**WELL FUNCTIONING NATIONAL SOCIETY SELF-ASSESSMENT**

|  |
| --- |
|  |

**National Society:**

**Questionnaire completed by:**

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| --- |
|  |

|  |  |
| --- | --- |
|  |  |

Full Name:

Role within the National Society:

|  |  |
| --- | --- |
|  |  |

Contact details:

1. **MISSION:**
   1. Has your Society formally adopted a mission statement?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

|  |  |
| --- | --- |
|  |  |

* + 1. Please indicate the year when this statement was first adopted:

|  |  |
| --- | --- |
|  |  |

* + 1. Year of last amendment (if applicable)

1. **LEGAL BASE:**
   1. The Society is recognized by the National Government in your country by:

|  |  |
| --- | --- |
|  | National law |

|  |  |
| --- | --- |
|  | Decree |

|  |  |  |
| --- | --- | --- |
|  | Other (please specify) |  |

* + 1. Please indicate the year when this law/decree/other instrument was:

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  |  |

First passed:

Last revised:

* 1. Is there a need to revise the existing legal provisions for recognition?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Please indicate the year when the Society’s Statutes/Constitution were:

|  |
| --- |
|  |

|  |
| --- |
|  |

First adopted:

Last amended:

* 1. Are amendments to the current Statutes/Constitution necessary?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

1. **GOVERNING BOARD:**

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Do the Society’s Statutes/Constitution require regular meeting of the Governing Board?

If yes,

* + 1. Is the Governing Board meeting as required in the Statutes/Constitution?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Please provide the dates of the last 3 meetings of the Governing Board:

|  |
| --- |
|  |

* 1. Do the Statutes/Constitution lay down clear election requirements for the members of the Governing Board?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* + 1. Please rate the Society’s compliance to these election requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Fully complies |  | Mostly complies |  | Occasionally complies |

* 1. Please provide the following statistics on Governing Board members:

|  |  |  |
| --- | --- | --- |
| Total number of Board members |  | ( ) |
| Number of elected members |  | ( ) |
| Number of appointed members |  | ( ) |
| Number of female members |  | ( ) |
| Number of members below the age of 40 |  | ( ) |

(specify in the brackets the number of members with voting rights if this differs from the total number of members in each category)

1. **GENERAL ASSEMBLY:**
   1. How often must the General Assembly be held according to the Statutes/Constitution?

|  |  |  |
| --- | --- | --- |
|  | once a year |  |
|  | Other (please specify) |  |

* 1. Please provide the dates of the last 3 meetings of the General Assembly:

|  |
| --- |
|  |

1. **MEMBERSHIP**
   1. Does the Society have clear definitions regarding membership types?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Please indicate the total number of members in your Society who are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physician anaesthesia providers: | | |  |  |
| In training | | |  |  |
| Other: |  |

* 1. Please indicate how many of your members are:

|  |  |  |
| --- | --- | --- |
| Men |  | |
| Women |  | |
| Below the age of 40 | |  |

* 1. Do you have any restrictions on membership?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

|  |
| --- |
|  |

If yes, please specify:

1. **SEPARATION OF GOVERNANCE AND MANAGEMENT**
   1. Has the Society adopted clear regulations/guidelines on the separation of roles and responsibilities of governance and management?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Has the Society adopted a human resource development strategy/policy?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Has the National Society adopted a specific policy in relation to volunteering?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Is there a focal point (person or unit) at the National Society’s Headquarters specifically responsible for management?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

1. **FINANCIAL MANAGEMENT**
   1. Does the Society prepare comprehensive annual budgets before each financial year?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Do you have persons carrying out an internal audit function within your Society?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Do you have a finance procedure manual?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Does the Society enjoy tax-exempt status?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Are the Society’s accounts/financial statements externally audited?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

1. **NATIONAL COVERAGE**
   1. Does your membership cover all regions in the country?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Do you consider your membership coverage to be rather

|  |  |
| --- | --- |
|  | centralised |

|  |  |
| --- | --- |
|  | decentralised |

1. **SELF MONITORING**
   1. Does your Society have a communications plan?

|  |  |
| --- | --- |
|  | NO |

|  |  |
| --- | --- |
|  | YES |

* + 1. Please indicate whether your Society:

|  |  |
| --- | --- |
|  | Produces a regular newsletter for members and volunteers |
|  | Produces any information for the general public |

* + 1. Please indicate whether your Society has:

|  |  |
| --- | --- |
|  | Access to the internet |
|  | A website (address: ) |

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Does your Society promote gender equality within the specialty?
  2. Does your Society have an advocacy programme?

|  |  |
| --- | --- |
|  | NO |

|  |  |
| --- | --- |
|  | YES |

If yes:

Please briefly describe three advocacy issues pursued by your Society during the last two years, and your main targets:

|  |
| --- |
| 1. |
| 2. |
| 3. |

* 1. Does your Society have regular meetings with the Minister of Health in your country?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Please list you Society’s Partners:

|  |  |
| --- | --- |
|  | Surgery & Anaesthesia Organisations |
|  | Other Medical Organisations |
|  | Government Organisations |
|  | Non-profit Organisations |
|  | Medical Industry Organisations |
|  | International Organisations |
|  | Other (please specify) |

* 1. Please indicate the percentage of your members who serve in:

|  |  |
| --- | --- |
| Public Sector |  |
| Private Sector |  |
| Both |  |

1. **PLANS AND ACHIEVEMENTS**
   1. Does the Society have an annual plan which clearly sets out its targets for the year?

|  |  |
| --- | --- |
|  | NO |

|  |  |
| --- | --- |
|  | YES |

* + 1. Does your Society publish an annual report on its operations and activities?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

1. **PROGRAMMES** 
   1. Does the Society have ongoing activities and educational opportunities?

|  |  |
| --- | --- |
|  | NO |

|  |  |
| --- | --- |
|  | YES |

* + 1. Do you monitor the quality of your services to members?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* + 1. Do you review or evaluate the effectiveness and impact of your programmes?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Does your Society produce national anaesthesia guidance/standards?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Does your Society meet regularly to promote the specialty of anaesthesia?

* 1. Does your Society publish a scientific journal?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

1. **RELATIONSHIP WITH AND SUPPORT FROM YOUR FEDERATION** 
   1. Is your Society aligned to the WFSA’s vision and values?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Do you seek and give helpful feedback from/to your Federation?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Does your website refer to your membership of the WFSA?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

* 1. Does your website link to the WFSA website?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

|  |
| --- |
|  |

Link:

* 1. Do you feel your Federation keeps you well-informed and up-to-date about what is going on at all times?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

If not, please provide feedback:

|  |
| --- |
|  |
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|  |

* 1. Please rate the WFSA guidance for your Society’s work in the following areas

(1 = Poor; 2 = Helpful; 3 = Essential)

* + 1. Advice and guidance in the promotion of essential anaesthesia care practices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |

* + 1. Advice and guidance on international standards of care

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |

* + 1. Provision of relevant education opportunities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |

* + 1. Access to educational resources

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |

* + 1. Guidance and support in capacity-building

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |

* + 1. Provision of opportunities for cooperation, such as representation within WFSA Committees or Regional Sections

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 |  | 2 |  | 3 |

* 1. Has your Society nominated internal members to join WFSA Committees, Council or Regional Section? (In current or past committees, etc)

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

If not, please provide some feedback on reasons:

|  |
| --- |
|  |
|  |

If yes, please provide feedback on the effectiveness/advantages of the representation:

|  |
| --- |
|  |
|  |

* 1. Is the WFSA work a regular agenda item in your Board meetings?

|  |  |
| --- | --- |
|  | YES |

|  |  |
| --- | --- |
|  | NO |

Please explain:

|  |
| --- |
|  |
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|  |

* 1. Overall, how do you rate the work of the WFSA in terms of importance to your Society’s mission and framework:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Irrelevant |  | Important |  | Essential |

Feedback:

|  |
| --- |
|  |
|  |

* 1. Please use the space below to provide specific feedback or suggestions.

If your feedback relates to a particular question covered in this assessment, please mention the number (i.e.-Question 9.1)

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Many thanks for taking this assessment.

We hope this document provided you with a tool to fairly assess the efficacy of your Society’s current working practices, as well as to identify areas where improvements are needed.

As a member of our Federation, your feedback is essential to help us to strengthen our services to you and our common mission.