

By-laws of the Canadian Point of Care Ultrasound Society

The Canadian Point of Care Ultrasound Society was founded in 2001 and is a not-for-profit organization governed by a set of by-laws updated periodically.

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1 NAME, PURPOSE, AND OBJECTIVES

1.1 Name

The name of the organization shall be the Canadian Point of Care Ultrasound Society (CPoCUS) or Société canadienne d'échographie ciblée (SCÉC), hereinafter referred to as the "Society". CPoCUS is registered as a not for profit organization with the Government of Canada (BN: 79584 9074).

1.2 Purpose

The purpose of the Society is to promote excellence in the use of point of care ultrasound (PoCUS) in Canada.

1.3 Objectives

The objectives of the Society are:

- A. To establish standards for the safe and efficient use of PoCUS in Canada through:
 1. Training, including development of PoCUS curricula
 2. Certification, including a rigorous three-step examination process
 3. Maintenance of competency, including competency evaluations and continuing medical education activities.
- B. To establish a membership through annual dues payment.
- C. To recognize excellence in PoCUS research, education, and outreach through award competitions.
- D. To facilitate communication between PoCUS practitioners through bilingual monthly newsletters.
- E. To remain independent of commercial influence on objectives A-D.

2 TRAINING

2.1 Curricula

The Society aims to standardize PoCUS training in Canada through development of curricula specific to various tracks and specialties. These curricula provide theoretical and practical PoCUS instruction via online text and videos. Mastery of this material is required to achieve CPoCUS Independent Practitioner certification. These curricula are reviewed and updated each year by the Executive Board.

3 CERTIFICATION

3.1 Acute Care CORE Certification

The Society will grant certification to members who have successfully completed a rigorous three-step certification process. Certification attests that the member is competent to practice point of care ultrasound safely and independently. Certified members may use the designation of CPoCUS Independent Practitioner (CPoCUS IP).

In the first instance, the Society will establish certification in Acute Care with the title CPoCUS AC CORE IP. Six AC CORE modules will be addressed including sub-xiphoid cardiac, aortic, abdominal free fluid (upper quadrant and pelvic), first trimester obstetrics, pleural effusion, and pneumothorax.

Candidates must successfully complete the following three-step process to obtain CPoCUS AC CORE IP certification:

1. Complete an introductory PoCUS course approved by the Society. Introductory courses are endorsed by the Society following application and approval by the Committee for Course Accreditation (consisting of two or more members of the Executive Board). A minimum of ten (10) out of twelve (12) criteria must be met to qualify for introductory course approval. Application forms for introductory course approval are available on the CPoCUS website. CPoCUS-approved courses are listed on the Society website and monthly newsletter.
2. Complete the requisite number of scans in the six CORE modules. The scans must be supervised by a CPoCUS Instructor in good standing (paid membership dues).
 - i. Sub-xiphoid cardiac: To evaluate for the presence of a pericardial effusion and assess global cardiac activity.
Required number=50 supervised scans.
 - ii. Aortic: To assess the diameter of the abdominal aorta.
Required number=50 supervised scans.
 - iii. Abdominal free fluid:
 - a. Upper quadrants: To assess the upper quadrant interfaces and the sub-diaphragmatic area in the left upper quadrant for the presence of free intraperitoneal fluid.
Required number=50 supervised scans.
 - b. Pelvic: To assess the pelvis in males and females for the presence of free pelvic fluid.
Required number=5 for each sex. (Note the scanning requirement for females is waived if first trimester pregnancy scanning is concurrently completed, as per below).

- iv. First trimester obstetrics: To assess for the presence of an intra-uterine pregnancy and pelvic free fluid.
Required number=50 supervised scans.
 - v. Pleural effusion: To assess for the presence of pleural effusion(s).
Required number=10 bilateral supervised scans.
 - vi. Pneumothorax: To assess for the presence of a pneumothorax.
Required number=10 bilateral supervised scans.
3. Complete three examinations. The candidate must successfully complete a written, practical, and visual examination developed by the Society. The examinations are available in French and English. Upon successful completion of the examinations, the candidate is issued a CPoCUS IP certificate. The certificate remains valid upon payment of annual membership dues and Completion of the CPoCUS Maintenance of Competency Program (see Section 3.7). Further details regarding the examinations are available on the Society website.

The examinations may be taken privately with a CPoCUS IP Instructor certified in AC CORE or at the conclusion of a two to three-day AC CORE IP certification course approved by the Society. IP certification courses (i.e. bootcamps, workshops) are endorsed by the Society following application and approval by the Committee for Course Accreditation (consisting of two or more members of the Executive Board). A minimum of thirteen (13) out of fifteen (15) criteria must be met to qualify for IP certification course approval. Application forms for a course approval are available on the CPoCUS website. CPoCUS-approved IP certification courses are listed on the Society website and monthly newsletter.

3.2 Family Medicine and Internal Medicine CORE Certification

In the second instance, the Society will establish certification in Family Medicine with the title CPoCUS FM CORE IP. The same six CORE modules will be addressed as for Acute Care CORE certification, but Family Medicine CORE certification will be tailored to PoCUS use by family physicians in hospital and clinic settings. Future CORE certification will be available in Internal Medicine and other specialties. The certification process for future CORE tracks will be similar to the three-step process outlined above for AC CORE IP certification but with possible variations in the modules and scan requirements. A document termed: 'Guidelines for new certification tracks' facilitates and standardizes the development of new tracks. The document is available on the CPoCUS website.

3.3 Expanded Track Certification

Additional certifications are available to reflect competency of PoCUS in specialised fields. Additional certifications require completion of specialised supervised scans and three

examinations. Following certification as CPoCUS AC CORE IP or other CORE certifications (see Section 3.2), a member may pursue Expanded Track Certification in:

1. Resuscitation: CPoCUS RESUS IP
2. MSK: CPoCUS MSK IP
3. Diagnostic applications: CPoCUS DIAGN IP

CPoCUS members who are not certified in the CORE track may seek certification in the Expanded Tracks after fulfilling specific alternative remedial or supplemental training requirements, as defined by each tracks' pre-requisites as listed on the CPoCUS website.

3.4 Exceptions to Certification

A CPoCUS member in good standing may apply for an exception to certification if they have acquired significant PoCUS experience outside of the CPoCUS certification process. The exception to certification may be adjudged on a single area of interest or on several areas, depending on the relevant experience of the member. Said member must demonstrate significant relevant experience and competence during an assessment by a Master Instructor (MI):

1. Staff: Assessments should be done by an impartial MI who is not invested in the IP candidate or who has a conflict of interest with the applicant (personally, or professionally)
2. Residents: Assessments can be done by faculty MIs as performance evaluations during traineeship are validated.

Following assessment by a MI, the number of scans required for certification may be decreased or eliminated.

Regardless of changed scanning requirements, ALL IP CANDIDATES MUST COMPLETE THE THREE-PART EXAMINATION SERIES for each certification track they are challenging.

The Committee for Exceptions to Certification (consisting of two or more members of the Executive Board) will review applications for exception to certification and, if approved, will assign a MI to complete the exception evaluation. A minimum of five (5) out of six (6) criteria must be met to qualify for an exception to certification. Application forms for an exception to certification are available on the CPoCUS website.

3.5 Instructor Status

A CPoCUS IP member in good standing may apply for CPoCUS Instructor status if said member has performed significant teaching at the introductory or CPoCUS IP level or has undertaken an CPoCUS approved apprenticeship or instructor training course. A CPoCUS Instructor of a specific track may supervise scans and administer certification examinations to other members in that same track.

The Committee for Exceptions to Certification (consisting of two or more members of the Executive Board) will review applications for Instructor status. A minimum of five (5) criteria out of six (6) must be met to qualify for instructor status. Application forms for Instructor status are available on the CPoCUS website.

3.6 Master Instructor Status

A CPoCUS IP member in good standing may apply for CPoCUS Acute Care CORE Master Instructor (CPoCUS MI) if said member has performed significant teaching at the introductory and CPoCUS IP level, has achieved CPoCUS Instructor Status, has certified other members, has mastered advanced CPoCUS skills, and has made a significant contribution in the education and application of POCUS in the acute care environment. Master Instructors can supervise, train, and certify CPoCUS IP Instructors. Master Instructors can also lead CPoCUS-approved courses.

The Committee for Exceptions to Certification (consisting of two or more members of the Executive Board) will review applications for Master Instructor status. A minimum of eight (8) out of ten (10) criteria must be met to qualify for MI status. Future MI designations will be created for other tracks and specialties as needed by the Society. Application forms for MI are available on the CPoCUS website.

3.7 Maintenance of Competency and Certification

The Society encourages maintenance of competency and expansion of PoCUS skills through its Maintenance of Competency (MOC) Program and CPoCUS-approved training courses. The MOC Program is developed by the Committee for CME (consisting of two or more members of the Executive Board) and consists of a series of online quizzes based on text and videos in the CORE Curriculum. CME credits can be earned through completion of the MOC Program.

Completion of the MOC Program is required by Society members every two years in order to maintain their certification as CPoCUS IP and validate their IP certificate.

Members are also encouraged to complete CPoCUS-approved training courses to maintain their PoCUS skills. Several CPoCUS-approved courses can also provide CME credits.

4 MEMBERSHIP

4.1 Eligibility for Membership

Membership is open to all persons interested in PoCUS.

4.2 Responsibilities of Membership

1. All Members: Acceptance of membership in this Society shall constitute an agreement to comply with the By-laws and Objectives thereof. Lack of compliance with the By-

laws and Objectives shall be a cause of termination of membership. Members may be certified or non-certified.

2. Staff Certified Members: All members who have achieved Independent Practitioner certification must:
 - i. Be 'members in good standing' by paying yearly membership dues
 - ii. Use the PoCUS indications, for which they are certified, within the standards detailed by the Society here in these Bylaws and on the CPoCUS website
 - iii. Adhere to the requirements for determinate negative and positive scans for the indications for which they are certified
 - iv. Reject inadequate scans as indeterminate
 - v. Integrate scan results appropriately, as detailed by Society guidelines and the member's clinical training
 - vi. Always be clinicians first, never letting a PoCUS image supersede good clinical judgement
 - vii. Seek further training and strive for competency in performing scans for which they are not certified, including advanced certification tracks with CPoCUS
 - viii. Apply the basic principles of safe PoCUS use, as detailed above, for ANY PoCUS scan they perform, regardless of certification status
 - ix. Maintain competency in certified area of PoCUS by:
 1. Regularly using PoCUS
 2. Seeking opportunities (workshops, courses, conferences) to enhance or refresh PoCUS skills
 3. Considering opportunities to teach PoCUS as a CPoCUS instructor
 4. Completing the required CPoCUS Maintenance of Competency Program.
3. Resident or Student Certified Members: All members-in-training, who have achieved Independent Practitioner status must:
 - i. Adhere to all stipulations above for Staff Certified Members plus
 - ii. Adhere to the following exceptions, if their supervisor, in the context of direct patient care, is NOT certified as an Independent Practitioner:
 1. All negative scans performed by the member-in-training must be declared as indeterminate and not used to make clinical decisions or as a data point to alter the diagnostic algorithm. THIS INCLUDES ALL FIRST TRIMESTER SCANS, REGARDLESS OF RESULT
 2. All positive scans (i.e. AAA, PCE) performed by the member-in-training must be confirmed by a consultant-performed scan, or have immediate beside consultation or transfer to a higher level of care, if the patient is unstable
 3. If a second supervising staff member, who is certified as an Independent Practitioner in the appropriate track, is available in a timely fashion, then this clinician can confirm the member-in-training's PoCUS findings.

4.3 Membership Dues

Membership to the Society is contingent upon payment of an annual due. Annual dues are set by the Executive Board and may increase moderately in future years to sustain the growth of the Society.

There are two classes of Membership:

1. Certified Member (\$125 in 2019): For all members that have received CPoCUS IP certification
2. Non-Certified Member (\$25 in 2019): For all members that have not received CPoCUS IP certification such as IP candidates, students, new members.

To maintain a Certified Member's status as 'CPoCUS IP in good standing', payment of an annual due is required. In addition, completion of the Maintenance of Competency Program is required every two years.

To maintain a Non-Certified Member's status as 'member in good standing', payment of an annual due is required.

Benefits of membership for a Certified Member:

1. Status as CPoCUS IP in good standing
2. The use of the title CPoCUS IP
3. Access to the CPoCUS curriculum (basic and advanced sections)
4. Access to the Maintenance of Competency Program and corresponding CME credits
5. Access to the CPoCUS library of ultrasound images and videos
6. Eligibility to teach and supervise scans at a PoCUS course approved by the Society
7. Eligibility to proctor a CPoCUS examination
8. Eligibility to apply for CPoCUS awards
9. Ability to view and advertise courses in monthly bilingual newsletter

Benefits of membership for a Non-Certified Member:

1. Status as member in good standing
2. Access to the CPoCUS curriculum (basic section)
3. Access to the CPoCUS library of ultrasound images and videos
4. Eligibility to apply for CPoCUS awards
5. Ability to view and advertise courses in monthly bilingual newsletter

4.4 Resignation of Membership

Resignation of membership may be made electronically by a member at any time.

5 PoCUS RESEARCH, EDUCATION, AND OUTREACH

The Society will encourage research, education, and outreach of PoCUS through the establishment of annual awards in each of these areas. A call for applications will be disseminated via the Society newsletter in September of each year. The Committee for CPoCUS Awards (consisting of three or more members of the Executive Board) will rank the award applications according to pre-defined categories. Award winners will be notified in December of the same year and advertised nationally in the Society's newsletter, website, and Annual Report. A stipend of five hundred dollars will be paid to each of the award winners.

6 COMMUNICATION BETWEEN PoCUS PRACTITIONERS

The Society will communicate with its members via an Annual Report and a monthly newsletter. The Annual Report includes the mission statement of the Society, Board Members, benefits to members, annual activities, and a financial summary. The Annual Report is available on the website. The newsletter contains Society announcements and courses and conferences related to PoCUS training and education. The newsletter is distributed by email to all registered members.

7 ADMINISTRATIVE STRUCTURE

7.1 Executive Board and Advisory Board

The Board of the Society is comprised of the Executive Board and the Advisory Board. Members of the Executive Board are expected to lead projects within their skillset or that benefit the Society. Members of the Executive Board have voting privileges.

The Advisory Board is chosen by the Executive Board. The Advisory Board provides counsel to the Executive Board on matters that are within their area of expertise. Members of the Advisory Board have no voting privileges.

7.2 Composition of the Board

1. The Executive Board will be comprised of nine members. All members of the Executive Board, except the Executive Administrator, must be CPoCUS IP certified and at least five members must be practicing physicians. New members will be invited to join by the President and approved by the Executive Board. Current members include:
 - i. President
 - ii. Vice-President
 - iii. Executive Board member
 - iv. Executive Board member
 - v. Executive Board member
 - vi. Executive Board member

- vii. Executive Board member
 - viii. Executive Board member
 - ix. Executive Administrator
2. Members of the Executive Board may lead specific portfolios such as the curriculum, Maintenance of Competency Program, annual report, awards, examination updates, translations, membership drives, and by-law updates.

7.3 Executive Administrator (EA)

The Executive Administrator (EA) works with Executive Board Members to facilitate the completion of new projects. The responsibilities of the EA include administration of:

1. Certification and certification examinations (documentation, updates, translation, conversion to electronic applications)
2. Committee: Exceptions to Certification and Instructor status
3. Committee: Course accreditation
4. Committee: CME credits and Maintenance of Competency Program
5. Committee: CPoCUS Awards
6. By-laws
7. Annual reports
8. Monthly newsletters
9. Website (content creation, updates)
10. Board meetings
11. Membership registration and payment of annual dues

The EA maintains weekly communication with the President and Vice-president and provides a progress report of ongoing projects to the Executive Board every two months. Issues that demand urgent attention are communicated immediately to the President and Vice-president. The prioritization of projects are determined by the President and Vice-president of the Society. The EA may subcontract activities to a person(s) agreed upon with the President and Vice-president.

7.4 Term of Office

The term of office for Executive Board Members shall be four years. This term can be renewed by recommendation by the Society President and subsequent approval by an Executive Board vote.

The term of office of the President will be six (6) years. Once this term is completed it can be renewed voluntarily by the current President. Should the current President wish to resign from office then Society elections will be undertaken. Candidates for Presidency must be current or former CPoCUS Executive Board members, be active in practice, be active PoCUS educators and be recommended by at least two (2) other Executive Board Members.

Once elections are completed, the newly elected President will serve one calendar year as President-Elect with the former President serving on the Executive Board as Past-President. Once this term is complete, the President-Elect will become President and the Past-President can opt to retire from the Executive or remain as an Executive Board Member.

The current President will be required to leave office, and Society elections take place, if an 80% majority of Executive Board Members (full board quorum) vote to recommend this action.

7.5 Meetings of the Board

The Executive Board will meet on a monthly basis and vote on matters brought up by a member of the Executive Board.

Basecamp or another electronic platform will be used by the Executive Board to organize ongoing discussions about Society issues.

An Executive Board teleconference will take place twice a year.

7.6 Voting

Any voted decision taken by the Executive Board must be supported by a quorum of five members with majority rules. The President has veto powers on a decision such that the decision must go back to the Executive Board for modification prior to approval.

7.7 Remuneration

The President and Vice-President shall serve with remuneration, as determined by the Executive Board and available Society funding. Remuneration to the President and Vice-President may be suspended at any time due to lack of funding. Other Executive and Advisory Board Members shall serve without remuneration. The EA shall serve with remuneration, with remuneration level determined by the Executive Board.

Administrative expenses for all Executive Board Members will be reimbursed if approved by a majority of Executive Board members. These expenses will include, but not be limited to, travel expenses to attend conferences and meetings as CPoCUS representatives, conference and meeting registration fees as CPoCUS representatives, CME credit applications to national medical Colleges, and day-to-day expenses (i.e. office supplies, website fees and other payments made on behalf of the Society) required to fulfill duties as an Executive Board Member.

Approval for all Society expenditures (compensation and expenses) may be approved by the Executive Board as part of the yearly budget and also on as needed basis.

7.8 Vacancies

1. The position of a Board Member shall be automatically vacated:
 - i. If a Board Member resigns

- ii. If a Board Member is found by a court to be of unsound mind
 - iii. If a Board Member dies.
2. The Executive Board shall have power to fill any vacancy on the Board for the unexpired portion of the term so vacated.

7.9 Removal from Office

Any Executive Member may be removed from office by a unanimous vote of the remaining Executive Members.

8 SPECIAL COMMITTEES

The Executive Board may appoint special committees from time to time to undertake specific projects on behalf of the Society as required. The mandate and timeline for these committees will be determined by the Executive Board. The Chair of the special committee will be chosen by the Executive Board. There will be no remuneration of members of a special committee.

9 DISSOLUTION

In the event of dissolution or winding-up of the Society, all its remaining assets, after payment of its liabilities, shall be distributed to one or more organizations in Canada having similar objectives.

10 AMENDMENT OF BY-LAWS

The By-laws of the Society may be enacted, repealed, or amended by a majority vote by a quorum of five Executive Board Members. The By-laws are available for public viewing.

Any member of the Executive Board may call for a vote on an item in the by-laws bi-annually on a date decided by the Society President.