1. Constitution

The section was established ……… by …… surgeons largely implicated in Thoracic Surgery by their clinical and scientific activities.

2. Name

The name of this new section of the Royal Belgian Society for Surgery (RBSS) shall be Belgian Section for Thoracic Surgery (BeSTS). Since the Section is a component of the RBSS, the BeSTS delegates one representative of its Board to the Board of the RBSS. This mandate respects the bylaws of the RBSS.

3. Language

The official language will be English, Dutch and French.

4. Objectives

a. Principal objective

The Section aims to **develop** the speciality of Thoracic surgery and to **improve** its quality in Belgium. The BeSTS aims to **represent** Thoracic surgeons from Belgium and to **defend** the professional interests of the speciality and of its members. The RBSS assigns all scientific and professional aspects of the speciality of Thoracic surgery and of Thoracic surgeons to its Section for Thoracic surgery. Members of the Board will be delegated to establish and maintain relations with Belgian, European or other national and international organisations, societies, and councils.

b. Scientific objectives

The scientific objectives of the BeSTS are to improve knowledge of Thoracic Surgery in Belgium. It is the responsibility of the BeSTS to organize scientific meetings. These activities will be organized under the patronage of the RBSS and includes participation in the Belgian Surgical Week. The Section will organize and support clinical or experimental studies in the field of Thoracic Surgery. All scientific projects organised on behalf of the Section as well as the related results must be submitted to the Scientific Coordinator and approved at a Board meeting, before submitting to national or international presentation or for publication. Any Ordinary member or Associated member (if sponsored by an Ordinary member) can submit a scientific project via the Scientific Coordinator to the Board of the Section. The rules as explained in the appendix have to be respected, both for publication as for presentations of a study project on behalf of the Section.

c. Extra-scientific objectives

Improving the quality of Thoracic Surgery will be based on increasing knowledge and skills as well as on continuous survey and audit of content of training and practice as organized by the Section for Thoracic Surgery. The BeSTS will take care of training in Thoracic Surgery. The BeSTS will contribute to the definition, selection and implementation of quality criteria and guidelines. These efforts will be performed in appropriate collaboration with all scientific, professional and governmental organisations. The BeSTS promotes the recognition of Thoracic Surgery as a full specialty in Belgium.

5. Board

The Board includes the President, the Vice-President, the General Secretary, Treasurer, Scientific Coordinator and three other members. The Board has to install and organize the Section. The Board is empowered to co-opt other members as ad hoc required. **The General Assembly of the BeSTS will directly elect the Board members.** The Board will thereafter propose to the General Assembly for election a President, Vice-President, General Secretary, Treasurer and Scientific Coordinator. The term of Presidency is two years. The President will be replaced after two years by the Vice-President and a new Vice-President is elected by the Board at that moment. Both (President and Vice-President) will be nominated by the Board among its members. The outgoing President is not re-eligible as President. An alternation between university/non-university and linguistic communities will be respected as much as possible. The Secretary General, the Treasurer, the Scientific Coordinator and the three Board members will be elected for a period of four years.

After the activation of the bylaws of the Section for Thoracic Surgery half of the mandates including that of the President (but not the Vice-President) will be made available after two years. The first batch to make their mandate available will be determined by lottery during the first Board Meeting. That means that this first half and the President will receive a mandate for 2 years only. Outgoing members are re-eligible but cannot be re-elected immediately. Board members must be Ordinary members of the Section. Applications should be submitted to the Board. In case the amount of Board members is not reached, or in the event of resignation of a Board member before expiry, the Board will be empowered to fill the vacancy. The Board will be empowered, at any time, to co-opt other members if required by any ad hoc particular condition. In any event all above mentioned modifications have to be submitted and approved by the General Assembly of the Section. The Board will meet at least once a year before the date of the General Assembly or whenever necessary. The yearly General Assembly will be scheduled at the time of the annual scientific meeting. The minutes of every Board meeting have to be sent or be accessible to all members of the Section. Every decision of the Board is taken on a simple majority and can only be considered valid when 50% of the Board members are present. In case of equality of votes the vote of the President will be decisive.

6. General Assembly

The General Assembly is composed of all the Ordinary and Associated members of the Section, and is chaired by the president of the Section. Only ordinary members have voting right. The Assembly is held at least once per year. The General Assembly may be called in meeting by the Board each time that it is judged useful or at the demand of a fifth of the members. The Secretary General addresses convocations by mail to the members, at least thirty days prior to the meeting. Ordinary members can be represented by another member in the General Assembly. Each attending member cannot represent more than one member. Decisions are taken on a simple majority of votes and they are made known to all members. In case of a tied vote, that of the president will decide.

The General Assembly cannot deliberate unless at least half of its members are present or represented in the following cases:

1 modification of the bylaws  
2 revocation of board members  
3 dissolving the section

In those cases, if the quorum of 50% is not reached during the General Assembly, a second General assembly should be organised within 90 days to address these questions. For this second General assembly, no quorum is necessary, decisions are taken on a simple majority of votes. In case of a tied vote, that of the president will decide.

In case of a specific need an electronic General Assembly can be organized.

7. Membership

All applicants for any membership must submit their application directly to the General Secretary on an individual basis. Applications will be evaluated by a membership committee and after approval by the Board presented to the General Assembly for approval by voting.

**-Ordinary member**:

Can be Ordinary member of the Section, the surgeon who:

-is member of the Royal Belgian Society for Surgery (titular, corresponding or ordinary member).

-is licensed and practises surgery in Belgium.

- AND is

- generally acknowledged as having a competence in Thoracic Surgery or proving him/her self to practice Thoracic Surgery in a substantial manner at least 3 years after obtaining the qualification of specialist in surgery (RIZIV/INAMI 140). The proof of being acknowledged as competent in Thoracic Surgery is based on e.g. personal publications/ oral presentations in the field of thoracic surgery, UEMS Board certification in Thoracic Surgery, attending international and national Thoracic Surgery congresses, symposia and a profile of Thoracic Surgery clinical practice. The membership advisory committee will evaluate applications for ordinary membership

AND/OR

- is an official board certified and active specialist in Thoracic Surgery (CCST) having obtained this/her board certification in one of the EU member-states and/or Switzerland, Norway, UK and/or USA

Only Ordinary members have voting right.

Only Ordinary Members can apply for a Board function.

**-Associate member**:

Can be associate member: any member of the Royal Belgian Society for Surgery who has a special interest in thoracic diseases but not qualifying for Ordinary Membership.

**-Affiliated member**:

Can be affiliated member: any physician who has a special interest in thoracic diseases.

**- Honorary member**:

Can be honorary member: anyone considered to have made an outstanding contribution to the field of thoracic diseases. Proposals for Honorary membership will be made by the Board. Honorary members have no voting right.

-**Junior member**

Can be junior member: a trainee in- or with a specific interest in Thoracic Surgery until three years after obtaining the qualification of specialist in Surgery

8. Finances

The financial transactions of the Section will be managed via the RBSS account with a sub account for the Section for Thoracic Surgery, that allows to generate specific incomes. This subaccount will be managed under the responsibility of the Treasurer of the RBSS, in accordance with the treasurer of the Board of the Section. The treasurer of the new section is member of the financial committee of the RBSS.

9. Amendments

An ordinary member in good standing may submit a proposed amendment to the Board at least sixty days prior to the annual meeting.

10 Dissolution

Dissolution of the Section will require a 2/3 majority vote from the General Assembly.

In such event all remaining assets after payment of all debts will be transferred to RBSS.

Appendix

1. Studies organised by the Section

Ordinary members or Associated member (if sponsored by an Ordinary member) can submit a scientific project to the Board of the BeSTS. The project should consist of a full written introduction, including the aim(s) of the study, methods, patients, statistics and all references. If the project is accepted, the designer of the project becomes the project leader. The project leader will present a protocol only to those members of the BeSTS that are prepared to enter patients into the study. The Scientific Committee of the BeSTS will keep a list of all members that receive a copy. A copy of all data of any study, including the full database, but in accordance with GDPR, must be given to the Scientific Coordinator at the end of the study and further evaluated in the Board. The Scientific Coordinator is chairing an ad hoc Scientific Committee according the content of the submitted project.

2. Publications and scientific presentations of studies organised by the Section

The text of all abstracts or articles concerning a study on behalf of the Section, will be submitted to the Board, before any submission. In case of publication of a study project performed on behalf of the BeSTS, the project leader will be the first author of the publication. If the project leader wishes to yield his right, the Board can designate the first author, taking into account the number of entered patients. The project leader then automatically becomes the last author. The first author has the duty to provide a first version of a manuscript to all co-authors and to the board of the BeSTS within 3 months after entering the last data. If he omits this duty, the Scientific Committee can designate another first author, again taking into account the number of entered patients. In collaboration with the project leader, the first author must provide a definitive version, ready for submission to a scientific journal within 6 months after entering the last patient data. The list of co-authors will be determined by the 10 % rule, i.e. any member that entered at least 10 % of the patients will be a co-author. If more than 20 % of the patients were entered by one centre, an additional co-author from that centre may be included per 10 % of patients entered. These co-authors must have actively participated in any part of the study. The ranking of co-authors will be based on the number of patients included in the study, starting at the second author. The first page of a manuscript to be submitted for publication should include:- author's names (according to the rules cited here above)- author's institutional affiliations- after author's institutional affiliations, the sentence: “on behalf of the Belgian Section for Thoracic Surgery, a section of The Royal Belgian Society for Surgery”. A separate page, should enumerate, in alphabetical order, the names of all colleagues that entered at least one patient into the study. All problems related to the presentation or publication of the results of studies performed in the context of the BeSTS must be presented by the project leader to the Board of the Section, in the presence of those involved in any eventual problem. The Board will always try to solve/prevent problems. If necessary, the Board will decide by majority of votes. In case of equality, the vote of the President will be decisive. At any oral presentation of a study performed in the context of the BeSTS, the first slide, overhead, a/o. should mention “on behalf of the Belgian Section for Thoracic Surgery” and must be illustrated with the logo of the section. The second slide or overhead a/o. should enumerate, in alphabetical order, all colleagues that have included at least one patient in the study. The abstract of an oral presentation (also when submitted for selection) must mention the name of the authors, followed by “on behalf of the Belgian Section for Thoracic Surgery, a section of The Royal Belgian Society for Surgery”.