DECOMPANE Network of Early Career Profession

Network of Early Career Professionals working in the area of Addiction Medicine

Dear NECPAMer

Welcome to our network! It's great to have you on board.

Here's what you have signed up for: You've joined a bunch of energetic, driven, early-career professionals, determined to make a difference in the world of Addiction Medicine. Working in the field of Addiction is not an easy task and sometimes the challenges seem insurmountable. NECPAM has members from over 20 countries that are joining forces to support and empower you wherever you are. Together with the support of the World Health Organisation we believe that this network will produce a new generation of leaders in Addiction Medicine.

What can you expect from NECPAM?

NECPAM is active and visible around the world. We are present at conferences and open up opportunities for NECPAMers to present and grow their careers. We network and build relationships with key role players in the field of Addiction.

We conduct international studies and lobby for funding. Active NECPAMers will author and publish papers together. Our current research is focused on the needs of early career addiction medicine professionals - worldwide.

As a NECPAMer you will have the invaluable opportunity to receive and share knowledge with peers that share your passion. We uphold the values of mutual respect, kindness and consideration for all people and their beliefs.

How can you keep active and contribute to the network?

Join a working group. We currently have 5 working groups (WG) led by board members. Each WG has an action plan that you can fit into. Please let us know if you have a special area of interest and would like to lead a group. The action plan and by-laws provide more information about current WG's and the requirements to start one of your own. If you would like to collaborate with a specific country, contact the board member for the respective region to assist.

How to stay in touch?

Follow the updates and group activities on our Facebook page (NECPAM). We hope to have a website soon. Email any queries, comments or suggestions to contact@necpam. com. We'll be sure to get back to you.

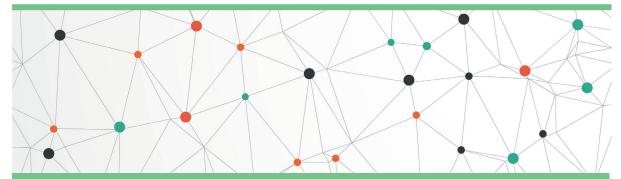
Please refer to Annex 2 and 3 of the by-laws for names and contact details of the board members and our esteemed and valued advisory committee.

We hope that your journey with NECPAM will be a fulfilling one. We look forward to exciting, challenging and enriching times.

Yours sincerely, The NECPAM board



Network of Early Career Professionals working in the area of Addiction Medicine



BYLAWS

(TERMS OF REFERENCE) draft Ver 12

December 2017

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ARTICLE | GENERAL ISSUES

SECTION I NAME

Network of Early Career Professionals working in the area of Addiction Medicine (NECPAM)

SECTION II LOGO



SECTION III SHORT DESCRIPTION

Due to the continuously increasing worldwide burden associated with disorders related to substance use and addictive behaviours, the network of early career professional in the area of addiction medicine was launched to increase the coverage and quality of care and treatment. This is going to be achieved by improving intersectoral collaboration of professionals at all levels and empowering professionals working in addiction medicine early in their career and supporting their professional development.

SECTION IV AIMS, VALUES, VISIONS

AIM: This global interdisciplinary network aims to strengthen leadership and build capacity for future public health and clinical practice in the field of addiction medicine by establishing a platform for sharing experiences and empowering early career professionals

VISION: Global development of future system of prevention and treatment for disorders related to substance use and addictive behaviours through close and global co-operation between early career professionals and mentors working in the field.

MISSION: Connecting, empowering and facilitating evolution of early career professionals working in the field of addiction and related disorders worldwide. This is going to be achieved by promoting high level of knowledge and professional ethic, respect of diversity and human rights; facilitating peer-lead research and practical initiatives at both local and international levels; working towards reducing stigma associated with addiction and related disorders.

SECTION V MAIN PRINCIPLES AND VALUES

Mutual respect, friendship, openness, equity, dialogue, sensitivity to diversity and differences in cultural traditions, highest level of clinical competence, human rights, destigmatizing practices of care.

ARTICLE II GOVERNANCE

SECTION I OVERALL STRUCTURE

The structure of the network is schematically presented in ANNEX 1. The network is represented by the board, advisory committee and members.

BOARD

Board is the main governing body of the network. It consists of

- (A) chair
- (B) co-chair
- (C) secretary general

(D) executive committee members (Hereafter ECMs), one representative per each WHO region: AFR, AMR, EMR, EUR, SEAR, WPR.

Mandate duration:

- (A) chair 3 years
- (B) co-chair 3 years
- (C) secretary general 3 years

(D) executive committee members (Hereafter ECMs), one representative per each WHO region: AFR, AMR, EMR, EUR, SEAR, WPR – 3 years

There is a half-year transition period between the election of the board members and start of their mandate.

EXTERNAL OBSERVERS

The board-elect during the transition period plays a role of external observers for the functioning board. After the mandate start, a previous board starts playing a role of observers for the new board. Observers can send inputs to decision making process, but the active board has the right to accept or not as they will still be responsible for the decisions.

ADVISORY COMMITTEE

Advisory committee members are selected by the board from a list of professionals who (1) have significant expertise in the field of addiction medicine, (2) are willing to support early career professionals with knowledge, time and training, (3) expressed interest to collaborate and contribute to the development of the network. While nominating advisory committee members, the board should keep in mind the necessity to sustain diversity with regards to gender, country income level, profession, geographical region and area of interests.

Position in the Advisory Committee is voluntarily for 3 years and can be renewed for as long as the board and advisor express the interest to collaborate.

WORKING GROUPS

Working groups may be established by the board for any particular project for a period of 2 years with the possibility of extension. The working group should have a project leader and at least three members.

SECTION II ROLES AND RESPONSIBILITIES BOARD

Board is responsible for overall network coordination and decision making, accepting new members and establishing working groups. Each board member actively participates in the networks' discussions and decision-making process, i.e. take part in at least half of board virtual meetings, actively communicate by mails and meet in person when possible.

ADVISORY COMMITTEE

Advisory committee support the board by giving advice and suggestions when necessary. Board approach advisory committee on a regular basis and in case of difficulties in decision making. Advisory committee does not have a mandate to directly make any decisions related to the network and excluded from the election process.

EXTERNAL OBSERVERS

External observers are representative of non-active board (board-elect or previous board). They provide feedback on the efficiency and relevance of structures and processes to achieve the mandate of the organization. In particular, external observers prepare feedback (comments and suggestions) to the board election process and to the network action plan. External observers do not have a mandate to directly make any decisions related to the network and excluded from the process of voting.

WORKING GROUPS

Working groups are established around particular objectives of the network's action plan and must be in harmony with the overall aim, vision and missions of the organization. Working groups are established based on the initiative of members, approved by the board and must report on progress annually.

ASSOCIATE MEMBERS

Associate members stay in touch with the network, and remain informed of activities.

FULL MEMBERS

Full members stay in touch with the network, remain informed of activities, play an active role in at least one of the networks' project within a specific working group, and contribute to the overall network development.

ARTICLE III ELECTION

SECTION I BOARD

CRITERIA FOR BEING NOMINATED AS BOARD MEMBER

-Every nominee should be informed and share aims, mission, visions and values of the network, understand and respect the structure and functioning.

-Every nominee should be a full member of the network.

-Not more than 10 years of experience in the field of addiction medicine (see criteria for members).

DIVERSITY

While nominating and electing board members the diversity should be respected with regards to gender, country income level, profession and area of interests.

ELECTION

Board elections to take place every 3 years during the network meetings. All network's members are invited to take part in the election either personally or by means of e-mails or other electronic platforms. The quota of 60% members should be reached to consider election process valid. Each member rates candidates in terms of their preferences (first choice, second choice, etc.). The overall score is calculated for each candidate.

SECTION II EXTERNAL OBSERVERS

External observers are representative of non-active board (board-elect or previous board).

ARTICLE | MEMBERSHIP

SECTION I ASSOCIATE MEMBERS

All persons interested in being informed of NECPAM activities on a regular basis are able to become associate members without any additional obligations related to this. Potential associate member need to fill in the application for associate membership and wait for approval by the board. If the board member finds the candidacy appropriate, the associate membership is granted.

Criteria for being considered as NECPAM associate member: (A) indicated interest in the area of addiction medicine - including medical, psychiatric, paramedical and allied profession (i.e. nurses, clinical psychologists, medical researchers, social workers, etc): (B) in countries with formal training in addiction medicine for the specialty of the nominee: 10 years after finishing training in addiction medicine; (C) In countries without formal training in addiction medicine for the specialty formal training in addiction medicine; in addiction medicine for the specialty of the nomine practicing in addiction medicine for the specialty of the nomine practicing in addiction medicine, i.e. more than 10 years of experience in the field.

SECTION II FULL MEMBERS

Potential members should express their interest to join activities of the network by filling the form. Full members are required to take a more active role and be involved into the networks' activities through working groups. Potential full member should fill the application form and wait for approval by the board. The board will make a decision on an individual basis considering following criteria:

-Every candidate full member member should be informed and share aims, mission, visions and values of the network, understand and respect the structure and functioning.

-Every candidate full member should express interest to join and contribute to ongoing projects or suggest their own initiatives to be added to the action plan.

Same criteria for membership as described in the previous section on associate members are used.

SECTION III MEMBERS' INCLUSION PROCESS

After the approval by the board as an associate member, a person will receive an information package; they will be included in the mailing list and other sources of virtual communication. After the approval by the board as a full member, one of board members (a focal point of the full member) performs the briefing, explaining details of the network functioning, current needs and projects. Explain details of working groups activities and help to get in touch with leaders of working groups.

SECTION IV TERMINATION OF MEMBERSHIP

There are several occasions why the membership may be terminated by the decision of the board in case of:

-Ethical conflicts or severe conflicts of interest. Each case of violation of networks values and principles as well as conflicts of interests (stated in the section V of the bylaw) will be considered by the board with the mandate to terminate membership in case of severe violations

-Transfer to advisory committee -Transfer from full to associate member (for example, because of inactivity in working group)

ARTICLE II MEETINGS

Virtual meetings of the network happen on the regular basis according to needs of the board and working groups.

Actual meetings of members and the board take place annually (biannually?).

ARTICLE III COLLABORATION

The network was initiated with a support of the World Health Organization with objective to contribute to the WHO initiative on workforce development in addiction medicine, and collaboration with WHO will be a priority for the network. However, the network is open for partnership with any other parties that share values, mission and visions.

Collaborations are established around particular objectives of the network's action plan and must be in harmony with the overall aim, vision and missions of the organization. Board makes a decision based on discussion in consultation with existing partners.

ARTICLE IV FINANCES

The regulation regarding financing issues will be detailed later during the network development. All attempts will be made to keep the fare allocation and spending of resources on the basis of transparency.

ACTION PLAN

Three years action plan including short-, middle- and long-terms is discussed during NECPAM meetings.

ARTICLE V DECISION MAKING PROCESS

The board undertakes comprehensive discussions with careful attention paid to the opinions and concerns of all parties.

Voting should not be the main instrument for decision making but be utilised only in case of irresolvable conflict of opinions as a last resort measure.

ARTICLE VI AMENDMENT OF BYLAWS

The board offers to full members a suggested change with a rationale and explanation. Members vote using online system of voting. Quorum of 70% should be reached to consider the voting valid. Changes should be in line with values, missions and aim of the network.

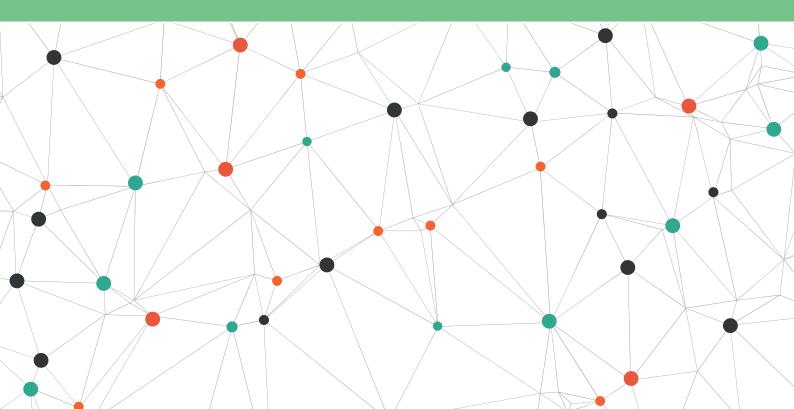
ARTICLE VII CERTIFICATE

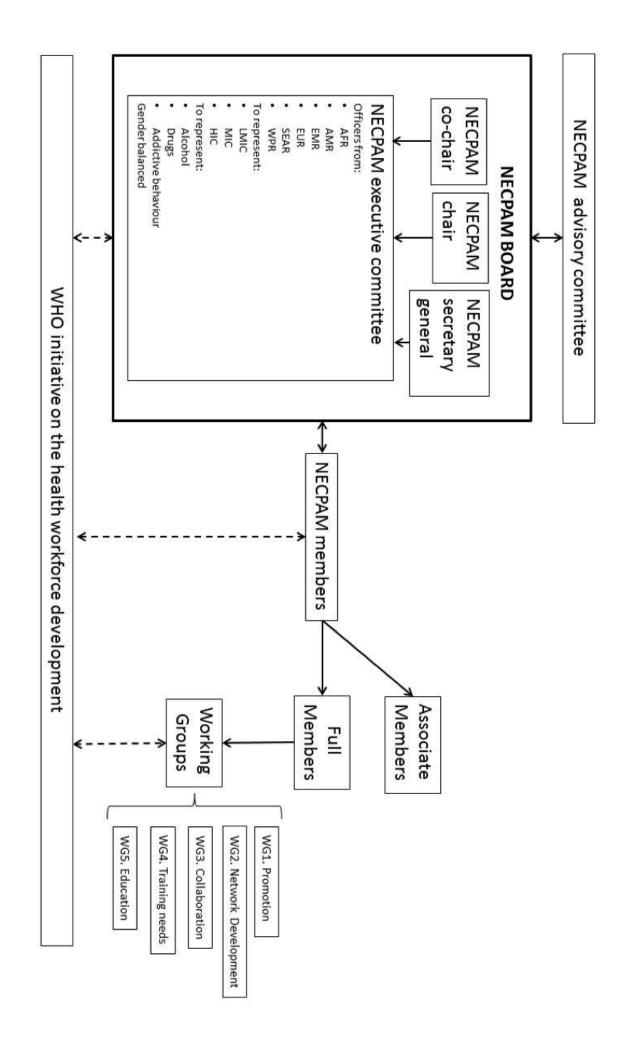
This is to certify that the foregoing is a true and correct copy of the Bylaws of the corporation named in the title thereto and that such Bylaws were duly adopted by the board of directors of the corporation on the date set forth below.

DATE: [10TH DECEMBER 2017]

Members of the board and first bylaw committee who contributed to the development of this document:

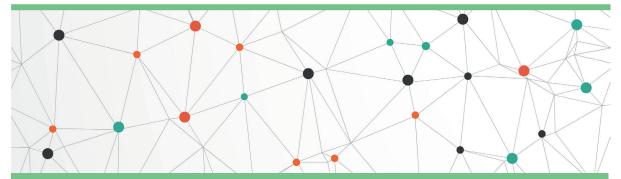
- Dzmitry Krupchanka
- Nirvana Morgan
- Hussien Elkholy
- Paolo Grandinetti
- Sidharth Arya
- Tomohiro Shirasaka
- Vladimir Poznyak
- Adrian Dunlop
- Sophia Achab
- Yvonne Bonomo
- Amy Peacock
- Joseph Studer
- Zsofia Szlamka
- Duccio Papanti
- Mirjana Delic
- Victoria Cock
- Blanca Iciar Indave Ruiz
- Greg Lydall
- Irena Rojnic Palavro







Network of Early Career Professionals working in the area of Addiction Medicine



STRATEGY AND ACTION PLAN 2017-2020

Ver 5

August 2017

OVERALL STRATEGY

Increase visibility of the network by promoting its activities aimed at increasing opportunities for early career professionals in addiction medicine worldwide.

VISION

We see the network as a powerful tool to express needs, demands and challenges of Early Career Professionals working in the area of Addiction Medicine, and that also empowers and facilitates their professional development.

VALUES AND PRINCIPLES

We believe that to address the worldwide burden associated with disorders related to substance use and addictive behaviors, it is necessary to invest time and resources in the future leadership and capacity building in the field of addiction medicine. Exploring, strengthening and transferring voices of early career professionals are indispensable components for future development in the field.

OBJECTIVES

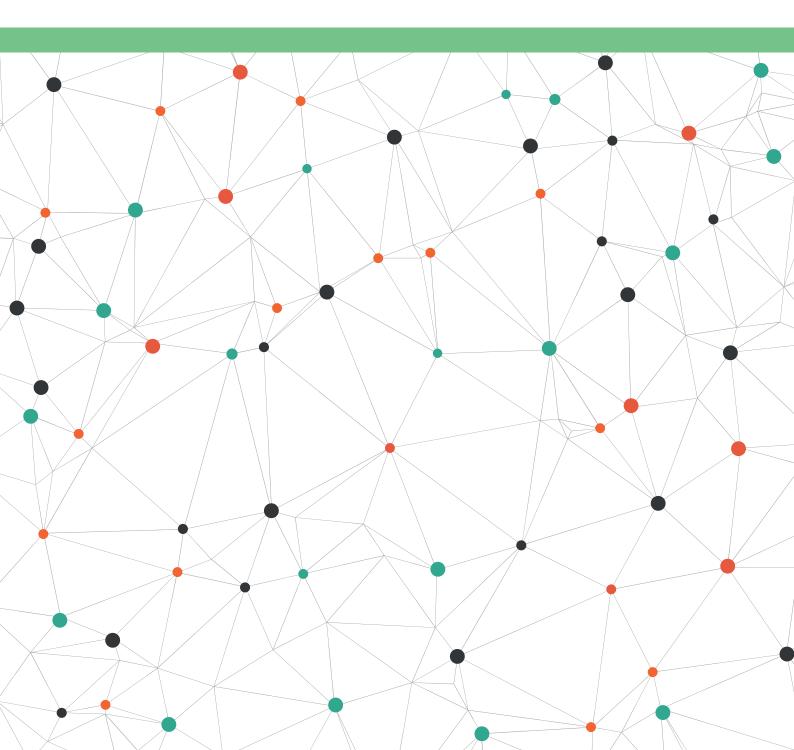
- 1. Formalize network's identity by finalizing the name, board, producing bylaws (terms of reference), logo, information portal
- 2. Announce network launch in well-recognized journals, newsletters and information portals within and beyond the specialty to promote the network and its actions
- 3. Coordinate and support the expansion of the network by recruiting new members and establishing working groups to support activities delineated in the current action plan
- 4. Establish and formalize network's collaborations with external bodies, negotiate rules and mechanisms of joint actions
- 5. Produce the protocol of the study to revise needs and demands of early career professionals in addiction medicine training worldwide, negotiate the protocol with all relevant stakeholders, roll out the project and report results
- 6. Explore opportunities for interventions to improve training and empower ECPAM

AREAS OF ACTION

- 1. IDENTITY BUILDING
- 2. ANNOUNCEMENT AND PROMOTION
- 3. EXPANSION
- 4. COLLABORATION
- 5. TRAINING NEEDS
- 6. INTERVENTIONS

MINIMAL OUTCOMES FOR A PERIOD 2017-2020:

- 1. Bylaw
- 2. Web-platform
- 3. Announcement paper
- 4. At least 100% increase in number of members
- 5. Report from the project on training needs



ACTION PLAN

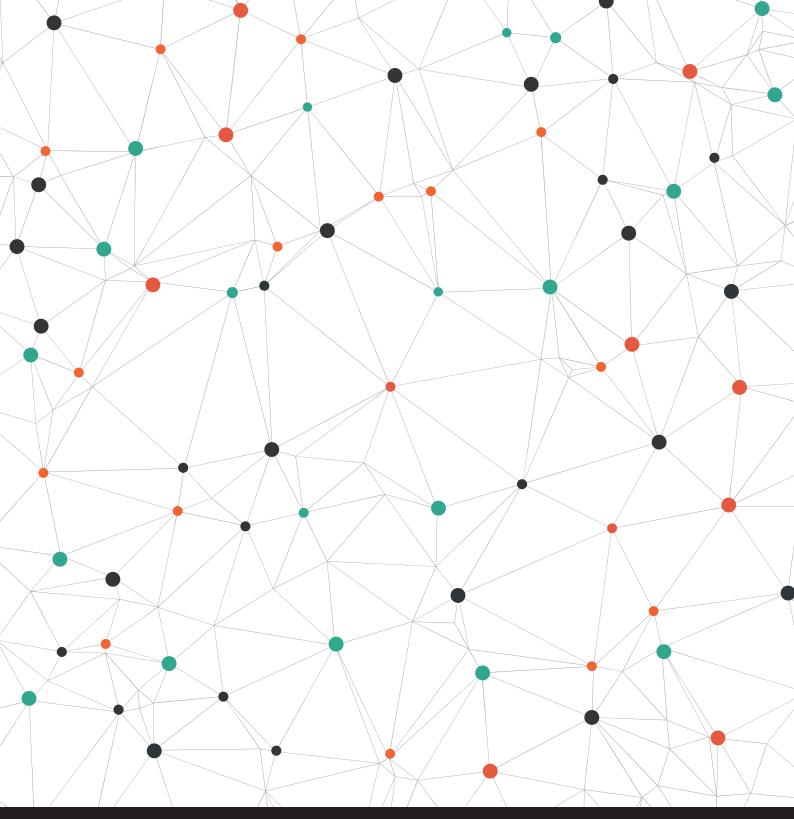
Areas of actions	Strategies	Activities	Targets and indicators	Timeline	Roles and responsibilities
AREA I. IDENTITY BUILDING					
1.1. Create network's bylaws (including aims, values, vision, name, logo, roles, responsibilities, etc.)	Multiple consultations and discussions	First draft and structure of the bylaw	Draft	Beginning July	Chair
		Negotiations and amendments by co-chair and Secretary General	Draft 2	End of July	Co-chair and Secretary General
		Sharing with all members and advisory committee	All received	Beginning of August	All board members
		Collecting and integrating feedback from members	Draft 3	Middle August	co-chair and Secretary General
		Board discussion and agreements on all changes and suggestions	Draft 4	End of August	All board members
		Consultations with members and advisory committee	Draft 5	End of August	All members contribute
		Presenting the bylaws to WHO focal point	List of suggestions	Beginning of September	Chair
		Further amendments and acceptance	Draft 6	Middle September	All board members
		Presenting the final bylaw to members	Final draft	Middle September	Chair

1.2. Create network virtual platform (web-page, fb- group etc.)	Use available web- resources	FB group establishing Initial web-	FB-group	Middle September	Co-chair and Secretary General	
		page (content development, domain purchase, hosting, etc.)	Web-page	October	All board members	
AREA II. ANNOUNCEMENT AND PROMOTION						
1.1. Announce a network launch	Publication in the professional journal	Negotiate with journals	Contacts with editors	July- October	Working group on promotion	
		Negotiation with advisory board, focal points with WHO, agreement on list and order of authors	Publication list	July- October	Chair	
		Work on the content of the paper	Drafts	August- September	Working group on promotion	
		Submission, revision	Publication accepted	January 2018 ?	Working group on promotion	
	Create and disseminate flyer	Develop short materials for dissemination	Flyer	September	Working group on promotion	
		Distribute through existing organizations (YPSNET, WPA, EFPT, EPA, etc)	Mails to members of organizations	October	Working group on promotion	
REA III. EXPANSION						
1.1 Recruiting members					Working group on network development	

REA IV. COLLABORAT	ON				
1.1 Assist WHO in ongoing international projects					Working group on collaboration
1.2 Explore possibilities for further collaborations					
AREA V. TRAINING NEEDS					
1.1 Core Project: explore training curriculum and needs of early career professionals in addiction medicine		Write a protocol of the study on competencies and training needs in addiction medicine trainings worldwide		2017	Working group on training needs
		Finalize a protocol		2017	
		Fundraising		2017	
		Study roll out		2018	
		Data collection		2018	
		Analysis		2018	
		Dissemination	Papers	2018	
			Presentations	2019	
AREA VI. INTERVENTIONS					
1.1 Explore opportunities to organise educational sessions				2019-2020	Working group on education

Working groups leaders and draft action plans:

- WG1. Promotion (lead: Nirvana Morgan and Paolo Gandinetti)
- Drafting a paper
- Other publications
- Create and disseminate flyer
- Virtual platform
- member acceptance package
- WG2. Development (lead: Hussien Elkholy)
- Membership recruitment and registration
- Checking mailbox, answering mail
- WG3. Collaboration (lead: Dzmitry Krupchanka)
- Assist WHO in ongoing international projects
- Explore possibilities for further collaborations
- Searching for funds
- WG4. Training needs (lead: Sidharth Arya, Dzmitry Krupchanka)
- Non-systematic literature review and its publication
- Protocol of the study
- WG5. Education (lead: Paolo Grandinetti, Tomohiro Shirasaka)
- Explore opportunities to organise educational sessions



FOR MORE INFORMATION Email: contact@necpam.com

