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OTHER MATTERS OF INTEREST

How to start and operate a National Emergency Medicine specialty organisation

Comment lancer et assurer le fonctionnement d'une organisation nationale spécialisée dans la médecine d'urgence

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As a service for the International Federation for Emergency Medicine, a task force of the Specialty Implementation Committee wrote this manuscript of guidelines for developing a National Emergency Medicine (EM) specialty organisation. This manuscript offers structural and procedural considerations for creating or developing an EM specialty organisation in a country or region that currently does not have one. It was written in response to requests for aid in developing a country's specialty of EM. International EM leaders with experience in the development of national organisations have reviewed these guidelines.

Un groupe de travail du Comité de mise en oeuvre spécialisé a rédigé, afin de rendre service à la Fédération Internationale de Médecine d'Urgence, ce recueil de directives relatives à la création d'une organisation nationale spécialisée dans la médecine d'urgence (MU). Ce recueil propose des considérations relatives à la structure et aux procédures associées à la création ou au développement d'une organisation sépcialisée dans la MU dans un pays ou une région qui en est actuellement dépourvu. Il a été préparé en réponse aux demandes d'aide à la création d'une spécialisation en MU pour les pays. Ces directives ont été revues par les spécialistes de la MU au niveau international disposant d'une vaste expérience dans la création d'organisations nationales.

Introduction

A National Emergency Medicine (EM) specialty organisation is as vital for a country first developing the specialty of EM as it is in a country where the specialty is well established.[1] This manuscript presents some of the considerations that founders of a new organisation of EM practitioners must address as they develop their own organisation and then continue to operate it, and answers requests directed to the International Federation for EM (IFEM) for advice on starting the specialty of EM (see IFEM's website www.ifem.cc).[2]

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General importance of EM

The clinical practice of EM and the acceptance and recognition of EM as a medical specialty have been shown to be valuable and efficacious worldwide.[3] Changes in demographics and disease epidemiology across the globe make the specialty training of EM increasingly relevant.[4] Each year, the demand for EM and its caseload grow as Emergency Physicians (EPs) are recognised as having expertise in management of acute presentations of a broad range of health problems.[5,6] The World Health Organisation has made a consensus statement on the importance of emergency and trauma care in its World Health Assembly Resolution 60.22, calling on all countries to develop effective emergency health care delivery systems.[7,8] During the last 40 years, the scope of practice of EM has been delineated. EM has become recognised as an accepted and certified medical specialty in many nations.[9]

In many countries, the development of EM and its public health benefits has been directly the result of efforts by national EM specialty organisations. For example, this

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occurred in the United States of America (U.S.A.), United Kingdom, and Turkey. Having a national EM specialty organisation is a major resource that facilitates the development of the specialty of EM and helps overcome the challenges of specialty appreciation. We introduce the role of a specialty organisation as support for individual EPs and discuss how it can be used to shape policy, clinical practice, and sometimes certification to influence the delivery of effective emergency care.

General considerations for an EM specialty organisation

A medical specialty organisation offers both individual and collective benefits. Individual members gain support and prestige from membership. They can share education, knowledge and experiences. A major role for EM specialty organisations is promoting the recognition of the specialty of EM. The organisation can offer collaborations, mentorship, and practical support, and can help members stay connected. These connections have been shown to be important in facilitating career selection, advancement, and productivity.[10]

Compared to an individual, the specialty organisation can more effectively negotiate with the government, other medical specialties, and healthcare and academic institution administrators. When starting a new EM specialty organisation, the founders may benefit from seeking advice from and collaborating with other established medical specialty organisations in the same country. Many stakeholders with an interest in the practice of EM would benefit from participation or service with an EM specialty organisation.[1,4]

Many countries have just one organisation representing the interests of EM. Others, including the U.S.A. and Singapore, have several. Examples in the U.S.A. include the American College of Emergency Physicians (ACEP),[11] the American Academy of Emergency Medicine (AAEM),[12] and the Society for Academic Emergency Medicine (SAEM),[13] while Singapore has the Society for Emergency Medicine in Singapore (SEMS)[14] and the Chapter of Emergency Physicians.[15] Some EM organisations represent specific facets of the discipline, such as emergency pre-hospital care (NAEMSP),[16] toxicology (Toxicology Society Singapore),[17] or resuscitation (Australian Resuscitation Council).[18] Ideally, these organisations work together, complement each other, and avoid overlap of services.

Specific curricular matters for EM specialist training and accreditation may be handled by a separate or governmental organisation, and may reference the IFEM undergraduate and graduate EM curricula[19] for guidance. However, a national EM organisation may establish standards for the education of EM specialists by setting minimum training and certification requirements for its own members and can mandate maintenance of qualification through re-certification obligations. Furthermore, the organisation can provide the opportunity to share educational tools such as reference articles, simulation cases, certification exam review programs, didactic lectures, seminars, and workshops.

An important member benefit is Continuous Professional Development (CPD), alternatively termed Continuing Medical Education (CME). The organisation can influence national practice standards by careful choice of its provided educational resources.[20]

Initial considerations

One of the earliest considerations when forming a new national EM specialty organisation is its name. This choice will reflect particular national customs, language, and government regulations. The organisation might be a "College" (as an example, the American College of Emergency Physicians or ACEP), an "Association" (as in the Canadian Association of Emergency Physicians or CAEP[21]), a "Society" (such as the Slovenian Society for EM),[22] an "Academy" (such as the American Academy of EM), or a "Federation" (such as the regional organisation AFEM, the African Federation for EM).[23] Definitions for these terms, adapted from the Merriam-Webster online dictionary, are provided in Table 1.[24]

After selecting the name, the next formative consideration is composing an official statement of the organisation's mission or goals. A vision or mission statement focuses the efforts of the entire organisation. It informs the public of its goals and standards. The mission statement should be re-examined periodically to be sure it is still appropriate, and should be rewritten if changes are needed.

Membership is the third early structural consideration. Will the organisation be composed of only emergency physicians as members, or will non-physicians (such as emergency nurses, physician assistants, paramedics, emergency medical technicians, or even members of the lay public) be eligible for membership? If non-physicians are members, will they have the same membership privileges (such as voting rights) and responsibilities (such as specific membership fees or annual dues) as the physician members? Advantages of having non-physicians as organisation members include better coordination of all the different professional roles involved in emergency healthcare and a broader constituency. Disadvantages of having non-physician members include possible dilution of focus for the organisation by activities that may not be relevant to physicians, and possibly lesser control or dominance of the organisation by physicians.

Even organisations that restrict membership to physicians need to be cognisant of their potential to enhance the practice environment of other professionals in the emergency healthcare system. Nurses and emergency medical technicians often feel disconnected, unappreciated, and dissatisfied with their work.[26] Organisations that include non-physician practitioners can offer them support and collaboration.

Table 1 Definitions of the terms for names of Organisations.

An "**Academy**" is a group of persons unified by high academic achievement and a desire to educate. They may be voluntary or chosen
An "**Association**" is a voluntary group who offer each other mutual support towards common goals
A "**College**" implies a professional group of like-minded scholars. Membership is typically by application and voluntary, but may be appointed
A "**Chapter**" refers to a subgroup of a larger organisation based on geography or special interest. e.g., the Ohio (state) Chapter of ACEP[25]
A "**Federation**" is an organisation composed of other groups or a grouping of organisations, and may or may not accept individuals as members
A "**Society**" is a voluntary group of persons sharing support and goals

Table 2 Standard components of bylaws or a constitution.

Mission, purpose, vision, goals
Classes of membership
Membership requirements
Leadership structure
Voting and holding office
Finances/dues
Meetings
Fellowship/awards
Committees, chapters, special interest groups
Ethics
Review of records and finances
Indemnification
Amendments/changes in the document

Once a name, vision or mission statement, goals and objectives, and membership questions have been considered, the new organisation should formalise these decisions into a ''document,'' whose name and structure will vary depending on the laws and customs of the local country. In some countries the document will be a ''constitution,'' in others, ''bylaws.'' The constitution or bylaws compile all the rules of the organisation and act as the final authority when questions or disputes of form or function arise. Often termed ''governance,'' this document describes each leadership role and responsibility, eligibility and membership criteria, and other specific rules and guidelines. Standard components of such a document are presented in Table 2.

It is important to build into the document mechanisms to change its structure as needed, as initial organisation membership requirements may need to change.

The components of the document can be classified as of either ''core'' or ''secondary'' importance. ''Core'' components could include the mission or vision statement, membership requirements, leadership and governance structure, and the document amendment process. ''Secondary'' components, less crucial and more subject to change, could include finances, dues, and committee operations. Generally the ''core'' document components should be stable and the process to change them more deliberate, whereas the ''secondary'' components should be more ''fluid,'' easier and quicker to change or update. For an example of an EM specialty organisation document, IFEM's Bylaws and Constitution are posted at the web site www.ifem.cc.

Membership qualifications need to be specified. Categories of membership may include: ''Student'', ''Trainee'' (such as Registrar or Resident), ''Active'', ''Lifetime'', ''Honorary'', ''Associate'', ''International'', ''Retired'', or other categories as appropriate to local circumstances. The different membership classes may have different privileges to hold office and to vote and serve on committees, and may be responsible for different dues. The voting structure may be direct (each member votes for a given person for an officer position) or representative (voters choose representatives who then vote to select officers). Voting qualifications should be specified. They might require up-to-date dues (in dues-requiring organisations), verified completion of specified CPD, maintenance of licensure or specialty certification, and adherence to the ethical and practice standards of the organisation.

The document should specify and describe the leadership structure of the organisation, commonly called 'officer positions'. Most specialty organisations have, at a minimum, a ''President'', ''Vice President'', ''Secretary'', and a ''Treasurer''. The ''President-Elect'' and ''Immediate-Past President'' offices help retain institutional memory and cultivate leadership skills if the duties of the ''Immediate-Past President'' are to train and mentor the ''President-Elect''. The qualifications, duties, terms of office, and term limits should be delineated for each officer. Consider limits for both length and number of terms in office. Longer office terms (more than one year) provide better continuity and more consistent direction of the organisation's programs and activities, but limit the opportunities for other members to have leadership experience. Therefore, many organisations have one-year terms of office with leaders automatically moving through sequential leadership positions. For example, after serving one year as President-Elect, the officer moves to the position of President for a year, and then finally serves one year as Immediate-Past President.

Large organisations may need additional entities to function efficiently. A ''Board of Directors'' (BOD) can act on matters not requiring the vote of the entire membership, manage day-to-day operations, and implement strategic planning, policy, and budgets. Specifying an odd (rather than an even) number of voting BOD members eliminates the potential problem of tied votes. Officers of the organisation typically are voting members of the BOD, and service on the BOD can be an eligibility requirement for being a candidate for an officer position.

In an organisation with a representative style of governance, an elected ''Council of Representatives'' can serve as a less cumbersome subset of members that meets as directed by the document to vote on matters of importance to the organisation, including selecting officers and/or BOD members and setting organisational policy.

The document should specify the frequency and structure of the main meetings of the organisation. Generally, most specialty organisations have an annual meeting. It should be specified if the annual meeting will be held in the same locale each year, or if the site of the meeting will ''rotate'' to different locations. In addition to annual meetings, most organisations have provision for extra-ordinary general meetings to address major issues that arise at short notice and that cannot wait until the annual general meeting.

The document should also structure the organisation's ''sub-organisations''. Sub-organisations, such as committees, sub-committees, task forces, or other subgroups should be defined and their functions and operations delineated. It should specify whether the sub-organisations would be ''standing'' (in continuous existence) or ''temporary''. In particular, the important committees representing the vital functions of the organisation, such as Membership, Education, or Research, should be described in the document.

Committees can be used to carry out the day-to-day work of the organisation or deal with specific projects, and may need to meet more than once a year. Meetings may be in person, by telephone conference, by email, or via the Internet; the exact method need not be specified. The minimum number of meetings per year should be specified in the document. Common standing committees include ''Education'', which may be tasked to produce educational products and/or to run the organisation's annual meeting, ''Membership'', which actively

recruits and retains members, "Clinical Practice", which makes recommendations regarding updated clinical practice guidelines, and "Government" or "Political", which interacts with the government and/or health ministry and conducts political lobbying.

Sub-groups can be permanent or "standing" (in an ongoing manner) or can be temporary (ad-hoc), constituted for a specified time and task only. Often, geographic sub-organisations like Chapters are permanent. For example, a Chapter might include only members from a specific state or province. The minimum number of meetings for standing sub-organisations should also be specified in the document.

Other sub-organisations may be "task forces" or "interest groups" that address specific member needs or interests that are limited, specific, or focused, and not necessarily of interest to the organisation as a whole. The document should specify how these groups are formed and dissolved, what additional voting privileges they may enjoy, and how their activities will be overseen. Interests, such as "Pre-hospital Services", "Critical Care", "Ultrasound", or "Triage", may focus such sub-organisations.

New organisations must consider whether they will charge dues or offer free membership. If the organisation does not require membership dues, it must depend on donations or other alternate forms of financial support. Free membership reduces barriers to involvement, but may diminish the value of membership. Annual dues payment also provides a structure to confirm each member's contact information and continued interest in and commitment to the organisation.

If the organisation chooses to require dues, the cost by category of membership and mechanisms for changing dues should be specified. Organisations often create a progressive dues structure. For example, practicing physicians may pay more than retired physicians, non-physicians, or members-in-training. The organisation may have other sources of income, such as fees charged to attend educational meetings or programs or to purchase products. The actual fees charged by the organisation do not necessarily need to be specified in the document, but can be set and changed by a committee.

The status of the organisation as "non-profit" or "for-profit" will depend on local and national laws and regulations, but should be specified in the organisational document. Non-profit organisations return all revenue to the organisation to further its work. If a for-profit structure is chosen, the organisation must clearly address to whom the profits will accrue, and for what purposes. The document should delineate the organisation's financial structure to be "transparent" so that members can review finances. Typically an annual financial report is made available to members, and is often required by local tax and business legal rules.

A specialty organisation may specify certain ethical standards for its members and undertake a duty to censure and/or revoke membership from anyone who violates its ethical standards. The standard of evidence needed and process for this action should be outlined in the document.

A specialty organisation may wish to establish mechanisms to offer awards to honour or to recognise outstanding individuals. One way to achieve this is to confer "Fellowship". The organisational document should specify the requirements and selection process for Fellowship.

As the laws and customs of countries differ substantially, appropriate legal counsel should take into account local and national laws and regulations. Appropriate procedures must be followed to register the organisation with the government, if required. Further, legal protection of members and officers while acting on behalf of the organisation should be considered. This concept is called 'indemnification' and this protection should be incorporated into the document. Additionally, it is common that the organisation hold an indemnification insurance policy, which protects individuals acting on behalf of the group.

Secondary considerations

After creating a set of bylaws or constitution, the next phase involves establishing the physical structure of the organisation. Initially many specialty organisations depend entirely on non-paid volunteer work by the members and leaders, but as it grows there will be a need for paid staff and a "headquarters" office. The details of the physical office structure and staff work assignments do not need to be specified in the bylaws or constitution, but the organisation will need written policy papers on office operations and staff hiring and supervision. For large organisations, it may be necessary to have an administrator or "executive director" to operate the headquarters office and to hire and supervise the office staff. The executive director need not be a physician or a previous member, but the qualifications and responsibilities of the executive director should be specified in the document.

The organisation's office needs to maintain records of membership, finances, and activities, and to report organisational activities and finances as required by local and national regulations.

Another early consideration should be a web site. To be effective, the organisation's web site must be updated frequently. The organisation should decide if its web site will be maintained and updated by an individual volunteer, a committee, or specified office staff.

Once membership eligibility criteria have been established, the EM specialty organisation should develop a membership recruitment program. Some EM organisations recruit by offering free or reduced dues to trainees. Trainees who become committee members are able to list the membership on their curricula vitae, and often develop leadership skills.

Political considerations

Political activity is a potential function and benefit of a specialty organisation. The organisation represents EM to other healthcare stakeholders, and can negotiate on behalf of the specialty with the government. For example, Sweden credits the persistent lobbying of its EM specialty society with the recognition of EM as a supra-specialty in 2006, and its acknowledgement as a primary specialty in 2014.[27]

Political leverage with the other medical specialties is as important as leverage with the government. Specialty organisation support can help EPs gain privileges to practice and to be paid for clinical procedures also performed by other medical specialties.

Sometimes, differences in mission may spur the creation of more than one EM organisation within the same nation or region. For example, in Turkey, the Emergency Medicine Association of Turkey (EMAT)[28] and the Emergency Physician's Association of Turkey (EPAT)[29] both represent

emergency specialists, yet have different constituencies and missions. EMAT, the first EM society in Turkey, has both physician and non-physician members. EPAT represents only EM specialist physicians who have completed residency training. Both societies are actively involved in residency and post-residency training, have annual meetings, and advocate with the government.

Another political aspect for an EM specialty organisation to consider is parity. The organisation can advocate on behalf of its female or minority members who may feel that they are victims of discrimination in their EM working conditions.

Overview of regional and international EM organisations

There are EM organisations at many levels: global, regional, national, and local. After formation of a new national organisation of EM, the group should consider joining one or more of the regional or international EM organisations.

The International Federation for Emergency Medicine (IFEM) is a global umbrella organisation that has both national and regional EM organisations as members. IFEM strongly encourages new national EM organisations to join. Mutual benefits accrue as IFEM continues to represent all national EM organisations.

Regional EM specialty organisations include the Asian Society for Emergency Medicine (ASEM),[30] the European Society for Emergency Medicine (EuSEM),[31] the Latin American Asociación Latinoamericana de Cooperación en Emergencias Médicas y Desastres (ALACED),[32] and the African Federation for Emergency Medicine (AFEM). These organisations address topics of regional interest. For example, EuSEM's national members are discussing a single diploma pathway for all European EM physician specialists, which should facilitate intra-European professional mobility, congruent with EU goals.[33–35] As another example, AFEM recently published the Oxford AFEM Handbook for Acute and Emergency Care[36] and an EM curriculum for practice in low-resourced settings.

Some organisations that limit membership to physicians may partner with non-physician groups to strengthen their collective voice. For example, the Society of Emergency Medicine Physician Assistants (SEMPA)[37] is an organisation of Physician Assistants who work in EM; it partners with ACEP. Other physician organisations incorporate others via associate memberships, typically with reduced fees. Non-physicians, for example, may join the European Society for Emergency Medicine (EuSEM) or the Australasian Society for Emergency Medicine (ASEM)[38] as associate members.

Conclusions

There are many benefits to developing an EM specialty organisation, including increasing visibility for the specialty of EM, providing useful educational services, and effectively advocating with the government, other medical specialties, and healthcare delivery systems. As each EM specialty organisation affiliates with its regional organisations and with IFEM, the worldwide voice of EM strengthens. These affiliations increase resources for worldwide specialty development, networking, physician and student exchange, and harmonised education.

Conflict of interest

The authors declare no conflict of interest

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