IPCRG Membership policy: Ordinary and associate members (countries)

Purpose

To support implementation of the IPCRG's strategic objective:
Sustain core programmes by building a strong framework of international, national and regional respiratory groups that engage clinicians and researchers in the delivery of quality respiratory care in the community

This policy relates specifically to Ordinary and associate members (countries), and does not include our policies on associate corporate members, associates – invited international organisations, or associates – invited specialists.

Policy

The IPCRG will have low barriers to entry to encourage the formation of new member groups and stimulate their growth and development based on a written project about existing/future direction of the group. This project will be reviewed by the IPCRG and the group itself every two years.

Entry of new members

Criteria
Full ("Ordinary" in legal terms) members (country groups with a primary care respiratory interest) will be recommended by the Board for adoption by the members at the annual general meeting if they are judged sufficiently robust and can provide evidence of

1. Written rules including inclusive membership rules appropriate for a primary care group with a respiratory interest in that country
2. Geographical spread: representation from more than one university/region
3. Independence from undue influence (eg pharmaceutical industry, politics, secondary care, commercial enterprise)
4. A non-personal bank account so that funds raised for primary care respiratory purposes are safeguarded for those purposes
5. Elected officers with a limit on the terms of office
6. An up-to-date list of members that the group represents and a way of contacting them
7. A process for seeking and representing members' views
8. Written plan about existing/future direction and materials (membership, activities, resources, research, presence and influence)

Until the group can meet all eight of these criteria they will remain as an associate member, and continue to have the support and help of the IPCRG to work towards full membership.

Model
The IPCRG favours no one model; it will be dependent on the context and on the stage of development – it is likely that the model will need to change over time. However, it recognises that there are at least three models:

- A stand-alone, independent group eg PCRS (UK), CAHAG (Netherlands), GRAP (Spain) and others.

- A special interest group of a family medicine organisation eg AIMEF in Italy and also IPCRG's role as a special interest group of Wonca Europe;
- A primary care group of a specialist society eg the primary care group within ERS.

More than one group in a country
Where there is more than one group in a country that wants to be the IPCRG member, the IPCRG will enable all groups to be associate members. To become an Ordinary member, the responsibility lies with the groups to find a representative solution because IPCRG permits only one member and one vote per country. Solutions might include a number of groups forming a federation, coalition, or network, with shared leadership, with a Chair/President role that rotates after a fixed period between the different groups. Whatever solution is proposed, it must always be studied by the Board and ratified by the members at an Annual General Meeting.

If a local solution cannot be found, then the IPCRG Board may decide which group it will recommend to the members be elected based on the evidence it has of the
1. Size and scope of the groups
2. Their connection to primary care and their ability to influence primary care
3. Level of recent activity
4. Evidence of an ethos that fits with the inclusiveness, networking approach of the IPCRG
5. Their perceived independence from undue influence (eg pharmaceutical industry, politics, secondary care, commercial enterprise)

Once elected as a member

Based on the written plan, the IPCRG will agree some realistic growth targets with its members that will include objectives for:
- Membership
- Activities/resources
- Research
- Presence/influence

Every existing member will have to present this plan every two years in a rolling programme. The IPCRG will develop a simple process to review the delivery of the plan. Evidence might include:
- Membership lists
- Photographs of activities, curricula, programmes of meetings
- Annual report
- An active website
- Newsletters
- Third party reports
- Indications of contact with relevant organisations eg local GARD members, specialist society, family medicine organisation, health ministry and so on
- Publications

If the IPCRG considers that the group has met all its targets for growth then new targets for next two years will be agreed.
If the IPCRG considers that the targets are only partially met, it will agree an extension of 6-12 months before further actions are taken.
If the IPCRG Board does not consider that the group has met its targets for growth, then it may:

1. Propose to the members that they de-select the group as an Ordinary member, but permit the group to remain as an associate member
2. Invite an existing alternative group to represent the country as an Ordinary member
3. Encourage a new group to be formed

4. Decide that it is a low priority at that stage to support the development of a primary care respiratory group in that country

This does not stop a natural process of change and renewal, where an existing group itself decides to reform.

IPCRG support
The IPCRG accords the highest priority to the development of its members. To encourage and promote this growth, some additional resources are available including:

- Free web-pages/mini web-sites hosted on our own server
- Educational materials and programmes for translation
- Funds for translations of existing IPCRG materials
- Small grants for administrative tasks
- Travel and accommodation of expert speakers and workshop leaders from our Speaker Bureau for local meetings
- The research e-faculty and other mentoring for research in primary care respiratory research-naive settings
- Bursaries to help individuals attend IPCRG conferences to network with and learn from colleagues
- Opportunities to join IPCRG task forces and projects
- Fundraising ideas
- Multinational research network
- Web based educational programs
- Endorsement for local projects

The IPCRG's most valuable assets are its own members' projects and development. The IPCRG President and Corporate Executive will be available to help on any issue related to membership. The IPCRG may agree to put some specific resources to help members to present their materials and growth effectively and takes the responsibility to spread and share information between member countries.

Siân Williams, Executive Officer
Miguel Roman, President

Adopted by the Board: 21 September 2010

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