ACEP 101
A GUIDE FOR YOUNG PHYSICIANS, 2nd Edition

EDITOR
Gary C. Starr, MD, FACEP

CHAIR
Jennifer Casaletto, MD, FACEP

American College of Emergency Physicians
Section of Young 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

Kevin M. Klauer, DO, FACEP
Abhi Mehrotra, MD, FACEP
Nicole Mlynski, MD
Russell D. Radtke, MD
Nathaniel R. Schlicher, MD, JD, FACEP
Gillian Schmitz, MD, FACEP
Gary C. Starr, MD, FACEP

First Edition Editorial Staff

Nancy J. Auer, MD, FACEP
Mark N. Bair, MD
Brian D. Baxter, MD, FACEP, MAJ, US Army
Anne Calkins, MD
Ronald A. Charles, MD, FACEP
L. Anthony Cirillo, MD, FACEP
Steve Dresnick, MD, FACEP
Stephen K. Epstein, MD, MPP
Jeffrey M. Goodloe, MD
Maryanne W. Lindsay, MD
John C. Moorhead MD, MS, FACEP
Pamela A. Ross, MD, FACEP
John H. Scott
Robert E. Suter, DO, MHA, FACEP
Joanne Tarantelli
Todd B. Taylor, MD, FACEP

ACEP Staff

Marilyn Bromley, RN
Nancy Calaway
Marjorie Geist, RN, PhD, CAE
Nissi George
Sonja Montgomery, CAE
Maude Suprenant Hancock
Dawn Scrofano, CMP
Patty Stowe, CAE
Gordon Wheeler
Rhonda Whitson, RHIA

PUBLISHER'S NOTICE

The American College of Emergency Physicians (ACEP) makes every effort to ensure that contributors to its publications are knowledgeable subject matter experts. Readers are nevertheless advised that the statements and opinions expressed in this publication are provided as the contributors' recommendations at the time of publication and should not be construed as official College policy. ACEP recognizes the complexity of emergency medicine and makes no representation that this publication serves as an authoritative resource for the prevention, diagnosis, treatment, or intervention for any medical condition, nor should it be the basis for the definition of, or standard of care that should be practiced by all health care providers at any particular time or place. To the fullest extent permitted by law, and without limitation, ACEP expressly disclaims all liability for errors or omissions contained within this publication, and for damages of any kind or nature, arising out of use, reference to, reliance on, or performance of such information.

Copyright 2013, American College of Emergency Physicians, Dallas, Texas. All rights reserved. Printed in the United States of America. Except as permitted under the United States Copyright Act of 1976, no part of this publication may be reproduced or distributed in any form or by any means or stored in a database or retrieval system without prior written permission of the publisher.

This booklet was produced as a Section grant Project of the American College of Emergency Physicians.

This book is re-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 and father and a great friend. He is missed.

TABLE OF CONTENTS

PREFACE ……2

A GUIDE TO ACRONYMS……3

CHAPTER 1: YOU'RE NEW, WHAT"S NEXT?..... ……4
TRANSITION TO ACTIVE MEMBERSHIP: WHAT IS A CANDIDATE,:WHAT IS AN ACTIVE MEMBER; HOW DO I APPLY FOR FELLOWSHIP (i.e. FACEP)?; OKAY…SO HOW DO I GET INVOLVED?; HOW DO I SUCESSFULLY ACHIEVE TRANSTION?

CHAPTER 2: WHO'S IN CHARGE?……..……..……7
ACEP COUNCIL; THE STEERING COMMITTEE; TELLERS, CREDENTIALS, AND ELECTIONS COMMITTEE; COUNCIL MEETING; ACEP BOARD OF DIRECTORS; HOW THE ACEP BOARD IS ELECTED; HOW BOARD OFFICERS ARE ELECTED; EXECUTIVE COMMITTEE; BOARD MEMBER DUTIES; ACEP POLICY; REPRESENTATION OF MEMBERSHIP

CHAPTER 3: HOW DOES IT WORK?.....14
RESOLUTIONS; REFERENCE COMMITTEES AND CAUCUSES; PARLIAMENTARY PROCEDURE; DEVELOPMENT OF ACEP POLICY

CHAPTER 4: WHO YA GONNA CALL?.....23
GETTING INVOLVED IN THE ORGANIZATION: ADVOCACY; THE HOME OFFICE: ACEP STAFF, DALLAS; WHERE THE POLITICS ARE: ACEP STAFF, WASHINGTON, DC

CHAPTER 5: WHAT YA GONNA DO? HOW YA GONNA DO IT?..... ……27
ACEP STATE CHAPTERS; GETTING INVOLVED NATIONALLY; SECTIONS; COMMITTEES; LIAISONS; RUNNING FOR OFFICE

CHAPTER 6: WHERE YA GONNA LOOK?.....**……39**
ADVOCACY; CAREER DEVELOPMENT; CONTINUING MEDICAL EDUCATION; EDUCATION AND WEBINARS; FINANCIAL PLANNING; MEDICAL-LEGAL; EDUCATIONAL MEETINGS; PHYSICIAN WELLNESS; SECTIONS AND CHAPTERS; GET INVOLVED NOW!

PREFACE

The origins for this guide were well described in the original 1998 preface to the first version of this volume. In his preface, Larry Alexander detailed the following:
The Young Physicians Section (YPS) 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.

YPS was subsequently awarded an ACEP Section Grant for the project. Sadly, Bob Doherty passed away before seeing it, but his vision for this product was realized. Over approximately the past decade, more recent YPS leaders have recognized the need for revisions to the original document. ACEP's growth in size, scope, and complexity all warranted a more robust and updated guide. Additionally, the rise in ACEP's use of electronic communication formats has made this searchable online version a necessary upgrade. Until now, the time and resources needed to accomplish this task had been difficult to bring together. Many YPS members and key ACEP staff have had a hand in the creation of this revision over time, but in 2012, the ACEP Section Grant was again awarded for our work. At long last, the product that follows was compiled, edited, and rendered digital.

ACEP 101: A Guide for Young Physicians, Second Edition, is 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.

Gary C. Starr, MD, FACEP
August 2013

Guide to Acronyms

AACEM Association of Academic Chairs in Emergency Medicine
AAEM American Academy of Emergency Medicine
AAO American Academy of Osteopathy
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
ACOEP 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
EMAF Emergency Medicine Action Fund
EMF Emergency Medicine Foundation
EMRA Emergency Medicine Residents' Association
NAEMSP National Association of EMS Physicians
RRC/EM Residency Review Committee for Emergency Medicine
NEMPAC National Emergency Medicine Political Action Committee
PAAO Post Graduate-American Academy of Osteopathy
SAEM Society for Academic Emergency Medicine
SEMPA Society of Emergency Medicine Physician Assistants

CHAPTER 1

YOU'RE NEW, WHAT'S NEXT?

Transition to Active Membership
What Is a Candidate Member?
What Is an Active Member?
How Do I Apply for Fellowship (i.e., FACEP)?
Okay … So How Do I Get Involved?
How Do I Successfully Achieve the Transition?

Transition to Active Membership

You have graduated from your emergency medicine residency. Congrats! Now you are ready to contribute to your specialty and consider getting more involved in organized medicine. You may wonder how you can get more involved or wonder what the acronym FACEP means and how people get it. This chapter is meant to answer some of those questions and explain how you can make the transition to active membership in ACEP.

What Is a Candidate Member?

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.

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 IV, Section 2.5 of the ACEP Bylaws defines Candidate members as "Any medical or osteopathic medical student, intern, or physician participating in an emergency medicine residency or fellowship shall be eligible for candidate membership. Effective January 1, 2000, physicians in the uniformed services while serving as general medical officers shall be eligible for candidate membership for a maximum of four years." In Article IV, Section 4, 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 by their sponsoring bodies." 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.

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.

What Is an "Active Member"?

After reading all of this "stuff" about candidates, one might 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 that respond to various specific interests of emergency physicians, but only through ACEP are all of these interests unified.

The active members of the College shall be physicians who devote a significant portion of their medical endeavors to emergency medicine. All active members must meet one of the following criteria:

1. Satisfactory completion of an emergency medicine residency program accredited by the Accreditation Council on Graduate Medical Education (ACGME);
2. Satisfactory completion of an emergency medicine subspecialty training program accredited by ACGME;
3. Satisfactory completion of an emergency medicine residency training program accredited by the American Osteopathic Association (AOA);
4. Satisfactory completion of an emergency medicine residency program approved by an ACEP-recognized accrediting body in a foreign country;
5. Certification by an emergency medicine certifying body recognized by ACEP; or
6. Eligibility for Active or International membership in the College at any time prior to close of business December 31, 1999.

Such physicians 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 postgraduate education requirements as may be prescribed by the Board of Directors.

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.

How Do I Apply for Fellowship (i.e., FACEP)?

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....” Check out the website http://www.acep.org/fellow/ for more specific instructions on the application and information on becoming a fellow.

The key part of this is ACTIVE membership. This means more than paying dues every year. It means becoming involved in the College and our specialty of emergency medicine.

Okay … So How Do I Get Involved?

We're so glad you asked. Read ahead to the chapter, "What Ya Gonna Do? How Ya Gonna Do It?" There are a number of ways to get involved including joining an ACEP section or an ACEP committee, becoming a liaison, or getting involved in your chapter. There are a number of leadership positions and opportunities for young physicians:

1. Attend the national ACEP conference or the Leadership and Advocacy Conference to learn more about the issues facing the future of our specialty and what you can do to help.

2. Read ACEP Now, Annals of Emergency Medicine, or one of the numerous publications or e-newsletters available from individual ACEP sections.

3. Join the Young Physicians Section (YPS) and network with other active physicians with similar interests. Get involved in one of your hospital committees. Find a topic or area that you are interested in and jump in!

The emergency physician is fortunate to be part of a young, vital, and evolving specialty.

None of these adjectives have any passive connotations and, as such a specialty, there are plenty of opportunities to contribute and to be active.

How Do I Successfully Achieve the Transition from Candidate to Active Member of ACEP?

The YPS has become another great 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. Residency graduates successfully lobbied the ACEP Council to augment dues payment over three years' time so as to increase retention of candidate members.

Come to ACEP's annual Scientific Assembly meeting, visit the ACEP website at acep.org, join the Young Physicians Section, read ACEP Now, 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.

CHAPTER 2

WHO'S IN CHARGE?

ACEP Council
The Steering Committee
Tellers, Credentials, and-Elections Committee
Council Meeting
ACEP Board of Directors
How the ACEP Board is Elected
How Board Officers are Elected
Executive Committee
Board Member Duties
ACEP Policy
Representation of Membership

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.), Emergency Medicine Residents Association (EMRA), the Council of Emergency Medicine Residency Directors (CORD), the Association of Academic Chairs of Emergency Medicine (AACEM), and the Society for Academic Emergency Medicine (SAEM), all referred to as component bodies, collectively form the Council. The number of representatives, called Councilors, is determined each year by the number of ACEP members in each chapter on the preceding December 31. Every chapter has at least one Councilor; an additional Councilor may be seated for every 100 chapter members. Each section of membership is allocated one Councilor annually, provided it is established and in compliance with all section requirements by the preceding December 31. AACEM, CORD, and SAEM are allocated one Councilor, and EMRA is allocated four Councilors.

The primary function of the Councilor is to represent the membership of their respective component body. Each of these Councilors may cast a single vote on any issue that the Council considers and debates. In addition, an equal number of Alternate Councilors, selected in like manner and number, attend the Council meeting. An Alternate Councilor may speak on any issue but does not vote unless substituting for the same group's Councilor during the meeting. Each component body decides which of their members will be designated as Councilors and Alternate Councilors. The ACEP Bylaws limit Councilors to two- or three-year terms, though no term limits exist. Most chapters designate some or all chapter officers as Councilors. Remaining positions, including Alternates, are often chosen by election during a 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, directly following that year's Council meeting. EMRA Councilors are appointed from the EMRA Board of Directors by the EMRA President.

The Council is a deliberative body that meets once a year for two days in conjunction with the College's annual Scientific Assembly. The Council debates and votes on resolutions that are submitted by members (as long as there are at least two individuals or component bodies who co-sign the resolution).

Ultimately, the actions of the Council are considered and ratified by the ACEP Board of

Directors (Board). One of the main purposes of the Council is to annually elect four members to the Board and to elect the President-Elect. There are 12 members of the Board, and each year positions being vacated by members completing their terms are filled through this election process.

Each year, the Council Speaker appoints a Nominating Committee that reviews candidates whose names are either self-submitted or submitted by a component body. The Committee may also seek candidates directly. The Committee reviews all possible candidates, looking for certain criteria that include prior leadership activities within the College and involvement at the chapter or section level. From all of the potential candidates, a preliminary and then a final slate of candidates are selected. Candidates may also be nominated during the Council meeting when the Speaker calls for floor nominations as long as they have met all of the requirements of candidates nominated by the Nominating Committee, such as the submission of the same materials required of all candidates.

Historically, the Nominating Committee has nominated more candidates than positions available. This allows candidates to gain exposure to the campaign and elections process, while also giving the Council an adequate pool of qualified candidates for election.

All candidates must submit specific campaign materials, such as candidate disclosure forms, ACEP activities, and written responses to questions that are then distributed to Councilors so they 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, also known as the "Council Officers." These members are elected biannually by the Council. Candidates for these positions are selected by the Nominating Committee in the same manner as described for candidates for the Board of Directors.

In addition to administering the annual Council meeting, the Speaker and Vice-Speaker attend and participate in all of the meetings of the ACEP Board. Council committees exist to guide the Council and the College on issues impacting the College and the specialty of emergency medicine and to carry out Council operations. The Speaker annually appoints members of the Steering Committee and other Council committees.

The Steering Committee

The Steering Committee consists of at least 15 Councilors appointed annually by the Speaker. The purposes of the Steering Committee are to help plan the annual meeting, to serve as advisors to the Board between Council meetings, and to help with strategic planning of the Council. The Committee meets at least two times each year. One of the meetings is held on the evening prior to the beginning of the annual Council meeting to review and approve for submission to the Council any late resolutions that may be submitted. All actions of the Steering Committee are subject to final approval by the Council at the next regularly scheduled Council meeting.

Tellers, Credentials, and-Elections Committee

This committee is composed of Councilors who assist the Speaker and Vice-Speaker during the annual Council meeting. The committee functions as "Sergeant at Arms" for the meeting, ensuring that only credentialed Councilors are seated on the floor of the Council. ACEP Councilors are certified by their component body and confirmed by ACEP staff two months prior to the annual Council meeting. This committee is also responsible for supervising the election process, verifying the election results, and administering the paper balloting process for

elections if the electronic mechanism fails.

Council Meeting

The ACEP Council is truly a democratic body. Any member may speak at the Reference Committee hearings, whether they are a Councilor or not. Resolutions that are submitted by the published deadline are automatically accepted for discussion. Resolutions that are submitted after the published deadline are considered “late” resolutions and must be approved by the Steering Committee. Any resolutions submitted less than 24 hours prior to the Council meeting are considered emergency resolutions and will only be accepted for discussion after a vote of the Council. Late resolutions are limited to substantive issues that because of their acute nature could not have been anticipated prior to the annual meeting. An emergency resolution requires a majority vote of the Council.

All resolutions are assigned to Reference Committees. Reference Committees are chaired by experienced members of the Council. The Speaker assigns four to six additional Councilors to each Reference Committee in advance of the meeting.

There are typically three or four Reference Committees that meet simultaneously to hear testimony and debate resolution related issues. The resolutions are assigned to Reference Committees based on the similarity or nature of the issues. For example:

Reference Committee A—Bylaws, College Manual, and Council Standing Rules Amendments and Membership Issues
Reference Committee B—Emergency Medicine Practice Issues
Reference Committee C—Public Policy Issues

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 each resolution. Suggestions are provided on specific wording, which may enhance or clarify a specific resolution. Following open hearings, each Reference Committee will hold an executive (closed) session for deliberation and development of its report to the Council. Two or more ACEP staff members will assist each Reference Committee during the hearing and the executive session. The resulting report will contain recommendations for adoption, rejection, or modification based on the testimony that was heard. Written testimony may also be provided by those not able to attend the Reference Committee hearing; however, specific guidelines for such submissions are strictly enforced. The recommendation of the Reference Committee reflects the majority of opinions expressed by those providing testimony. Occasionally, a recommendation may be contrary to the testimony received. This may occur due to facts that may be discovered when reviewing existing ACEP policy or based on other advice (such as legal or financial) provided to the committee.

The report developed by each Reference Committee is distributed by no later than 7:00 a.m. of the second day of the Council meeting. During the Council meeting, each Reference Committee chair presents the committee’s recommendations in a detailed report. The presiding Council Officer will then entertain debate on the topic, leading to any suggested changes, related motions, and a final vote to adopt or not adopt the resolution. During this session, debate is only allowed by credentialed Councilors. Non-Councilors/or guests may be allowed to speak at the discretion of the Speaker. Councilors wishing to speak about a topic must proceed to a microphone and wait to be recognized by the Speaker. 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 conducted according to parliamentary procedure. While there are a number of parliamentary authorities, ACEP has chosen The Standard Code of Parliamentary Procedure, aka"Sturgis," as the authority of record. Once a resolution is adopted by the Council, it is then submitted to the Board of Directors. The Board must act on all resolutions adopted by the Council no later than the second Board meeting following the annual meeting. Bylaws amendments require a two-thirds vote of the Board for adoption, and non-Bylaws resolutions require a three-fourths vote of the Board to overrule a resolution that was adopted by the Council. The Board, while having the power to accept or overrule a resolution, does not have the authority to substantively amend a resolution adopted by the Council. If a resolution is not ratified, a report containing the vote and position of each Board member must be presented to the Steering Committee at its next meeting and to the Council at the next annual meeting. A Bylaws amendment adopted by the Council, and overruled by the Board, is referred to as a "Contested Amendment." The positions and vote of each Board member must be presented to the Steering Committee, and the Council must be notified within 30 days of the Board's action. The Contested Amendment is then presented to the Council at the next meeting. If the unmodified Contested Amendment receives an affirmative vote of at least two-thirds, the amendment is then adopted.

ACEP Board of Directors

The ACEP Board of Directors provides the day-to-day management and direction of the College as outlined in the Bylaws and assisted by the ACEP staff. The Board shall consist of 12 elected directors, plus the President, President-Elect, Immediate Past President, and Chair, if any of these officers is serving following the conclusion of his or her elected term as director. If an individual is elected by the Council to serve as President-Elect, they will also serve as President and Immediate Past President after the elected term has expired. Each Board member serves for a term of three years. Members may run for additional terms but may only serve consecutively for two terms. Running for a second consecutive term has become the norm, and Board members generally spend the first three years learning the multitude of College processes, programs, and activities. The experience they gain makes them much more effective Board members in their 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 component body of the Council, has one vote. 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 the nominees may be incumbents. An incumbent is usually selected by the Board Nominating Committee to run for a second term. Other candidates are nominated by the committee based on their past service to their state chapters, sections, and/or the 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 strongly recommended.

The Candidate Forum Subcommittee of the Council Steering Committee prepares questions regarding various topics for the Board candidates to address in written form. 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 additional nominations. At this time, Councilors 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 Board Officers Are Elected

The President-Elect of the College is elected by the Council. However, the remaining officer positions are elected by the Board of Directors via an internal election. The election of officers takes place at the Board meeting at the end of the Scientific Assembly. The Chairman of the Board, Secretary/Treasurer, and Vice President are the officer positions elected at that time. Their terms of office are one year. The President serves 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 of Directors is charged with the responsibility for policy development and ongoing operations of the College. The Board works closely with the ACEP Council Officers. The Council Officers attend all meetings of the Board. Although they do not vote, their opinions are solicited, and they enter into the full debate on all issues. The Board relies on the Council Officers to represent the Council and membership 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, but 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 Board of Directors, 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 obtain 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 spring, the President-Elect, with input from members, committee chairs, sections, staff, and the Board, develops a set of committee objectives. These objectives are quite diverse, representing the priority objectives 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 a total of 25 committees. The President-Elect selects the chair and committee members. The chairs and committees are selected in Spring. Working with their staff liaisons at the College, the committee chair develops a potential committee member list. A committee chair's conference call is held 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 committee 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 nominates a member of the Board to serve as the Board Liaison to each 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 that is comprised of representatives from 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 and report back to the Board.

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 time. The state chapters have input to Board processes through several 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 also has developed a 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 directly ask the President questions and to seek advice from other state chapters as well.

Through the residency visit program, the Board members also visit residency programs, bringing them face-to-face with faculty and residents, which enables them to engage in discussion of such topics as: the future of emergency medicine—what ACEP is doing currently in the federal arena to advocate for emergency physicians and their patients and to influence the legislative and regulatory decisions that will affect the environment in which they will train and practice. They also discuss ACEP's historical and continuing role in the development of emergency medicine as a specialty. To round out the visits, leaders are also prepared to give clinical and practice management presentations. Again, these visits are fully funded by ACEP.

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 about an issue that he or she believes the College needs a policy to address, 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. ACEP policies can be found in the ACEP Policy

Summaries or on the ACEP website. The summary 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. 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 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 or she has a primary duty to represent the interests of his or her own chapter. That role changes when a member is elected to the Board. The member no longer can have the viewpoint of his 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 the Centers for Medicare and Medicaid Services (CMS) 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 perspective. 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 Board or to members-at-large who may have expertise in a certain subject. The Board encourages open communication with the members and with 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.

CHAPTER 3

HOW DOES IT WORK?

Resolutions
Reference Committees and Caucuses
Parliamentary Procedure
Development of ACEP Policy

Resolutions

What Are Resolutions?

Resolutions direct and guide the Board of Directors in carrying out the work 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, referred to as *WHERE AS STATEMENTS*, followed by statements of action, *RESOLVED STATEMENTS*, 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, component bodies (state chapters, sections, etc.) 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 other leaders throughout the various constituent groups of the College (sections, state chapters, ACEP Board, AACEM, CORD, EMRA, SAEM, etc.). The resolutions are also reviewed and discussed in Reference Committees during the early part of the two-day annual ACEP Council meeting (see Reference Committee's below). On the second day of the Council meeting, resolutions are considered by the Council and, again, discussion and potential amendments are considered. Finally, a vote is taken on each 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 actionable item 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 will be prepared by ACEP staff and attached to the resolution prior to dissemination to the Council.

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 can 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 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.”

How Is a Resolution Presented to the Council?
Resolutions may be proposed by any current ACEP member, but must be submitted to the Council Secretary 90 days prior to the annual Council meeting with endorsement of at least two members of the College or Council component bodies. 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 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 the resolution will pass when the diverse Council body actually votes. In addition, *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 an affirmative vote of at least two-thirds of Councilors present and certified by the Tellers Credentials &-Elections Committee for adoption. The resolution must then receive an affirmative vote of at least two-thirds of the members of the Board. A non-Bylaws resolution needs only a majority of Councilors certified by the Tellers, Credentials &-Elections Committee. The Board of Directors are required to take one of the following actions regarding a non-Bylaws resolution adopted by the Council: 1) implement the resolution; 2) overrule the resolution by a three-fourths vote (the vote and position of each Board member must then be reported at the next meetings of the Steering Committee and the Council); 3) amend the resolution in a way that does not change the basic intent of the Council (the Steering Committee).

Submit resolutions to the Council Secretary:
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 annual ACEP Council. This forum occurs during the initial stages of the meeting and their locations and times are noted on the ACEP website as well as in the ACEP Scientific Assembly schedule. There are three Reference Committees:

Reference Committee A—Bylaws, College Manual, and Council Standing Rules Amendments and Membership Issues
Reference Committee B—Emergency Medicine Practice Issues
Reference Committee C—Public Policy Issues

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 Reference 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 (though further discussion on the Council floor often occurs with contentious issues).

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 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, not adopt, 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 provided. The Reference Committee's work serves to streamline the process of debating resolutions and summarizing the debate such that the Council can make a more educated and timely decision on their fate. The Council is not obligated to follow the recommendations of the Reference Committee but in practice, it often does.

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 chapters' caucus was developed so the smaller states could join

together and share the benefits enjoyed by some of the larger states. The small chapters' 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 as its parliamentary authority.

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 procedure is the "motion." All discussion centers on the motion. In fact, in the absence of a motion, no discussion can occur on an item of business. In this situation, with only a few exceptions, when there is no motion to discuss, the Chair or presiding officer 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. Parliamentary inquiry is also recognized as an exception; when a member feels that the process followed may be in error.

When a meeting moves from approval of the 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." (see above). 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 by introducing themselves and on whose behalf they are speaking. They should then state, "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 that 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 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, but they are still open. 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 amendments 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,” and “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.

“Division of the Question” allows for a motion with multiple resolved statements 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. However, resolved statements cannot be divided unless they are independent and can stand alone in the appropriate context.

“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.

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!

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, 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; and
- Proposed fiscal impact of the policy.

ACEP staff will review draft versions of proposed policy statements 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 as indicated. 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 by 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:

1. Approval
2. Amendment & Approval
3. Disapproval
4. Referral Back to the Committee

If the Board chooses to make amendments to the document, these amendments are generally of a non-substantive 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:

1. Policy statements are published in the *Annals of Emergency Medicine*

2. Adoption of the policy statement by the Board is announced in *ACEP Now*

3. Individual copies of the policy statement are available from the ACEP office on request

4. All policy statements are published in the *Policy Summaries* book on an annual basis

5. All policy statements are published on the ACEP website

Clinical Policies

Clinical policies represent a unique set of documents within the College. These policies provide recommendations for the evaluation and management of specific clinical conditions and for clinical procedures, such as procedural sedation and analgesia, commonly performed in the emergency department. Clinical policies are developed according to a defined process that has been approved by the Board. The process includes a systematic review of the evidence with evidence grading according to a rating scheme. The policy recommendations are evidence-based; if evidence is not available, that fact is noted in the policy. The Clinical Policies Committee is a standing committee charged with the task of oversight of ACEP's clinical policy development. 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 or procedures for which a clinical policy may be needed. 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:

1. Identification of a specific clinical condition or clinical procedure by an individual member, committee, section, chapter, staff, or an external organization.
2. Approval of the clinical condition or procedure for clinical policy development by the Board.
3. Assignment of the clinical policy development workgroup by the President.
4. Drafting of a clinical policy by the identified group, with approval of the draft by the Clinical Policies Committee. An evidentiary table and the identification of future research needs are included within each clinical policy.
5. Distribution of the draft clinical policy for expert review to:
    a. The Board and Council Officers
    b. Emergency physicians recognized for their expertise in the identified topic area
    c. External organizations or other individuals as deemed appropriate based upon the specific clinical topic
    d. The ACEP membership through an ACEP communication piece, with notification to ACEP Chapters of the comment period.

All clinical policies are 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:

1. Approval
2. Referral back to the Committee with comments (should any significant concerns be expressed).

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

1. The approved clinical policy is posted to the ACEP Web site for free download.
2. Approval or endorsement of the clinical policy from other organizations is sought as appropriate
3. Publication occurs in the *Annals of Emergency Medicine*
4. Clinical policy availability is through ACEP communication pieces
5. An article highlighting key points of the clinical policy is included within an ACEP communication piece
6. Release of clinical policy to other organizations is done as appropriate
7. Implementation tools, such as mobile-optimized applications of the clinical policies, are developed and posted to the ACEP Web site for free download
8. The approved clinical policy is submitted to the National Guideline Clearinghouse for abstraction
9. Additional dissemination of the clinical policy is conducted as needed

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 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 always 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 Now. 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. In most cases the Board will 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.

CHAPTER 4

WHO YA GONNA CALL?

Getting Involved in the Organization: Advocacy
The Home Office: ACEP Staff, Dallas
Where the Politics Are: ACEP Staff, Washington, DC

Getting Involved in the Organization: Advocacy

There has never been a more critical time for emergency medicine to speak with one voice. A significant benefit of being a member of ACEP is the ability to unite with the advocacy efforts of your specialty organization. ACEP is dedicated to speaking out for emergency physicians and for emergency patients. There are many resources and advocacy training programs available to you. As experts in their areas ACEP staff can be consulted as resources for members. Do not hesitate to reach out to them; remember, they are here to serve you!

The Home Office: 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 work for members in many diverse capacities at multiple levels. There are over 100 staff members with specific responsibilities and roles in the organization. The staff has a wealth of materials / resources to assist you.

For information or questions, you may contact ACEP Customer Service at the Dallas office (800-798-1822):http://www.acep.org/aboutus.aspx?id=22592.

For specific departments and contacts: http://www.acep.org/aboutus.aspx?id=33166.

If you have questions, contact your local state chapter to help interface with the home office: http://www.acep.org/chapters/.

Where the Politics Are: ACEP Staff, Washington, DC

The Public Affairs Division is ACEP's staff office in Washington, DC. The DC office provides the advocacy and public relations work of the organization. ACEP has a full-time presence in Washington, DC, to advocate for emergency physicians and their patients on a daily basis. Many members might be surprised to know how active this office is, doing daily legislative, regulatory, and advocacy activities throughout the Capitol. Additionally, the office coordinates public relations activities and media relations of the organization. The divisions of this office include:

- Government Affairs
- Political Education
- Political Action
- Quality and Health Information Technology
- Public Relations

The general mission of the Washington office is to assist the Board of Directors, committees of the College, and membership in the development of an annual legislative and regulatory agenda. With Board approval, the office works to advocate for these agendas. 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.

Federal Government Affairs

Recognizing the profound influence that government policies have on emergency medicine, ACEP devotes significant resources to government affairs activities in Washington. The Federal Government Affairs Committee and the Government Affairs staff (Director of Congressional Affairs and the Director of Federal Affairs) are dedicated to providing superior government representation for ACEP members.

The office represents members of the College on a broad range of issues before Congress, the Administration and regulatory agencies. Past successes include the establishment of the "prudent layperson" standard for coverage of emergency services as part of the "Balanced Budget Act of 1997." More recently as part of the Affordable Care Act, emergency services were deemed an essential service that must be covered by every health insurance plan, emergency medicine research was expanded and grants were created to improve emergency and trauma care, in addition to other key wins. Other issues on ACEP's legislative and regulatory agenda include:

- Medicare reimbursement, such as the sustainable growth rate (SGR), physician fee schedule and hospital outpatient payment
- Medicaid expansion
- Exchange implementation
- Delivery system reform
- Medical liability reform
- Drug shortages, prescription drug addiction and synthetic drug problems
- Violence and injury prevention
- Funding for trauma systems and planning
- Emergency medical services for children
- Coordination of federal emergency care programs
- Identification of federal funding sources for research
- Increasing federal support for graduate medical education
- Improving access to emergency services in rural communities
- Expanding services for mental health patients and
- 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 the U.S. Congress and federal agencies by participating in 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 topics 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: 800-320-0610.

NEMPAC and Grassroots Advocacy
The ACEP Public Affairs Division directs the activities of the College's political action committee, known as the National Emergency Medicine Political Action Committee (NEMPAC). Established in 1980, NEMPAC is currently one of the top five medical specialty PACs in the nation. In the 2012 elections, NEMPAC raised more than $2 million from ACEP members which was donated to candidates for the U.S. Congress and national political committees. The NEMPAC Board of Trustees, comprised of ACEP members, approves a candidate budget for each election cycle. Evaluation criteria is based on the candidate's or Member's support of ACEP's legislative priorities. Other factors considered include the Member's committee assignment, leadership position and difficulty of his/her election campaign. The Board also relies on the input of ACEP state chapter leadership, individual 911 Network members, and NEMPAC supporters when evaluating candidates.

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, known as the "***911 Legislative Network***." ACEP established the Network in 1998 to encourage our members to cultivate long-term relationships with federal legislators, convey ACEP's legislative and regulatory priorities in an effective manner, and affect the final outcome of federal legislation important to the specialty of emergency medicine. Nearly 1700 ACEP and EMRA members participate in the 911 Legislative Network, acting as resources and health care issue experts for federal legislators to maximize the voice of emergency medicine in the federal legislative process. All 911 Network members receive regular legislative, regulatory, and political updates via e-mail from the Washington, DC, office.

911 Network Members attend local meetings and fundraising events on behalf of NEMPAC, host ED visits for legislators, and recruit new advocates. Most importantly, they respond to action alerts by contacting their legislators on important legislation in Congress that may impact emergency medicine and patients.

Many members of the Network attend the annual spring *ACEP Leadership and Advocacy Conference* in Washington, DC, where they have the opportunity to meet directly with legislators and staff in their Capitol Hill offices. ACEP arranges all Capitol Hill visits following a focused advocacy training program. Details on the conference may be found on www.acep.org/lac or by calling the Washington or Dallas offices. You can easily join the 911 Network or find out more information on the Advocacy area of the ACEP Website: http://www.acep.org/advocacy/becomeanadvocate/.

Quality and Health Information Technology
In the year following enactment of the 1997 Balanced Budget Agreement, policymakers have focused increasingly on ways to improve the delivery of quality care in a cost-effective way. The emphasis on outcomes and evidence based clinical practice has intensified across the government. In recognition of this direction, ACEP formed a Quality Improvement Committee and added a professional position in the Washington office to focus on quality and health information technology (HIT), another area of critical and growing importance.

The Quality/HIT Director advances ACEP's leadership in the development of quality and performance measurements. ACEP interacts with organizations recognized as leaders in the development and approval of consensus-based national standards. These standards are used for measurement and public reporting of healthcare performance data and provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient.

Public Relations
The Washington office develops national public education programs and coordinates the external communications activities of ACEP. These activities include advocacy campaigns, media training for ACEP members and focus group research to develop ACEP's key messages. Public relations staff use a variety of communication tools, such as press releases, audio news releases, as well as advertising, to support accomplishment of ACEP's advocacy and regulatory agendas. They daily track and analyze news coverage, seeking opportunities to promote ACEP's messages through editorials and letters to the editor. In addition staff develops public education materials and manages ACEP's public website: www.EmergencyCareforYou.org.

With the development of social media and a 24-hour news cycle, ACEP has embraced new forms of communications and uses YouTube, Tweeting and Facebook to reach its target audiences. They also promote ACEP's official journal ***Annals of Emergency Medicine*** and maintain an official ***Spokesperson's Network*** of more than 500 media trained emergency physicians appointed by ACEP's President to speak on behalf of ACEP. To handle the thousands of media requests that ACEP receives, the public relations staff maintains the official Spokesperson's 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 spokespersons and tracks ACEP's news coverage through clipping services and video monitoring services. They also employ crisis communications.

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

CHAPTER 5

WHAT YA GONNA DO? HOW YA GONNA DO IT?

ACEP State Chapters
Getting Involved Nationally
Sections
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 that the chapter is not an agent of the College. The College has the authority to establish rules governing any actions of the chapter that might 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 the 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 the 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:

- support quality emergency medical care;
- promote the interest of emergency physicians;
- promote the art and science of emergency medicine;
- foster an environment that supports member physicians' efforts to provide patients with high quality and affordable health care;
- advocate on behalf of patients and physicians in health policy forums;

- advance medical science and education; and
- disseminate 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 it 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 should 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 Advocacy Conference
- Chapter Executives Forum
- Leader visits to chapters
- All-chapter audio conference calls
- Publications

Chapter Grants
Established in 1983, 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 - $31,500 for regular chapter grants and $13, 500 for development grants. Regular chapter grants provide funding for chapter projects that directly benefit the College, and other ACEP chapters and chapter development grants are designed to provide "seed money" for projects for a chapter. Chapters apply for funding for both types of grants through one grant application. ACEP's National/Chapter Relations Committee reviews all applications and makes recommendations for funding to the Board.

Since its inception, 379 letters of intent/chapter grant applications have been received from chapters; these applications requested a total of $2,110,154. The cumulative amount budgeted for the program over that time was $1,190,000, and the amount awarded totals $896,480. One hundred forty-seven chapters have been awarded grants (28 development grants and 119 regular chapter grants). Based on today's criteria for chapter size, 76 awards have been granted to large chapters, 59 to medium-sized chapters, and 15 to small chapters (one grant went to multiple chapters). A small chapter has 0-200 members, a medium sized chapter has 201-999 members, and a large chapter has over 1000 members. ACEP currently has 10 large chapters, 28 medium sized chapters, and 15 small chapters.

Chapter grants are posted each July to ACEP's website. The deadline for grant applications is in early November. Additional information and an application can be acquired from ACEP's website, 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 32 sections with participation of about one third of the College membership.

Section membership continues to grow each year. As an ACEP member you are eligible to join any section and as many as you wish. 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 mandated or 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.

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. Additionally, each section has established a closed e-list that

allows section members to maintain communication among members.

The Section Grant Program provides up to $50,000 a year in funding for special projects developed and produced by sections. The publication you are reading, *ACEP 101*, was originally supported by a Young Physicians Section Grant awarded in 1997, and the 2012 update was also supported in a similar fashion.

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. Each Section may also provide specific benefits and programming throughout the calendar year. For example, the International Section often has listings for EM experiences in other countries and the Young Physician Section has designated educational tracks at the ACEP Leadership and Advocacy Conference in DC.

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. Newer members may have to wait in line for years before becoming a state committee chair or before running for a chapter office. Likewise, at the national level, committee appointment and leadership may require 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 in your area of interest with resources provided by the College that may not be available at the state chapter level. Members who 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 are welcome to 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 100 ACEP members willing to join. The Sections of Membership Manual outlines the process in detail. The manual is available here: www.acep.org/sections/.

How Do I Join a Section?
Joining is easy. Simply contact ACEP Member Care or visit the ACEP website at: www.acep.org/sections/ to use the online application. Annual section membership dues are currently $40 for active members. Sections may decide independently to allow non-ACEP members access to the e-newsletter, website, and e-list forum. Dues for non-member section subscribers are currently set at $50 and will be maintained at $10 more than the member rate. As a resident, student, or fellow you get one section membership free and each additional section membership is $20 annually.

Which sections you join will usually be determined by your personal interests, but the focus of certain sections may not always be immediately apparent from the section name. You are encouraged to browse the section’s home pages at www.acep.org/sections and review their objectives, activities and resources.

Section Leadership
As noted above, each section determines its own leadership structure. Any section member

(and ACEP member) is eligible to run for office; section officers are usually elected at the annual section meeting at Scientific Assembly. Most sections have a Chair, Chair-Elect, Immediate Past Chair, Secretary/Newsletter Editor, 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 1-3 years of active involvement vs. the 5-10 years it might take at the state chapter level. For those with aspirations of leadership within national ACEP, proven leadership ability through section involvement is a great way to advance.

Sections of Membership Contact Information:
ACEP Member Care Center: 800-798-1822 or e-mail: mailto:membership@acep.org

Complete information on sections is available at: www.acep.org/sections

Website topics include information on joining a section, listing of the sections and current section leadership with each section's operational guidelines including objectives, list of sections still in the formation process with contact information, and ACEP Policy on Sections of Membership.

THE FOLLOWING ARE THE CURRENT SECTIONS OF ACEP



Air Medical Transport



American Association of Women EPS



Careers in Emergency Medicine



Critical Care Medicine



Cruise Ship & Maritime Medicine



Democratic Group Practice



Disaster Medicine



Emergency Medicine Informatics



Emergency Medicine Practice Management & Health Policy



Emergency Medicine Research



Emergency Medicine Workforce



Emergency Medicine/Internal Medicine Dual Training



Emergency Telemedicine



Emergency Ultrasound



EMS-Prehospital Care



Forensic Medicine



Geriatric Emergency Medicine



International Emergency Medicine



Medical Humanities



Observation Medicine



Palliative Medicine



Toxicology



Trauma & Injury Prevention



Undersea and Hyperbaric Medicine



Wellness



Wilderness Medicine



Young Physicians

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 in June each year. The process though begins much earlier. About six months before taking office as President, the President-Elect begins to collect recommendations for committee members. A call for Committee interest is publicized on the ACEP Website and in ACEP publications. 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 21 other committees. 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.

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 who works to oversee all committee work from a "Board perspective" and to present the committee's work to the Board when needed. Chairs are appointed by the President-Elect. Any member can apply for any committee. The committees

are listed as follows.

Academic Affairs Committee
Audit Committee
Awards Committee
Bylaws Committee
Bylaws Interpretation Committee
Clinical Policies Committee
Coding & Nomenclature Advisory Committee
Compensation Committee
Disaster Preparedness & Response Committee
Education Committee
Emergency Medicine Practice Committee
EMS Committee
Federal Government Affairs Committee
Finance Committee
Medical-Legal Committee
Membership Committee
National/Chapter Relations Committee
Pediatric Emergency Medicine Committee
Public Health & Injury Prevention Committee
Public Relations Committee
Quality & Performance Committee
Reimbursement Committee
Research Committee
State Legislative/Regulatory Committee
Well-Being Committee

Liaisons

The College has established formal and informal relationships with allied health care providers, government, third party carriers, scientific and research groups, and other organizations important to the future of emergency medicine. The liaison program facilitates communication of information and strengthens the leadership role of ACEP for the provision of high quality emergency medical care.

Recognizing that the external environment and the practice of emergency medicine evolve and change, these liaison relationships are reviewed annually. Existing relationships are assessed, discontinued if no longer necessary and effective, and new relationships initiated to maintain a leadership role. ACEP places great emphasis on its Strategic Plan when evaluating relationships.

The President is the formal College spokesperson and is responsible for communicating College positions to the federal government, regulatory agencies, and other health care organizations. The liaison representatives are reminded that others may perceive his/her activities as representing the opinions of the College by virtue of their positions as national representatives. While the President may delegate liaison functions to the representatives, they are not empowered to commit College resources or support for positions of other organizations.

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 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 member's 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. 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 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 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 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. 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,

with the caveat that it is only one piece of information on which Councilors base their vote.

The Decision to Run

Young physicians should carefully consider 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 is 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 incoming 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.

CHAPTER 6

WHERE YA GONNA LOOK? (FOR ONLINE RESOURCES, THAT IS)

Advocacy
Career Development
Continuing Medical Education
Education and Webinars
Financial Planning
Medical-Legal
Educational Meetings
Physician Wellness
Sections and Chapters
Get Involved Now!

If you're reading this document, you obviously have interest in getting involved. But where to start? Maybe you want to jump right in and start with advocacy? Or maybe you just want to see what ACEP can do to help you get started in your career? Maybe you are already an established physician, but you are looking for something extra from your professional organization. Look no further! ACEP has resources to quickly connect you with CME opportunities, help with financial planning, and help you manage your maintenance of certification. Some great links to get you started are right here!

Advocacy

A great way to become involved in ACEP is to participate in advocacy. Unfortunately, the process of how to do this can be a bit daunting without some direction. Fortunately, ACEP has some great online resources to help get you on your way! In this section, you can learn about the 911 Legislative Network, State and Federal issues, and learn how to advocate on behalf of our profession to the news media. You can even find an up – to - date list of talking points on issues central to our profession here! If you are ready to head to Washington and join our efforts here, you could look into the ACEP Leadership and Advocacy Conference.

Career Development

EM Career Central is the specialty's largest online job bank. It offers invaluable resources that you can personalize for your career search. In addition, you build and post your resume, register for job alerts and maximize your career potential.

You can even search the ACEP Emergency Medicine Group Database based on group size, location, whether the group pays your ACEP dues and other criteria.

The ACEP Faculty Development Center is packed full of resources to help you further your career. Here you will find educational webinars, as well as links to resources to enhance your educational, administrative, research, and professional skills.

There are even some great articles for newer grads, like Advancement and the Art of Saying NO, How to Ask for More Money, and Top 25 Things You Should Do Before Your First Day on the Job,

Continuing Medical Education

Here you will find links to multiple CME related products, including Critical Decisions in Emergency Medicine, ACEP's official CME publication and the new ACEP eCME learning

management system, which allows you to find a variety of interactive educational topics - some free, some with a fee and all with CME credit.

You can also access EM:Prep, from ACEP and the creators of *Emergency Medical Abstracts*. And *PEER VIII* is now available in a variety of print and digital formats. Both are comprehensive resources to help you prepare for the annual ABEM Lifelong Learning and Self-Assessment tests.

In the Maintenance of Certification Center, you will find links to guide you through the MOC process, as well as find educational activities to prepare for examinations, stay current with medical knowledge, and advance quality care.

Education and Webinars

In addition to the CME related resources above, there are a host of on demand webinars on a wide variety of topics, including financial security, optimizing your RVUs in a teaching physician setting, advocacy and the emergency physician...and more!

Financial Planning

There are some great resources available only to ACEP members to help with financial planning. Your Fiscal Rx is a webinar series of personal finance topics that is a member benefit for emergency physicians in all stages of their careers.

ACEP offers free downloads about financial planning from presentations by emergency physicians.

You can find information on the problem of medical education debt, how students pay for medical school, debt repayment programs for students and residents, loan programs, and loan deferment programs.

ACEP and the Financial Planning Association (FPA™) are now offering financial planning resources to emergency physicians. FPA connects consumers with financial planners that deliver advice using an objective, client-centered, ethical process. FPA also offers the following brochures on important financial issues such as estate planning, retirement planning, long term health care, and tax planning.

Medical-Legal

ACEP has a great deal of information on avoiding litigation, but it also provides support if litigation happens.

There is information on everything from EMTALA, to Ethics. Need to know how to prepare for a deposition? Need to know what to do if you have been sued? ACEP has articles and online videos to help you out.

ACEP members can even request a review of questionable expert witness testimony regarding emergency medicine's standards of care, by a 12- member Standard of Care Review Panel.

You may access these resources for:

- Overview of the Standard of Care Review Process:

http://www.acep.org/Clinical---Practice-Management/Medical---Legal--Standard-of-Care-Review/

- Details how to submit a case:

http://www.acep.org/Clinical---Practice-Management/Procedure-for-Review-of-Testimony-Regarding-Standard-of-Care-in-Emergency-Medicine/

- The Ethics process

"Procedures for Addressing Charges of Ethical Violations and Other Misconduct"
http://www.acep.org/Clinical---Practice-Management/Procedures-for-Addressing-Charges-of-Ethical-Violations-and-Other-Misconduct/

Educational Meetings

Don't forget to check out this section for all the latest information on ACEP events to attend! Don't miss out on the ACEP annual meeting, Advanced Pediatric Emergency Medicine Assembly, or Leadership and Advocacy Conference!

Physician Wellness

This section focuses on everything from Avoiding Burnout, to A Primer on Litigation Stress. In fact, there is a whole section of membership devoted to this topic!

Sections and Chapters

ACEP has a variety of ways to get involved, and one of the best is to get connected with an area of ACEP that deals with an area of personal interest! If you are interested in getting involved on the state level, or if you are interested in anything from air medical transport to issues pertaining to young physicians, one or more of ACEP's 32 sections of membership is bound to match your interests!

Get Involved Now!

All the above is just a taste of what is available through the ACEP website. But to really find your niche in emergency medicine, the first step is to become a member! Get Involved Today!