

UK Society for Behavioural Medicine (UKSBM): Bylaws, January 2011

1. Definition and Scope

Behavioural medicine can be defined as:

the interdisciplinary field concerned with the development and integration of psychosocial, behavioural and biomedical knowledge relevant to health and illness and the application of this knowledge to prevention, etiology, diagnosis, treatment and rehabilitation.

The scope of "behavioural medicine" extends from research efforts to understand fundamental bio-behavioral mechanisms; to clinical diagnosis and intervention; to disease prevention and health promotion. The UK Society for Behavioural Medicine (UKSBM) is intended to serve the needs of all health-related disciplines, professional and personnel concerned with the integration of psychosocial behavioural and biomedical sciences.

2. Goals

The goals of the UKSBM shall include, but shall not be limited to, the following:

1. To encourage and promote exchanges of scientific information and professional experiences in all areas of behavioural medicine, and to develop and maintain liaison with International Society of Behavioral Medicine (ISBM) and other related local and international professional organizations.
2. To encourage and co-ordinate communication and interaction among various health professionals including biomedical and behavioural science researchers and clinicians, without regard to specific discipline loyalties.
3. To stimulate research, as well as clinical, preventive and training activities through formal meetings, collaborative undertakings and awards for meritorious effort.
4. To develop guidelines for implementation of behavioural medicine training and research activities at various levels in the health sciences.
5. To serve as an information resource on behavioural medicine for health policy.
6. To raise the profile of behavioural medicine within UK science and health policy.

3. Governance

The governing body of The UKSBM consists of a President, a vice President, a Secretary-General, and as many executive members as deemed necessary by the Committee to conduct the Society's work; this body will be called the Executive. If they are not already a member of the Executive the chair of the forthcoming annual scientific meeting will be co-opted onto the Executive until an agreed time period after the completion of the annual scientific meeting.

Membership of the Executive will, in principle, be for three years. The membership elects members of the Executive either by electronic vote, postal vote or by a show of hands at the Annual General Meeting based on a list of eligible and willing candidates, and with proper representation of disciplines, geographical areas, and gender. In the absence of eligible and willing candidates duration of membership of the governing body can be extended, by mutual agreement of the individual and the remainder of the governing body, up to a maximum of five years.

Beyond the first two rounds of tenure, the President will serve for a period of two years. Whenever possible, this will be preceded by two years as Vice-President. As appropriate the governing body may draw on the Past-President for a period of up to two years.

The General Secretary will send out to members a call for nominations for Executive Committee positions (except that of Past President). The call for nominations will be sent to members by e-mail.

For each nomination, the Secretary must receive a written confirmation of the nominee's name from two nominating UKSBM members plus an acceptance of nomination by the nominee (by email, fax or post).

The Secretary will inform the Executive Committee of the results of the call for nominations. Where the same number or fewer nominations than places are made, no election ballot will take place and the nominated candidates will be deemed elected.

The position of President will always be subject to a ballot of the members. Whenever possible the post of President will be alternated between a medical and non-medical candidate.

Where fewer nominations than available places are made, the Executive Committee shall be empowered to co-opt members to fill the vacant places.

If no election ballot is to be conducted, the Executive Committee shall communicate this to the members at the time when ballot papers would have been distributed. Members will be notified of the names of those deemed elected at this time. If there are more nominations than positions, the election process continues as outlined below.

When an election takes place this will be by open ballot conducted by the General Secretary. The candidate who receives the largest number of votes will be declared elected. The results of the ballots will be kept for 12 months so that they can be examined in the case of any challenge to the process or result.

Financial sponsorship (for the Annual Scientific Meeting, or UKSBM sponsored events) can be accepted from private or commercial organisations judged by the UKSBM Executive to be supporting the goals of the UKSBM.

4. Membership

Those working in the UK concerned with development and integration of psychosocial, behavioural and biomedical knowledge relevant to health and illness, and the application of this knowledge to prevention, etiology, diagnosis, treatment or rehabilitation may become a full or affiliate member.

Full and student members have the right to vote on the main policy or administrative issues of the UKSBM.

Private or commercial organizations judged by the governing body to be supporting the goals of the UKSBM may become a Benefactor.

Graduates or students engaged in research programs within the scope of behavioural medicine may become student members.

Communication with and between the members will be based on email.

5. Membership fees

Until the end of 2005, members will be charged £20 for registration in UK-SBM (£10 for students). This includes the cost for affiliate membership of ISBM (\$1) and electronic access to the International Journal of Behavioral Medicine (\$5). Thereafter an annual membership fee will apply (maintaining a lower rate for students) at levels to be decided by an electronic vote by the current membership.

6. Changes in Bylaw

These Bylaws may be changed when at least 25% of the members accept the change.

These changes must not be in disagreement with the general charter of the International Society of Behavioral Medicine (ISBM), and dramatic changes in the charter should be presented to ISBM before final approval.