MDS Strategic Priorities for 2019-2021

1. Increase Engagement with Members, Non-members, Leadership Bodies, and the General Public
2. Enhance MDS’ Scientific Profile
3. Be the Premier Educational Source on Movement Disorders
4. Professionalization of the Society

1. Increase Engagement with Members, Non-members, Leadership Bodies and the General Public

Goal 1a: Provide an enriched membership experience

Identified Strategies:
- Re-examine Associate Membership program and retention/conversion strategies for Associate Members to become full members. (M)
- Consider non-English education at the regional level; especially for healthcare professionals, nurses, physiotherapists etc. (M)
- Target specific countries for increased membership and representation around the world. (M)
- Target basic scientists and other Societies with overlapping interest, promoting MDS as a vehicle to increase interactions with movement disorder clinicians (see goal 1b). (M)

Goal 1b: Dialog with the broader Movement Disorder community to establish MDS as the expert in the field

Identified Strategies
- Collaborate with other Societies – targeting regional and local movement disorder /neurological /medical groups with overlapping goals to build strategic partnerships. (S)
- Provide quick, targeted and reliable information to the Movement Disorder community, including patients. (M/L)
- Partner with foundations and non-governmental organizations to provide outreach and guidance to the wider community (WHO). (L)
- Consider fresh initiatives, including consolidations, with Societies that duplicate mission, distract attention from MDS and compete for resources. (L)

Timeline Key:  
(S) – Completed by the 2019 International Congress in Nice  
(M) – Completed by the 2020 International Congress in Philadelphia  
(L) – Completed by the 2021 International Congress in Copenhagen
2. **Enhance MDS’ Scientific Profile**

**Goal 2a: Broaden the impact of MDS publications**

**Identified Strategies:**
- Encourage maximum degree of professionalism in our products. *(Ongoing)*
- Maximize reputation and stature of our two journals, website, newsletter and official publications. *(Ongoing)*
- Explore improvements to the user platform and user experience. *(M/L)*
- Increase communication methods to highlight strengths to target audiences and to remain up-to-date and visionary in communication formats increasingly available for scientific communication (elevate visibility to Basic Scientists through translational articles). *(S)*
- Affect policy and public opinion through frequent updates on topics of interest. *(M)*
- Re-evaluate the format of Moving Along – including its target audience, optimum medium, and general purpose. *(S)*
- Explore opportunities for electronic versions of MDS products (Apps, programs tools). *(M/L)*
- Negotiate contracts for journal publications that maximizes advantages to MDS. *(S)*

**Goal 2b: Establish MDS as the catalyst for scientific endeavors**

**Identified Strategies:**
- Develop formal or informal mechanisms to foster dialogue between basic scientists and clinicians, with government and non-government support with White papers or other “endurables” as outcomes. *(M)*
- Engage young basic scientist, through the Young Member Group i.e. especially to those with MD topics at the Neuroscience Meeting *(S)*
- Emphasize scientific research on MDS website. *(M)*
- Create a report guiding the next year of scientific research on a topic in collaboration with a funding source and/or governmental scientific bodies (NIH, WellcomeTrust, etc). *(L)*
- Explore registries or other research databases through patient related outcome measures and tracking of data. *(L)*
- Consider development of a “MDS Foundation” to bring together major stakeholders (MDS, allied societies, government, industry, foundation, patient interest groups) to influence and direct scientific advances and priorities. *(L)*

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3. Be the Premier Educational Source on Movement Disorders

Goal 3a: Engage a larger audience at MDS Congresses

Identified Strategies:
• Increase flexibility to the CSPC to include new topics, special lectures, local representation, CME and non-CME. *(S)*
• Explore new formats (ex. e-posters, presentations from industry researchers). *(Ongoing)*
• Increase presence of young members, especially on the podium (scientific sessions, pavilion,) as well as oral presentations in front of e-posters. *(M)*
• Create horizontal topic tracks or curricular recommendations throughout Congress to attract specific groups to the meeting. *(M)*
• Leverage regional congresses for outreach to local interest groups. *(M)*
• Explore use of Congress content for enduring materials in online education. *(Ongoing)*
• Promote outreach to media and public awareness at all congresses and MDS-sponsored meetings. *(S)*

Goal 3b: Provide a personalized and wide-ranging educational experiences for our members

Identified Strategies:
• Increased marketing and use of the Virtual Professor Program. *(S)*
• Continually update education roadmap to provide individualized education plans. *(L)*
• Customize Roadmap so that different curricula can be designed and implemented for a wide variety of backgrounds including different levels of medical and scientific expertise. *(L)*
• Consider providing certificates for completion of Roadmap activities (number of hours, special “package” programs, etc.). *(M)*
• Utilize patients in live educational programming. *(M)*
• Explore offering training and education opportunities (with completion certificates), including development of OSCE (Objective Structured Clinical Examination) models. *(L)*
• Partner with Foundations or other award-determining organizations to develop skill-specific educational programs that prepare candidates for competitive grants or awards (ex. CHDI program in discussion). *(M)*
• Leverage our Roadmap as a unique educational resource that could be accessed by other societies in need of such education (e.g., AAN) with compensation or membership sharing arrangements to be explored. *(S)*

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4. Professionalization of the Society

Goal 4a: Enhance the Society’s governance structure through leadership development

Identified Strategies:
• Provide orientation and leadership training on the structure of the Society to members of all MDS groups and maintain the Leadership Manual, which must be continually updated. (S)
• Officers to provide feedback on biannual reports from groups. (S)
• Appoint IEC members to serve on committees/task forces as IEC representatives throughout the term feedback provided at the in-person IEC Meeting. (S/M)
• Explore opportunities for improvements, expansion and/or modifications of the LEAP Program. (M)

Goal 4b: Engage more members through providing volunteer opportunities within the Society

Identified Strategies:
• Address the perceptions of lack of volunteer opportunities within MDS. (S/M)
• Explore opportunities for interested members to become involved in groups across the Society. (S/M)
• Highlight the various different committees, task forces, special interest groups and study groups, so people are aware of the wide range of activities in which the Society engages. (S)
• Launch a “Young Member Innovation Lab” to provide an opportunity for young members to develop programs and become more involved with the Society. (S)

Goal 4c: Ensure the strong financial foundation of MDS

Identified Strategies:
• Explore consulting with industry, while avoiding perceptions of bias. (S)
• Market and protect MDS products, especially online and platform based products. (S/M)
• Pursue information regarding a philanthropic fund. (M)
• Explore a fund for innovative projects. (M)

Goal 4d: Provide increased Section autonomy but recognizing the distinct advantages of cross fertilization as well as centralization

Identified Strategies:
• Strategically allocate funding for regional courses while ensuring accountability. (Ongoing)
• Recognize and consider strategies to accommodate differences across countries and regions (M)
• Explore potential of working group systems to accommodate differences within a region (i.e. Central American Working Group) (L)
• Recognize and address the lack of movement disorder specialists within some countries and the need to educate general neurologists and practitioners. (L)
• Consider Study Groups or Committees within Sections which may represent regionally focused topics. (M)

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