A question I’ve been thinking about lately: To what degree is the practice of a healthcare profession shaped or influenced by the structure and governance processes of its professional organization? By “structure and governance practices” I’m generally referring to the way in which an organization chooses to organize itself and the processes it employs in pursuit of its mission and strategic objectives. Functionally speaking, governance practices extend to a whole host of organizational activities, including, for example, the ways in which the organization is permitted to make legitimate and official decisions and the ways in which it selects its officers or leaders. Typically, structure and governance practices are established in the organization’s constitution and/or bylaws.

At first thought, you might assume that there would be little direct relationship between the structure and governance practices of professional organizations and the practices of their respective disciplines. After all, practice should most reflect the knowledge and skills of the practitioners of that profession, which should, in turn, reflect the scientific basis upon which the profession and its practices have been built. Although not as direct as the link between practice and scientific knowledge or skills, I suggest that organizational structure and governance is no less critical to shaping the actual practice of a profession. If this is true, then a logical extension is that an organizational governance of a professional organization not adequately suited to the demands of the profession puts that profession in a significant competitive disadvantage.

Therefore, the purpose of this discussion, part one of a two-part series, is to explore more deeply the relationship between professional practice and governance structure in the profession of athletic training. More specifically, I will argue that the current governance structure of the National Athletic Trainers’ Association is inadequately suited to respond to the contemporary strategic needs of the athletic training profession and that substantive changes in the governance structure are necessary to gain an advantage.

Peer Governance Structures

In his 1984 Pulitzer Prize winning book called *The Social Transformation of American Medicine*, Paul Starr argues that medicine’s rise was a product of social, cultural, and institutional power structures that both contributed to, and were manipulated for, the advancement of the medical profession. His social and historical analysis identifies more mechanisms and variables than I have space to review here, but suffice it to say that medicine’s rise was as much about strategy as it was about science and clinical skill.

A powerful player in the coordination of the medical profession’s efforts was the American Medical Association (AMA), the primary professional organization for American physicians, founded in 1847. The AMA’s governance structure has been essentially stable since 1901, when the AMA reorganized and created the AMA House of Delegates, which is the primary decision-making and policy-setting body of the organization. Delegates are selected from AMA-affiliated state medi-
cal associations, with the number of delegates determined by the population of physicians in each state. A similar delegate governance structure is found in the American Physical Therapy Association (APTA), the American Occupational Therapy Association (AOTA, where it is called the Representative Assembly), and the American Academy of Physician Assistants (AAPA). In each of these organizations, delegates are elected from the affiliated state organizations.

In addition to a delegate body, each of these organizations also maintains an elected Board of Directors (Board of Trustees in the AMA); however, these boards are not empowered to set policy and strategic direction for the organization. Instead, they typically function as a management body and are responsible for direct oversight of the organization’s national office and executive staff and for the organization’s budgetary and financial operations. In summary, each of these professional organizations has a bicameral leadership structure. Members are empowered with the responsibility for determining the policy and strategy agenda for the profession, whereas directing boards are empowered with managerial responsibility to the professional organization itself.

**NATA System of Governance**

The governance structure of the NATA contrasts to that of the AMA, the APTA, the AOTA, and the AAPA. Since its founding in 1950, the NATA has adhered to a system of regional, rather than state, representation. The NATA is composed of ten district organizations, whose geographic boundaries are loosely mapped to correspond to the states represented in major mid-20th century athletic conferences. Each of these districts elects one representative (i.e., district director) to serve on the NATA Board of Directors. According to Ebel, this structure is largely the product of (a) the familiarity of early NATA leaders with athletic conference structure and (b) an early concern that population disparities would give too much power to east coast athletic trainers. Neither of these reasons was explicitly grounded in sound organizational structure, nor do they reflect valid strategic considerations for a professional organization that is charged with representing its members’ interests to peer healthcare professions.

From the standpoint of governance, the NATA bylaws give responsibility to the NATA Board for the “management and conduct of the affairs of the NATA.” This is generally consistent with the responsibilities bestowed on the Boards of the previously identified organizations.

As summarized, the structure and governance process of NATA is substantively different from those found in peer health professions in two ways. The first, as stated above, is found in the formal relationship between the NATA and its districts, rather than state-based organizations. Consequently, NATA leadership at both the board and committee levels is regional, based on arbitrary geographic boundaries. In other words, the NATA is structured around a *regional-national axis* as opposed to the *state-national axis* found in peer organizations. The second difference is the absence of a policy-making and strategy-setting body that is (a) operationally distinct from the existing Board of Directors and (b) responsible to the profession, not the organization. Under the current arrangement, the NATA Board of Directors is forced to satisfy both its managerial obligation to the NATA, as established in the NATA bylaws, while simultaneously acting as a policy-making and strategy-setting entity for which it has not been charged and for which it may not be structurally or procedurally prepared.

It should be noted that on several occasions during its history, the NATA has reviewed its governance structure; the most recent review was completed in 2007 and reported to the membership in 2008. A previous review was completed in 1993-94. On each occasion, these reviews have determined, based largely on the results of NATA membership surveys, that the current governance structure was adequate for meeting the needs of the association and its members. For example, question one of the 2006 governance membership survey asked the degree to which members agreed with the statement, “This geographically-based system serves the NATA and its members adequately.” A far more difficult question to answer, a question that was not addressed in the most recent governance review, is if the structure is meeting the needs of the athletic training profession.

**The Consequences of Professional Structure**

Why does the way in which a profession is organized matter? Abbott’s masterful work on professions is helpful here, which speaks directly to the importance of the way in which a profession is organized—what