

## REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following report was presented by Clifford Moy, MD, Chair:

### 1. SECTION ON MEDICAL SCHOOLS FIVE-YEAR REVIEW

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

#### **HOUSE ACTION: RECOMMENDATION ADOPTED AND REMAINDER OF REPORT FILED**

*See Policy [G-615.003](#).*

AMA Bylaw 7.0.9 states, "A delineated section must reconfirm its qualifications for continued delineated section status and associated representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the criteria adopted by the House of Delegates." AMA Bylaw 6.6.1.5 states that one function of the Council on Long Range Planning and Development (CLRPD) is "to evaluate and make recommendations to the House of Delegates, through the Board of Trustees, only with respect to the formation and/or change in status of any section. The Council will apply criteria adopted by the House of Delegates." This is the first report on a delineated section from CLRPD.

CLRPD members engaged in outreach with leadership of the delineated sections and developed a letter of application. The Council analyzed information from a letter of application submitted in June 2014 from the Section on Medical Schools (SMS) for renewal of delineated section status and representation in the American Medical Association (AMA) House of Delegates (HOD).

#### APPLICATION OF CRITERIA

Criterion 1: 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.

Established in 1976, the SMS continues to facilitate the development of information and policies on medical education and related national research and is the only group within the AMA to represent academic physicians. The SMS enhances AMA outreach, communication and interchange with academic physicians, and provides a direct means for medical schools and programs accredited by the Liaison Committee on Medical Education and the American Osteopathic Association to have meaningful input into the HOD.

CLRPD assessment: The SMS provides the only formal structure for academic physicians to participate directly in the deliberations of the HOD and the activities of the AMA.

Criterion 2: 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.

SMS representatives serve on Council on Medical Education (CME) committees to ensure that CME reports and activities reflect the interests of academic physicians. This bi-directional sharing of resources and ideas ensures communication and collaboration between these two bodies, which are devoted to the interests of physicians in medical education and academic positions.

CLRPD Assessment: The SMS is the only group within the AMA dedicated to advocacy on academic physician policy issues. The SMS serves its constituents by bringing professional issues unique to them to the forefront of organized medicine and by providing targeted educational and policy resources.

Criterion 3: Appropriateness - The structure of the group will be consistent with its objectives and activities.

The SMS' nine-member Governing Council (GC) includes three members-at-large and a liaison to the CME. The SMS actively solicits candidates for open positions to ensure that the structure remains consistent with objectives and activities. SMS Bylaws state that the dean of each U.S. medical school with an educational program is the

institution's representative to the SMS or may appoint a designee. Each dean may appoint up to four additional representatives, each of whom shall represent undergraduate, graduate or continuing medical education at the institution. The SMS may have a maximum of 10 members-at-large representing the interests of graduate medical education. The SMS GC may appoint an additional 10 members-at-large who represent the interests of continuing medical education. Additionally, AMA members who hold a faculty appointment at a U.S. medical school and elect to become SMS members can become faculty-appointee members of the section. SMS members who are not on the GC can participate in the section by attending its semi-annual meetings.

CLRPD Assessment: The SMS elects a governing council from its voting members. The section has established business meetings that are open to its members, which provide venues for sharing concerns and identifying opportunities for academic physicians, which is consistent with the objectives of this section.

Criterion 4: Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. The formal group would be a clearly identifiable segment of AMA membership and the general physician population. 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.

According to data from the AMA Masterfile and the AMA Membership unit, 9,984 physicians list medical teaching as their major professional activity; 1,487 of this group are AMA members. Another 1,246 physicians report their major professional activity is administration at a medical school and, of this group, 304 are AMA members. Additionally, 9,561 physicians provide direct patient care within office-based practices at medical schools; 1,452 of this group are AMA members. Twenty of the 164 physicians who provide non-patient care at a medical school are AMA members.

CLRPD Assessment: The SMS is comprised of members from an identifiable segment of AMA membership and the general physician population. This group is able to represent a minimum of 1,000 AMA members.

Criterion 5: Stability - The group has a demonstrated history of continuity. This segment can demonstrate an ongoing and viable group of physicians will be represented by this section and both the segment and the AMA will benefit from an increased voice within the policymaking body.

Of the 549 SMS members, 80 to 100 members attend either the June or the November SMS meeting. Pre- and post-meeting email communications keep non-attendees apprised of meeting outcomes. In 2012, SMS leadership implemented an Academic Medicine Caucus in order to reach non-SMS member physicians who hold faculty appointments at medical schools. The caucus meets at the Annual and Interim HOD meetings and attracts 40 to 50 attendees per meeting.

The SMS supports the needs of academic physicians by serving as a channel to disseminate information about the AMA's Accelerating Change in Medical Education initiative and as a forum for exploring issues pursued by the consortium of medical schools. The SMS ensures AMA policy supports the needs of academic physicians by providing the HOD and reference committees with insight on HOD items of business related to academic physicians and medical education.

CLRPD Assessment: The SMS has a history of more than 35 years with the AMA, which benefits from having the distinct voice of the SMS in the HOD. Since its inception, SMS has taken numerous steps to align its structure with the policymaking activities of the AMA.

Criterion 6: Accessibility - Provides opportunity for members of the constituency who are otherwise underrepresented to introduce issues of concern and to be able to participate in the policymaking process within the AMA HOD.

CLRPD Report 2-A-13, Demographic Characteristics of the House of Delegates and AMA Leadership, shows that the medical school employment category represents 6.1 percent of AMA delegates and 6.6 percent of AMA alternate delegates. This category represents 1.8 percent of AMA members and 2 percent of all physicians and medical students. SMS thereby provides a suitable venue to facilitate academic physician participation in the HOD. Underrepresented members of the SMS include faculty physicians, which refers to those physicians with academic appointments who are not medical school deans, assistant deans or other institutional leaders.

The SMS established the Academic Medicine Caucus partially to reach a broader swath of potential members, including those at the faculty level. Expanding membership of the SMS to academic physicians outside medical schools' traditional leadership roles is one of the issues that will be addressed by the SMS strategic planning process initiated in November 2013.

CLRPD Assessment: Frequently, academic physicians' concerns are topics of discussion in reference committees and HOD sessions; consequently, having the perspective and expertise of the SMS is important to the AMA when creating policy.

#### CONCLUSION

The CLRPD has determined that the SMS meets the criteria; therefore, it is appropriate to renew the delineated section status of the SMS, which will allow members of the section to continue to have focused representation in the HOD.

#### RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Section on Medical Schools through 2019 with the next review no later than the 2019 Interim Meeting.