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SPECIAL ARTICLE

Strategic Plan for the Spanish Academy of Dermatology and Venerology (AEDV): FuturAEDV 2013-2017[☆]



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Strategic plan;
Scientific and medical
society;
Vision

Abstract

Background: The Spanish Academy of Dermatology and Venereology (AEDV) has decided that a Strategic Plan is needed to help the association adapt to new circumstances and anticipate future developments.

Objectives: 1) To position the AEDV as a medical association that can exert an influence in everything related to dermatology. 2) To contribute to the development of the specialty, strengthening the prestige and reputation of dermatology and dermatologists. 3) To establish a model for operating and strategic thinking that can be handed on to successive Boards of Directors and will enable the Academy to identify future challenges.

Methods: The approach used to develop the Strategic Plan was as follows: analysis of trends in the health care system; assessment of the current situation of AEDV and of dermatology in general through an internal analysis based on surveys and interviews with academics; analysis of strengths, weaknesses, opportunities, and threats; preparation of a mission statement; and identification, development, and implementation of a strategy map prioritizing strategic lines of action.

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¹ More information about the composition of the Board of Directors is available in Appendix 1.

PALABRAS CLAVE

AEDV;
Dermatología;
DAFO;
CAME;
Mapa estratégico;
Plan estratégico;
Sociedad
científico-médica;
Visión

Results: The strategy map set out 16 general goals grouped into 4 main topics (achieving the vision, internal and external customers, internal processes, and innovation) and detailed in an action plan with 19 initiatives, each with specific actions. The plan will be monitored by the Strategic Plan Monitoring Committee, which is made up of the members of the Standing Committee and the chairs of the 9 Technical Committees responsible for implementing the initiatives.

Comment: The Functional Plan should guide the management of AEDV until 2017, and its implementation will enable the association to contribute to the development and prestige of the specialty and position itself as a reference in terms of its functional model.

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Plan estratégico de la Academia Española de Dermatología y Venereología (AEDV). FuturAEDV 2013-2017

Resumen

Antecedentes: La Academia Española de Dermatología y Venereología (AEDV) ha planteado la necesidad de definir un plan estratégico para adaptarse y anticiparse al nuevo escenario.

Objetivos: 1) Posicionar a la AEDV como una sociedad con capacidad de influencia en todo lo relacionado con la dermatología; 2) contribuir al desarrollo de la especialidad reforzando el prestigio de la misma y de sus profesionales; y 3) introducir en el seno de la Academia un modelo de funcionamiento y de pensamiento estratégico que permita anticiparse a los retos del futuro y que se transmita a las sucesivas juntas directivas.

Métodos: Análisis de las tendencias del sistema sanitario, diagnóstico de la situación actual de la AEDV y de la dermatología mediante un análisis interno a través de encuestas y entrevistas a los académicos, análisis de los puntos fuertes y débiles, así como las amenazas y oportunidades, declaración de la misión, y finalmente, la identificación, el desarrollo y la realización de un mapa estratégico con la priorización de las líneas de acción estratégicas.

Resultados: Se definió un mapa estratégico con 16 objetivos generales agrupados en 4 ejes (alcanzar la visión, clientes internos y externos, procesos internos e innovación), encuadrados en un plan de acción con 19 iniciativas y acciones concretas para cada una de ellas. La monitorización de su desarrollo la realizará el comité de seguimiento del plan estratégico, formado por la junta permanente y los responsables de los 9 comités técnicos encargados de llevar a cabo cada una de las iniciativas.

Comentario: El plan funcional debe guiar la gestión de la AEDV hasta 2017 y su implantación le permitirá posicionarse como referente en cuanto a su modelo funcional y contribuir al desarrollo y prestigio de la especialidad.

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“The decline of IBM was not the result of a declining demand for computers, and Pan Am did not go bust because people stopped flying. The failure of these companies followed not from the disappearance of their markets, but from their inability to see or respond to the changes taking place within them.”

John Kay
London Business School.

Introduction

The Spanish Academy of Dermatology and Venereology (AEDV) is a civil, apolitical and voluntary medical-scientific association whose mission is to study and promote the care of healthy and diseased skin for the benefit of patients, people, and society in general. The AEDV also addresses problems related to the specialty of medical and surgical dermatology and venereology as well as problems faced by the specialists themselves.¹ The aims and activities of the AEDV are described in Article 7 of its charter.¹ The

organization's values are shown in [Table 1](#). Ninety-seven percent of Spanish dermatologists are members of the AEDV.

This article describes, in a structured manner, the steps taken by the AEDV to develop a 2013-2017 Strategic Plan and the results of that process. The Strategic Plan aims to ensure the viability and enhance the development of the AEDV and the AEDV Foundation, to increase the organization's visibility, and to convey an image of trustworthiness to members and stakeholders, who we refer to, in business terms, as customers ([Table 2](#)).

Reasons for the Project

Today's scientific societies find themselves in a changing environment ([Fig. 1](#)).²⁻¹² They can either resign themselves to passively accepting their circumstances or they can react by developing their capacity for anticipation and leadership in order to ensure a prosperous future. In some ways, many scientific societies resemble companies in terms of their structure and budget, and they should therefore adopt

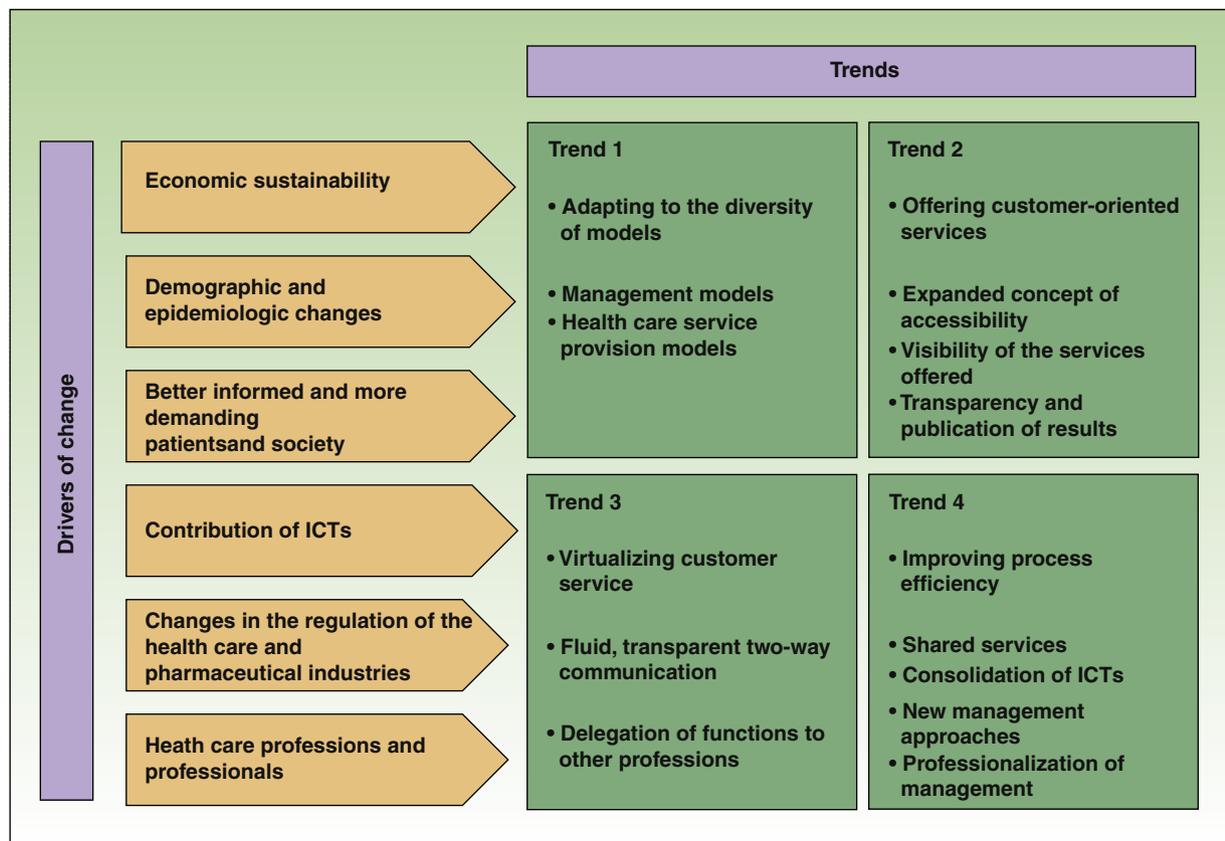


Figure 1 Analysis of the constantly changing environment faced by scientific societies. ICTs indicates information and communication technologies.

Table 1 Values of the Spanish Academy of Dermatology and Venereology.

Professional and scientific excellence Promoting training for dermatologists Transparency towards members and society Proactive participation and satisfaction of members Effective, efficient self-management Sustainability Generating innovation and knowledge Openness to the scientific community and to society Educating the general population Leadership in the organization’s area of competence

Table 2 Stakeholders Who Contribute Resources or Are Targeted by the Activities of the Spanish Academy of Dermatology and Venereology.

Members Patient associations Patients Citizens Pharmaceutical, medical technology, and dermocosmetic industries Media Health care authorities Other medical specialties Other health care providers (nurses, nursing assistants, podiatrists, dentists, pharmacists, etc.) Providers of non-health-care services involved in skin, nail, and hair care

a management methodology similar to that followed by companies. Given that the AEDV had no strategic plan formulated according to such a methodology, the Board of Directors decided to develop such a plan in order to guide the AEDV’s current leaders, help its future leaders to ensure continuity in management, and guarantee the organization’s survival.

The first step in the process was to identify and diagnose problems, and the next step was to draw up an action plan. The various actions included in the plan will subsequently be carried out and progress will be monitored using indicators designed to measure the organization’s health.

The plan needed to define the current situation and analyze the possible future scenario so that strategic lines and needs for change in the organization’s structure could be established, while also respecting the AEDV’s aims, mission, values, and charter. In developing the Strategic Plan, we had to consider several questions: Where are we now? Where are we headed if we don’t act? Where do we want to go? What must we do to get there? The resulting plan reflects our attempt to answer those questions.

Objectives

In developing the Strategic Plan, our objectives were as follows: 1) to position the AEDV as a medical association that can exert an influence in everything related to dermatology; 2) to contribute to the development of the specialty, strengthening the prestige and reputation of dermatology and dermatologists; and 3) to establish a model for operations and for continuous strategic thinking that will enable the AEDV to anticipate future challenges and which can be handed on to successive Boards of Directors.

Strategic Plan Development Method

We began by conducting an external analysis of the AEDV's current and future environment and an internal analysis of the organization itself.

In the course of our review of the environment, we analyzed—and considered as models—various documents related to the current health care context²⁻¹² and the strategic plans of several scientific societies (some published and others available on the societies' respective websites). The strategic plans analyzed were those of the Spanish Academy of Internal Medicine, the Spanish Academy of Cardiology, the Spanish Society of Pulmonology and Thoracic Surgery, the Spanish Society of Allergology and Clinical Immunology, the Spanish Society of Rheumatology, the Spanish Society of Diabetes, the Spanish Vitreoretinal Society, the Spanish Society of Neurosurgery, the Spanish Society of Radiological Protection, the Academy of Medical and Health Sciences of Catalonia and the Balearic Islands, and the American Academy of Dermatology.¹³⁻²⁰

In order to exhaustively analyze the internal reality of the AEDV, we conducted an internal study that included both quantitative and qualitative analyses. The quantitative analysis examined the AEDV's internal documentation, its sections, and its working groups, as well as the content of the organization's website.²¹⁻²⁷ Our search for internal information was meticulous, and we detected a lack of information in some areas, particularly in the working groups. The qualitative analysis consisted of 2 questionnaires with questions related to organization, resources, activities, relations, circulation of information, organizational culture, and dermatology. One questionnaire was sent to the 48 members of the Board of Directors (the elected board, the chair of the Olavide Museum, and the regional section chairs, as well as the members of the journal, website and research unit commissions) and also to the working group coordinators. The other questionnaire was sent to the other 1731 members of the AEDV. The response rate was 41.7% (20/48) among board members and 6.6% (115/1731) among the other AEDV members. In addition to the questionnaires, personal interviews were conducted with 10 randomly selected members. These individuals were asked about their types of professional practice, the challenges facing the AEDV and the field of dermatology, and the AEDV's current activities.

The data obtained from this process were analyzed using a SWOT (strengths, weaknesses, opportunities, and threats) matrix that described the current situation of the organization. In order to identify strategies for the future, in addition

Table 3 Challenges for the Spanish Academy of Dermatology and Venereology.

1. To improve the coordination of the sections and the working groups with one another and with the AEDV
2. To increase the participation of members in the scientific and management activities of the sections, the working groups, and the AEDV
3. To increase the coherence between the strategy and the activities of the various sections, the working groups, and the AEDV
4. To be a constant source of training services and research assistance for members and stakeholders
5. To reconsider the AEDV's funding sources and reduce the organization's dependence on the pharmaceutical industry
6. To create new funding sources and produce elements of value
7. To design and develop new activities for dermatologists, for other health care professionals, and for the general public
8. To make the AEDV's management structures more accessible to members
9. To provide better information about the AEDV's activities to the target audience as well as the general public
10. To improve relations with patient associations
11. To improve internal and external communication by updating the AEDV website and increasing the organization's media presence
12. To exploit digital media by actively revitalizing the AEDV website, using 2.0 tools, etc.
13. To enhance the AEDV's online presence in terms of both informational and educational material (courses, library, etc.)
14. To position the AEDV as an organization that spreads knowledge of dermatology to health care providers, the general public, and specialists in other fields
15. To become known for the amount and quality of the organization's scientific content (accrediting AEDV-backed congresses and courses)
16. To strengthen the prestige of dermatologists and position them as authorities for validating content, information, etc., in the eyes of organizations (health ministry, agencies, etc.) and society in general
17. To position dermatologists as key figures in fostering healthy habits in dermatology
18. To devise a communication system for getting feedback from members and stakeholders
19. To maintain and improve the journal *ACTAS Dermo-Sifiliográficas*
20. To ensure the transparency of the AEDV's management and accounts

to the SWOT matrix we generated a CAME (correct, address, modify, exploit) matrix. After this analysis, we defined the vision of the AEDV. The resulting strategic objectives were arranged on a strategy map and initiatives and actions for pursuing the objectives were defined. For each initiative, measurable indicators for assessing progress towards the specific targets for 2017 were specified. For the implementation of the various programs, executive committees will

be appointed to manage, execute, enforce, and monitor the progress of each assigned project. A particular strategic program may be assigned to more than one committee.

All references to the AEDV in this document refer to both the AEDV and the AEDV Foundation.

Results

Diagnosis: Findings and Identification of Challenges

We diagnosed the current situation by identifying strengths and weaknesses (internal perspective) as well as threats and opportunities (external perspective). Our analysis was guided, firstly, by the characteristics of dermatology and venereology as a medical specialty, and secondly, by our conception of 21st-century medical-scientific societies.

Findings on the Spanish Academy of Dermatology and Venereology

During the diagnosis phase, the surveys, the interviews, and the working group's reflection yielded a series of findings that we grouped into the following 5 categories: 1) active participation of AEDV members in the organization; 2) internal and external relations; 3) two-way communication with stakeholders; 4) human and economic resources available to the AEDV; and 5) medical and surgical dermatology and venereology as a profession.

In relation to active participation, the main reasons that members gave for joining the AEDV were staying informed (18.32%) and making professional contacts (15.46%). The working groups preferred by the most members were Cosmetic and Therapeutic Dermatology (17%), Surgical Dermatology, Laser Treatment and Cutaneous Oncology (16%), Psoriasis (11%), and Pediatric Dermatology (11%). However, participation in working groups and in the AEDV's commissions and committees was low (19.82%). Although 59.30% of members said they have never participated in one of the AEDV's committees or commissions, 44.12% said they would like to do so; this figure suggests an opportunity. Of the AEDV members who have recently participated in a commission or committee, 75% said they would like to do so again. Thirty-five percent of members said they do not collaborate on the activities of their section. The degree of interaction between the various sections is very low, with 86% of members reporting that they do not collaborate on the activities of other sections.

These figures indicate that members have an interest in scientific activities but are not very interested in the management activities entailed by participating in the AEDV's management bodies. In fact, 41% of the members surveyed said that they do not feel motivated by the AEDV to participate in the organization's activities. Similarly, the low turnout at the General Assembly held each year during the National Congress of Dermatology and Venereology is an example of this low participation. Barely 140 members (less than 10% of the total) attend the General Assembly and, of these, 30 are members of the Board of Directors; therefore, the attendance rate for members is less than 5%. We concluded that members' involvement in managing the

AEDV could be improved and that the incentives in place to encourage active participation needed to be reviewed.

Fifty-six percent of members said that the mechanisms for internally communicating and publicizing the AEDV's activities could be improved. Thirty percent of members were unaware of the AEDV's activities. The functioning of the AEDV's publications (objectives, collaboration process, submission of articles, etc.) were unfamiliar to 21.95% of members in the case of ACTAS DERMO-SIFILIOGRAFICAS and 43.90% in the case of DERMActual. Most members (53%) were unfamiliar with the mechanisms and requirements for participating in commissions and committees; 49% said they would like to join a commission or committee but, of these, 51% said they did not know how. The governing bodies of the AEDV (Board of Directors, permanent commission, etc.) were unfamiliar to 41% of members, and 39% were unacquainted with the organization's regional management system. Members also reported that the protocols for proposing activities were unclear, complex, and not very accessible. In short, we found that communication aimed at encouraging members to actively participate in the AEDV was not working adequately, although it was unclear whether this was due to unfit communication mechanisms or to a lack of interest on the part of members.

According to 71% of the members surveyed, the platforms used by the AEDV to communicate and interact with members are adequate. However, the impact of online platforms remains limited: only 16% of members said they use the AEDV website as a source of information about the organization.

As for the AEDV's systems for collecting members' opinions, 73% of members were only aware of such a system for the National Congress, and the same percentage did not know whether a system was in place for gathering opinions on other AEDV matters. In light of these findings, it is clear that the AEDV's internal communication could be improved. The opinion that the working groups are relatively closed and that the possibilities for collaboration are limited is widely held by members. We also found that the working groups do not interact much with one another; as a result, they do not organize joint activities or share ideas with each other.

A majority of the members surveyed said they were unfamiliar with the external communication activities of the communication and press office.

Interaction with other stakeholders is viewed as positive and useful: 98% of members said that the AEDV should foster relations of some sort with other institutions. Nearly half of members (47%) were aware that the AEDV maintains some sort of relations with other institutions (public administration, patient associations, related foundations and associations, foundations and associations from other fields, other professional associations, etc.) and, of these, 98.51% viewed such relationships as useful.

The AEDV collaborates closely with the pharmaceutical industry. Economic contributions from the pharmaceutical industry are the organization's main source of income. The National Congress alone accounts for 62% of the AEDV's income. Taking into account the pharmaceutical industry's other contributions (to the website, to ACTAS DERMO-SIFILIOGRAFICAS, to the Euromelanoma skin-cancer prevention campaign, etc.), industry collaboration accounts for 86% of the AEDV's income. Membership fees account for just 8% of annual income. Contributions from other stakeholders, especially

other scientific societies and foundations, are minimal. Members expressed a positive view of the AEDV's fundraising capacity but there is room for improvement: 78.90% of respondents rate the AEDV's ability to obtain funds from various sources (events, members, other) as good and 14% rate it as very good.

Findings on the Specialty of Dermatology

According to 93% of the members surveyed, dermatology is a highly heterogeneous field that encompasses multiple areas of professional practice (medical, surgical, and cosmetic dermatology, plus venereology) as well as many subspecialties. Accordingly, 85% of members said that actions should be taken to increase the cohesion and unity of the specialty. These opinions support the AEDV's role now and in the future, given that members see the need for an institution that encompasses the opinions and needs of all dermatologists.

Challenges for the Spanish Academy of Dermatology and Venereology and for the Profession

We placed special importance on the findings and challenges related to the AEDV (Table 3) although we also took into account those related to the profession (Table 4) on the grounds that the AEDV may be able to have an influence in some aspects. However, given its nature and functions, the AEDV faces obstacles and legal barriers to acting on issues that are the remit of other organizations (medical associations, the national dermatology commission, etc.), although it may be able to exert some influence.

Strategy Formulation

On the basis of our findings and the challenges we identified, we created a SWOT matrix (Fig. 2), which we then used to draw up a CAME matrix (Fig. 3). By analyzing these matrices, we were able to identify various needs: to reorient the AEDV towards a model better suited to the diversity of its customers; to enhance the prestige of dermatology; to make financial modifications to guarantee the organization's economic viability; to reformulate the AEDV's portfolio of services and encourage the active participation of members; and to encourage dermatologists to get involved in clinical management, research, and the evaluation of health care outcomes.

Vision of the Spanish Academy of Dermatology and Venereology

At this point in the development of the Strategic Plan, we had to define the AEDV's vision, which would be fundamental to defining the strategy. To do this, we asked ourselves: Where do we want the AEDV to be in 2017? The answer was: We want the AEDV and its members to be positioned as the sole authority in Spain in everything related to the care of healthy and diseased skin, and we want the AEDV to be the essential partner for dialogue with stakeholders in both the

Table 4 Challenges for the Dermatology Profession in Order of Importance According to Members' Survey Responses.

1. To prevent the proposed mandatory core subjects from being introduced in the medical residency system that trains specialists
2. To strengthen the prestige of dermatology and dermatologists in the eyes of other specialists, health care administrations, and citizens
3. To promote dermatology as a benchmark and prevent the specialty from being trivialized
4. To prevent the encroachment of cosmetic doctors, cosmetic medicine centers, and hair treatment centers
5. To carry out high-impact research projects
6. To receive training in management and research
7. To train good dermatologists
8. To ensure the continued availability of quality in-service training
9. To base professional practice on scientific evidence
10. To adapt to sophisticated diagnostic and therapeutic tools and to information and communication technologies
11. To control the implementation and development of teledermatology
12. To participate in health promotion and prevention efforts
13. To adapt to the current economic and financial crisis as well as the crisis of the health care model
14. To cooperate with the pharmaceutical industry to reduce the cost of new treatments
15. To defend the interests of dermatologists who deal with private insurance companies and privately managed hospitals
16. To remain active in the fields of cosmetics and beauty
17. To apply knowledge that improves patient management
18. To encourage the participation of Spanish dermatologists in international forums
19. To retain authority in the areas of venereal diseases and occupational skin diseases
20. To expand scientific knowledge in relation to other diseases: oncology, inflammatory diseases. To assume complex professional competencies and increase tertiary care
21. To promote super-specialization in dermatology
22. To prevent the displacement of dermatologists by primary care physicians.
23. To adapt to today's new society and new patients
24. To improve the income and working conditions of dermatologists
25. To promote generational renewal (an established few tend to control things)
26. To decrease dependence on the pharmaceutical industry in matters related to in-service training
27. To prevent the reduction of dermatology instruction in undergraduate medical studies
28. To establish professional needs for the coming years
29. To attract young doctors to basic dermatology
30. To relieve the overcrowding of public clinics
31. To reevaluate teaching hospitals
32. To improve the teaching of dermatology
33. To maintain our position as health care providers with respect to plastic surgeons, internists, and other specialists

WEAKNESSES	THREATS
<ul style="list-style-type: none"> • Lack of coordination in sections and working groups • Low participation in sections and working groups • Funding dependent on the pharmaceutical industry, with a trend towards smaller investments in the National Congress and other activities • Deficient internal and external communication • Not clear who the customer is • Decision-making and operations are slow, change is difficult • Finances burdened by previous investments • Website and social media presence are deficient • Lack of interest in the AEDV's day-to-day operations 	<ul style="list-style-type: none"> • The role of general medicine physicians and other specialists in relation to dermatology • Lack of criteria for the implementation of teledermatology • Encroachment of other health care providers: pharmacists, "cosmetic" doctors, etc. • Initiatives in the training of specialists in dermatology. Proposed mandatory core subjects • Context of economic crisis • New scenario of relations with the pharmaceutical industry • Reduction of dermatology credits in undergraduate degree programs in medicine
STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> • Independent management of the sections • Existence of working groups • Existence of the AEDV Foundation • Existence of a professionalized management structure • National Congress and meetings of the sections and working groups • The journal <i>ACTAS DERMOSIFILIOGRÁFICAS</i> • Existence of the research unit • Diversity in types of professional practice • Involvement of the Board of Directors • AEDV as the sole point of reference in dermatology • Transparent, coherent corporate governance 	<ul style="list-style-type: none"> • Being the academy that accredits in-service medical training in dermatology • Crisis of the health care model • The need to publish position papers (social demand) • Updating diagnostic and therapeutic tools • Automating management processes to avoid mistakes and make the processes more effective • Research, development and innovation • Presence in society and in health promotion • Collaboration with patient associations • The need to standardize clinical practice • Collaboration and alliances with other scientific societies

Figure 2 SWOT (strengths, weaknesses, opportunities, and threats) matrix applied to the analysis of the current state of the Spanish Academy of Dermatology and Venereology (AEDV).

public and private spheres. We also want the AEDV to be recognized by public opinion, by the administration, and by health care providers for its excellence in care, teaching, and research.

Strategy Map

A strategy map is a graphic management tool that intuitively displays a strategy and the cause-and-effect relationships between various objectives (Fig. 4). Strategy maps can be used to communicate objectives and targets to an entire organization by means of a global system in which all stakeholders have an adequate vision of the status of the plan.

The AEDV strategy map includes 16 strategic objectives to be pursued by the organization. These objectives are grouped into 4 categories: 1) Results: The outcomes that

we hope to obtain by implementing the Strategic Plan, with an eye to achieving the defined vision. 2) Customers: The value propositions that we can offer to our internal and external customers in order to satisfy their needs. 3) Internal processes: The operational processes and strategies that the AEDV must define and implement, and in which the organization must achieve excellence in order to satisfy stakeholders' and customers' needs. 4) Innovation and learning: The critical aspects of future strategies that the AEDV must implement with the support of the organization's people, infrastructure, and systems in order to maintain momentum going forward.

The 16 objectives are described and discussed below:

1. Lead in-service medical training in dermatology. The AEDV will position itself as the key player in the field

	THREATS	OPPORTUNITIES
WEAKNESSES	CORRECT (survival strategy) <ul style="list-style-type: none"> • Reposition the AEDV with a model oriented towards the diversity of customers • Improve internal and external communication • Cultivate a culture of continuous improvement by monitoring the Strategic Plan 	MODIFY (reorientation strategy) <ul style="list-style-type: none"> • Explore new sources of funding • Reformulate the AEDV's service portfolio to make it customer-oriented • Increase the active participation of AEDV members • Strengthen the AEDV's structure and management
STRENGTHS	ADDRESS (defensive strategy) <ul style="list-style-type: none"> • Guarantee economic viability • Enhance the prestige of dermatology • Improve the ethics and transparency of the AEDV 	EXPLOIT (offensive strategy) <ul style="list-style-type: none"> • Encourage professionals to get involved in clinical management, research, and the evaluation of health outcomes • Tap the potential of new information and communication technologies • Facilitate multicenter activities in both clinical practice and research

Figure 3 CAME (correct, address, modify, exploit) matrix and analysis applied to the current state of the Spanish Academy of Dermatology and Venereology (AEDV) for the purpose of identifying strategies.

- of in-service training, both in the detection of training needs and in the development and accreditation of courses.
2. Foster the use of tools for research, development, and innovation (R&D&I). The AEDV should use and encourage its members to use tools that can facilitate research, development, and innovation.
 3. Use and intensively promote the use of information and communication technologies. The AEDV should use these technologies to improve communication, strengthen the AEDV, and improve the organization's visibility in the eyes of members, stakeholders, and society.
 4. Promote the comprehensive development of the specialty. The AEDV should take steps that enable dermatology and dermatologists to improve and continually evolve.
 5. Align the AEDV's activities with its vision. The AEDV should ensure that the activities it carries out in pursuing its strategy contribute directly to achieving the organization's vision.
 6. Increase the value of the AEDV. The AEDV should take steps that help to improve the organization's prestige in the medical field and in society at large.
 7. Update the AEDV's portfolio of services for all stakeholders. The AEDV should reorient and redefine its service portfolio in a way that addresses the main needs of key stakeholders and customers and allows the organization to generate income through service provision.
 8. Develop internal and external communications. The AEDV should open up communication channels with members, with society at large, and with important external stakeholders.
 9. Provide clinical practice guidelines and protocols. The AEDV should lead the creation and implementation of clinical guidelines in dermatology-related areas in which there is scientific evidence to justify such guidelines.
 10. Get members more involved. The AEDV needs to achieve a significant and sustained level of member participation in its activities (commissions, committees, sections, and working groups) and establish systems that encourage younger members to get involved.
 11. Increase the prestige of AEDV membership. The AEDV aims to become known as a key organization in the health care field for its leadership, independence, transparency, and credibility, thereby making membership attractive to dermatologists.
 12. Prevent the encroachment of unqualified practitioners. The AEDV should adopt corporate policies and initiatives that establish barriers to entry and prevent inadequately trained and/or unaccredited professionals from practicing dermatology.

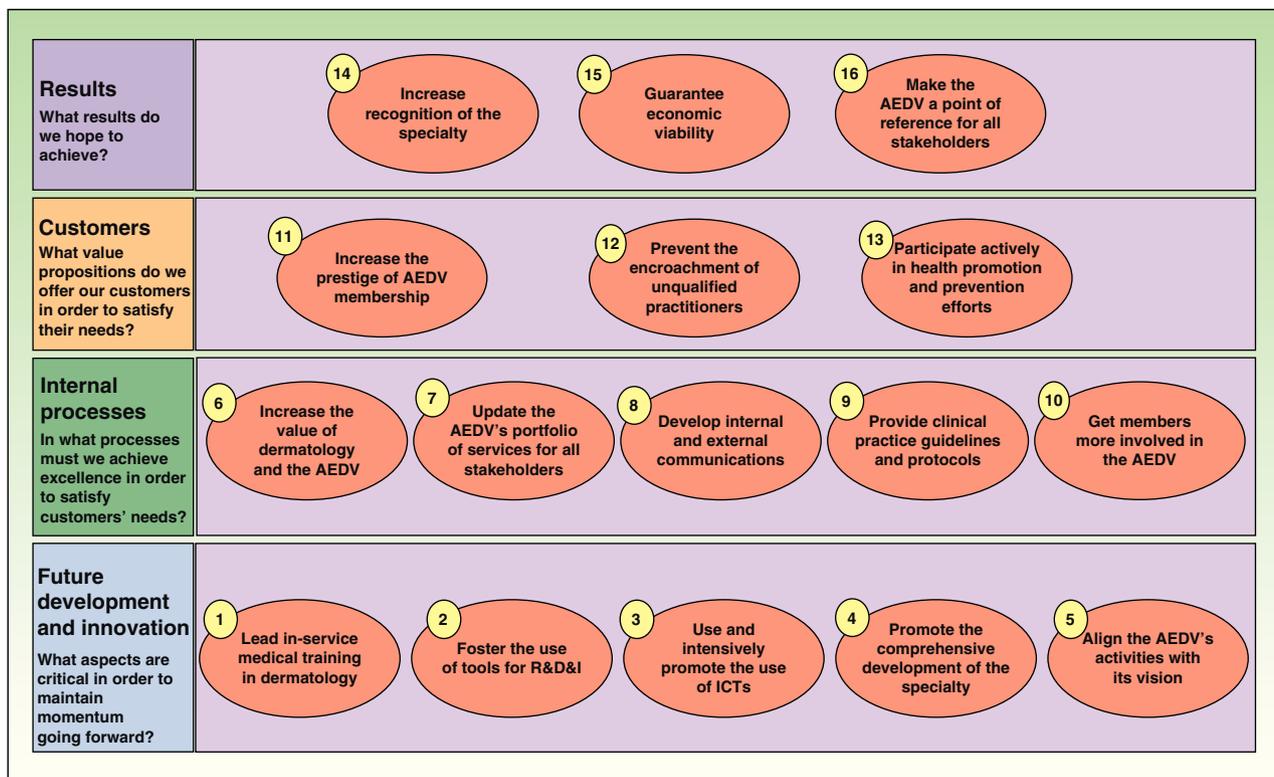


Figure 4 Strategy map showing the various elements used to formulate the strategy, grouped into 4 categories. AEDV indicates the Spanish Academy of Dermatology and Venereology; ICTs, information and communication technologies; R&D&I, research, development and innovation.

13. Participate actively in health-promotion activities. The AEDV should develop and collaborate on clinical, health-care-related, and informational activities and programs that have an impact on health promotion and prevention efforts, in particular those related to the skin.
14. Increase recognition of the specialty. The AEDV will work to make dermatology a more prestigious and widely recognized specialty in the medical field and in society at large.
15. Guarantee the AEDV's economic viability. The AEDV will actively take steps to identify income sources that can guarantee its financial solvency in the short, medium, and long term and explore ways to reduce its financial dependence on the pharmaceutical and medical-technology industries.
16. Make the AEDV a point of reference for all stakeholders. The AEDV will establish a series of activities that will make it a point of reference for its various stakeholders (Table 2).

In implementing the strategy, the AEDV will focus its resources and efforts on the most crucial aspects by carrying out specific action plan initiatives.

Action Plan Initiatives

Once the general objectives that guide the implementation of the Strategic Plan had been established, we defined 19

initiatives aimed at achieving those objectives (Table 5). In Fig. 5, these initiatives are arranged in a matrix that shows the objective(s) of the Strategic Plan that each action is intended to pursue. As the figure shows, a particular action may correspond to multiple interrelated objectives. The matrix shown in Fig. 5 does not include objectives 14, 15, or 16. These objectives correspond to outcomes of the Strategic Plan that will be achieved as the other objectives are met. No specific action plan initiatives will be designed for these objectives.

The action plan initiatives are defined below. The committee responsible for carrying out each initiative is identified and the various actions involved are described.

1. Survey the AEDV's stakeholders to identify training needs. Conduct surveys to clearly identify the training needs of members and other AEDV stakeholders. Decide which training formats are the most appropriate for meeting the demand.
 Specific action: Prioritize training needs on the basis of the survey results and a map of the stakeholders arranged in order of importance to the AEDV.
 Committee: In-Service Training.
2. Design a process by which the AEDV can facilitate the certification of in-service medical training activities in dermatology. Draft a document that outlines the certification or accreditation process for training activities organized by members or other stakeholders.
 Actions: Identify the AEDV members who are best able to collaborate on and contribute to the design process.

Strategic objectives Initiatives	1. Lead in-service medical training in dermatology	2. Foster the use of tools for R&D&I	3. Use and intensively promote the use of ICTs	4. Promote the comprehensive development of the specialty	5. Align the AEDV's activities with its vision	6. Increase the value of dermatology and the AEDV	7. Update the AEDV's portfolio of services for all stakeholders	8. Develop internal and external communications	9. Provide clinical practice guidelines and protocols	10. Get members more involved in the AEDV	11. Increase the prestige of AEDV membership	12. Prevent the encroachment of unqualified practitioners	13. Participate actively in health promotion efforts
1. Survey the AEDV's stakeholders to identify training needs	X			x		x	x					x	
2. Design a process by which the AEDV will facilitate the certification of in-service medical training in dermatology	X			x		x						x	
3. Include the subject of patient management in in-service training programs	X					x	x			x	x		
4. Reformulate and specify the AEDV's course offerings	X						x			x		x	
5. Help members gain access to research		X		x		x	x				x		
6. Compile and spread information about the most important studies in dermatology		X	x	x		x	x			x	x		x
7. Enhance the AEDV's presence in the web 2.0 environment			X			x	x	X		x	x		
8. Assess the impact of the Strategic Plan on the various stakeholders of the AEDV					X							x	
9. Generate consensus statements				X		X		x		x	x		
10. Put together a value dossier on the AEDV and dermatology					x	X		x			x	x	
11. Identify services for each stakeholder						x	X			x	x		
12. Draft and publish an annual report on the AEDV's activities						X		X		x	x		
13. Publish informational documents for patients and health care providers				x		x		X		x	x		x
14. Draw up a Communication Plan for the AEDV						x		X					x
15. Identify the top-priority clinical processes in the use of clinical guidelines						x			X				x
16. Create databases segmented by stakeholder			x							X			
17. Set up an AEDV stand at the National Congress of Dermatology and Venereology to facilitate communication with members								x		X	x		
18. Organize skin-disease detection and prevention programs at institutions and companies						x		x			x		X
19. Organize innovative actions for the annual skin cancer campaign						x		x		x			X

Figure 5 Action plan initiatives arranged in a matrix that shows the objective(s) that each action is intended to pursue. A particular action may correspond to multiple objectives of the Strategic Plan. AEDV indicates the Spanish Academy of Dermatology and Venereology; ICTs, information and communication technologies; R&D&I, research, development and innovation.

Table 5 Nineteen Action Plan Initiatives to Directly or Indirectly Pursue the Strategic Objectives of the Spanish Academy of Dermatology and Venereology (AEDV).

1. Survey the AEDV's stakeholders to identify training needs
2. Design a process by which the AEDV will facilitate the certification of in-service medical training in dermatology
3. Include the subject of patient management in in-service training programs
4. Reformulate and specify the AEDV's course offerings
5. Help members gain access to research
6. Compile and spread information about the most important studies in dermatology
7. Enhance the AEDV's presence in the web 2.0 environment
8. Assess the impact of the Strategic Plan on the various stakeholders of the AEDV
9. Generate consensus statements
10. Put together a value dossier on the AEDV and dermatology
11. Identify services for each stakeholder
12. Draft and publish an annual report on the AEDV's activities
13. Publish informational documents for patients and health care providers
14. Draw up a Strategic Communication Plan for the AEDV
15. Identify the top-priority clinical processes in the use of clinical guidelines
16. Create databases segmented by stakeholder
17. Set up an AEDV stand at the National Congress of Dermatology and Venereology to facilitate communication with members
18. Organize skin-disease detection and prevention programs at institutions and companies
19. Organize innovative actions for the annual skin cancer campaign

Open this initiative up to all AEDV members who are interested in participating. Draft a proposed framework document and submit it to the Board of Directors and the research unit for approval. Make the document available to members, sections, working groups, and the health care administrations responsible for accrediting in-service medical training.

Committee: In-Service Training.

3. Include the subject of patient management in in-service training programs. Generate knowledge of patient management by including this subject in training programs organized or imparted by the AEDV. The patient-management topics covered should be those which are not included in undergraduate medical degrees or in residency programs but which are necessary for dermatologists. The content should cover aspects such as comprehensive patient management based on process management, case management, etc.

Actions: Clearly identify content that should be added to training programs organized by the AEDV. Identify training programs in which the subject of patient management could be included. Consider creating and promoting training courses or programs focused exclusively on patient management.

Committee: Clinical Practice.

4. Reformulate and specify the AEDV's course offerings. Clearly redefine the AEDV's course portfolio on the basis of the training needs survey, get the courses accredited, and promote the courses among members and other stakeholders.

Actions: Assess the results of the training needs survey completed by members and other stakeholders (first action plan initiative). Revamp the AEDV's course portfolio to meet the identified needs and the organization's priorities. Discontinue courses deemed irrelevant and launch courses found to be necessary during the reflection process.

Committee: In-Service Training.

5. Help members gain access to research. Establish channels by which members can gain access to research, grants, courses, and programs related to dermatology. This initiative comprises 2 aspects: AEDV-organized efforts and national and international external efforts.

Actions: Define the scope of the initiative in order to establish its budget and the geographical area (Spain, Europe, or the world) that will be covered in the search for scholarships and related programs. Help all members gain access to information from the available research resources through the appropriate channels. Establish instruments to facilitate access to these resources.

Committee: Research.

6. Compile and spread information about the most important studies in dermatology. Support *ACTAS DERMATO-SIFILIOGRAFICAS* and promote the journal's presence on specialized Internet forums in the medical field as a means of providing convenient access to information that could translate into better health care or improved scientific output. Create an online environment that allows the results of the most important studies in dermatology to be shared with members. These efforts will extend the reach of studies and other documents written by Spanish dermatologists and by the AEDV.

Actions: Coordinate the creation of an expert committee responsible for selecting the most important studies in dermatology. Coordinate the creation of a multidisciplinary team (internal and external to the AEDV) responsible for processing the results of the aforementioned studies so that they can be shared with members.

Identify the platforms through which content will be shared and create a network of collaborators responsible for using those platforms to publicize, promote, and share content.

Continue offering members access to bibliographic databases that facilitate continuing education and research (current virtual library). Launch new online instruments and channels that allow members to access information.

Committee: Publications.

7. Enhance the AEDV's presence in the web 2.0 environment. This initiative is intended to increase the AEDV's presence and visibility on social media.

Actions: Hire a community manager to manage the AEDV's presence on Facebook, Twitter, LinkedIn, and any other social networks that may be of interest. Explore the possibility of hiring professionals who have previously collaborated with the AEDV to transcribe

board meeting minutes so that they can be posted on the organization's website. Create a protocol for coordination between the Board of Directors and the community manager to ensure that the community manager is aligned with the key messages that the AEDV wishes to convey.

Because transparency is the other key factor that must be taken into account in relations with stakeholders, the AEDV will publish its annual accounts and the accounts of its meetings and congresses on its website (in addition to making them public at each General Assembly). These accounts will detail the contributions of the health care industry in terms of both monetary amounts and percentages.

At least once every 15 to 30 days, the Chair or another permanent board member will publish at least one informational note informing members about AEDV news.

Committee: Website.

8. Assess the impact of the Strategic Plan on the various stakeholders of the AEDV. Executive summaries of the progress made in implementing the Strategic Plan will be drafted. With the help of these summaries, the plan will be monitored and its implications and impact on the AEDV's various stakeholders will be assessed. The objectives and targets will be communicated to the entire organization in order to give members and stakeholders an adequate vision of the AEDV's status.

Actions: Write annual executive summaries of the progress made in implementing and executing the AEDV's Strategic Plan. The members of the AEDV's Board of Directors and the head of each executive committee will assess the impact of the Strategic Plan's initiatives on the AEDV's key stakeholders so that any necessary modifications can be made to the Strategic Plan.

Committee: Strategic Plan Monitoring.

9. Generate consensus statements. Draft consensus statements in order to advance the AEDV's positions and enhance the organization's visibility. These documents should be very informational and high-impact, covering key points on particular issues, debunking widely held myths, and assessing particular practices from an expert viewpoint.

Actions: Identify by consensus the key issues on which the AEDV wishes to publicize its position. Identify the most appropriate internal functional areas of the AEDV for subsequent discussion and debate on key issues in the field of dermatology. Create various working groups responsible for drafting the various position papers (or transfer this responsibility to existing working groups).

Committee: Publications.

10. Put together a value dossier on the AEDV and dermatology. Create a dossier that showcases the AEDV's activities, highlights the organization's contributions to medicine generally and to dermatology specifically, and emphasizes AEDV members and their contributions to society. The dossier's layout should be highly visual and attractive, and it should be easily understandable for all audiences.

Actions: Form a working group responsible for drafting the AEDV value dossier. Identify by consensus the aspects that will be highlighted in the dossier (from

annual reports or other sources). Establish an automated, computerized procedure for data entry and document creation that will simplify the periodic revision of the dossier (every 4 years). Select and hire a company to handle the layout of the dossier and supervise the process to ensure that the AEDV's corporate image is respected.

Committee: Communication and Corporate Image.

11. Identify services for each stakeholder. Identify services that can be offered to each of the AEDV's stakeholders. This initiative has 2 aims: to offer more personalized service and to gain new sources of funding by selling services.

Actions: For each stakeholder, assess whether the current service offering is adequate and whether it is aligned with the interests of the stakeholder and the AEDV. Draw up a document that formally outlines the current service offering for the AEDV's various stakeholders. Make the necessary changes in the service portfolio, explore the stakeholders' needs, and creatively draft a document that highlights new services that the AEDV can offer.

Committee: Stakeholder Relations and Fundraising.

12. Draft and publish an annual report on the AEDV's activities. The annual report must highlight the activities of the Board of Directors, the sections, and the working groups. It must also describe activities carried out by members under the umbrella of the AEDV, all AEDV-backed activities, and activities in which the AEDV has interacted as an institution with particular stakeholders or with society at large. Finally, it should also include an economic and financial report for the same year. The report is a fundamental instrument for ensuring transparency, increasing visibility, and enhancing the internal and external prestige of the AEDV's image.

Actions: For each section, working group, and research unit, as well as the Olavide Museum, the press office, the website, ACTAS DERMO-SIFILIOGRAFICAS, and the in-service medical training commission, assign a contact person responsible for recording the activities carried out by the unit throughout the year. Draw up a calendar and common objectives that will be used to coordinate the various contact people. Establish an automated, computerized procedure for data entry and document creation that will simplify the annual preparation of the report. Formalize the content of the annual report, publish it on the website and on paper, and distribute it effectively to all members and stakeholders.

Committee: Communication and Corporate Image.

13. Publish informational documents for patients and health care providers. Draft informational documents intended to increase the AEDV's visibility as a key player, particularly by highlighting the organization's contributions to society. This initiative is very similar to the initiative "Generate consensus statements," except that it involves lower-impact informational documents that target a broad range of stakeholders (citizens, patients, and the media).

Actions: Decide by consensus which issues may be of interest to the general public and to the media. Identify the most appropriate internal functional areas of the AEDV (working groups, members) to develop the

content of the informational documents. Create various working groups responsible for drafting the respective informational documents (or transfer this responsibility to existing working groups).

Committee: Publications.

14. Draw up a Strategic Communication Plan for the AEDV. Plan the AEDV's communications in a proactive, directed manner that increases the organization's internal and external visibility, promotes its initiatives, and increases its prestige with the medical community, the government, and society. Identify top-priority content for communication and the preferred channels for spreading it. Position the AEDV as a social and professional authority in the care of healthy and diseased skin.

Actions: Draw up a Strategic Communication Plan that provides an in-depth analysis of the channels in which the AEDV has the greatest presence and defines strategic lines of internal and external communication. Define the structure and functions of the communication and press office and hire an expert communication team by means of a competitive process.

Identify top-priority content to communicate to each of the AEDV's stakeholders.

Committee: Communication and Corporate Image.

15. Identify the top-priority clinical processes in the use of clinical guidelines.

Prioritize clinical and care-related processes in dermatology for which evidence-based clinical practice guidelines could be developed and prioritize their development.

Top-priority actions: Outline and prioritize the content to be covered. Identify the functional areas of the AEDV in which clinical guidelines could be developed. Create various working groups responsible for drafting the documents (or transfer this responsibility to existing working groups).

Committee: Research.

16. Create databases segmented by stakeholder. Begin or complete the development of databases containing updated contact information for members and other key stakeholders, grouped by segment. These databases will allow users to selectively contact external stakeholders of a particular sort: health industry professionals, patient associations, media outlets, national and regional health care authorities, etc. This initiative will encourage virtual communication with the various groups, and in particular with members, with a view to getting them more involved with the AEDV.

Actions: Finish setting up the member database filters in a way that makes it possible to identify and finely segment members by sections and by working groups. Create segmented databases that contain contact information for other groups of stakeholders (pharmaceutical industry, media, patient associations, etc.).

Committee: Management and Human Resources.

17. Set up an AEDV stand at the National Congress of Dermatology and Venereology to facilitate communication with members. At each National Congress, set up an institutional stand in a highly visible location to use as a base for outreach activities. At the stand, staff

will survey members and other congress participants on various AEDV-related topics, particularly those related to the implementation of the Strategic Plan. Staff will also record opinions and complaints and respond to any doubts or problems that members may have.

Actions: Reserve a stand for the AEDV at a high-visibility, high-impact location and allocate a budget for this purpose. Prepare questions for the stand staff to ask members and other congress participants. Provide incentives for members to attend the General Assembly, which is held at each National Congress. Define the functions of the AEDV staff that will be running the stand.

Committee: Communication and Corporate Image.

18. Organize skin-disease detection and prevention programs at institutions and companies. Implement programs of this sort at important institutions and companies with the aim of increasing the AEDV's visibility and raising funds. The institutions and companies with which the AEDV collaborates on such programs can be selected on the basis of various nonexclusive criteria. Specifically, they should be prominent institutions and companies with strong corporate social responsibility policies that enjoy a good reputation in Spanish society.

Actions: Define the criteria that will be used to select the institutions and companies with which the AEDV will collaborate. Create a directory of institutions and companies with which the AEDV intends to collaborate. Investigate the AEDV's real chances of organizing a program at each institution or company. Draft an informational document and contact the selected institutions and companies to pitch the program.

Committee: Stakeholder Relations and Fundraising.

19. Organize innovative actions for the annual skin cancer campaign. As part of the annual skin-cancer prevention campaign, organize new actions that allow dermatologists to get more involved and showcase the AEDV's contributions to improving the population's health. Top priority should be given to actions that have the greatest potential to increase the campaign's visibility and impact by associating the AEDV's image with other prominent organizations and institutions.

Actions: Create a technical committee responsible for developing activities that could be carried out in the context of the annual skin cancer campaign. Decide by consensus which activities will ultimately be put into practice as part of the campaign. Put the selected activities into practice as part of the campaign.

Committee: Stakeholder Relations and Fundraising.

The actions described above have been included in the Strategic Plan. However, the Strategic Plan is a living tool and, as such, it can always be evaluated and modified, and new and different actions can be proposed as long as they mesh with the defined strategic objectives.

The resources required to put the Strategic Plan's initiatives into practice may be the AEDV's own resources or they may be external. Whenever possible and appropriate, the AEDV will try to secure funding or co-funding for the various initiatives.

Executive Technical Committees

We propose the creation of the technical committees listed below. Each committee is responsible for the indicated initiatives.

1. In-Service Training (initiatives 1, 2, and 4).
2. Communication and Corporate Image (initiatives 10, 12, 14, and 17).
3. Stakeholder Relations and Fundraising (initiatives 11, 18, and 19).
4. Management and Human Resources (initiative 16).
5. Publications (initiatives 6, 9, and 13).
6. Research (initiatives 5 and 15).
7. Website (initiative 7).
8. Clinical Practice (initiative 3).
9. Strategic Plan Monitoring (initiative 8).

For each technical committee, a leader—preferably a member of the Board of Directors—must be appointed and the committee must be formally created. Each committee should have between 6 and 8 members, depending on the amount of work entailed by the assigned initiative(s). One committee member must be assigned to lead each action plan initiative assigned to the committee.

In order for the Strategic Plan to succeed, the committees must be firmly committed and the Board of Directors must monitor their progress.

Monitoring Progress

Once the Strategic Plan has been published, progress must be monitored to ensure that the methodology is implemented optimally. To ensure the implementation of the strategy, a contact person must be assigned to monitor each initiative and indicators for monitoring the various initiatives must be defined. These indicators may include the following: contact person assigned (yes/no), group formed (yes/no), consensus reached on activities (yes/no), monitoring criteria defined (yes/no), report drafted (yes/no). The Strategic Plan Monitoring Committee, which consists of the permanent board members and the leaders of each technical committee, will be responsible for monitoring the implementation of the plan.

Once the Strategic Plan has been implemented, the Strategic Plan Monitoring Committee will give annual progress reports to the Board of Directors and to the General Assembly.

Updating the Strategic Plan

The Strategic Plan and its indicators will henceforth be used as a guide for monitoring the AEDV's vision and objectives regardless of the makeup of the Board of Directors. In accordance with the methodology described in this article, the FuturAEDV plan can be updated at the end of 2017 and on completion of each board chair's term. In these periodic revisions, the strategic objectives can be updated and the indicators and targets can be adjusted without the entire process being repeated.

The Strategic Plan is very ambitious. It covers practically all aspects of the AEDV and includes many initiatives and actions. It is not necessary to launch all of the various initiatives and actions, or to launch them simultaneously, but it is important that they gradually be put into effect. Whenever the AEDV receives a proposal for new activities or projects, it can consult the Strategic Plan as a guide, either for inspiration or to see how the proposed ideas could fit in with the current plan.

Because of the time and effort that the technical committee leaders will necessarily dedicate in order to implement the Strategic Plan, the AEDV will need to revisit the possibility of providing compensation as a function of workload. Such an arrangement would allow committee leaders to be compensated for the time spent on AEDV matters and enable the AEDV to insist on completion of the entrusted tasks rather than relying on volunteers.

Conclusions

With this Strategic Plan, the AEDV has taken the first step towards positioning itself as a society with an excellent functional model and the ability to exert an influence in all areas related to dermatology. As the initiatives defined in the Strategic Plan are put into practice, the AEDV will begin to think strategically. Strategic thinking will enable the organization to anticipate the challenges that affect scientific societies, and dermatology specifically, while contributing to the development of the field and enhancing the prestige of dermatology and dermatologists.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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Appendix 1. Composition of the AEDV Board of Directors During the Development of the Strategic Plan from 2010 to 2014

Honorary Chairs

- Dr Marcelo Arce Ariño.
- Dr José María Mascaró Ballester.

- Dr Francisco Camacho Martínez.
- Dr Luis Iglesias Díez.
- Dr José Luis Díaz Pérez.
- Dr Julián Conejo-Mir Sánchez.

Chair

- Dr José Carlos Moreno Giménez.

Vice Chair

- Dr Miquel Ribera Pibernat.
- Dr Pablo Lázaro Ochaíta.

Secretary-General

- Dr Hugo Alberto Vázquez Veiga.

Treasurer

- Dr Ana Giménez Arnau.

Librarian

- Dr Rosa Díaz Díaz.

Members-at-Large

- Dr Jorge Soto Delás (Assistant Treasurer).
- Dr Manuel Ginarte Val (Assistant Secretary-General).
- Dr Francisca Valcuende Cavero.
- Dr Lola Bou Camps.
- Dr María Teresa Gutiérrez Salmerón.
- Dr María Isabel Longo Imedio.
- Dr Magdalena de Troya Martín.

Representative of Members Emeritus

- Dr Valentín García Mellado.

Representatives of Aspiring Members

- Dr Jane Pastushenko.
- Dr Alejandro Martín Gorgojo.
- Dr Paloma Borregon Nofuentes.
- Dr Néstor Santana Molina.

ACTAS DERMO-SIFILIOGRÁFICAS

- Dr José Manuel Carrascosa Carrillo (Director).
- Dr Yolanda Gilaberte Calzada (Editor-in-Chief).

Olavide Museum

- Dr Luis Conde Salazar (Director).

Website

- Dr José Carlos Armario Hita (Director).
- Dr Silvestre Martínez García (Assistant).

Regional Section Chairs

- Andalusia section: Dr Vicente Crespo Erchiga.
- Asturias–Cantabria–Castile-León section: Dr Alberto Miranda Romero and Dr Pablo de Unamuno Pérez.
- Balearic Islands section: Dr Joan Escalas Taberner.
- Canary Islands section: Dr Jesús Domínguez Silva and Dr José Suárez Hernández.
- Catalonia section: Dr Josep Manel Casanova Seuma.
- Central Spain section: Dr Esteban Daudén Tello.
- Galicia section: Dr María Dolores Sánchez-Aguilar Rojas.
- Murcia section: Dr Antonio Hernández-Gil Bordallo and Dr Carmen Brufau Redondo.
- Valencia section: Dr Isabel Betlloch Mas.
- Basque Country–Navarre–Aragon–Rioja section: Dr Anna Tuneu Valls and Dr Ignacio Querol Nasarre.

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