

REPORTS OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports, 1 and 2, were presented by Carolyn A. Evans, MD, Chair:

1. DEMOGRAPHIC CHARACTERISTICS OF THE HOUSE OF DELEGATES AND AMA LEADERSHIP

HOUSE ACTION: FILED

This informational report is prepared in odd-numbered years for consideration by the House of Delegates. The report is prepared pursuant to Policy G-610.040 (AMA Policy Database), "Promoting Diversity," which reads:

Our AMA encourages: (1) state medical associations and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity. As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year starting in 2003; and (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity. (CLRPD Rep. A, A-92; Reaffirmed: CLRPD Rep. 5, I-96; Modified: CLRPD Rep. 2, I-00; Consolidated: CLRPD Rep. 3, I-01; Amended: CLRPD Rep. 3, A-02)

Following the pattern of earlier reports, this document compares AMA leadership with the entire AMA membership and with the overall physician population. Throughout this report medical students are included in all references to the total physician population, which is consistent with past practice. For the purposes of this report, AMA leadership includes the following groups:

- Delegates
- Alternate delegates
- The AMA Board of Trustees
- AMA Councils and the Sections and Special Groups (hereinafter CSSG; see listing in Appendix 1)

Some comparisons are made separately for state and specialty society delegations, in which case delegates and alternate delegates are combined for the states or specialties.

DATA SOURCES

Lists of delegates and alternate delegates are maintained in the Office of House of Delegates Affairs and are based on official rosters provided by the relevant society. The lists used in this report reflect delegation rosters as of year-end 2006. Rosters of all members of AMA councils as well as listings of the members of governing councils of each of the sections and special groups were provided by AMA staff responsible for these groups.

Data on demographic characteristics of individuals are taken from the AMA Physician Masterfile, which provides comprehensive demographic, medical education, and other information on all US-educated physicians and foreign-educated physicians who have undertaken residency training in the US. These data reflect material contained in the Masterfile at the end of 2006. Data on the AMA membership and the total physician population are taken from the year-end 2006 Masterfile, after the file is considered final.

In examining the tables that follow, a few points should be borne in mind. First, members of the Board of Trustees, AMPAC, and the Council on Legislation who are not physicians or medical students are not included in any tables. Second, vacancies in delegation rosters mean that the total number of delegates is less than the 545 allotted at the 2006 Interim Meeting. The number of alternate delegates is nearly always less than the full allotment. Third, race and ethnicity information, which is provided directly by physicians, is missing for more than one-third of AMA members and more than forty percent of the total physician population, limiting the ability to draw firm conclusions. BOT Report 24-I-06 described efforts to improve AMA data on race and ethnicity. Last, readers are reminded that most of the AMA leadership groups considered herein include slotted seats for students and residents, and this

affects some characteristics, particularly age, as well as the makeup of groups that are age-related, namely the student, resident and young physician sections.

CHARACTERISTICS OF AMA LEADERSHIP

Table 1 presents basic characteristics of AMA leadership along with corresponding figures for the total AMA membership and the entire physician population. On the whole, figures are not significantly different from two years ago (see CLRPD Report 3-A-05). The average age of delegates has increased by only 0.1 years, meaning that delegates in 2004 who gave up their seats have been replaced by somewhat younger members. Alternate delegates are on average 0.5 years older than two years ago. (Current data systems do not easily permit assessment of movement from alternate delegate positions to delegate slots.) Delegates, alternate delegates, the Board, and CSSG are all somewhat older than the average member or the average physician (including medical students), although the average age for the CSSG is only about two years greater than the average member.

Other characteristics shown in Table 1 indicate that females are relatively underrepresented among delegates, alternate delegates, and the AMA Board and more or less proportionately represented among CSSG, where nearly three in ten are women. The proportion of men in each category has declined over the last two years, generally by less than 2%. Comparisons across race and ethnic categories are complicated by the large proportion of people for whom the data are missing. Except for the Board and CSSG, for whom it is comparatively easy to solicit the information, data are missing for 11% to 42% of the groups arrayed in the table. Nonetheless, at least for the four leadership groups, three-quarters are white, non-Hispanic. Finally, Table 1 includes data on medical education, which shows that more than 90% of each of the leadership groups are graduates of LCME-accredited schools in the US or Canada. This compares to 85% of AMA membership and 77% of the US physician population, including medical students. Gender as well as race and ethnicity data are shown graphically in Figures 1 and 2, page 15.

Data on physicians' and students' current activities appear in Table 2. Figures on life stage are quite comparable to the 2005 report, with about one in 20 delegates and one in 14 alternate delegates being a student. Medical students continue to make up about one-fifth of AMA members, and market share among students is approximately 60%. Only one in 100 delegates and one in 55 alternate delegates is a resident. Overall, two-thirds of delegates are mature physicians over age 55, while half of alternate delegates are in the same life stage.

Table 2 also includes data on present employment patterns for the leadership groups as well as AMA members and the total physician population. While differences among the leadership groups are rather small and comparisons to the AMA membership or to the total physician population show no dramatic differences, the data show an overall pattern that should be watched over time. Compared to the Council's last demographic report, the proportion of physicians in group practice settings is up by 2% to 5% across all categories other than the Board of Trustees. This, combined with increases in the proportion of delegates, CSSG, AMA members, and total physician population that are retired or inactive are suggestive of broad shifts in practice patterns among physicians. Members of the Council can only speculate on the factors underlying these changes, but various reimbursement-related issues and oft-cited hassles are making group practice more attractive and may be encouraging retirement. The Council will not speculate in this report on the implications for health care in this country.

The self-designated specialties of AMA leadership appear in the lower panel of Table 2. Except for a slight overrepresentation of surgical specialists among delegates, alternate delegates, and the AMA Board as well as a corresponding shortage of students in the same groups, the distribution of specialties is consistent with AMA membership and reasonably similar to the entire physician population.

Specialty Delegations to the AMA House of Delegates

The preceding comparisons examined AMA leadership across four groups, but the stated goal of the demographic report is to offer data that will encourage both state and specialty delegations to enhance diversity. The Council recognizes that most delegations are too small to exhibit true diversity within their ranks, but the hope is that diversity will be apparent across the whole of the House.

In this regard, Table 3 presents data on specialty society delegations. Because individual delegations are too small to maintain comparability with previous reports, the data on specialty society representation is presented by specialty discipline rather than by delegation. The specialty disciplines and the specific specialty designations that are contained within each are found in Appendix 2. Delegates and alternate delegates are combined.

At year end 2006, there were 363 delegates and alternate delegates representing specialty societies in the House of Delegates. While the average age of AMA members is 49.9 years and their median age is 48.0 years, each specialty discipline is, on average, at least 2.5 years older; the youngest specialty discipline is anesthesiology at 52.4 years. Differences are greater when comparing median age, although anesthesiology is again the youngest, with a median age of 51.0.

Females make up one-quarter of AMA members and have at least that level of representation on four specialty disciplines: pediatrics, obstetrics and gynecology, anesthesiology, and pathology. Women physicians have the greatest representation among obstetricians and gynecologists. On a cautionary note, these comparisons do not take into account the proportion of women within specialties.

Resident physicians are uniformly underrepresented across specialty disciplines, and there were no resident physicians for six of the 10 specialty disciplines. International medical graduates achieve the levels of representation that might be expected only among obstetrics and gynecology and psychiatry delegations. At the same time, because several of the specialty disciplines have only about 20 total slots (delegates and alternates), a change of only one additional or one fewer international medical graduate would dramatically change the proportions. These data must be interpreted cautiously.

State Delegations to the AMA House of Delegates

Table 4 presents data on the average and median age of AMA members by state as well as the average and median age of each state delegation. The average age of AMA members across states is 48.8 years, and the median age is 48.0 years. The delegations of every state but New Mexico are older on average than the state's average AMA member. On average, delegations are about 6.5 years older than AMA members in their states, although some delegations are a dozen or more years older than their constituents.

Table 5 provides state-by-state information for AMA members and delegations on the numbers of females and IMGs, while similar information for residents and students is presented in Table 6. Both women physicians and IMGs are underrepresented on state delegations. Women make up a full quarter of AMA members across the states but only 19% of the delegates and alternates; for IMGs, the corresponding figures are 14.3% and 8.7%. Likewise, students and residents have fewer slots on delegations than would be expected given their overall numbers among AMA membership. Students comprise one-fifth of AMA members but hold only 8.4% of positions in state delegations, with the bulk of student delegates (and alternates) being regional student delegates. Residents hold 1.5% of the slots in state society delegations even though they constitute 9.0% of AMA members across the states.

CHARACTERISTICS OVER TIME

Figures 3-5 present data on average age, proportion of females and proportion of IMGs for each of the groups considered in this report over the last eight years. While the Council prepared the initial demographic report on AMA leadership in 1993 (see CLRPD Report C-A-93), details in the reports varied somewhat over the first few years. Since 1999, the reports have presented the same data using a consistent format, and for that reason Figures 3 to 5 present data beginning in 1999. Note also that demographic reports were prepared annually until 2003, when the current biannual timeframe was adopted. The reports present data for the year preceding the date of the report, so for example, the current report provides year-end 2006 data. The figures are labeled with the years that reflect the data.

Figure 3 presents data on the average age of the groups of interest. Interestingly, the average age of AMA delegates has declined slightly over the period even while the average age of the other groups has remained relatively constant. Nonetheless, AMA delegates remain, on average, the oldest of the groups. Representation of women physicians has generally improved over this eight-year period and is shown in Figure 4. The proportion of females in the total population of physicians and medical students has risen by slightly more than four percentage points in the period and by a slightly larger amount among AMA members. Positions among AMA leadership groups that are held by women have also generally increased over time.

Finally, Figure 5 depicts similar information on international medical graduates. Over the period since 1999, the number of IMGs has increased slightly both absolutely and as a fraction of the total physician population. Trends among the AMA leadership groups, however, show only slight changes: up a bit among delegates and alternate delegates and down among AMA members and CSSG.

Table 1. Basic Demographic Characteristics of AMA Leadership, December 2006

	AMA Delegates (n = 527) ¹	AMA Alternate Delegates (n = 455)	AMA Board ² (n = 20)	AMA Councils and Leadership of Sections and Special Groups ³ (n = 181)	AMA Members (n =238,977)	All Physicians and Medical Students (n =1,060,333)
Mean age (years) ⁴	59.2	53.8	58.0	51.6	49.9	49.1
Age distribution (percent)						
Under age 40	7.2%	13.6%	15.0%	28.7%	36.7%	32.5%
40-49 years	8.0%↓	17.6%↓	0.0%	11.6%↓	16.0%↓	22.0%
50-59 years	30.7%	33.6%↑	25.0%	19.9%↓	16.8%	20.8%↑
60-69 years	35.1%	28.4%	40.0%	31.5%↑	10.5%	12.1%↑
70 or more	19.0%	6.8%	20.0%	8.3%	20.1%	12.6%
Gender (percent)						
Male	81.6%	79.6%↓	80.0%	71.3%	74.4%	70.8%
Female	18.4%	20.4%↑	20.0%	28.7%	25.6%	29.2%
Race/ethnicity (percent)						
White non-Hispanic	79.7%	74.5%	95.0%	77.3%	↑52.3%	↓43.1%
Black non-Hispanic	1.9%	3.3%	0.0%	5.0%	1.8%	2.2%
Hispanic	2.5%	1.5%	0.0%	2.8%	2.1%	2.7%
Asian/Asian American	4.2%	4.4%	5.0%	8.3%	5.9%↓	7.6%
Native American	0.0%	0.0%	0.0%	0.6%	0.1%	0.07%
Other ⁵	0.8%	1.8%	0.0%	2.2%	1.4%	2.0%
Unknown	11.0%	14.5%	0.0%	3.9%	36.5%	42.4%↑
Education (percent)						
US or Canada	92.2%	91.4%	100.0%	92.8%	85.7%	77.6%
IMG	7.8%	8.6%	0.0%	7.2%	14.2%	22.4%

¹ There were 545 delegate positions as of the 2006 Interim Meeting.

² The public member of the Board of Trustees, who is not a physician, is not included in these figures.

³ Numbers do not include non-physicians on the Council on Legislation and the American Medical Association Political Action Committee; medical students are included.

⁴ Age as of December 31. Mean age is the arithmetic average.

⁵ Includes other self-reported racial and ethnic groups.

↑ Indicates an increase of at least 2% compared with 2004; see text.

↓ Indicates a decrease of at least 2% compared with 2004; see text.

Table 2. Life Stage, Present Employment and Self-Designated Specialty¹ of AMA Leadership, December 2006

	AMA Delegates (n = 527)	AMA Alternate Delegates (n = 455)	AMA Board (n = 20)	AMA Councils and Leadership of AMA Sections and Special Groups (n = 181)	AMA Members (n=238,977)	All Physicians and Medical Students (n =1,060,333)
Life Stage (percent)						
Student ²	4.4%	7.0%	5.0%	11.0%	20.5%	9.3%
Resident ²	0.9%	1.8%	5.0%	11.6%	9.0%	9.8%↓
Under age 40	1.9%	5.1%	5.0%	6.6%	8.4%	14.4%
Age 40-55	25.2%	36.5%	20.0%	23.2%↓	25.7%	34.6%
Age 56 or more	67.6%	49.7%	65.0%	47.5%↑	36.5%	32.0%↑
Present employment (percent)						
Self-employed solo practice	17.8%↓	15.6%	25.0%	12.7%	↓9.3%	11.4%
Two physician practice	4.4%	4.4%	0.0%	1.7%	2.4%	2.6%
Group practice	41.4%↑	40.7%↑	30.0%	29.3%↑	↑25.7%	26.3%↑
HMO	0.4%	1.1%	0.0%	0.6%	0.2%	0.3%
Medical school	8.3%	7.5%	10.0%	11.6%↓	1.9%	2.5%
Non-government hospital	4.2%	6.6%	15.0%	14.9%	8.6%	12.1%↓
State or local government hospital	1.3%	1.1%	0.0%	1.7%	1.4%	2.6%
US government	2.3%	3.1%	5.0%	2.2%	1.2%	2.2%
Locum Tenens	0.2%	0.4%	0.0%	0.6%	0.1%	0.2%
Retired/Inactive	10.1%↑	3.7%	5.0%	7.7%↑	↑20.4%	10.7%↑
Other	4.4%	6.2%	5.0%	2.8%	1.0%	1.2%
Unknown	0.9%	2.6%	0.0%	2.8%	↓6.9%	18.6%↓
Student	4.4%	7.0%	5.0%	11.6%	20.4%	9.3%
Self-designated specialty (percent)						
Family Practice	11.2%	13.2%	10.0%	11.0%	9.6%	11.7%
Internal Medicine	20.5%	15.8%	25.0%	21.0%	18.4%	21.9%
Surgery	28.5%	25.5%	20.0%	19.9%↑	17.4%	14.2%
Pediatrics	3.8%	4.2%	5.0%	4.4%	4.5%	8.2%
OB/GYN	6.8%	6.2%	10.0%	3.9%↓	4.9%	5.0%
Radiology	5.1%	4.2%	0.0%	3.3%	4.5%	4.4%
Psychiatry	4.6%	4.6%	5.0%	5.5%	3.7%	5.7%
Anesthesiology	3.2%	5.3%	5.0%	5.0%	4.8%	4.9%
Pathology	2.3%	3.1%	0.0%	2.8%	1.7%	1.9%
Other specialty	9.7%	11.0%↓	15.0%	11.6%	10.1%	12.9%
Students	4.4%	7.0%	5.0%	11.6%	20.4%	9.3%

¹ See Appendix 2 for a listing of specialty classifications.² Students and residents are so categorized without regard to age.

↑ Indicates an increase of at least 2% compared with 2004; see text.

↓ Indicates a decrease of at least 2% compared with 2004; see text.

Table 3. Characteristics of Specialty Society Delegations, December 2006

	Mean Age*	Median Age*	% Female	% IMG	% Resident
AMA Members (n = 238,977)	49.9	48.0	25.6%	14.2%	9.0%
Specialty Society Delegates and Alternates (n = 363)	57.3	59.0	19.6%	7.2%	1.1%
Family Practice Delegations (n = 32)	55.8	58.0	15.6%	6.3%	3.1%
Internal Medicine Delegations (n = 53)	59.7	61.0	18.9%	5.7%	0.0%
Surgery Delegations (n = 87)	57.7	58.0	10.3%	5.7%	1.1%
Pediatrics Delegations (n = 13)	60.8	63.0	30.8%	7.7%	0.0%
OB/GYN Delegations (n = 26)	57.2	59.0	42.3%	15.4%	0.0%
Radiology Delegations (n = 31)	56.3	58.0	9.7%	9.7%	3.2%
Psychiatry Delegations (n = 20)	60.5	63.5	20.0%	15.0%	0.0%
Anesthesiology Delegations (n = 21)	52.4	51.0	28.6%	4.8%	4.8%
Pathology Delegations (n = 17)	57.4	55.0	35.3%	11.8%	0.0%
Other specialty Delegations (n = 60)	57.4	58.0	21.7%	3.3%	0.0%

* The mean age is the arithmetic average age. The median age is the age at which 50% of the group is older and 50% is younger

Table 4. Mean and Median Age of AMA Members and State Association Delegations by State, December 2006*

State	Total AMA Members	Mean Age of AMA Members	Median Age of AMA Members	Total Number of Delegates and Alternate Delegates	Mean Age of AMA Delegates and Alternate Delegates	Median Age of Delegates and Alternate Delegates
Alabama	4,345	48.8	48.0	9	60.0	65.0
Alaska	320	53.7	53.5	2	†	†
Arizona	3,014	53.8	53.0	9	55.3	58.0
Arkansas	2,213	46.4	44.0	6	68.0	69.5
California	18,299	56.2	56.0	42	57.4	59.0
Colorado	2,740	50.1	48.0	10	55.4	58.5
Connecticut	3,622	49.4	48.0	13	63.5	66.0
Delaware	879	56.2	53.0	4	58.5	59.0
District of Columbia	1,382	45.1	34.0	3	†	†
Florida	11,695	53.7	52.0	34	54.5	56.5
Georgia	5,326	48.3	47.0	16	56.3	55.0
Guam	36	52.9	49.5	1	†	†
Hawaii	1,026	55.1	53.0	3	†	†
Idaho	602	56.7	53.0	2	†	†
Illinois	12,866	50.1	49.0	33	56.5	59.0
Indiana	4,504	50.5	49.0	10	60.5	67.0
Iowa	2,888	49.6	48.0	8	51.1	51.5

Table 4. Mean and Median Age of AMA Members and State Association Delegations by State, December 2006* (cont)

Kansas	2,411	49.9	47.0	6	65.3	62.0
Kentucky	3,910	47.9	46.0	10	61.5	64.0
Louisiana	4,223	43.3	36.0	11	51.3	58.0
Maine	985	46.2	40.0	4	58.8	57.5
Maryland	4,041	50.4	48.0	11	60.7	63.0
Massachusetts	6,191	47.6	43.0	17	51.2	55.0
Michigan	10,476	48.3	45.0	22	53.0	59.0
Minnesota	4,999	47.5	44.0	14	56.6	58.5
Mississippi	4,033	49.7	49.0	15	53.7	60.0
Missouri	5,733	44.2	41.0	14	59.9	61.5
Montana	498	61.1	58.5	2	†	†
Nebraska	2,026	43.8	40.0	7	52.0	55.0
Nevada	1,160	50.6	49.0	5	54.8	58.0
New Hampshire	661	53.2	51.0	3	†	†
New Jersey	6,593	51.6	50.0	17	57.2	60.0
New Mexico	1,261	50.1	48.0	4	39.0	35.5
New York	17,227	49.2	46.0	32	57.7	58.0
North Carolina	6,634	49.1	47.0	18	59.7	61.0
North Dakota	789	45.0	41.0	1	†	†
Ohio	10,908	48.6	46.0	24	51.5	53.0
Oklahoma	4,852	51.2	51.0	13	57.8	61.0
Oregon	1,964	55.4	54.0	6	56.8	54.5
Pennsylvania	12,590	51.4	50.0	31	53.6	56.0
Puerto Rico	1,032	49.0	46.0	4	61.0	59.0
Rhode Island	902	49.3	47.0	4	54.8	55.5
South Carolina	4,324	44.2	40.5	9	63.2	62.0
South Dakota	925	46.5	45.0	3	†	†
Tennessee	4,971	49.6	48.0	12	60.2	60.5
Texas	17,442	47.5	45.0	43	54.7	55.0
Utah	1,738	50.1	48.0	5	51.0	53.0
Vermont	375	52.3	48.0	2	†	†
Virginia	6,102	48.6	47.0	15	58.1	60.0
Virgin Islands	37	60.0	59.0	0	-	-
Washington	3,524	54.9	53.0	8	55.3	52.5
West Virginia	1,774	47.1	44.0	6	59.8	58.5
Wisconsin	4,922	49.5	47.0	14	53.5	55.5
Wyoming	255	57.8	55.0	2	†	†
APO/FPO/ Foreign	732	70.9	75.0	0	-	-
TOTAL	238,977	49.9	48.0	619	56.4	55.1

* The mean age is the arithmetic average age. The median age is the age at which 50% of the group is older and 50% is younger.

† To protect the privacy of these individuals, data based on fewer than 4 persons are not presented in the table, although the data are included in the overall totals.

Table 5. Women and International Medical Graduates on State Association Delegations by State, December 2006

State	Total AMA Members	Total Number of Delegates and Alternate Delegates	Total Women AMA Members	Number of Women Delegates and Alternate Delegates	Total IMG Members	Number of IMG Delegates and Alternate Delegates
Alabama	4,345	9	886	1	340	0
Alaska	320	2	86	0	28	0
Arizona	3,014	9	670	2	387	0
Arkansas	2,213	6	517	0	176	0
California	18,299	42	4,245	6	2,490	2
Colorado	2,740	10	770	4	124	0
Connecticut	3,622	13	1,035	2	551	3
Delaware	879	4	180	0	172	0
District of Columbia	1,382	3	503	1	106	0
Florida	11,695	34	2,352	5	2,670	5
Georgia	5,326	16	1,432	4	523	1
Guam	36	1	0	0	0	0
Hawaii	1,026	3	242	0	128	0
Idaho	602	2	80	0	23	0
Illinois	12,866	33	3,535	6	2,490	9
Indiana	4,504	10	1,017	1	532	1
Iowa	2,888	8	708	3	282	1
Kansas	2,411	6	614	0	218	0
Kentucky	3,910	10	983	1	449	0
Louisiana	4,223	11	1,221	1	321	0
Maine	985	4	323	1	81	0
Maryland	4,041	11	1,112	4	651	3
Massachusetts	6,191	17	1,900	8	816	1
Michigan	10,476	22	2,866	4	2,574	4
Minnesota	4,999	14	1,419	2	557	0
Mississippi	4,033	15	729	4	317	0
Missouri	5,733	14	1,681	2	446	1
Montana	498	2	71	0	29	0
Nebraska	2,026	7	566	3	114	0
Nevada	1,160	5	249	1	193	1
New Hampshire	661	3	152	1	73	0
New Jersey	6,593	17	1,681	3	1,696	7
New Mexico	1,261	4	399	1	147	0
New York	17,227	32	5,062	7	3,973	2
North Carolina	6,634	18	1,586	4	553	0
North Dakota	789	1	237	0	89	0
Ohio	10,908	24	2,821	5	1,712	0
Oklahoma	4,852	13	992	6	525	0
Oregon	1,964	6	459	1	125	0
Pennsylvania	12,590	31	3,181	7	1,516	1
Puerto Rico	1,032	4	288	1	304	4
Rhode Island	902	4	257	0	186	0
South Carolina	4,324	9	1,178	0	290	0
South Dakota	925	3	247	1	79	0
Tennessee	4,971	12	1,112	0	389	0
Texas	17,442	43	4,859	10	2,113	4
Utah	1,738	5	315	0	97	0
Vermont	375	2	105	0	27	0
Virginia	6,102	15	1,714	3	738	0
Virgin Islands	37	0	10	0	14	0
Washington	3,524	8	851	1	342	1
West Virginia	1,774	6	443	0	311	2
Wisconsin	4,922	14	1,202	2	612	1
Wyoming	255	2	35	0	19	0
APO/FPO/Foreign	732	0	80	0	434	0
TOTAL	238,977	619	61,258	119	34,152	54

Table 6. Medical Students and Resident Physicians on State Association Delegations by State, December 2006

State	Total AMA Members	Total Number of Delegates and Alternate Delegates	Total Medical Student AMA Members ¹	Number of Medical Student Delegates and Alternate Delegates	Number of Regional Medical Student Delegates and Alternate Delegates ²	Total Resident Physician AMA Members	Number of Resident Delegates and Alternate Delegates
Alabama	4,345	9	711	0	0	216	0
Alaska	320	2	0	0	0	16	0
Arizona	3,014	9	430	1	1	256	0
Arkansas	2,213	6	596	0	0	152	0
California	18,299	42	2,736	2	1	1,515	1
Colorado	2,740	10	624	1	1	180	1
Connecticut	3,622	13	880	1	1	264	0
Delaware	879	4	0	0	0	40	0
District of Columbia	1,382	3	593	0	0	168	0
Florida	11,695	34	1,238	3	2	933	0
Georgia	5,326	16	1,355	2	2	356	0
Guam	36	1	0	0	0	0	0
Hawaii	1,026	3	105	0	0	87	0
Idaho	602	2	0	0	0	15	0
Illinois	12,866	33	3,058	3	2	827	1
Indiana	4,504	10	752	1	1	252	0
Iowa	2,888	8	520	1	1	206	0
Kansas	2,411	6	670	0	0	140	0
Kentucky	3,910	10	827	0	0	297	0
Louisiana	4,223	11	1,483	3	2	213	0
Maine	985	4	400	0	0	57	0
Maryland	4,041	11	810	1	0	464	1
Massachusetts	6,191	17	1,284	3	2	1,040	1
Michigan	10,476	22	1,597	2	0	2,010	1
Minnesota	4,999	14	737	1	1	1,067	0
Mississippi	4,033	15	455	2	2	186	0
Missouri	5,733	14	2,044	1	2	352	0
Montana	498	2	0	0	0	9	0
Nebraska	2,026	7	725	1	1	105	0
Nevada	1,160	5	189	1	0	62	0
New Hampshire	661	3	53	0	0	50	0
New Jersey	6,593	17	1,036	2	2	621	1
New Mexico	1,261	4	353	2	2	72	0
New York	17,227	32	4,536	2	3	1,844	0
North Carolina	6,634	18	972	1	2	636	0
North Dakota	789	1	299	0	0	37	0
Ohio	10,908	24	2,221	3	3	1,319	1
Oklahoma	4,852	13	609	0	0	305	0
Oregon	1,964	6	203	0	0	130	0
Pennsylvania	12,590	31	3,077	5	2	925	0
Puerto Rico	1,032	4	336	0	0	62	0
Rhode Island	902	4	171	0	0	104	0
South Carolina	4,324	9	1,088	0	0	575	0
South Dakota	925	3	249	1	1	24	0

Table 6. Medical Students and Resident Physicians on State Association Delegations by State, December 2006 (cont)

Tennessee	4,971	12	1,111	0	0	315	0
Texas	17,442	43	4,135	3	2	1,473	1
Utah	1,738	5	305	0	0	149	0
Vermont	375	2	99	0	0	42	0
Virginia	6,102	15	1,509	2	2	480	0
Virgin Islands	37	0	0	0	0	1	0
Washington	3,524	8	318	0	0	238	0
West Virginia	1,774	6	493	0	0	140	0
Wisconsin	4,922	14	893	1	1	352	0
Wyoming	255	2	0	0	0	12	0
APO/FPO/Foreign	732	0	2	0	0	39	0
TOTAL	238,977	619	48,887	52	42	21,430	9

¹ Alaska, Delaware, Guam, Idaho, Montana, Virgin Islands, and Wyoming do not have a medical school.

² The Medical Student Section elects AMA delegates and alternate delegates from Medical Student Regions. There are seven Medical Student Regions defined for the purposes of electing AMA Delegates from Medical Student Regions. Each Region is entitled to delegate and alternate delegate representation based on the number of seats allocated to it by apportionment. A delegate is counted with the state delegation in which his or her medical school is situated. Alternate delegates are also counted with the corresponding state delegation. The figures in this column are a subset of those in the preceding column, or stated another way, are duplicated in the preceding column.

Figure 1. Gender Makeup of AMA Leadership Groups, AMA Membership and US Physician Population, including Medical Students

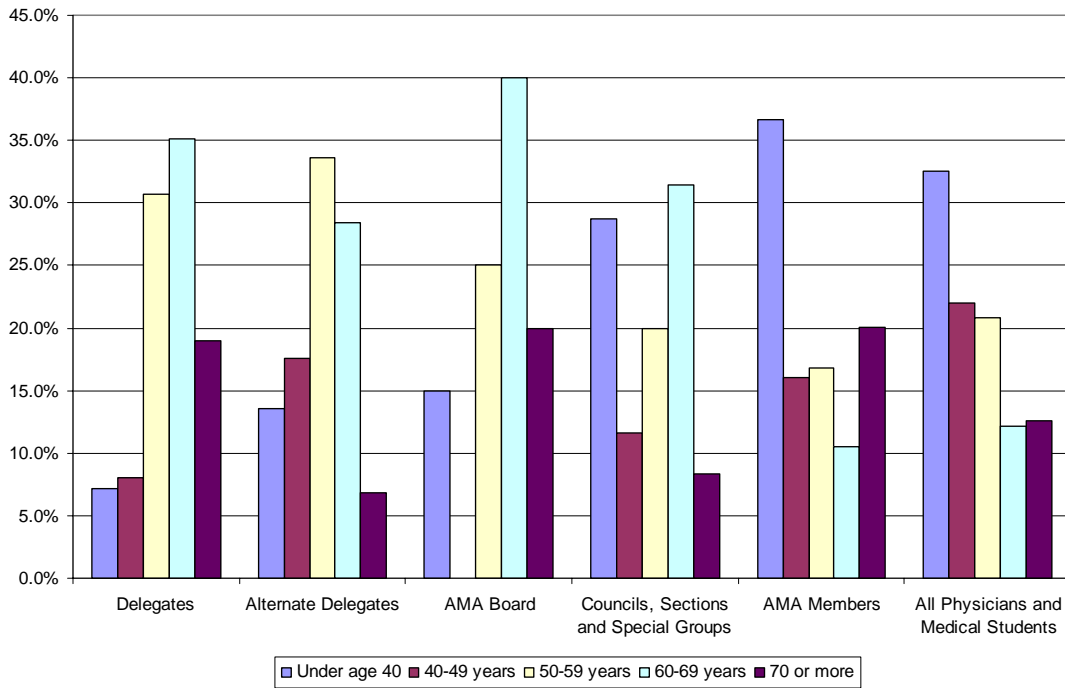


Figure 2. Race and Ethnicity of AMA Leadership Groups, AMA Membership and US Physician Population, including Medical Students

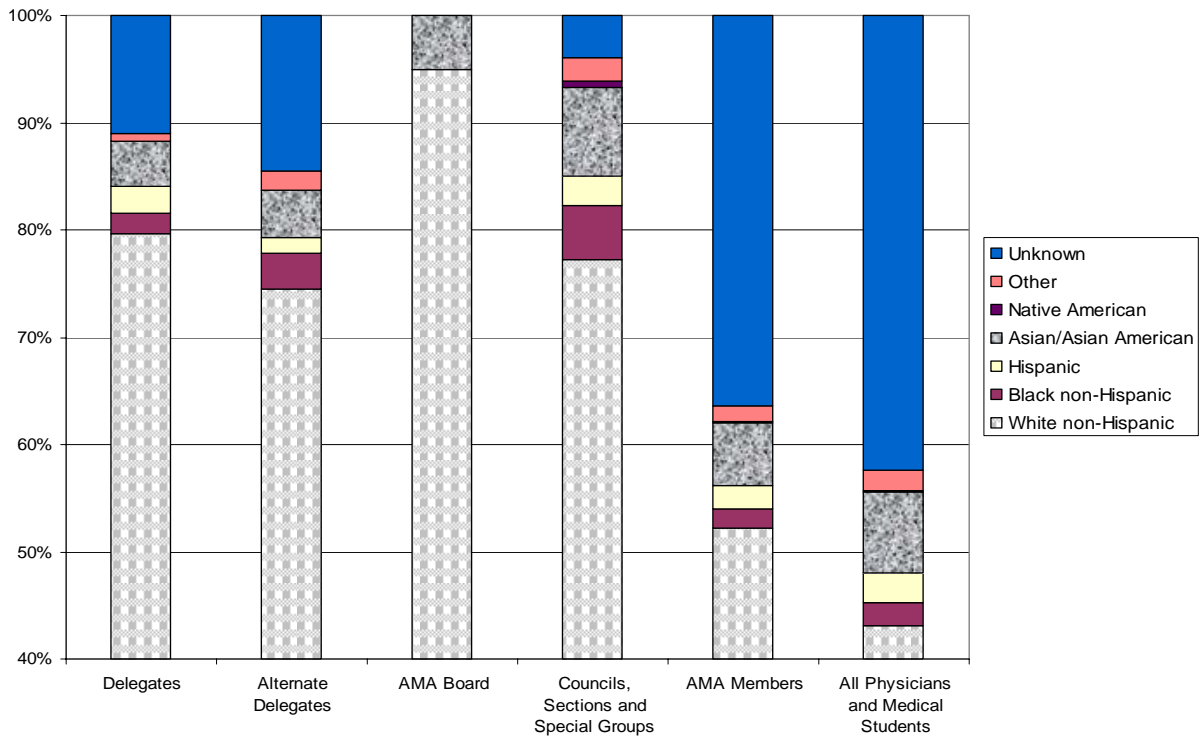


Figure 3. Average Age of AMA Leadership Groups, AMA Members and Total Physician/Medical Student Population, 1999-2006.

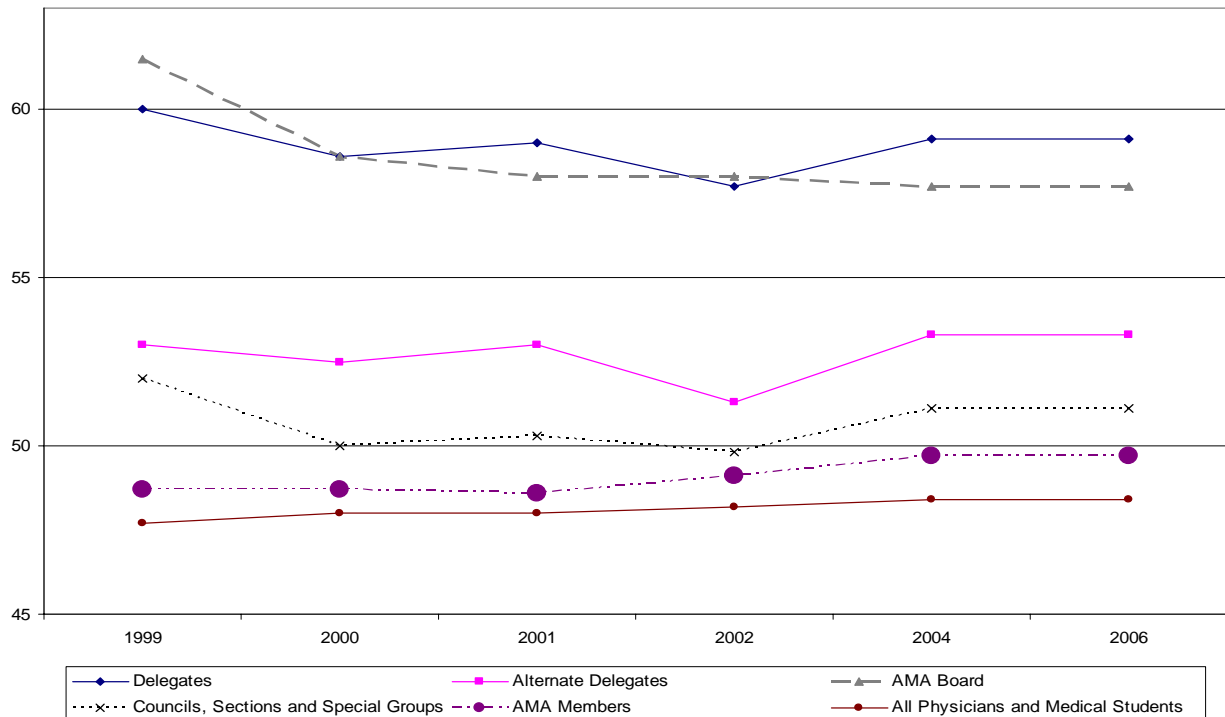


Figure 4. Proportion Female Among AMA Leadership Groups, AMA Members and Total Physician/Medical Student Population, 1999-2006.

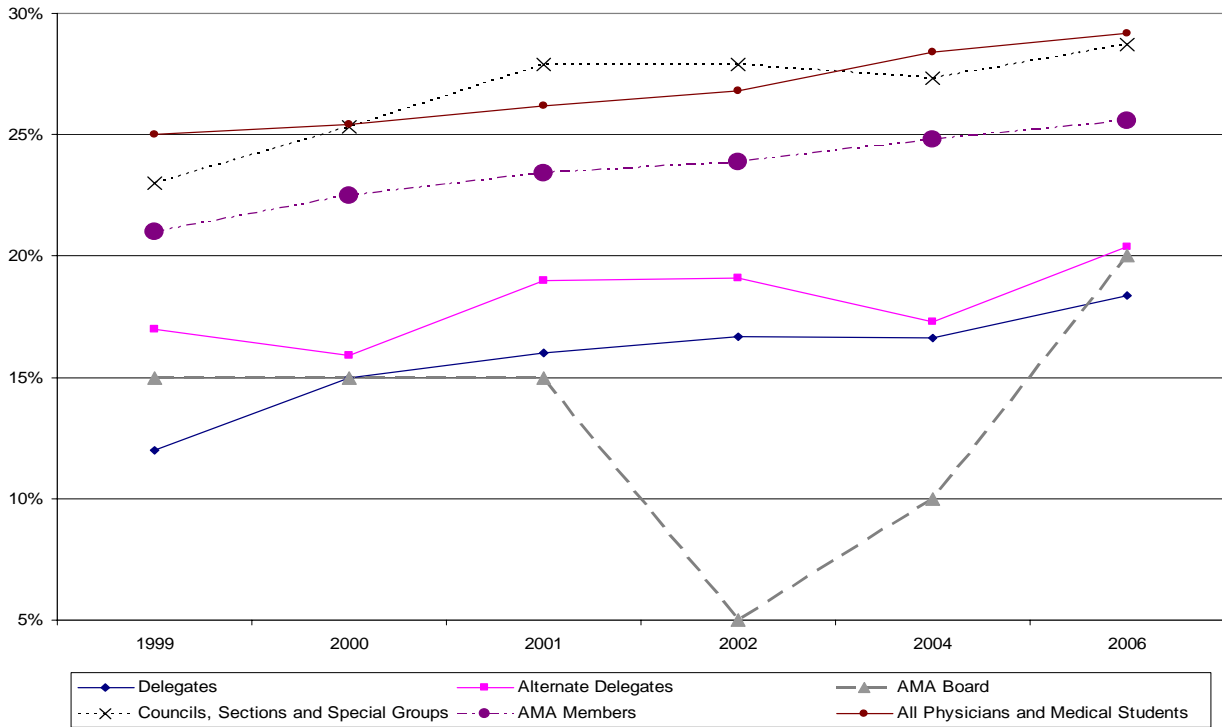
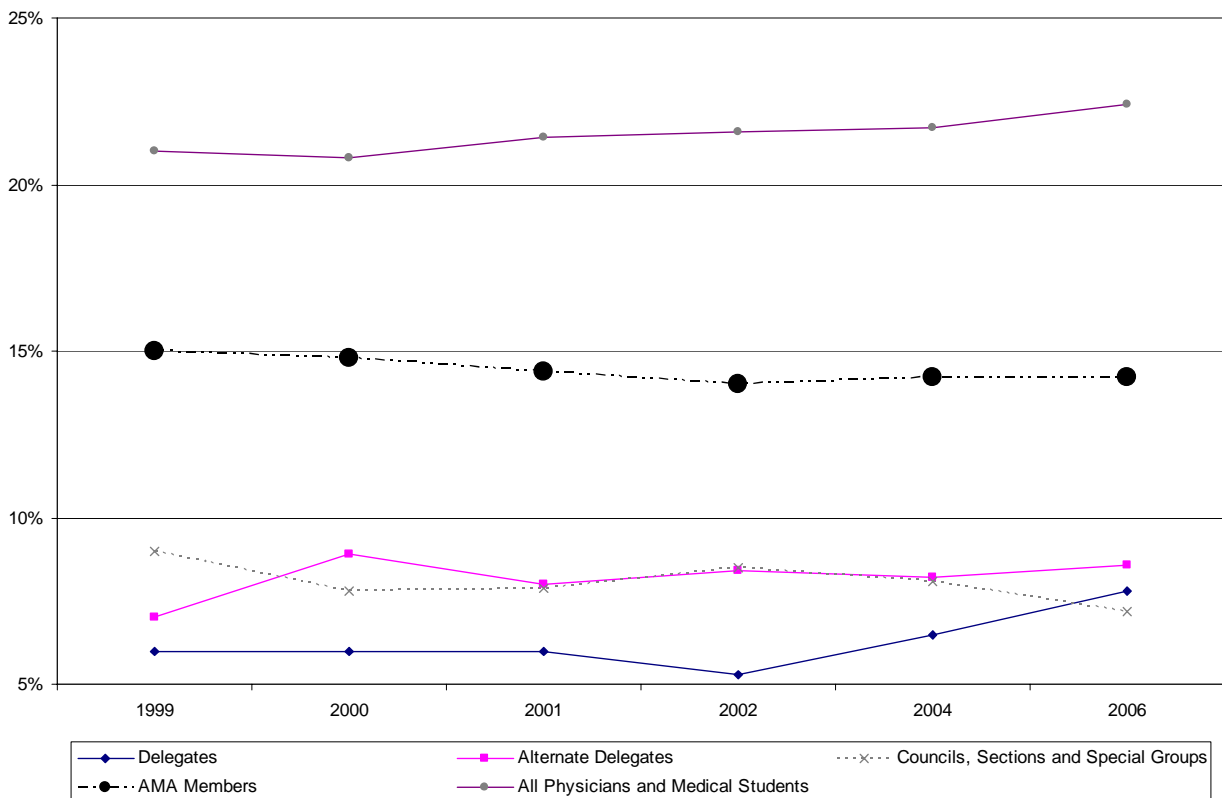


Figure 5. Proportion of IMGs in AMA Leadership Groups, AMA Members and Total Physician/Medical Student Population, 1999-2006.



APPENDIX

Appendix 1 - American Medical Association Councils, Sections and Special Groups.

Councils

- Council on Constitution and Bylaws
- Council on Ethical and Judicial Affairs
- Council on Legislation
- Council on Long Range Planning and Development
- Council on Medical Education
- Council on Medical Service
- Council on Scientific Affairs
- American Medical Political Action Committee

Sections

- International Medical Graduates Section
- Medical Student Section
- Organized Medical Staff Section
- Resident and Fellow Section
- Section on Medical Schools
- Young Physician Section

Special Groups

- Advisory Committee on Group Practice Physicians
- Gay, Lesbian, Bisexual and Transgender Advisory Council*
- Minority Affairs Consortium
- Senior Physicians Group
- Women Physicians Congress

*Members of this group were named in early 2005, and the group is included in this report for the first time.

Appendix 2 - Specialty classification using physician's self-designated specialties.	
Major Specialty Classification	AMA Physician Masterfile Classification
Family Practice	General Practice, Family Practice
Internal Medicine	Internal Medicine, Allergy, Allergy and Immunology, Cardiovascular Diseases, Diabetes, Diagnostic Laboratory Immunology, Endocrinology, Gastroenterology, Geriatrics, Hematology, Immunology, Infectious Diseases, Nephrology, Nutrition, Medical Oncology, Pulmonary Disease, Rheumatology
Surgery	General Surgery ,Otolaryngology Ophthalmology, Neurological Surgery, Orthopedic Surgery, Plastic Surgery, Colon and Rectal Surgery, Thoracic Surgery, Urological Surgery
Pediatrics	Pediatrics, Pediatric Allergy, Pediatric Cardiology
Obstetrics/Gynecology	Obstetrics and Gynecology
Radiology	Diagnostic Radiology, Radiology, Radiation Oncology
Psychiatry	Psychiatry, Child Psychiatry
Anesthesiology	Anesthesiology
Pathology	Forensic Pathology, Pathology
Other Specialty	Aerospace Medicine, Dermatology, Emergency Medicine, General Preventive Medicine, Neurology, Nuclear Medicine, Occupational Medicine, Physical Medicine and Rehabilitation, Public Health, Other Specialty, Unspecified

2. CLRPD'S SUNSET REVIEW OF 1997 HOUSE POLICIES

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

At its 1984 Interim Meeting, the House of Delegates established a sunset mechanism for House policies (Policy G-600.110, AMA Policy Database). Under this mechanism, a policy established by the House ceases to be viable after 10 years unless action is taken by the House to retain it.

The objective of the sunset mechanism is to help ensure that the AMA Policy Database is current, coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset mechanism contributes to the ability of the AMA to communicate and promote its policy positions. It also contributes to the efficiency and effectiveness of House of Delegates deliberations.

At its 2002 Annual Meeting, the House modified Policy G-600.110 to change the process through which the policy sunset review is conducted. The process now includes the following steps:

- In the spring of each year, the House policies that are subject to review under the policy sunset mechanism are identified.
- Using the areas of expertise of the AMA Councils as a guide, the staffs of the AMA Councils determine which policies should be reviewed by which Councils.
- For the Annual Meeting of the House, each Council develops a separate policy sunset report that recommends how each policy assigned to it should be handled. For each policy it reviews, a Council may recommend one of the following actions: (a) retain the policy; (b) rescind the policy; or (c) retain part of the policy. A justification must be provided for the recommended action on each policy.
- The Speakers assign the policy sunset reports for consideration by the appropriate Reference Committees.

Although the policy sunset review mechanism may not be used to change the meaning of AMA policies, minor editorial changes can be accomplished through the sunset review process.

In this report, the Council on Long Range Planning and Development presents its recommendations on the disposition of the House policies that were assigned to it. The CLRPD's recommendations on policies are presented in the Appendix to this report.

RECOMMENDATION

The Council on Long Range Planning and Development recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

APPENDIX

Recommended Actions on 1997 House Policies		
Policy Number	Title	Recommended Action and Rationale
220.971	Joint Commission Medical Staff Standard 2.1	Retain with title change to Joint Commission Medical Staff Standard on the Amendment of Bylaws because the Joint Commission has changed its classification system.
220.972	Medical Staff Participation in the Joint Commission Site Surveys	Retain with editorial change replacing JCAHO with "The Joint Commission" to reflect the recent name change.
225.962	Medical Staff Membership Category for Physicians Providing Telemedicine	Retain – still relevant
225.963	Unilateral Imposition of Medical Staff Development Plans and Economic Credentialing Controlled by the Hospital	Retain – still relevant
230.982	Clinical Privileges - Model Medical Staff Bylaws	Retain – still relevant
230.983	Credentials Files for Members of Hospital Medical Staffs	Retain – still relevant
235.984	Hospital Medical Directors Designated as the Representative of the Medical Staff	Retain – still relevant
285.960	Incorporation of Organized Medical Staff in Managed Care Accreditation Standards	Retain – still relevant
360.995	Nursing Education and the Supply of Nursing Personnel in the United States	Retain – still relevant
G-630.121	The National Health Museum	Retain – still relevant: The National Health Museum is still in the planning stages. The AMA is a founding benefactor. Its mission is to educate, engage and inspire people to understand the past, present, and future of health and health science and empower them to act upon that information to enhance their individual, family, and community health. A virtual museum is operating.