

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following report was presented by Marilyn K. Laughead, MD, Chair:

1. ESTABLISHMENT OF NEW SECTIONS: MODIFICATION OF EXISTING POLICY AND BYLAWS

Reference committee hearing: see report of [Reference Committee F](#).

HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

See Policy [G-615.001](#)

This report clarifies the role of the American Medical Association (AMA) Council on Long Range Planning and Development (CLRPD) in assessing requests for section status. AMA Bylaw 6.615 states that one function of the CLRPD is “to evaluate and make recommendations to the House of Delegates [HOD], through the Board of Trustees, with respect to the formation and/or change in status of any member component group or Section. The Council will apply criteria adopted by the House of Delegates.” The Bylaws further define a member component group as “an AMA section or Board of Trustees (BOT) advisory committee comprised of physicians and medical students with unique interests related to professional lifecycle, practice setting or demographics.”

In conducting an evaluation, CLRPD is to apply the following criteria, which are enumerated in Policy G-615.001:

- A. Issue of Concern - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.
- B. Consistency - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.
- C. Appropriateness - The structure of the group will be consistent with its objectives and activities.
- D. Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members. It is important to note this threshold will not be used to determine representation, as each new group will be allocated only one delegate and one alternate delegate.
- E. Stability - The group has a demonstrated history of continuity. This segment can demonstrate an ongoing and viable group of physicians, who will be represented by this section. Both the segment and the AMA will benefit from an increased voice within the policymaking body.
- F. Accessibility - Provides opportunity for members of the constituency, who are otherwise under-represented, to introduce issues of concern and to be able to participate in the policymaking process within the HOD.

Over the past three years, the CLRPD applied these criteria to evaluate the proposals for section status of the Minority Affairs Consortium, the Women Physicians Congress, the Senior Physicians Group and the Advisory Committee on Group Practice Physicians. In turn, the HOD adopted the Council’s recommendations and granted each group section status. Although these member component groups were advisory committees prior to their change of status to sections, there is no set path to becoming a section. During the same period, the Council also evaluated a request from a group seeking to become an advisory committee to the BOT. In conducting these reviews, a number of issues arose regarding the applicability of the criteria to groups other than sections.

In developing the criteria, the CLRPD focused on the establishment of sections (see [CLRPD Report 1-I-10](#)). Due to the policymaking role of sections that participate in HOD meetings through section delegates, the approach of using the defined criteria in evaluating current and potential sections has proven both appropriate and effective. However, advisory and ad hoc committees (e.g., task forces, work groups, special committees) are both structurally and functionally different from sections. These types of groups are involved primarily with educational and advocacy efforts or a defined task. Consequently, using the criteria to evaluate groups, other than potential or existing sections, has proven to be problematic.

AMA Bylaws (§5.309 and subsections) provide that the Board shall “[a]ppoint such committees as necessary to carry out the purposes of the AMA.” This includes advisory committees, which will have “a direct reporting relationship to the Board [and] be subject to review and renewal by the Board at least every four years.” The additional step of CLRPD review will delay a decision to constitute an advisory committee that the Board believes necessary. Also, the Council is ill suited to suggest to the Board that it requires an advisory committee, particularly when the Board is empowered to establish such a committee whenever it deems necessary. The CLRPD believes the decision on whether the BOT should establish a particular advisory committee or other type of ad hoc committee should rest exclusively with the Board as is implied by bylaws provisions on the duties and privileges of the BOT.

Therefore, this report seeks to change AMA policy so that CLRPD will be tasked with evaluating only current or potential sections. As Bylaw 7.08 allows for a resolution to establish a section, policy amendments are proposed to synchronize bylaws and policy. Neither change would affect the Council’s other responsibilities. Insofar as the Council remains responsible to the HOD and the BOT, other requests to study an issue would continue to be fulfilled.

RECOMMENDATIONS

The Council on Long Range Planning and Development recommends that the following recommendations be adopted and the remainder of the report be filed:

1. That Policy G-615.001, Establishment and Function of Sections, be amended by addition and deletion to read as follows:
 1. Our American Medical Association adopts the following criteria in consideration of requests for establishing new sections... 2. Our AMA will consider requests for establishing new sections ~~a change in status for existing groups or formation of new groups~~ by letter of application to the CLRPD, which will make recommendations to the BOT and HOD for further action or by submission of a resolution.
2. That AMA Bylaw 6.615 be modified to reflect that CLRPD evaluates and makes recommendations to the HOD, through the BOT, only with respect to the formation and/or change in status of any section.