

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following report was presented by Gamini Soori, MD, Chair:

1. BEST PRACTICES AND SUCCESSFUL EFFORTS TO INCREASE DIVERSITY, BY AGE, OF AMA DELEGATES AND ALTERNATE DELEGATES

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

HOUSE ACTION: RECOMMENDATIONS ADOPTED REMAINDER OF REPORT FILED

See Policy G-600.035

The Council on Long Range Planning and Development (CLRPD) has prepared this report pursuant to part 3 of American Medical Association (AMA) Policy G-600.035, "The Demographics of the House of Delegates."

(1) A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty. (2) 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. (3) Future reports on the demographic characteristics of the House of Delegates will identify and include information on successful initiatives and best practices to promote diversity, particularly by age, of state and specialty society delegations.

This report, which was referred at the 2015 Annual Meeting and now includes revised recommendations, examines the current state of age diversity among the AMA House of Delegates (HOD), ongoing efforts to promote diversity, and barriers that exist to improving age diversity among state and specialty delegations that make up the HOD, while making recommendations for action aimed at enhancing diversity, particularly by age, among the HOD. CLRPD has identified leadership training programs, sections, term limits and slotted seats as practices with the potential to increase age diversity among delegations.

PROMOTING DIVERSITY IN THE HOUSE OF DELEGATES

Our AMA recognizes that organizational diversity and inclusion are integral and inherent parts of its mission to promote the art and science of medicine and the betterment of public health. To that end, our AMA has begun developing and instituting an organization-wide diversity strategy that will help bridge disparate diversity initiatives, support the success of the AMA strategic plan, and further build and strengthen the One AMA brand.

An impediment our AMA faces to enhancing diversity in the HOD specifically is that the HOD is comprised of representatives from autonomous geographic and specialty delegations, each with the authority to select its own delegates. In addition, since each society is proportionally represented in the HOD based on the number of AMA members in the society, there is wide disparity among delegations in the number of delegate seats allotted and the number of potential candidates.

AMA Policy G-600.030, "Diversity of AMA Delegations," includes recommendations to aid state and specialty societies in enhancing diversity among their delegations and encourages:

...(2) State medical associations and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity; (3) specialty and state societies to develop training and/or mentorship programs for their student, resident and fellow and young physician section representatives, and current HOD delegates for their future activities and representation of the delegation; (4) specialty and state societies to include in their delegations physicians who meet the criteria for membership in the Young Physicians Section...

In addition, CLRPD prepares biennially in odd-numbered years the informational report, “Demographic Characteristics of the House of Delegates and AMA Leadership.” (See CLRPD Report 2-A-15.) The report examines the demographic makeup of the HOD and AMA leadership, and highlights opportunities for increasing diversity, including, but not limited to age. Pursuant to part 2 of AMA Policy G-600.035, the report contains, “...a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and our AMA physician membership...” to encourage greater awareness and responsiveness to diversity among delegations.

Therefore, while our AMA encourages diversity through policy, organizational philosophy and strategy, the demographic makeup of the HOD exists as a summation of its constituent parts, which our AMA cannot control.

THE DEMOGRAPHICS OF THE HOUSE OF DELEGATES WITH RESPECT TO AGE

As of year-end 2014, the average age of delegates was 57.5 and the average age of alternate delegates was 52.5. Neither of these figures has changed substantially over the past decade.

The proportions of delegates and alternate delegates under the age of 40, however, have grown by a significant margin. In 2004, 6.8% of delegates and 13.4% of alternate delegates were under age 40. Those figures have risen to 12.1% and 23.9%, respectively. These increases can largely be attributed to the increasing proportions of resident delegates and alternate delegates over that same period, during which the percentage of resident delegates increased by 5.3% and the percentage of resident alternate delegates increased by 10.5%.

Figure 1 shows the proportional representation by age of the HOD compared with AMA membership. Figure 2 shows the proportional representation of the HOD compared with AMA membership classified by “life stage.” These classifications correspond with the membership criteria for specific AMA groups, such as: young (under age 40 or in first eight years of practice), mature (age 40-64), and senior (age 65 or more).

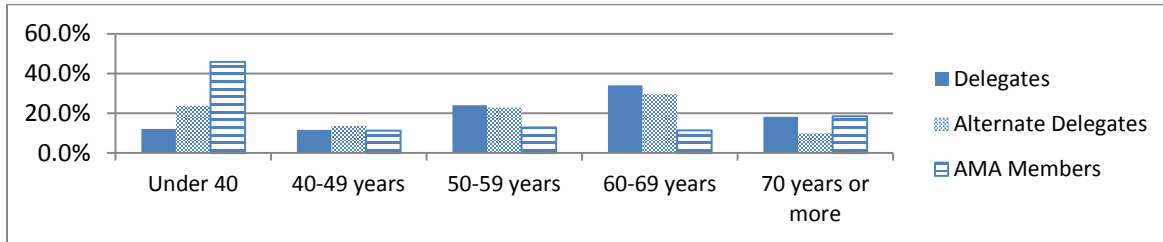


Figure 1. Proportional Representation by Age in the HOD and AMA Membership.

Figure 1 demonstrates that physicians under the age of 40, including medical students, are significantly underrepresented among delegates and alternate delegates compared to the overall percentage of AMA members who fall into that age group. By contrast, physicians aged 50-59 and 60-69 are overrepresented. To some degree, however, it should be expected that older physicians would hold more seats as delegates than their younger colleagues. Many physicians spend a great deal of time waiting for delegate seats to become available, especially given the fact that most seats across delegations have either no term limit or an effective limit of over 10 years. During this time it is expected that younger physicians will contribute on the local level while developing skills that will serve them if and when they become delegates to the AMA HOD.

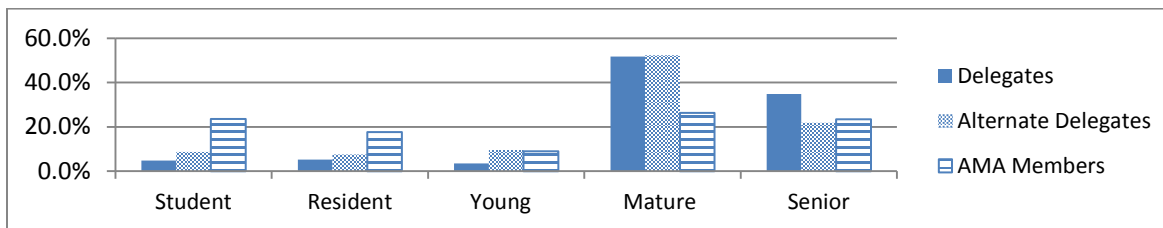


Figure 2. Proportional Representation by Life Stage in the HOD and AMA Membership.

Figure 2 indicates that students, residents and young physicians are underrepresented among delegates, while mature and senior physicians are overrepresented. Among alternate delegates, students and residents are underrepresented while mature physicians hold a disproportionately large number of seats. The distributions of young physicians and senior physicians among alternate delegates are consistent with AMA membership. In addition, it should be noted that young physicians make up the smallest proportion of AMA members, and attempts to increase young physician representatives in the HOD might begin with increased efforts to recruit young physician members.

INITIATIVES TO ENCOURAGE AGE DIVERSITY AMONG DELEGATIONS

In attempting to identify successful practices for encouraging age diversity among HOD representation, queries were made to 51 geographic societies (50 states and Washington, DC) and over 100 specialty societies. In those queries, representatives from each association were asked:

- What, if any, strategies has your organization implemented in order to promote age diversity among your elected representatives?
- Have you found any of these strategies to be successful?
- Do you consider diversity in age among representatives to be a priority? Why or why not?

From those queries, CLRPD received a total of 17 responses from a variety of state and specialty societies. A few general patterns emerged:

- Most of these 17 societies consider age diversity to be a priority to at least some degree, even if they have no formal initiatives in place to encourage it. Some societies pointed out that age diversity is one of a variety of types of diversity they work to encourage.
- Larger societies, i.e., those with more AMA members and subsequently greater HOD representation, are more likely to have implemented strategies to promote age diversity among their delegates.
- Societies struggling with declining membership or lack of competition for delegate seats are less likely to institute policies that slot delegate seats to certain age groups or life stages.

These patterns suggest that while successful strategies have been implemented for increasing age diversity among delegations, and while there is general agreement that age diversity is important, the ability of societies to institute formal initiatives toward that goal is largely dependent on factors such as membership size and the pool of potential delegates.

The following initiatives were identified through the questionnaire and additional analysis as potentially successful ways to promote age diversity among delegations.

Leadership Colleges/Training Programs

Encouraged by part 3 of AMA Policy G-600.030, leadership colleges and training programs provide education to prepare younger physicians and physicians in training to hold leadership positions. Alumni are then considered a primary talent pool for their respective societies as potential committee members, board members and delegates. This resulting “feeder system” seems to have the effect of decreasing the average age of delegates and potentially increasing diversity in general. One state reported that one-third of their delegation now consists of alumni from their leadership college, and that the group is now younger and includes more females. Another state’s leadership college now has 83 alumni, 74 of whom hold leadership roles in some capacity.

Societies that have instituted leadership programs have reported positive results in increasing and maintaining engagement with young physicians who have participated in them. Additionally, these types of programs provide education and leadership skills to prepare young physicians to hold leadership positions throughout their careers. Of all the responses provided by the societies, the development of leadership programs seems to be both the most successful, and potentially the most adaptable to other societies that may lack the resources to adopt some of the other strategies.

Sections

Similarly, the development of sections for students, residents and young physicians gives young physicians and physicians in training opportunities to network, hold leadership roles and acquire skills that may prepare them to assume delegate positions in the future. Sections act as formal groups of physicians or medical students representing unique interests related to the professional lifecycle. At the AMA each section is assigned one delegate. While this practice could not be actionable among all societies due to restrictions on the number of delegates apportioned to each, some societies reported slotting delegate and/or alternate delegate seats to members of specific groups.

Term Restrictions

Through a separate query of geographic societies conducted in 2014, it was discovered that 25 societies had instituted a term limit of some kind for delegates and alternate delegates, while 21 had not. These term limits fell into three categories:

- Fixed limit on the number of years served (n=3)
- A fixed term (usually two years) with no limit on the number of terms served (n=11)
- A fixed term (usually two years) and a limit on the number of terms served (generally five to eight consecutive terms) (n=11)

Figure 3 shows the average and median ages of delegates and alternate delegates in states with term limits compared to those without them, classified by the type of term restriction in place.

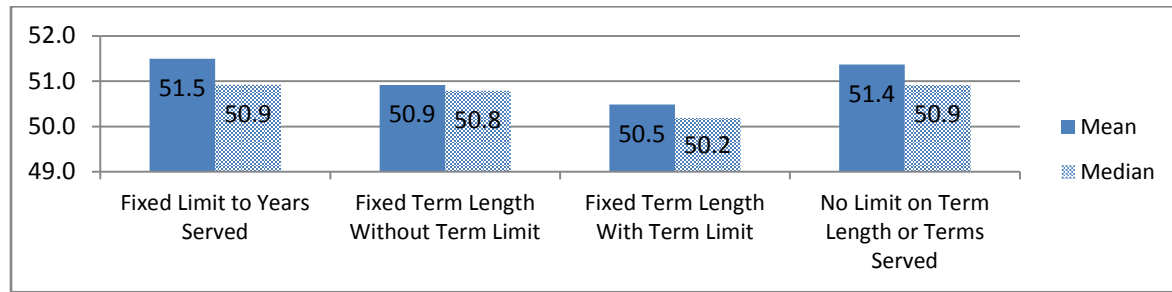


Figure 3. Mean and Median Ages of State Delegations Classified by Restrictions on Delegate and Alternate Delegate Terms of Service.

It appears that limiting the length of delegate terms and restricting the number of consecutive terms allowed to each delegate has minimal, if any, effect on reducing the average age of delegations. The difference between the average age of the youngest classification (fixed term length with fixed term limit) and the average age of those delegations with no restrictions of any kind is only 0.9 years, with an even smaller dispersion between the medians. These figures do not exist in a vacuum, and other circumstances or initiatives among individual societies will affect these data. Additionally, societies currently struggling to attract and retain members, and those that have limited pools of interested delegates, reported being less inclined to impose restrictions on the terms of their delegates.

Slotted Seats

Designating delegate and/or alternate delegate seats to specific age groups, life stages or sections guarantees that there will be at least a minimum amount of representation for that given group. The greatest impediment to the implementation of slotted seats was mentioned previously: the limitations of delegate seats based on AMA membership in the delegation. AMA Bylaw 2.1.1, "Apportionment," stipulates:

The apportionment of delegates from each constituent association is one delegate for each 1,000, or fraction thereof, active constituent and active direct members of the AMA within the jurisdiction of each constituent association...

Therefore, a state with 650 AMA members will be apportioned one delegate and one alternate delegate. In such a case, slotting seats with the intention of increasing diversity of any type becomes impossible. As of year-end 2014, of the 53 geographic societies represented in the HOD, 20 (37.7%) are represented by four or fewer delegates and alternate delegates, while the majority of specialty societies are apportioned one delegate. These figures suggest that the potential breadth of the implementation of this strategy is limited.

SUMMARY

While there has been some progress in increasing age diversity among delegates and alternate delegates, the representation of younger physicians and medical students in the HOD remains disproportionate to their membership figures, and the basic age characteristics of the HOD have remained largely unchanged over the past ten years. Potential delegates often must wait a great deal of time for seats to become available, and tend to be older by the time they assume positions in the HOD. In addition, delegates tend to hold their seats for long, often uncapped periods of time. Due to these facts, and the limited number of seats available, it is conceivable that to some degree older physicians will hold proportionally greater number of seats compared directly to membership data. Physicians classified under the young physician life stage make up the smallest percentage of AMA members by a significant margin, and efforts to increase HOD representation among that specific group should likely begin with concerted efforts to recruit young physicians as AMA members.

Some delegations have been more successful than others in increasing age diversity among their ranks, and the strategies implemented have included leadership colleges and training programs, term restrictions on delegate seats, and seats slotted specifically for certain age groups, life stages or sections. Delegations that wish to increase age diversity could look to those who have been successful in doing so for guidance on how to implement such initiatives successfully, and bringing together those groups could result in wider adoption of initiatives that encourage age diversity.

RECOMMENDATIONS

The Council on Long Range Planning and Development recommends that the following statements be adopted and that the remainder of this report be filed.

1. That our American Medical Association Reaffirm Policy G-600.035, which calls for an annual report on the demographics of our AMA House of Delegates; 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; and future reports to include information on successful initiatives and best practices to promote diversity, particularly by age, of state and specialty society delegations.
2. That our American Medical Association convene a group of stakeholders at a forum in conjunction with the 2016 Annual Meeting to identify viable solutions with which to promote diversity, particularly by age, of state and specialty society delegations, with a summary of the findings to be included in the next CLRPD report on the demographic characteristics of the House of Delegates.