

GUIDING PRINCIPLES GOVERNING VOLUNTEER APPOINTMENTS

General Principles

HRS stakeholders share a common passion for accomplishing our mission to end death and suffering from heart rhythm disorders.

We believe our diverse backgrounds, experiences and interests are assets in reaching that goal, and we are committed to providing an inclusive environment in all our activities, where everyone feels valued, respected, and welcome.

We strive to have organizational leaders who represent all aspects of our diversity and who promote the diversity, equity, and inclusion that are essential to our success.

Equitable Distribution. Volunteer appointments with HRS are limited and highly-valued. Committee, subcommittee, council and task force appointments should be distributed as equitably as possible, to ensure a manageable workload for individuals and expand opportunities for volunteer engagement.

Expertise. Appointments are made primarily on the basis of expertise along with a member's competencies and skills, performance, and prior involvement in the Society.

Diversity. Wherever possible, appointments should reflect a diverse mix of backgrounds, experience, occupations, demographics (geography, race, gender, gender identification, ethnicity, beliefs, age, disability, sexual orientation, education, and/or national origin), and interpersonal communication and problem-solving styles. Other considerations include requirements identified in the formal charge, and factors such as the length of HRS service and experience with non-HRS organizations.

Terms. Terms are one year and should be staggered to maintain the targeted mix of expertise and diversity, to the extent possible.

Conduct. Volunteer conduct affects the credibility of the Society and the effectiveness of its volunteer structure. Committee, subcommittee, council and task force chairs and staff are expected to monitor volunteers' disclosures, participation and performance, and to take appropriate action, including recommending the removal of an individual to the Board mid-term, or non-reappointment.

Reappointment. Rotating assignments benefits individuals (by enlarging their understanding of the Society and bringing them into contact with new colleagues) and committees (by providing fresh perspectives and energy). Reappointment is not automatic, and should be considered in the context of this guidance document, especially equity, expertise, diversity and performance.

Trustees who are rotating off the Board will, as a general rule, also rotate out of their assignments. Committee and subcommittee terms, like terms on the Board, are limited to the number of consecutive terms specified in the charge.

Succession. Newly elected Trustees shall resign from their current committee and subcommittee Chair and Vice Chair positions to enable the President-Elect to redistribute leadership opportunities wherever possible. Vice Chairs should not necessarily succeed to the Chair position, with the exception of the Heart Rhythm Program Committee.

Consultation. The President-Elect, who is granted the authority to make appointments by the Board, should consult broadly about the current status and future resource needs of committees, subcommittees, councils and task forces, and the performance and potential of prospective appointees. Consultation should include the President, Chief Executive Officer, sitting and incoming Chairs, Staff Liaisons and Advisors, and volunteer database.

Transparency. Information about volunteer opportunities, qualifications, and the appointment making process should be easy to access and clearly communicated by volunteer and staff leaders.

Other Considerations

Size and Composition. Sizes for committee, subcommittees and task force should generally be stated in ranges, to provide flexibility. Entities that typically conduct business by voting (such as Ethics, Nominations and Awards) should have an odd number of members to break tie votes.

Board Liaisons. A Board Liaison should be assigned to each operating committee. The Board Liaison role is distinct from the role of a committee member, as defined in their respective job descriptions. A Trustee or Officer who serves as a committee, subcommittee or task force chair should not serve simultaneously as that entity's Board Liaison.

Trustees and Officers. In general, Officers and Trustees should not be assigned to committees, subcommittees, councils or task forces outside of their ex officio appointments, except in situations where they have specific expertise or experience that is unavailable in other volunteers, or if dictated by the charge.

Vice Chairs. Committees, subcommittees, councils and task forces should have a Vice Chair to assist the Chair with committee management and leadership development.

Early Career Volunteers. Fellows-in-Training and professionals who have completed arrhythmia training and started working in an arrhythmia-related field within the last 5 years should be assigned to committees, subcommittees, councils and task forces, where appropriate. Such assignments are regular appointments with full voting rights.