



American College of
Emergency Physicians®

ACEP 101

A GUIDE FOR
YOUNG PHYSICIANS

ACEP 101

A GUIDE FOR YOUNG PHYSICIANS

Larry L. Alexander, MD, FACEP
Editor

American College of Emergency Physicians
Section of Young Physicians

Copyright (c) 1998 American College of Emergency Physicians

PO Box 619911, Dallas, Texas 75261
1125 Executive Circle, Irving, Texas 75038
1-800-798-1822
972-550-0911
972-580-2816 (FAX)
www.acep.org

Contributors

Nancy J. Auer, MD, FACEP

President, ACEP; Chief of Staff, Swedish Medical Center, Seattle, WA; Medical Director of Emergency Services, Swedish Medical Center, Seattle, WA

Mark N. Bair, MD

Chair Elect, ACEP Young Physicians Section; Timpanogos Regional Medical Center, Salt Lake City, UT

Brian D. Baxter, MD, FACEP, MAJ, US Army

Councilor, ACEP Young Physicians Section; Assistant Chief, Emergency Medicine, Walter Reed Army Medical Center, Washington, DC; Assistant Professor, Military and Emergency Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD

Anne Calkins, MD

St. Joseph's Hospital Health Center, Syracuse, NY; Strong Memorial Hospital, University of Rochester, Rochester, NY

Ronald A. Charles, MD, FACEP

Assistant Professor, Division of Emergency Medicine, The University of Texas at Southwestern Medical Center, Dallas, Texas

L. Anthony Cirillo, MD, FACEP

Chair, ACEP Young Physicians Section; Physician-in-Chief, Department of Emergency Medicine, Memorial Hospital of Rhode Island, Pawtucket, RI; Clinical Assistant Professor, Brown University School of Medicine, Providence, RI

Steve Dresnick, MD, FACEP

ACEP Speaker of the Council; President and Chief Executive Officer, FPA Medical Management; Clinical Professor, University of North Carolina at Chapel Hill, Chapel Hill, NC

Stephen K. Epstein, MD, MPP

Emergency Physician; Section of Public Policy and Outcomes Research; Division of Emergency Medicine, Beth Israel Deaconess Medical Center; Instructor in Medicine, Harvard Medical School, Boston, MA

Jeffrey M. Goodloe, MD

Immediate Past President, EMRA; Emergency Medicine Residency, Methodist Hospital of Indiana, Indianapolis, IN

Maryanne W. Lindsay, MD

Section Affairs Committee Liaison, ACEP Young Physicians Section; Mount Airy Emergency Physicians, PLLC, Mount Airy, NC

John C. Moorhead MD, MS, FACEP

President Elect, ACEP; Professor, Emergency Medicine, Oregon Health Sciences University, Portland, OR

Pamela A. Ross, MD, FACEP

Alternate Councilor, ACEP Young Physicians Section; Assistant Professor of Emergency Medicine, University of Virginia, Charlottesville VA

John H. Scott

Director, ACEP Government Affairs Washington, DC

Robert E. Suter, DO, MHA, FACEP

Chief, Emergency Services, Medical City, Dallas, TX

Joanne Tarantelli

Executive Director, New York ACEP

Todd B. Taylor, MD, FACEP

Chair, ACEP Section Affairs Committee; Attending Emergency Physician, Good Samaritan Regional Medical Center & Phoenix Children's Hospital, Phoenix, AZ Affiliate Assistant Professor, Division of Clinical Education, Arizona College of Osteopathic Medicine, Phoenix, AZ

Contributing Editor

Michael S. Weinstock, MD, FACEP

ACEP Board Liaison, Young Physicians Section; Lehigh Valley Hospital, Allentown, PA

This book is dedicated to the memory of Robert J. Doherty, MD, FACEP, and his unceasing efforts to promote the specialty of emergency medicine, ACEP, and young physicians, while never forgetting that the patient comes first. Bob was a loving husband, father, and a great friend. He is missed.

Preface

Any endeavor in life starts with a first step. The first step for this book was an idea that came about in a discussion almost three years ago. The Young Physicians Section had just formed and Bob Doherty and I were looking for a means to educate the section. We hoped to provide some sort of service that would inspire as well as educate and thus start any young physician on the road to leadership training.

Bob was an ACEP representative to the AMA-YPS and had come across a publication that was being circulated at the AMA for young physicians. The publication was a primer on legislative issues. He liked what he saw and wanted to do something similar at ACEP. He felt that the content and format could be expanded so that it would be more beneficial to young physicians and believed that the newly formed YPS should take this on as a project.

We discussed the idea and decided to delay it for one year to allow the section to time to solidify. During that time, Bob was diagnosed with cancer. The idea was still something we both felt was very important.

In the second year YPS submitted a proposal for an ACEP Section Grant and was funded for the project. Unfortunately, Bob passed away before he knew the project was a go. But his idea lives on and is now a reality.

ACEP 101 is a book designed to help any physician but especially those new to the practice of emergency medicine or new to ACEP. Hopefully it will be used as a resource to provide information on all aspects of ACEP and ACEP opportunities for members at both the state and national level.

Larry L. Alexander, MD, FACEP
May 1998

Contents

Preface.	ii
Guide to Acronyms	iv
You're New, What's Next?	
Transition to Active Membership	2
Who's in Charge?	
ACEP Council	6
ACEP Board of Directors.	9
How Does It Work?	
Resolutions	14
Reference Committee and Caucuses.	16
Parliamentary Procedure	18
Development of ACEP Policy	24
Who Ya Gonna Call?	
ACEP Staff, Dallas	30
ACEP Staff, Washington, DC.	30
What Ya Gonna Do? How Ya Gonna Do It?	
ACEP State Chapters	36
Getting Involved Nationally	39
Sections	39
Committees	43
Liaisons	45
Running for Office.	50
ACEP Scientific Assembly Meeting Dates.	55

Guide to Acronyms

AACEM	Association of Academic Chairs in Emergency Medicine
AAEM	American Academy of Emergency Medicine
AAOPP	American Association of Osteopathic Post-Graduate Physicians
AAWEP	American Association of Women Emergency Physicians
ABEM	American Board of Emergency Medicine
ABMS	American Board of Medical Specialties
ACEP	American College of Emergency Physicians
ACGME	Accreditation Council for Graduate Medical Education
ACOEPP	American College of Osteopathic Emergency Physicians
AMA/RPS	American Medical Association/Resident Physician Section
AMA	American Medical Association
AMWA	American Medical Women's Association
AOA	American Osteopathic Association
AOBEM	American Osteopathic Board of Emergency Medicine
COPT	Committee on Osteopathic Post-Doctoral Training
CORD	Council of Residency Directors
EMF	Emergency Medicine Foundation
EMRA	Emergency Medicine Residents' Association
HCFA	Health Care Financing Administration
NAEMSP	National Association of EMS Physicians
RRC/EM	Residency Review Committee for Emergency Medicine
SAEM	Society for Academic Emergency Medicine

A stylized, high-contrast illustration in shades of gray. It depicts a muscular person wearing a cap, climbing a jagged mountain peak. The person is holding a pickaxe aloft in their right hand. The background consists of horizontal stripes, and the mountain itself is composed of various geometric shapes and stripes, creating a dynamic, abstract landscape.

YOU'RE NEW, WHAT'S NEXT?

**Transition to
Active Membership**

Transition to Active Membership

For some emergency physicians the transition from candidate to active member of ACEP involves only a change in dues structure. The definitions of the classes of membership can be found in the ACEP Bylaws, now only a cyber-site away. However, to really consider the notion of “candidacy” in a professional organization, particularly as a stepping stone to active membership, one must look beyond the Bylaws to the more substantial concept of “professionalism.” Becoming active means more than a change in dues and voting structure.

Article III, Section 2.5 of the ACEP Bylaws defines Candidate members as “Any medical or osteopathic student, intern, or physician participating in an emergency medicine residency or fellowship....” In Article III, Section 5, regarding voting and holding office, the constraints of the candidate member are defined. Specifically, “At the national level, candidate members shall not be entitled to vote or hold office, except when designated as Councilor or alternate Councilor from their chapter, section, or the Emergency Medicine Residents’ Association (EMRA).” Further, “Candidate members when appointed to national committees shall be entitled to vote on committee business.” Also of note, candidate membership does not apply to the college fellowship requirements.

After reading all of this “stuff” about candidates, one can still feel confident that dues payment is the only necessary requirement for membership. Even after consideration of the Bylaws definition of active membership, the individual physician may still opt to pay dues and go about his or her merry way. So why bother reading this chapter? Read on!

Medicine is one of the true professions. As such it has a recognized code of conduct, ethical standards, fee structures, and a body of knowledge unique to its practitioners. ACEP is the professional organization to which our own and other professionals turn for information regarding emergency medicine. Yes, there are other organizations which respond to various specific interests of emergency physicians, but only through ACEP are all of these interests unified.

As emergency physicians, we have an obligation to recognize, adhere to, and promote the tenets of our profession. Each practitioner finds ways to accomplish this obligation on a daily basis. Teaching residents and students, practicing in an ethical, competent manner, and performing meaningful research are all examples of professional behavior. Most of us take the next step and become members of ACEP recognizing that there is value in having our name associated with this organization that represents our specialty to the world. By acknowledging this value, each individual claims an interest in maintaining the integrity of the organization.

The primary goal of the candidate member is to learn the practice of emergency medicine. Medical school and residency are taxing endeavors, leaving little time for humanitarian, political, or social activities. Nonetheless, one cannot leave residency

without some sense of the evolving economic and political arena of the specialty. The candidate may also be a member of EMRA, an organization that provides more opportunities to learn and communicate with other candidate and active members in the country. EMRA membership can be a great asset been in the transition from candidate to active membership in the college.

Through EMRA, the resident learns that he or she can make a difference. If each EMRA member were to discuss a topic of interest from a representative Council meeting or from EM Resident with fellow residents or faculty, the transition has begun to occur. For the ambitious resident who becomes actively involved in EMRA leadership, one might say that the transition has already occurred; the candidate member already has the makings of an active member.

The Young Physicians Section of ACEP (YPS) has become another resource to assist with the transition to active membership. YPS focuses on the development of future ACEP leaders from its newest active members, and has a Councilor with one vote on the ACEP Council. The section seeks to educate and stimulate residency graduates, and encourages participation within the ACEP infrastructure. All ACEP sections and committees promote the interests of emergency physicians. Becoming involved in these activities contributes to the transition from candidate to active member.

To enhance participation by new active members, ACEP has instituted a graded dues structure. Recent residency graduates lobbied the ACEP Council successfully to augment dues payment over three years' time so as to increase retention of candidate members.

Finally, who is the active member? According to Article III, Section 2.1 of the Bylaws, "The active members of the College shall be physicians who devote a significant portion of their medical endeavors to emergency medicine. They must be licensed in the state, province, territory, or foreign country in which they practice, or be serving in a governmental medical assignment. They shall fulfill such post-graduate education requirements as may be prescribed by the Board of Directors." Actually, a resolution passed by the ACEP Council in October of 1997, requires that all new members must be residency trained and/or Board certified in Emergency Medicine after December 31, 1999. After three years of active membership and attainment of board certification, the emergency physician may apply for fellowship in the College. Aside from these basic requirements, fellow candidates must demonstrate evidence of high professional standing. Numerous examples include, "...active involvement beyond holding membership in voluntary health organizations, organized medical societies...active involvement in hospital affairs...active involvement in EMS..."

The emergency physician is fortunate to be part of a young, vital, evolving specialty. None of these adjectives have any passive connotations, and as such a specialty there are plenty of opportunities to contribute, to be active. The inception of ACEP

27 years ago marked the beginning of the profession of emergency medicine. Since then many challenges have been confronted and surpassed by its active members, who always seek to maintain the value and integrity of the organization.

How do I become active? How do I successfully achieve the transition from candidate to active member of ACEP? Come to Scientific Assembly, visit the ACEP website, join the Young Physicians Section, read 24/7, or ACEP News, join your state chapter, become involved in hospital committees...all of these are simple steps to the road to activity. If you are an active member, ask yourself why, and if the answer is, "Because there is value to calling myself a member of ACEP," then think about becoming really active and work to shape the future of your professional organization.



WHO'S IN CHARGE?

ACEP COUNCIL

**ACEP BOARD OF
DIRECTORS**

ACEP Council

ACEP members representing the 53 chartered ACEP chapters (50 states, District of Columbia, Government Services, and Puerto Rico), the Sections of Membership (Young Physicians, EMS, etc.), and EMRA collectively form the Council. The number of representatives, called Councilors, from a single state is determined each year by the number of ACEP members in that state's chapter on the preceding December 31st. Every chapter has at least one Councilor; an additional Councilor may be seated for every 100 chapter members. Each section of membership may send one Councilor yearly, provided it is established and in compliance with all section requirements by the preceding December 31st. EMRA sends four Councilors yearly. Each of these Councilors may cast a single vote on any issue that the Council decides. In addition, an equal number of alternate Councilors, selected in like manner and number, attend the Council meeting. An alternate Councilor may speak to any debated issue, but does not vote unless substituting for the same group's Councilor.

Each state, section of membership, or EMRA may decide the manner in which their respective Councilors and alternate Councilors are named. The ACEP Bylaws do limit Councilors to two or three year terms, though no term limits apply. Most states designate some or all chapter officers as Councilors. Remaining positions and alternates are often chosen by election during a state chapter's annual meeting. Sections often send their chair as Councilor. The Young Physicians Section holds separate Councilor and alternate Councilor elections in its meeting during the week of Scientific Assembly. EMRA Councilors are appointed from the EMRA Board of Directors by the EMRA President.

The Council is a deliberative body which meets once a year for two days in conjunction with the College's annual Scientific Assembly. The Council votes on resolutions which may be introduced by any member (as long as there are at least two people who co-sign the introduction of the resolution). The Council is also the body which votes on proposed changes to the Bylaws. Whether it is a resolution or a Bylaws amendment, actions of the Council are also voted on by the Board of Directors (Board).

One of the main purposes of the Council is to annually elect members of the Board. There are 12 elected members of the Board and each year 1/3 of the Board seats need to be filled by a vote of the Council. Each year, the President appoints a Board Nominating committee which reviews candidates whose names are either self submitted or submitted by a chapter or section. The Committee may also seek candidates directly. The Nominating Committee reviews all possible candidates against certain criteria that includes, prior leadership activities within the College and involvement on a chapter or section level, and develops a slate of candidates to fill the positions up for election. Historically the Nominating Committee has nominated more candidates than positions available. This allows candidates to gain

exposure while also giving the Council a choice among qualified candidates. Candidates may also be nominated during the Council meeting when the Speaker calls for floor nominations as long as they submit the same materials required of all candidates at the time of the nomination. Such material includes candidate disclosure forms, ACEP activities, and answering questions that are then distributed to Councilors so that they will have better knowledge of the positions of the candidates on specific topics.

The Council is led by the Speaker and assisted by the Vice Speaker. These members are elected bi-annually by the Council itself. In addition to leading the annual Council meeting, the Speaker and Vice-speaker also attend and participate in all of the meetings of the Board . The Speaker also appoints members of the Steering Committee and other Council committees. Candidates for this position are chosen by a nominating committee in a manner similar to that described above for candidates for the Board.

The Steering Committee

The Steering Committee is comprised of 15 Councilors appointed by the Speaker. The purpose of the Steering Committee is to help plan the annual meeting, to serve as advisors to the Board between Council meetings, and to help with long range planning of the Council. The Committee meets at least two times a year. One of the meetings is held on the evening prior to the beginning of the Council meeting in order to review and approve any late resolutions. All actions of the Steering Committee are subject to final approval by the Council at the next regularly scheduled Council meeting.

Tellers and Credentials Committee

This committee is composed of four to six Councilors who assist the Speaker and Vice Speaker during the annual Council meeting. The committee assures that only credentialed Councilors are seated on the floor of the Council. ACEP Councilors are certified by the sponsoring body and confirmed by ACEP staff two months prior to the annual Council meeting. They also assist in counting votes when the votes are too close for the Speaker to call by simple observation. This committee is also responsible for handling the balloting for elections for the Board and the Speaker/Vice Speaker elections.

Council Meeting

The ACEP Council is truly a democratic group. Any member can speak on a topic at reference committees, Councilor or not. Resolutions that are submitted by the published deadline are automatically accepted for discussion. Resolutions that are submitted after the published deadlines are considered “late” resolutions and must be approved by the Steering Committee. Any resolutions that are submitted after the beginning of the Council meeting itself are considered emergency resolutions and can only be accepted for discussion after a vote of the Council itself. Currently an emergency resolution requires a majority vote and the author must show cause

as to why it is of such importance to be considered outside of the normal process and why it could not have been submitted in a timely manner.

All resolutions are assigned to a reference committee. Reference committees are chaired by experienced members of the Council who usually have served at least one year on the Steering Committee. Usually four to six additional Councilors are assigned to each reference committee by the Speaker in advance of the meeting. There are four reference committees that meet simultaneously to hear testimony. They are:

Reference Committee	A	By-laws amendments
Reference Committee	B	Emergency Medical Practice
Reference Committee	C	Education
Reference Committee	D	Government Affairs

Reference committee hearings are open to all members, guests, and interested outside parties. Testimony is heard on each item including specific points of concern, as well as the general pros and cons of adopting the resolutions. Suggestions may be received on specific wording which may enhance or clarify a specific resolution.

Following open hearings, each reference committee will convene an executive (closed) session for deliberation and development of its report to the Council. One or more ACEP staff will assist each committee during the hearing and during the executive session. The resulting report will contain recommendations for adoption, rejection or modification based on the testimony that was heard. Usually the recommendation of the reference committee reflects the majority of opinions expressed by those providing testimony. On occasion a recommendation may be contrary to the testimony heard because of facts that may be discovered after review by the committee of existing ACEP policy or based on other advice (legal, financial) provided to the committee. The report for each reference committee is distributed by the beginning of the second day of the Council meeting.

During the Council session, each Reference Committee chair presents the committee's recommendations. The Speaker will then entertain debate on the topic. During this session, debate is allowed only by credentialed Councilors. Non-Councilors may be allowed to speak at the discretion of the Speaker. Councilors wishing to speak on a topic must go to a microphone and wait to be recognized by the Speaker. Exceptions to this are motions that, according to parliamentary procedure or by the Council's Standing Rules, do not require such recognition. Because most of the debate on an issue should have taken place during the reference committee hearings, debate on the floor of the Council is usually of a limited nature. Although a reference committee's recommendation carries great weight, any Councilor may speak for or against a recommendation or may offer an amendment. If an amendment is proposed, the Council first has to vote on accepting the amendment. If adopted, debate will then shift to the merits of the resolution as amended. If the amendment is defeated, the original resolution is again open for further discussion

or amendment.

To ensure that the business of the Council is conducted in an orderly and fair manner, the Council meeting is run according to parliamentary procedure. While there are a number of parliamentary authorities, ACEP has chosen Sturgis as the authority of record.

Once a resolution is passed by the Council it is then submitted to the Board. The Board must act on a resolution no later than its second meeting following the Scientific Assembly. Bylaws amendments require a two-thirds majority vote of the Board and non-Bylaws resolutions require a three-fourths majority vote of the Board to overturn a resolution that was passed by the Council. The Board, while having the power to accept or reject a resolution, does not have the authority to substantively amend a resolution passed by the Council. If a resolution is overruled, a report must be presented to the Council at the next annual Council meeting. Bylaws amendments passed by the Council but rejected by the Board are returned to the Council where the Council has the power to overrule the Board with a two-thirds majority vote of the Councilors present and voting.

ACEP Board of Directors

The ACEP Board of Directors (Board) provides the day-to-day management and direction of the College as outlined in the Bylaws. The Board consists of 12 elected members. If an individual is elected by the Board to serve as President Elect at the end of his/her second term, and thus serves as President and Immediate Past President after the elected term has expired, a maximum of 14 directors may sit on the Board. Each Board member serves for a term of three years. A member may run for the Board for a second consecutive term. It is anticipated that Board members will run for this second consecutive term. Board members generally spend the first three years learning the multitude of College processes, programs, and activities. The experience they gain makes them a much more effective Board member in the second term.

How the ACEP Board is Elected

The Board is elected by the ACEP Council. The Council generally meets just prior to the Scientific Assembly in the fall of each year. Each Councilor who represents a state or a section of the College has one vote. There is a Board Nominating Committee made up of members of the Board, the Council, and members-at-large. The Board Nominating Committee prepares a slate of candidates to present to the Council. A total of four Directors are up for election annually. Some of these Directors may be incumbents. An incumbent is usually selected by the Board Nominating Committee to run for a second term. Other candidates are chosen based on their past service to their state chapters and on a national level. On a state level, candidates are expected to have served as an officer in their state prior to running for national office. Service on College committees and in the Council is recommended.

The Council Steering Committee prepares questions on various current activities of the College for the Board candidates. The candidates provide answers to these questions in the Council Notebook prior to the Council meeting. At the end of the first day of the Council meeting, a Candidates Forum is held where the candidates answer additional questions posed to them for debate in an open setting. At the opening of the Council meeting, the Speaker will call for any additions to the nominations. At this time, chapters and sections are free to nominate candidates from the floor. The Board and Council officer elections take place at the end of the second day of the Council meeting.

How the President is Elected

The President of the College is elected by the Board. The election of officers takes place at the Board meeting at the end of the Scientific Assembly. A Secretary/Treasurer, Vice President, and President Elect are also elected at that time. The term of office is one year. The President serves as both the Chairman of the Board and as the official spokesperson for the College.

Executive Committee

The Executive Committee is made up of the Secretary/Treasurer, Vice President, President Elect, President, and Immediate Past President of the College. They meet by conference call approximately ten times a year. The Executive Committee helps facilitate the work of the Board. They also can make decisions on policy and perform other College business in lieu of the Board, but all actions they take must be approved by the entire Board at its next meeting.

Board Member Duties

The Board works closely with the ACEP Council Officers. The Council Officers are funded to attend all meetings of the Board. Although they do not vote, their opinions are solicited and they enter into the full debate on issues. The Board relies on the Council Officers to represent the Council in their discussions and deliberations. The Board participates in the Council meeting by providing testimony on their activities as it relates to various resolutions at the Reference Committees. The Board is seated on the floor of the Council. Board members do not have a vote at the Council meeting. They do, however, have the power of the microphone and are expected to give their advice and background information during the Council's deliberations. The President of the Board, the Council Officers, and the Executive Director of the College work together to continuously refine the interactions of the Board with the Councilors so that each can get the maximum benefit from the other.

The Committees of the College are extremely important. They are made up of member experts who do the work of the College. Each year in the spring, the President Elect, with input from members, committees, sections, staff, and the Board develops a set of committee objectives. These objectives are quite diverse. They encompass the many interests of the members of the College. They address

such issues as health policy, financial issues, well-being, membership, and practice management. The Bylaws specify that there shall be four Committees: Compensation, Bylaws, Finance, and Nominating. Currently the College has an additional 26 committees for a total of 30 committees.

The President Elect selects the chair and committee members. The chairs are selected in early June. Working with their staff liaisons at the College, the committee chair develops a potential committee member list. A Committee Chair's Workshop is held in Dallas in July. At that time, the committee objectives are reviewed with the committee chair and members of the College are appointed to the various committees. Any member who is interested in serving on a College committee should complete a Committee Interest Form and submit it to the College-the usual deadline is June 1. Notification of the selection cycle is usually announced in all of the state chapter newsletters. The Committee Interest Form can also be obtained by calling the College at 800-798-1822 or by visiting the ACEP website.

In addition to selecting the committee chair and members, the President Elect also nominates a member of the Board to serve as the Board Liaison to the committee. The Board Liaison is responsible for providing a conduit from the Board to the committee so that the committee's work keeps on an appropriate schedule and is acted on expediently when it comes to the Board for discussion or approval.

Sections differ from committees in their relationship with the Board. While the President Elect appoints a committee chair and its members and approves its objectives for the year, sections elect their own chair and develop their own objectives. The President of the College can and does ask the section members to participate in the planning of objectives relative to their interest group. The Board has created the Section Affairs Committee which is made up of representatives from the various sections. The Sections Affairs Committee has several objectives dealing mainly with ensuring that sections are in compliance with their membership requirements and have carried out their appropriate reporting. Sections also have an assigned Board liaison to help facilitate their activities.

The Board interacts with state chapters directly by means of leadership visits. Every other year, a state chapter can request a leader of the College to participate in one of their meetings. These visits are funded by ACEP. If the leader of choice is not available at the time requested, a substitute will be proposed. If the substitute is not acceptable to the state, they may trade their leadership visit with another state for a different year, or try to get the leader of their choice at another more mutually suitable time.

The state chapters have input to Board processes through several other mechanisms. They can submit committee objectives to the President Elect of the College. They can speak directly to the chairs of committees on issues as well. The state chapters elect Councilors who represent the states' membership at the Council meetings and debate issues, providing direction to the Board.

ACEP has developed a new way for the President to communicate directly with chapters. This communication is in the form of a quarterly conference call in which the President talks about issues and has an ‘open mike’ for questions and answers. This gives state chapters an opportunity to ask the President questions directly, and to seek advice from other state chapters as well.

ACEP Policy

Policy must be approved by the Board before it becomes official policy of the College. Policy comes to the Board in several different ways. While a member of the College can submit an idea on an issue which he/she believes the College needs a policy, generally policy suggestions come to the Board from one of two routes: 1) the President will assign a committee to develop a policy on an issue, or the committee will suggest the need for a policy to the Board or 2) issues may arise on the Council floor in which the Council directs the Board to develop a policy addressing that issue.

The policies of ACEP can be found in the ACEP Policy Summaries or on the ACEP website. This book is updated every year. It contains all of the policies of the College that are intended for use by the membership with external audiences. Internal policies regarding the governance of the College are not included. Policies that are five years old are reviewed by the Board regularly. They may be reaffirmed, sent back to a committee or to the Council for review, or if the information they contain is outdated, be allowed to sunset.

Representation of the Membership

The Board is responsible for representing all aspects of emergency medicine to the membership and to the external world. When a member serves as a chapter officer or as a Councilor from a chapter, he/she has a primary duty to represent the interests of his/her own chapter. When a member is elected to the Board, that role changes. The member no longer can have the viewpoint of his/her chapter only, but must consider what is good for the membership as a whole, as well as what would best represent the interest of emergency medicine when dealing with external agencies such as HCFA and the Federal government. One of the strengths of the Board is the richness of past experience obtained at the local level. However, a Board member must have a national view.

The President of the College is the official spokesperson for the College and acts as the representative for all the membership when dealing with external agencies. The President may delegate this representation to other members of the Executive Committee, the Board, or to members-at-large who may have expertise on a certain subject.

The Board encourages open communications with the members and with the state chapters. The Board actively seeks ways to refine communications so they can most accurately represent their members and include the expertise of the membership in their deliberations.



HOW DOES IT WORK?

Resolutions

**Reference Committees
and Caucuses**

**Parliamentary
Procedure**

**Development of
ACEP Policy**

Resolutions

What are resolutions?

Resolutions direct and guide the political business of the College and are the means by which the College debates issues, addresses problems, and recognizes opportunities. Resolutions originate from membership, not ACEP staff. A resolution is composed of a series of background statements followed by statements of action which are clear, concise, and specific. Although complicated resolutions may be submitted, many goals are achieved through a series of appropriate resolutions as opposed to one large complex resolution. In the past, resolutions have resulted in a broad range of outcomes: changing of the College's membership requirements, changing of the dues structure, development of career awards, policy statements on the anti-stalking laws of the country, and much more.

How do resolutions develop?

A resolution is the method of communication for a member or group of members who recognize an issue. Individuals, state chapters, sections, EMRA or the Council Steering Committee may submit resolutions. The initial resolution should be reviewed by other members to begin refinement and clarification of the intention. This review develops a network of supporters for the proposed idea. A good place to begin this "peer review" is your state chapter or your section, potentially obtaining sponsorship of the resolution. Each step of the way, up until the minute the resolution is finally voted, additional editing of the original resolution will likely occur.

All resolutions are discussed at the Council meeting after review by the Councilors, alternate Councilors and many leaders throughout the various constituent groups of the College (sections, state chapters, ACEP Board, EMRA). The resolutions are reviewed and discussed in Reference Committees during the early part of the two-day Council meeting. The Reference Committee hearings are open forums for testimony, and the author (or authors) of resolutions should plan to be present for this discussion and debate as further clarification and justification is often necessary. After all testimony is heard, these committees may suggest editorial changes to the original resolution. On the second day of the Council meeting, the resolution is considered by the Council, and again, discussion and potential amendments are considered. Finally, a vote is taken on the resolution.

How is a resolution written?

Resolutions must be written in a specific, structured format. Background material must be as complete as possible in the form of "WHERE AS" statements that list the logical reasons for formal discussion of the issue. These statements justify the action proposed in the second part of the resolution, the "RESOLVED" statements. The "meat" of the resolution lies in these final clauses.

The "WHERE AS" statements are the background material. Preparation of objective background material is done by compiling as much information as possible

about the issue and the proposed action. Not all information needs to be presented within the resolution itself; however, several convincing and clear statements that demonstrate the general issue or idea are necessary to educate the voting Councilor on the current status and related statistics. These statements should include objective facts only. Additional background material will be prepared by ACEP staff and attached to the resolution prior to dissemination in the Council notebook. However, ACEP staff will not alter or edit the resolution without permission.

The “RESOLVED” statements are the actions proposed. All actions proposed within a single resolution need to be related. Although these concluding statements obviously relate to the previously stated background material, they should be written in complete statements that could be clearly understood when read individually. Each “RESOLVED” statement must either state proposed ACEP policy or a directive upon which ACEP would act should the resolution be adopted.

Sample Resolution (97)

Submitted by: Robert E. Suter, DO, MHA, FACEP
American College of Emergency Physicians
EMS Section

WHERE AS, Stalking is a significant problem in our society, and

WHERE AS, Stalking can result in injury or death to the victim, and

WHERE AS, Emergency patients are at higher risk to be stalking victims due to the high incidence of domestic violence in our patient population, and

WHERE AS, Emergency Physicians are arguably at higher risk to be stalking victims than the general population due to our high profile interface with the community, and

WHERE AS, In spite of anti-stalking laws in 49 states and the District of Columbia, the variability, frequent misdemeanor status, and frequent absence of full protection of unrelated victims render many of these laws ineffective, and

WHERE AS, Stalkers frequently employ methods, such as eavesdropping and the Internet, to stalk their victims, therefore meeting criteria for federal intervention, and

WHERE AS, the Council is shocked by the murder last week of Councilor Steven McDonald, D.O. (EMRA) by a stalker, who pursued him for 18 months during which time Dr. McDonald repeatedly requested the assistance of the local police. Therefore, be it

RESOLVED, that the American College of Emergency Physicians support efforts to further define the knowledge about stalking and it's prevention, especially as it relates to emergency patients and staff, and further be it

RESOLVED, that the American College of Emergency Physicians support efforts

to strengthen anti-stalking laws to protect the rights and safety of stalking victims, and be it further

RESOLVED, that American College of Emergency Physicians investigate supporting model anti-stalking bylaws and/or federal anti-stalking statutes which could be used when state legislation and local law enforcement authorities are not adequately protecting the rights and safety of stalking victims.

How is a resolution presented to the Council?

Resolutions may be proposed by any current ACEP member, but must be submitted to the ACEP office 90 days prior to the annual Council meeting with endorsement of at least two members of the College. Depending on the dates of the Council meeting, the deadline is usually in July and is different each year. Resolutions submitted on behalf of a state chapter, a committee, or section must be officially endorsed by the leader of the sponsoring body or bodies. Therefore, it may be necessary to begin discussion of a proposed resolution months prior to this deadline. The more editing that is done prior to the Council meeting, the more likely that the resolution will pass when the diverse Council body actually votes. In addition, this networking among peers builds support for the proposed idea. This needs to be done both prior to submission (during the development and editing process) as well as up to the time of the final vote. Last minute resolutions, though allowed under special circumstances, usually are not accepted for discussion or vote.

There are two types of resolutions that are recognized by the Council-Bylaws resolutions and Non-Bylaws resolutions. Bylaws resolutions must receive a two-thirds majority vote of those Councilors present and certified by the Tellers and Credentials Committee. The resolution must then receive a two-thirds majority by the Board. A Non-Bylaws resolution needs only a simple majority of Councilors present and certified by the Tellers and Credentials Committee and a simple majority vote by the Board.

Submit resolutions to the Council Secretary:

Colin C. Rorrie, Jr., PhD, CAE
American College of Emergency Physicians
PO Box 619911
Dallas, TX 75261-9911

Reference Committees and Caucuses

A Reference Committee is a forum for Councilors, members, and nonmembers of ACEP to present their views on topics submitted as resolutions to the ACEP Council. There are four reference committees. The reference committees are:

- ◆ Reference Committee A By-Laws amendments
- ◆ Reference Committee B Emergency Medical Practice
- ◆ Reference Committee C Education
- ◆ Reference Committee D Government Affairs/other

Each committee is comprised of a chairperson and a group of three Councilors that will hear testimony and develop a position on the resolution. The Speaker and the Vice Speaker choose these individuals prior to the Council Meeting.

Resolutions are divided among the reference committees by topics. The committees meet simultaneously. This means that the Councilors must determine the topics in which they are interested in and plan their meeting times appropriately. The hearings are open to anyone that would like to make comments. This is the forum for discussion of the resolutions. It is expected that most or all discussion of a resolution will occur in the Reference Committee meeting so that action on the resolution is all that occurs on the Council floor.

What is testimony?

Testimony is the presentation of information for or against a resolution and is the opportunity to present any additional background material that may not have been presented to the Reference Committee prior to the Council Meeting.

What does the Reference Committee do?

After all testimony has been heard, the committee will enter into executive session for deliberation and construction of a report. ACEP staff members will assist the members of the committee. ACEP policy is reviewed as it pertains to the topics discussed. The final report provides the Council with the Reference Committee's recommendations. The recommendations will be either to adopt, reject, refer for decision, refer for report, or to adopt a substitute resolution crafted by the reference committee that better reflects the desire and express intent of the resolution and the testimony given.

What is a Caucus?

Caucuses are groups of individuals that are aligned around similar ideology or political views.. The caucus functions as a forum to discuss the topics of the resolutions on a smaller scale. They also provide an opportunity for the candidates running for office to present their platform to a smaller group. The small states caucus was developed so the smaller states could join together and share the benefits enjoyed by some of the larger states. The small states caucus is important because, as a group it can carry the weight of a large state on issues.

Parliamentary Procedure

Parliamentary procedure is the language of representative democracy. It is an organized code for the conduct of discussions that are intended to lead a group to action.

The purpose of parliamentary procedure is to allow for fair, civil, and efficient meetings. In the absence of understood rules, meetings on controversial topics could easily degenerate into shouting matches. Using parliamentary procedure to avoid these sorts of problems ensures that each participant's view and time are respected.

ACEP has chosen Sturgis: Standard Code of Parliamentary Procedure. While not as well known as some other codes, it is similar, if not identical to them. Any differences are primarily in terminology with few other subtle nuances.

Parliamentary procedure is used in nearly all organized ACEP meetings. This includes meetings of the Board of Directors, the ACEP Council, sections of membership, and all of the committees and sub-committees of these groups. This is true for conference calls and meetings. Parliamentary procedure is used at the state chapter level as well.

The basic unit of parliamentary procedures is the "motion." All discussion centers on the motion. In fact, in the absence of a motion, no discussion can occur. In this situation, with only a few exceptions, when there is no motion to discuss, the Chair of the meeting is the only person empowered to speak or ask questions.

Under Sturgis, the primary exception to this rule is a "Question of Privilege" or "Point of Privilege." This allows for a brief request, question, or statement, that clarifies a point or statement for the questioner or the group. This may be something as innocuous as asking someone to speak louder, or may be related to repeating or restating what was said to ensure that no misunderstanding has occurred. In a large setting, such as the ACEP Council, this privilege must be specifically requested and granted. At smaller meetings, it is generally assumed when you are recognized by the Chair. In either case, to be an appropriate use of "privilege" your question or statement must be both brief and related to clarifying or enhancing understanding.

When a meeting moves from approval of minutes, officer and staff reports, and other routine functions into the business or action portion of the agenda, the motion becomes the predominant focus. The proper discussion of any issue must begin with a motion in favor of a course of action. This motion requires a "second," or the support of another participant. Sometimes, the motion, the second or both will be offered by someone who does not necessarily support the action. In this case the motion or second was made to allow discussion of the issue.

In larger meetings with long agendas such as the ACEP Council, motions are formalized as "Resolutions." A resolution is simply a written motion or combi-

nation of several related written motions on a single topic combined with the sponsor's reasons for making the motion. In a resolution these reasons are preceded by "WHERE AS", while the motion(s) are preceded by "RESOLVED". See Exhibit 1.

Once the original or primary motion is seconded and "on the floor" for debate, a number of things can occur. First, meeting participants may speak for or against the motion. Proper procedure is for each discussant to begin their statement with "I am (for/against) the motion because..." In a simple situation once a satisfactory discussion has occurred the Chair will call for a vote. At this point, the motion will either pass or fail. If the sponsor of a motion realizes the motion is doomed to fail, he/she may "withdraw" the motion.

Not all issues are resolved so simply. As meetings get larger, the possibility of having additional motions "on top of" the primary motion increases proportionally. The important thing to remember is that the main motion does not go away until it is either approved, defeated, tabled or an amended motion is approved. This can be confusing to the parliamentary procedure newcomer. One way of thinking about it is like a Windows based software program. As you open new windows, you may obscure the earlier ones, yet they are not gone. As you close windows, you go in the opposite direction until you arrive at the original screen, or in this case the main motion.

The most common secondary or subsidiary motion is a motion to "Amend" the main motion. There is essentially no limit to the number of amendments, that can be made to a motion and subsequent amended motions. In the interest of simplicity, amendments will sometimes be offered as "friendly." A "friendly" amendment may be accepted by the sponsor of the motion currently being discussed without a vote. It then becomes the motion being discussed. Amendments other than friendly amendments must be voted on. First the motion to amend must pass on a majority vote. The amended motion is then put to a vote. If it passes, the issue is done. If it fails, the discussion returns to the original, non-amended motion.

The process of amendment can create many of the subtleties of voting in a parliamentary process. If you think that the amended motion is acceptable, but you like the original motion better, you may want to vote against the amended motion. Before you make this decision you need to assess the chances of the original motion passing. If the chances are poor, and the amended motion will get more votes, perhaps you should consider voting for it.

Other common motions, when a primary motion is on the floor, are to postpone (table) or to refer. Motions to postpone should be to either "Postpone Temporarily" (until later in the same meeting) or "Postpone Definitely" (to a future defined meeting). Motions to refer are normally to a committee or subcommittee controlled by the entity that is meeting. In the case of the ACEP Council, motions may also be referred to the Board.

In large meetings, such as the ACEP Council, several other motions come in to play. These include motions to “Limit Debate”, or to “Close Debate” (vote immediately). These motions are used when discussion is becoming repetitive, or in the case of a motion on which participants feel that most have made up their minds. As these motions can be perceived as antagonistic, newcomers to a group should probably avoid making them until they have a feel for the dynamics of the group. In smaller groups, the function of controlling debate is probably best left to the Chair.

As you become more comfortable with the flow of parliamentary procedure the code allows for other tools as well. You may make motions to “Suspend the Rules,” to “Consider Informally,” or to “Appeal a Decision of the Chair.” Requests to the Chair not already discussed include making a “Point of Order” on parliamentary procedure, “Division of the Question,” “Division of the Assembly,” or “Parliamentary Inquiry.”

- ♦ **“Division of the Question”** allows for a motion with multiple facets to be voted on in parts, so that participants can vote for some parts of the motion without supporting another concept that they may find objectionable.
- ♦ **“Division of the Assembly”** is used in a large meeting when there is a close vote. If you are on the losing side as determined by the Chair, you can ask for a Division of the Assembly.
- ♦ **“Point(s) of Order”** are used when you believe that parliamentary procedure has been violated. If the Chair disagrees, you may then “Appeal the Decision of the Chair.” To overrule the Chair requires a majority rule.

As a newcomer, the parliamentary inquiry is a valuable tool. When you feel “lost” in the process of motions and amendments, or want to do something but are not sure what the proper procedure is, make a parliamentary inquiry to the Chair. A summary of all of these motions is found as Exhibit 2.

When you become a participant in ACEP activities requiring the use of parliamentary procedure, you are engaged in a representative, democratic process. Successful negotiation of this process requires that you be familiar with the language used—the parliamentary code. While it may be intimidating at first, you will quickly see why this system has developed and survived over the centuries. So get involved and participate!

Exhibit 1
Resolution 4(91)

WHEREAS, The current College bylaws are silent on the matter of consecutive terms for the Speaker and Vice-Speaker of the Council; and

WHEREAS, The Council may wish to retain Council officers with proven abilities for consecutive terms of office; and

WHEREAS, The serving of consecutive terms must be balanced with the need of the College to bring new members into national leadership positions; therefore be it

RESOLVED, That the ACEP Bylaws, Article IX - Officers and Board of Directors, Section 12 be amended by the addition of a new sentence at the end of the first paragraph to read, "No Speaker may serve more than two consecutive terms."; and be it further

RESOLVED, That the ACEP Bylaws, Article IX - Officers and Board of directors, Section 13 be amended by the addition of a new sentence at the end of the first paragraph to read, "No Vice-Speaker may serve more than two consecutive terms."

Exhibit 2: Principal Rules Governing Motions

<u>Motions</u>	<u>Can Interrupt</u>	<u>Requires Second</u>	<u>Debatable</u>	<u>Amendable</u>	<u>Vote Required</u>	<u>Applies to What Other Motion</u>	<u>Other Motions That Can Be Applied</u>
Privileged Motions							
1. Adjourn	No	Yes	No	No	Majority	None	None
2. Recess	No	Yes	Yes**	Yes**	Majority	None	Amend**
3. Question of privilege	Yes	No	No	No	None	None	None
Subsidiary Motions							
1. Postpone temporality (table)	No	Yes	No	No	Majority	Main Motion	None
2. Close debate	No	Yes	No	No	2/3	Debatable	None
3. Limit debate	No	Yes	Yes**	Yes**	2/3	Debatable	Amend**
4. Postpone definitely	No	Yes	Yes**	Yes**	Majority	Main motion debate	Amend** , close/limit
5. Refer to committee	No	Yes	Yes**	Yes**	Majority	Main motion debate	Amend** , close/limit
6. Amend	No	Yes	Yes	Yes	Majority	Rewardmotion	Close/limit debate
Main Motions							
1. Main motions	No	Yes	Yes	Yes	Majority	None subsidiary	Specific main
2. Specific main motions	Yes	Yes	Yes**	No	Majority	Main motion	Close/limit debate
- reconsider					Majority	Main motion	Close/limit debate
- rescind					Majority	Main motion	Close/limit debate
- resume consideration	Yes	No	No	No	No		

*Require two-thirds vote when it would suppress a motion without debate

**Restricted

Exhibit 2 continued: Principal Rules Governing Motions

	<u>Can Interrupt</u>	<u>Requires Second</u>	<u>Debatable</u>	<u>Amendable</u>	<u>Vote Required</u>	<u>Applies to What Other Motions</u>	<u>Other Motions That Can Be Applied</u>
Incidental Motions							
Appeal	Yes	Yes	Yes	No	Majority	Decision of Chair	Close/limit debate
Suspend Rules	No	Yes	No	No	2/3	None	None
Consider informally	No	Yes	No	No	Majority	Main Motion	None
Requests							
Point of Order	Yes	No	No	No	None	Any error	None
Parliamentary inquiry	Yes	No	No	No	None	All motions	None
Withdraw a motion	Yes	No	No	No	None	All motions	None
Division of question	No	No	No	No	None	Main motion	None
Division of assembly	Yes	No	No	No	None	Indecisive vote	None

Development of ACEP Policy

ACEP establishes official positions of the college through approved policy statements. Within ACEP, policy statements may delineate beliefs, values, or positions of the College relating to various issues affecting the specialty of emergency medicine. A distinct type of policy, called a clinical policy describes the College's approved approach to the clinical management of a specific clinical condition. Policy statements and clinical policies are developed through a well-defined process involving input from various entities within the College. The development of policy statements and clinical policies is almost always in response to the identification of need for a College position on a specific issue by a member of the College. Member input may be from an individual member, through a coalition of members within the College such as a chapter, section, or committee members, the Council and Council Officers, or the Board. The need for a policy may also be identified by staff or may come as a result of a request by an external organization to endorse an existing policy within the requesting organization.

Policy Statements

Once the need for a policy is identified, the President will usually assign the development of the policy to an appropriate committee within the College. The committee chair working with the committee will produce a draft version of the policy. The process of developing a policy for consideration and review by the Board includes:

- ♦ Delineation and analysis of the issue including background information research
- ♦ Analysis of the policy as it relates to the external environment affecting the College
- ♦ Identification of the intended audience and dissemination of the policy
- ♦ Proposed fiscal impact of the policy

ACEP staff will review draft versions of proposed policy statements performing editorial functions to ensure format consistency and compatibility with existing ACEP policies.

The Board is ultimately responsible for the approval of all ACEP policies. The Board may hold an initial discussion of a proposed policy or draft version providing recommendations and direction to the committee for revision if needed. This input usually occurs when the proposed policy is considered on the long range planning agenda at a meeting of the Board. The committee chair or Board Liaison to the committee will present the proposed policy to the Board at which time individual members of the Board have the opportunity to comment on the draft policy. At such time that the committee believes the draft policy is ready for approval by the Board, the committee will submit a recommendation for approval of the Board. The recommended policy is considered on the action agenda for a Board meeting. At this time, the Board may take one of the following actions:

- ♦ Approval

- ♦ Amendment & Approval
- ♦ Disapproval
- ♦ Referral Back to the Committee

If the Board chooses to make amendments to the document, these amendments are generally of a nonsubstantive nature, and acceptable to either the committee chair or Board Liaison presenting the policy to the Board. If the Board believes that substantial changes are still required in the policy, the policy is usually referred back to the committee for further revision prior to reconsideration by the Board.

The dissemination of policy statements occurs in the following defined manner:

- ♦ Policy statements are published in Annals of Emergency Medicine
- ♦ Adoption of the policy statement by the Board is announced in ACEP News
- ♦ Individual copies of the policy statement are available from the ACEP office on request
- ♦ All policy statements are published in the Policy Summaries book on an annual basis
- ♦ All policy statements are published on the ACEP website

Clinical Policies

Clinical policies represent a unique set of documents within the College. These policies summarize a comprehensive approach to the evaluation and management of a specific clinical condition within the practice of emergency medicine. Clinical policies are developed according to a defined process that has been approved by the Board. A standing committee, the Clinical Policies Committee, is charged with the task of oversight for all clinical policies developed. Other committees or sections may be involved in the actual development of the clinical policy based upon the expertise required for the identified topic. ACEP members are the most common source for the identification of those clinical conditions for which a clinical policy may be required. However, the Board is responsible for the approval of topics for which clinical policies will be developed, on the basis of perceived need for the policy, available resources, and priorities of the College.

The development of a clinical policy occurs in the following manner:

- ♦ Identification of a specific clinical condition by an individual member, committee, section, chapter, staff or an external organization
- ♦ Approval of the clinical condition for clinical policy development by the Board
- ♦ Assignment of the development of the policy to a work group, committee, or section with expertise in the clinical area by the President
- ♦ Drafting of a clinical policy by the identified group
- ♦ Distribution of the draft clinical policy for expert review to:
 1. the Board
 2. Emergency physicians recognized for their expertise in the identified

clinical area

3. External organizations or sources when deemed necessary and/or appropriate based upon the specific clinical condition
- ♦ Field testing of the draft clinical policies in a variety of emergency medicine practice environments

Standardized materials which can accompany the clinical policy are developed. These materials include the following:

- ♦ Quality Assurance Forms
- ♦ Risk Management Suggestions
- ♦ Reimbursement Implications
- ♦ Research Questions
- ♦ Resource/Reference List

All clinical policies are eventually submitted to the Board with a recommendation for approval by the Clinical Policies Committee. The Board will consider the recommendation as an Action Agenda item. At this time, the Board may take one of the following actions:

- ♦ Approval
- ♦ Disapproval
- ♦ Referral Back to the Committee with written comments (should any significant concerns be expressed) as the Board will have had multiple opportunities to comment on the policy during its development.

The dissemination of clinical policies occurs in the following defined manner:

- ♦ Initial publication occurs in the Annals of Emergency Medicine
- ♦ Clinical policy availability is then announced in ACEP News
- ♦ Individual copies of the clinical policy may be obtained directly from the ACEP office
- ♦ Publication on the ACEP website
- ♦ Release of clinical policy to external organizations as appropriate

Policy Resource and Education Paper (PREP)

In addition to policy statements and clinical policies, two other types of documents are developed by the College. These two documents are policy resource and education papers (PREPS) and information papers. These documents are used by the College to support and enhance policies as noted below.

A PREP is a document designed to provide additional information, education, or clarification to an existing policy. A PREP may be based on the content of one or more existing policy statements but does not create new policy. As opposed to policy statements, which tend to be no more than one page in length, PREPs may be of any size required and contain material of various formats included within it.

The need for a PREP may be identified from a variety of sources. Most commonly the identification of this need will come from a committee during the development of a policy statement or from the Board during review of a draft policy during its approval process. In addition, the dissemination process of policy statements to individual members and external organizations invites comments and discussion, which may indicate the need for a PREP.

Development of a PREP may be performed by varying entities at the discretion of the President. External consultants and/or staff may also be requested to aid in the development of a PREP. The development of a PREP will in all cases however, be overseen by a committee of the College. This committee is charged with developing the final product with input and suggestions from members of the Board through the Long Range Planning Agenda and Information Agenda activities of the Board. The Board does not provide approval for a PREP as it does not contain any new policy.

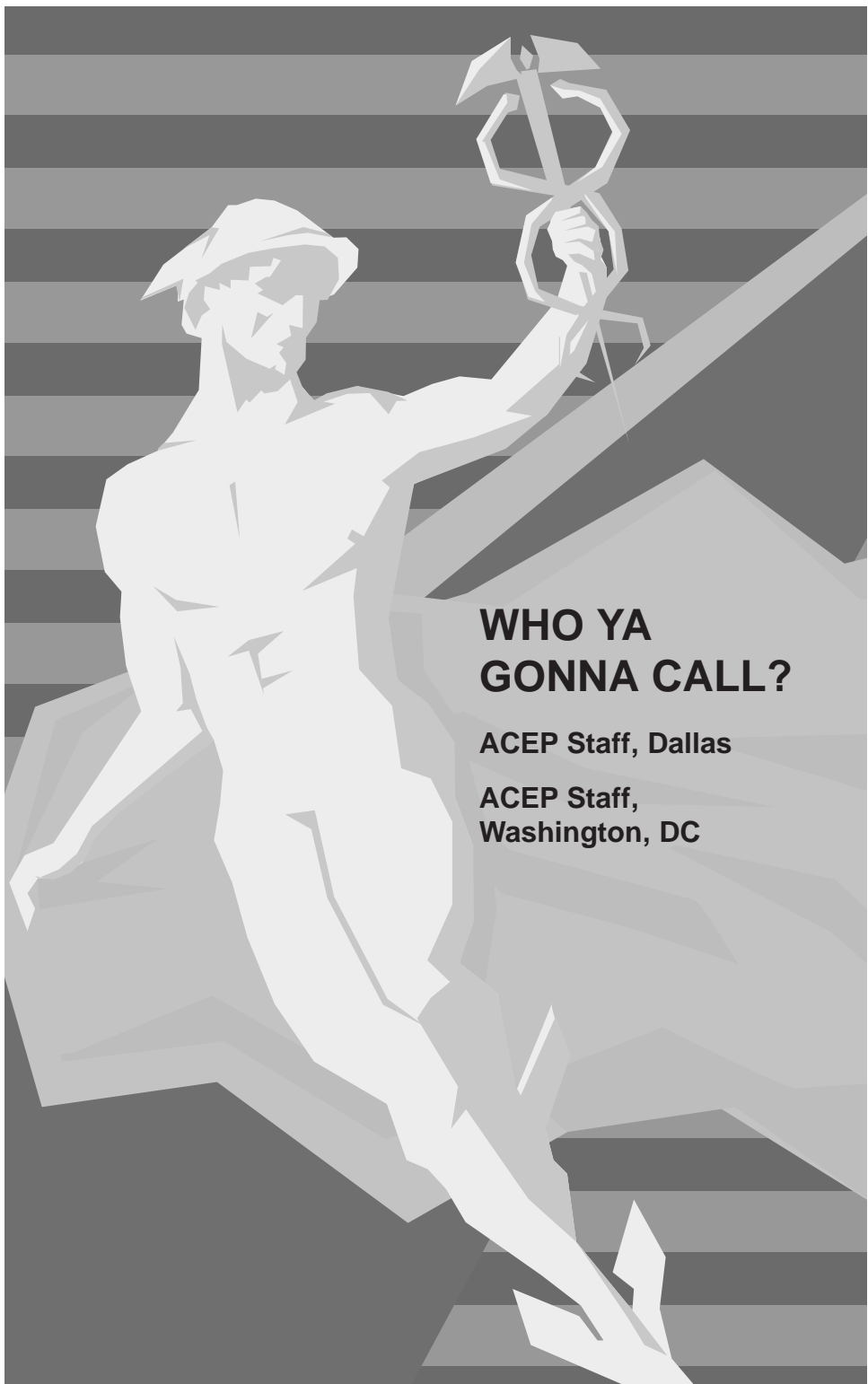
The development of a PREP is announced in ACEP News. The PREP will be referenced in the policy statement from which it was developed and individual copies will be available from the ACEP office. Dissemination to external organizations will be made based on appropriate need.

Information Paper

An information paper is a document designed to present information or stimulate discussion on a particular topic without the immediate development or support of a policy. The need for an information paper is most commonly identified on an internal basis by the Board or staff. Information papers may be of varying lengths and formats ranging from a simple bibliography or other list to a comprehensive discussion of an issue.

The actual development of an information paper may be from any one of many sources including individual members, committees, sections, the Board, Council, or staff. The Board will in most cases have little direct input into the development of an information paper although it may consider the item under the Long Range Planning Agenda. The Board does not provide approval to an information paper.

The dissemination of an information paper is similar to that of a PREP, and is based upon the content matter and its relevance to current and future College activities.



WHO YA GONNA CALL?

ACEP Staff, Dallas

**ACEP Staff,
Washington, DC**

ACEP Staff, Dallas

While members make ACEP an organization, it is staff that enables the organization to function on a day-to-day basis. ACEP staff works for members in many diverse capacities at many levels.

When members have questions or concerns on issues regarding ACEP, emergency medicine practice, or need assistance of any type, the place to start is with the Dallas staff. Staff members work in five lines of business and multiple departments in each line of business.

The staff is very supportive of members and has a wealth of materials to assist in any and all situations. Summarizing the work of the headquarters staff alone could fill this entire book so a chart of the organizational structure of the headquarters staff and divisions is provided to simplify the matter (see next page). For information or questions, you may contact ACEP Customer Service at the Dallas office.

ACEP 800-798-1822

Customer Service touch 6

ACEP Fax Number: 972-580-2816

ACEP website: www.acep.org

ACEP on FAX: 800-406-2237

ACEP Address:

PO Box 619911

Dallas, TX 75261-9911

or

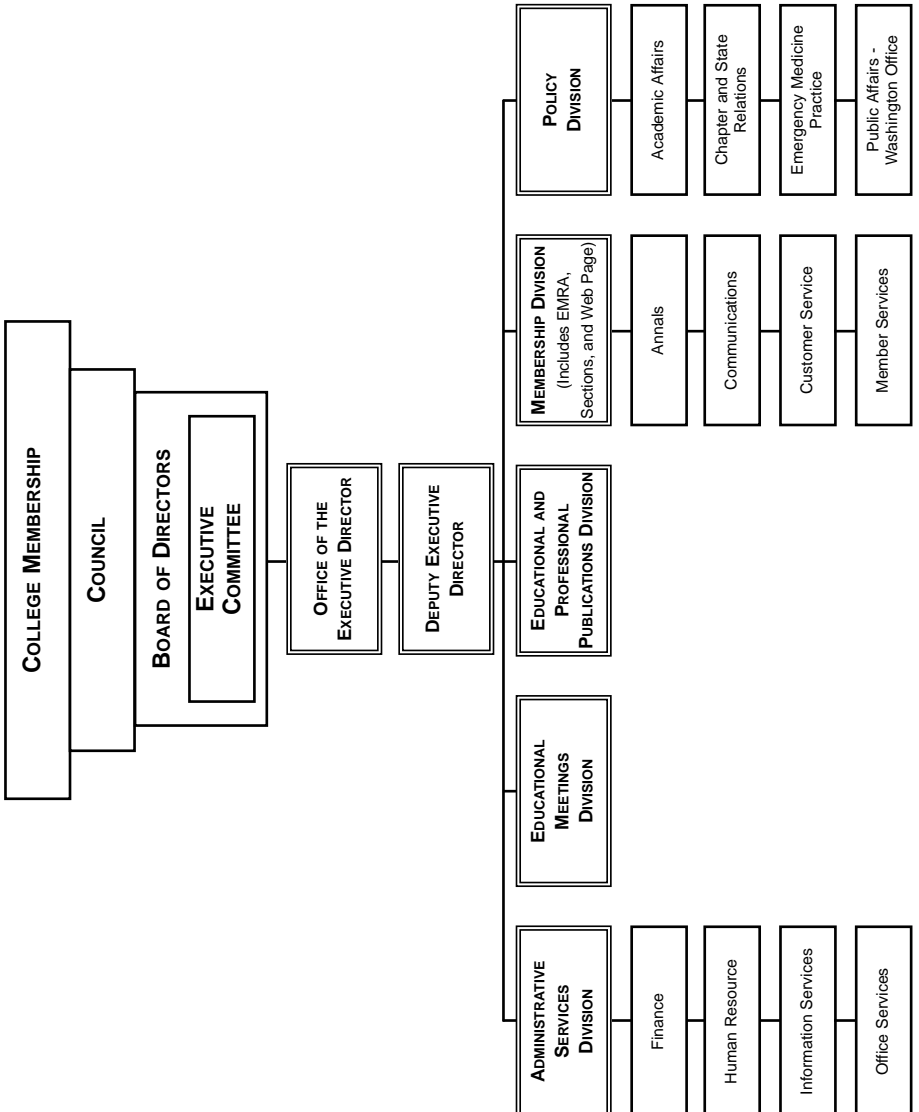
1125 Executive Circle

Irving, TX 75038

ACEP Staff Washington, DC

The Public Affairs Department of ACEP is located in Washington, DC. It performs several important functions for the College and its membership: 1. Government Affairs, including direct advocacy with the Congress, the Administration and the Federal Agencies; 2. Political Education, including grassroots training, issues mobilization and support of political candidates; 3. Public relations, including outreach to national media and media training for emergency physicians.

The general mission of the Washington office is to advocate for federal legislative and regulatory policies that ensure access to quality emergency care to all who seek it; promote the public health and safety of the American people; and recognize the



specialty of emergency medicine as integral to the American health care system. While each of the office's functions may appear separate, they are, in fact, strategically integrated to provide a visible and multi-faceted presence in our nation's capital.

Government Affairs

Recognizing the profound influence that government policies can have on emergency medicine, ACEP devotes significant resources to government affairs activities in Washington. The Government Affairs Committee and the Government Affairs staff is dedicated to providing superior government representation for ACEP members, reflecting the fact that such representation is a priority for the membership and the Board.

The office represents members of the College on a broad range of issues before Congress, the Administration and regulatory agencies. For instance, establishment of the "prudent layperson" standard for coverage of emergency services is a top legislative priority for ACEP. The Government Affairs department successfully lobbied, as part of the "Balanced Budget Act of 1997," to apply the "prudent layperson" standard and a prohibition on prior authorization to Medicare and Medicaid managed care plans. Other issues on ACEP's legislative and regulatory agenda include Medicare reimbursement matters, such as pushing for favorable changes to practice expense regulations and documentation guidelines. Issues concerning violence and injury prevention are also in the forefront of ACEP's government affairs activities as are matters related to improving the safety of our nation's highways and emergency medical response. The government affairs staff actively seeks opportunities to have ACEP members represent emergency medicine before Congressional hearings, on federal advisory panels and in meetings with Members of Congress and federal regulators.

Emergency physicians will find the Government Affairs staff an excellent source of information on legislative and regulatory issues of importance to their practice. Members may call to learn more about ACEP's position on a particular bill or regulation and how these may affect them. Information is available on a wide range of issues and you will receive a personal response to your inquiries. Members may also contact the office to learn more about their congressional representatives and their positions on issues of importance to emergency medicine.

Political Education and Grassroots Advocacy

In addition to its government affairs activities, the ACEP Public Affairs Department directs the activities of the College's political action committee, known as the National Emergency Medicine Political Action Committee (NEMPAC). Physicians who sit on the College's Government Affairs Committee also serve as the Board of Trustees of NEMPAC. With input from members across the country, the Committee endorses candidates that share our views on health care related issues.

ACEP members are the College's greatest political resource. ACEP members provide essential services in their individual communities and therefore, are in an excellent position to serve as a resource to members of Congress on the practice of emergency medicine and the provision of emergency medical services in each lawmaker's district.

One of the priorities of ACEP's political education efforts is to work with individual emergency physicians and the state chapters to build and enhance our political grassroots organization. The ability to influence public policy decisions in Washington depends, in large part, upon our ability to have emergency medicine's "message" delivered by physicians themselves. This, of course, requires active and widespread grassroots participation from the membership. That is why the political education component of the Washington office encourages members to participate in ACEP's grassroots activities. Members can participate in a variety of ways. The Washington office serves as "grassroots central," providing ongoing education and training for physicians in our grassroots network. Emergency physicians are also encouraged to contact the Washington office to assist them in setting up visits by Congressmen and Senators to local emergency departments.

Every year, the Washington Public Affairs Office holds a Legislative Issues Forum in Washington, DC. The Forum provides the opportunity to learn about the latest government initiatives that can impact emergency physicians as health care providers as well as the future of emergency medicine. In briefings led by key legislators and policymakers, ACEP members receive the latest information on legislative proposals and initiatives affecting health care at both the federal and state level. The Forum is always held in April and is open to all interested members. Details on the forum can be obtained from the Washington office staff.

Public Relations

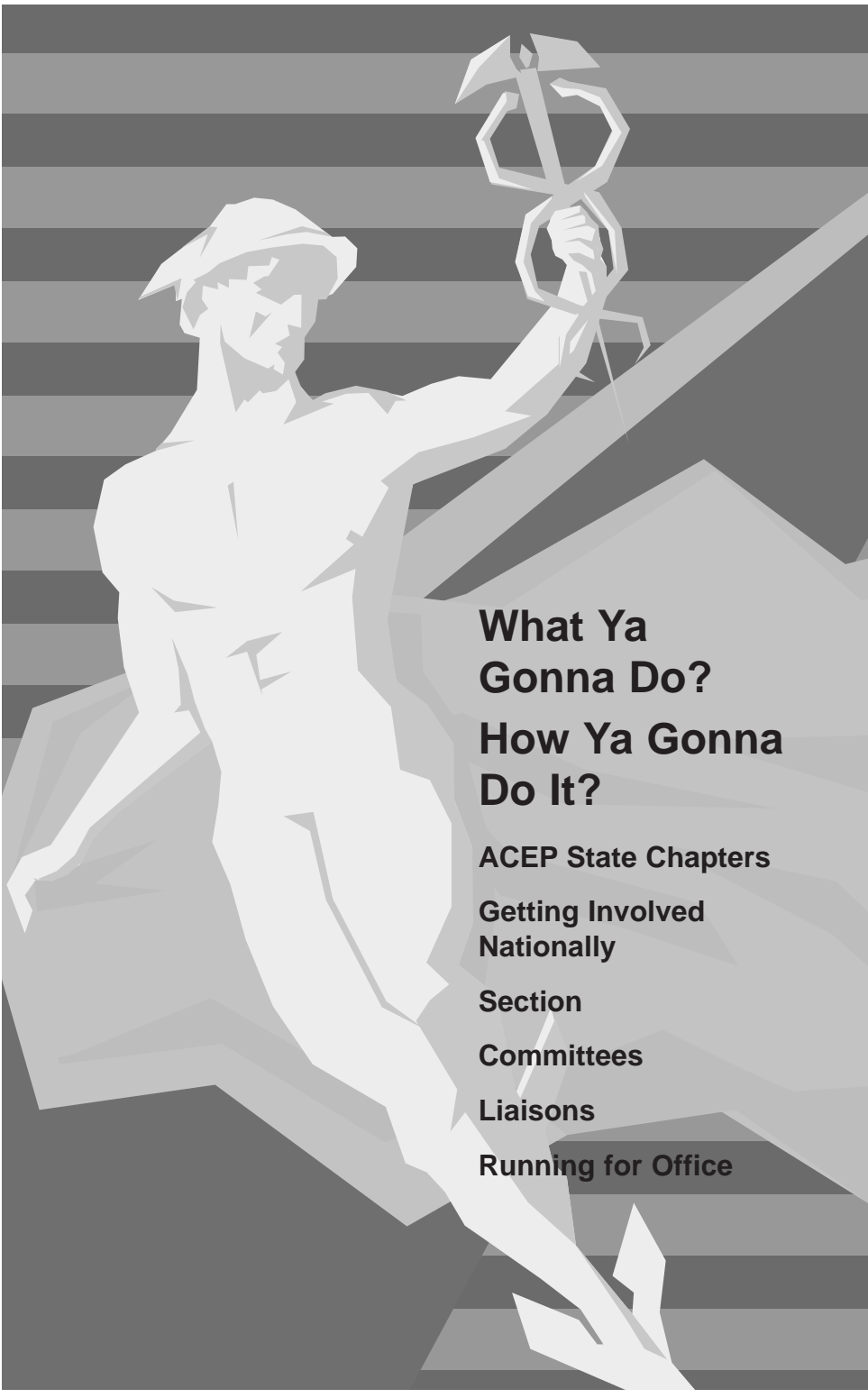
The Washington office coordinates the College's public relations activities to promote ACEP and the specialty of emergency medicine to the news media as well as developing and distributing public education materials on topics ranging from injury prevention and what to do in an emergency, to domestic violence and alcoholism. It also promotes ACEP's official journal *Annals of Emergency Medicine* through press releases and media events, publishes ACEP's monthly feature columns, participates in national coalitions that promote relevant emergency medical issues, conducts public education campaigns, and equips members to promote emergency medicine at the local level.

ACEP receives 40 to 80 requests per month from the news media for information and interviews. To handle these requests, the public relations staff maintains an official spokesperson network of emergency physicians who are trained to talk on behalf of ACEP on various topics according to their expertise. The public relations staff also coordinates media training for ACEP spokesperson and tracks ACEP's news coverage through clipping services and video monitoring services.

Summary

The Public Affairs Department, in conjunction with ACEP's Government Affairs Committee, Board of Directors and grassroots participants, is continually working to identify the public policy challenges that we face in Washington and how to meet those challenges.

ACEP members who are interested in learning more about the College's legislative and political program, should contact the Washington, DC. Office at 800-320-0610 for further information.



What Ya Gonna Do? How Ya Gonna Do It?

ACEP State Chapters

**Getting Involved
Nationally**

Section

Committees

Liaisons

Running for Office

ACEP State Chapters

What are State Chapters

ACEP is made up of members who belong to state chapters. Physicians who join the College are automatically dual members in that they belong both to the national organization and to a state chapter. To qualify for membership in a chapter, a person must also be a member of the College. Likewise, any member of the College must also hold membership in a chapter. There are 53 chapters—one in each state plus three additional chapters for members in Puerto Rico, the District of Columbia and those in government services.

Chapters provide a wide range of activities including state legislative advocacy, public relations, educational meetings, and member services. Chapters have become a force in the public interest and health related community and are growing in sophistication and membership.

The decentralization of government has created a fundamental change in the role of chapters. This change has dramatically strengthened the role of chapters throughout the country. As many government programs are delegated back to states, chapters have seized political initiatives and local legislators have turned to chapters for definitive advice and counsel on issues of mutual concern. These actions have created many opportunities for members involvement. Emergency physicians at the state level have used this platform to communicate more clearly and more frequently on governmental regulation, standards, staffing qualifications, health care reform and managed care and reimbursement.

Whatever their local political impact, chapters depend on ACEP for broad-scope vision and coordination of nationwide initiatives. Keeping ACEP abreast of growing local legislation is a key role in the process. Recognizing the increasing legislative activity of state chapters, ACEP serves as a clearing-house for activities at the state level and understands the need to be cognizant of state legislative activity. Chapters also serve as ACEP's "voice" at the local level.

Chapters and national ACEP are partners in meeting the needs of member emergency physicians. Working together, chapters and national ACEP can make a difference for emergency physicians by providing service to members and by fostering public understanding of the specialty of emergency medicine and the important role of emergency physicians in improving patient care.

How State Chapters are Formed

The ACEP Bylaws establish and govern the structural relationship between the College and its chapters. ACEP grants charters to chapters in a state or government entity. At the time of petitioning the College for a charter the petition must be accompanied by the proposed Bylaws of the chapter, and these proposed Bylaws must conform to the Bylaws of the College. The College also requires, where possible by state law, incorporation within one year of receiving a charter. Incorporated

Chapters are considered legal entities separate and apart from the national association.

No chapter is permitted to act on behalf of, or to appear to third parties to be acting on behalf of, the College. In accepting or retaining a charter as a chapter of the College, the chapter and its members acknowledge the fact that the chapter is not an agent of the College and that the College has the authority to establish rules governing actions of the chapter which would give the appearance of a principle-agent relationship. Board-approved policy statements also address this relationship.

Chapter Bylaws govern the individual chapters. ACEP has developed model chapter bylaws that chapters can adapt to their organizational structure. In addition to guidelines spelled out in the Bylaws, chapters operate under other College requirements as determined by the Board. If national and state bylaws are in conflict, the provisions of national ACEP's Bylaws are supreme.

What is the Executive Structure of Chapters

Chapter leaders play a critical role in a chapter's success by providing direction, information and insight. Chapter Board members are elected by the chapter membership and are responsible for developing and implementing policies established by the chapter Board of Directors. Ultimate responsibility for setting chapter priorities, and for making difficult decisions regarding allocation of the chapter's limited financial resources rests with the Board of Directors.

Chapter board member composition is specified in the chapter's Bylaws and consists of officers and directors and in some states, representation by emergency medicine residents. Board members can be elected "at large" or as representatives of specific groups or geographic areas. Most chapters elect their board members to staggered two- or three-year terms.

The chapter officers in most chapters are elected by the chapter Board of Directors. The officers of the chapters are most generally a President, a Vice President or President Elect, a secretary and a treasurer. In many ACEP chapters, the function of secretary and treasurer are combined into one office.

Some chapter Bylaws may also call for the election of an executive committee. These key officers usually form the executive committee, a governing body that conducts chapter business between meetings of the Board. Decisions of the executive committee are generally ratified by the full Board at its next meeting.

Chapters have the power to acquire, own, and convey property; to carry on research, to issue publications, to establish, conduct and maintain schools, courses, museums, libraries, and other institutions for study in emergency medical care; and to use all means for attainment of desirable objectives.

What are the Responsibilities of Chapters

When ACEP members pay dues, they expect chapters and the College to provide information, products and services that strengthen the specialty and help them to be

more effective as emergency physicians. To meet these expectations, the chapter must be active. The chapter Board of Directors identifies the most pressing issues in the state that affect patients and emergency medicine and provide members the opportunity to participate in developing strategies, educational programs and products that address those issues. Chapters play the vital role of facilitating emergency physicians' effective participation in the activities and policy development process of organized emergency medicine at the chapter and national level. Chapters are involved in a wide range of activities based on member needs and key state issues.

A state chapter's stated mission statement will vary from state-to-state, but, generally, will contain some of the following concepts...to support quality emergency medical care; to promote the interest of emergency physicians; to promote the art and science of emergency medicine; to foster an environment that supports member physicians' efforts to provide patients with high quality, affordable health care by: advocating on behalf of patients and physicians in health policy forums; advancing medical science and education and disseminating information on emergency medicine to the public and the medical community.

An important role for a chapter is to be an information source for its members. Regular communication via newsletters, websites, and memoranda strengthen the chapter by helping members understand chapter goals and priorities, and by giving them the information they need to take an active role.

What Opportunities Do Chapters Offer Members

A chapter's lifeblood is its membership. The effectiveness of a state chapter is due to the active participation of members and dedicated leaders. The best way to begin your involvement in organized emergency medicine is at the chapter level. Chapters serve a vital role and have a unique ability to provide close grassroots ties to members, providing a source of ideas, and developing leadership for the College. Attracting enthusiastic, dedicated members ensures continued growth of both the chapter and ACEP.

There are many opportunities for members to make a contribution at the chapter level. Many chapters adopt the national process to identify interested members to serve on committees and the chapter Board of Directors. Chapter members interested in filling appointed positions, respond to a call for volunteers by submitting their names to the state chapter and completing a profile to identify specific areas of interest.

Chapters play an important role in meeting member needs, educating the public, and furthering the advancement of emergency medicine. Opportunities to affect the policies of the emergency medicine profession at the state level are vast, and these opportunities provide a forum to give members a stronger voice in broad emergency medicine issues.

Interaction with the ACEP Board and Council

Chapter and national leaders are first and foremost partners, working for each other's benefit. As partners, they must carefully define and clarify their mutual and separate goals through open and continuous communication.

In a voluntary association there is a complex policy and implementation mechanism, primarily because of the need for direct member involvement in the decision making. Each chapter has a minimum of one Councilor and receives one additional Councilor for each additional 100 members of the College in that chapter. The role of the Council is to provide advice and direction to the Board in all areas affecting the College.

The College seeks chapter feedback on member needs through Councilor representation, surveys, and chapter visits. Chapter involvement is essential in the creation and successful implementation of effective College programs. ACEP has established several avenues for chapter leaders to interact with national leaders, some of which include:

- ♦ Leadership and Legislative Conference
- ♦ Chapter Executives Forum
- ♦ Leader visits to chapters
- ♦ Chapter audio conference calls
- ♦ Publications

Chapter Grants

Established 15 years ago, ACEP's chapter grant program offers assistance to chapters with funding for important projects that benefit emergency medicine, the College or its chapters. The Board currently allocates \$45,000 annually for the program. The program covers two types of grants: traditional chapter grants provide funding for chapter projects that directly benefit the College, and other ACEP chapters and chapter development grants that are designed to provide "seed money" for projects for a chapter. Chapters apply for funding for both types of grants through initial letters of intent and final grant proposal applications. ACEP's Chapter Advisory Panel reviews all letters of intent and final applications and make recommendations for funding to the Board. Grant awards are announced at the Council meeting each year. Since inception, the Chapter Grant Program has awarded 68 chapter grants for a total of almost \$415,000.

Chapter Grant packets are mailed to chapter offices and presidents in July each year. The deadline for letters of intent is in early January each year. Additional information and an application can be acquired from your state chapter office or chapter president or you can receive it by FAXBACK (800-406-2237) or download it from the Internet at the College's home page www.acep.org.

Getting Involved Nationally

Sections

What are ACEP Sections?

Sections are similar to "special interest groups" and are technically a subcategory of national ACEP membership. The concept originated in 1988 and has grown to more than 20 sections with participation of about 25% of the College membership.

Section membership grew from 812 in 1990 to more than 4400 in 1998. As an ACEP member you are eligible to join any sections.

Sections provide a forum for the exchange of ideas and information and allow members to speak as a unified group to the College leadership. More importantly sections provide an opportunity for members to network with other emergency physicians who share common interests. Sections are different from other College activities because they are self-directed, elect their own officers, develop their own goals and objectives, and appoint their own committees. Although certain section activities require approval, they are not directed by the College President or Board. Each section is represented by a voting Councilor on the ACEP Council and may be represented on related College Committees including the Section Affairs Committee.

In many ways sections are similar to ACEP state chapters except membership is voluntary and is determined by personal interest rather than by geography. While official ACEP membership remains geographically designated by state, those involved with sections often find that they have much more in common with their fellow section members. This fact has led to the tremendous success of sections over the years.

What Do I Get as a Section Member?

Each section produces a regular newsletter that includes news and articles on topics germane to the section. As a section member you are welcome to submit articles for the newsletter or even produce special publications. For instance, the Computer Section produces a yearly "Directory of Software for Emergency Medicine." The Section Grant Program provides up to \$25,000 a year in funding for special projects developed and produced by sections. In fact, the publication you are reading was supported by a Young Physicians Section Grant awarded in 1997. The sections meet annually at the ACEP Scientific Assembly. This provides an opportunity to meet with colleagues and hear in-depth discussions on hot topics. Members also receive regular member mailings that include special publications produced by the section and other material pertinent to the section's focus.

Opportunities Afforded by Section Membership: State Chapters vs. Sections

Section membership, especially for new ACEP members, is one of the best ways to become actively involved in ACEP. The path to leadership and involvement at the state chapter level can be long and tedious. Members may have to "pay dues" for several years before becoming a state committee chair and many more before running for a chapter office. Likewise, at the national level, committee appointment and leadership often requires state chapter experience as a prerequisite.

Sections provide several advantages:

- ♦ Sections provide an outlet for specific areas of interest in which you may already have particular expertise. As a result you are more likely to actively

participate and be able to provide an advanced level of leadership. This provides a head start and automatic acceptance from others in the section with similar interests.

- ♦ Sections allow exploration your area of interest with resources provided by the College that may not be available at the state chapter level.
- ♦ If members have a particular area of interest related to emergency medicine that is not otherwise being addressed at the state chapter level or by a current section, start a new section.

Starting a Section

Sections are truly the “people’s forum.” Starting a section is straightforward and all you really need are 99 other ACEP members willing to join. The Sections of Membership Manual outlines the process in detail and a subcommittee of the Section Affairs Committee is available to help if necessary. Copies of the manual are available from ACEP (see contact information below).

How Do I Join a Section?

Joining is easy. Simply contact ACEP to request an application or visit the ACEP website at: www.acep.org. The yearly cost for sections is \$35 for active members and \$20 for candidate members and is billed with your regular annual membership dues statement. Which sections you join will usually be determined by your personal interests, but the focus of certain sections may not always be immediately obvious from the title. You are encouraged to talk to the Section Chair, request a back issue of the newsletter, review the section’s Annual Report, and read the Operational Guidelines that lists, among other things, the section’s general objectives.

Section Leadership

As noted above, each section determines its own leadership structure. Any section member is eligible to run for office and section officers are usually elected at the annual section meeting at Scientific Assembly. Most sections have an executive committee composed of a Chair, Chair Elect, Immediate Past Chair, Secretary, Councilor, and Alternate Councilor. Each officer has duties delineated in the Sections of Membership Manual and in the section’s Operational Guidelines. In most sections you could easily consider running for a leadership position with only 2-3 years of active involvement vs. the 5-10 years it might take at the state chapter level. For those with aspirations of national College participation, proven leadership ability through section involvement is a great way to advance quickly.

Sections of Membership Contact Information:

ACEP Member Products & Services Department
800-798-1822 x3295 or e-mail: sections@acep.org

Complete information on sections is available on the ACEP website at: www.acep.org

Website topics include:

- ♦ Application for Section Membership
- ♦ Listing of sections and current section leadership with contact information
- ♦ Each Section's Operational Guidelines including objectives
- ♦ List of sections still in the formation process with contact information
- ♦ ACEP Policy on Sections of Membership

Year Established Current Sections as of January 1998

1994	Air Medical Transport
1994	Careers in Emergency Medicine
1993	Certification Process & Implications for Emergency Medicine
1991	Computers in Emergency Medicine
1992	Continuous Quality Improvement
1995	Critical Care Medicine
1990	Cruise Ship & Maritime Medicine
1989	Disaster Medicine
1990	EM Group Management
1991	Emergency Medical Services
1992	Emergency Medicine Research
1995	Emergency Ultrasound
1991	Health Policy
1991	Hyperbaric Medicine
1993	Injury Prevention & Control
1994	Managed Care
1989	Pediatric Emergency Medicine
1991	Rural Emergency Medicine
1990	Short Term Observation Services
1989	Toxicology
1994	Well Being
1994	Young Physicians

ACEP Committees

What are Committees?

Committees are groups of members appointed by the ACEP President to assist the President and the Board. Each committee is assigned objectives by the Board. Committees work throughout the year and formulate recommendations for the Board. The Board then considers the committee's recommendations.

How are Committees formed?

Committee members are appointed by the President Elect at the Committee Chair Workshop, which is usually held in late summer. The process, though begins much earlier. About 6 months before taking office as President, the President Elect begins to collect recommendations for committee members. Committee Interest Forms are published in ACEP News, and are available from chapters as well. Members with specific interests or expertise are encouraged to apply for committee membership to assist the College in its work. Committee members serve for one year, and may indicate an interest in reappointment. Reappointment, however, is not automatic, and is at the discretion of the incoming President.

What are the responsibilities of committee members?

Committee members have certain responsibilities. Beyond carrying out specific assignments and participating in committee conference calls, committee members are expected to keep abreast of College policies and processes. They help to evaluate their committee and set future objectives for that committee.

Committee members do not make policy. Policy is the prerogative of the Board. Therefore, committee members should defer commenting on College policy unless specifically delegated this role by the President. Committee members must be cognizant that their statements may be perceived by others as opinions of the College given the leadership role a committee member assumes.

What is the Executive Structure of Committees?

Apart from members, committees consist of a chair, a Board Liaison, and a staff liaison. Some committees also have ex officio members, who act as full committee members.

What Opportunities Do Committees Offer Members?

Committees offer members the opportunity to get involved. There are four standing committees provided in the Bylaws and currently 26 others. These committees cover a wide range of interests and thus offer a variety of opportunities to become active in ACEP.

As a member of a committee, individuals work with other members and staff. Committees provide opportunities to develop leadership skills if so desired. Committees allow exposure and experience so that members may advance into leadership positions.

Interactions with State Chapters, Sections, and Committees

Committees may interact extensively with the leadership of chapters and sections. For example, the State Legislative Committee assists chapters in their state legislative work. The Public Relations Committee assists chapters with development of public relations plans. The extent of the interaction depends upon the objectives of the committee.

Interaction with the ACEP Board

A committee may work directly with the ACEP Board in the review of policy or under their direction for specific projects. Certain committees such as Finance, Bylaws and Steering Committees work very closely with the Board and are integral to the running of the College.

Each committee has a Board Liaison that works to oversee all committee work from a “Board perspective” and to present the committee’s work to the Board when needed.

Committees may vary somewhat each year but there are always 4 standing committees per the Bylaws and usually 25 or so other committees determined by the President Elect. There are 4 divisions of committees based on the network that they serve. Chairs are appointed by the President Elect each June. Any member can apply for any committee. The committees are listed as follows.

Administrative Network

Annals Editor in Chief Evaluation
Awards Committee
Board Nominating Committee
Bylaws Committee
Bylaws Interpretation Committee
Chapter Advisory Panel
Compensation Committee
Finance Committee
Membership Committee
Officer Nominating Committee
Section Affairs Committee
State Legislative/Regulatory Committee

Education and Research Network

Academic Affairs Committee
Continuing Education Committee
Educational Meetings Committee
International Meetings Subcommittee
Research Committee
Scientific Review Committee

Emergency Medicine Practice Network

Clinical Policies Committee
 Emergency Medicine Practice Committee
 EMS Committee
 Pediatric Emergency Medicine Committee
 Trauma Care and Injury Control Committee
 Violence Prevention Committee
 Well-Being Committee

Public Policy Network

Ethics Committee
 Federal Government Affairs
 Public Health Committee
 Public Relations Committee
 Reimbursement Committee
 Coding and Nomenclature Advisory Committee

ACEP Liaisons

ACEP maintains approximately 42 liaisons to other organizations that share similar interests and goals on individual and multiple issues. These liaisons are appointed by the President on a yearly basis (for most positions). The following list delineates the current liaisons as well as 16 other liaisons that are appointed on an ad hoc basis.

Advocates for Highway and Auto Safety

- ♦ Appointed Position
- ♦ Expenses paid by Advocates
- ♦ One meeting per year
- ♦ Serves on their Board

American Academy of Clinical Toxicology (AACT)

- ♦ Appointed Position
- ♦ Appointee is same as for ACMT so that ACEP incurs no additional expense
- ♦ Two meetings per year

American Academy of Orthopaedic Surgeons (AAOS)-Trauma Committee

- ♦ Appointed Position
- ♦ Two meetings per year
- ♦ ACEP pays expenses

American Academy of Pediatrics-Committee on Pediatric Emergency Medicine (AAP-COPEM)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Two meetings per year
- ♦ ACEP pays expenses

American Academy of Physician Assistants (AAPA)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Annual meeting
- ♦ ACEP pays expenses

American Ambulance Association Foundation (AAAF)

- ♦ Appointed Position
- ♦ ACEP pays expenses

American Association of Poison Control Centers (AAPCC)

- ♦ Appointed Position
- ♦ Observer at two meetings per year, when indicated
- ♦ ACEP pays expenses

American Board of Emergency Medicine (ABEM)

- ♦ One AMA appointed position
- ♦ Seven Elected Positions
- ♦ May serve two 4 year terms

American College of Medical Toxicology (ACMT)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Appointee is same as for AACT so that ACEP incurs no additional expense

American College of Occupational and Environmental Medicine (ACOEM)

- ♦ Appointed Position
- ♦ No term of office
- ♦ One meeting per year
- ♦ ACEP pays expenses

American College of Surgeons - Committee on Trauma (ACS-COT)

- ♦ Appointed Position
- ♦ Two meetings per year
- ♦ ACEP pays expenses

American Heart Association -Committee on Emergency Cardiac Care and ACLS Subcommittee

- ♦ Appointed Position
- ♦ No term of office
- ♦ Two meetings per year
- ♦ ACEP pays expenses

American Medical Association-CPT Advisory Committee

- ♦ Appointed Position
- ♦ ACEP pays expenses through Reimbursement Department
- ♦ Three-year term to expire October 1998

American Medical Association-CPT Editorial Panel

- ♦ AMA appointed position based on recommendation from ACEP
- ♦ Three-year term
- ♦ AMA pays expenses

American Medical Association-Family Violence Advisory Committee

- ♦ Appointed Position

American Medical Association-Section Council on Emergency Medicine

- ♦ Eight Appointed Positions
- ♦ Two, Four and Six-year terms
- ♦ Two meetings per year
- ♦ ACEP pays expenses

American Trauma Society (ATS)

- ♦ Appointed Position
- ♦ ACEP pays expenses
- ♦ Two meetings per year
- ♦ ACEP grants ATS \$1,000 annually for trauma prevention programs

Association for the Advancement of Automotive Medicine (AAAM)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Annual meeting
- ♦ 2,000 sustaining membership

Association of Air Medical Services (AAMS)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Three meetings per year
- ♦ ACEP pays expenses

Australian Society for Emergency Medicine (ASEM)

- ♦ President or designee
- ♦ Attend ASEM meetings as appropriate
- ♦ ACEP pays expenses

Basic Trauma Life Support-Liaison to Board of Directors (BTLS)

- ♦ Appointed Position
- ♦ Serves on BTLS Board

British Association for Accident and Emergency Medicine (BAEM)

- ♦ President or designee
- ♦ Attend BAEM meetings as appropriate
- ♦ ACEP pays expenses

Canadian Association of Emergency Physicians (CAEP)

- ♦ President or designee
- ♦ Attend CAEP meetings as appropriate
- ♦ ACEP pays expenses

Commission on Accreditation of Medical Transport Services (CAMTS)

- ♦ Appointed Position
- ♦ Two to Four meetings per year
- ♦ Serve on CAMTS Board
- ♦ \$500 ACEP dues
- ♦ ACEP pays expenses

Commission on Accreditation of Allied Health Education Programs (CAAHEP)

- ♦ Appointed Position
- ♦ One meeting per year
- ♦ \$3,000 annual dues
- ♦ ACEP pays expenses

Continuing Education Coordinating Board for EMS (CECBEMS)

- ♦ Appointed Position
- ♦ 6 year term

Emergency Medicine Residents' Association (EMRA)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Two meetings per year
- ♦ ACEP pays expenses

Emergency Nurses Association (ENA)

- ♦ President or designee
- ♦ No term of office
- ♦ Three board meetings per year
- ♦ ACEP President or designee to attend one
- ♦ ACEP pays expenses

Emergency Nurses Association-Committees (ENA)

- ♦ Research Committee
- ♦ Leadership Symposium Committee

Joint Commission on Accreditation of Healthcare Organizations (JCAHO-PTAC)

Ambulatory Health Care

- ♦ Representative Appointed
- ♦ Alternate Representative Appointed
- ♦ Annual appointment with 6 year limit
- ♦ Two-Three meetings per year
- ♦ Expenses split between ACEP and JCAHO

Hospital Accreditation Program

- ♦ Representative Appointed
- ♦ Alternate Representative Appointed
- ♦ Annual appointment with 6 year limit
- ♦ Three meetings per year
- ♦ Expenses split between ACEP & JCAHO

Joint Review Committee on Educational Programs for the EMT-Paramedic (JRCEMT-P)

- ♦ Two Appointed Positions
- ♦ Three meetings per year
- ♦ \$3,000 annual dues
- ♦ ACEP pays expenses

National Association for Ambulatory Care (NAFAC)

- ♦ President or designee
- ♦ Attend NAFAC meetings as appropriate
- ♦ ACEP pays expenses

National Association of EMS Physicians (NAEMSP)

- ♦ President or designee
- ♦ Attend NAEMSP meetings as appropriate
- ♦ ACEP pays expenses

National Association of EMTs (NAEMT)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Annual meeting
- ♦ ACEP pays expenses

National Commission on Correctional Health Care (NCCHC)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Sits on Board
- ♦ Two meetings per year
- ♦ ACEP pays expenses

National Institute of Health-National Heart, Lung, and Blood Institute National Heart Attack Alert Program

- ♦ Appointed Position

National Registry of EMTs (NREMT)

- ♦ Appointed Position
- ♦ Two meetings per year
- ♦ Registry pays one-half of expenses
- ♦ Poison Prevention Week Council
- ♦ Annual grant of \$500 as an Organizational member

Residency Review Committee for Emergency Medicine (RRC-EM)

- ♦ Appointed Position
- ♦ Three Year terms
- ♦ Two consecutive three year term limit
- ♦ Three meetings per year
- ♦ ACGME pays expenses

Society for Academic Emergency Medicine (SAEM)

- ♦ President or designee
- ♦ Attend two meetings, SAEM and ACEP Scientific Assembly
- ♦ ACEP pays expenses

Society of Critical Care Medicine (SCCM)

- ♦ Appointed Position
- ♦ No term of office
- ♦ ACEP pays expenses

Undersea and Hyperbaric Medical Society (UHMS)

- ♦ Appointed Position
- ♦ No term of office
- ♦ Pays own expenses

Ad hoc Appointed Positions

Association of American Medical Colleges

American Association of Health Care Executives

American Association of Retired Persons

American College of Physician Executives

American Hospital Association

Blue Cross/Blue Shield Association

Department of Transportation

Federation of American Health Systems

Health Insurance Association of America

National Association of Public Hospitals

National Association of State EMS Directors

National Conference on State Legislature

National Council of State EMS Training Coordinators

National Governors Association

Voluntary Hospitals of America

Washington Business Group on Health

Running for Office

Serving ACEP and the specialty of emergency medicine can be an extremely rewarding experience. Participating in these activities can be a process of personal and professional growth and a way of directly influencing College policy in important areas. The rewards include interaction with leaders in emergency medicine and participation in decision making on important issues affecting the specialty. The ACEP staff is a tremendously talented group. They provide both professional resources and a source of professional camaraderie and friendship. The responsibilities and time commitments can be significant and these positions are quite competitive. The decision to run for election or to seek appointment should be well thought out, taking both professional and personal circumstances into consideration.

Board of Directors

The Board of Directors is charged with the responsibility for policy development and ongoing operations of the College. There are 12 members of the Board. The ACEP Council elects members by direct vote at the annual meeting. The first step in the election process is the development of a slate of candidates. The President of the College appoints members to the Board Nominating Committee which has the responsibility of recruiting candidates. The committee publishes a notice each fall requesting submission of names of interested members. Any College member can

submit their name for consideration and submissions also come from chapters and members in current leadership positions.

The committee has the responsibility of choosing the best slate of candidates after directly discussing the position and responsibilities with each nominee.

Demonstration of interest in College activities, energy, and ability to commit the time necessary to represent the members are important considerations for candidates and the committee. This is an ongoing process over several months. Many members indicate initial interest. Often, with a better understanding of the responsibilities and time involved, professional and/or personal issues will determine the members willingness and ability to submit their name for the final list. In general, the final list is submitted to the Board by the end of April.

Because circumstances change each year, there is no set number of candidates submitted. Candidates may also be nominated from the floor of the Council at the annual meeting.

Members are elected to a three-year term and can be re-elected to a single second consecutive term. In general then, the Council is charged with electing four members to the Board each year. Once the slate of candidates has been developed, the work of this committee is completed.

Council Officers

The Speaker and Vice Speaker of the Council are responsible for all activities of the Council. Councilors are appointed for a one-year term and while much of their focus is on the annual meeting there is much ongoing activity and communication. Much of this business is handled by the Council Steering Committee whose members are appointed by the Speaker. The Speaker and Vice Speaker also attend all Board meetings to provide input into Board deliberations.

The Speaker of the Council appoints a Council Officer Nominating Committee with the responsibility of proposing a slate of candidates for the Council Speaker and Vice Speaker positions. A process similar to the one used by the Board Nominating Committee is utilized. Candidates are chosen from current or recent Councilors who have demonstrated national involvement.

The Election Process

All candidates are asked to submit a current CV, a disclosure of potential conflict of interest statement, and to responses to a series of questions concerning current issues facing the College and the specialty. All candidates respond to the same list of questions and the responses are published in College publications (e.g. The Connection) to be available to Councilors well in advance of the annual meeting. Candidates nominated from the floor of the Council also are asked to prepare responses in writing to these same questions.

All candidates attend the Candidate Forum during the first day of the annual Council meeting to respond in an open forum to questions developed by the

Council Steering Committee. Candidates are also given the opportunity to express non-structured comments to the Councilors. An open reception follows during which individual Councilors can pose questions to candidates. These activities provide Councilors with an additional perspective on candidates communication abilities on which to base their vote the next day.

On one hand, the Candidate Forum provides a unique opportunity to observe the candidates in a realistic setting where Board members may find themselves as spokespersons for the College. On the other, it is only one piece of information on which Councilors base their vote.

The Decision to Run

Young physicians should consider very carefully the decision to run for a leadership position within the College. Interest in a specific area of College activity is enough for serving on a committee or joining a section. However, a much broader interest in both the clinical and policy areas is necessary for service in a national leadership position. Most candidates have had many years of broad College involvement and are well known to the Council.

Most candidates have held leadership positions within their chapter and are familiar with their local health care environment and current issues facing the specialty. This is usually the best first step for young practitioners. This will then lead to opportunities to serve as a Councilor or on a national committee. Established leaders in the local chapter are excellent resources for support and advice to young physicians seeking involvement. Many young physicians with an interest in serving the College have demonstrated interest in medical organizational issues through their involvement with EMRA or the Young Physicians Section of the AMA (AMA-YPS). Participating in these activities provides an opportunity to understand the processes involved in developing policy and the various activities and negotiations involved in the management of organizational issues.

Consideration of involvement at a national leadership level is a much more involved process due to the increased time and responsibility associated with these activities. Having one's name submitted as a potential national leadership position candidate is both flattering and in itself valuable recognition for one's contributions. However, the prospective candidate must reflect seriously on whether they have enough time available to fulfill the duties of a prospective elected position. Speaking to incumbents is invaluable in assessing the time demands and parameters of the position. Family and support from the local group is essential as the activities often occur on weekends or in time normally spent with family and may impact other duties within the group.

Campaign Strategy

The key to a successful campaign for national office is to start early. If there has not been communication with the local chapter leaders during the decision-making process, a specific request for support should be made. It is essential to begin to

closely follow the key issues being addressed by the College. This may include reading ACEP publications, website postings and even attending several meetings to observe the Board in action. ACEP staff are an invaluable resource in understanding College activities and norms.

Many candidates identify a small group of advisors to assist with communication of their ideas to the various chapter leaders, caucuses, and forums. This process of seeking support may occur informally before the annual meeting and will be ongoing at the meeting and during the actual Council deliberations.

Board members are directly accountable to the Council and all members of the College for their actions taken on behalf of the College. The election process represents a realistic representation of Board and Council activity, which is a mixture of proactive planned processes and reaction to external stimuli. Candidates are encouraged to provide their individual perspective on the many issues addressed through the candidate written questions and verbally at the Candidate Forum. Focusing on what you believe are the key issues and how you would both philosophically and operationally approach them demonstrates an understanding of the issues as well as College operations.

During the Council meeting it is important to be available to Councilors as much as possible. Introducing yourself and asking for their vote in a personal approach is invaluable. It is also an effective opportunity to answer questions. The Council Steering Committee has made the election process as level a playing field as possible by standardizing campaign activities.

The actual election is by majority vote of all Councilors. Candidates must also capture a plurality (more than 50% of those voting) and often several runoffs are needed.

It is important to remember that there are many qualified candidates for these positions. The membership counts on successful candidates for their service and judgment. Many candidates are elected beyond their first election and go on to serve as excellent leaders. To the unsuccessful candidate, either the Council perceives that there are more qualified candidates that year or the particular candidate needs to be better known to the Councilors to be electable. It is important for the unsuccessful candidate to attempt to have their supporters give frank feedback to enable planning for another candidacy.

Committee Chairs and Members

ACEP committees carry out the business of the College. The President appoints the chair and all members. A call for interested members to serve on committees is done annually in the spring. Members are asked to provide a current CV and to indicate on which committee(s) they wish to serve. Often, demonstrated specific knowledge in a particular area (e.g. reimbursement) is helpful in meeting the needs of a specific committee. In most instances, however, interest is the key qualifying factor.

All committee members, including the chair, are evaluated annually and this information is used in the decision by the President to continue membership or to provide the opportunity for additional leadership development as committee chair.

Summary

Serving in an ACEP leadership position is a rewarding experience as well as an opportunity for personal and professional growth and development. If done by the right person, at the right time, and for the right reasons one can make a significant contribution to the specialty of emergency medicine and to ACEP.

ACEP Scientific Assembly Meeting Dates

1998 Scientific Assembly

October 8, Board of Directors Meeting
Hyatt Regency Hotel
San Diego, California

October 9-10, Council Meeting
Hyatt Regency
San Diego, California

October 11-12, Research Forum
San Diego Convention Center
San Diego, California

October 11-14, Scientific Assembly
San Diego Convention Center
and Hyatt Regency Hotel
San Diego, California

October 14, Board of Directors
Meeting
Hyatt Regency Hotel
San Diego, California

1999 Scientific Assembly

October 8, Board of Directors
Meeting
Las Vegas Hilton
Las Vegas, Nevada

October 9-10, Council Meeting
Las Vegas Hilton
Las Vegas, Nevada

October 11-12, Research Forum
Las Vegas Hilton
Las Vegas, Nevada

October 11-14, Scientific Assembly
Las Vegas Hilton and Las Vegas
Convention Center
Las Vegas, Nevada

October 14, Board of Directors
Meeting
Las Vegas Hilton
Las Vegas, Nevada

2000 Scientific Assembly

October 21-22, Council Meeting
Philadelphia Marriott Hotel
Philadelphia, Pennsylvania

October 23-26, Scientific Assembly
Pennsylvania Convention Center and
Philadelphia Marriott Hotel
Philadelphia, Pennsylvania

2001 Scientific Assembly

October 13-14, Council Meeting
Sheraton Chicago Hotel and Towers
Chicago, Illinois

October 15-18, Scientific Assembly
Sheraton Chicago Hotel and Towers
Navy Pier Convention Center
Complex
Chicago, Illinois

2002 Scientific Assembly

October 4-5, Council Meeting
Westin Seattle Hotel
Seattle, Washington

October 6-9, Scientific Assembly
Washington State Convention and
Trade Center and Westin Seattle
Seattle, Washington

2003 Scientific Assembly

October 10-11, Council Meeting
Boston Marriott Copley Place
Boston, Massachusetts

October 12-15, Scientific Assembly
Hynes Veterans Convention Center
Boston, Massachusetts

Notes