



African Federation for Emergency Medicine African Journal of Emergency Medicine

www.afjem.com
www.sciencedirect.com



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

Elizabeth L. DeVos^{a,*}, Vicken Y. Totten^b, Lisa Moreno-Walton^c, C. James Holliman^d, Terrence Mulligan^e, Gabrielle A. Jacquet^f, Gautam Bodiwalla^g

^a University of Florida College of Medicine-Jacksonville, Department of Emergency Medicine, 655 W 8th St., Jacksonville 32209, FL, USA

^b University Hospitals Case Medical Center, 11100 Euclid Ave, Cleveland 44106, OH, USA

^c Louisiana State University Health Sciences Center, 1542 Tulane Avenue, Room 452, Box T4 M2, New Orleans 70112, LA, USA

^d Pennsylvania State University, M.S. Hershey Medical Center, 500 University Drive, Mail Code H043, P.O. Box 850, Hershey 17033-0850, PA, USA

^e University of Maryland School of Medicine, 110 S PACA 6th Floor, Suite 200, Baltimore, MD 21201, USA

^f Boston University, Center for Global Health and Development, 1 BMC Place, Dowling 1 South, Boston 02118, MA, USA

^g International Federation for Emergency Medicine, Lykkebo, 7 Blackthorn Lane, Oadby, Leicester LE2 4FA, UK

Received 27 August 2014; revised 23 September 2014; accepted 23 September 2014; available online 4 November 2014

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 spécialisée 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

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

* Correspondence to Elizabeth L. DeVos. elizabeth.devos@jax.ufl.edu

Peer review under responsibility of African Federation for Emergency Medicine.



Production and hosting by Elsevier

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 curricula¹⁹ 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 CAEP²¹), 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

Download English Version:

<https://daneshyari.com/en/article/3222729>

Download Persian Version:

<https://daneshyari.com/article/3222729>

[Daneshyari.com](https://daneshyari.com)