

BSG Trainee Section Constitution

The BSG Trainees Section forms part of the British Society of Gastroenterology (BSG), to which section members must be members of the Society. The section will consist of a committee, led by the Chairman, and ordinary section members. The section committee will constitute regional representatives that will be democratically elected via the BSG.

The main objectives of the section are to:

- Provide representation of gastroenterology trainees at the BSG and other specialist organisations.
- Improve links between the BSG and gastroenterology trainees. The section will endeavour to represent the views of all gastroenterology trainees regardless of membership status.
- Provide a forum for members to discuss matters related to training and the transition to future posts.
- To provide opportunity for members meetings, for both educational and social purposes.

Rules:

The committee will consist of 18 members representing the following regions:

- East of England (East of England rotation)
- East Midlands (North (Trent) and South (LNR) rotations)
- Mersey (Mersey rotation)
- Northern (Northern rotation)
- Northern Ireland (Northern Ireland rotation)
- North West (North West rotation)
- Oxford (Oxford rotation)
- Peninsula and Severn (Peninsula and Severn rotations)
- East Scotland (East Scotland, South East Scotland and North Scotland rotations)
- West Scotland (West Scotland rotation)
- North East Thames (NE Thames rotation)
- North West Thames (NW Thames rotation)
- South East Thames and KSS (SE Thames rotation and KSS trainees)
- SW Thames (SW Thames rotation)
- Wales (Wales rotation)
- Wessex (Wessex rotation)
- West Midlands (West Midlands rotation)
- Yorkshire and Humber (North and South Yorkshire rotations)

Rationale for the size and regional structure of the TS committee is described in *Appendix A*.

Voting to elect committee members will occur annually and will be handled by the BSG office.

Self-nominations for each region will be sought from the membership, and members will be notified of candidates prior to the vote.

Nominees must be members of the Trainees Section to be eligible for election to the committee, and must be training within the region they intend to represent.

Committee members will serve a maximum three-year term of office. If a committee member obtains a consultant post prior to the completion of their 3rd year they will stand down at the first vote following their consultant appointment. If the outgoing Chair has completed their three year term of office they shall be invited to stay on for a fourth year to aid continuity of the committees' activities (hence there may be 19 committee members). The outgoing Chair in this circumstance will not hold a regional post, and will not normally represent the TS on external committees.

Committee members may stand for re-election after completion of their term of office.

The Chair and Secretary shall be elected from within the committee and serve a one-year term. In the event of a tied vote the out going Chair has the casting vote. The Chair may only serve a single one-year term, but the Secretary remains eligible to be subsequently elected Chair.

There will be an *ex-officio* position on the committee for a paediatric gastroenterology trainee.

The committee shall meet a minimum of twice a year. The number of committee members necessary for a quorum shall be six. If a trainee fails to attend 2 consecutive committee meetings, they must discuss reasons for this with the Chair and may be asked to resign from the committee.

Chris Lamb, Chair, on behalf of the BSG Trainees Section

September 2011

Appendix A: Rationale for size of and regional structure of the TS committee

The committee has representatives elected on a regional basis. All committee members act to serve the interests of all trainees both nationally and locally but a regional structure was chosen as it offers the following advantages:

- To ensure there is a locally available representative whom trainees can approach in order to raise both local and national issues
- To allow better communication between trainees and the BSG and other national organisations (e.g. JAG and SAC)
- To reflect regional differences in training issues and allow these to be raised as appropriate
- To avoid over-centralisation of the committee which may occur with a non-regional system

Explanation of chosen regions:

There are 20 postgraduate medical deaneries in Great Britain but only 18 of these currently have GI rotations. The two regions without a GI rotation are: The Defence Post Graduate Medical Deanery (DPMD) which does not have a geographical location and Kent Surrey and Sussex (KSS) which has joint recruitment with London but currently does not have its own rotation (this may change in the near future).

There are 23 GI rotations spread across these 18 deaneries. The discrepancy arises as all deaneries have 1 rotation except; London (4), East Midlands (2), Yorks and Humber (2). After thorough discussion amongst the TS committee, an increase in size to 23 committee members (one rep for each GI rotation) was not felt to be appropriate for two main reasons. Firstly, historically we have had great difficulty recruiting to committee vacancies and many past and present members were elected unopposed. Secondly, 18 members was felt to be the optimal committee size in relation to the functioning of committee meetings and distribution of workload. Consequently some rotations will share a representative.

In order to reconcile the difference between the number of committee members and the number of GI rotations three main factors were considered. Firstly, there was a desire to ensure geographically and/or politically isolated regions were not excluded from the committee. Secondly, the numbers of trainees in each region was considered. Lastly, in areas where it was likely that one committee member would represent two regions, a degree of contact and cooperation between rotations was desirable.

Information on trainee numbers was supplied directly by the training programme director (TPD) in each region, or a Deanery representative. Northern Ireland is to have a representative, despite its small size, due to its relative isolation. Scotland will have two representatives for four rotations in an attempt to strike a balance between trainee numbers and a degree of isolation. E. Scotland, SE Scotland and N. Scotland have a shared representative as these rotations have some geographical proximity and some existing educational links. The same rationale as applied to East Scotland sees Peninsula and Severn combined. SE Thames and KSS will have a joint representative due to significant overlap. KSS does not have a rotation in its own right at present. Trainees do rotate through some KSS hospitals but share the teaching hospitals with SE Thames. Yorks and Humber has two GI rotations but will have one representative. Again this is due to existing links between rotations, an

assessment of trainee numbers in each rotation, and a perception that it is not an isolated region. The same applies to East Midlands.

A full breakdown of GI rotations represented by committee members and the number of trainees represented by that committee member as of summer 2011 is outline below:

Committee Position (18 total)	GI Rotation (23 total)	No. of trainees (info from TPDs)
East of England	East of England rotation	58
E. Midlands	North (Trent) and	30
	South (LNR) rotations	16
Mersey	Mersey rotation	31
Northern	Northern rotation	36
Northern Ireland	Northern Ireland rotation	26
North West	North West rotation	40
Oxford	Oxford rotation	21
Peninsula and Severn	Peninsula and	11
	Severn rotations	20
East Scotland	East Scotland and	6
	South East Scotland and	13
	North Scotland rotations	7
West Scotland	West Scotland rotation	17
NE Thames	NE Thames rotation	50
NW Thames	NW Thames rotation	40
SE Thames and KSS	SE Thames rotation and KSS trainees	30
SW Thames	SW Thames rotation	30
Wales	Wales rotation	26
Wessex	Wessex rotation	35
W. Midlands	West Midlands rotation	56
Yorks and Humber	North and	32
	South rotations	12