



International Federation for Emergency Medicine

TERMS OF REFERENCE

DISASTER MEDICINE SPECIAL INTEREST GROUP

1. FOUNDATION AND PURPOSE

The Disaster Medicine Special Interest Group (DMSIG) was founded in 2011 and exists to assist and expand Disaster Medicine development for emergency medicine specialists worldwide.

2. MEMBERSHIP

Membership of the DMSIG will be as follows:

- a. The Chair will be appointed by Clinical Practice Committee (CPC). Term of office will be 3 years.
- b. Other members of the DMSIG will be nominated by member countries of IFEM.

This will be a relatively large group with representation from all member countries and membership restricted to one person per member country. Nominated members should ideally be the Chair, or representative, of the relevant Disaster Medicine Special Interest Group / Committee / Sub-Committee / Work Group from that country. If no such group exists, an interested individual is welcomed as an alternative. This approach is intended to ensure that members will be chosen on the base of their clinical/scientific position and seniority combined with their proven ability to advance practice in this area as well as ensure their ability to act as a conduit of information between the DMSIG and their colleagues. Ordinary members will serve for three years in the first instance but this may be extended if agreed by the Board.

- c. A small DMSIG Coordinating Group (DMSIGCG) of approximately 6 members will be appointed from members of the DMSIG to guide activities, moderate the website discussion, maintain correspondence and ensure representation at the IFEM CPC. This group will be representative of the international membership of IFEM and include the DMSIG Chair.

3. REPORTING

The DMSIG will advise the CPC on matters relating to the development, practice, teaching and education of disaster medicine, with particular focus on those aspects relevant to Emergency Medicine and the role of Emergency Physicians.

The DMSIG will also be expected to liaise with other international bodies with regards to common practice areas and also to promote unification

DMSIG will report to the CPC Chair, via the DMSIG Chair, who if unable to attend, will delegate this responsibility to another member of the DMSIG CG.

4. FUNCTIONS

The objectives of the IFEM DMSIG are to:

1. Promote the sharing of information, resources and experiences between Disaster Medicine Special Interest Groups / Committees / Sub-Committees / Work Groups from various member countries of IFEM.
2. Promote networking of individuals with interest and expertise in Disaster Medicine from member countries of IFEM.
3. Promote collaboration in planning, education, training and research in Disaster Medicine between member countries of IFEM with particular emphasis on evidence based practice, access to quality education and advancing research.
4. Act as a point of contact for individuals, or organisations, seeking assistance in aspects of Disaster Medicine relevant to Emergency Medicine and to support development of local Emergency Physician disaster preparedness regardless of location.
5. Act as a liaison point and assist coordination of Disaster Medicine related sessions at conferences such as ICEM.
6. Promote the role of Emergency Physicians in Disaster Medicine.
7. Promote the role, and work, of IFEM as part of this.

Responsibility for particular areas of disaster medicine preparedness, education and research activities may be designated to DMSIG members, including liaison with other committees / subgroups of IFEM and their member organisations. Additional members may be co-opted, on an ad hoc basis, regarding specific matters of expertise at DMSIG's discretion.

5. MEETINGS

5.1 Timing and Frequency

Given that the DMSIG is a large group representative of all member countries this will be a virtual group with all discussion occurring through a forum operated via the IFEM website.

The DMSIG CG will normally meet 3 times a year. In order to allow flexibility and reduce travel costs, the subgroup will communicate via telephone or video conferencing arrangements. Extraordinary meetings will be arranged ad hoc, as necessary and may include face to face meetings if these coincide with other events, such as ICEM.

5.2 Quorum

A quorum will be 50% of the total membership.