

## REPORTS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

The following reports, 1–4, were presented by Cyndi Yag-Howard, MD, Chair:

### 1. REPRESENTATIVES TO RFS ASSEMBLY MEETINGS: AMENDED BYLAWS

*Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).*

#### **HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED BYLAWS AMENDED**

*See Bylaw 7.1 and following*

At the 2014 Interim Meeting of the House of Delegates, the House of Delegates adopted Policy D-615.979, Delegate Counts for RFS Assembly, which called for a series of changes to the AMA Bylaws relating to representation in the Resident and Fellow Section Assembly, the Section's business meeting.

The Council on Constitution and Bylaws worked closely with the AMA Resident and Fellow Section (RFS) to prepare appropriate Bylaw amendments to implement the House action for the consideration of the House at the 2014 Interim Meeting. However, the report required a one-day layover before it could be voted upon, and that could not be accomplished as the House adjourned one day early. The Council's language is more concise than that initially proposed in Resolution 7-I-14, yet is congruent with the Section's goal of expanding representation and participation in the RFS business meeting.

The Council has modified the language in Policy D-615.979(2)ii, which states, "The [National Resident and Fellow] organization must be composed solely of residents or fellows who participate in ACGME accredited residency or fellowship." The Council has done so for several reasons. It recognizes that not all residencies or fellowships are accredited by the Accreditation Council for Graduate Medical Education (ACGME) [some are accredited by the American Osteopathic Association (AOA), which has until 2020 to complete the transition to a single accreditation pathway in conjunction with ACGME]; others are accredited by a national specialty society and/or a specialty certifying board; and many subspecialty programs are not ACGME-accredited. Furthermore, there are many nuances and intricacies with respect to residency programs or fellowships. Some ACGME-accredited residencies require a clinical research year in a program that is not ACGME-accredited but rather accredited by another accrediting body, such as a school of public health. The Council also believes the original language in Policy D-615.979(2)ii excludes medical school graduates who do not match but who do a clinical research year or enroll in a non-accredited residency to gain clinical experience to make them better candidates for a match the following year. The same also applies to those ECFMG-certified international medical graduates who live in the United States and who want to improve their chances to later match into an ACGME-accredited program. At the other end of the educational spectrum, some residents or fellows who have already completed one residency or fellowship enter another very structured educational program to broaden competency in a highly specialized field prior to entering practice. Lastly, many institutions offer programs that are ACGME-approved as well as programs that are non-approved, many of the latter targeted at those who desire subspecialty and/or sub-subspecialty training.

The Council fully supports the highest standards of graduate medical education, but notes that mandating participation in an ACGME-accredited program for resident and fellow members of a national resident and fellow organization is inconsistent with provisions that allow participation in the RFS from residents and fellows from constituent associations, national medical specialty societies, professional interest medical associations, or the federal services.

This report presents the requested bylaw language for consideration of the House of Delegates. The Council emphasizes that the amended Bylaw language does not alter the representation of the Resident and Fellow Section in the House of Delegates.

## RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that our AMA House of Delegates adopt the following amendments to the AMA Bylaws, rescind Policy D-615.979, and file the remainder of this report. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

7.1 Resident and Fellow Section. The Resident and Fellow Section is a fixed Section.

7.1.1 Membership. All active resident/fellow physician members of the AMA shall be members of the Resident and Fellow Section.

7.1.2 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.1.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If the officer or member completes residency or fellowship within 90 days prior to an Annual Meeting, the officer or member shall be permitted to continue to serve in office until the completion of the Annual Meeting.

7.1.3 Representatives to the Business Meeting from Organizations represented in the House of Delegates. The Business Meeting shall include representatives from constituent associations, Federal Services, national medical specialty societies, and professional interest medical associations represented in the House of Delegates.

~~7.1.3.1 Constituent Members. Resident/fellow physician members in those constituent associations that provide full membership for them shall select one representative for each 100, or fraction thereof, active members of the AMA who are eligible to be members of the Resident and Fellow Section and are members of the constituent association. The AMA shall notify each constituent association of the number of representatives to which it is entitled.~~

Apportionment. The apportionment for each constituent association, Federal Service, national medical specialty society and professional interest medical association is one representative for each 100, or fraction thereof, members of the Resident and Fellow Section who are members of the constituent association, Federal Service, national medical specialty society or professional interest medical association.

~~7.1.3.2 Effective Date. In January of each year, the AMA shall notify each constituent association, Federal Service, national medical specialty society and each professional interest medical association of the number of seats to which it is entitled. Such apportionment shall take effect on the following January 1 and remain effective for one year.~~

~~7.1.3.2 Direct Members. Resident/fellow physicians who are direct members of the AMA may be selected as representatives to the Business Meeting of the Resident and Fellow Section upon application to the Governing Council for the Resident and Fellow Section. The Governing Council shall select representatives from those states that do not provide full membership for resident/fellow physicians on the basis of one representative for each 100, or fraction thereof, direct members of the AMA from that state who are resident/fellow physicians. The Governing Council shall select representatives pursuant to uniform rules and criteria that they may adopt.~~

~~7.1.3.3 Members Serving in the Federal Services. Resident/fellow physicians who are direct members of the AMA and serving in the Federal Services or other Federal agencies may be selected as representatives to the Business Meeting upon application to the Governing Council. The Governing Council shall select representatives from the Federal Services and other Federal agencies on the basis of one representative for each 100, or fraction thereof, direct members of the AMA from each of the Federal Services and other Federal agencies who are resident/fellow physicians. The Governing Council shall select such representatives pursuant to such uniform rules and criteria that they may adopt.~~

~~7.1.3.4 National Medical Specialty Societies. Those national medical specialty societies that have been granted representation in the House of Delegates and have established a resident/fellow physician membership component may be represented at the Business Meeting by a representative selected by the resident/fellow physician members of the specialty society. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty society has established a resident/fellow physician membership component so as to qualify for representation at the Business Meeting. The procedure by which the resident/fellow physician representative from the specialty society is selected must meet the requirements established by the Governing Council.~~

~~7.1.3.5 Professional Interest Medical Associations. Each qualified Professional Interest Medical Association may be represented at the Business Meeting by a resident/fellow physician representative selected by the Professional Interest Medical Association. The Governing Council shall adopt uniform rules and criteria to determine if a Professional Interest Medical Association qualifies for representation at the Business Meeting. The procedure by which the resident/fellow physician representative from the Professional Interest Medical Association is selected must meet the requirements established by the Governing Council.~~

#### 7.1.4 Other Representatives to the Business Meeting.

7.1.4.1 National Resident and Fellow Organizations. National resident and fellow organizations that meet the following criteria may be considered for representation in the Resident and Fellow Section Assembly:

- a. The organization must be national in scope.
- b. The organization must be composed solely of residents or fellows.
- c. Membership in the organization must be available to all residents or fellows, without discrimination.
- d. The purpose and objectives of the organization must be consistent with the AMA's purpose and objectives.
- e. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

7.1.4.1.1 Procedure. The Resident and Fellow Section shall adopt appropriate rules for the application, acceptance and retention of national resident and fellow organizations.

7.1.4.1.2 Apportionment. Each national resident and fellow organization may select one representative and one alternate representative.

7.1.4.2 At-Large Representatives. Active resident/fellow physician members of the AMA may be eligible to serve as at-large representatives to the Resident and Fellow Section Business Meeting.

7.1.4.2.1 Apportionment. The number of representatives shall be 10% of the average number of registered RFS delegates and alternate delegates from the previous year.

7.1.4.2.2 Procedure. The Governing Council shall select at-large representatives pursuant to uniform rules and criteria adopted by the RFS Governing Council and approved by the Board of Trustees.

~~7.1.3-65~~ Certification. All representatives to the Business Meeting must be resident/fellow physician members of the AMA and shall be properly certified to the Governing Council in accordance with rules established by the Governing Council.

## APPENDIX - Relevant AMA Policy

## D-615.979 Delegate Counts for RFS Assembly Meetings

- 1) A new category of representatives to the AMA-RFS Assembly Meeting will be established for At-Large Delegates who serve in approved training programs, to be selected pursuant to uniform rules and criteria adopted by the RFS Governing Council and approved by the Board of Trustees. At-Large Delegate representation shall be 10% of the average number of registered RFS delegates and alternate delegates from the previous year.
- 2) A new category of representatives to the AMA-RFS Assembly Meeting will be established to allow each National Resident and Fellow Organization that has been granted representation in the Resident and Fellow Section to select one representative and one alternate representative. National Resident and Fellow Organizations that meet the following criteria may be considered for representation in the AMA-RFS Assembly Meeting by the Governing Council: i. The organization must be national in scope. ii. The organization must be composed solely of residents or fellows who participate in ACGME accredited residency or fellowship. iii. Membership in the organization must be available to all residents or fellows, without discrimination. iv. The purpose and objectives of the organization must be consistent with the AMA's purpose and objectives. v. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.
- 3) Our AMA will amend the provision in Bylaw 7.1.3.2 allowing resident/fellow physicians to be selected as representatives to the AMA-RFS Assembly Meeting upon application to the RFS Governing Council to instead allow representatives to attend even if a state medical society does not provide full membership. The AMA shall inform each state medical society that does not provide full membership for resident/fellow physicians how many delegate positions are available on the basis of one representative for each 100, or fraction thereof, direct members of the AMA from that state who are resident/fellow physicians.
- 4) Our AMA will modify Bylaw 7.1.3.3 to allow each Federal Service represented in the AMA House of Delegates to select one representative and one alternate representative for every 100, or fraction thereof, who are resident/fellow members.
- 5) Our AMA will eliminate the provision in Bylaw 7.1.3.4 requiring national medical societies who desire to participate in the AMA-RFS Assembly Meeting of the Resident and Fellow Section to have established a resident/fellow physician membership component. The AMA shall allow national medical specialty societies represented in the AMA House of Delegates to select one representative and one alternative representative for every 100, or fraction thereof, who are resident/fellow members. The AMA shall notify each national medical specialty society of the number of representatives to which it is entitled.
- 6) Our AMA will modify Bylaw 7.1.3.5 to allow each professional interest medical association represented in the AMA House of Delegates to select one representative and one alternate representative for every 100, or fraction thereof, resident and fellow members. The AMA shall notify each professional interest medical association of the number of representatives to which it is entitled. (Res. 7, I-14)

## 2. OUTDATED BYLAW LANGUAGE

*Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).*

**HOUSE ACTION: RECOMMENDATIONS ADOPTED AND  
REMAINDER OF REPORT FILED  
BYLAWS AMENDED**

*See Bylaw 1.1.1.4*

At the 2014 Interim Meeting of the House of Delegates, the House filed Speakers' Report 2-I-14, Recommendations for Policy Reconciliation. The report stated that the Speakers, ex officio members of the Council on Constitution and Bylaws, noted an outdated provision stating that our AMA members were entitled to receive *American Medical News* as one of benefits of AMA membership. Our AMA ceased publication of *American Medical News* in the fall of 2013, so the Speakers suggested that the Council on Constitution and Bylaws consider preparing a report to delete the obsolete language.

This report presents the requested bylaw language for consideration of the House of Delegates. The proposed language retains the *Journal of the American Medical Association* as a member benefit, as well as other such publications as the Board of Trustees may authorize. Currently authorized publications include *AMA Wire*, *AMA Journal of Ethics*, *Advocacy Update*, *AMA Morning Rounds*, and *AMA MedEd Update*. AMA members can manage their subscriptions [online](#).

### RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted, and that the balance of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

## 1 Membership

## 1.1 Categories

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- 1.1.1.4 Rights and Privileges. Active members are entitled to receive the *Journal of the American Medical Association*, ~~*American Medical News*~~ and such other publications as the Board of Trustees may authorize.

### 3. AMENDED BYLAW LANGUAGE TO ACCURATELY DESCRIBE THE FUNCTIONS OF THE COUNCIL ON CONSTITUTION AND BYLAWS

*Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).*

**HOUSE ACTION: RECOMMENDATIONS ADOPTED AS FOLLOWS AND  
REMAINDER OF REPORT FILED  
BYLAWS AMENDED**

*See Bylaw 6.1*

At the inaugural meeting of the 2014-2015 Council on Constitution and Bylaws in November 2014, the Council reviewed current AMA Bylaw language that sets forth the functions of the Council. Newly elected members, as well as current members, agreed that the provisions do not accurately or adequately describe what the Council does. Not only are candidates for election queried during interviews about what is and is not under the Council's purview, the Council and individual Council members often are called upon during reference committee hearings and informal discussions to clarify the Council's responsibilities to members of the House of Delegates.

#### RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted, and that the balance of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

#### 6.1 Council on Constitution and Bylaws.

##### 6.1.1 Functions.

- 6.1.1.1 ~~To review, advise and make recommendations~~ serve as a fact finding and advisory committee on matters pertaining to the Constitution and Bylaws;
- 6.1.1.2 To recommend such changes ~~in~~ to the Constitution and Bylaws as it deems appropriate for action by the House of Delegates; ~~and~~
- 6.1.1.3 To draft Constitution and Bylaws language as directed by the House of Delegates or Board of Trustees, or as recommended by the Council for consideration by the House of Delegates; and
- 6.1.1.4 To serve as advisory to the Board of Trustees in reviewing the rules, regulations, and procedures of the AMA Councils and Sections.

#### **4. CLARITY OF AMA BYLAWS -- COUNCIL SERVICE FOR STUDENTS AND RESIDENTS AND ASSUMPTION OF COUNCIL SERVICE FOR ALL COUNCIL MEMBERS**

*Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).*

**HOUSE ACTION: RECOMMENDATIONS ADOPTED  
REMAINDER OF REPORT FILED  
BYLAWS AMENDED**

*See Bylaw 6.5 and following*

Our AMA Bylaws Section 6 addresses service on each of the AMA Councils, and each council has a separate subsection that provides basic details about each council's functions and membership, including the medical student and resident/fellow member. Some councils have more details than others, notably the Council on Ethical and Judicial Affairs (whose nomination and election processes differ from the other elected Councils), Council on Long Range Planning and Development (whose members are appointed by the Speaker, the Board of Trustees or the Medical Student Section), and the Council on Legislation (whose members are appointed by the Board). Bylaw 6.11 provides a grace period for medical students or residents/fellows who serve on a council if they graduate from an educational program or complete residency or fellowship within 90 days prior to an Annual Meeting, as follows:

- 6.11 Term of Resident/Fellow Physician or Medical Student Member. A resident/fellow physician or medical student member of a Council who completes residency or fellowship or who graduates from an educational program within 90 days prior to an Annual Meeting shall be permitted to serve on the Council until the completion of the Annual Meeting. Service on a Council as a resident/fellow physician and/or medical student member shall not be counted in determining maximum Council tenure.

The Council on Constitution and Bylaws has heard some comments that the "grace period" provision for medical students and residents/fellows is not well known, and is confusing to council staff, nominating/endorsing societies, and the candidates alike. The Council also has identified some inconsistencies in terms of when Council on Legislation and Council on Long Range Planning and Development appointees assume office as compared with the elected councils, and the assumption of office by appointed medical student members to all councils as compared to when the other elected members assume office. Consequently, the Council presents some editorial changes to the AMA Bylaws for clarity.

#### RECOMMENDATIONS

The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted, and that the balance of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

#### **6.5 Council on Ethical and Judicial Affairs.**

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##### **6.5.7 Term.**

**6.5.7.1** The medical student member of the Council shall be elected for a term of 2 years. Except as provided in Bylaw 6.11, if the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which the medical student member was elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.5.7.2** Except as provided in Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 3 years provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

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## 6.6 Council on Long Range Planning and Development.

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### 6.6.3 Term.

**6.6.3.1 Members other than the Resident/Fellow Physician Member and Medical Student Member.** Members of the Council other than the resident/fellow physician and medical student member shall be appointed for terms of 4 years beginning ~~on July 1~~ at the conclusion of the Annual Meeting.

**6.6.3.2 Resident/Fellow Physician Member.** The resident/fellow physician member of the Council shall be appointed for a term of 3 years beginning at the conclusion of the Annual Meeting provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed except as provided in Bylaw 6.11, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.6.3.3 Medical Student Member.** Except as provided in Bylaw 6.11, ~~the~~ medical student member of the Council shall be appointed for a term of one year beginning at the conclusion of the Annual Meeting. If the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which appointed, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

## 6.7 Council on Legislation.

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### 6.7.3 Term.

**6.7.3.1** Members of the Council on Legislation shall be appointed for terms of one year, beginning ~~on July 1 of each year~~ at the conclusion of the Annual Meeting. Except as provided in Bylaw 6.11, ~~if~~ the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant. Except as provided in Bylaw 6.11, ~~if~~ the medical student member ceases to be enrolled in an educational program, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

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## 6.9 Term and Tenure - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.

### 6.9.1 Term.

**6.9.1.2 Resident/Fellow Physician Member.** The resident/fellow physician member of these Councils shall be elected for a term of 3 years. Except as provided in Bylaw 6.11, ~~if~~ the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.9.1.3 Medical Student Member.** The medical student member of these Councils shall be appointed for a term of one year. Except as provided in Bylaw 6.11, ~~if~~ the medical student member ceases to be enrolled in an educational program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

**6.10 Commencement of Term.** Members of Councils who are elected by the House of Delegates shall assume office at the close of the meeting at which they are elected. Medical student members who are appointed shall assume office at the close of the Annual Meeting.