



BRITISH ASSOCIATION OF REHABILITATION COMPANIES

## **Strategic Direction 2011 – 2012**

### **Background**

The British Association of Rehabilitation Companies (BARC) was officially launched at the House of Commons in May 2009, and undertook its inaugural Council election in 2010.

This paper outlines how BARC will be taken forward over the next 2 years, ultimately becoming a much larger and better recognised organisation by the end of 2012.

### **1. Aim**

**“To protect the commercial interests and professional reputation of its members through collaboration and co-operation, whilst adhering to quality standards”**

### **2. Strategic Theme**

As with many newly created organisations, it takes time and enthusiasm to establish a well run, respected and recognised organisation.

Our strategic theme is to create an Association that is:

- Financially stable
- Attracts the most highly respected members of the rehabilitation marketplace across all three sectors
- Works effectively to protect & progress the industry
- Is of equal quality & political strength & weight as our strategic partners in the rehabilitation industry (for example, APIL, ABI, FOIL, COHPA to name but a few)
- Committed to its members' commercial success & growth

This paper outlines how the Council, with the support of co-opted members of BARC, plan to achieve this.

### **3. Strategy 2011 – 2012**

The following key issues have been discussed by the elected Council and BARC members and thus agreed as an Association:-

- 3.1** Advance the corporate status of rehabilitation & BARC within the insurance, medical and legal arenas
- 3.2** Engage the insurance industry in the debate over the arbitrary use of rehabilitation, by supporting the use of rectification methodologies as opposed to the current compensation culture
- 3.3** Increase membership by attracting high profile and highly respected companies in addition to the inclusion of SMEs and sole traders
- 3.4** Raise the profile of BARC within the political arena, including government, and lobby for support on key issues such as, but not limited to:
  - VAT
  - Support for the industry to become commercially solid
  - Inclusion in the debate on mandatory rehabilitation & regulation
- 3.5** Establish & work with our key partners in the healthcare, occupational health and rehabilitation markets
- 3.6** Establish terms of trade such as, but not limited to:
  - Referral fees
  - Support & marketability
  - The Aldermanbury Declaration
  - Taxation on treatment
- 3.7** Draw up & agree minimum standards for BARC membership companies & draft the BARC constitution and code of conduct for members

### **4. Action Plan & Timetable**

- 4.1** BARC is establishing five key work stream themes:

#### **A. Constitution & code of conduct for members**

Lead Council Member: D Bingham

Co-opted Member(s): D Drew

#### **B. Political, cross partner working and government lobbying**

Lead Council Member: M Summers

Co-opted Member(s): I Fulton, D Drew, R McCauley

**C. Insurance, legal & medical**

Lead Council Member: M Summers  
Co-opted Member(s): I Fulton, D Drew

**D. Membership growth / fees**

Lead Council Member: N Delaney  
Co-opted Member(s): M Summers

**E. Terms of trade / minimum standards**

Lead Council Member: D Bingham  
Co-opted Members: TBC

**4.2 Meeting schedule for Council, Membership & Work Streams**

Council Meetings:	2 monthly from Feb 2011
Full Membership Meetings:	4 monthly from April 2011
Workstream Meetings:	To be arranged by Lead Member

**5. Summary**

The strategy for BARC over the coming two years is both compelling and challenging. We believe we are in a strong position to achieve what we have outlined with the right support and joined up working across the membership.

**Melanie Summers**

**Chairperson  
BARC**

**08/02/11**