



PCRS-UK Nurse Committee: Terms of Reference

Definition

The Nurse Committee is a sub-committee of Primary Care Respiratory Society UK Executive, advising on, developing and implementing activities pertinent to the nurse membership of PCRS-UK, in particular primary care nurses. The Nurse Committee is accountable through the Executive to the PCRS-UK trustees.

The need for separate nurse committee will be reviewed on an annual basis.

Composition of the Committee

The Committee shall consist of between 4 and 8 nurses who will be appointed by the Executive. The Committee will be chaired by the PCRS-UK Nurse Lead. A vice chair will also be appointed.

All members of the Committee must be members of PCRS-UK.

The chief executive (or designated deputy) will act as secretary to the Committee, supported by the PCRS-UK secretariat, but will not have voting rights.

Powers and Responsibilities

The Committee shall be responsible for:

- Formulating recommendations for the Executive on PCRS-UK's strategies and business plans to support primary care nurse development in respiratory and to grow /develop the PCRS-UK nurse membership
- Ensuring the needs and perspectives of nurses are taken into account in all PCRS-UK plans and that activities are integrated where relevant and appropriate synergies are realised
- Supporting the CE to secure the funding and other resources required to deliver the agreed strategy and business plans
- Implementing the approved annual business plan, reporting progress and any deviations to the Executive.
- Identifying and responding to business opportunities as they arise, seeking approval from the Executive for any activity outside the agreed business plan
- Representing PCRS-UK, through the nurse lead, on the Respiratory Nurse Alliance
- Identifying and recommending to the Executive suitable candidates for membership of the Nurse Committee and managing the appointment process
- Allocating responsibilities within the Committee and for projects

- Establishing working groups as required to develop and conduct the nurse activities of the Charity, ensuring terms of reference are in place and approved by the Executive
- Succession planning for the Committee and its working groups
- Contributing to the performance appraisal of the nurse lead
- Ensuring all PCRS-UK nurse activities are conducted in line with agreed PCRS-UK strategic direction and policies / procedures.

All members of the Committee are expected to abide by the PCRS-UK code of conduct and other PCRS-UK policies.

PCRS-UK Nurse Lead

The Nurse Lead shall be appointed by the Executive. The Nurse Lead's term of office shall be three years from the date of his / her appointment as Chair. The Nurse Lead shall not normally serve more than two terms of office, unless otherwise approved by the trustees. The responsibilities of the Nurse Lead and other terms of the appointment shall be specified in a letter of agreement approved by the Executive and trustees.

Appointment Process and Terms of Office for Nurse Committee Members

These shall be compatible with the agreed PCRS-UK guidelines (see appendix 1).

Removal of Committee Members

Any member of the Committee shall cease to hold office if he /she:

- ceases to be a member of PCRS-UK
- becomes incapable by reason of mental disorder, illness or injury of managing and administering his own affairs;
- resigns his /her office by notice to the Chair, Nurse Committee or in the case of the Nurse Lead, by notice to Chair of the Executive
- is absent without the permission of the Committee from two consecutive meetings and the Committee resolve that his /her office be vacated.
- Receives a vote of no confidence or is deemed to have brought the Charity into disrepute and is asked by a majority of the Nurse Committee to resign. The member concerned may appeal to the Executive.

Committee Proceedings

The Committee shall meet regularly, at least twice a year.

A meeting of the Committee may be held in person or by suitable electronic means agreed by the members in which all participants may communicate simultaneously with all other participants.

A quorum of the Committee shall be three.

Decisions made by the Committee shall be by simple majority verdict unless otherwise specified in these terms of reference. All Committee Members shall have equal voting rights. In the event of there being a tied vote, then the Nurse Lead will have an additional casting vote.

Conflicts of interest will be declared at the start of each meeting in line with PCRS-UK conflict of interest policy.

All Committee Meetings are to be minuted, with the minutes to be presented at the next Committee Meeting, and ratified by the Committee as agreed, and then signed by the Chair. Draft minutes approved by the Nurse Lead and Chief Executive (or designated deputy) are to be circulated to Executive within 2 weeks of a Committee meeting and presented at the next meeting for ratification. Any changes to the minutes are to be communicated to the Executive within two weeks of the minutes being ratified.

Committee Expenses

Travel costs payable to the individual and locum costs payable to the practice will be reimbursed for Nurse Committee members attending Nurse Meetings and sub-committee Meetings. An honorarium may be claimed in lieu of a locum fee as follows, GPs: £350 per full day, nurses: £200 per full day. Expenses will be paid upon presentation of a completed PCRS-UK expenses claim form. Car travel costs will be reimbursed at a rate of 40p per mile and rail or air fares will be refunded at standard class upon presentation of a valid receipt. Locum costs will be paid upon receipt of an invoice from the practice.

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VAT Registration Number: 866 1543 09

Registered offices: 2 Wellington Place, Leeds, LS1 4AP

Address for correspondence: PCRS-UK, Smithy House, Waterbeck, Lockerbie, DG11 3EY

Telephone: +44 (0)121 351 4455 **Facsimile:** +44 (0) 121 336 1914 **Email:** info@pcrs-uk.org **Website:**

<http://www.pcrs-uk.org>

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Appendix 1 - PCRS-UK Guidelines

Appointment to Committees /Working parties

- Clear criteria (skills, experience) identified for the position to be appointed
- Consideration is given to the most likely /appropriate source of candidates
 - Candidates should normally be full members of the PCRS-UK: however the need for specific skills /experience may require candidates from outside the PCRS-UK membership. Such candidates would be appointed in an advisory capacity' and would not have voting rights on the Committee
- The proposed recruitment process should be agreed with the PCRS-UK Executive Chair /CE and may include one of more of the following:
 - Advertising to PCRS-UK membership
 - Advertising beyond the membership (cost effectiveness however must be borne in mind)
 - Identification of individuals from the 'succession planning' database
 - Identification of candidate via PCRS-UK member contacts
- Open, transparent advertising processes are to be encouraged but should not be mandatory if a well matched candidate for the role is already known (and there are unlikely to be others within the wider membership) and /or the appointment is part of the wider PCRS-UK succession /development plan
- Formal short listing and interviewing processes (against transparent criteria) should be used where there is more than one candidate for the role
- All candidates should be asked to provide a supporting statement (and CV) confirming their interest in the role
- Recommended candidate with supporting rationale is put to PCRS-UK Executive for approval

Terms of Office

- Appointments to committees are normally made for a period of 3 years (shorter appointments may be made in agreement with the Committee Chair /lead)
- Appointments are reviewed towards the end of the 3 year period and if deemed appropriate /desirable by the Committee /individual can be recommended for renewed for up to a further 3 years.
- All re-appointments must be approved by the PCRS-UK Executive and must take account of the wider PCRS-UK 'succession plan' (Committee Chairs /leads should check with Succession Planning Working Party before negotiating re-appointments)
- There should be no limit on the number of times an individual is re-appointed to a Committee, provided the Committee and PCRS-UK Executive are convinced they are adding unique value and are not putting a barrier in the way of new people joining the Committee.