MODEL STATE ORTHOPAEDIC SOCIETY PROGRAM

INTRODUCTION

To assist state orthopaedic societies in enhancing their organizational structure and identifying activities that benefit them, the Board of Councilors’ State Orthopaedic Societies Committee has developed a “Model State Orthopaedic Society” program to support healthy and viable societies. This program is designed to help state orthopaedic societies function more efficiently and benefit from best practices.

Recommendations should serve as a basis for each state to evaluate its own activities in conjunction with those of other states. Other activities listed are recommended to enhance the activities of the state orthopaedic society.

Each section and the components within the section should be reviewed by the state orthopaedic society Executive Director with the Board of Directors along with the compliance checklist. The Model State Orthopaedic Society program is meant to be a road map for attaining a healthy and viable society and is best used as part of a continuous improvement plan.

The Model State Orthopaedic Society program includes the following sections:

1. Communications
2. Financial Management
3. Governance
4. Governing Documents
5. Meetings
6. Membership
7. State Advocacy
8. Education
9. Miscellaneous
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COMPONENTS OF A MODEL STATE ORTHOPAEDIC SOCIETY

COMMUNICATIONS

1. A society newsletter, letter from the President, or written or electronic communication from the state orthopaedic society is distributed to the entire membership at least three times per year. The newsletter also might include a report from the American Academy of Orthopaedic Surgeons Board of Councilors representative.

2. The state orthopaedic society shares the BOC Now newsletter with the state society membership.

3. The state orthopaedic society develops and maintains a website which includes a link to the American Academy of Orthopaedic Surgeons website. The website may be in conjunction with the state medical society’s website and should have its own section with information specific to the state orthopaedic society.

4. Communication between members is encouraged by providing a directory of state orthopaedic society members.

5. The state orthopaedic society communicates with academic orthopaedic programs in its state to promote resident research, informs residents of issues at the state level affecting the practice of orthopaedic surgery, and encourage resident participation in the state orthopaedic society. If appropriate, the state society also encourages medical student participation.

FINANCIAL MANAGEMENT

1. The state orthopaedic society develops and the board of directors approves an annual budget that supports organizational planning and resource allocation.

2. The state orthopaedic society has adequate financial controls to prevent and detect fraud, protect resources, ensure reliability of financial reporting, assist in the effectiveness and efficiency of operations.

3. The state orthopaedic society conducts an independent external financial review, compilation or audit at least every 3 years.
4. The state orthopaedic society has reserve funds available to provide for unforeseen future contingencies. These funds should be considered long term in nature and should not be used for routine operating procedures.

5. The state orthopaedic society considers hiring a financial professional to manage the society’s assets.

GOVERNANCE

1. The state orthopaedic society has a board of directors that is the governing body of the society, responsible for the ultimate direction of the affairs of the organization.

2. The state orthopaedic society has a president who is the principal officer and carries out the directions of the board. The president presides at meetings of the membership, executive committee and board of directors.

3. The state orthopaedic society has a vice president whose role is to serve as a back up to the president and is familiar with the responsibilities of the presidency. The vice president performs the duties of the president in the absence or incapacity of the president.

4. The state orthopaedic society has a treasurer who takes an active and leading role in the development of the society’s budget, financial planning and assuring accurate reports to the Board. The treasurer works with an external financial professional (e.g. CPA, association manager, etc.) to manage the association finances. This position also may be responsible for the association’s secretarial duties.

5. The state orthopaedic society’s board of directors convenes at least two times per year in person and conference calls as necessary between meetings.

6. The state society retains an employee in the position of executive director, society liaison or similar position. This position may be full or part-time. The individual also may be an employee of the state medical society or an association management company.

7. The state orthopaedic society’s board of directors has established clear overall objectives for the employee as defined above and a system to measure the achievement of those objectives annually, which includes an annual evaluation.
8. The society encourages and supports the executive director/liaison to attend educational opportunities which will enhance their understanding of issues surrounding orthopaedics, legislation, and/or association management including the Executive Director Institute.

9. The state orthopaedic society designates a seat on the state orthopaedic society board of directors for an American Academy of Orthopaedic Surgeons Board of Councilors representative.

10. The state orthopaedic society designates a seat on the state orthopaedic society board of directors for a resident member when at least one orthopaedic residency program is present in the state.

11. The state orthopaedic society has a committee structure in place to support the work of the board. Committees provide state orthopaedic society members who are not members of the board an opportunity to serve in a volunteer role. Committees should include finance and governance and may also include, but are not limited to the following: bylaws, education, government relations/legislative, membership, nominating, practice and publications.

12. A society member currently holds a position on a state medical society committee or state medical society board of trustees and provides reports to the governing body of the state orthopaedic society.

13. The state orthopaedic society obtains legal oversight of their activities when appropriate.

14. The composition of the board of directors reflects the diversity of the membership.

GOVERNING DOCUMENTS

1. The state orthopaedic society maintains bylaws that, at a minimum, identify its purpose, focus, and governance structure.

2. The state orthopaedic society develops and updates a strategic plan for the organization on a regular basis.

3. The society is compliant with all Federal and State requirements to maintain tax-exempt status including those outlined in AAOS’ State Compliance Checklist.
MEETINGS

1. The state orthopaedic society holds the following meetings at least once per year:
   - One member business meeting
   - One scientific or other educational meeting

   These can be held at the same time or in conjunction with another meeting of an orthopaedic organization, if the leadership of the state orthopaedic society feels it would be beneficial to their membership. All members should be encouraged to attend.

2. State societies have at least one designated representative attend the following Academy meetings:
   - AAOS Annual Meeting
   - AAOS National Orthopaedic Leadership Conference (invitation only for Board of Councilors, past Board of Councilors, Executive Director, President)
   - AAOS Fall Meeting (invitation only for Board of Councilors)
   - AAOS Executive Directors Institute (invitation only for Executive Director)

MEMBERSHIP

1. The state orthopaedic society strives to increase membership of eligible physicians and surgeons by 5% annually with a stated goal of having at least 80% of the orthopaedic surgeons in the state as members.

2. The state orthopaedic society develops, implements, and maintains a program to recruit and retain membership. The annual plan should include but not be limited to: practicing orthopaedic surgeons, fellows, residents, retired orthopaedic surgeons, military orthopaedic surgeons and academic orthopaedic surgeons. The plan may also include physician’s assistants, if applicable.

3. A state orthopaedic society member attends and actively participates in the state medical society meetings.
STATE ADVOCACY

1. The society proactively advocates for policies that positively impact musculoskeletal care for patients and the practice of orthopaedic surgery.

2. The state society should consider hiring a lobbyist or lobby firm to help advance its advocacy agenda depending on its tax status. When hiring a lobbyist the society should understand all implications of hiring a lobbyist and develop the appropriate processes to ensure the relationship is worthwhile.

3. The society develops and maintains a network of members who have relationships with elected or appointed officials or leaders in state government bodies (“key contacts” or “ambassadors”). These members should be able to advocate the society’s position on relevant public policy issues.

4. The society orthopaedic society develops and/or participates in advocacy coalitions to help advance the society’s advocacy agenda and actively coordinates where possible with the state medical society, AAOS, and other orthopaedic organizations.


6. The state orthopaedic society periodically meets in person and communicates (written and phone calls) with relevant stakeholders, such as: state legislators, state regulators, executive branch officials, private payers and relevant advocacy organizations.

7. The state society assesses and evaluates their advocacy agenda to determine if the organization is meeting its advocacy goals. This process may include assessing advocacy skills and capacity; identify specific gaps and strategic opportunities; and evaluating available resources.

8. The state society shares legislative success, failures, and meaningful ideas with the AAOS Board of Councilors to encourage other state societies to enact or modify similar programs, when feasible.

EDUCATION

1. The state society places education as one of their most important initiatives.
2. The state society provides online CME educational opportunities for their members, including mandatory patient safety CME credits.

3. The state society offers both category 1 and category 2 CME credits.

4. The state society partners with the AAOS on educational opportunities.

**MISCELLANEOUS**

1. The society develops other special programs or studies to improve the practice of orthopaedic surgery. Such programs might include:
   - Manpower studies
   - Public education programs
   - Orthopaedic health screenings
   - Sports physicals
   - Amputee programs
   - Special Olympic screenings

2. The state orthopaedic society works with consumer groups to advocate appropriate musculoskeletal care and research.

3. The state orthopaedic society is encouraged to submit advisory opinions to the American Academy of Orthopaedic Surgeons through their Board of Councilor(s) on issues important to their state.