one of the other health care regulators.
   b Individuals undertaking post-qualifying undergraduate and postgraduate courses to enhance and/or advance their current professional role (such as independent prescribing, advanced practice etc.) are not eligible for this level of membership.

2.8. Retired, non-voting members:
   a Individuals who are retired from practice including those who have previously held full or associate membership.

2.9. Supporter, non-voting members:
   a Individuals who wish to support the aims and work of the Association but who have no involvement in pre-hospital care.

2.10. The decision of the Board of Directors on any individual’s membership status is final.

3. Individuals joining who owe monies to the Association
   3.1. Individuals who apply to join and who have monies owing to the Association or to BASICS are required to settle their debts prior to being accepted into membership.

   3.2. The Board of Directors may, at their discretion:
      a Refuse membership to such individuals, even where that debt is subsequently repaid, or
      b Require the individual to pay in full, and in advance, for their subscription and purchases of goods or services. This sanction will be reviewed three-yearly.

4. Honorary life members
   4.1. Honorary life membership is a special class of membership granted at the total discretion of the Board of Directors. It recognises individual members, of any level, for their extraordinary contribution to the Association and its interests.

   4.2. There is no annual subscription levied upon honorary life members.

   4.3. Honorary life members participate within the business and activities of the Association with the privileges and rights afforded to them, as if a subscribing member at the level they would be in membership of.
a As such they may seek office and participate in other ways within the life of the Association as appropriate.

5. Individual membership privileges and rights

5.1. All individual, associate and student members, enjoy the following rights and privileges:
   a The right to display/wear the Association logo within any guidelines set down within these bylaws.
   b To serve as a member of one (or more) committees and working groups as opportunities present and within the recruitment requirements for any role.
   c Discounted attendance at all of the Association courses and conferences.
   d A range of membership discounts, services and opportunities as provided by the Association and their partners from time to time.
   e To be nominated for, and to nominate individuals and schemes for recognition by the Association through its awards and prizes as announced from time to time.

5.2. Full members have the following additional rights and privileges to those described above:
   a The right to vote at the annual general meeting and any other meeting where a vote of the membership is taken.
   b To stand for and serve as a trustee of the Association.
   c To seek accreditation of their practice status and to be recognised as an Accredited Member within the limitations described within these bylaws.

5.3. Supporter members may:
   a Display/wear the Association logo within any guidelines set down within these bylaws.
   b be nominated for, and to nominate individuals and schemes for recognition by the Association through its awards and prizes as announced from time to time.

6. Accreditation of individual members

6.1. Accreditation of members is a formal process of recognition of an individual’s level of clinical experience and training fitting them to work clinically within pre-hospital immediate care.

6.2. Recognition as an accredited member does not bestow any special privileges or rights in regard to:
   a Becoming a member of a scheme;
   b The use of post-nominals and
   c The use or claim of a title or role description beyond a statement of fact in a curriculum vitae or similar.

6.3. Individual schemes and NHS Ambulance Trusts using the Association responders may require an individual to be an accredited member to undertake their clinical operational role.

6.4. Accreditation is subject to the defined criteria set out from time to time in these bylaws and restricted to full members with a licence to practice and with
6.9. A minimum of 5-years post experience following full registration with their regulatory body.

6.5. For those individuals who are operational within an affiliated scheme or formal system of emergency care, a letter from the scheme chair or suitable person confirming the applicant’s credentials as detailed below may suffice, at the discretion of the Board of Directors or their appointed representative, in terms of the detail of the application process.

6.6. For other members, evidence of all areas within the criteria detailed below will be required within the detail of the application.

6.7. The Association reserves the right to seek confirmation of any claims made by a member or others on their behalf, as part of the application process.

6.8. Accreditation is valid for 5-years and is renewable by re-application following the due process that reflects the requirements details within these bylaws.

6.9. The accreditation criteria, which all applicants must meet are:

a) An awareness of working within the pre-hospital environment, this may be through:
   6.9.a.1. Course attendance e.g. PHEC etc. or
   6.9.a.2. Previous experience.

b) A demonstrable level of training that is specific to providing an enhanced level of pre-hospital care, this must include:
   6.9.b.1. Professional qualification and experience applicable to/transferable to the pre-hospital environment, or
   6.9.b.2. Training specific to the pre-hospital environment that includes the care of those presenting with trauma and medical conditions and
   6.9.b.3. Prepares the individual to manage life-threatening emergencies in adults, children and infants.
   6.9.b.4. Evidence of an average of 20-hours of pre-hospital specific CPD annually over the previous three-years.

c) Have demonstrable experience of working within the pre-hospital environment. This should include:
   6.9.c.1. A portfolio providing evidence of a minimum of 300-hours of pre-hospital experience.

d) Be working/volunteering within a system/systems of care that provide appropriate governance and oversight of the individuals pre-hospital practice.
   6.9.d.1. Provide a letter of support from an appropriate individual. Such individuals would normally be a registered health care professional holding a senior position of responsibility within the organisation that the individual is associated with.

e) Have in place/provided appropriate professional indemnity insurance for their pre-hospital role.

f) Be entitled to practice, without the imposition of any limitations to practice by any professional regulatory body.
6.9.f.1. Where appropriate, individuals must conform at all times to all specific regulatory requirements regarding practising outside their designated training environment.

g For those applying for re-accreditation, evidence of ongoing continuous professional development relevant to the individual’s pre-hospital practice should be evidenced.

6.10. Individuals who give up their license to practice or retire from their professional register must
a Notify the Association’s office immediately, and
b Relinquish their accredited member status.

7. Scheme affiliation

7.1. Affiliated Schemes (hereafter referred to as schemes) are regional or more local collaborations of practitioners providing advanced pre-hospital immediate care.

7.2. Subscription rates, where applied, shall be decided by a vote at a meeting of the Association following a resolution tabled by the Board of Directors.

7.3. For a scheme to be affiliated they must satisfy the Board of Directors that it fulfils one or more of the following criteria:
   a The scheme has a memorandum of understanding, or similar, with an NHS Ambulance Trust to provide emergency responders within the Trust’s overall 999 response.
   b The scheme provides an ongoing non-commercial pre-hospital service in support of/as a specialised search and/or rescue service or similar.
   c The scheme provides an ongoing, non-commercial pre-hospital service to a mass-gathering venue or similar.

7.4. On an ongoing annual basis each affiliated scheme should submit a copy of their annual report to the Association’s offices which should include:
   a Current officers;
   b Confirm the point of contact;
   c Provide an overview of the operational activities of the scheme to include call-out statistics, and
   d Confirm how many members the scheme has and how many of these are members of the Association.

7.5. Affiliated schemes will undertake to
   a Encourage all members to join the Association;
   b Identify by way of branding, or a statement, as an affiliated scheme on their stationary, website etc., and
   c Display the Association’s logo on any scheme owned vehicles.

8. Applying to become an affiliated scheme

8.1. Where a group seeks to become recognised as an affiliated scheme it shall demonstrate the following:
   a Appropriate governance arrangements for its clinicians;
   b Appropriate arrangements regarding insurance and professional indemnity;
c Agreement from any relevant statutory or other agencies for the applicant schemes operation, and

d Where a regional scheme has been organised, it must be demonstrated that the applicant scheme has established a collaborative relationship, including support for their involvement.

8.1.d.1. This is especially important when the applicant scheme intends to provide the same or similar services to established schemes in collaboration with an NHS Ambulance Trust.

e In the absence of a regional scheme and where a local scheme already provides the same or similar services to the same population the applicant scheme should be able to demonstrate:

8.1.e.1. A definitive case for their involvement over and above that of the current scheme(s).

8.1.e.2. A collaborative relationship with the existing scheme(s);

8.2. If accepted, the applicant scheme will undertake to

a Encourage all members to join the Association;

b Identify by way of branding, or a statement as an scheme affiliated to the Association on their stationary, website etc., and

c Display the Association’s logo on any scheme owned vehicles and clothing.

9. Affiliated scheme privileges and rights

9.1. Affiliated schemes shall enjoy the following rights and privileges:

a To describe itself as an affiliated Scheme

b The right to use the Association logo on:

9.1.b.1. scheme vehicles;

9.1.b.2. equipment;

9.1.b.3. scheme clothing;

9.1.b.4. online presence (including web pages, social media etc.);

9.1.b.5. stationary and

9.1.b.6. on publicity materials.

9.2. To participate in committees and working groups as opportunities present and within the recruitment requirements for any role.

9.3. To purchase places on the Association courses and conferences at a preferential rate on behalf of scheme members.

9.4. A range of discounts, services and opportunities as provided by the Association and its partners from time to time.

9.5. To be nominated for, and to nominate schemes and individuals for recognition by the Association through its awards and prizes as announced from time to time.

10. Use of the Association’s title and logo

10.1. Only clothing, badges and other accessories supplied by the Association or a duly authorised supplier may use the Association’s logo or title.
10.2. Members of all classes may wear/display the logo on clothing (including PPE) and their private vehicle(s) to demonstrate their membership of the Association.

a) At no time shall members use the Association’s logo and/or title in any form to suggest that in any way that they are endorsed by the Association for their role or scope of practice.

b) At no time shall members or schemes allow others to use the Association logo and/or title in any form to suggest that in any way that they are affiliated to or endorsed by the Association.

c) The Association’s logo shall not be used on any promotional material or certification in such a manner that it suggests scheme run courses are approved or endorsed by the Association.

10.3. Non-members who have successfully completed one of the Association’s course may wear approved badges or apparel displaying the appropriate the logo and/or title.

10.4. Non-members may wear/use clothing/accessories that includes the appropriate logo and/or title as authorised by the Association.

11. The Trustees and Company Directors, an overview

11.1. The Board will consist of a mix of elected and appointed trustees.

a) Trustees will also serve as the directors of the Association.

b) The recruitment and appointment process is described in paragraphs 12 and 13, below.

12. The Elected Trustees

12.1. There will be up to six trustees elected from amongst the voting membership (which may include those holding honorary members as per 4.3 above) and distributed according to the following:

a) Two shall be medical practitioners;

b) One shall be a registered nurse;

c) One shall be a registered paramedic and

d) Two others shall be members at large from amongst the voting membership.

12.2. Where necessary one or more of these posts may be held vacant where an appropriate individual cannot be found to stand.

a) At the discretion of the Board of Directors, following a vote, retiring trustees may be invited to remain in post whilst a replacement is recruited. This position will be reviewed at each Board meeting. Where this occurs, it must be reported in the annual report and to the next annual general meeting of the Association.
b This caveat should not be used to the advantage of the Board of Directors, or any individual, so as to circumnavigate the Articles or the bylaws of the Association.

12.3. Nominations will be sought in the following format:
   a formal notice of the forthcoming election and a call for nominations shall be made at least three calendar-months prior to the meeting at which the election shall be held. The notice shall include access to a recruitment pack, which shall include:
   12.3.a.1. A copy of the Articles;
   12.3.a.2. A copy of the bylaws;
   12.3.a.3. A role-specific job description;
   12.3.a.4. A person specification;
   12.3.a.5. Conditions of appointment to include the expenses policy and
   12.3.a.6. Any relevant documents and guidance to the role and responsibilities of a trustee.

b Nominations must be submitted to the notified address, in the form required no later than six-weeks prior to the meeting.

c All nominations must be made by the member standing for election and should include two proposers who must be full members of the Association.

d Due diligence checks will be undertaken to confirm that the individual is not disqualified or otherwise unfit to take on the role of a trustee.

e Nominations that do not adhere to the deadlines and criteria shall be disqualified.

f Details of the nominees and their election statements, where provided, shall be circulated to all voting members no later than four-weeks prior to the meeting for their information and to assist in their deliberations.

12.4. Trustees shall be elected by the following process:
   a Election to the role of a trustee shall be made at the general meeting in accordance with the voting procedure detailed within the Articles of Association.

   b Where an individual from a specific profession is to be appointed by election as detailed in 12.1 above, the relevant member gaining the greatest number of votes overall relevant to that profession shall be elected to fulfil that role.

   c The conditions of 12.1 having been met, the trustees at large shall be elected from those candidates remaining according to the number of votes gained.

   d Where there is a draw, the chairman of the meeting shall have the casting vote using a blind-method such as selecting a name from a hat.

12.5. Tenure will commence at the end of the meeting at which the individual is elected to the position of a trustee.
   a Elected trustees shall normally serve for a period of 3-years.

   b An elected trustee may stand for re-election for a further 3-year period.

   c On stepping down as a trustee, no matter how long served or in what capacity, a period of 3-years must elapse before an individual can be considered for a further period of trusteeship in any capacity.
13. The Appointed Trustees / Company Directors

13.1. Appointed trustees are also company directors of the Association.
13.2. There will be up to five appointed directors.
13.3. The appointed trustees bring specialist knowledge and experience to the Board of Directors and shall normally be recruited from amongst non-members.
   a) The Board of Directors shall determine what specialist knowledge and/or experience is required when seeking to appoint a member of the Board.
   b) Exceptionally an appointed trustee may be a member of the Association, of any level, providing that they bring the necessary skills and experience required for the role.
13.4. The Board may undertake the appointment of a trustee through any/all of the following methods:
   a) A direct approach to an individual of interest or
   b) Using a recruitment process undertaken by a commissioned agency or
   c) Through an advertising campaign within the relevant media.
13.5. All recruitment must be undertaken in a focused manner and include the provision of a recruitment pack which should include:
   a) A copy of the Articles;
   b) A copy of the bylaws;
   c) A role specific job description;
   d) A role specific person specification;
   e) Conditions of appointment to include the expenses policy and
   f) Any relevant documents and guidance to the role and responsibilities of a trustee.
13.6. All appointed trustees, prior to their appointment, shall have been through a process of:
   a) Due diligence checks will be undertaken to confirm that the individual is not disqualified or otherwise unfit to take on the role of a trustee, and
   b) Undertake an interview by a panel of two non-conflicted members of the Trustee Board to confirm their suitability for the role;
   c) Had two satisfactory references returned;
   d) Is recommended to the trustee board for formal appointment by the interview panel, and
   e) Receive the approval of the Board via a majority vote.
13.7. Tenure shall commence at the next meeting of the Board.
   a) Appointed trustees shall normally serve for a period of 3-years.
   b) Appointed trustees may be invited to serve for a further 3-year period.
   c) On stepping down as a trustee, no matter how long served or in what capacity, a period of 3-years must elapse before an individual can be considered for a further period of trusteeship in any capacity.

14. Trustee training

14.1. All trustees will undertake appropriate relevant training to support their role.
   a) This will be arranged by the company and will normally be undertaken within six calendar-months of election.
14.2. Trustees will be required to undertake refresher training in a timely manner.
14.3. Where a significant amendment to legislation or policy is introduced all
trustees will be required to complete appropriate training in a timely manner.

15. Officers of the Board
15.1. Para 25.1 of the Article of association applies.
15.1.a. The normal term of office for any officer of the Board will be 3-years with an
option to be invited to serve for a further term at the discretion of the Board
even where this extends their trustee appointment beyond that detailed in
12.5 above.
15.1.a.1. Where no other suitable candidate is available, a retiring officer
may be elected into another officers role.
15.1.b. Officers of the Board serve at the discretion of the Board and are not subject
to re-election by the membership in the same way as other members.
15.1.b.1. At the completion of their appointment as an Officer of the Board,
an individual may continue to serve as a trustee where their period
of office (subject to any necessary re-election), including that of an
officer, does not extend beyond two-terms of office as detailed in
12.7 above and subject to re-election as required by 12.5.
15.1.c. Subject to the discretion of the Board, a past officer who no longer sits as a
trustee may be asked to serve in a non-voting advisory capacity for a period
of no more than 24-months.

16. Transitional oversight
16.1. To provide continuity and oversight, a transitional senior management team
will be maintained.
16.1.a. The team will be maintained for 2-years from the 1st May 2020 and then
reviewed by the Board.
16.2. The team will be composed of the chairman; the vice-chairman, honorary
treasurer/director with responsibility for finance and the chief officer.

17. Committees and working-groups
17.1. The committees provide oversight and onward responsibility for matters
integral to the functioning of the Association.
17.1.a. A committee reports directly to the Board of Directors.
17.1.a.1. A secretary shall be appointed and
17.1.a.2. Minutes shall be kept.
17.1.b. The Board of Directors will determine the standing committees of the
Association to fulfil their statutory and membership responsibilities.
17.1.c. Committees shall be established within a term of reference that details:
17.1.c.1. The role and responsibilities of the committee;
17.1.c.2. Its budgetary constraints;
17.1.c.3. Its composition, and
17.1.c.4. Who will the chair of the committee.
d The purpose and need for a committee shall be reviewed every three years or sooner, as determined by the Board of Directors.

17.2. Working groups will be convened to undertake time limited projects and work.
   a A working group will report to the committee that created it and will, without exception, be established as a task and finish group.
   17.2.a.1. The chair of the working group will be appointed by the parent committee, and
   17.2.a.2. Notes of the meeting shall be kept.

18. Recruitment to committees
18.1. Recruitment to a committee shall be undertaken primarily through the following process:
   a Members are invited to apply to serve on the committee through a transparent process advertised to the membership at large.
   18.1.a.1. Dependent on the role, applications may be restricted to specific membership groups or from professional groupings etc.
   18.1.a.2. Short listed applicants will be interviewed in person, by phone or electronically, so as to provide all parties with the opportunity to understand the demands of the role and the suitability of the applicants with consideration to the role and other collaborators.
   b At the discretion of the Board of Directors, committee members may be appointed or offered for election to the membership.
   18.1.b.1. In the case of an elected appointment all levels of membership should be offered the opportunity to vote so as to engender inclusiveness.
   18.1.b.2. Elections should follow the broad principles of that described for trustees. Where variance is introduced i.e. in deadlines, manner of voting etc. this should be highlighted clearly.
   c Where appropriate, members with specific expertise may be approached directly by the chair of the committee and asked to serve.
   18.1.c.1. Very exceptionally, where specialised expertise is not available from within the membership and with the agreement of the Board of Directors non-members may be co-opted.

18.2. Committee members would serve for a three-year period with an option to be invited, at the discretion of the chair after consultation with the Board of Directors, to serve for a single further three-year period.

19. Recruitment to working groups
19.1. Members are invited to apply to serve on a working group which at the discretion of the chair of the parent committee shall be:
   a By direct invitation of the chair, or
   b Through an advertisement to the membership at large.

19.2. Where appropriate the chair of the working group may invite non-members to serve so as to bring specialist knowledge and insight to the working group.
a This may be as an invitation to another organisation to nominate their representative(s) as appropriate.

19.3. Where an application process is undertaken and dependant on the role, applications may be restricted to specific membership groups or from professional groupings etc.
a Short listed applicants may be interviewed in person, by phone or electronically, so as to provide all parties with the opportunity to understand the demands of the role and the suitability of the applicants with consideration to the role and other collaborators.

20. Attendance requirements, committees and working groups

20.1. Members of committees and working groups are expected to attend the relevant meetings wherever possible.

20.2. Where attendance is not possible an apology should be provided to the Chair and in exceptional circumstances this may be accepted retrospectively.

20.3. At the Board of Trustee’s discretion, Illness or injury, military or similar non-discretionary commitments for no more than six consecutive months would not normally be counted as absence contributing to grounds for removal from office unless:
a They are working within a working group that is due to complete its work within the individual’s period of absence or the immediate three months following their anticipated return.

20.4. Members of committees and working groups who are absent from all meetings held within a nine-month period, without the permission of the committee or working group chair, shall be required to vacate their office.
a A letter warning of the consequences of being absent detailed above will be sent (copy to the company secretary), by the chair of the committee or working group, to members once their unauthorised absence breaches the 6-month period.