

BGCS Unit Lead Subgroup

Terms of Reference

The BGCS is referred to as the Society.

1. Aims

The Unit Lead Subgroup will address the specific needs of the general gynaecology community who have a special interest or additional gynaecological oncology roles and responsibilities. This will include but is not limited to the leading of gynaecological oncology departments within cancer units on behalf of the Society.

2. Objectives

- 2.1 Devise and implement a programme for the annual Unit Lead meeting.
- 2.2 Ensure that professional development needs of general gynaecologists with an interest in gynaecological oncology are catered for within the society.
- 2.3 To develop an agreed set of minimum standards expected by Unit Leads across the UK.
- 2.4 To work with the RCOG to devise an agreed job plan template and if possible be involved with the accreditation of such job plans.
- 2.5 Raise the awareness and standing of Unit leads within the society and wider health community.

3. Composition

- 3.1 The subgroup is accountable to the Council of the Society.

- 3.2 The chair will be appointed by Council and serve for 3 years and may be renewed at the discretion of Council.
- 3.3 Membership shall be offered to Society members with an interest in cancer units. Other members can be co-opted after agreement by Council. The group membership should include at least 6 general gynaecologists with responsibilities in gynaecological oncology (in addition to the chair) and include at least one clinical nurse specialist. The maximum total membership should be no greater than 10. Additional membership co-opted when required from specialty representatives of clinical oncology, medical oncology, radiology, palliative care and pathology. The process of appointment will be open, fair and transparent.
- 3.4 Administrative support for the group shall be provided by the Society secretariat. All formal correspondence is to be forwarded to Council.
- 3.6 The Chair may co-opt other individuals as appropriate after discussion with the Officers of the Society.

4. Quorum

- 4.1 A meeting is quorate if the Chair, an Officer and at least 2 members are present. All policy decisions must be minuted and forwarded to Council. The meetings are open to all BGCS Officers and ideally 1 Officer should attend each meeting.

5. Term of office

- 5.1 Each member shall be appointed for 3 years only. This is renewable at the discretion of Council.

6. Funding

- 6.1 Funding for the meetings including travel expenses for each member will be from the Society.

- 6.2 Reasonable travel expenses will be reimbursed by the Society for subgroup members engaged in agreed business in line with the BGCS travel policy.

7. Meetings

- 7.1 Meetings to be provisionally scheduled at BGCS conferences but should be at least every 4 months as face to face or Webinar supported. Further communication between meetings should be by email. Important announcements will be placed on the Society website.
- 7.3 Proceedings of the meetings shall be minuted. They shall be copied to the members of the BGCS Council.
- 7.4 Observers at the meetings shall be allowed only at the discretion of the chair.
- 7.5 Extra-ordinary meetings will be arranged if urgent or potentially serious issues arise predominantly affecting general gynaecologists with responsibilities in gynaecological oncology. The above terms will be applicable for such meetings.
- 7.6 The Chair will also co-ordinate a separate Unit lead meeting at once per year which will provide educational and training support to trainees. This meeting will aim to collate individual gynaecologists and CNS perspectives on training which will feed directly into the Unit Lead Subgroup meetings.

8. Reporting arrangements

- 8.1 The Chair of the Unit Lead Subgroup should formally report to the Council of the Society at each BGCS conference and additionally on request.