

Proposed Governance Changes

24 April 2015

Why are we proposing changes to the Governance structure?

The current governance structure of the RCOphth where Council members are also Trustees has served the College well since its introduction in 1988. Since then the College has taken on significant financial commitments, it is subject to greater regulatory burdens and the pressures on NHS staff have grown.

- Trustees find it increasingly difficult to find the time necessary to fulfil their responsibilities
- Council is too large to make effective, timely decisions
- Council members may be excellent clinicians but do not necessarily have the skills to be involved in the governance and management of a multi-faceted organisation

How have proposed changes been identified?

Council set up a short-term Governance Working Party to consider the short-comings of the existing structure and it has worked on a number of proposals. Not all details have been worked out but the principles followed are:

- We seek greater openness about College procedures
- We welcome greater participation in College affairs
- We will adopt a team approach to Leadership within the College

What changes are proposed to the leadership and executive appointments?

Council has agreed that:

- Chairmen of Standing Committees will no longer be Vice-Presidents of the College
- Chairmen will be appointed rather than elected
- Chairmen will be recruited from UK Fellows, Members and Diplomates who pay a membership subscription
- The President will continue to be elected by Fellows, Members and Diplomates who pay a subscription. Council members will continue to be elected by members in their region
- The President will be supported by a Vice President, this is an existing office but a new role
- The Honorary Secretary and Honorary Treasurer will be appointed, rather than elected

What is the role of The Board of Trustees?

The Charity Commission has issued guidance saying that it is essential that the trustee board has the knowledge, experience and appropriate skills mix needed to meet the goals of the charity, including strategic planning, and business development and that it is important to identify 'gaps' in the current skills and experience of the board

The trustee board has the final responsibility for the financial, business and legal aspects of the College and will have more lay members than the existing Council, but medical members are always in the majority.

What is the role of Council?

Council will manage the College's medical, professional and clinical obligations, with responsibility for furthering and fulfilling the mission of the College and for setting long-term goals and priorities.

What have other royal medical colleges done?

A significant number of medical colleges based in England (6/15) have moved away from having a large Council which is also the Trustee body. They have created a smaller board of trustees whilst keeping their Councils; their experience has been overwhelmingly positive.

What will the changes mean for the College?

We expect the new governance structure to lead to better, quicker and more transparent decision making and will protect the College from a skills gap in any one individual.

- The changes will allow Council to focus on the clinical priorities of the College
- Lay input into the Board of Trustees should bring additional expertise into the College to provide greater examination of organisational, financial and legal matters, as well as improving accountability

Who approves the changes?

The proposed governance changes require redrafting of the Charter and the Ordinances and have to be approved, as a block, by members voting at the 2016 AGM.

Where can further information be found?

The college will regularly update information in the members' area of the website. Articles will also be published in College News and in the regular monthly e-newsletters.

If you wish to discuss the changes, please contact kathy.evans@rcophth.ac.uk