Young Physicians Section

2018 Annual Meeting
Assembly Handbook

Hyatt Regency Chicago
Chicago, IL
June 7-11
## AMA Young Physicians Section (YPS)
### 2018 Annual Meeting
#### Hyatt Regency Chicago
June 7 – 11

### House of Delegates Meeting (HOD)
June 9 – 13

| Thursday, June 7 | 10:30 a.m. – 7 p.m. | Registration | Grand Ballroom Foyer  
| | | East Tower/Gold Level |
| | 8:30 – 11 p.m. | Riverside Chat: Disruptive Innovation | AMA HQ, 47th Floor  
| | | 330 N. Wabash Ave. |
| | 11 p.m. | Informal Social with YPS Governing Council | Rock Bottom  
| | | 1 W. Grand Ave,  
| | | Chicago, IL 60610 |
| Friday, June 8 | 7 a.m. – 6 p.m. | Registration | Grand Ballroom Foyer  
| | | East Tower |
| | 7:15 – 8 a.m. | ACS YPS surgical caucus | Grand Suite 2 A/B  
| | | East Tower |
| | 7:15 – 7:45 a.m. | YPS Innovation committee meeting | Skyway 272 (East Tower) |
| | 7:45 – 8:15 a.m. | YPS Marketing, Membership and Media committee meeting | Skyway 272 |
| | 7:15 – 7:45 a.m. | YPS New Member orientation | Crystal Ballroom C  
| | | West Tower |
| | 7:45 – 8:15 a.m. | Parliamentary procedure training | Crystal Ballroom C |
| | 7:15 – 7:45 a.m. | YPS MOC/MOL committee meeting | Grand Ballroom B  
| | | East Tower |
| | 7:45 – 8:15 a.m. | YPS Strategy/Leadership committee meeting | Grand Ballroom B |
| | 8 – 8:15 a.m. | Credentials committee meeting | Crystal Ballroom C Foyer  
| | | West Tower |
| | 8:15 – 9 a.m. | YPS credentialing | Crystal Ballroom C Foyer |
| | 8:15 – 8:45 a.m. | YPS assembly breakfast  
| | | • Complimentary full hot breakfast served |
| | 8:45 – 8:55 a.m. | Opening of the YPS assembly  
| | | • Call to order and opening remarks  
| | | • Brandi Ring, MD, chair  
| | | • Call for governing council nominations  
| | | • Presentation and ratification of the YPS rules of order  
| | | • Distribution of YPS reference committee report  
| | | • Distribution of House of Delegates (HOD) handbook review grids  
| | | • Review YPS items of business, reference committee recommendations, and HOD business |
| | 8:55 a.m. | Close of nominations for YPS elections  
| | | (Chair-elect, Delegate and Member At-Large) |
| | 9 – 9:30 a.m. | Candidate speeches and Q & A session  
| | | • Candidate speeches (two minutes each)  
| | | • Candidate Q & A |
| | 9:30 – 9:35 a.m. | AMPAC update | Crystal Ballroom C |
### Friday, June 8 (Continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>9:35 – 10:15 a.m.</td>
<td><strong>YPS business meeting</strong>&lt;br&gt;- AMA-YPs debate of reference committee recommendations followed by voting</td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>10:15 – 10:30 a.m.</td>
<td><strong>YPs representatives and Academic Physicians Section (APS) reports</strong>&lt;br&gt;- Advisory Committee on LGBTQ Issues report&lt;br&gt;- Women Physicians Section report&lt;br&gt;- APS report</td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>10:30 – 10:50 a.m.</td>
<td><strong>Committee Reports:</strong>&lt;br&gt;- Task Force on Maintenance of Certification/Maintenance of Licensure&lt;br&gt;- Strategy &amp; Leadership Committee&lt;br&gt;- Innovation Committee&lt;br&gt;- Marketing, Membership and Media Committee</td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>10:50 – 11:30 a.m.</td>
<td><strong>YPs HOD handbook review</strong></td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>11:30 a.m. – 1:30 p.m.</td>
<td><strong>C. Clayton Griffin, MD, Memorial YPS Assembly Luncheon</strong>&lt;br&gt;- Employment Contracts&lt;br&gt;- Financial Planning&lt;br&gt;- Starting a Private Practice</td>
<td>Toronto Ballroom Ballroom Level, West Tower</td>
</tr>
<tr>
<td>1:45 – 2 p.m.</td>
<td><strong>YPs elections</strong> (chair-elect, delegate and member at-large)</td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>2 – 2:15 p.m.</td>
<td><strong>YPs assembly – Updates</strong>&lt;br&gt;- AMA Board of Trustees Update&lt;br&gt;- AMA Alliance&lt;br&gt;- AMA Foundation</td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>2:15 – 3 p.m.</td>
<td><strong>YPs HOD handbook review (continued)</strong></td>
<td>Crystal Ballroom C West Tower</td>
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<td>3 – 3:15 p.m.</td>
<td><strong>Break</strong></td>
<td>Crystal Ballroom C Foyer, West Tower</td>
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<tr>
<td>3:15 p.m.</td>
<td><strong>Election results announced (if available)</strong></td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>3:15 – 4:45 p.m.</td>
<td><strong>YPs HOD handbook review (continued) and Election run-offs (if necessary)</strong></td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>4:45 – 5 p.m.</td>
<td><strong>YPs HOD caucus/reference committee testimony coordination</strong>&lt;br&gt;- Hilary Fairbrother, MD, MPH, YPS Delegate&lt;br&gt;- Kavita Arora, MD, MBE, YPS Alternate Delegate</td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>5 p.m.</td>
<td><strong>Adjournment of YPS business meeting</strong></td>
<td>Crystal Ballroom C West Tower</td>
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<tr>
<td>5 – 7:10 p.m.</td>
<td><strong>AMA candidate interviews: APS, MSS, RFS, WPS and YPS</strong></td>
<td>Columbus G</td>
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<tr>
<td>5 – 6:30 p.m.</td>
<td><strong>LGBTQ caucus and reception</strong></td>
<td>Plaza B</td>
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<tr>
<td>5:30 – 7:30 p.m.</td>
<td><strong>MAS business meeting and reception</strong></td>
<td>Columbus K/L</td>
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<tr>
<td>9 – 11 p.m.</td>
<td><strong>YPs desserts reception</strong></td>
<td>McCormick &amp; Schmick’s Outside Patio Area&lt;br&gt;1 East Upper Wacker Dr.&lt;br&gt;Chicago, IL  60601</td>
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### Saturday, June 9

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<th>Time</th>
<th>Event</th>
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<tr>
<td>8 – 1:30 p.m.</td>
<td><strong>YPs participation in AMA House of Delegates state, regional, and specialty caucuses</strong></td>
<td>Varies – check schedule</td>
</tr>
<tr>
<td>8:30 a.m. – Noon</td>
<td><strong>A-18 Sections Education Sessions (see attached flyer)</strong></td>
<td>Varies – check schedule</td>
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<tr>
<td>2 – 6 p.m.</td>
<td><strong>AMA House of Delegates Opening Session (ceremonial – speeches, award presentations; business items – “Rules of Order”)</strong></td>
<td>Grand Ballroom East Tower/Gold Level</td>
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<tr>
<td>5:30 – 7:30 p.m.</td>
<td><strong>WPS reception and business meeting</strong></td>
<td>Columbus E/F</td>
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<tr>
<td>9:30 p.m.</td>
<td><strong>International Medical Graduates Section tenth annual “Desserts from Around the World” reception</strong></td>
<td>Crystal Ballroom West Tower</td>
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### Sunday, June 10

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<tr>
<th>Time</th>
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<tr>
<td>8 – 8:30 a.m.</td>
<td>AMA House of Delegates Second Opening Session (business items – introduction of reports and resolutions, extraction of informational reports, supplementary report of Committee on Rules and Credentials)</td>
<td>Grand Ballroom East Tower/Gold Level</td>
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| 8:30 a.m. – noon | Reference committee hearings  
  - Amendments to Constitution and Bylaws  
  - Reference Committee B (Legislation)  
  - Reference Committee C (Medical Education)  
  - Reference Committee D (Public Health)  
  - Reference Committee G (Medical Practice) | Crystal Ballroom Regency Ballroom B Regency Ballroom C Regency Ballroom D Regency Ballroom A |
| 1:30 – 5 p.m. | Reference committee hearings  
  - Reference Committee A (Medical Service)  
  - Reference Committee E (Science/Technology)  
  - Reference Committee F (Finance/Governance) | Regency Ballroom A Regency Ballroom D Grand Ballroom |
| 6 p.m.        | YPS caucus and debriefing                                            | San Francisco room Ballroom Level West Tower |

### Monday, June 11

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>8 a.m. – 11 a.m.</td>
<td>Education/ancillary sessions</td>
<td>Varies – check schedule</td>
</tr>
<tr>
<td>9:30 – 11 a.m.</td>
<td>Joint caucus: YPS, MSS, and RFS</td>
<td>Crystal Ballroom B/C</td>
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<tr>
<td>11 a.m. – 1:45 p.m.</td>
<td>Caucuses</td>
<td>Varies – check schedule</td>
</tr>
<tr>
<td>11:30 a.m. – 1 p.m.</td>
<td>WPS Associates Lunch and Business Session</td>
<td>Ogden, 3rd Fl. West Tower</td>
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<tr>
<td>2 – 6 p.m.</td>
<td>House of Delegates Business Session</td>
<td>Grand Ballroom East Tower</td>
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### Tuesday, June 12

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:30 – 8:45 a.m.</td>
<td>Elections</td>
<td>Columbus IL East Tower</td>
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<tr>
<td>9 a.m. – 3 p.m.</td>
<td>House of Delegates Business Session</td>
<td>Grand Ballroom East Tower/Gold Level</td>
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<tr>
<td>5 p.m.</td>
<td>Inauguration of Barbara McAneny, MD 173rd president of the AMA</td>
<td>Crystal Ballroom West Tower</td>
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<tr>
<td>6:30 p.m.</td>
<td>Inaugural reception</td>
<td>Grand Ballroom Foyer East Tower/Gold Level</td>
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<tr>
<td>7:30 p.m.</td>
<td>Inaugural dinner/dance</td>
<td>Grand Ballroom East Tower/Gold Level</td>
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### Wednesday, June 13

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<th>Time</th>
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<tbody>
<tr>
<td>9 a.m. – Close</td>
<td>House of Delegates Business Session</td>
<td>Grand Ballroom East Tower/Gold Level</td>
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AMA-YPS Representatives Roles and Responsibilities

AMA-YPS representatives are a critical communications link between the AMA and young physicians in practice. Specifically, representatives act as “Ambassadors of the AMA” to their young physician peers in two important ways. First, they solicit young physicians’ input on problems that impact their practice and/or their patients and how the AMA can help to address them through policy, advocacy efforts, or other offerings/programs. Second, AMA-YPS representatives promote the value of AMA membership and opportunities to join our efforts at the grassroots level. By acting as AMA Ambassadors, representatives enable state or specialty sections or committees of young physicians to become more visible, effective, and active. As a result, AMA-YPS representatives help shape the AMA’s activities and advocacy to address the issues that matter most to young physicians and their patients.

Shape AMA’s agenda and activities

- Provide input on pending AMA-YPS items of business (including policies, offerings and programs) using the Web-based discussion forum. Encourage your young physician colleagues who do not participate in the meeting to submit their comments.
- Be familiar with AMA-YPS policy and actions and submit resolutions to our AMA-YPS Assembly.
- Be active at your state and regional caucuses and section council meetings that are convened during AMA-HOD meetings and share any input on pending AMA-YPS resolutions with the AMA-YPS delegate (or alternate delegate).
- Assembly members are encouraged to sign up for the AMA Morning Rounds Weekend Edition, a weekly e-newsletter that highlights the latest top-of-the-page news and information for physicians, including young physicians. When registering for AMA Morning Rounds, select to receive news for young physicians.
- Keep the AMA-YPS informed about current activities/programs that your society has for young physicians and identify opportunities for co-marketing with the AMA.
- Seek input from your young physician colleagues about specific member benefits that they would like to see our AMA offer and email yps@ama-assn.org with your suggestions.
Act as “Ambassador of the AMA” to young physician peers

- Attend the AMA-YPS Assembly meeting and report highlights back to the society that sponsors your representation, whether that be your state medical society or national medical specialty society.
- Distribute actions from the AMA-YPS business meeting directly to young physicians in your state or specialty society (see http://www.ama-assn.org/go/ypsmeeting).
- Utilize AMA recruiting and membership tools to distribute at other local and national meetings you attend, including AMA-YPS brochures and fliers and PowerPoint presentations.
- Invite Governing Council members to your annual state or specialty society YPS meetings so that they can provide the AMA’s perspective, learn more about grassroots concerns and solicit feedback on the AMA’s activities and agenda.
- Post valuable AMA-related information to your hospital or clinic bulletin board or display them in your medical staff lounge, including AMA-YPS blast e-mails, AMA-YPS Council/AMA Board and Council reports, Assembly meeting summaries and disposition of actions, and general membership information found on the AMA web site (http://www.ama-assn.org) and AMA-YPS home page (http://www.ama-assn.org/go/yps).
- Build a communications network to promote AMA membership and involvement at the grassroots level (e.g., contact 10 young physicians and ask those ten people to contact ten other young physicians).
- Disseminate AMA-YPS publications to your colleagues.
- Link your state/specialty society young physician Web site to the AMA-YPS Web site (http://www.ama-assn.org/go/yps) to encourage information sharing and increase AMA visibility.
- Use highlights of AMA-YPS Assembly meetings and Delegates’ reports in your recruitment efforts.
- Identify physicians new to your state or your hospital and encourage them to get involved in both AMA activities and your state activities. Opportunities for involvement exist in many AMA Sections: Young Physicians Section, Organized Medical Staff Section, Integrated Practice Physician Section, International Medical Graduate Section, Minority Affairs Section, and Women Physicians Section (WPS) or the Lesbian, Gay, Bisexual and Transgender (LGBT) Caucus.
- Encourage young physicians who have never attended an AMA-YPS meeting to do so.
- Encourage your colleagues to take an interest in running for seats (from your state or specialty) to our AMA-YPS, the Governing Council, or other AMA Council or committee positions.
- Seek a nomination to participate in the AMA Foundation Leadership Awards program to learn more about becoming a local physician leader (http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/excellence-medicine-awards.page).
- Promote the importance of being involved in AMA-YPS efforts to your society’s leadership.
- If you represent your state society, seek out your specialty society counterpart within the AMA (and vice versa). If your society does not have an AMA representative, work to encourage such representation by talking to the society’s leadership and identifying friends and/or colleagues who would be interested in such a position.
Enlist members of your state/specialty YPS to be involved in AMA legislative initiatives that benefit physicians and patients (http://www.ama-assn.org/ama/pub/advocacy.page or http://capwiz.com/ama/home/).
AMA-YPS Election Rules and Procedures

I. Elections
Members of the YPS Governing Council shall be elected by voting members of the YPS present at the YPS Assembly Meeting.

A. Time of Election. All elections for YPS Governing Council positions are held at the Annual Meetings of the YPS Assembly immediately prior to the Annual Meeting of the HOD, unless there is a vacancy that needs to be filled at the Interim Meeting. The Chair-Elect shall be elected at every Annual Meeting. The Delegate shall be elected in even numbered years. The Speaker and Alternate Delegate shall be elected in odd numbered years. The Member At-Large shall be elected to a two-year term in even numbered years with the exception of the 2013 elections when the position will be a one-year term. The Speaker shall set the day and hour of such elections and shall give the members of the YPS ample notification.

B. Eligibility.

1. To be eligible for election to the Governing Council, one must meet the criteria of AMA Bylaw 7.51.

2. Each candidate for a position on the Governing Council shall be eligible to offer his or her name for only one position per ballot.

3. Members of the Governing Council, except for the Chair, Chair-Elect, or Immediate Past Chair, are eligible to run for reelection to their own position or for election to another position. All Governing Council members are eligible to run for another position on the Council.

C. Nominations. Nominations for the Governing Council positions may be received in advance of the Annual Meeting, or from the floor at the YPS Assembly Meeting. All candidates must complete a YPS Nomination Form. All nominations shall close simultaneously at a specific time designated by the Speaker.

D. Campaigns.

1. Campaigning for positions is limited to campaign speeches, other "conversational" campaigning, and printed material which delineates the candidate's experience and expertise. Other campaign promotional material (including but not limited to buttons, flags, pins, leaflets, posters, etc.) is discouraged.
2. Candidates who declare their candidacy in advance shall be encouraged to submit materials that can be included in the YPS Handbook and posted online at the YPS website.

3. Candidates who declare their candidacy in advance of the meeting and who choose to campaign in advance by phone or letter, shall be given contact information for registered YPS Assembly members.

4. Each candidate shall be given an opportunity to present a campaign speech. The Speaker shall notify each candidate in advance of the Assembly Meeting as to the number of minutes available, as well as the scheduled time.

5. In contested elections, the Speaker will organize a question and answer session for all candidates during the YPS Assembly Meeting. Candidates will be given a specific time and rules for the question and answer session in advance of the YPS Assembly.

E. **Voter Eligibility.** Only Governing Council members and credentialed YPS Assembly representatives shall be eligible to vote. Ballots shall be distributed by the Credentials Committee.

F. **Method of Election.**

1. Where there is no contest, the election shall be by acclamation. All other elections shall be by ballot.

2. In even numbered years, the Chair-Elect shall be elected first, followed by the Delegate, and then the Member At-Large.

3. In odd numbered years, the Chair-Elect shall be elected first, followed by the Speaker, and then the Alternate Delegate.

4. A Credentials Committee shall distribute the ballots. Credentialing badges must be clearly visible during this process. The number of ballots issued shall be monitored.

5. Each voter must mark the ballot exactly as directed by the printed instructions on the ballot. Verbal instructions also shall be given by the Speaker.

6. All nominees for an open or vacant Governing Council position shall be listed alphabetically on a single ballot. Each elector shall have as many votes as the number of candidates to be elected to each position, and each vote must be cast for a different nominee. A nominee shall be elected if he or she has received a majority vote of the legal ballots cast. (If no nominee receives a majority of the legal ballots cast, there shall be a subsequent ballot.)
7. Subsequent Ballots. If no candidate receives a majority of the legal ballots cast, the two candidates (or more in the case of a tie) who receive the most votes shall be placed on a subsequent ballot and voting shall recommence.

8. Handling of Ties. In the event of a tie vote, a run-off election shall be held.

9. All ballots must be returned to the Credentials Committee, whether or not a vote was cast in every race.

G. Verification/Counting of Ballot.

1. Credentials Committee members shall collect, count and record the total number of ballots received in the presence of YPS staff. If more ballots are received than were distributed, the process shall be halted and the results invalidated. The Credentials Committee Chair shall notify the Speaker of this fact. Staff shall immediately begin to print new ballots.

2. The Credentials Committee shall examine each ballot to determine if there is only one designated candidate for each office. No ballot shall be counted if it contains fewer or more votes than the number of individuals to be elected to any position, or if the ballot contains more than one vote for any nominee. The Credentials Committee will draw a single contrasting-colored line (that does not interfere with the legibility of the voter's markings) through the area of any ballot marked improperly for a given office indicating a void ballot for that race.

3. The Credentials Committee Chair shall certify the results to the Speaker after all races have been decided. (The sum of all candidates’ votes plus the voided ballots for each race plus other voided ballots must equal the number of ballots received by the Credentials Committee prior to certifying a winner.)

4. Vote totals shall be available on request to individual members of the YPS Assembly.

5. Appeals must be made prior to the conclusion of the Assembly Meeting. Appeals shall be evaluated by the Credentials Committee and resolved by the Speaker.
2018 YPS Governing Council Candidates
(Nomination materials were submitted by May 22)

Chair-elect
Hilary Fairbrother, MD
Houston, TX
Specialty: Emergency Medicine
Endorsements: American College of Emergency Physicians

Statement of Interest:
My name is Hilary Fairbrother and I ask for your vote for Chair-Elect of the Young Physicians Section. I have a great deal of experience in the AMA. It has been my privilege to serve in multiple leadership roles from the county to national level. I have the necessary organizational expertise to be an effective and efficient Chair from the very start of my elected term. I can think of no better way to serve the section than to become your Chair-Elect.

I have distinct ideas for our future as a section. The YPS in no way has adequate representation on AMA Councils and state/specialty delegations. With the advent of our endorsement procedure, the YPS has made excellent progress in electing diverse candidates to our Councils and the Board of Trustees but we must continue to push the paradigm that YPS candidates have more than enough experience to lead the entire organization. I want more young physicians on the Board of Trustees. I want another President of the AMA who is not at the end of her/his career. I want proportional representation of YPS members to the AMA House of Delegates. To be clear, this means adding more delegate seats. I will accomplish this goal by authoring and passing new HOD policy.

I ask for your vote to be your next Chair-Elect of the YPS. I promise that I will do everything in my power to advance the goals and will of the section during my elected term.
Delegate
Kavita Shah Arora, MD
Cleveland, OH
Specialty: Obstetrics and Gynecology
Endorsements: American Congress of Obstetricians and Gynecologists

Statement of Interest:
I have been an active member of the AMA since 1st year of medical school in 2005. Annual 2018 will mark my 24th consecutive national meeting, not including National Advocacy Conferences. I have been active in the MSS and RFS, including serving on the Council on Ethical and Judicial Affairs. I am comfortable testifying at the microphone in the HOD – but just as importantly, I seek to build consensus and learn from the wisdom in the Assembly prior to voting. I am organized, hard-working, and a transparent communicator – qualities that I believe are necessary to help lead a diverse team. I have endeavored to bring these qualities over the past year to the position of Alternate Delegate. If elected as your Delegate, I would strive to consolidate and more effectively deploy the strength of the young physicians in the Assembly for our key issues and candidates, along with the YPS Alternate Delegate and Governing Council. As the members of the HOD that are most directly impacted by many of our policies, it is vital that we strongly advocate for change that is beneficial for our patients, for public health, for our practices, and for our professional growth and well-being. I have enjoyed and I feel contributed to the Section during the past year as your Alternate Delegate, and I would love the chance to continue on your behalf as the Delegate.

Thank you for your consideration,
Kavita Shah Arora, MD, MBE
Member At-Large
John Corker, MD
Cincinnati, OH
Specialty: Emergency Medicine
Endorsements: American College of Emergency Physicians and the Ohio State Medical Association

Statement of Interest:
Thank you for this opportunity to earn your vote for the position of Governing Council Member At-Large. While I am not new to leadership in organized medicine, I am new to the YPS, and I have spent the majority of my first year getting to know many of you and assessing how best I can help.

In my past life as a University recruiter, and through my roles on my medical school and residency recruitment committees, I have developed a passion for seeking, welcoming and orienting new members to the organizations I love. Further, as we see our biggest membership exodus during the transition from training to practice, I want to leverage my connections with the RFS to ensure retention of our best and brightest who have already invested so much in the AMA through medical school and training. To this end, I have already begun working with the AMA, TMA and OSMA to identify and procure advantageous loan refinancing options in an effort to improve perception of membership benefit during an often-difficult time financially for transitioning young doctors.

What’s more, I am excited by the opportunity to serve as liaison between the YPS and other AMA sections to advance our organizational agenda. Having coordinated the creation and implementation of our SaveGME campaign with the help of YPS, RFS and MSS leaders, I am ready to hit the ground running in this collaborative capacity for the YPS, and I would be honored to have your vote for Member-At-Large.
Member At-Large
Nicole Riddle, MD
Tampa, FL
Specialty: Pathology
Endorsements: United States and Canadian Academy of Pathology; College of American Pathologists; American Society of Clinical Pathology and National Association of Medical Examiners

Statement of Interest:
Being actively involved in the AMA for 15+ years is something for which I am so very grateful. My time on the YPS-GC, in particular, has been invaluable for my growth as a physician, a leader, and a human being. But that is only the silver lining to why I wish to continue my service. We as physicians strive to do the best we can for our patients, and as physicians active in the AMA we take on the enormous task of improving care for ALL patients. By serving as Member-At-Large for one more term, I hope to continue my discussion with States and Specialties Societies to continue to grow representation in the YPS in order to hear all perspectives to ensure our needs as physicians as well as our patients’ needs are met to the best of our abilities. During the last 2 years I have been in communication with numerous organizations, a few have started sending people and several more are looking into way to make it financially feasible. I would love the opportunity to continue working with these groups to make growing YPS representation and engagement a reality.
AMA-YPS Rules of Order: Business Meeting

• The Assembly of the AMA-YPS is composed of designated delegates representing their respective constituent state medical societies, specialty societies, or branches of the uniformed services. Representatives must be under the age of 40 or within the first eight (8) years of professional practice after residency and fellowship training programs (if over the age of 40). They must be members of the AMA. Only certified representatives that are credentialed may vote. Only certified AMA-YPS representatives may make motions or propose amendments. Observers and others are welcome, but can participate in debate only with permission of the Chair.

• The Chair and the Speaker will preside over the Business Meeting.

• Resolutions to the AMA-YPS Assembly must propose new policy positions for the AMA, directives for action to the AMA-YPS Governing Council, and directives for advocacy by the AMA-YPS Delegate and Alternate Delegate within the AMA House of Delegates. The AMA-YPS does not accept resolutions to develop YPS policy only.

• Resolutions must be received in writing by the AMA-YPS office by a specific time determined by the Chair (resolution due dates: April 30 for the Annual Assembly Meeting and August 30 for the Interim Assembly Meeting). Resolutions submitted after the deadline date and within a week of the meeting will be deemed "late." Instructions for commenting on these resolutions will be posted on the AMA-YPS Web site where possible and referred to the Reference Committee for its recommendation to accept or not. The Reference Committee will consider the timeliness/urgency of late resolutions, coupled with the reason(s) for lateness. If the Assembly votes by a 2/3 affirmative vote to accept, the Reference Committee then issues a written recommendation for disposition of the resolution.

• Resolutions received after the "late resolutions deadline" and through the AMA-YPS Assembly meeting will be considered "emergency resolutions." A 3/4 Assembly vote is required for acceptance.

• Copies of all on-time, late and emergency resolutions will be distributed to the Assembly.

• A representative must wear his/her badge at all times while on the floor of the Assembly.

• A representative wishing to obtain the floor shall approach the nearest microphone, wait to be recognized, address the Chair, and give his/her name and affiliation before speaking on the issue. Observers and others may participate in the discussion with permission of the Chair.
• No one will speak more than once on any issue or separate motion until all who wish to speak have been heard. No one will speak more than twice, without permission of the Chair or upon approval by a majority of the Assembly.

• So as not to hinder debate, time limits for discussion on any single issue shall not be imposed. Should discussion become lengthy, a representative to the Assembly may make a motion to the Assembly to limit debate. Such motion would need a 2/3 vote to be passed. Ample time should be allowed for any member to be heard on an issue before debate is closed.

• Any major amendments will be presented to the Chair in writing before they are placed on the floor for discussion and action.

• Voting will be by voice, that is, the “ayes” and “nays,” except where the Chair or a representative calls for a division of the Assembly, in which case a standing vote will be taken.

• Smoking will be prohibited at all official business meetings of the AMA-YPS including the Assembly, reference committees, and workshops.

• Thirty voting representatives shall constitute a quorum for the business meeting of the AMA Young Physicians Section.
Definition of AMA-YPS Actions

For the AMA-YPS Governing Council to act in accordance with the wishes of the AMA-YPS Assembly, the actions of the assembly must be definitive. To avoid any misunderstanding, the Governing Council uses the following definitions for Assembly actions:

- **ADOPT**: Approve report or resolution as policy to be implemented through Governing Council and/or entered into AMA House of Delegates.

- **FILE**: Accept report for information only.

- **REFER FOR REPORT**: Send report or resolution back to Governing Council for further consideration AND A REPORT BACK TO THE ASSEMBLY AT A LATER DATE.

- **REFER FOR DECISION**: Delegate to the AMA-YPS Governing Council the decision as to what action is appropriate.

- **NOT ADOPT**: Defeat report or resolution.

*Note:* A substitute resolution replaces the original resolution and is treated like any other resolution. An amendment adds or deletes a section of a report or resolution.
Developing Sound AMA-YPS Positions

If sound positions are to be formulated, the issues will be decided on the basis of three criteria:

- Is the proposed matter feasible? (Can it be done?)
- Is it advisable? (Should it be done?)
- Is it efficient? (What is the best cost-benefit ratio?)

AMA-YPS positions will be sound if those questions are answered affirmatively or if a satisfactory compromise based on the criteria is made.

Creating or changing AMA policy generally is initiated when an inequity is perceived, a problem is recognized, or a potential problem is identified (e.g., credentialing problems unique to young physicians, inequitable reimbursement, late payment, decrease in graduate medical education funding). Those who frame resolutions for consideration first find the underlying problem and then identify specific objectives that will resolve the issue.

While experienced representatives may find the process of evaluating issues easy, the novice may find it long and arduous. However complex, the process produces sound policy and helps those who frame resolutions produce a sound defense of their proposals.

Steps to Consider when Evaluating Pending Resolutions

- **What can be done?** Is more information needed that will narrow or broaden choices? Have similar policies been presented and rejected? If so, why? Look at alternative ways to accomplish the same outcome.
- **Ask:** What mechanisms are in place to help execute the policies? Can the AMA-YPS or the AMA actually do what it is being asked to do? Can/should some other organization take on the issue? Can/should some other organization align with this issue to give added support?
- **Ask:** What are the consequences of each of the outcomes? What are some relevant techniques for predicting the consequences? Who will be helped; who will be hurt? What systems will be affected? Is it consistent with the current policy? What are the social costs, program costs and governmental costs? How will the policy’s success be measured in solving the identified problem?
- **Consider the value of the actions.** Depending on the environment, each criterion may be easily ranked. If money is not a problem, efficiency may be ranked last; if there is little money, efficiency may be the controlling factor. If all criteria are ranked equally, or nearly so, the decision may be more difficult in evaluating the outcome. The method of ranking choices is very individualized but must have some sort of logical foundation to be credible and marketable.

Making a final choice draws upon all aspects of the analysis and comes up with the preferred course of action. The most desirable is not always the best, but it may be the best for the time and environment. Goals may have to be lowered when dealing with complex or evolving issues.
AMA-YPS Policy Development Process

Reports and resolutions become official business of the Assembly, then made available through the online forum

Young physicians provide testimony via online forum

Reference Committee makes recommendations for action to the Assembly

AMA Young Physicians Section Assembly Votes on Items of Business

Adopt or Adopt as Amended

Not adopt

File

Refer for decision (YPS Governing Council studies and takes appropriate action)

Resolution submitted to AMA-HOD

(Resolution will be submitted for the next AMA-HOD meeting unless otherwise requested)

Reports from the YPS Governing Council

Resolutions from Assembly Participants
(Annual Assembly Meeting resolution due date: April 30/Interim Assembly Meeting resolution due date: Sept. 30)
Parliamentary Procedure “Cheat Sheet”

- Start by stating who you are (name and who you are representing)
  - “Shane Hopkins on behalf of the American Society for Radiation Oncology” or “Shane Hopkins speaking only on behalf of myself”
  - If you haven’t discussed the issue with your supporting society and they don’t have policy on the topic, you should typically only say you are representing yourself, even if you are “the delegation”. It’s not a bad thing but then requires a “second” if you are making a motion.
- Then make a motion or state whether you are speaking for or against the current motion already under consideration
  - “… and I would like to propose an amendment to change…”
  - “… and I speak in opposition to the motion to refer…”
- Try not to repeat previous testimony. Keep it brief. Be diplomatic (we’re all on the same team). Provide examples and data if you have it. Feel free to ask questions of the Speaker if you are confused about a procedural issue.
- The parli pro is to facilitate fairness, not make things incomprehensible or intimidate people away from participation. If it is doing those things, speak up.

Available typical motions for different parts of our business:

<table>
<thead>
<tr>
<th>YPS Reference Committee Items</th>
<th>House of Delegates Handbook Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Extract from Consent Calendar (only at start of business)</td>
<td>• Extract from Handbook Committee Grid (only at start of each committee’s discussion)</td>
</tr>
<tr>
<td>• Amend item</td>
<td>• Amend Committee recommended position</td>
</tr>
<tr>
<td>• Second order amendment to item</td>
<td>• Second order amendment</td>
</tr>
<tr>
<td>• Limit or extend debate</td>
<td>• Limit or extend debate</td>
</tr>
<tr>
<td>• Postpone to a certain time</td>
<td>• Postpone to a certain time during this meeting</td>
</tr>
<tr>
<td>• Refer to Governing Council for report</td>
<td>• Reconsider item already voted on</td>
</tr>
<tr>
<td>• Reconsider item already voted on</td>
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</tbody>
</table>

Most of these are “debatable” and would be discussed prior to voting them up or down.

Additional procedural motions are available in the manual but are used less frequently and would probably slow down the process.
SUMMARY OF CHANGES IN PARLIAMENTARY PROCEDURE
AMA House of Delegates  I-15

The House of Delegates approved using the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (2012) at A-15. This is a brief summary of the changes from our previous parliamentary authority.

PRIVILEGED MOTIONS

<table>
<thead>
<tr>
<th>STURGIS</th>
<th>NEW AIPSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjourn</td>
<td>---</td>
</tr>
<tr>
<td>2 Recess</td>
<td>---</td>
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<tr>
<td>3 Question of privilege</td>
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</tbody>
</table>

SUBSIDIARY MOTIONS

<table>
<thead>
<tr>
<th>4 Table</th>
<th>Removes item from consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not debatable or amendable; ⅔ vote</td>
</tr>
</tbody>
</table>

| 5 Close debate | --- | No change |
| 6 Limit or extend debate | --- | No change |
| 7 Postpone to certain time | --- | No change |
| 8 Refer to committee | --- | No change |
| 9 Amend | --- | No change |

MAIN MOTIONS

| 10 Main Motion | --- | No change |
| Specific main motions: |
| - **Adopt-in-lieu-of** | Not present | Already HOD procedure when a substitute resolution adopted |
| - Amend a previous action | --- | No change |
| - Ratify | --- | No change |
| - **Recall from committee** | Not present | Enables recalling items referred before reported back to HOD |
| - Reconsider | --- | No change |
| - Rescind | --- | No change |
| Resume consideration | Not present |
EXCERPTS FROM THE AMA CONSTITUTION AND BYLAWS (JULY 2014)

7—Sections

7.0.1 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

7.0.1.1 Involvement. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.

7.0.1.2 Outreach. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.

7.0.1.3 Communication. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.

7.0.1.4 Membership. To promote AMA membership growth.

7.0.1.5 Representation. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.

7.0.1.6 Education. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

7.0.2 Informational Reports. Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. The report(s) shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.

7.0.3 Governing Council. There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.

7.0.3.1 Qualifications. Members of each Section Governing Council must be members of the AMA and of the Section.

7.0.3.2 Voting. Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.

7.0.3.3 Additional Requirements. Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.
7.0.4 **Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.

7.0.4.1 **Qualifications.** Officers of each Section must be members of the AMA and of the Section.

7.0.4.2 **Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.

7.0.4.3 **Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.

7.0.5 **Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.

7.0.6 **Business Meeting.** There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.

7.0.6.1 **Purpose.** The purposes of the Business Meeting shall be:

7.0.6.1.1 To hear such reports as may be appropriate.

7.0.6.1.2 To consider other business and vote upon such matters as may properly come before the meeting.

7.0.6.1.3 To adopt resolutions for submission by the Section to the House of Delegates.

7.0.6.1.4 To hold elections.

7.0.6.2 **Meeting Procedure.**

7.0.6.2.1 The Business Meeting shall be open to all members of the AMA.

7.0.6.2.2 Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.

7.0.6.2.3 The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.

7.0.7 **Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

7.0.8 **Establishment of New Sections.** A member component group seeking Section status may submit an application to the Council on Long Range Planning and Development, which will make its recommendation to the House of Delegates through the Board of Trustees, or a resolution may be submitted for Section status.
7.0.9 **Section Status.** Sections shall either be fixed or delineated, as determined by the House of Delegates upon recommendation of the Council on Long Range Planning and Development based on criteria adopted by the House of Delegates. 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.

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7.5 **Young Physicians Section.** The Young Physicians Section is a fixed Section.

7.5.1 **Membership.** All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.5.2 **Cessation of Eligibility.** If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.5.1 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 any officer’s or member’s term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.5.1, as long as the officer or member remains an active physician member of the AMA. The preceding provision shall not apply to the Chair-Elect. Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete the term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.5.1, as long as the officer remains an active physician member of the AMA.

7.5.3 **Representatives to the Business Meeting.** The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

7.5.3.1 **Constituent Associations, National Medical Specialty Societies, and Federal Services.** Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.

7.5.3.1.1 **Apportionment.** The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each constituent association, Federal Service, and specialty society shall automatically be entitled to
2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

7.5.3.1.2 Effective Date. Such apportionment shall take effect on the following January 1 and shall remain effective for one year. In January of each year, the AMA shall notify each constituent association and Federal Service of the number of seats to which it is entitled during the current year. All specialty societies seeking additional representative seats beyond the first two are required to submit evidence documenting the number of their AMA young physician members.

7.5.3.1.2.1 Retention of Representative. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, Federal Service, or national medical specialty society, that entity shall be permitted to retain the same number of representatives, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members.

7.5.3.2 Qualifications. Each representative to the Business Meeting must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the Section shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative to the Business Meeting. The representative’s constituent association, Federal Service, or specialty society may fill the vacancy so created, consistent with the rules and criteria that are developed by the Governing Council.
AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 1
(A-18)

Introduced by: YPS Task Force for Maintenance of Certification (MOC)/Maintenance of Licensure (MOL)

Subject: Young Physician Involvement in Maintenance of Certification

Referred to: YPS Reference Committee

Whereas, Young physicians report feeling disenfranchised with the current Maintenance of Certification (MOC) system; and

Whereas, Young physicians represent the future of medicine and have the most vested interest in maintaining quality of MOC; and

Whereas, At least one specialty board excludes young physicians from service on the board of directors and another requires directors to be “of mature age”; and

Whereas, The ABMS recently launched the initiative “Continuing Board Certification: Vision for the Future” and is seeking comments from stakeholders; therefore be it

RESOLVED, That our AMA submit commentary to the American Board of Medical Specialties (ABMS) Continuing Board Certification: Vision for the Future initiative, asking that junior diplomates be given equal opportunity to serve on ABMS and its member boards (Directive to Take Action); and be it further

RESOLVED, That our AMA work with American Board of Medical Specialties (ABMS) and member boards to encourage the inclusion of younger physicians on the ABMS and its member boards. (Directive to Take Action)

Fiscal Note: Minimal – Less than $500 to implement.

RELEVANT AMA POLICY:
Maintenance of Certification and Osteopathic Continuous Certification D-275.954

Our AMA will: 1. Continue to monitor the evolution of Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for MOC, and prepare a yearly report to the House of Delegates regarding the MOC and OCC process. 2. Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council’s ongoing efforts to critically review MOC and OCC issues. 3. Continue to monitor the progress by the American Board of Medical Specialties (ABMS) and its member boards on implementation of MOC, and encourage the ABMS to report its research findings on the issues surrounding certification and

MOC on a periodic basis. 4. Encourage the ABMS and its member boards to continue to explore other ways to measure the ability of physicians to access and apply knowledge to care for patients, and to continue to examine the evidence supporting the value of specialty board certification and MOC. 5. Work with the ABMS to streamline and improve the Cognitive Expertise (Part III) component of MOC, including the exploration of alternative formats, in ways that effectively evaluate acquisition of new knowledge while reducing or eliminating the burden of a high-stakes examination. 6. Work with interested parties to ensure that MOC uses more than one pathway to assess accurately the competence of practicing physicians, to monitor for exam relevance and to ensure that MOC does not lead to unintended economic hardship such as hospital de-credentialing of practicing physicians. 7. Recommend that the ABMS not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety. 8. Work with the ABMS to eliminate practice performance assessment modules, as currently written, from MOC requirements. 9. Encourage the ABMS to ensure that all ABMS member boards provide full transparency related to the costs of preparing, administering, scoring and reporting MOC and certifying examinations. 10. Encourage the ABMS to ensure that MOC and certifying examinations do not result in substantial financial gain to ABMS member boards, and advocate that the ABMS develop fiduciary standards for its member boards that are consistent with this principle. 11. Work with the ABMS to lessen the burden of MOC on physicians with multiple board certifications, particularly to ensure that MOC is specifically relevant to the physician’s current practice. 12. Work with key stakeholders to (a) support ongoing ABMS member board efforts to allow multiple and diverse physician educational and quality improvement activities to qualify for MOC; (b) support ABMS member board activities in facilitating the use of MOC quality improvement activities to count for other accountability requirements or programs, such as pay for quality/performance or PQRS reimbursement; (c) encourage ABMS member boards to enhance the consistency of quality improvement programs across all boards; and (d) work with specialty societies and ABMS member boards to develop tools and services that help physicians meet MOC requirements. 13. Work with the ABMS and its member boards to collect data on why physicians choose to maintain or discontinue their board certification. 14. Work with the ABMS to study whether MOC is an important factor in a physician’s decision to retire and to determine its impact on the US physician workforce. 15. Encourage the ABMS to use data from MOC to track whether physicians are maintaining certification and share this data with the AMA. 16. Encourage AMA members to be proactive in shaping MOC and OCC by seeking leadership positions on the ABMS member boards, American Osteopathic Association (AOA) specialty certifying boards, and MOC Committees. 17. Continue to monitor the actions of professional societies regarding recommendations for modification of MOC. 18. Encourage medical specialty societies’ leadership to work with the ABMS, and its member boards, to identify those specialty organizations that have developed an appropriate and relevant MOC process for its members. 19. Continue to work with the ABMS to ensure that physicians are clearly informed of the MOC requirements for their specific board and the timelines for accomplishing those requirements. 20. Encourage the ABMS and its member boards to develop a system to actively alert physicians of the due dates of the multi-stage requirements of continuous professional development and performance in practice, thereby assisting them with maintaining their board certification. 21. Recommend to the ABMS that all physician members of those boards governing the MOC process be required to participate in MOC. 22. Continue to participate in the National Alliance for Physician Competence forums. 23. Encourage the PCPI Foundation, the ABMS, and the Council of Medical Specialty Societies to work together toward utilizing Consortium performance measures in Part IV of MOC. 24. Continue to assist physicians in practice performance improvement. 25. Encourage all specialty societies to grant certified CME credit for activities that they offer to fulfill requirements of their respective specialty board’s MOC and associated processes. 26. Support the American College of Physicians as well as other professional societies in their efforts to work with the American Board of Internal Medicine (ABIM) to improve the MOC program. 27. Oppose those maintenance of certification programs
administered by the specialty boards of the ABMS, or of any other similar physician certifying organization, which do not appropriately adhere to the principles codified as AMA Policy on Maintenance of Certification. 28. Ask the ABMS to encourage its member boards to review their maintenance of certification policies regarding the requirements for maintaining underlying primary or initial specialty board certification in addition to subspecialty board certification, if they have not yet done so, to allow physicians the option to focus on maintenance of certification activities relevant to their practice. 29. Call for the immediate end of any mandatory, secured recertifying examination by the ABMS or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination. 30. Support a recertification process based on high quality, appropriate Continuing Medical Education (CME) material directed by the AMA recognized specialty societies covering the physician's practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning. 31. Continue to work with the ABMS to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure high stakes exam. 32. Continue to support the requirement of CME and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients. 33. Through legislative, regulatory, or collaborative efforts, will work with interested state medical societies and other interested parties by creating model state legislation and model medical staff bylaws while advocating that Maintenance of Certification not be a requirement for: (a) medical staff membership, privileging, credentialing, or recredentialing; (b) insurance panel participation; or (c) state medical licensure. 34. Increase its efforts to work with the insurance industry to ensure that maintenance of certification does not become a requirement for insurance panel participation. 35. Advocate that physicians who participate in programs related to quality improvement and/or patient safety receive credit for MOC Part IV.
Whereas, In the Blueprint list of priority diseases released by the World Health Organization in February 2018, a “Disease X” was added representing an unknown pathogen with a serious international epidemic potential1; and

Whereas, The Center for Disease Control and Prevention (CDC) has faced budget cuts of 1.525 billion dollars over the last three fiscal years2; and

Whereas, Continued public health funding is fundamental to maintaining essential services to the general population in prevention, outbreak investigation, and emergency response; and

Whereas, Availability of funding for “Disease X” prior to its clinical presentation would allow for patterned syndromic surveillance; and

Whereas, Early identification reduces transmission, morbidity, mortality; and

Whereas, Early identification and public health messaging reduced the climate of fear and panic in the general public; therefore be it

RESOLVED, That our AMA encourage federal, state, and local agencies to partake in syndrome surveillance, assess risks of local populations for disease, and develop comprehensive plans with other stakeholders to enact actions for mitigation, preparedness, response, and recovery (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage federal, state, and local agencies to develop funding formulas accounting for population risks and medically underserved areas (Directive to Take Action); and be it further

RESOLVED, That our AMA supports flexible funding in public health for “Disease X” to improve timely response to emerging outbreaks and build public health infrastructure at the local level (Directive to Take Action); and be it further

RESOLVED, That our AMA supports effective public health messaging to reduce climate of fear and panic. (Directive to Take Action)

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Fiscal Note: Minimal – Less than $500 to implement.

RELEVANT AMA POLICY
Federal Block Grants and Public Health H-440.912
(1) Our AMA should collaborate with national public health organizations to explore ways in which public health and clinical medicine can become better integrated; such efforts may include the development of a common core of knowledge for public health and medical professionals, as well as educational vehicles to disseminate this information. (2) Our AMA urges Congress and responsible federal agencies to: (a) establish set-asides or stable funding to states and localities for essential public health programs and services, (b) provide for flexibility in funding but ensure that states and localities are held accountable for the appropriate use of the funds; and (c) involve national medical and public health organizations in deliberations on proposed changes in funding of public health programs. 3) Our AMA will work with and through state and county medical societies to: (a) improve understanding of public health, including the distinction between publicly funded medical care and public health; (b) determine the roles and responsibilities of private physicians in public health, particularly in the delivery of personal medical care to underserved populations; (c) advocate for essential public health programs and services; (d) monitor legislative proposals that affect the nation’s public health system; (e) monitor the growing influence of managed care organizations and other third party payers and assess the roles and responsibilities of these organizations for providing preventive services in communities; and (f) effectively communicate with practicing physicians and the general public about important public health issues. (4) Our AMA urges state and county medical societies to: (a) establish more collegial relationships with public health agencies and increase interactions between private practice and public health physicians to develop mutual support of public health and clinical medicine; and (b) monitor and, to the extent possible, participate in state deliberations to ensure that block grant funds are used appropriately for health-related programs. (5) Our AMA urges physicians and medical societies to establish community partnerships comprised of concerned citizens, community groups, managed care organizations, hospitals, and public health agencies to: (a) assess the health status of their communities and determine the scope and quality of population- and personal-based health services in their respective regions; and (b) develop performance objectives that reflect the public health needs of their states and communities. 6. Our AMA: (a) supports the continuation of the Preventive Health and Health Services Block Grant, or the securing of adequate alternative funding, in order to assure preservation of many critical public health programs for chronic disease prevention and health promotion in California and nationwide, and to maintain training of the public health physician workforce; and (b) will communicate support of the continuation of the Preventive Health and Health Services Block Grant, or the securing of adequate alternative funding, to the US Congress.

Pandemic Preparedness for Influenza H-440.847
In order to prepare for a potential influenza pandemic, our AMA: (1) urges the Department of Health and Human Services Emergency Care Coordination Center, in collaboration with the leadership of the Centers for Disease Control and Prevention (CDC), state and local health departments, and the national organizations representing them, to urgently assess the shortfall in funding, staffing, vaccine, drug, and data management capacity to prepare for and respond to an influenza pandemic or other serious public health emergency; (2) urges Congress and the Administration to work to ensure adequate funding and other resources: (a) for the CDC, the National Institutes of Health (NIH) and other appropriate federal agencies, to support implementation of an expanded capacity to produce the necessary vaccines and anti-viral drugs and to continue development of the nation’s capacity to rapidly vaccinate the entire population and care for large numbers of seriously ill people; and (b) to bolster the infrastructure and capacity of state and local health department to effectively prepare for, respond to, and protect
the population from illness and death in an influenza pandemic or other serious public health emergency; (3) urges the CDC to develop and disseminate electronic instructional resources on procedures to follow in an influenza epidemic, pandemic, or other serious public health emergency, which are tailored to the needs of physicians and medical office staff in ambulatory care settings; (4) supports the position that: (a) relevant national and state agencies (such as the CDC, NIH, and the state departments of health) take immediate action to assure that physicians, nurses, other health care professionals, and first responders having direct patient contact, receive any appropriate vaccination in a timely and efficient manner, in order to reassure them that they will have first priority in the event of such a pandemic; and (b) such agencies should publicize now, in advance of any such pandemic, what the plan will be to provide immunization to health care providers; (6) will monitor progress in developing a contingency plan that addresses future influenza vaccine production or distribution problems and in developing a plan to respond to an influenza pandemic in the United States.

Next Generation Infectious Diseases Diagnostics H-440.834
1. Our American Medical Association supports strong federal efforts to stimulate early research and development of emerging rapid ID (infectious disease) diagnostic technologies through increased funding for appropriate agencies. 2. Our AMA supports the reduction of regulatory barriers to allow for safe and effective emerging rapid diagnostic tests, particularly those that address unmet medical needs, to more rapidly reach laboratories for use in patient care. 3. Our AMA supports improving the clinical integration of new diagnostic technologies into patient care through outcomes research that demonstrates the impact of diagnostics on patient care and outcomes, educational programs and clinical practice guidelines for health care providers on the appropriate use of diagnostics, and integration of diagnostic tests results into electronic medical records. 4. Our AMA supports efforts to overcome reimbursement barriers to ensure coverage of the cost of emerging diagnostics.

Public and Private Funding of Prevention Research D-425.999
(1) Our AMA will work in partnership with the Centers for Disease Control and Prevention, the National Institutes of Health, and other Federal Agencies, the Public Health Community (via the medicine/public health initiative), and the managed care community to develop a national prevention research agenda and report back to the House of Delegates the current status of this agenda. (2) These groups work in partnership to develop a practical plan to implement recommendations which will allow such groups to support and participate more fully in prevention research.

AMA Leadership in the Medical Response to Terrorism and Other Disasters H-130.946
Our AMA: (1) Condemns terrorism in all its forms and provide leadership in coordinating efforts to improve the medical and public health response to terrorism and other disasters. (2) Will work collaboratively with the Federation in the development, dissemination, and evaluation of a national education and training initiative, called the National Disaster Life Support Program, to provide physicians, medical students, other health professionals, and other emergency responders with a fundamental understanding and working knowledge of their integrated roles and responsibilities in disaster management and response efforts. (3) Will join in working with the Department of Homeland Security, the Department of Health and Human Services, the Department of Defense, the Federal Emergency Management Agency, and other appropriate federal agencies; state, local, and medical specialty societies; other health care associations; and private foundations to (a) ensure adequate resources, supplies, and training to enhance the medical and public health response to terrorism and other disasters; (b) develop a comprehensive strategy to assure surge capacity to address mass casualty care; (c) implement communications strategies to inform health care professionals and the public about a terrorist attack or other major disaster, including local information on available medical and mental
health services; (d) convene local and regional workshops to share "best practices" and "lessons learned" from disaster planning and response activities; (e) organize annual symposia to share new scientific knowledge and information for enhancing the medical and public health response to terrorism and other disasters; and (f) develop joint educational programs to enhance clinical collaboration and increase physician knowledge of the diagnosis and treatment of depression, anxiety, and post-traumatic stress disorders associated with exposure to disaster, tragedy, and trauma. (4) Believes all physicians should (a) be alert to the occurrence of unexplained illness and death in the community; (b) be knowledgeable of disease surveillance and control capabilities for responding to unusual clusters of diseases, symptoms, or presentations; (c) be knowledgeable of procedures used to collect patient information for surveillance as well as the rationale and procedures for reporting patients and patient information; (d) be familiar with the clinical manifestations, diagnostic techniques, isolation precautions, decontamination protocols, and chemotherapy/prophylaxis of chemical, biological, and radioactive agents likely to be used in a terrorist attack; (e) utilize appropriate procedures to prevent exposure to themselves and others; (f) prescribe treatment plans that may include management of psychological and physical trauma; (g) understand the essentials of risk communication so that they can communicate clearly and nonthreateningly with patients, their families, and the media about issues such as exposure risks and potential preventive measures (e.g., smallpox vaccination); and (h) understand the role of the public health, emergency medical services, emergency management, and incident management systems in disaster response and the individual health professional's role in these systems. (5) Believes that physicians and other health professionals who have direct involvement in a mass casualty event should be knowledgeable of public health interventions that must be considered following the onset of a disaster including: (a) quarantine and other movement restriction options; (b) mass immunization/chemoprophylaxis; (c) mass triage; (d) public education about preventing or reducing exposures; (e) environmental decontamination and sanitation; (f) public health laws; and (g) state and federal resources that contribute to emergency management and response at the local level. (6) Believes that physicians and other health professionals should be knowledgeable of ethical and legal issues and disaster response. These include: (a) their professional responsibility to treat victims (including those with potentially contagious conditions); (b) their rights and responsibilities to protect themselves from harm; (c) issues surrounding their responsibilities and rights as volunteers, and (d) associated liability issues. (7) Believes physicians and medical societies should participate directly with state, local, and national public health, law enforcement, and emergency management authorities in developing and implementing disaster preparedness and response protocols in their communities, hospitals, and practices in preparation for terrorism and other disasters. (8) Urges Congress to appropriate funds to support research and development (a) to improve understanding of the epidemiology, pathogenesis, and treatment of diseases caused by potential bioweapon agents and the immune response to such agents; (b) for new and more effective vaccines, pharmaceuticals, and antidotes against biological and chemical weapons; (c) for enhancing the shelf life of existing vaccines, pharmaceuticals, and antidotes; and (d) for improving biological chemical, and radioactive agent detection and defense capabilities.
Whereas, Workforce diversity is defined as the presence of people from many different backgrounds, and workforce inclusion represents how these individuals are able to equitably be promoted, compensated, and supported in their careers;¹ and

Whereas, Women physicians have documented gaps in compensation and career advancement at all levels, and these gaps widen over their career trajectory;² and

Whereas, The published literature has documented that progress for women physicians has been slower than would be anticipated given the growing numbers of women in medicine;³ and

Whereas, Traditional justifications for the lack of or slow progress for women in medicine have been refuted⁴ and there has been a shift away from focusing on the women themselves and towards addressing institutional and structural bias and other barriers;⁵ and

Whereas, Medical societies have unique opportunities to support underrepresented physician members with career enhancing opportunities;¹,⁶ and

Whereas, Women physicians have been underrepresented for medical society affiliated career enhancing opportunities including, but not limited to, journal editorial boards,⁷ conference speakers,⁸ and recognition awards;¹ and

Whereas, Reports in the published literature have documented gaps in medical societies’ efforts to tackle workforce and patient health disparities\(^9\) and have called on them to more critically assess their efforts through metrics, outcomes and reporting methodology that is consistent with that used in evidence-based medicine;\(^1\) and

Whereas, Physicians are working together in a grass roots effort to encourage their organizations to be better allies (e.g., the Twitter campaign #SocietiesAsAllies);\(^10\) and

Whereas, The National Institutes of Health (NIH) has speaker guidelines that focus on the inclusion of women in medicine at scientific conferences\(^11\) and publishes workforce inclusion metrics for women in medicine such as grant funding,\(^12\) this has not been the practice of medical societies; and

Whereas, The Association of Academic Physiatrists (AAP) is the first medical society to report in a medical journal its gender inclusion metrics and provide a plan to achieve equitable inclusion in the future;\(^13\) and


Whereas, The American College of Physicians (ACP) recently published a position paper\(^14\) titled “Achieving Gender Equity in Physician Compensation and Career Advancement,” clarifying the organization’s positions and recommendations regarding gender equity in medicine; and

Whereas, The AMA Women Physicians Section supports a number of important initiatives, including Women in Medicine Month, the Women in Medicine Symposium, and the Joan F. Giambalvo Fund for the Advancement of Women; and

Whereas, Our AMA policy H-525.992 supports “the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine;” and

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\(^10\) #SocietiesAsAllies - Twitter Search. 2018; Available at https://twitter.com/search?q=%23SocietiesAsAllies&src=typd.


Whereas, Our AMA policy D-200.981 notes that the organization “will collect and publicize information on best practices in academic medicine and non-academic medicine that foster gender parity in the profession;” therefore, be it

RESOLVED, That our AMA draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, to be submitted to the House for consideration in I-18 (Directive to Take Action); and be it further

RESOLVED, That our AMA work with the National Academies of Sciences, Engineering, and Medicine (NASEM) and other relevant stakeholders to host a similar workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a similarly detailed report based on workshop findings (Directive to Take Action); and be it further

RESOLVED, That our AMA collect and analyze comprehensive data on the diversity and inclusion of women members in sponsored activities including, but not limited to, plenary speaker invitations, recognition awards, and grant funding, as well as leadership positions within our AMA, including the Board of Trustees, Councils and Section Governance, while disseminating such findings in regular reports to the House of Delegates and making recommendations to support gender equity (Directive to Take Action); and be it further

RESOLVED, That our AMA, through the Joan F. Giambalvo Fund for the Advancement of Women, make it a strategic priority to generate a gender equity database for use by interested researchers, to widely promote its availability, and to provide grant support for researchers interested in studying these topics (Directive to Take Action); and be it further

RESOLVED, That this resolution be immediately forwarded for consideration at the 2018 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)

Fiscal Note: Not yet determined

RELEVANT AMA POLICY

**Equal Opportunity H-65.968**

Our AMA: (1) declares it is opposed to any exploitation and discrimination in the workplace based on gender; (2) affirms the concept that equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of gender; (3) affirms the concept of equal rights for men and women; and (4) endorses the principle of equal opportunity of employment and practice in the medical field.

**Women in Medicine H-525.992**

Our AMA reaffirms its policy of commitment to the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine.

**Women in Organized Medicine H-525.998**

Our AMA: (1) reaffirms its policy advocating equal opportunities and opposing sex discrimination in the medical profession; (2) supports the concept of increased tax benefits for working parents; (3) (a) supports the concept of proper child care for families
of working parents; (b) reaffirms its position on child care facilities in or near medical centers and hospitals; (c) encourages business and industry to establish employee child care centers on or near their premises when possible; and (d) encourages local medical societies to survey physicians to determine the interest in clearinghouse activities and in child care services during medical society meetings; (4) reaffirms its policy supporting flexibly scheduled residencies and encourages increased availability of such programs; and (5) supports that the AMA Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures be updated by the AMA Women Physicians Congress, and forwarded to the House of Delegates for approval, and include not only resources for training programs but also private practice settings. To facilitate wide distribution and easy access, the Guidelines will be placed on the AMA Web site.

Gender Disparities in Physician Income and Advancement D-200.981
Our AMA: (1) encourages medical associations and other relevant organizations to study gender differences in income and advancement trends, by specialty, experience, work hours and other practice characteristics, and develop programs to address disparities where they exist; (2) supports physicians in making informed decisions on work-life balance issues through the continued development of informational resources on issues such as part-time work options, job sharing, flexible scheduling, reentry, and contract negotiations; (3) urges medical schools, hospitals, group practices and other physician employers to institute and monitor transparency in pay levels in order to identify and eliminate gender bias and promote gender equity throughout the profession; (4) will collect and publicize information on best practices in academic medicine and non-academic medicine that foster gender parity in the profession; and (5) will provide training on leadership development, contract and salary negotiations and career advancement strategies, to combat gender disparities as a member benefit.

Strategies for Enhancing Diversity in the Physician Workforce H-200.951
Our AMA (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities; (2) commends the Institute of Medicine for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; and (3) encourages medical schools, health care institutions, managed care and other appropriate groups to develop policies articulating the value and importance of diversity as a goal that benefits all participants, and strategies to accomplish that goal.

AMA Code of Medical Ethics 9.5.5 Gender Discrimination in Medicine
Inequality of professional status in medicine among individuals based on gender can compromise patient care, undermine trust, and damage the working environment. Physician leaders in medical schools and medical institutions should advocate for increased leadership in medicine among individuals of underrepresented genders and equitable compensation for all physicians. Collectively, physicians should actively advocate for and develop family-friendly policies that: (a) Promote fairness in the workplace, including providing for: (i) retraining or other programs that facilitate re-entry by physicians who take time away from their careers to have a family; (ii) on-site child care services for dependent children; (iii) job security for physicians who are temporarily not in practice due to pregnancy or family obligations. (b) Promote fairness in academic medical settings by: (i) ensuring that tenure decisions make allowance for family obligations by giving faculty members longer to achieve standards for promotion and tenure; (ii) establish more reasonable guidelines regarding the quantity and timing of
published material needed for promotion or tenure that emphasize quality over quantity and encourage the pursuit of careers based on individual talent rather than tenure standards that undervalue teaching ability and overvalue research; (iii) fairly distribute teaching, clinical, research, administrative responsibilities, and access to tenure tracks; (iv) structuring the mentoring process through a fair and visible system. (c) Take steps to mitigate gender bias in research and publication.
AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 4
(A-18)

Introduced by: Michael S. Sinha, MD, JD, MPH

Subject: Advancing the Goal of Equal Pay for Women in Medicine

Referred to: AMA-YPS Reference Committee

Whereas, Recent studies have demonstrated that there are persistent pay disparities for women physicians that begin early in their careers and across practice settings\(^1,2\), specialties and positions\(^3,4\) —with the gaps more pronounced for mid- and late-career women; and

Whereas, Gender pay disparities exist even when other factors are accounted for, including differences in specialty, age, faculty rank, and metrics of clinical and research productivity;\(^1\) and

Whereas, Gaps in compensation between men and women physicians widen over the physician’s career trajectory, particularly for women with intersectionality (those who also identify with other underrepresented groups);\(^5\) and

Whereas, The 2018 Medscape Physician Compensation Report\(^6\) found that male primary care physicians earned almost 18% more than their female counterparts, and among specialists, that gap widened to about 36%; and

Whereas, The American College of Physicians (ACP) recently published a position paper\(^7\) titled “Achieving Gender Equity in Physician Compensation and Career Advancement,” clarifying the organization’s positions and recommendations regarding equal pay in medicine; and

Whereas, The Association of Women Surgeons (AWS) recently published a position paper\(^8\) titled “Strategies for Identifying and Closing the Gender Salary Gap in Surgery;” and

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\(^1\) Jena AB, Olenski AR, Blumenthal DM. Sex Differences in Physician Salary in US Public Medical Schools. JAMA Intern Med. 2016 Sep 1;176(9):1294-304.


Whereas, Forty-eight states in the United States have some form of equal pay legislation (excluding Alabama and Mississippi), and

Whereas, The scope of state equal pay laws varies considerably, leading the American Association of University Women (AAUW) to rate states with equal pay protections as either poor, moderate, or strong, and

Whereas, Only nine states were identified by AAUW as having strong equal pay protections and even fewer states have equal pay laws that offer protections, defenses, remedies, preemptive action, and comparable worth provisions; and

Whereas, The Paycheck Fairness Act of 2017 seeks to “(1) restrict the use of the bona fide factor defense to wage discrimination claims, (2) enhance non-retaliation prohibitions, (3) make it unlawful to require an employee to sign a contract or waiver prohibiting the employee from disclosing information about the employee’s wages, and (4) increase civil penalties for violations of equal pay provisions;” and

Whereas, Salesforce, an American cloud computing company, recently undertook regular assessments and adjusted salaries accordingly in order to close pay gaps among employees based on gender and ethnicity, with companies like Adobe, Apple, Facebook, Intel, and Starbucks following suit; and

Whereas, Our AMA has strong existing policy on equal pay in medicine, including (1) further “study [of] gender differences in income and advancement trends, by specialty, experience, work hours and other practice characteristics,” (2) “develop[ment of] programs to address disparities where they exist,” (3) “urg[ing] medical schools, hospitals, group practices and other physician employers to institute and monitor transparency in pay levels in order to identify and eliminate gender bias and promote gender equity throughout the profession,” and (4) “collect[ing] and publiciz[ing] information on best practices in academic medicine and non-academic medicine that foster gender parity in the profession;” and

Whereas, Our AMA is well-situated to develop and advance specific legislative proposals; therefore be it

RESOLVED, That our AMA draft and disseminate a report clarifying principles of equal pay in medicine that can form the basis for state and specialty society policy-making, as well as for academic medical centers and other entities that employ physicians, to be submitted to the House for consideration in I-18 (Directive to Take Action); and be it further

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RESOLVED, That our AMA draft and disseminate model equal pay legislation to advance at the state and national levels while supporting existing measures to advance equal pay, such as the Paycheck Fairness Act of 2017 (Directive to Take Action); and be it further

RESOLVED, That our AMA commit to equal pay in medicine by undertaking routine assessments of salaries across the organization while making the necessary adjustments to ensure equal pay for equal work (Directive to Take Action); and be it further

RESOLVED, That this resolution be immediately forwarded for consideration at the 2018 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)

Fiscal Note: Not yet determined

RELEVANTAMA POLICY

Equal Opportunity H-65.968
Our AMA: (1) declares it is opposed to any exploitation and discrimination in the workplace based on gender; (2) affirms the concept that equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of gender; (3) affirms the concept of equal rights for men and women; and (4) endorses the principle of equal opportunity of employment and practice in the medical field.

Gender Disparities in Physician Income and Advancement D-200.981
Our AMA: (1) encourages medical associations and other relevant organizations to study gender differences in income and advancement trends, by specialty, experience, work hours and other practice characteristics, and develop programs to address disparities where they exist; (2) supports physicians in making informed decisions on work-life balance issues through the continued development of informational resources on issues such as part-time work options, job sharing, flexible scheduling, reentry, and contract negotiations; (3) urges medical schools, hospitals, group practices and other physician employers to institute and monitor transparency in pay levels in order to identify and eliminate gender bias and promote gender equity throughout the profession; (4) will collect and publicize information on best practices in academic medicine and non-academic medicine that foster gender parity in the profession; and (5) will provide training on leadership development, contract and salary negotiations and career advancement strategies, to combat gender disparities as a member benefit.

Strategies for Enhancing Diversity in the Physician Workforce H-200.951
Our AMA (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities; (2) commends the Institute of Medicine for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; and (3) encourages medical schools, health care institutions, managed care and other appropriate groups to develop policies articulating the value and importance of diversity as a goal that benefits all participants, and strategies to accomplish that goal.
REPORT OF THE AMA YOUNG PHYSICIANS SECTION GOVERNING COUNCIL

AMA-YPS Report A-A-18

Subject: Governing Council Activities/Action Plan Update

Presented by: Brandi Ring, MD, Chair

Referred to: AMA-YPS Reference Committee

The mission of the AMA Young Physicians Section (YPS) is to strengthen the value of AMA membership for young physicians while maximizing young physicians’ contributions to the AMA’s brand vision through involvement, advocacy and communications. In accordance with YPS Report G-A-16, AMA-YPS Strategic Plan, the section objectives for 2016-2021 fall into four main categories:

Focus:
- Clarify and communicate a clear membership value proposition to young physicians;
- Raise awareness of the challenges facing young physicians in the House of Delegates (HOD) and to AMA leadership; and
- Organize and lead efforts to expand involvement and representation of early career physicians within the HOD and among leadership roles across the organization.

Communications:
- Provide regular updates on AMA initiatives and other topics of interest to young physicians;
- Identify opportunities to promote dialogue among Section members and YPS Governing Council (GC) during and between meetings; and
- Actively engage AMA physician and staff leadership to ensure that the young physician perspective is represented in AMA communications (e.g., Advantage, Wire, Advocacy Updates) and in the AMA’s social media outlets as appropriate.

Leadership development:
- Promote available leadership development seminars, workshops, and other relevant activities or resources to young physicians;
- Offer opportunities for young physician members to connect with established AMA leaders;
- Encourage young physicians to seek leadership positions in the AMA; and
- Endorse young physician candidates for AMA leadership positions.

Membership and involvement:
- Develop relevant educational sessions and provide policymaking support before and during AMA-YPS meetings;
- Continue to recruit AMA-YPS members to join the AMA Outreach Program;
- Identify other opportunities for AMA-YPS members to work with AMA Membership to recruit young physician members;
- Increase representation of diverse physicians in the AMA-YPS Assembly; and
- Support transition of late stage residents to the AMA-YPS.

To further the Section’s mission, the GC has accomplished the following activities since the 2017 AMA-YPS Interim Assembly meeting.

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FOCUS

YPS COMMITTEES

YPS Committee on Innovation
The Committee on Innovation seeks to develop a repository of topics for future resolutions and identify opportunities to contribute to and support the AMA direction. The committee is chaired by Jake Behrens, MD and current members include Arif Ali, MD; Ricardo Correa, MD; Kyle P. Edmonds, MD; Erick Eiting, MD; Julie Joseph, MD; Nikan Khatibi, MD; Rachelle Klammer, MD; Anita Ravi, MD; Steve Sherick, MD; Heather Smith, MD; and John Vasudevan, MD. Shane Hopkins, MD, serves as the GC liaison to the committee.

The committee has established the following goals for 2017-2018:

- Develop a communication platform for members to discuss their ventures, interests, and needs. In addition, the platform will allow for event advertisements.
- Establish communication channels within select county, state, and specialty societies for distributing ideas and best practices for bringing physician input into local health technology sectors and communities.

In addition, the YPS Committee on Innovation continues to be a collective resource for YPS members interested in physician entrepreneurship and the emerging healthcare technology space through collaboration with fellow members and the broader offerings of the AMA. The committee has several ongoing projects and collaborations with the AMA Portfolio Management team, including:

- Offering insights on products at various stages of development as well as review ideas about how to best package and market these products.
- Working with AMA and Matter staff to develop events at the shared Matter/AMA space in Chicago.
- Collaborating with AMA staff to develop content and presentations for YPS members to introduce and connect their local county and state medical societies to potential health technology companies in their communities to foster partnership and to include physician input in early stage companies.
- Supporting the development and launch of the AMA Physician Innovation Network, an online networking site that connects and matches physicians with health technology entrepreneurs and companies to collaborate on developing improved solutions in health care.

Task Force on Maintenance of Certification (MOC) & Maintenance of Licensure (MOL)
The Task Force on Maintenance of Certification (MOC) & Maintenance of Licensure (MOL) is chaired by Brian Wolk, MD and includes the following members: Rania Agha, MD; Lase Ajayi, MD; Christine Bishop, MD; Kathleen Figaro, MD; and Shaheen E. Lakhan, MD. Nicole Riddle, MD, YPS Member At-Large, serves as the GC liaison for this committee. In addition to serving on the task force, Dr. Ajayi serves as the YPS representative on the AMA Council on Medical Education Committee on Continuing Medical Education (CME) and MOC/MOL.

Overall, the YPS remains committed to identifying alternatives to the high-stakes examination for the Knowledge Assessment portion of maintenance of certification. Immediate goals for this committee include:

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Advocate for young physician representation on the American Board of Medical Specialties (ABMS) member boards. Since the 2017 Interim meeting, the MOC/MOL Task Force has compiled a list of ABMS member board policies regarding young physicians serving on board(s) of directors. The Task Force plans to submit a resolution for consideration at the 2018 Annual meeting.

Develop subject matter expertise on the impact of state legislation on MOC and MOL; MOC policy reforms by ABMS member boards; and the effects of MOC on physicians. This expertise will be used to inform discussions within the YPS Assembly through reports and resolutions related to CME and MOC/MOL.

Strategy and Leadership Committee
The Strategy and Leadership Committee (SLC) is chaired by Henry Lin, MD, YPS Immediate Past Chair, and includes the following members: Lase Ajayi, MD; Ankush Bansal, MD; Lindsay Botsford, MD; Ricardo Correa, MD; Alex Ding, MD; Erick Eiting, MD; Michael Hanak, MD; Myo Thwin Myint, MD; Keshni Ramnanan, MD; Vani Sabesan, MD; Khuloud Shukha, MD; Yassir Sirajeldin, MD; and Krystal Tomei, MD.

The immediate goals of the SLC are to:
- Discuss the most efficient and effective methods to increase YPS leadership opportunities, including networking with larger delegations to help advance YPS candidates, assisting the campaigns of current YPS nominees, and identifying potential YPS members for future candidacies.
- Review all endorsement requests received by the YPS in order to make endorsement recommendations to the YPS GC.
- Develop a “pathways” resource to help young physicians in their professional development. This resource would include job description overviews (e.g., division chief, partner, chief medical officer, etc.), documented insights (e.g., What did you do to get here? What were some valuable experiences that prepared you?), and a list of potential mentors.

Membership, Marketing and Media Committee
The newly formed Membership, Marketing and Media Committee (MMMC) is chaired by Nicole Plenty, MD and includes the following members: Mohammad Agha, MD; Lase Ajayi, MD; Kyle Edmonds, MD; M. Kathleen Figaro, MD; Carolynn Francavilla, MD; Ronald Lee, MD; and Jeremy O’Connor, MD. Christie Morgan, MD, YPS Chair-Elect, serves as the GC liaison to the committee.

The goal of the MMMC is to help inform a media strategy that will allow the AMA to respond quickly to the health care issues arising daily through a generation of new ideas, feedback on current marketing strategies, and forward thinking engagement of new forms of media. Accordingly, all MMMC members are serving as AMA Social Media Ambassadors. The MMMC is also in the process of developing ways to enhance the AMA Members Move Medicine™ campaign. In addition, the MMMC acts as young physician ambassadors to increase membership in our section through social engagement.

The MMMC provided feedback on the AMA Doc Talk Podcast Series, which was released earlier this year. The Committee suggested the following potential topics for future podcasts: things to know about independent practice; strategies in handling work, life, and boards; finding your next job; negotiating contracts; and tackling student loans.

Ad Hoc Committee on the YPS IOP
The Ad Hoc Committee on the YPS Internal Operating Procedures was convened to review and make recommendations for updates to the YPS IOP. Michael Hanak, MD, serves as the chair of
this committee. Current members of the committee include Kavita Arora, MD; Kyle Edmonds, MD; Krystal Tomei, MD; and Carlos Zapata, MD. The GC Liaison is Brandi Ring, MD, YPS Chair.

The Ad Hoc Committee has conducted an extensive review of the entire YPS IOP and made additional recommendations for updates. Key changes to the YPS IOP include expanding the role of the Member At-Large and updating the GC rules for nominating elected AMA Council candidates. Proposed changes to the YPS IOP were presented in YPS Report C-1-17, AMA-YPS Internal Operating Procedures, which was adopted as amended by the YPS Assembly. The adopted changes can be viewed in the 2017 Interim Digest of Actions. The Ad Hoc Committee worked with in conjunction with the YPS GC and the AMA Council on Constitution and Bylaws to ensure the language was internally consistent and consistent with the IOPs of the other AMA sections. The YPS IOP was approved by the AMA Board of Trustees (BOT) during their April meeting.

Reports adopted by the AMA-YPS
The following reports were adopted by the YPS Assembly during the 2017 Interim Meeting:

- Report A, Governing Council Activities/Action Plan Update, contained a compilation of activities accomplished by the AMA-YPS since the 2017 Annual Meeting. Updates on AMA-YPS objectives are organized under four main categories: focus; communications; leadership development; and membership/involvement.

- Report B, AMA Advocacy Efforts, describes AMA and AMA-YPS advocacy efforts undertaken since the 2016 Interim Meeting.

- Report C, AMA-YPS Internal Operating Procedures, includes a brief report from Ad Hoc Committee on the YPS Internal Operating Procedures ("IOP Committee"). The IOP Committee offered various changes including updated language related to GC duties, candidate endorsements, and candidate nominations. It was recommended that the changes put forth by the Internal Operating Procedures (IOP) Committee in YPS Report C would be adopted.

YPS Report C was adopted as amended. Based on the action of the AMA-YPS Assembly, Section X, Subsection D of the AMA-YPS IOP was amended to include the following language:

Application materials provided by candidates will be made available to properly credentialed YPS representatives prior to the Interim meeting. Candidates shall be presented on the floor of the YPS Assembly at the Interim meeting and be given the opportunity for brief remarks ahead of a house vote. Successful candidates must achieve a 2/3 majority vote (simple majority vote will be used to narrow the field when only two candidates have requested the endorsement; when there are three or more candidates, if any single candidate receives a majority then that candidate will proceed to a subsequent vote to attain a 2/3 majority, otherwise the top two plurality vote getters will be listed on the subsequent ballot and the candidate attaining a simple majority will proceed to the subsequent 2/3 majority vote when more than one candidate has requested endorsement). Candidates endorsed through this process may subsequently include the YPS endorsement on any promotional materials.

Further, Section XI, Subsection C of the AMA-YPS IOP was amended to include the following language:

Application materials provided by candidates will be made available to properly credentialed YPS representatives prior to the Interim meeting. Candidates shall be presented on the floor of the YPS Assembly at the Interim meeting and be given the opportunity for brief remarks ahead of a house vote. Successful nominees must achieve a 2/3 majority vote (simple majority vote will be used to narrow the field when only two candidates have requested the nomination; when there are three or more

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candidates, if any single candidate receives a majority then that candidate will proceed
to a subsequent vote to attain a 2/3 majority, otherwise the top two plurality vote getters
will be listed on the subsequent ballot and the candidate attaining a simple majority will
proceed to the subsequent 2/3 majority vote when more than one candidate has
requested nomination). Candidates nominated through this process may subsequently
include the YPS nomination on cards and other promotional materials.

Resolution adopted by the AMA-YPS
The following resolution was adopted by the YPS Assembly during the 2017 Interim Meeting:

YPs Emergency Resolution 1, Giving Rights to Ectopic Pregnancies, contained the following
Resolved clauses:

RESOLVED, That our AMA oppose any policies that may potentially give probate,
inheritance, social security, or other legal rights to ectopic pregnancies (including but not
limited to cervical, intramural, cornual, interstitial, ampullary, ovarian, and Cesarean scar
ectopic pregnancies) and/or molar pregnancies (Directive to Take Action); and be it
further

RESOLVED, That our AMA oppose any personhood measure that is not based on sound
scientific or medical knowledge, or which threatens the safety and effective treatment of
patients (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose any imposition on medical decision-making or the
physician-patient relationship by changes in tax codes or in the definitions of
beneficiaries. (Directive to Take Action)

This resolution was considered at the 2017 Interim Meeting of the AMA HOD as Resolution 007.
The following substitute resolution, which included a change in title, was adopted in lieu of
Resolution 007:

POLITICAL INTERFERENCE IN THE PATIENT-PHYSICIAN RELATIONSHIP
RESOLVED, That our AMA oppose any policies that interfere with the patient-physician
relationship by giving probate, inheritance, a social security number, or other legal rights to an
undelivered pregnancy, or imposing legislative barriers to medical decision-making by changes in
tax codes or in definitions of beneficiaries.

Full details on the disposition of the YPS reports and resolutions can be found in the AMA-YPS
Delegates Report.

Testifying in the HOD
The YPS was again an active part of the HOD Interim Meeting in Honolulu, Hawaii. Testimony on
behalf of the YPS was offered in the HOD reference committees based on the Assembly’s direction
to actively support or actively oppose relevant reports and resolutions. A team approach allowed
more young physicians to speak on behalf of the YPS in their state and specialty caucuses, as well
as in reference committees. An action document with talking points for all YPS active positions was
created for members to use throughout the meeting. As directed by the YPS Assembly, the section
also testified on the following items of business. The YPS position is listed parenthetically and the
final House action in bold.

Reference Committee on Constitution and Bylaws
• BOT Report 5: Effective Peer Review (Active Support, Adopted as Amended)
• CEJA Report 1: Competence, Self-Assessment and Self-Awareness (Active Support, Referred)
• CEJA Report 4: Mergers of Secular and Religiously Affiliated Health Care Institutions (Active
  Support, Referred)
• Resolution 001: Disaggregation of Data Concerning the Status of Asian-Americans (Active Support, Adoptions as Amended with a change in title to read as follows: “Disaggregation of Demographic Data within Ethnic Groups”)

• Resolution 002: Intimate Partner Violence Policy and Immigration (Active Support, Adopted)

• Resolution 004: Tissue Handling (Active Support with Amendment, Adopted)

• Resolution 006: Physicians’ Freedom of Speech (Active Referral, Referred)

• Resolution 007: Giving Rights to Ectopic Pregnancies (Active Support, Substitute Resolution Adopted with a change in title to read as follows: “Political Interference in the Patient-Physician Relationship”)

Reference Committee B: Legislation

• Resolution 202: Sexual Assault Survivors’ Rights (Active Support, Adopted as Amended)

• Resolution 214: APRN Compact (Active Support with Amendment, Adopted as Amended)

• Resolution 221: House of Representative Bill HR 2077, Restoring the Patient’s Voice Act of 2017 (Active Oppose, Existing Policy Reaffirmed)

• Resolution 229: Opposition to Licensing for Individuals Holding the Degree of Doctor of Medical Science (Active Support, Adopted as Amended)

• Resolution 230: Oppose Physician Assistant Independent Practice (Active Support, Adopted)

Reference Committee F: AMA Governance and Finance

No items with active positions

Reference Committee J (medical service, medical practice, insurance)

• CMS Report 1: Affordable Care Act Section 1332 Waivers (Resolution 206-I-16) (Active Support, Adopted)

• CMS Report 4: Health Insurance Affordability: Essential Health Benefits and Subsidizing the Coverage of High-Risk Patients (Active Support, Adopted)

• Resolution 802: Opposition to Medicaid Work Requirements (Active Support, Adopted)

• Resolution 808: Opposition to Reduced Payment for the 25 Modifier (Active Support, Substitute Resolution adopted as amended in lieu of Resolution 808)

• Resolution 809: Expansion of Network Adequacy Policy (Active Support, Adopted as Amended)

• Resolution 810: Pharmacy Benefit Managers and Prescription Drug Affordability [Active Support, Substitute Resolution adopted in lieu of Resolutions 806 (Mandate Transparency by Pharmacy Benefit Managers), 810, and 823 (Unconscionable Generic Drug Pricing)]

• Resolution 812: Medicare Coverage of Services Provided by Proctored Medical Students (Active Referral, Referred with report back at the 2018 Annual Meeting)

• Resolution 813: Sustain Patient-Centered Medical Home Practices (Active Support with Amendment to Second Resolved Clause, Referred)

• Resolution 814: Appropriate Reimbursement for Evaluation and Management Services for Patients with Severe Mobility-Related Impairments (Active Support, Adopted as Amended)

• Resolution 816: Social Determinants of Health in Payment Models (Active Support with Amendment, Referred)

• Resolution 817: Addressing the Site of Service Differential (Active Support, Referred with report back at the 2018 Annual Meeting)

• Resolution 820: Elimination of the Laboratory 14-Day Rule under Medicare (Active Support, Adopted)

• Resolution 821: Hormonal Contraception as a Preventive Service (Active Support, Existing Policy Reaffirmed)

• Resolution 823: Unconscionable Generic Drug Pricing (Active Support, Substitute Resolution adopted in lieu of Resolutions 806, 810 and 823)
• Resolution 825: Support for VA Health Services for Women Veterans (Active Support, Adopted)
• Resolution 826: Improving Affordability of Insulin (Active Support, Referred with report back at the 2018 Annual Meeting)

Reference Committee K (science and public health)
• CSAPH Report 1: Universal Color Scheme for Respiratory Inhalers (Resolution 906-I-16) (Active Support to Move Original Resolution 906 (1-16) with amendments, Adopted as Amended)
• Resolution 904: Educating Physicians About the Importance of Cervical Cancer Screening for Female-to-Male Transgender Patients (Active Support, Adopted as Amended)
• Resolution 907: Addressing Healthcare Needs of Foster Children (Active Support, Adopted as Amended with a change in title to read as follows: “Addressing Healthcare Needs of Children in Foster Care”)
• Resolution 909: Expanding Naloxone Programs (Active Support, Adopted as Amended)
• Resolution 910: Improving Treatment and Diagnosis of Maternal Depression through Screening and State-Based Care Coordination (Active Support, Adopted)
• Resolution 911: State Maternal Mortality Review Committees (Active Support, Adopted)
• Resolution 952: Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training (Active Support with Amendment, Adopted as Amended)

Complete final actions on each of these can be found on the AMA HOD website at:

COMMUNICATIONS

The AMA-YPS GC contributes to two-way communications between the AMA and our young physician members during and between meetings. In addition, the AMA-YPS GC contributes to regular updates on AMA initiatives and other topics of interest to young physicians. The GC works to ensure that the young physician perspective is represented in AMA communications and in the AMA’s social media outlets as appropriate.

Assembly members are encouraged to sign up for the AMA Morning Rounds Weekend Edition, a members only, weekly e-newsletter that highlights the latest top-of-the-page news and information for physicians. Young physician members can also learn about AMA and AMA-YPS opportunities by subscribing to AMA Member and Special Group News. These monthly newsletters provide updates on advocacy issues, vacancies on AMA councils and committees, and news about AMA-YPS Assembly meeting deadlines. When subscribing to AMA Morning Rounds Weekend and AMA Member and Special Group News, visit the AMA email preference center and select the option to receive news for young physicians.

Young physicians can connect with experts on emerging trends in health care, discuss topics of interest and access moderated forums by participating in the AMA digital communities. The following digital communities are currently available: Reinventing Medical Practice, Succeeding in Medical School, International Medical Graduates, AMA Journal of Ethics, AMA Physician Innovation Network and Accelerating Change in Medical Education.

LEADERSHIP DEVELOPMENT

YPS members can now explore ways to get involved and become active leaders in organized medicine by browsing a list of leadership opportunities on an AMA-YPS Web page devoted to physician leadership and involvement opportunities. Your GC encourages all members to bookmark this page and contact us if you are interested in a particular leadership opportunity.

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The AMA-YPS GC endorsed several candidates for the 2018 elections for AMA BOT as well as the AMA Councils: Patrice Harris, MD (President-Elect); Jesse Ehrenfeld, MD, Sandra Fryhofer, MD, Glen Loomis, MD, and Jack Resneck, MD (Board of Trustees); Betty Chu, MD, Stephen Epstein, MD, Asa Lockhart, MD, and Shelia Rege, MD (Council on Medical Service); Michael Miller, MD (Council on Science and Public Health); and Tripti Kataria, MD (Council on Legislation).

Various young physicians are serving in prestigious leadership positions within the AMA, their medical societies, and their workplaces.

- Brandi Ring, MD, AMA-YPS Chair, was elected Vice-Chair of the Junior Fellow College Advisory Council for the American College of Obstetricians and Gynecologists. In this position, Dr. Ring will serve a three-year term that will progress from Vice-Chair to Chair to Immediate Past Chair.

- Frank Clark, MD, Assembly member, represents the AMA-YPS on the AMA-Minority Affairs Section (MAS) GC and currently serves as the Chair. The AMA-MAS provides a national forum for advocacy on minority health issues and professional concerns of minority physicians and medical students.

- Ricardo Correa, MD, Assembly member, was honored as the Young Physician of the Year by the National Hispanic Medical Association (NHMA). Dr. Correa also serves as the Chair of the NHMA Council of Young Physicians. In addition, he was elected as the Chair of the American College of Physicians - Arizona Chapter Council of Early Career Physicians.

- Erick Eiting, MD, Assembly member, serves as the AMA-YPS representative on the AMA Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) issues. The AMA-YPS was instrumental in the formation of this committee, which enhances AMA policy, advocacy, and education on LGBTQ issues.

- Amtul Farheen, MD, became the President-Elect of the Pennsylvania Neurological Society.

- Raghav Govindarajan, MD, completed a term as President of the Boone County Medical Society. In addition, Dr. Govindarajan currently serves as the President-Elect of the Missouri Kansas Neurological Society.

- Erin M. King, MD, was recently named Chief of the Division of Robotic Surgery at Piedmont Fayette Hospital. Also, Dr. King was named the 2017 Young Physician of the Year during the Atlanta Medical Association’s Annual Heritage Fund Scholarship Gala.

- Nicole Lee Plenty, MD, Assembly member and Chair of the MMMC, was selected to serve a three-year term on the Health Policy and Advocacy Committee for the Society for Maternal Fetal Medicine. Also, Dr. Plenty was honored as a 2018 National Minority Quality Forum 40 Under 40 Leader in Minority Health.

- Kusum Punjabi, MD, Assembly member, represents the AMA-YPS on the AMA-WPS GC and currently serves as the Vice-Chair. The AMA-WPS addresses women’s health and professional issues, with a goal of increasing the number of women physicians in leadership roles and strengthening the voice of women in organized medicine.
• Logan Schneider, MD, was re-elected Chair for the Sleep Section of the American Academy of Neurology (AAN). In addition, Dr. Schneider was appointed as a member for the American Academy of Sleep Medicine’s Trainee Symposia Series Subcommittee, Chair for the AAN Alliance Awards Workgroup, and member for the AAN Graduate Education Subcommittee.

• Neil A. Shah, MD, was installed as President of the Minnesota Dermatological Society last fall. In addition, Dr. Shah serves as the President of Doctors for the Practice of Safe and Ethical Aesthetic Medicine.

MEMBERSHIP AND INVOLVEMENT

Our physician members are the driving force behind the AMA’s work. AMA Ambassadors are our strongest supporters and represent the AMA in their communities, raise awareness about AMA results, initiatives and the value of membership. The newly developed AMA Ambassador Toolkit is a way to inform your peers and colleagues about the important issues that AMA members influence every day. The toolkit includes Ambassador talking points, Membership Moves Medicine brochure, access to support materials for use in promoting AMA contributions, and sample social media posts. The AMA Social Media Ambassador Club is another way to connect with colleagues and other ambassadors as well as receive notification about important moments when your voice is needed.

In addition to serving as AMA Ambassadors, young physicians can become AMA recruiters using Outreach Dashboard, a Web-based tool to manage recruitment efforts. Through this initiative, young physicians can help strengthen the organization by adding new members to the section as well as receive rewards through the Physician Outreach Leaders Program. Physician Outreach Leaders have the opportunity to gain recognition within the physician community through interactions with colleagues at AMA events and activities.

The YPS GC will continue its efforts to increase representation in the AMA-YPS Assembly, particularly among diverse physicians. In addition, the GC will continue to work with the Resident and Fellow Section to identify opportunities that will support the transition of late stage residents to the AMA-YPS.

The YPS continues to be involved in delivering educational content. The theme of the 2017 Interim C. Clayton Griffin, MD, Memorial Luncheon was “Implicit Bias in Health Care.” Hawaii Supreme Court Associate Justice Sabrina Shizue McKenna, JD delivered a presentation on the impact of implicit bias on health care disparities and how to identify and combat this bias in ourselves and those around us. Several YPS members – AMA Board of Trustees Member Jesse Ehrenfeld, MD, MPH; Alex Ding, MD; Erick Eiting, MD; Claudia Reardon, MD; Frank Clark, MD; Tyeese Gaines, DO; and Fatima Cody Stanford, MD – were also moderators and presenters during the inaugural Joint Sections Educational Sessions held at the 2017 Interim Meeting.

Lastly, policymaking support is provided before and during YPS Assembly meetings. Discussions on HOD Handbook Review Committee positions and parliamentary procedure training are among different actions taken by the section to facilitate the policymaking process. The section hosts an online forum that allows Assembly members an opportunity to comment on YPS reports and resolutions in advance of the Annual and Interim meetings.

CONCLUSION

Your GC believes this report demonstrates its commitment to represent and advocate for young physicians, enhance membership value and communications, and promote leadership development. The GC appreciates the Assembly’s continued support of its projects and activities, and the Assembly’s overall dedication to young physician issues. The GC encourages Assembly members to share AMA-YPS accomplishments with their colleagues and contact the GC directly with ideas and comments.

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REPORT OF THE AMA YOUNG PHYSICIANS SECTION GOVERNING COUNCIL

AMA-YPS Report B-A-18

Subject: State Medical Society Representation in the AMA-YPS Assembly

Presented by: Brandi Ring, MD, Chair

Referred to: AMA-YPS Reference Committee

The formula for proportional representation to the AMA-YPS was approved by the AMA House of Delegates at the 2007 Interim Meeting. Since the 2008 Annual Meeting, state medical societies have been entitled to send two voting delegates to the AMA-YPS Assembly meetings. There are no alternate delegates to the Assembly.

AMA Bylaws state that the apportionment for each state and specialty society, or federal service, will be two representatives (and no alternate representatives) for each 1,000 members of the Young Physicians Section who are members of the society or federal service as recorded by the AMA on December 31 of each year. Societies eligible for more than two representatives will be required to submit evidence to the Section that documents the number of their AMA young physician members.

The following language is excerpted from the AMA Bylaws:

- 7.5.3 Representatives to the Business Meeting. The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

- 7.5.3.1 Constituent Associations, National Medical Specialty Societies, and Federal Services. Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.

- 7.5.3.1.1 Apportionment. The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each constituent association, Federal Service, and specialty society shall automatically be entitled to 2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

- 7.5.3.1.2 Effective Date. Such apportionment shall take effect on the following January 1 and shall remain effective for one year. In January of each year, the AMA shall notify each constituent association and Federal Service of the number of seats to which it is entitled during the current year. All specialty societies seeking additional representative seats beyond the first two are required to submit evidence documenting the number of their AMA young physician members.

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• 7.5.3.1.2.1 Retention of Representative. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, Federal Service, or national medical specialty society, that entity shall be permitted to retain the same number of representatives, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members.

• 7.5.3.2 Qualifications. Each representative to the Business Meeting must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in Bylaw 7.5.1. However, a representative who becomes ineligible for membership in the Section shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained. If a representative is elected to the Governing Council, that representative shall be required to resign as a representative to the Business Meeting. The representative’s constituent association, Federal Service, or specialty society may fill the vacancy so created, consistent with the rules and criteria that are developed by the Governing Council.

CONCLUSION

This February, all state medical societies received notice of their 2018 level of AMA-YPS representation. The allocations that the AMA-YPS sends to every state medical society are based on year-end membership numbers from the prior year. The enclosed grid presents the 2018 allocations for state representation in the AMA-YPS.

Proportional representation enhances our Assembly’s deliberations through increased opportunities for official involvement. It allows for additional viewpoints to be expressed, gives both new and more experienced delegates an opportunity to develop and refine their leadership skills, and increases access to Federation leaders.

Accordingly, the AMA-YPS Governing Council will continue to identify prospects for encouraging AMA-YPS participation from states that typically do not send representatives. Such opportunities include outreach to state medical societies as well as collaborative efforts with AMA Ambassadors and YPS committee members (e.g., Membership, Marketing and Media Committee; Strategy and Leadership Committee; etc.). AMA Ambassadors represent the AMA in their communities, raise awareness about AMA results, initiatives and the value of membership. The newly developed AMA Ambassador Toolkit – which includes talking points, Membership Moves Medicine brochure, overview of AMA contributions, and sample social media posts – serves as a valuable resource on the important issues that AMA members influence every day.

RECOMMENDATIONS

Increasing representation and promoting active participation among state medical societies in the YPS Assembly is an important step in supporting the goals of the Section. Therefore, the YPS Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will work in conjunction with appropriate YPS committee members and young physician members that are AMA Ambassadors to connect with AMA members that are part of the state medical societies not represented in the AMA-YPS and encourage them to serve as liaisons to the young physicians in their society or identify someone in their society for further outreach.

2. The YPS Governing Council will continue to reach out to state societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.

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3. The YPS Governing Council will reach out to state societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.

4. The YPS Governing Council will work in conjunction with appropriate YPS committee members and young physician members that are AMA Ambassadors to communicate with state societies currently represented in the AMA-YPS Assembly to highlight the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS where appropriate.

Fiscal Note: Less than $500 to implement.
**State Allocations and Entitlement**

The following chart reflects levels of representation of state societies in the AMA-YPS Assembly for 2018:

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REPORT OF THE AMA YOUNG PHYSICIANS SECTION GOVERNING COUNCIL

AMA-YPS Report C-A-18

Subject: Specialty Society Representation and Outreach

Presented by: Brandi Ring, MD, Chair

Referred to: AMA-YPS Reference Committee

This report presents the criteria for specialty society representation in the AMA Young Physicians Section (YPS) Assembly, gives an update on the level of specialty society representation, and discusses strategies to gain new society representation.

AMA Bylaws that became effective January 1, 2008, state that the apportionment for each state and specialty society, or federal service, will be two representatives (and no alternate representatives) for each 1,000 members of the Young Physicians Section who are members of the society or federal service as recorded by the AMA on December 31 of each year. Societies eligible for more than two representatives will be required to submit evidence to the Section that documents the number of their young physician AMA members.

CRITERIA FOR REPRESENTATION

Excerpted from the AMA bylaws:

Section 7.5.3.1 Constituent Associations, National Medical Specialty Societies, and Federal Services. Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1.1.2 or Bylaw 2.2.1 shall be entitled to 2 additional representatives.

Section 7.5.3.1.1 Apportionment. The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each constituent association, Federal Service, and specialty society shall automatically be entitled to 2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

The current criteria for specialty society representation, as presented in the Internal Operating Procedures of the AMA-YPS, states that a national medical specialty organization must:

- have voting representation in the House of Delegates (HOD); and
- have established a mechanism that allows for the regular input of young physician views into the issues before the specialty society.
The delegate selected to represent a national medical specialty society in the AMA-YPS:

- must be a young physician as defined by AMA Bylaw 7.5.1;
- must be a member of the AMA in good standing;
- should be chosen in a fair and equitable manner allowing open representation; and
- must represent the interests of their particular specialty society young physician constituency.

To apply for voting status in the AMA-YPS Assembly, national medical specialty societies shall submit their requests, along with information to indicate compliance with the criteria listed above, to the AMA-YPS Governing Council.

Each Federal Service (United States Army, United States Navy, United States Air Force, United States Department of Veterans Affairs, and the United States Public Health Service) shall be entitled to two voting representatives.

**SOCITIES CURRENTLY REPRESENTED IN THE AMA-YPS ASSEMBLY**

Current representation refers to specialty medical societies that have sent representatives to the AMA-YPS Assembly meetings within the last two years. The following societies are represented in the AMA-YPS Assembly:

- Aerospace Medical Association
- American Academy of Child and Adolescent Psychiatry
- American Academy of Cosmetic Surgery
- American Academy of Dermatology
- American Academy of Facial Plastic and Reconstructive Surgery
- American Academy of Family Physicians
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Ophthalmology
- American Academy of Otolaryngic Allergy
- American Academy of Otolaryngology – Head and Neck Surgery
- American Academy of Pediatrics
- American Academy of Physical Medicine and Rehabilitation
- American Academy of Psychiatry and the Law
- American Association of Clinical Endocrinologists
- American Association of Gynecologic Laparoscopists
- American Association of Neurological Surgeons
- American College of Allergy, Asthma and Immunology
- American College of Emergency Physicians
- American College of Medical Quality
- American College of Mohs Surgery
- American College of Nuclear Medicine
- American College of Obstetricians and Gynecologists
- American College of Occupational and Environmental Medicine
- American College of Physicians
- American College of Preventive Medicine
- American College of Radiology
- American College of Rheumatology
- American College of Surgeons
- American Orthopaedic Foot and Ankle Society
- American Psychiatric Association
- American Society for Aesthetic Plastic Surgery
- American Society for Clinical Pathology
- American Society for Dermatologic Surgery

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See Appendix A for a current list of national medical specialty societies currently represented in the AMA HOD along with the five service branches (U.S. Air Force, U.S. Army, U.S. Navy, U.S. Department of Veterans Affairs, and U.S. Public Health Service).

CONCLUSION

Your Governing Council continues to examine the eligibility for continued AMA-YPS representation of all national medical specialty societies seated within the past five years, and to reach out to those societies not now represented in the AMA-YPS. In addition, the YPS will reach out to the newly added member organizations of the AMA HOD.

Further, your Governing Council will also continue to explore activities to stimulate additional specialty society representation. Your Governing Council hopes that its efforts to orient new Assembly members, communicate better with existing representatives, and educate all young physicians and Federation staff about AMA products, services and activities will create stronger relationships and lead to more active participation.

Accordingly, the AMA-YPS Governing Council will continue to identify prospects for encouraging AMA-YPS participation from specialties that typically do not send representatives. Such opportunities include outreach to specialty medical societies as well as collaborative efforts with AMA Ambassadors and YPS committee members (e.g., Membership, Marketing and Media Committee; Strategy and Leadership Committee; etc.). AMA Ambassadors represent the AMA in their communities, raise awareness about AMA results, initiatives and the value of membership. The newly developed AMA Ambassador Toolkit – which includes talking points, Membership Moves Medicine brochure, overview of AMA contributions, and sample social media posts – serves as a valuable resource on the important issues that AMA members influence every day.
RECOMMENDATIONS

The YPS Governing Council recommends that the following statements be adopted and that the remainder of the report be filed.

1. The YPS Governing Council will work in conjunction with appropriate YPS committee members and young physician members that are AMA Ambassadors to engage with AMA members that are part of specialty societies not represented in the AMA-YPS and encourage them to serve as liaisons to the young physicians in their society or identify someone in their society for further outreach.

2. The YPS Governing Council will continue to connect with specialty societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.

3. The YPS Governing Council will continue to reach out to specialty societies that are eligible for representation in the AMA-YPS Assembly that have sent less than the allotted number of representatives.

4. The YPS Governing Council will work in conjunction with appropriate YPS committee members and young physician members that are AMA Ambassadors to communicate with specialty societies currently represented in the AMA-YPS Assembly to share highlights from the work accomplished during the Assembly meetings and facilitate dialogue about increasing representation in the AMA-YPS where appropriate.

5. The YPS Governing Council will reach out to the American Society of Hematology\(^1\), American Society of Transplant Surgeons, and International Society for Hair Restoration Surgery\(^1\) to notify these specialty societies of their eligibility for representation in the AMA-YPS Assembly.

Fiscal Note: Less than $500 to implement.

\(^1\)These societies were reinstated as member organizations of the AMA House of Delegates in June 2017.
2018 National Medical Specialties Represented in the AMA House of Delegates

[Names in italicized blue font indicate medical specialties currently represented in the AMA-YPS (have sent representatives to the AMA-YPS Assembly within the last two years)]

National Medical Specialty Societies

Academy of Physicians in Clinical Research
Aerospace Medical Association
AMDA—The Society for Post-acute and Long-term Care Medicine
American Academy of Allergy, Asthma and Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Cosmetic Surgery
American Academy of Dermatology
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Insurance Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy Inc.
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Pain Medicine
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Academy of Psychiatry and the Law
American Association for Geriatric Psychiatry
American Association for Hand Surgery
American Association for Thoracic Surgery
American Association of Clinical Endocrinologists
American Association of Gynecologic Laparoscopists
American Association of Neurological Surgeons
American Association of Clinical Urologists, Inc.
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association of Plastic Surgeons
American Association of Public Health Physicians
American Clinical Neurophysiology Society
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Chest Physicians (CHEST)
American College of Emergency Physicians
American College of Gastroenterology
American College of Legal Medicine
American College of Medical Genetics and Genomics
American College of Medical Quality
American College of Mohs Surgery
American College of Nuclear Medicine
American College of Obstetricians and Gynecologists
American College of Occupational and Environmental Medicine
American College of Phlebology
American College of Physicians
American College of Preventive Medicine
American College of Radiation Oncology
American College of Radiology

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American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Institute of Ultrasound in Medicine
American Medical Group Association
American Orthopaedic Association
American Orthopaedic Foot and Ankle Society
American Psychiatric Association
American Roentgen Ray Society
American Society for Aesthetic Plastic Surgery, Inc.
American Society for Clinical Pathology
American Society for Dermatologic Surgery
American Society for Gastrointestinal Endoscopy
American Society for Metabolic Bariatric Surgery
American Society for Radiation Oncology
American Society for Reproductive Medicine
American Society for Surgery of the Hand
American Society of Abdominal Surgeons
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Colon and Rectal Surgeons
American Society of Dermatopathology
American Society of Echocardiography
American Society of General Surgeons
American Society of Hematology
American Society of Interventional Pain Physicians
American Society of Maxillofacial Surgeons
American Society of Neuroradiology
American Society of Ophthalmic Plastic and Reconstructive Surgery
American Society of Plastic Surgeons
American Society of Retina Specialists
*American Society of Transplant Surgeons
American Thoracic Society
American Urological Association
Association of Military Surgeons of the United States
Association of University Radiologists
College of American Pathologists
Congress of Neurological Surgeons
Contact Lens Association of Ophthalmologists
Heart Rhythm Society
Infectious Diseases Society of America
International Academy of Independent Medical Examiners
International College of Surgeons - US Section
International Society for the Advancement of Spine Surgery
*International Society of Hair Restoration Surgery
National Association of Medical Examiners
North American Spine Society
Obesity Medicine Association
Radiological Society of North America
Renal Physicians Association

*These medical societies were established or reinstated as member organizations of the AMA House of Delegates in 2017.

This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder (www.ama-assn.org/go/policyfinder) for official policy of the Association.
Society for Cardiovascular Angiography and Interventions
Society for Investigative Dermatology, Inc.
Society for Vascular Surgery
Society of American Gastrointestinal Endoscopic Surgeons
Society of Critical Care Medicine
Society of Hospital Medicine
Society of Interventional Radiology
Society of Laparoendoscopic Surgeons
Society of Nuclear Medicine and Molecular Imaging
Society of Thoracic Surgeons
Spine Intervention Society
The Endocrine Society
The Triological Society
Undersea and Hyperbaric Medical Society
United States and Canadian Academy of Pathology

Federal Services

US Air Force
US Army
US Navy
US Department of Veterans Affairs
US Public Health Service

Professional Interest Medical Associations

American Medical Women's Association
American Osteopathic Association
National Medical Association
American Association of Physicians of Indian Origin
Gay and Lesbian Medical Association
At the 2004 Interim Meeting, the American Medical Association Young Physicians Section (AMA-YPS) adopted Resolution 3, “AMA-YPS Yearly Finance Report.” This resolution requested that the Young Physicians Section Governing Council (GC) annually prepare a financial statement of the AMA-YPS annual budget.

The AMA-YPS budget is subject to the same planning and monitoring process as other units within the AMA, and must receive final approval from the AMA’s Board of Trustees. The AMA fiscal year begins January 1 and ends December 31.

In 2017, the AMA-YPS budget (not including staffing expenses) was divided into two main program budgets: Assembly Meetings and Governing Council. Last year’s results follows:

<table>
<thead>
<tr>
<th>AMA-YPS Programs</th>
<th>2017 Budget</th>
<th>2017 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly Meetings</td>
<td>$87,500</td>
<td>$77,100</td>
</tr>
<tr>
<td>Governing Council</td>
<td>$34,500</td>
<td>$35,600</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$122,000</strong></td>
<td><strong>$112,700</strong></td>
</tr>
</tbody>
</table>

It is important to note that the AMA-YPS GC does not directly set, control, or oversee the AMA-YPS budget. The AMA-YPS budget is based upon the AMA’s annual budgeting process. As a result, the AMA-YPS itself is unable to fund an activity that is not budgeted without Board approval.
2018 Annual Meeting, Hyatt Regency Chicago

At the June 2018 AMA Annual Meeting, the Advisory Committee will host its LGBTQ and Allies Caucus and Reception on Friday, June 8 at 5:00 p.m. in Plaza B. All are welcome! The program begins at 5:30 p.m. and will feature a panel discussion, “Getting to 100: Success Stories for the HRC Healthcare Equality Index.” Panelists will share insights from their respective organizations that each earned the coveted score of 100 on the Human Rights Campaign’s Corporate and Healthcare Equality Indexes, which are the national LGBTQ benchmarking tools that evaluate nearly 2,700 corporations, law firms, hospitals and health systems annually to measure how their policies and practices relate to the equity and inclusion of their LGBTQ patients and employees. The panel will include:

- Erick Eiting, MD, MPH, MMM (moderator; Beth Israel Mt. Sinai, NY)
- Joshua Cohen, MD, MPH (Teva Pharmaceuticals, NY)
- Jennifer Leininger, M.Ed (Lurie Children’s Hospital, IL)
- Oscar Zambrano, MBA, MPH (Advocate Health, IL)

During the LGBTQA Caucus program, attendees will learn about three issue briefs that are being drafted and co-branded by the AMA and GLMA on important LGBTQ health related issues such as access to public facilities, transgender care, and conversion therapy to inform state medical society and others in public policy on AMA policy affecting the LGBTQ community.

From 12:15 p.m. to 1:45 p.m. on Saturday, June 9 in the Hong Kong meeting room, all Annual Meeting attendees (physicians, medical students, delegates, staff, and their guests) who are concerned about improving LGBT health and eliminating disparities among sexual and gender minorities are encouraged to attend the LGBTQ Health Section Council meeting and HOD Handbook Review. Members of the LGBTQ Advisory Committee, as well as members of GLMA: Health Professionals for LGBT Equality will participate.

Spring 2018 highlights

In April, the Board of Trustees made the following appointments to the LGBTQ Advisory Committee:

- Desiray “Desi” Bailey, MD reappointed as the GLMA Representative (second 2-year term)
- Shilpen Patel, MD reappointed as an At-Large Representative (second 2-year term)
- Magda Houlberg, MD appointed as an At-Large Representative (first 2-year term)
- Sam Dubin appointed as the MSS Representative (first 1-year term)
During their meeting, the BOT also approved the recommendation of the LGBTQ Advisory Committee to assemble expertise from AMA staff and members to create a work group that will address next steps toward implementing AMA policy D-295.312, such as:

1. Identify educational content on medical spectrum of gender identity (e.g., gender dysphoria / disorders of sex development, transgender health, mental health, gender affirmation surgeries, etc.);
2. Identify means and channels within the organization to deliver the content;
3. determine “appropriate medical organizations and community based organizations” for collaboration;
4. Select members of the medical community to target (AMA members and non-members); and
5. Explore methods to educate the public.

The BOT also adopted the LGBTQ Advisory Committee’s recommendation that our AMA should participate in the Human Rights Campaign’s (HRC) annual Corporate Equality Index (CEI) beginning with the 2019 survey. Our AMA’s participation would serve as an opportunity to conduct a self-assessment by participating in the CEI survey to determine how our Association fairs against America’s largest and successful employers.

In May, Advisory Committee Chair Dr. Scott Chaiet represented the AMA at the 6th annual LGBTQ Health Workforce Conference, hosted by Building the Next Generation of Academic Physicians at Weill Cornell Medicine in New York City.

**Upcoming activities in Fall 2018**

Later this year, LGBTQ AC members will represent the AMA at the following events:

- Midwest LGBTQ Health Symposium, Sep. 14-15, Chicago, IL
- GLMA Annual Meeting, Oct. 10-13, Las Vegas, NV
A-18 JOINT SECTION EDUCATION SESSION
#MeToo: Sexual harassment and discrimination in medicine
Saturday, June 10 from 9:45 – 10:45 a.m.
Crystal Ballroom B

WPS RECEPTION & BUSINESS MEETING
Saturday June 10th from 5:30 – 7:30 p.m.
Columbus E/F Room

WPS ASSOCIATES LUNCH
Monday June 12th from 11:30 a.m. – 1 p.m.
Columbus H

The WPS has four resolutions in the A-18 HOD Handbook:

Resolution 7 -- Oppose the Criminalization of Self-Induced Abortion
RESOLVED, That our American Medical Association oppose the criminalization of self-induced abortion as it increases patients’ medical risks and deters patients from seeking medically necessary services (New HOD Policy); and be it further

RESOLVED, That our AMA advocate against any legislative efforts to criminalize self-induced abortion. (New HOD Policy)

Resolution 8 -- Health Care Rights of Pregnant Minors
RESOLVED, That our American Medical Association work with appropriate stakeholders to support legislation allowing pregnant minors to consent to related tests and procedures from the prenatal stage through postpartum care (Directive to Take Action); and be it further

RESOLVED, That our AMA oppose any law or policy that prohibits a pregnant minor to consent to prenatal and other pregnancy related care, including, but not limited to, prenatal genetic testing, epidural block, and Cesarean section. (Directive to Take Action)

Resolution 9: Improving and Increasing Clarity and Consistency Among AMA Induced Abortion Policies
RESOLVED, That the AMA review its policies on abortion to ensure use of appropriate terminology and that such policies are reflective of appropriate practice standards (Directive to Take Action); and be it further

RESOLVED, That AMA Policy H-5.988 “Accurate Reporting on AMA Abortion Policy” be amended by addition to read as follows:
Accurate Reporting on AMA Abortion Policy H-5.988
Our AMA House of Delegates (HOD) cautions members of the Board of Trustees, Councils, employees and members of the House of Delegates HOD to precisely state current AMA policy on abortion and related issues in an effort to minimize public misperception of AMA policy and urges that our AMA continue efforts to refute misstatements and misquotes by the media with reference to AMA abortion policy (Amend HOD Policy)

Resolution 417 -- Reducing Disparities in Obstetric Outcomes, Maternal Morbidity, and Prenatal Care
RESOLVED, That our AMA work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices in ethnic minorities to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity and maternal mortality. (Directive to Take Action)

Women in Medicine Month will take place this September.
The theme, “Women in Medicine: Celebrating our Legacy, Embracing our Future,” speaks to the historical accomplishments of women physicians, showcases strides made by women in medicine and creates awareness of issues that women physicians and students still face.

IMPORTANT DATES

Tuesday, July 31
AMA-WPS Inspirational Physician Recognition Program Nominations due

Tuesday, July 31
Applications for the Giambalvo Fund for the Advancement of Women due

Thursday, August 20
Resolution Deadline for AMA-WPS Interim Business Meeting due

Sept. 1 – Sept. 30
Women in Medicine Month

Thursday, Sept. 6
Women in Medicine Day

Sincerely,
Kusum Punjabi MD, MBA, FACEP
YPS Representative to WPS
A-18 YPS MOC-MOL Committee Update

In the long-term, the YPS remains committed to identifying alternatives to the high-stakes examination for the Knowledge Assessment portion of maintenance of certification. Immediate goals for this committee include:

Since I-17, the ABMS has been soliciting feedback via the Continuing Board Certification: Vision for the Future initiative. For more information, see https://visioninitiative.org/

The Task Force on MOC/MOL will continue to monitor the 'Vision' Initiative and work with our liaison to the Council on Medical Education to communicate our concerns.

The Task Force on MOC/MOL notes that at least 2 ABMS member boards restrict board participation until diplomates have had at least 10 years of certification or are of ‘mature age.’ Your Task Force has submitted at resolution for consideration at this meeting.

The Task Force continues to welcome additional members and input.
Strategy & Leadership Committee: A-18 Report

The Strategy and Leadership Committee continues its mission to support the development of Young Physician leaders in the AMA House of Delegates (HOD) and leadership roles within their home organizations. The Committee extensively reviews all endorsement requests and makes recommendations to the Governing Council for action on these requests. For the A-18 Elections, the SLC and the YPS has endorsed the following candidates:

President Elect:
- Patrice Harris

Board of Trustees:
- Jesse Ehrenfeld
- Sandra Fryhofer
- Glenn Loomis
- Jack Reneck

CMS:
- Betty Chu
- Stephen Epstein
- Asa Lockhart
- Shelia Rege

CSPH
- Michael Miller

CoL
- Tripti Kataria

The Strategy and Leadership Committee also continues to work on other leadership initiatives including: 1) developing mentorship and career guidance materials for young physicians; 2) organizing YPS members who concurrently serve as HOD delegates to strengthen the influence the Section has on future business of the HOD; 3) working with the Section’s seated delegate to nominate and endorse AMA-YPS candidates for elected office within the HOD; and 4) supporting candidates who receive AMA-YPS Section endorsement.
A-18 YPS Committee on Innovation Update

The YPS Innovation Committee group is alive and utilizing its Facebook group for sharing events and communications. Feel free to search for "AMA YPS Innovation Committee" to join. Feel free to introduce yourself after joining by posting.

The AMA Physician Innovation Network continues to be alive and thriving and serving as a conduit to connect AMA Physicians with emerging and existing health technology companies.

Find more information and join at: https://innovationmatch.ama-assn.org/

The AMA’s Reinventing Medical Practice digital community is hosting a discussion on Telemedicine (https://reinvent-medical-practice.communities.ama-assn.org/discussions/676/about). This digital discussion will highlight how telemedicine is transforming the way health care is delivered and is a strategy for many physician practices and health systems to provide more immediate access to care, improve care coordination, and decrease overall costs to organizations and their patients. It is scheduled to begin on Tuesday, May 29th and be active through Friday, June 8th.

Please feel free to join the Facebook group or email me directly at jake@envisionadhd.com for any questions or goals for the committee.

Wishing you all the best

Jake
YPS - WI
Marketing, Membership and Media committee Update

The newly formed, YPS MMM committee has been at work this past semester brainstorming ways to increase YPS presence and membership. Thus far, we are working on the following projects:

- “I am a physician leader” campaign via social media.
  - Current YPS members will have a social media “wallpaper” available and will be encouraged to tag other young physicians to also use the social media link to post their picture and share as well. Everyone clicking on the link will see an advertisement to join the AMA.

**Just an example; not the wallpaper**

- YPS Toolkit to include information about negotiating contracts and/or contacts for attorneys for contract review throughout the U.S., financial analysis tools, debt management, access to medical resources, access to MGMA data, practice management tools

- Develop AMA Wire Stories. Proposed topics include:
  - Becoming a Physician Leader
  - Tackling Student Loan Repayment
  - Advocating for Patients & Physicians
  - Training the Physicians of Tomorrow
  - Reinventing Medical Practice

- Promote AMA Ambassador involvement on social media

- Research reasons why membership is lacking. The MMM suggests the following reasons:
  - **Costly dues:** our solution is to urge AMA to decrease the rate of dues for young physicians within the first 5 years of practice
  - **Lack of time:** our solution is to promote practice management tools within the YPS toolkit.
  - **Apathy:** our solution is to engage potential members by highlighting non-AMA members accomplishments via social media and via the website.
    - We can do this by having YPS members nominate non-members for recognition. With the recognition, a follow-up email can be sent informing them of the nomination and encouraging them to join.
2018 Annual Meeting, Hyatt Regency Chicago

At the June 2018 AMA Annual Meeting, the Minority Affairs Section will host its Reception and Business Meeting on Friday, June 8 at 5:30 p.m. at the Hyatt Regency Chicago, Columbus K/L. All are welcome! After the reception, the program will begin at 6 p.m. and will feature keynote remarks on, “Gun Violence – A Public Health Crisis” by Joseph Sakran, MD, MPH, MPA. Dr. Sakran is an assistant professor of surgery, director of emergency general surgery, and associate chief in the Division of Acute Care Surgery at the Johns Hopkins Hospital. As a former victim of gun violence, Dr. Sakran spends a significant portion of his time as a clinician, researcher, and advocate with a primary goal of reducing firearm death and disability in America. To this end, he recently founded the organization, Docs Demand Action, a platform to help unite healthcare providers and provide one strong voice in ending gun violence. After Dr. Sakran’s keynote remarks, section members will hear from LaMar Hasbrouck, MD, MPH about new AMA initiative to help with blood pressure control among African American Men. The MAS Delegate will also discuss pending resolutions and reports before the House of Delegates that may have implications in minority health policy. Business meeting attendees will also learn about the Governing Council’s strategic planning efforts, which began a few months ago, and which are leading to the development of two new committees that will focus on minority health policy and workforce diversity.

Doctors Back To School™
National Doctors Back To School Day was May 9. The program encourages physicians and medical students to volunteer to inspire the next generation of underrepresented minority physicians by talking with school-aged students regarding their own career journeys, as well as sharing recommendations and strategies for approaching decisions to pursue careers in medicine. This year, more than 1,000 youth were engaged through the program.

Election 2018 highlights
In April, the Minority Affairs Section elected the following to its Governing Council:

- Luis Seija, re-elected as the MSS Representative (second 1-year term)
- Ashley Anderson, MD, elected as the RFS Representative (first 2-year term)

Leadership Summit on Health Disparities
As part of our longstanding strategic partnership, MAS members attended the annual Leadership Summit on Health Disparities in Washington, DC, hosted in April by the National Minority Quality Forum in partnership with the Congressional Black Caucus Health Braintrust. AMA President David Barbe offered highlights of the Association’s advocacy work, the Members Move Medicine campaign, and other major activities of our AMA. MAS member and U.S. Surgeon General Jerome Adams, MD received was among several distinguished award recipients, including Congress members Maxine Waters and John Lewis, as well as Merck CEO Kenneth Frazier. NMQF also recognized its “40 Under 40 in Minority Health Award” recipients. After the Summit concluded, 20 MAS members volunteered to visit Ron Brown College Prep High School and engaged with 150 African American teenage boys to inspire them to consider careers in medicine. The school visit was coordinated in partnership with the Mentoring in Medicine pipeline program.

Upcoming activities in Fall 2018
Later this year, MAS members will represent the AMA at the following conferences for physicians who are underrepresented in medicine:

- American Association of Indian Physicians Annual Meeting, Jul. 26-28, Scottsdale, AZ
- National Medical Association Annual Meeting, Aug. 11-15, Orlando, FL
Richard Levenstein practices in the area of complex commercial, civil litigation, physician and medical staff representation. Mr. Levenstein represents clients with business disputes, including actions arising from contracts or torts; his practice also has a heavy concentration in representing individual physicians, professional medical practices and the physician leadership of organized medical staffs around the State. He has successfully challenged the policies of major hospitals, and has won several substantial victories that have shaped the law to protect physicians and medical staffs. Mr. Levenstein is a Board Certified Business Litigation Lawyer and a Florida Supreme Court Certified Circuit Civil Mediator. He represents clients in state and federal court, and in administrative proceedings.

Originally from the Bronx, New York, Mr. Levenstein earned his Bachelor’s Degree in 1973 from Tulane University in New Orleans, and earned his Juris Doctor in 1976 from Tulane University Law School. He has practiced in the State of Florida since 1977, and has experience both as a sole practitioner and as a partner in several major firms. He practiced in Boca Raton for 18 years, before relocating to Martin County. He has been a partner with Kramer Sopko & Levenstein in Stuart since 1998. In addition to his legal work, Mr. Levenstein is the founding President of the Justice Major B. Harding American Inn of Court and former President of the Martin County Bar Association. He has served on several Florida Bar Committees, and serves on the Board of many national organizations including the American Inns of Court Foundation and The Lawyers Committee of the National Center for State Courts. He is deeply committed to educating the public about the importance of a fair and impartial judiciary, and trains lawyers and judges around the Country how to do so, through the Our Courts America initiative. Richard is also a Supreme Court Certified Circuit Civil Mediator. He has served as the President of the Martin County Bar Association in Stuart, Florida, and received that Association’s Professionalism Award in 2017.
Michael Hanak, MD, FAAFP

Michael Hanak, MD, FAAFP is an Associate Chief Informatics Officer at Rush University Medical Center, where he is also an Assistant Professor in the Department of Family Medicine. He is board certified in clinical informatics and presently serves as Co-Chair of the Quality Committee of Rush University Medical Group.

Dr. Hanak serves as a Vice President of the Illinois Academy of Family Physicians and after serving as chair of the YPS, he now sits on the American Academy of Family Physicians delegation to the AMA. He is a former principal investigator for the CMS Transforming Clinical Practice Initiative (TCPI), aimed at practice redesign, and presently serves on the senior leadership team for the Pursuing Equity collaborative between the Institute for Healthcare Improvement and Rush University, one of eight participating institutions in this national health equity demonstration project.
Julie Khazan, CFP®
Senior Financial & Investment Strategist
khazan@mediqus.com

Julie Khazan is the Senior Financial & Investment Strategist at MEDIQUS Asset Advisors, Inc. Ms. Khazan specializes in the Wealth Management, Retirement Plan, and Insurance Analysis services provided by MEDIQUS. In this role she assists clients by providing wealth preservation strategies for retirement goals, risk analysis for long-term investment plans, accumulation strategies for education cost planning, and personal risk management analysis relating to insurance needs. In addition, she helps clients understand the alternatives available to protect assets from potential litigation and the distribution or taxation challenges of estate planning.

With the firm since 2007, Ms. Khazan is responsible for the coordination of all Strategic Financial Analysis studies for clients of the firm, investment and financial research for Wealth Management and Institutional clients, and coordination of the due diligence process for the insurance analysis services provided by the firm. A frequent public speaker, she has presented information to a variety of national specialty societies.

A Certified Financial Planner™ certificant, Ms. Khazan received her B.A. in finance from DePaul University’s Driehaus College of Business. In addition, she holds various insurance licenses. She resides in the Lakeview neighborhood of Chicago and may be reached at 1-800-883-8555 or via email at khazan@mediqus.com.
Ronald J. Paprocki, JD, CFP®, CHBC
Chief Executive Officer
paprocki@mediqus.com

Ronald J. Paprocki, JD, CFP®, CHBC is Chief Executive Officer of MEDIQUIS Asset Advisors, Inc. Before co-founding MEDIQUIS in 1996, Mr. Paprocki was Vice President of AMA Investment Advisors, L.P.

Mr. Paprocki is responsible for the Wealth Management and Retirement Plan services provided by MEDIQUIS which includes the analysis and design of individual financial strategies for health care professionals, closely held business owners and high level executives. Specifically, Mr. Paprocki’s areas of expertise include retirement, investment, estate, and asset protection planning.

A CERTIFIED FINANCIAL PLANNER™ certificant, Certified Healthcare Business Consultant (CHBC), and Registered Securities Principal, Mr. Paprocki earned his law degree from DePaul University College of Law and his bachelor’s degree from Knox College. In addition, he holds various securities, insurance and professional licenses.

Mr. Paprocki has consistently been named as one of Medical Economics magazine’s Best Financial Advisors for Physicians, and is recognized as one of America’s top financial planners by the Consumer’s Research Council of America. He is also co-author of The Prescription for Financial Health: An Authoritative Guide for Physicians, first published in the fall of 2005 and most recent edition in March of 2014, and Medical Practice Divorce, published by AMA Press in 2002.
Carolyn Francavilla Brown, MD

Dr. Carolynn Francavilla Brown graduated from the University of Colorado School of Medicine and completed Family Medicine Residency at Rose Medical Center through the University of Colorado. In addition to being Board Certified in Family Medicine she is also a Diplomate of the American Board of Obesity Medicine. In 2015, she opened Green Mountain Partners for Health – a traditional, insurance-based primary care clinic.
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<thead>
<tr>
<th>Name</th>
<th>Title</th>
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YOU’RE INVITED!

AMA-YPS RECEPTION

Friday, June 8
9 - 11p.m.

McCormick & Schmick's Seafood & Steaks
1 East Upper Wacker Drive
Chicago, IL 60601

312-923-7226

Friends and colleagues, please join us at the American Medical Association Young Physicians Section desserts reception—a great opportunity to network with new colleagues and old friends from across the country.

Directions: 7 minute Walk (0.3 mile)

1. Head north on N Stetson Ave toward East Upper Wacker Drive
2. Turn left onto East Upper Wacker Drive
3. McCormick & Schmick's Seafood & Steaks
4. Your destination will be on the left
## 2018 AMA Annual Meeting educational programming

**Friday, June 8**

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<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Location</th>
<th>Description</th>
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<tbody>
<tr>
<td>Value-based care: Understanding models of risk</td>
<td>9 a.m.–noon</td>
<td>Crystal A</td>
<td>Learn to differentiate five risk models, the infrastructure needed to succeed, and pros and cons of each. *Approved for 3.25 AMA PRA Category 1 Credits™</td>
</tr>
<tr>
<td>Teamwork, communication and patient safety: Elements of medical staff leadership in patient care</td>
<td>9:30–10:30 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Learn to foster a culture of accountability and openness within your medical staff and make a lasting impact on the effectiveness of your team and the quality of care. *Approved for 1.0 AMA PRA Category 1 Credit™</td>
</tr>
<tr>
<td>Exploring the cutting edge of gene therapy in medicine</td>
<td>10–11 a.m.</td>
<td>Acapulco</td>
<td>Explore the topic of gene therapy and discuss the important scientific and ethical considerations when using this technology for therapeutic purpose.</td>
</tr>
<tr>
<td>Blockchain in health care: Hype or here to stay?</td>
<td>10:45–11:45 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Join the AMA-OMSS to learn more about this emerging technology and how it will transform the way that you care for your patients. *Approved for 1.0 AMA PRA Category 1 Credit™</td>
</tr>
<tr>
<td>A day in the life of me: Tackling prejudice against providers</td>
<td>11 a.m.–noon</td>
<td>Acapulco</td>
<td>Explore the prevalence of patient and institutional bias against providers in medicine, identify what groups are most likely to face discrimination and highlight the need for awareness.</td>
</tr>
<tr>
<td>How to negotiate your employment contract</td>
<td>1:20–2 p.m.</td>
<td>Columbus I/J</td>
<td>Learn how to negotiate—or renegotiate—your employment contract and mentor medical students and resident/fellow physicians as they begin to explore their career options and enter into practice.</td>
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<tbody>
<tr>
<td>After the smoke clears: Provider well-being after mass casualty incidents</td>
<td>1:30–2:30 p.m.</td>
<td>Acapulco</td>
<td>Join the discussion about provider care and well-being when traumatic events occur.</td>
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<tr>
<td>Understanding CMS’s new BPCI Advanced model</td>
<td>1:30–3 p.m.</td>
<td>Crystal A</td>
<td>Learn key components of the Centers for Medicare &amp; Medicaid Innovation’s (CMMI) new BPCI Advanced model from Steven Farmer, MD, CMMI.</td>
<td>Approved for 1.5 AMA PRA Category 1 Credits™</td>
</tr>
<tr>
<td>Saturday, June 9</td>
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</tr>
<tr>
<td>Improving health outcomes for vulnerable patient populations</td>
<td>8:30–9:30 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Discover how various health determinants inform structural interventions to improve health behaviors and outcomes among elderly, LGBTQ and incarcerated patient populations.</td>
<td>Approved for 1.0 AMA PRA Category 1 Credit™</td>
</tr>
<tr>
<td>#MeToo: Sexual harassment and discrimination in medicine</td>
<td>9:45–10:45 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Learn how these issues affect patient care and how to reduce unconscious bias and inappropriate behavior in the workplace.</td>
<td>Approved for 1.0 AMA PRA Category 1 Credit™</td>
</tr>
<tr>
<td>From disruption to reform: Learn to spark change and move medicine forward</td>
<td>10:45 a.m.–noon</td>
<td>Regency D</td>
<td>With just a few key strategies, you have the power to influence the future of medicine. Learn about today’s most pressing issues and how to take smart action.</td>
<td>Approved for 1.25 AMA PRA Category 1 Credits™</td>
</tr>
<tr>
<td>Health care change agents: Traditional and non-traditional players fuel the fire</td>
<td>11 a.m.–noon</td>
<td>Crystal Ballroom C</td>
<td>Learn to identify trends of the non-traditional and emerging players entering the health care space and evaluate the potential pros and cons.</td>
<td>Approved for 1.0 AMA PRA Category 1 Credit™</td>
</tr>
<tr>
<td>Small changes, big results: Innovations in patient-centered technology</td>
<td>11 a.m.–noon</td>
<td>Regency ABC</td>
<td>This session will examine key technological advances in patient care and highlight what physicians need to consider when implementing new technologies in their practice.</td>
<td>Approved for 1.0 AMA PRA Category 1 Credit™</td>
</tr>
<tr>
<td>How to successfully transition out of medicine and into retirement</td>
<td>Noon–1:30 p.m.</td>
<td>Columbus K/L</td>
<td>This session will focus on a planning process that supports a gradual transition away from medical practice while recognizing the value of experienced late-career physicians.</td>
<td>Approved for 1.5 AMA PRA Category 1 Credits™</td>
</tr>
</tbody>
</table>

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Medical Association designates each live activity for the maximum number of AMA PRA Category 1 Credits™ reflected with each session. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
LGBTQ and allies caucus: Reception and meeting

5 p.m. (Reception)
5:30 p.m. (Program)
Friday, June 8
Plaza B
Hyatt Regency Chicago

Hosted by the American Medical Association Advisory Committee on LGBTQ Issues (Scott Chaiet, MD, MBA, chair)

Panel discussion
Success stories: Scoring 100 on the HRC health care and corporate equality indexes

Panelists will share insights from their respective organizations that outline how each group earned the coveted score of “100” on the Human Rights Campaign (HRC) health care and corporate equality indexes. This survey is the national LGBTQ benchmarking tool and it evaluates nearly 2,700 corporations, law firms, hospitals, and health systems annually to measure how their policies and practices relate to the equity and inclusion of their LGBTQ patients and employees.

Erick A. Eiting, MD, MPH, MMM (moderator)
Representative, AMA Young Physicians Section
Member, AMA Advisory Committee on LGBTQ Issues
Director, emergency medicine, Mt. Sinai Beth Israel, New York

Joshua M. Cohen, MD, MPH
Global therapeutic area lead, migraine and headache
Teva Pharmaceuticals, Pennsylvania

Oscar Iván Zambrano, MBA, MPH
Business development
Co-chair, Diversity & Inclusion, and LGBTQ ombudsman
Advocate Health – Chicago City Region

Jennifer Leininger, MEd
Program manager
Gender and Sex Development Program
Ann & Robert H. Lurie Children's Hospital, Chicago
Join us for an important keynote: “Gun violence in America—a public health crisis”

Part of the American Medical Association Minority Affairs Section (MAS) reception and business meeting

5:30 p.m. (Reception)

6–7:30 p.m. (Keynote and business meeting)

Friday, June 8
Columbus K/L
Hyatt Regency Chicago

Keynote speaker
Joseph V. Sakran, MD, MPA, MPH
Director, Emergency General Surgery
Assistant Professor of Surgery
Associate Chief, Division of Acute Care Surgery
Johns Hopkins Medicine, Baltimore

The business meeting agenda will also include:

• AMA-MAS Chair’s Report 2017–2018 | Frank Clark, MD
  – Strategic planning update
  – Committees on Workforce Diversity and Minority Health Policy

• AMA Improving Health Outcomes report on initiative to control blood pressure among African American men | LaMar Hasbrouck, MD, MPH

• AMA-MAS Delegate's report on AMA House of Delegates resolutions and reports | Dionne Hart, MD

• AMA-MAS Governing Council officer ratification

All AMA members are welcome to attend the reception, keynote and business meeting for the AMA-MAS.
AMA International Medical Graduates

2018 Annual Meeting

June 8–11
Hyatt Regency Chicago

Join us for the 21st American Medical Association International Medical Graduates (IMG) Section Annual Meeting. We encourage you to invite a colleague or friend to attend and share in the following information sessions.

AMA-IMG Section and AMA Minority Affairs Section (MAS) candidates forum
3–5:10 p.m., Friday, June 8
Meet the candidates who are running for an AMA Board of Trustees position. This candidates forum will be cosponsored by the AMA-MAS.

Cosponsored educational sessions by the AMA sections and special group
8 a.m.–noon, Saturday, June 9
Join us for a wide variety of interesting educational sessions on Saturday morning.

AMA-IMG Section reception and congress
5:30–7:30 p.m., Saturday, June 9
Plan to attend the 21st AMA-IMG Section Annual Meeting where you will hear an ECFMG update from William Pinsky, MD, CEO/president of ECFMG, and meet William F. Owen, MD, from the Ross University School of Medicine. Dr. Owen will discuss the Ross Caribbean Medical School Curriculum and provide facts about the school’s students. Additional discussions will include organizational reports and resolutions being considered at the 2018 AMA Annual Meeting. We also invite you to share your comments on resolutions being considered for the 2018 Annual Meeting.

12th annual “Desserts from around the world” reception
9:30–11 p.m., Saturday, June 9
Crystal Ballroom
Each year this event gets bigger and tastier! Join us in trying new and exciting ethnic desserts. You are also welcome to be a sponsor for this event. For more information, contact img@ama-assn.org.

Reference committee hearings
8:30 a.m.–5 p.m., Sunday, June 10
Participate and hear reference committee deliberations on AMA House of Delegates reports and resolutions.

AMA-IMG Section and AMA-MAS delegates caucus
8:30–9:30 a.m., Monday, June 11
Meet your respective section delegates and discuss the strategies for deliberations on various reference committee reports and resolutions.

Busharat Ahmad, MD, Leadership Development Program
10:45–11:45 a.m., Monday, June 11
Learn how to improve your leadership skills and become an effective leader in your organization.

Register for the program here. Email or call the AMA-IMG Section at (312) 464-5397 if you have questions.

Register today!
12TH ANNUAL
DESSERTS
from
AROUND THE WORLD
RECEPTION

Tasty desserts with an international flair and live entertainment!

Hosted by the AMA International Medical Graduates (IMG) Section

9:30 p.m.
Saturday, June 9
Crystal Ballroom
Hyatt Regency Chicago

Email img@ama-assn.org with questions.
The American Medical Association Senior Physicians Section (SPS) invites you to this joint educational program with the AMA Academic Physicians Section (APS) during the 2018 AMA Annual Meeting. We hope you can join us and enjoy the fellowship of your senior physician colleagues.

**How to successfully transition out of medicine and into retirement**

Noon–1:30 p.m.

Approved for 1.5 AMA PRA Category 1 Credits™

**Moderator:** Richard Allen, MD, chair-elect, AMA-SPS Governing Council

**Speaker:** Luis T. Sanchez, MD, chair, Committee on Senior Physicians, Massachusetts Medical Society

**Panelist:** Cynda Ann Johnson, MD, MBA, member-at-large, AMA-APS Governing Council

For many physicians, retirement is welcomed after a lifetime of work and responsibilities. However, some physicians worry about retiring for fear of losing their primary identity or purpose. Successful planning can help ease these worries and is critical to a full, active lifestyle.

This session will focus on a planning process that supports a gradual transition away from medical practice while recognizing the value of experienced late-career physicians.

It will also explore how physicians can actively maintain their involvement in medicine throughout retirement. The AMA-APS will discuss teaching and volunteer opportunities offered in medical schools and share strategies for how senior physicians can pass their knowledge along to the next generation.

**Objectives**

- Describe the evidence-based findings on why aging can be particularly difficult for physicians
- Recognize the importance of self-awareness and well-being in maintaining your health
- List three strategies you can use to facilitate a smooth transition to retirement
- Identify new opportunities to stay active and involved in medicine

**AMA-SPS assembly meeting**

11:30 a.m.–noon

**Saturday, June 9**

Please join us for the AMA-SPS assembly meeting where we will discuss AMA House of Delegates’ business items and future AMA-SPS activities. A light lunch will be offered at 11:30 a.m. (first come, first served).

Spread the word! Any physician 65 years of age and above is welcome to attend.

Visit [ama-assn.org/senior-physicians-section](ama-assn.org/senior-physicians-section) to learn more.
CAPACITY CHART

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6' Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skyway Level (East Tower) SKYWAY MEETING ROOMS</td>
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<tr>
<td>Skyway 260</td>
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<td>1,105</td>
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<td>Skyway 265</td>
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<td>Skyway 269</td>
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<tr>
<td>Skyway 272</td>
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<tr>
<td>Skyway 273</td>
<td>27' x 18' x 9'</td>
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<td>30</td>
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</table>

FLOOR PLAN

Note: Above setups are tables and chairs ONLY without space left for other equipment such as staging, AV, display tables, registration tables or coffee breaks.
## CAPACITY CHART

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6’ Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobby Level (East Tower)</td>
<td></td>
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<tr>
<td>PLAZA BALLROOM</td>
<td>99’ x 29’ x 10’7”</td>
<td>2,871</td>
<td>150</td>
<td>250</td>
<td>200</td>
<td>159</td>
<td>60</td>
<td>70</td>
<td>72</td>
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<tr>
<td>Plaza A</td>
<td>47’ x 29’ x 10’7”</td>
<td>1,363</td>
<td>60</td>
<td>130</td>
<td>70</td>
<td>63</td>
<td>24</td>
<td>30</td>
<td>32</td>
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</tr>
<tr>
<td>Plaza B</td>
<td>52’ x 29’ x 10’7”</td>
<td>1,508</td>
<td>80</td>
<td>150</td>
<td>130</td>
<td>96</td>
<td>36</td>
<td>40</td>
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</table>

## FLOOR PLAN

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### CAPACITY CHART

<table>
<thead>
<tr>
<th>Room Name</th>
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<th>Banquet 6’ Rnds of 10 (No AV)</th>
<th>Reception 80</th>
<th>Theater (AV) 40/50*</th>
<th>Classroom (AV) 40</th>
<th>Boardroom 40</th>
<th>U-Shape 50</th>
<th>Hollow Square 40</th>
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<tr>
<td><strong>LAKESHORE MEETING ROOMS</strong></td>
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<tr>
<td>Michigan 1A, 1B, 1C</td>
<td>75' x 33' x 8'6&quot;</td>
<td>2,475</td>
<td>140</td>
<td>250</td>
<td>270</td>
<td>135</td>
<td>40/50*</td>
<td>69</td>
<td>78</td>
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<tr>
<td>Michigan 1A</td>
<td>25' x 33' x 8'6&quot;</td>
<td>825</td>
<td>50</td>
<td>80</td>
<td>66</td>
<td>42</td>
<td>22</td>
<td>21</td>
<td>24</td>
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<tr>
<td>Michigan 1B</td>
<td>24.5' x 31' x 8'6&quot;</td>
<td>760</td>
<td>50</td>
<td>75</td>
<td>66</td>
<td>42</td>
<td>22</td>
<td>21</td>
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<tr>
<td>Michigan 1C</td>
<td>25.5’ x 33’ x 8’6&quot;</td>
<td>841</td>
<td>50</td>
<td>80</td>
<td>66</td>
<td>42</td>
<td>22</td>
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<tr>
<td>Michigan 2</td>
<td>39’ x 26.5’ x 8’6&quot;</td>
<td>1,033</td>
<td>50</td>
<td>100</td>
<td>80</td>
<td>50</td>
<td>28</td>
<td>24</td>
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<tr>
<td>Michigan 3</td>
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<td>1,390</td>
<td>60</td>
<td>135</td>
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<td>34</td>
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<tr>
<td>Michigan Boardroom</td>
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<td>390</td>
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<tr>
<td>Randolph 1A &amp; 1B</td>
<td>33’ x 46’ x 8’6”</td>
<td>1,767</td>
<td>100</td>
<td>175</td>
<td>108</td>
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<tr>
<td>Randolph 1A</td>
<td>33’ x 23’ x 8’6”</td>
<td>883</td>
<td>50</td>
<td>80</td>
<td>50</td>
<td>27</td>
<td>28</td>
<td>21</td>
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</tr>
<tr>
<td>Randolph 1B</td>
<td>33’ x 23’ x 8’6”</td>
<td>883</td>
<td>50</td>
<td>80</td>
<td>50</td>
<td>27</td>
<td>28</td>
<td>21</td>
<td>24</td>
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<tr>
<td>Randolph 2</td>
<td>36’ x 26’9” x 8’6”</td>
<td>922</td>
<td>50</td>
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<tr>
<td>Randolph 3</td>
<td>42’ x 29’10” x 8’6”</td>
<td>1,192</td>
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<tr>
<td>Randolph Boardroom</td>
<td>23’ x 16’ x 8’6”</td>
<td>368</td>
<td>—</td>
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<td>—</td>
<td>—</td>
<td>10</td>
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<tr>
<td>Roosevelt 1A &amp; 1B</td>
<td>27’6” x 42’ x 8’6”</td>
<td>1,275</td>
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<tr>
<td>Roosevelt 1A</td>
<td>27’6” x 26’16” x 8’6”</td>
<td>560</td>
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<td>50</td>
<td>28</td>
<td>18</td>
<td>28</td>
<td>21</td>
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</tr>
<tr>
<td>Roosevelt 1B</td>
<td>27’6” x 26’ x 8’6”</td>
<td>715</td>
<td>30</td>
<td>70</td>
<td>32</td>
<td>18</td>
<td>28</td>
<td>15</td>
<td>18</td>
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</tr>
<tr>
<td>Roosevelt 2 Boardroom</td>
<td>25’ x 17’ x 8’6”</td>
<td>425</td>
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<td>12</td>
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</tr>
<tr>
<td>Roosevelt Boardroom</td>
<td>17’ x 21’ x 8’6”</td>
<td>357</td>
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<td>8</td>
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<td></td>
</tr>
<tr>
<td>Roosevelt 3A &amp; 3B</td>
<td>30’ x 55’ x 8’6”</td>
<td>1,650</td>
<td>100</td>
<td>165</td>
<td>132</td>
<td>78</td>
<td>52</td>
<td>54</td>
<td>60</td>
<td>9</td>
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<tr>
<td>Roosevelt 3A</td>
<td>30’ x 27’ x 8’6”</td>
<td>810</td>
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<td>80</td>
<td>60</td>
<td>42</td>
<td>28</td>
<td>24</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Roosevelt 3B</td>
<td>30’ x 28’ x 8’6”</td>
<td>840</td>
<td>40</td>
<td>80</td>
<td>60</td>
<td>42</td>
<td>28</td>
<td>24</td>
<td>36</td>
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</tr>
<tr>
<td>Monroe 1 Boardroom</td>
<td>16’ x 21’ x 8’6”</td>
<td>336</td>
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<tr>
<td>Monroe 2 Boardroom</td>
<td>18’ x 22’6” x 8’6”</td>
<td>405</td>
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<td>8</td>
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<tr>
<td>Monroe 3 Boardroom</td>
<td>24’6” x 15’ x 8’6”</td>
<td>367</td>
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<td>—</td>
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<td>12</td>
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<tr>
<td>Monroe 4 Boardroom</td>
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<td>10</td>
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</tr>
<tr>
<td>Monroe 5 Boardroom</td>
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<td>400</td>
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<td>14</td>
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</tbody>
</table>

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**CAPACITY CHART**

**Ballroom Level (East Tower)**

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6' Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAND BALLROOM</td>
<td>213' x 114' x 17'</td>
<td>24,282</td>
<td>1,800</td>
<td>3,000</td>
<td>2,400</td>
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<tr>
<td>Grand A or B</td>
<td>71' x 57' x 17'</td>
<td>4,047</td>
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<td>74</td>
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<tr>
<td>Grand AB</td>
<td>71' x 114' x 17'</td>
<td>8,094</td>
<td>500</td>
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<td>500</td>
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<tr>
<td>Grand C or D</td>
<td>71' x 57' x 17'</td>
<td>4,047</td>
<td>240</td>
<td>400</td>
<td>400</td>
<td>250</td>
<td>74</td>
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<td>100</td>
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<td>Grand CD</td>
<td>71' x 114' x 17'</td>
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<td>500</td>
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<td>800</td>
<td>500</td>
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<td>Grand C or D North</td>
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<td>Grand E or F</td>
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<td>100</td>
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<tr>
<td>Grand EF</td>
<td>71' x 114' x 17'</td>
<td>8,094</td>
<td>500</td>
<td>800</td>
<td>800</td>
<td>500</td>
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<tr>
<td>COLUMBUS HALL</td>
<td>117' x 184' x 10'</td>
<td>21,528</td>
<td>1,250</td>
<td>1,800</td>
<td>—</td>
<td>—</td>
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<td>93</td>
</tr>
<tr>
<td>Columbus AB</td>
<td>59' x 36' x 10'</td>
<td>2,124</td>
<td>120</td>
<td>200</td>
<td>180</td>
<td>108</td>
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<td>Columbus CD</td>
<td>59' x 36' x 10'</td>
<td>2,124</td>
<td>120</td>
<td>200</td>
<td>180</td>
<td>108</td>
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<tr>
<td>Columbus EF</td>
<td>59' x 38' x 10'</td>
<td>2,242</td>
<td>120</td>
<td>225</td>
<td>180</td>
<td>108</td>
<td>54</td>
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<tr>
<td>Columbus G or H</td>
<td>38' x 35' x 10'</td>
<td>1,330</td>
<td>50</td>
<td>115</td>
<td>80</td>
<td>48</td>
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<td>Columbus GH</td>
<td>76' x 36' x 10'</td>
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<td>210</td>
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<tr>
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<td>76' x 36' x 10'</td>
<td>2,736</td>
<td>170</td>
<td>250</td>
<td>225</td>
<td>144</td>
<td>60</td>
<td>70</td>
<td>80</td>
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<tr>
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<td>250</td>
<td>225</td>
<td>144</td>
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<td>GRAND SUITES</td>
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<tr>
<td>Grand Suite 1</td>
<td>14' x 19' x 9'</td>
<td>264</td>
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<td>16</td>
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</tr>
<tr>
<td>Grand Suite 2A</td>
<td>20' x 26' x 9'</td>
<td>520</td>
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<td>35</td>
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<td>10</td>
<td>6</td>
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</tr>
<tr>
<td>Grand Suite 2B</td>
<td>16' x 14' x 9'</td>
<td>224</td>
<td>10</td>
<td>15</td>
<td>15</td>
<td>9</td>
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<tr>
<td>Grand Suite 2AB</td>
<td>42' x 14' x 9'</td>
<td>588</td>
<td>40</td>
<td>75</td>
<td>60</td>
<td>30</td>
<td>14</td>
<td>12</td>
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<tr>
<td>Grand Suite 3</td>
<td>25' x 57' x 9'</td>
<td>1,425</td>
<td>80</td>
<td>130</td>
<td>120</td>
<td>60</td>
<td>40</td>
<td>32</td>
<td>36</td>
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</tr>
<tr>
<td>Grand Suite 4</td>
<td>14' x 23' x 9'</td>
<td>322</td>
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<td>8</td>
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<td>—</td>
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<td>Grand Suite 5</td>
<td>23' x 49' x 9'</td>
<td>1,127</td>
<td>70</td>
<td>100</td>
<td>96</td>
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<td>30</td>
<td>22</td>
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</table>

*NOTE: Above setups are tables and chairs ONLY without space left for other equipment such as staging, AV, display tables, registration tables or coffee breaks.
### Capacity Chart

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6' Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exhibit Level (East Tower)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Riverside Exhibit Hall</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hall</td>
<td>Ceiling Height 12'</td>
<td>70,000</td>
<td>2,330</td>
<td>7,000</td>
<td></td>
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<td></td>
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<td>355</td>
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<tr>
<td>East</td>
<td></td>
<td>30,000</td>
<td>870</td>
<td>2,500</td>
<td>2,400</td>
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<td></td>
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<td>151</td>
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<tr>
<td>West</td>
<td></td>
<td>40,000</td>
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<td>4,500</td>
<td>3,300</td>
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<tr>
<td>East Dock (D, E, F)</td>
<td></td>
<td>3 Bays</td>
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</tbody>
</table>

### Floor Plan

Note: Above setups are tables and chairs ONLY without space left for other equipment such as staging, AV, display tables, registration tables or coffee breaks.
CAPACITY CHART

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6’ Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dusable</td>
<td>26’ x 28’ x 9’</td>
<td>728</td>
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<td>60</td>
<td>55</td>
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<tr>
<td>Field</td>
<td>27’ x 27’ x 9’</td>
<td>729</td>
<td>40</td>
<td>60</td>
<td>55</td>
<td>27</td>
<td>28</td>
<td>24</td>
<td>30</td>
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</tr>
<tr>
<td>McCormick</td>
<td>27’ x 27’ x 9’</td>
<td>729</td>
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<td>60</td>
<td>55</td>
<td>27</td>
<td>28</td>
<td>24</td>
<td>30</td>
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</tr>
<tr>
<td>Burnham</td>
<td>27’ x 27’ x 9’</td>
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<td>60</td>
<td>55</td>
<td>27</td>
<td>28</td>
<td>24</td>
<td>30</td>
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</tr>
<tr>
<td>Sandburg</td>
<td>16’ x 22’ x 9’</td>
<td>352</td>
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<td>—</td>
<td>12</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>Addams</td>
<td>28’ x 23’ x 9’</td>
<td>644</td>
<td>40</td>
<td>60</td>
<td>40</td>
<td>24</td>
<td>24</td>
<td>21</td>
<td>24</td>
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</tr>
<tr>
<td>Wright</td>
<td>28’ x 23’ x 9’</td>
<td>644</td>
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<td>40</td>
<td>24</td>
<td>24</td>
<td>21</td>
<td>24</td>
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<td>Ogden</td>
<td>28’ x 23’ x 9’</td>
<td>644</td>
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<td>40</td>
<td>24</td>
<td>24</td>
<td>21</td>
<td>24</td>
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</tr>
<tr>
<td>Horner</td>
<td>28’ x 23’ x 9’</td>
<td>644</td>
<td>40</td>
<td>60</td>
<td>40</td>
<td>24</td>
<td>24</td>
<td>21</td>
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</table>

Third Floor (West Tower)

FLOOR PLAN

Note: Above setups are tables and chairs ONLY without space left for other equipment such as staging, AV, display tables, registration tables or coffee breaks.
## CAPACITY CHART

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft</th>
<th>Banquet 6' Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skyway Level (West Tower)</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>THE LIVING ROOM</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>GALLERY COLLECTION</td>
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</tr>
<tr>
<td>The Gallery Lounge 6</td>
<td>32’2” x 24’2”</td>
<td>759</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
<tr>
<td>The Gallery Lounge 7</td>
<td>23’ x 53’</td>
<td>1,206</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td>—</td>
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</tr>
<tr>
<td>Gallery 1 Boardroom</td>
<td>21’4” x 10’4”</td>
<td>223</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td>—</td>
<td>—</td>
<td>10</td>
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</tr>
<tr>
<td>Gallery 2 Boardroom</td>
<td>21’4” x 11’4”</td>
<td>251</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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<td>10</td>
<td>—</td>
</tr>
<tr>
<td>Gallery 3 Boardroom</td>
<td>21’4” x 12’2”</td>
<td>258</td>
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<td>—</td>
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<td>—</td>
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<td>10</td>
<td>—</td>
</tr>
<tr>
<td>Gallery 4 Boardroom</td>
<td>21’4” x 11’10”</td>
<td>284</td>
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<td>—</td>
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<td>10</td>
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</tr>
<tr>
<td>Gallery 5</td>
<td>17’9” x 28’4”</td>
<td>457</td>
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<td>30</td>
<td>24</td>
<td>18</td>
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</tbody>
</table>

**Note:** Above setups are tables and chairs ONLY without space left for other equipment such as staging, AV, display tables, registration tables or coffee breaks.
**HYATT REGENCY CHICAGO**

151 East Wacker Drive
Chicago, Illinois 60601, USA
T +1 312 565 1234
F +1 312 239 4541
chicago.regency.hyatt.com

**CAPACITY CHART**

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6' Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobby Level (West Tower)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRYSTAL BALLROOM</td>
<td>168' x 59' x 19'</td>
<td>9,912</td>
<td>700</td>
<td>1,000</td>
<td>950</td>
<td>500</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>40</td>
</tr>
<tr>
<td>Crystal A</td>
<td>42' x 59' x 19'</td>
<td>2,478</td>
<td>160</td>
<td>250</td>
<td>280</td>
<td>125</td>
<td>50</td>
<td>56</td>
<td>66</td>
<td>—</td>
</tr>
<tr>
<td>Crystal B</td>
<td>84' x 59' x 19'</td>
<td>4,956</td>
<td>320</td>
<td>500</td>
<td>450</td>
<td>240</td>
<td>100</td>
<td>70</td>
<td>82</td>
<td>—</td>
</tr>
<tr>
<td>Crystal C</td>
<td>42' x 59' x 19'</td>
<td>2,478</td>
<td>160</td>
<td>250</td>
<td>280</td>
<td>125</td>
<td>50</td>
<td>56</td>
<td>66</td>
<td>—</td>
</tr>
<tr>
<td>Crystal AB or BC</td>
<td>123' x 61' x 19'</td>
<td>7,503</td>
<td>480</td>
<td>750</td>
<td>870</td>
<td>380</td>
<td>120</td>
<td>129</td>
<td>150</td>
<td>—</td>
</tr>
<tr>
<td>CRYSTAL FOYER</td>
<td>—</td>
<td>4,000</td>
<td>—</td>
<td>400</td>
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<td>—</td>
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</tr>
</tbody>
</table>

**FLOOR PLAN**

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## CAPACITY CHART

### Concourse Level (West Tower)

#### LANDMARK SUITES

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6’ Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comiskey</td>
<td>38’ x 55’ x 9’</td>
<td>1,982</td>
<td>90</td>
<td>175</td>
<td>96</td>
<td>84</td>
<td>34</td>
<td>36</td>
<td>42</td>
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</tr>
<tr>
<td>Water Tower</td>
<td>25’ x 46’ x 9’</td>
<td>1,150</td>
<td>80</td>
<td>120</td>
<td>120</td>
<td>54</td>
<td>28</td>
<td>26</td>
<td>36</td>
<td>—</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>25’ x 46’ x 9’</td>
<td>1,150</td>
<td>80</td>
<td>120</td>
<td>120</td>
<td>54</td>
<td>28</td>
<td>26</td>
<td>36</td>
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</tr>
<tr>
<td>Haymarket</td>
<td>21’ x 30’ x 9’</td>
<td>630</td>
<td>40</td>
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<td>24</td>
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</tr>
<tr>
<td>Picasso</td>
<td>22’ x 30’ x 9’</td>
<td>660</td>
<td>40</td>
<td>60</td>
<td>30</td>
<td>30</td>
<td>24</td>
<td>18</td>
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</tr>
<tr>
<td>Columbian</td>
<td>28’ x 25’ x 9’</td>
<td>700</td>
<td>40</td>
<td>60</td>
<td>60</td>
<td>33</td>
<td>26</td>
<td>25</td>
<td>30</td>
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</tr>
<tr>
<td>Soldier Field</td>
<td>34’ x 25’ x 9’</td>
<td>820</td>
<td>40</td>
<td>70</td>
<td>45</td>
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<td>30</td>
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<tr>
<td>Wrigley</td>
<td>45’ x 52’ x 9’</td>
<td>1,615</td>
<td>70</td>
<td>140</td>
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<td>48</td>
<td>30</td>
<td>25</td>
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</tr>
</tbody>
</table>

**Note:** Above setups are tables and chairs ONLY without space left for other equipment such as staging, AV, display tables, registration tables or coffee breaks.
**CAPACITY CHART**

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6' Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
<th>Classroom (AV)</th>
<th>Boardroom</th>
<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ballroom Level (West Tower)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGENCY BALLROOM</td>
<td>72' x 230' x 11'8&quot;</td>
<td>16,100</td>
<td>1,000</td>
<td>1,600</td>
<td>1,600</td>
<td>750</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>90</td>
</tr>
<tr>
<td>Regency A, B, C or D</td>
<td>72' x 58' x 11'8&quot;</td>
<td>4,061</td>
<td>240</td>
<td>400</td>
<td>400</td>
<td>220</td>
<td>70</td>
<td>72</td>
<td>100</td>
<td>20</td>
</tr>
<tr>
<td>Regency AB, BC or CD</td>
<td>72' x 117' x 11'8&quot;</td>
<td>8,194</td>
<td>480</td>
<td>800</td>
<td>800</td>
<td>450</td>
<td>140</td>
<td>144</td>
<td>200</td>
<td>40</td>
</tr>
<tr>
<td>Regency ABC or BCD</td>
<td>72' x 174' x 11'8&quot;</td>
<td>12,183</td>
<td>750</td>
<td>1,200</td>
<td>1,200</td>
<td>675</td>
<td>—</td>
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<td>60</td>
</tr>
<tr>
<td>INTERNATIONAL SUITES</td>
<td>60' x 81' x 7'6&quot;</td>
<td>4,860</td>
<td>240</td>
<td>350</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>22</td>
</tr>
<tr>
<td>Toronto</td>
<td>60' x 27' x 7'6&quot;</td>
<td>1,620</td>
<td>100</td>
<td>150</td>
<td>120</td>
<td>96</td>
<td>55</td>
<td>55</td>
<td>60</td>
<td>10</td>
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<tr>
<td>Hong Kong</td>
<td>28' x 27' x 7'6&quot;</td>
<td>756</td>
<td>40</td>
<td>50</td>
<td>60</td>
<td>36</td>
<td>30</td>
<td>23</td>
<td>28</td>
<td>3</td>
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<tr>
<td>Acapulco</td>
<td>60' x 27' x 7'6&quot;</td>
<td>1,620</td>
<td>100</td>
<td>150</td>
<td>120</td>
<td>96</td>
<td>55</td>
<td>55</td>
<td>60</td>
<td>10</td>
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<tr>
<td><strong>CITY SUITES</strong></td>
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<td></td>
</tr>
<tr>
<td>Atlanta</td>
<td>24' x 32' x 7'</td>
<td>768</td>
<td>40</td>
<td>60</td>
<td>60</td>
<td>36</td>
<td>24</td>
<td>18</td>
<td>24</td>
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</tr>
<tr>
<td>San Francisco</td>
<td>25' x 26' x 7'</td>
<td>650</td>
<td>40</td>
<td>60</td>
<td>55</td>
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</tr>
<tr>
<td>New Orleans</td>
<td>26' x 34' x 7'</td>
<td>884</td>
<td>50</td>
<td>70</td>
<td>65</td>
<td>45</td>
<td>30</td>
<td>24</td>
<td>30</td>
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</tr>
<tr>
<td><strong>West Tower (36th Floor)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>BOARD OF TRADE</td>
<td>23' x 23'</td>
<td>621</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>16</td>
<td>—</td>
<td></td>
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</tr>
</tbody>
</table>

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FLOOR PLAN
Ballroom Level (West Tower)
CAPACITY CHART

Exhibit Level (West Tower)

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Room Dimensions L x W x H</th>
<th>Room Size Sq. Ft.</th>
<th>Banquet 6’ Rnds of 10 (No AV)</th>
<th>Reception</th>
<th>Theater (AV)</th>
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<th>U-Shape</th>
<th>Hollow Square</th>
<th>Exhibit</th>
</tr>
</thead>
<tbody>
<tr>
<td>STETSON CONFERENCE CENTER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Stetson Suite A</td>
<td>9’ x 19’ x 8’</td>
<td>378</td>
<td>10</td>
<td>25</td>
<td>24</td>
<td>15</td>
<td>12</td>
<td>—</td>
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</tr>
<tr>
<td>Stetson Suite BC</td>
<td>30’ x 17’ x 8’</td>
<td>510</td>
<td>30</td>
<td>40</td>
<td>45</td>
<td>18</td>
<td>24</td>
<td>27</td>
<td>30</td>
<td>—</td>
</tr>
<tr>
<td>Stetson Suite D</td>
<td>18’ x 24’ x 8’</td>
<td>432</td>
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<td>25</td>
<td>30</td>
<td>18</td>
<td>20</td>
<td>10</td>
<td>12</td>
<td>—</td>
</tr>
<tr>
<td>Stetson Suite E</td>
<td>30’ x 27’ x 8’</td>
<td>810</td>
<td>40</td>
<td>55</td>
<td>50</td>
<td>21</td>
<td>26</td>
<td>14</td>
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</tr>
<tr>
<td>Stetson Suite F</td>
<td>36’ x 25’ x 8’</td>
<td>900</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>45</td>
<td>34</td>
<td>18</td>
<td>20</td>
<td>—</td>
</tr>
<tr>
<td>Stetson Suite G</td>
<td>36’ x 14’ x 8’</td>
<td>504</td>
<td>30</td>
<td>40</td>
<td>48</td>
<td>27</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>—</td>
</tr>
<tr>
<td>Stetson Suite F-G</td>
<td>36’ x 39’ x 8’</td>
<td>1,404</td>
<td>80</td>
<td>90</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

FLOOR PLAN

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