



Australian & New Zealand  
**BONE & MINERAL SOCIETY**

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# **AUSTRALIAN AND NEW ZEALAND SOCIETY OF BONE AND MINERAL RESEARCH**

## **STRATEGIC PLAN**

**October, 2006**

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### 2007-2009 ANZBMS Strategic Directions

The Australian and New Zealand Bone and Mineral Society (ANZBMS) will focus its efforts over the coming years on five strategic directions. The 2007-2009 ANZBMS Strategic Directions outlined below were developed as a consequence of an on-going review of the strategic directions by ANZBMS during 2006. Specific objectives for each strategic direction are detailed on the following pages. They will be evaluated for feasibility and further developed or changed to best meet the broad strategic directions.

The specific objectives of the Strategic Directions allows ANZBMS to: 1. represent the interests of ANZBMS membership; 2. establish and maintain an appropriate resource base to enable the ANZBMS to operate as an efficient and effective organization; 3. develop published guidelines and information for health professionals and consumers on bone and mineral metabolism - prevention and quality care; 4. be the medical and scientific voice on bone and mineral metabolism; 5. provide leadership in national initiatives for prevention of diseases of bone and mineral metabolism and improving the care of people; 6. foster opportunities to participate in the development and dissemination of bone and mineral metabolism research and advances in clinical care and education.

### ANZBMS Mission

The mission of the ANZBMS is to be the premier society in Australia and New Zealand in the field of bone and mineral metabolism through promoting excellence in bone and mineral research, fostering the integration of clinical and basic science, and facilitating the translation of our science to health care and clinical practice.

Key objectives to achieve these goals include the nurturing and development of the future generations of basic and clinical scientists and other health professionals, and the dissemination of new knowledge in bone and mineral metabolism through our Annual Scientific Meeting. The ANZBMS will be proactive in shaping research and health policies based on scientific advances in our field.

### 2007-2009 ANZBMS Strategic Directions

- I. **Support Young Investigators and Membership Involvement** – ANZBMS will implement initiatives to encourage young investigators to pursue careers in bone and mineral research and to increase involvement of young investigators in the Society.
- II. **Advocate for Research Funding** – ANZBMS will develop and support advocacy initiatives to facilitate increased funding for bone research from governmental and non-governmental sources in both countries.
- III. **Improve the of Quality of Science at ANZBMS Meetings**  
ANZBMS will continue to improve the presentation of the quality science at the Annual Scientific Meeting, Clinical Days and workshops through the highest caliber of invited speakers and selected presentations.
- IV. **Address Clinical and Basic Science Policy Issues** – ANZBMS will take a leadership role in identifying, defining and then developing strategic plans to address key problems in basic and clinical science. The outcomes of these initiatives will include accepted definitions, agreed operational criteria, agreed approaches to the science, and endorsement by all stakeholders.
- V. **Improve Financial Efficiency** – ANZBMS will match activities to resources to ensure independent financial viability in the longer term.

**2007-2009 ANZBMS Strategic Directions (Priorities) and Specific Objectives****I. Support Young Investigators and Membership Involvement**

ANZBMS will implement initiatives to support young investigators in bone and mineral research and to increase involvement of young investigators in the Society.

1. Ensure sponsorship continuance of named ANZBMS young investigator awards with the view to increase the number of awards
2. Enhance our partnership with Osteoporosis Australia to support awards
3. Seek pharmaceutical and corporation support
4. Seek membership contributions to young investigator support
5. Retain list of young investigators who expressed interest in participating on committees and seek members from this list to help on task forces, serve as ad hoc committee members, and/or to help with reviewing abstracts
6. Provide more networking opportunities for young investigators with senior members - such as breakfasts, receptions, awards functions and committee assignments
7. Increase financial support for young investigators to attend ANZBMS meetings

**II. Advocate for Research Funding**

ANZBMS will support advocacy initiatives to facilitate increased funding for bone research from other governmental and non-governmental sources from Australia and New Zealand.

1. Increase ANZBMS member awareness and “grassroots” participation through ASMR, Research Australia and NHMRC, and relevant organizations in New Zealand.
2. Increase Governmental awareness of biomedical research
3. Expand alliances to advocate for research funding (e.g. Osteoporosis Australia, Australian Society for Medical Research)
4. Develop our alliances with Osteoporosis Australia, Osteoporosis New Zealand and other societies and organizations with an interest in musculoskeletal health
5. Encourage high-profile individuals to promote the need for bone research
6. Promote forums at the Annual Scientific Meeting where you researchers can be trained in skills necessary for gaining and managing research funding

**III. Improve the of Quality of Science at ANZBMS Meetings**

ANZBMS will continue to improve the presentation of the quality science at the Annual Scientific Meeting, Clinical Days and workshops through the highest caliber of invited speakers and selected presentations.

**Annual Meeting**

1. Develop an integrated medical and scientific program for ASM ensuring international representation. Highlight the core scientific presentations (continue highlighting invited and oral sessions and add new emphasis to highlight poster presentations)
2. Limit and prioritize the number of extra sessions at the Annual Scientific Meeting program by establishing a mechanism for review and approval of Committee-sponsored sessions prior to the meeting
3. Ensure all clinical sessions and teaching workshops are state-of-the-art, with appropriate teaching resources. These would take into account hot topics, mentoring and meet-the-professor sessions
4. Liaise with corporate supporters and industry to ensure excellence in industry supported seminars and programs that also takes account of industry's objectives and needs

#### Clinical Meetings

1. Ensure all clinical sessions and teaching workshops are state-of-the-art, with appropriate teaching resources

#### IV. **Address Clinical and Basic Science Policy Issues**

ANZBMS will take the leadership role in identifying, defining and then developing strategic plans to address key problems in basic and clinical science. The outcomes of these initiatives will include accepted definitions, agreed operational criteria, agreed approaches to the science, and endorsement by all stakeholders.

##### A. Clinical Policy Issues

1. Develop or endorse ONJ operational criteria and other clinical therapeutic issues that arise affecting patient care
2. Develop or endorse ONJ operational criteria and other clinical therapeutic issues that arise affecting patient care
3. Develop definitions and criteria for addressing other clinical issues
4. Advocate appropriate Government bodies for best standard of care and health care access for patients with diseases of bone and metabolism
5. Be a key participant in the development of national initiatives aimed at improving the care and management of people with diseases of bone and metabolism
6. Proactively engage with kindred specialist societies with overlapping interests to ANZBMS, to ensure that the Society's policies and strengths are appropriately considered and that consequent policies and outcomes reflect the best interests of all stakeholders

##### B. Basic Science Policy Issues

1. Provide support and recommendations for grant review procedures
2. Develop definitions and criteria for addressing basic science issues

#### V. **Improve Financial Efficiency**

ANZBMS will match activities to resources.

##### A. Fiduciary Responsibility

1. Provide, maintain and facilitate fiduciary responsibility
2. Define "core" interests

##### B. Committees, meetings and awards

1. Develop budgets for committee, meeting and award activities including administrative expenses
2. Prioritize ancillary activities
3. Endeavour to function all ANZBMS events at a profit, except when this would compromise core obligations to our membership
4. Avoid duplication of activities undertaken by committees, other Societies, Universities and Research Institutes

##### C. Reserves

1. Review and establish Investment Policy
2. Define "emergent needs" that justify reserve expenditures

**MISSION, AIMS AND GOALS**

The Australian and New Zealand Bone and Mineral Society (ANZBMS) is the peak professional medical / scientific society in the study of bone and mineral metabolism in Australia and New Zealand. The Society was established in 1989 with the specific charter to bring together clinical and experimental scientists and physicians actively involved in the study of bone and mineral metabolism in Australia and New Zealand.

**MISSION STATEMENT**

The mission of the ANZBMS is to be the premier Australasian society in the field of bone and mineral metabolism through promoting excellence in bone and mineral research, fostering the integration of clinical and basic science, and facilitating the translation of our science to health care and clinical practice.

Key objectives to achieve these goals include the nurturing and development of the future generations of basic and clinical scientists and other health professionals, and the dissemination of new knowledge in bone and mineral metabolism through our Annual Scientific Meeting. The ANZBMS will be proactive in shaping research and health policies based on scientific advances in our field.

**AIMS AND GOALS**

The aims and goals of the Society are:

- To act as the principal professional body for scientists and clinicians involved in research and management of patients in the field of metabolic bone disease and mineral metabolism in Australia and New Zealand.
- To act as the premier forum for the presentation of and debate about clinical and metabolic bone disease in Australia and New Zealand.
- To advance the education of clinicians, allied health professionals and the public in the nature of and management of diseases impacting upon the skeleton.

**ORGANIZATIONAL STRUCTURE**

ANZBMS is an incorporated association and as such has a Council that is responsible for the ongoing management and operations of the organization. The Council is made up of a President, President-Elect, Honorary Treasurer, Honorary Secretary and 4 other Council members elected from members residing in Australia, and New Zealand.

The Council is responsible for overseeing the broad range of ANZBMS activities, including the finalization and publication/promotion of position statements and guidelines, overseeing the provision of scholarships and travel grants to young researchers, the annual scientific meeting, development and implementation of education days for General Practitioners, Registrars, Clinical Densitometrists and allied health professionals, and acting as an advocate for people with diseases of bone and joints and as the medical and scientific voice of bone and mineral metabolism in Australia and New Zealand.

ANZBMS, as one of the Specialists Societies within The Royal Australian College of Physicians, maintains a permanent secretariat in their premises at 145 Macquarie Street Sydney, and employs an executive officer and an administrative officer to manage the day-to-day affairs of the organization.

**CURRENT COUNCIL MEMBERSHIP****Executive****PRESIDENT:** Prof. Jillian Cornish**PRESIDENT - ELECT:** Prof. Philip Sambrook**TREASURER:** A/Prof Roger Price**HONORARY SECRETARY:** Prof. David Findlay**Council**

A/Prof. Matthew Gillespie

A/Prof. Rebecca Mason

Dr. Peter Nash

Prof. Geoff Nicholson

The Members of Council (elected by the Society Members) are eminent persons with a knowledge of, and commitment to, excellence in health and medical research in the field of bone and mineral metabolism. Medical and/or scientific qualifications are a prerequisite. Members represent, as much as can be achieved, all states of Australia, and New Zealand or residents of these countries.

By virtue of the membership of Council it is anticipated, but not expected, that members of Council will have executive posts on other eminent international and national societies that are focused upon bone and mineral metabolism or health and medical research. International Societies, in which council members have continued presence are the International Bone and Mineral Society, International Osteoporosis Foundation, and the American Society for Bone and Mineral Research.

Furthermore, through strategic links, ANZBMS has close working relations with Osteoporosis Australia, the major patient advocacy society for osteoporosis in Australia, and is developing linkages with funding organizations to co-fund health and medical research in that area of bone and mineral metabolism.

The organizational structure of ANZBMS highlighting working relationships with other societies is provided in Figure 1.

**MEMBERSHIP**

ANZBMS has membership of approximately 500 people and is composed predominantly of clinicians, endocrinologists, rheumatologists working in clinical care and research scientists involved in bone and mineral metabolism research. However, ANZBMS membership is also encouraged from, and includes, general physicians, general practitioners, academics and health professionals and pharmaceutical industry members with an interest in bone and mineral metabolism.

**COMMITTEE STRUCTURES OF ANZBMS****Advanced Trainee Representative**

Rory Clifton-Bligh

**Bone Weekend**

Ego Seeman

**Densitometry Sub-Committee**

Nick Pocock  
Michael Hooper  
Christopher Schultz  
Roger Price

**Directions**

Jill Cornish  
Philip Sambrook

**Medical and Scientific Affairs Committee**

Geoff Nicholson

**Newsletter editor**

Matthew Gillespie

**Paediatric Bone Disease**

Chris Cowell

**Research Committee**

David Findlay (Chair)  
Ming Hao Zheng  
Natalie Sims  
Edith Gardiner  
Arthur Conigrave  
Timothy Cundy  
Rebecca Mason  
Graeme Jones

**Sponsorship Committee**

Ego Seeman (Chair)  
Philip Sambrook  
Roger Price

**Therapeutics Committee**

Philip Sambrook (Chair)  
Geoff Nicholson  
Peter Nash  
Jill Cornish  
Ego Seeman

**Website Sub-Committee**

Roger Price  
Ivone Johnson  
Anne Kovach (Web Designer)

**Annual Scientific Meeting Local Organising Committee 2007**

Karen Callan (Chair)

**Annual Scientific Meeting Program Organising Committee 2007 - 2009**

Ego Seeman (Chair)  
David Findlay  
Matthew Gillespie  
Geoff Nicholson

**Liaison with other Societies**

**RACP** - Michael Hooper

**OA** - Rebecca Mason

**ONZ** - Jill Cornish

**NOCA** - Michael Hooper

**IOF** - Ego Seeman

**APOF** - Philip Sambrook

**B & J Decade** – Peter Nash

**IBMS** - Ego Seeman

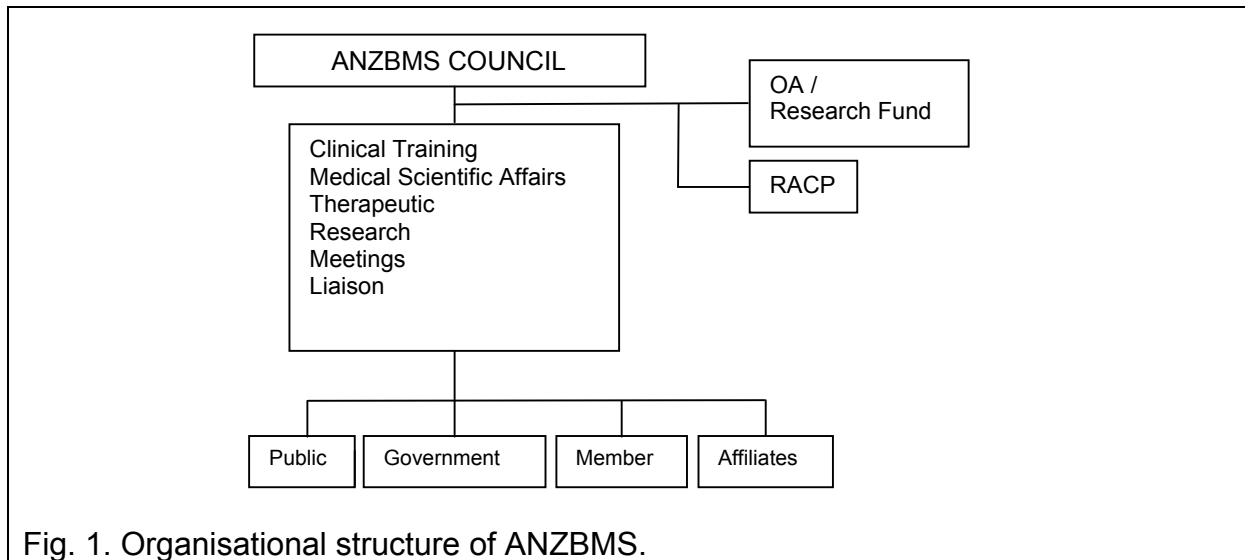


Fig. 1. Organisational structure of ANZBMS.

**IMPACT OF DISEASES OF BONE AND MINERAL METABOLISM**

Diseases of bone and mineral metabolism represent a significant health burden for Australia and New Zealand. Of these many diseases, the most costly is osteoporosis, which has been estimated by Access Economics to result in direct and indirect costs of over \$8 billion annually in Australia (Med J Aust, 2002, 176, S1-S16)

**Osteoporosis** is a major health problem in Australia, and studies around the country show that the incidence of fractures due to osteoporosis is increasing as the population ages. For example:

- Every 8 minutes, someone is admitted to an Australian hospital with an osteoporotic fracture. This is expected to rise to every 3-4 minutes by the year 2021.
- In 2002, 1.9 million people in Australia had osteoporosis. This number is expected to rise to 2.2 million by the year 2006 and to 3 million by the year 2021.

As many as 4 out of 5 people with osteoporosis don't know that they have it, although they are at risk of fracturing a bone. More than 3 out of 4 people with known osteoporotic fractures are not treated to prevent further bone loss and stop the fracture cascade.

The ANZBMS, as the key organization involved in the provision of scientific and clinical advice, is involved in these initiatives wherever possible.

The ANZBMS also has a number of key relationships with other organizations including:

- Osteoporosis Australia and Osteoporosis New Zealand: ANZBMS is both a member of the organization and is its medical and scientific voice;
- The Royal Australasian College of Physicians (RACP) – ANZBMS is a specialist society of the RACP and participates in training of medical graduates.

### **Market and Market Place Positioning**

There is a major opportunity for ANZBMS to occupy and fulfil its position as the primary voice for issues relating to bone and mineral metabolism in Australia, New Zealand, and within the Pacific region. This would be in the best interests of all stakeholders and members of the health and medical research community, and would be expected to receive widespread support.

ANZBMS's current constituency includes endocrinologists, rheumatologists, geriatricians, general physicians, general practitioners, academics and health professionals and pharmaceutical industry members with an interest in bone and mineral metabolism. This could be expanded to include the general public; corporations, small business and business people; and the political leadership, at all levels of government and political advisors.

ANZBMS could target and extend or develop specific programs in its advocacy and public education work for each of the following groups:

- The health and medical research sector
- The business community
- The general public
- The political leadership
- Schools and educational units

### **Future Directions for ANZBMS**

This Strategic Plan seeks to articulate the directions of the ANZBMS over the next five years. The key challenges for ANZBMS highlighted by the development of the Strategic Plan include:

#### **Promotion of ANZBMS Membership Issues:**

- Ensuring the Annual Scientific Meeting continues to meet the needs of researchers and clinicians.
- Maintaining appropriate balance in meeting the needs of both clinicians and researchers.
- Ensuring the continuation of travel grants and scholarships to young researchers.
- Establishing and maintaining an effective resource base, from which ANZBMS can operate as an efficient and productive organization.
- Acknowledgment of the legitimate aspirations of our industry supporters, where these coincide with those of our membership and the general community
- Ensuring adequate managerial/advisory resources are allocated for the overseeing of projects undertaken by members or staff employed by ANZBMS.
- Lobby to ensure the availability of new drugs on basis of evidence based medicine rather than ability to pay.
- Developing and implementing strategies to assist in the maintenance of "corporate" knowledge within ANZBMS.
- Ensuring that the ANZBMS is able to develop position statements on medical and scientific matters in a timely manner.

**Education and Government Lobbying**

- Being an effective and strong voice in lobbying about bone or mineral related matters.
- Promoting and advocating the need for increased resources for basic/scientific research and care of people with diseases of bone.
- Ensuring that position statements and guidelines are easy to access through wide dissemination in published and electronic forms.
- Maintaining effective relationships with key stakeholders and in particular examining strategies for strengthening the relationship with National and State and Territory organizations.
- Providing the most relevant and best practice information to General Practitioners and Clinicians for the management and treatment of patients with diseases of bone or mineral metabolism.
- Provide clinical updates and training sessions for health professionals in the field of bone for diagnosis or treatment of patients.

**Development of the Strategic Plan**

This strategic plan has been developed following consultations with current members of ANZBMS Council, past councillors and members of ANZBMS Committees.

- Statement of Purpose:** Is defined as part of the Strategic Framework for the ANZBMS.
- Goal:** Is the broad role and aim of the ANZBMS in meeting the Statement of Purpose.
- Objectives:** The broad target areas to achieve the directions articulated in the mission. These are outcome based and should be measured against a particular improvement by a certain time in a defined population.
- Strategies:** Are the approaches to the key work areas. All strategies should have measurable indicators of success and outcomes.
- Tasks:** Tasks are the components required to complete each strategy. Performance is assessed on time and quantity measures.

**The key objectives identified by ANZBMS are:**

1. Represent the interests of ANZBMS membership.
  - a. Annual Scientific Meeting.
  - b. Fellowships, Scholarships and Awards.
  - c. Newsletter, website and information transfer.
2. Establish and maintain an appropriate resource base to enable the ANZBMS to operate as an efficient and effective organization.
  - a. Support within the Office.
  - b. Corporate support.
3. Develop published guidelines and information for health professionals and consumers, in conjunction with Osteoporosis Australia, on bone and mineral metabolism - prevention and quality care.
  - a. update Present guidelines
  - b. Propose new guidelines for development.

- c. Training courses.
- 4. Be the medical and scientific voice on bone and mineral metabolism.
  - a. Information to the public.
  - b. Educational material – public and schools etc.
  - c. Develop the Society as the primary contact for media and Government.
- 5. Provide leadership in national initiatives for prevention of diseases of bone and mineral metabolism and improving the care of people.
  - a. Provide support for PBS applications and best use of clinical medicine and diagnostic tests.
  - b. Involvement in relevant priority areas for grant funding.
- 6. Foster opportunities to participate in the development and dissemination of bone and mineral metabolism research and advances in clinical care and education.
  - a. Sponsorship.
  - b. Research Foundation with Osteoporosis Australia.
- 7. Work with all relevant stakeholders.
  - a) Other agencies – Osteoporosis Australia, Australian Society for Medical Research, Research Australia etc.
  - b) Federal and State Governments, NHMRC and other funding agencies.
  - c) Other international organizations.

**OBJECTIVES**

**1. Represent the interests of ANZBMS membership.**

**Future directions**

- To ensure that the Annual Scientific Meeting continues to meet the needs of researchers and clinicians.
- To maintain appropriate balance in meeting the needs of both clinicians and researchers.
- To ensure the continuation of travel grants and other awards to promote and enhance the careers of young researchers.
- To establish and maintain an effective resource base, from which ANZBMS can operate as an effective and productive organization.
- To develop and implement strategies to assist in the maintenance of corporate knowledge within the ANZBMS.
- To lobby at a national and state level for adequate resources for basic and clinical musculoskeletal research.

**Strategies and tasks**

Strategies to improve representation of the interests of the ANZBMS membership will be as follows:

**1.A Promote avenues for feedback of issues from members to the ANZBMS Council.**

**Task**

Include details of the mechanisms for feedback to ANZBMS Council in all publications and the ANZBMS website.

**Expected Outcome**

ANZBMS members will feel more free and welcome to feedback/communicate with ANZBMS Council, and will develop confidence that their views and concerns are valued by Council. In turn, Council will maintain close links with the membership.

**1.B Establish a process to seek the views of members of ANZBMS regarding concerns and perceived priorities in clinical and research areas.****Task**

Conduct a survey of members to seek views on the specific clinical and scientific goals and directions of the ANZBMS. Provide feedback, and invite comment of the data collected, in publications, on the Society website and at the ASM.

**Expected Outcome**

Identification of issues and priorities for the membership in matters related to research and its conduct and support, and clinical matters, such as new treatments, development of position statements and directions for the ANZBMS.

**1.C To develop a funding model for the ANZBMS, which comprises the traditional mix of membership fees, profits from the Annual Scientific Meeting and industry support and also new sources of support.****Task**

To investigate new funding sources to decrease reliance on industry.

**Expected Outcome**

Provision of a robust and sustainable resource base that will enable ANZBMS to operate as an effective and productive organization, without over-reliance on industry support. Decreased perception of compromise and lack of independence between the ANZBMS and the (primarily pharmaceutical) industry. Ability to maintain membership fees and ASM registration fees low, while expanding educational and lobbying activities of the Society, and initiatives to promote career-enhancing opportunities for ANZBMS members.

**1.D To develop and implement strategies to assist in the maintenance of corporate knowledge within the ANZBMS.****Task**

Develop an ANZBMS operation manual detailing job specifications and measurable deliverables for the various portfolios of ANZBMS Councillors, and decision-making and implementation processes by Council.

**Expected Outcome**

More rapid and efficient incorporation of new councillors into Council and a facilitation of good governance in the Society.

**1.E To lobby at a national and state level for adequate resources for basic and clinical musculoskeletal research****Task**

Identify individuals of influence within government and seek opportunities for Councillors to meet and interact with them. Write to relevant individuals within government and government bureaucracy, with the aim of convincing Commonwealth and State funding bodies of the importance of funding for musculoskeletal research.

**Expected Outcome**

Provision of funding for musculoskeletal research, commensurate with the identification by the Federal Department of Health of musculoskeletal diseases as a health priority area. Greater certainty of funding for bone-related research will enable the attraction of excellent young investigators into musculoskeletal research.

**2. Establish and maintain an appropriate resource base to enable the ANZBMS to operate as an efficient and effective organization.**

- a. Support within the Office.
- b. Corporate support.

**2.A Support within the office**

**Task**

To survey current administrative procedures and regularly thereafter with Ivone Johnson in the National Office to ensure appropriate support for ongoing growth of the society.

**Expected Outcome**

Optimal running of National Office with adequate support for varying administrative workloads.

**2.B Corporate Support**

**Task**

To survey current corporate supporters on their satisfaction with ANZBMS role and function and whether they consider their support provides 'value for money', including their corporate support of the Society's ASM. This should be via the Sponsorship Committee with meetings on an annual basis.

**Expected Outcome**

Continued and enhanced support from our corporate sponsors, acknowledging their importance to our ability to operate as an effective and efficient organization.

**3. Develop published guidelines and information for health professionals and consumers in conjunction with Osteoporosis Australia on bone and mineral metabolism - prevention and quality care.**

- a. Update Present guidelines
- b. Propose new guidelines for development.
- c. Training courses.

**Tasks**

**3.A** In conjunction with Osteoporosis Australia, regularly review published guidelines and update when appropriate

**3.B** In conjunction with Osteoporosis Australia, develop new guidelines when appropriate on topical issues, eg osteonecrosis of the jaw

**3.C** Conduct training courses where appropriate such as the ANZBMS Clinical Densitometry Training Course and Bone Tissue Imaging Course

**Expected outcomes**

- 3.A** Provide general practitioners and other medical professionals expert advice on clinical and other matters affecting patients with bone disorder.
- 3.B** To be able to respond to evolving issues of concern to patients and medical practitioners, eg osteonecrosis of the jaw
- 3.C** **ANZBMS Clinical Densitometry Training Course**  
Training courses for practitioners and operators involved with bone densitometry. This clinical densitometry course is intended for both practitioners and technologists. It covers the patho-physiology of osteoporosis, as well as the principles and practice of bone density and body composition measurement. The course will be repeated every 6 months, with additional courses scheduled more frequently if demand is strong. The needs of the New Zealand practitioner community will be supported. The scope and sophistication of the training program will be extended by advanced training modules, and via publication of specialist training manuals and a book. Extension of the Course overseas, possibly in collaboration with local and international societies will also be investigated. Training programs will be based wherever possible on evidence-based data.
- 4. Be the medical and scientific voice of bone and mineral metabolism.**
- Information to the public.
  - Educational material – public and schools etc.
  - Develop the Society as the primary contact for media and Government.

**Tasks**

- 4.A** In conjunction with Osteoporosis Australia and Osteoporosis New Zealand, provide information relevant to bone diseases to the public when appropriate.
- 4.B** In conjunction with Osteoporosis Australia and Osteoporosis New Zealand, who currently run Schools program, provide information about bone health to the public and schools.
- 4.C** By regular contact with media and government, be recognised as the medical and scientific voice on disorders of bone and mineral metabolism.

**Expected outcomes**

- 4.A** Provision of information such as patient leaflets, website information relevant to bone diseases to the public on an updated and current basis
- 4.B** In conjunction with Osteoporosis Australia, enhance the Schools program with each State to encourage bone health
- 4.C** The relevant ANZBMS Committee, eg Therapeutics or Research etc, will be contacted as the medical and scientific voice on matters relating to disorders of bone and mineral metabolism. Coordination of such messages will be sought with Osteoporosis Australia via their public relations contacts
- 5. Provide leadership in national initiatives for prevention of diseases of bone and mineral metabolism and improving the care of people.**
- Provide support for PBS applications and best evidence-based use of clinical medicine and diagnostic tests.

b. Involvement in National (Australia and New Zealand) Research Priorities for grant funding.

#### **Strategies**

- Work closely with the major patient advocacy organizations for greater recognition of musculoskeletal disease.
- To develop strong collaborative working relationships with government agencies, such as the Department of Health and Aged Care and the NHMRC to foster development of national approaches to key issues.
- Lobby for adequate resources for musculoskeletal research (basic and clinical).
- Initiate education of clinicians and allied health professionals in musculoskeletal disease.
- Participate in initiatives to develop guidelines and protocols for the treatment of musculoskeletal diseases.
- Participate in initiatives to develop and improve musculoskeletal curricula in Australian and New Zealand medical schools.
- Lobby for the widest possible access to medicines for skeletal diseases, especially calcium and vitamin D, and for the timely and appropriate use of these medicines.

### **6. Foster opportunities to participate in the development and dissemination of bone and mineral metabolism research and advances in clinical care and education.**

a. Sponsorship.

b. Research Foundation with Osteoporosis Australia.

c. Bone curriculum – undergraduate medicine and science, post-graduate medical colleges.

#### **6.1A Sponsorship.**

To obtain sufficient recurrent funding to support the activities of the society, including the ANZBMS-OA Research Foundation and in addition to the annual scientific meeting.

#### **Tasks**

To seek the support of industry, including pharmaceutical companies, equipment makers, scientific supply companies, publishing companies and other relevant industries, including the dairy industry and health associated companies, such as those involved in aged care, for recurrent funding for ANZBMS activities.

To establish a series of funding packages at various price levels to suit the needs and capacities of potential sponsors. This includes the identification of what the needs of potential sponsors may be and how to satisfy them within ethical guidelines.

To establish relationships with companies which have not previously sponsored ANZBMS, with a view to setting up a sponsorship agreement in due course.

To establish a protocol for an individual to acknowledge ANZBMS and the ANZBMS-OA Research Foundation in the disposal of their assets through their will.

#### **Expected outcomes**

Identification of new sponsors over a time frame of 1-3 years

A secure funding stream over a period of 3-5 years, with staggered rollover times for agreements.

**6.2 Research Foundation with Osteoporosis Australia**

To establish joint administration by ANZBMS and Osteoporosis Australia of the existing Osteoporosis Australia Research Fund.

**Tasks**

- i) To ratify, along with the Osteoporosis Australia Board, a MOU to set in place this jointly administered foundation.
- ii) To contribute remaining NOCA funds towards the employment of a professional fundraiser for the Research Fund.
- iii) To identify potential donors from industry or other potential philanthropists.
- iv) To assist with the administration of the OARF, in particular with setting the funding parameters and contributing to grant application review.

**Expected outcomes**

One major bone and mineral granting body, which covers the whole spectrum of metabolic bone disease. ANZBMS to perceive appropriate degrees of “ownership” of this Research Foundation. The ANZBMS-OA Research Foundation to have an increased capital base, so that grants, fellowships and scholarships can be funded from investment income. Increased numbers of grants/fellowships/scholarships in the bone and mineral field awarded each year, with capacity for funding of these for 2-3 years, if appropriate.

**6.3 Curriculum development in metabolic bone disease**

Assist and inform curriculum development in metabolic bone disease in undergraduate courses in science, paraclinical professions and medicine, post-graduate medical training, the Medical Colleges, and continuing education for medicine and related paraclinical areas

**Tasks**

- i) Identify opportunities for input into curriculum development – think broadly – eg recent call by RACP, undergraduate medical curriculum initiative coordinated by Mellick Chehade
- ii) Co-opt appropriate people from Council or wider ANZBMS membership to coordinate particular curriculum projects.
- iii) Keep register of curricula that have been developed and review at 2 yearly intervals.

**Outcomes**

ANZBMS approved curricula in metabolic bone disease informing the training and continuing education of all relevant professionals. Appropriate updates to the curricula with changing evidence.

**Comment**

Recent and current opportunities included call by RACP for registrar training curriculum, coordinated for ANZBMS by Mark Kotowicz; undergraduate medical curriculum initiative coordinated by Mellick Chehade, orthopaedic surgeon, Adelaide, currently coordinated for ANZBMS by Rebecca Mason.

**7. Work with all relevant stakeholders.**

- a) other agencies – Osteoporosis Australia, Research Australia, Australian Society for Medical Research etc.

- b) Federal and State Governments, NHMRC and other funding agencies.
- c) Other international organizations.

**7.1A Work constructively with the Osteoporosis Australia, Research Australia and RACP to promote the development of training and expertise in the field of bone and mineral research and treatment.**

Provide advice and participate through formal MOUs, committees and by *ad hoc* processes to engage ANZBMS with other key representative groups and promote unified positions.

**Expected Outcome**

Clinicians and basic researchers are informed with the most up to date and expert information on bone and mineral research.

**7.1B Work constructively with the NHMRC and other funding agencies.**

Continue to foster strong working relationships with other key health care organisations with an interest in bone and mineral metabolism.

**Task**

Promote collaboration through liaison, provision and dissemination of information and investigation of opportunities for joint projects. There are also a considerable number of other organisations such as the TGA and The Commonwealth Department of Health and Aged Care.

**Expected Outcomes**

Other health care organisations will be willing to collaborate for joint projects on bone and mineral metabolism, and in the formulation and implementation of clinical guidelines and research directions.

**7.1C Other international organizations.**

Continue to foster strong working relationships with professional societies and pharmaceutical companies with an interest in bone and mineral metabolism.

**Task**

Promote collaboration through liaison, provision and dissemination of information and investigation of opportunities for joint projects, particularly with the International Bone and Mineral Society and the American Bone and Mineral Society. This may be facilitated through active representation of members of ANZBMS on the Councils or Committees of these societies.

**Expected Outcomes**

Through active representation and discussion with these societies and pharmaceutical companies, that collaborations for joint projects on bone and mineral metabolism be developed. These would include, but are not limited to, co-hosted meetings, on-going support for ANZBMS in its designated priority areas, and attaining a more global recognition of ANZBMS.

**THE ANZBMS CONSTITUTION**  
**MEMORANDUM OF ASSOCIATION**

**Purpose/Role/Mission**

To arrange for promote foster develop and assist the study of research in and the acquisition dissemination and application of knowledge and information concerning bone and mineral metabolism in all its aspects.

**Financial**

To encourage and to assist and to arrange for scientists practitioners and others to visit Australia and New Zealand in order to promote scientific communication in the field of bone and mineral metabolism and allied disciplines.

**Payments to Officers and Staff**

The income and property of the Society whencesoever derived shall be applied solely towards the promotion of the objects of the Society as set forth in this Memorandum of Association and no portion thereof shall be paid or transferred directly or indirectly by way of dividend bonus or otherwise to the members of the Society.

Provided that nothing herein contained shall prevent the payment in good faith of remuneration to any officers or servants of the Society or to any member of the Society in return for any services actually rendered to the Society or for goods supplied in the ordinary and usual way of business nor prevent the payment of interest at a rate not exceeding the rate for the time being fixed for the purpose of this paragraph by the Articles of Association on money borrowed from any members of the Society or reasonable and proper rent for premises demised or let by any member of the Society but so that no member of the Council or governing body of the Society shall be appointed to any salaried office of the Society or any office of the Society paid by fees no remuneration or other benefit in money or money's worth shall be paid or given by the Society to any member of such council or governing body except repayment of out-of-pocket expenses and interest at the rate aforesaid on money lent or reasonable and proper rent for premises demised or let to the Society.

**Liability to Members**

Every member of the Society undertakes to contribute to the property of the Society in the event of same being wound up while he/she is a member, or within one year after he/she ceases to be a member, for payment of the debts and liabilities of the Society (contracted before he/she ceased to be a member) and of the costs charges and expenses of winding up and for the adjustment of the rights of the contributories among themselves, such amount as may be required, not exceeding the sum of One hundred dollars (\$100.00).

**Accounts Audit**

True accounts shall be kept of the sums of money received and expended by the Society and the matter in respect of which such receipt and expenditure takes place and of the property credits and liabilities of the Society and subject to any reasonable restrictions as to the time and manner of inspecting the same that may be imposed in accordance with the Articles of the Society for the time being in force shall be open to the inspection of the members. Once at least in every year the accounts of the Society shall be examined by one or more properly qualified Auditor or Auditors, who shall report to the members in accordance with the provisions of the Corporations Law.

## THE ANZBMS CONSTITUTION

### ARTICLES OF ASSOCIATION

#### Definitions / Glossary

In these Regulations:

- **The Act** means the Corporations Act 1989 or any act or acts of Parliament extending, amending or re-enacting the same or substituted therefor.
- **"The Society"** shall mean the **"AUSTRALIAN & NEW ZEALAND BONE & MINERAL SOCIETY"** of which these are the Articles of Association.
- **"Articles"** and **"these presents"** means the Articles of Association for the time being of the Society.
- **"Special Resolution"** has the meaning assigned thereto by the Act.
- **"The Register"** means the register of members to be kept pursuant to the Act.
- **"Month"** means calendar month.
- **"Year"** means calendar year.
- **"The Council"** and **"The Councillors"** mean the whole or any number (not being less than a quorum) of the Councillors of the Society for the time being assembled at a meeting of the Councillors in accordance with the Articles.
- **"Councillor"** means a member of the Council and for purposes of the Code means Director.
- **"Secretary"** includes any person appointed to perform the duties of Secretary for the time being and includes an Honorary Secretary.
- **"Honorary Treasurer"** includes any person for the time being with the approval of the Council acting as Honorary Treasurer or performing the duties of that office.
- **"In writing"** and **"written"** includes printing lithography and other modes of reproducing or representing words in a visible form.
- **"The Seal"** means the Common Seal from time to time of the Society.
- When any provision of the Act is referred to, the reference is to such provision as modified by any law for the time being in force in the State of New South Wales.
- Expressions defined in the Act shall have the meaning so defined.
- Words importing the singular number include the plural number and vice versa.
- Words importing the masculine gender include the feminine gender and vice versa.
- Words importing persons include companies corporations and public bodies.

If but only as between members any doubt shall arise as to the proper meaning of any of these Articles, or by-laws made hereunder, the interpretation of the Council shall be final and conclusive provided that such interpretation is reduced to writing and recorded in the minute book for meetings of the Council.

#### Membership

- a The subscribers to the Memorandum of Association and such other persons as the Council shall admit to membership in accordance with these Articles shall be members of the Society.
- b Members of the Society shall be Ordinary Members or Honorary Life Members, Corresponding Members, Sustaining Members and Retired Members.
- c Subject as herein provided members of the unincorporated body known as "Australian & New Zealand Bone & Mineral Society" shall be entitled to become members of the Society.

If the whole of the funds and other assets of the unincorporated body become the absolute property of the Society forthwith after its incorporation then every person who at the date of

incorporation of the Society is a member of the unincorporated body and within twelve (12) months from the date of such incorporation agrees in writing to become a member of the Society shall be admitted by the Council to membership of the Society. Every member of the Society who previously to his agreeing to become a member of the Society has paid his subscription due on the 1st day of July 1995 as a member of the unincorporated body shall not be liable to pay any further sum by way of annual subscription to the Society for the period prior to the 30<sup>th</sup> day of June 1996.

### **Ordinary Members**

Ordinary Members shall be elected by the Council. They shall be such persons who have made written application to join the Society setting out their qualifications and who in the opinion of the Council are deserving of membership.

Applications for Ordinary Membership shall be made in such form and in such manner as may be determined from time to time by the Council. A decision of the Council in respect of any application for membership shall be made by ballot and shall be final.

### **Life Members**

These shall be men and women, distinguished in the field of bone and mineral metabolism, at home or abroad, who have made material contributions to the advancement of bone and mineral metabolism and who, in the opinion of the Council, are worthy of such distinction.

Honorary Life Members shall be elected by the Council and confirmed at a subsequent General Meeting by the affirmative vote of three-quarters of the Members present and voting thereat.

### **Corresponding Members**

The Council may elect as a corresponding member any physician or scientist not Resident in Australia or New Zealand who has a substantial interest and involvement in bone and mineral research. Proposals for corresponding members shall be made by two members of the Society and shall be accompanied by a statement of the individual's interest in bone and mineral research and shall be sent to the Secretary. Corresponding members shall be entitled to all benefits of membership other than the right to vote at general meetings of the Society and be elected to the Council.

### **Sustaining Members**

The Council may elect as a sustaining member any organisation, firm, or company which has made application to the secretary, indicating its interest in supporting the Society. Election shall be by a majority vote of Council. A sustaining member shall have the right to send a representative to attend scientific meetings of the Society. They will not be entitled to vote at general meetings or to be elected to the Council. Sustaining members shall be listed in publications of the Society.

### **Retired**

The Council may elect as Retired Members any member who has retired from their employment but who on written application to Council wishes to remain a member of the Society. A decision of the Council in respect of any application for retired membership shall be final. Retired Members shall be entitled to all benefits of membership other than the right to vote at general meetings of the Society and be elected to the Council.

**Annual Subscription**

The Council shall determine the annual subscription provided that the amount of such subscription may be altered by special resolution passed at a General Meeting of members. The annual subscription shall be payable by all members other than Honorary Life Members and shall be due on the first day of July in each and every year.

**Termination of Membership**

Membership of the Society shall be terminated in the following circumstances:-

- a When the Honorary Secretary receives written notice of resignation from a member or a member dies.
- b By resolution of the Council:-
  - i When a member has failed to pay his annual subscription on or before the first day of December of the year in which the subscription was due to the Society.
  - ii When a member has failed duly to pay any levy pursuant to Article 8.
- c If the Council unanimously being of the opinion that the objects or activities of a member are no longer consistent with those of the Society or that the member's continued membership would be an embarrassment to the Society (subject to the provisions of paragraph [d] of this clause) at the request of a majority vote of members by postal ballot so resolves.
- d Notwithstanding anything to the contrary herein contained whether expressed or implied no resolution pursuant to paragraph (c) shall be passed unless at least four (4) weeks before the Meeting of the Council at which such resolution is passed the member shall have had notice of what is alleged against him and of the intended resolution and that he shall at such meeting and before the passing of such resolution have had an opportunity of giving orally or in writing any explanation or defence he may think fit. The member may at his discretion elect to have his defence or explanation sent with each postal ballot paper.

**List of Membership**

Members and patrons of the Society will be duly listed in the records of the Society.

**Rights of Membership**

Every member shall have the following rights:-

- i To submit abstracts of papers to the Councillors for consideration of their presentation at Society Meetings.
- ii To receive a copy of the Society's publications.
- iii To attend and vote at General and extraordinary Meetings of the Society.
- iv To introduce guests who may submit papers for the Society's Meetings.

**Patrons**

Any person persons corporation or corporations interested in the purpose and welfare of the Society may be invited by the Council to become a Patron of the Society.

**Levy**

The Council may in its absolute discretion make an emergency levy on the members from time to time provided that the total of any such levies shall not exceed the sum of \$50.00 for each person in any one year.

**General and Extraordinary General Meetings**

- a The first General Meeting shall be held in accordance with Section 245 of the Act and at such place as the Council may determine.
- b An Annual General Meeting of the Society shall be held in accordance with the provisions of the Act. All General Meetings, other than the Annual General Meeting, shall be called Extraordinary General Meetings.
- c Any member of the Council may whenever he thinks fit convene an Extraordinary General Meeting, and Extraordinary General Meetings shall be convened on such requisition or in default may be convened by such requisitions as provided by the Act.

**Quorum at General or Notice of Meeting**

- a Subject to the provisions of the Act relating to special resolutions, fourteen (14) days notice at the least (excluding the day on which the notice is served or deemed to be served, and exclusive of the day for which notice is given) specifying the place, the day and the hour of meeting and, in case of special business, the general nature of that business shall be given in manner hereinafter mentioned, or in such other manner, if any, as may be prescribed by the Society in General Meeting to all members of the Society but with the consent of all members a meeting may be convened by such shorter notice and in such manner as the members may think fit.
- b The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by any member shall not invalidate the proceedings at any meetings.

**Extraordinary General Meetings**

No business shall be transacted at any General Meeting unless a quorum of members is present at the time when the meeting proceeds to business. Save as herein otherwise provided, fifteen percent (15%) of financial members present in person shall be a quorum. For the purposes of this Article "member" includes a person attending as a proxy or as representing a corporation which is a member.

**Resolution at Meetings**

At any General Meeting a resolution put to the vote of the meeting shall be decided on a show of hands unless a poll is (before or on the declaration of the result of the show of hands) demanded -

- i by the Chairman; or
- ii by at least three members present in person or by proxy.

Unless a poll is so demanded a declaration by the Chairman that a resolution has on a show of hands been carried or carried unanimously, or by a particular majority, or lost, and an entry to that effect in the book containing the minutes of the proceedings of the Society shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution. The demand for a poll may be withdrawn.

**Eligibility to Vote/Subscription****ARREARS**

No member shall be entitled to vote at any General Meeting if his annual subscription shall be more than three months in arrears at the date of the meeting.

**PROXY**

Where it is desired to afford members an opportunity of voting for or against a resolution the instrument appointing a proxy shall be in the following form or a form as near thereto as circumstances admit:-

**Council**

The Society and the business affairs and property thereof shall be managed by the Council, comprised of eight Councillors as follows:-

- a President
- b Vice-President (President Elect)
- c Six other Councillors

**Election of Councillors**

Subject as above:

- a The Councillors shall be elected by ballot held before each Annual General Meeting.
- b Every candidate for the office of Councillor (including President and Vice-President) shall be nominated in writing by two ordinary members and each nomination paper, together with the candidate's written acceptance of nomination and showing his Region of residence shall be delivered to the Honorary Secretary at least sixty-five (65) days prior to the Annual General Meeting. A candidate for President and Vice-President can, subject to Article 15, opt to be a candidate for Councillor at the same election.
- c Should there be more candidates than vacancies to be filled the Secretary shall not less than sixty (60) days before the Annual General Meeting forward to members ballot papers listing the names of candidates for Councillors in alphabetical order. Such ballot papers shall contain directions to vote where applicable for President, Vice-President and for a fixed number of candidates which number shall be the number of vacancies to be filled. A member shall record his vote by placing a cross on the ballot paper against the names of the persons for whom he desires to vote and by returning the ballot paper to the Secretary. Only ballot papers received by the Honorary Secretary not less than thirty (30) days before the Annual General Meeting shall be deemed to be valid.
- d The President (or in his absence the Vice-President) and the Honorary Secretary (or in his absence a Councillor specifically appointed by the Council) shall act as scrutineers and any papers adjudged by them in consultation to be improperly or incorrectly filled in shall be invalid. The scrutineers shall deliver to the Chairman of the Annual General Meeting a list of candidates (up to the number of vacancies to be filled) who received the largest number of votes and the Chairman of the Annual General Meeting shall declare these candidates elected as Councillors. Whenever two or more candidates for the last position to be filled on the Council receive an equal number of votes the candidate to be elected shall be chosen by lot.
- e The Chairman of the Annual General Meeting shall in the case of there being less candidates nominated than there are vacancies to be filled, declare such candidates and in the case of there being more candidates nominated than there are vacancies to be filled, declare the candidates (to the extent of the vacancies to be filled) receiving the largest number of votes duly elected as Councillors.
- f If an insufficient number of nominations be received or if there are less nominations than there are vacancies to fill then the Council shall at its first meeting after the Annual General Meeting fill the vacancy or vacancies notwithstanding that their number may be less than three.
- g If there shall be no nominations received the retiring Council shall continue to act but shall have power at any time during the following year to appoint other qualified persons in their place or in the place of any of them provided always the Council shall not by virtue of this clause continue to act for a period exceeding three (3) years.

**Powers of Council**

The business of the Society shall be managed by the Council who may pay all expenses incurred in promoting and registering the Society, and may exercise all such powers of the Society as are not, by the Code or by these regulations, required to be exercised by the Society in General Meeting, subject, nevertheless, to any of these regulations, to the provisions of the Code and to such regulations, being not inconsistent with the aforesaid regulations or provisions, as may be prescribed by the Society in General Meeting; but no regulation made by the Society in General Meeting shall invalidate any prior act of the Council which would have been valid if that resolution or regulation had not been made.

**Disqualifications of Councillors**

The office of Councillor shall become vacant if the Councillor:-

- a ceases to be a Councillor by virtue of Section 228 the Act;
- b becomes bankrupt or makes any arrangement or composition with his creditors generally;
- c becomes prohibited from being a Councillor of a company by reason of any order made under the Code;
- d becomes of unsound mind or a person whose person or estate is liable to be dealt with in any way under the law relating to mental health;
- e resigns his office by notice in writing to the Society;
- f for more than six months is absent without permission of the Council from meetings of the Council held during that period;
- g holds any office of profit under the Society;
- h ceases to be a member of the Society; or
- i is directly or indirectly interested in any contract or proposed contract with the Society.

Provided always that nothing in this Article shall affect the operation of Clause 5 of the Memorandum of Association of the Society.

**Proceeding of Council**

- a The Councillors may meet together for the transaction of business, adjourn and otherwise regulate their meetings as they think fit.
- b Questions arising at any meetings shall be decided by a majority of votes.
- c In case of an equality of votes the Chairman shall have a second or casting vote.
- d The Chairman may at any time and the Secretary shall upon receipt of a request in writing by two Councillors convene a meeting of the Councillors.
- e For the purpose of Clause 3 of the Memorandum of Association the rate of interest payable in respect of monies lent by members to the Society shall be the lowest rate paid for the time being of banks in the State in respect of term deposits.

**Accounts**

The Councillors shall cause proper accounts to be kept with respect to:-

- a All sums of money received and expended by the Society and the matter in respect of which the receipt and expenditure takes place.
- b All sales and purchases of real and personal property by the Society.
- c The assets and liabilities of the Society.

**Audit**

A properly qualified Auditor or Auditors shall be appointed and his or their remuneration regulated in accordance with the Act and Clause 6 of the Memorandum of Association.

**Indemnity**

Every member of the Council, Auditor, Secretary and other officer for the time being of the Society shall be indemnified out of the assets of the Society against any liability incurred by him in defending any proceedings, whether civil or criminal, in which judgment is given in his favour or in which he is acquitted or in connection with any application under the Code in which relief is granted to him by the Court in respect of any negligence default breach of duty or breach of trust.

**Making By-Laws, Rules and Regulations**

The Councillors shall have power from time to time to make such by-laws, rules and regulations not inconsistent with the Memorandum and Articles of Association of the Society as in the opinion of the Councillors are necessary and desirable for the proper control, administration and management of the Society's operations, finances, affairs, interests, effects and property and to amend to rescind from time to time any such by-laws, rules and regulations PROVIDED ALWAYS that nothing in this clause contained shall be deemed to empower the Councillors to make any by-laws, rules and regulations relating to the contributions, duties, obligations and responsibilities of the members which such power is specifically excluded herefrom.

**Informing Members/Notices**

A Notice may be given by the Society to any member either personally or by sending it by post to him at his registered address or (if he has no registered address within the Commonwealth or New Zealand) to the address, if any, within the Commonwealth or New Zealand supplied by him to the Society for the giving of notices to him.

Where a notice is sent by post, service of the notice shall be deemed to be effected by properly addressing, pre-paying and posting a letter containing the notice, and to have been effected in the case of a notice of a meeting on the day after the date of its posting, and in any other case at the time at which the letter would be delivered in the ordinary course of post. A certificate in writing signed by any Councillor that the letter or wrapper contained the notice was so addressed, prepaid and posted shall be prima facie evidence thereof.

**Special Resolution of 4 February 1999**

That the Articles of Association be amended as follows:

**Clause 2(b)**

Delete the word "and" and add the words, "and Retired Members".

**Clause 2**

Add the following new Clause:

"(v)

**Retired Members**

The Council may elect as Retired Members any member who has retired from their employment but who on written application to Council wishes to remain a member of the Society. A decision of the Council in respect of any application for retired membership shall be final. Retired Members shall be entitled to all benefits of membership other than the right to vote at general meetings of the Society and be elected to the Council"

**Clause 14(b)**

Delete the words "Vice President" and substitute in lieu thereof the words "Vice President (President Elect)".

**Clause 15(b)**

Delete the words "retire from office and not be eligible for re-election for two years" and

substitute in lieu thereof the words "assume the office of President".

**Clause 20**

Delete the words "(a) President and (b) Vice President" and substitute in lieu thereof the words "(a) Vice President (President Elect)".