

International Federation for Emergency Medicine

CONSULTATION POSITION STATEMENT

'Implementing a Nationwide Policy for Developing Emergency Medicine'

Background

The International Federation for Emergency Medicine (IFEM) is a collaborating consortium of organizations representing emergency medicine physicians from around the world. As part of its Charter, IFEM aims to:

- foster and promote cooperation and association with organizations which have objectives similar to the Federation internationally;
- offer advice and guidance to emergency medicine practitioners worldwide in the formation of national emergency medicine associations and training and certification programs;
- provide authoritative advice, information and opinion to other professional organizations, to governments and to the general public in relation to emergency medicine.

IFEM is often approached to provide advice or expertise through its members, in the six areas identified for emergency medicine specialty development:

- Developing Specialty systems

- Economic Structure

- Management systems

- Academic development

- Legislative Structure

- Developing a National Health Policy

Assistance may be provided to individuals, departments or institutions through consultations aimed at developing, evaluating or improving various services in countries where emergency medicine is in development as a specialty. Examples include training courses, attendance at conferences, continuing professional development, advice on new residency or fellowship programs and advocating and promoting emergency medicine through interaction with government health departments.

The IFEM recognises, welcomes and affirms the tremendous contribution of many organisations, bodies and individuals who are involved in developing emergency medicine around the world. This generic process varies from ad hoc, one-off, individual advice to the development of full-scale, organised, government-endorsed, national programmes for implementing emergency medicine.

The IFEM recognises that this process can be extremely variable with little sense of standardisation or quality control. IFEM has no desire to control or sanction the wonderful contribution of others as they seek to develop emergency medicine. However, there may be some who would value the insight, input, endorsement, international experience and strategic placing of IFEM as an independent body and advocate for emergency medicine.

Where such endorsement or programmes, training, resources and policy is requested, the IFEM needs a formalised process to guide assessment and involvement.

It is also recognised that these programmes really begin through individual contact and relationships, which may involve IFEM members and associates but where these individuals do not act as formal representatives of IFEM. Some initiatives may welcome IFEM endorsement and desire to act from an IFEM platform. The IFEM conferences and symposia are a step in this direction but there may be room for a wider expansion and involvement.

IFEM is essentially an organisation of volunteers who have primary responsibility to their employers, and who can only afford limited time and resources to its work. This is a limitation which needs recognition.

Issue

Once a local body or group has expressed a desire to set up 'emergency medicine', has initiated a process to get this started, and has identified outside individuals or bodies to help, how is such development and implementation best steered?

Does IFEM have a role and mechanism to guide "the overseas experts" who "may know how it is done" as they seek to steer the process forward?

Finally, does IFEM have 'a whole country approach' guidance document such as, for example, a 'Nationwide Policy for Developing Emergency Medicine Specialty Services'.

This is the background and expressed need behind this document.

Principles

- 1. IFEM at all times acts in good faith in support of the development of emergency medicine systems.
- 2. IFEM has no role or intention of proactively monitoring the work of emergency medicine or of monitoring and vetting the involvement of others in the development of emergency medicine around the world
- 3. IFEM is willing, if asked by a host country, department or individual, to offer advice on the development of emergency medicine.
- 4. IFEM may offer an opinion on whether a programme is exactly, moderately or slightly similar to emergency medicine as practised in established systems.
- 5. IFEM, if invited, is willing to act in an accrediting and advisory role on regulation and the development of emergency medicine.
- 6. Where such a role is desired, it is recommended that a formal application be submitted to the IFEM Executive for consideration.
- 7. IFEM may also act as a clearing house for requests for consultation.

- 8. A fee may be payable for IFEM's consultation and advisory processes. IFEM will have an overheads fee.
- 9. IFEM will 'manage' the process but individuals will have a say in compensation and negotiating fees/details.
- 10. IFEM will set up a register with a list of interested and potentially available individuals.
- 11. IFEM will wait for consultation requests and then seek to link up appropriate parties.
- 12. IFEM cannot take legal or other responsibility for the end-result of any consultative and advisory work, as the product will be a consequence of the interactions and discussions between the requestor and the available consultant(s).

Process

A request for consultation should be sent first to the Executive Officer, who will liaise with the IFEM Executive regarding the consultation development process. A fee may be applicable.

The IFEM secretariat will then prepare a contract and send it to the institution for approval and signature.

Appendix 1: Application Form

Appendix 2: Guide to Services and Fees

Application Form for IFEM Members Requesting Endorsement from IFEM for Direct Involvement in the Development of Emergency Medicine in a Receiving Nation

1.	Your Name:		
2.	Your Professional Capacity for the Request		
3.	Your Host nation		
4.	Setting requesting your support		
5.	Description of current needs		
6.	. What do you require from IFEM?		
7.	Does the request for your assistance/involvement come from: a) Central Government b) Local Government c) An IFEM member body or associate d) A hospital e) An individual f) Other		
8.	Give details including: a) Name of requesting body b) Support requested c) Proposed period of involvement		

9. Do you foresee any barriers to IFEM's involvement or any conflicts of interest?

Guide to Services and Fees - as at 2016

The following are a guide to fees that may be applied to institutional consultations through IFEM:

New residency or fellowship program; Transition from division to department	Assist with and review Program Information Form (PIF) 1½-day on-site visit 2 consultants	US \$8,000.00: comprising \$3,000 per consultant; \$2,000 to IFEM to cover administrative costs Additional cost for local expenses and travel
Development consultations not concerning new residency or fellowship program: such as: - research - faculty development - repeat residency or fellowship program review - overall department reviews connected with all other ED operations	1-day on-site visit 1 or 2 consultants	\$4,000 (1 consultant) or \$6,000 (2 consultants): \$2,000 per consultant; \$2,000 to IFEM to cover administrative costs Additional cost for expenses
•	If a full 2 days is required to complete the consultation:	\$5,500 (1 consultant) or \$9,000 (2 consultants): \$3,500 per consultant; \$2,000 to IFEM to cover administrative costs Additional cost for expenses

Expenses will be billed separately from consultation fees and can be paid either directly to the consultant(s) or to IFEM, at the discretion of the institution receiving the consultation.

The institution receiving the consultation may issue a purchase order to IFEM for completion, and IFEM will provide its tax ID.