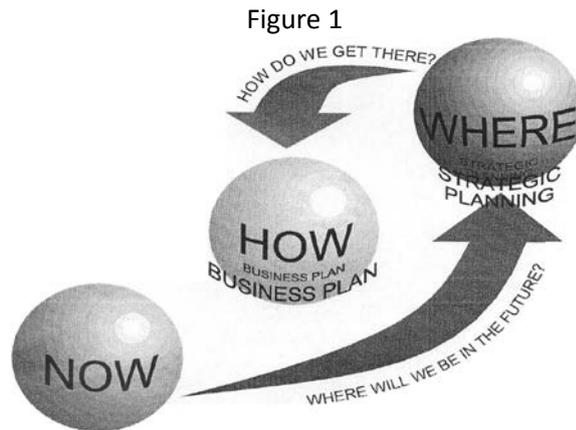


ASME Strategic Plan 2013-17

Gathering and analysing the views of ASME Executive is the first step in preparing a new strategy for ASME (see Figure 1). We will also generate evidence from members, and from outside ASME (e.g., potential partners such as the GMC and HEE, competitor organisations such as NACT and AoME). We have commissioned this work from an external company (an e-survey and telephone interviews). We will also carry out market research to learn more about the activities of competitor organisations.

Thus, this document is based on the views of Executive only and the business plan outlined may change in response to further evidence.



Our vision and mission and values

Our vision, mission and values are the foundation of ASME and hence must be core to our strategy. All new proposed developments, services; etc must contribute to ASME’s aims.

ASME has thrived, and can continue to thrive, only on good will and enthusiasm. It is fuelled by altruism, a wish to work for the greater good of medical education. We must always be clear that our roles are about working for the good of ASME membership.

The survey of members and external stakeholders provided invaluable information as to whether we are achieving this, and what we need to do to attract new members.

SWOT analysis

This SWOT is based on your feedback to the two questions: *How can ASME best position itself nationally and internationally? How can we achieve this vision?*

<p>Strengths Financially viable Good presence within deaneries and medical schools Our products - Journals - UME and forthcoming RME book - ASM and RME Future proofing - TASME and JASME</p>	<p>Weaknesses Limited reach beyond Undergraduate medicine at present Our efforts to break into other disciplines have not been particularly fruitful Other than our products and reduced rates, not offering much to international members Small organisation, limited resources Lots of competitors</p>
<p>Opportunities HEE and LETBs, get in at the start Some international markets are opening up and do not have their own organisations as yet Build on our USP of the <u>study</u> of medical education Opportunities for partnerships <i>The Clinical Teacher</i> restructuring and refocus</p>	<p>Threats Is an ASME out of kilter with the zeitgeist? Competitors Limited time and money available for investing for success</p>

The clear messages in terms of goals for ASME in the next 3-5 years are:

- Maintain financial viability by supporting and future proofing the main income sources and exploring other income streams
- Manage our resources strategically
- Attract national and international members from across the continuum of medical education
- Focus on developing and maintaining the quality of our products and services/our unique areas of expertise
- Increase our profile as a strategic partner with the GMC, HEE and LETBs/Deaneries
- Develop partnerships with appropriate organisations where there is a fit between our aims and objectives and those of the other organisation (s)
- Maintain focus on succession planning

These are discussed in more detail in the following pages.

While collating the feedback, I have been mindful of ASME’s limited resources, as well as our vision, mission and values. We cannot be all things to all people, and must use our limited time and resources effectively by scoping and targeting appropriate activities and partnerships. For example, while engaging with HEE and LETBs is a priority, we do not have the resource to link individually with each LETB. However, there are smarter ways of doing this. Similarly, we cannot engage with each and every College – many of whom offer very good member services in terms of CPD, training and so on, and may have no need or wish to partner with us. We can however, engage with the GMC, MSC, COPMed and other umbrella organisations, as well as further developing working partnerships with NACT UK and AoME.

In today’s fast-paced society we need to be quicker at responding to opportunities. This will be facilitated by better use of e-communication, using more rapid response models such as short-term working parties, drawing more on our biggest resource (our members), having more role clarity and closing loops as per the strategic planning cycle (Figure 2).

Figure 2



Increase our strategic and academic profile

Goals	Actions
Decide our niche and focus on excellence in one or two areas which are relevant across the continuum of medical education and training ¹	Identify the gaps in the market which we have the expertise, reputation and resource to make our own CEO commissioned market research
Be seen as the “go to” organisation for informed opinion/information and response to documents	Build into Director of Organisational Development (DOD) role DOD and other SOs
Develop and maintain the members section of the website to include up-to-date links to key papers e.g., GMC education, public reports. Encourage online debates.	Explore how best to manage this in liaison with website manager CEO and DOD
Make clearer the relationship between ASME and the journals	For discussion
Develop effective working relationships with HEE and GMC	Meetings arranged Chair of Council, President and DSD
Develop some really professional, glossy, corporate materials which set out ASME’s services and strengths, as well as the benefits of memberships for those engaged in medical education across many different roles (e.g., from Deans to clinical supervisors, tutors to trainees)	Set up a working party to decide target audience(s) and develop content of materials. Commission an external consultant/company to advise on presentation and packaging. Seek advice as to who to target (e.g., in LETBs). CEO and other SOs
Further develop engagement with HEE in terms of brokering research	Discussions ongoing Chair of Council

1 Specific areas mentioned were leadership, including clinical leadership, supporting the development of supportive and caring workplace cultures. The latter might work well if we partner with professional occupational psychologists, with ASME providing the contextual expertise. We also have a clear niche in terms of scholarship and research in medical education, which is supported by the journals, Understanding Medical Education and forthcoming Researching Medical Education text book.

There is no point in developing a proliferation of base end courses which many LETBs, Deaneries and medical schools deliver through internal resource. We can most usefully aim at developing a presence and being the provider of choice for top end courses supporting leadership and scholarship.

Managing our resources

Goals	Actions
Close down unproductive initiatives and unequal partnerships	Develop new partnerships where the gains for, and expectations of, both parties are explicit Develop time-limited working groups to address specific issues e.g., technology. Develop SOPs and clear goals for working groups.
Work “smarter” with dentistry and veterinary medicine while exploring links with other professional groups	Liaise with other groups to explore areas of potential partnership.
While bearing in mind that developing and maintaining an effective community of practice requires face-to-face meetings, we can reduce the number of these meetings.	Use technology smarter. Have closed meetings at the ASM and other regular events.
Keep Head Office, Executive and Special Interest Groups “lean”	Draft in ordinary members to working parties, Advisory Groups, specific tasks/task and finish groups

Immediate Actions

Disband unproductive Special Interest Groups	Chair of Council
Consider new partner(s) with whom to co-badge RME, thank those involved for their efforts	ERG Chair
Pursue possibility of working with the Netherlands Med Educ Research Group	ERG Chair
Set up time limited working Groups to explore opportunities with ADEE and Vet Ed, explore partnerships with other healthcare professional groups e.g., SAPC, CSP, AoME, AMEE – volunteers/working party leads sought then advertise for input from ordinary members (ideally who are also members of the potential partner)	ASME Executive
Exec, EDG and ERG to review meetings (underway already). Best methods of remote communication – WIMBA? Skype? BT conference calling?	CEO ERG, EDG
Explore relative costs and risks of more outsourcing (e.g., Conference Partners, publicity). Consider Executive members contributing some time to ASME stand at AMEE etc	CEO

Ongoing

Regularly review activities with the caveat of ensuring a balance between income/cost, presence and reputation. Reports to be provided to Executive after all meetings where ASME has had a presence as well as our own meetings.

Succession planning

Goals

Actions

Support existing TASME/JASME committees to develop systems, SOPs and strategies for recruitment, handover and succession planning	JASME/TASME
Liaise with the Chairs of ERG, EDG and the leadership programme to develop new events and increase presence at the ASM	EDG, ERG, LDG
Consider regional network model, integrating JASME, TASME, ERG, EDG and ASME vertically	Chairs of ASME, ERG, EDG, TASME and JASME
Consider a regular, annual JASME/TASME event covering e.g., teaching and research toolkits, scholarship and leadership in medical education ²	As above
Seek input from ordinary members more often e.g., to join working parties, as theme leads for the ASM, to generate and develop new ideas (ideas generation will be encompassed within the survey of members, see p1)	All
Engage with ASME members in each medical school and Deanery to recruit to JASME and TASME – set up a competition?	Chair of Council, CEO JASME, TASME

Immediate actions

As above with planning how best to involve ordinary members with the ASM 2015 as a priority.

Suggestion - arrange ASM more explicitly into themes over the three days	Exec
Consider the following themes for 2014	
<ul style="list-style-type: none">• IPE/"learning from other care professions"• Pre-clinical medical education• CPD for clinical medical educators• Postgraduate Medical Education• International Medical Education	
Advertise these themes to relevant groups e.g., CAIPE, BAS, NES, HEE.	Office
Website/Conference app designed so colleagues select what theme their abstract would best fit.	
Recruit theme leads to establish review panels	Exec

² A weekend in Spring? One year in the north, one year in the south of the UK?

Mission Statement

"The Association seeks to improve the quality of medical education by bringing together individuals and organisations with interests and responsibilities in medical and healthcare education".

ASME's values are

- Education and learning are central to the delivery of high quality healthcare
- Education must be an important component in the strategies of Governmental and other healthcare organisations
- Good healthcare educators are central in planning, delivering and evaluating high quality healthcare
- Individual members of ASME should be supported and developed
- High quality research is necessary for the development of healthcare education
- Vision, innovation and leadership in healthcare education are to be fostered

ASME seeks to

- Promote high quality research into medical education
- Provide opportunities for developing medical educators
- Disseminate good evidence based educational practice
- Inform and advise Governmental and other organisations on medical education matters
- Develop relationships with other organisations and groupings in healthcare education

ASME is unique in that it draws its members from all areas of medical education - undergraduate, postgraduate and continuing - and from all specialties. It has a function as a forum for debate and exchange of information, and is building on its contacts in medicine and teaching in the UK and among other networks, to promote knowledge and expertise in medical education.

Strategic Plan 2013 - 2017