REPORT 1 OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT (I-10)
Establishment and Function of Sections
(Resolutions 7-A-08, 625-A-08 and 612-A-10)
(Reference Committee F)

EXECUTIVE SUMMARY

The American Medical Association (AMA) Council on Long Range Planning and Development (CLRPD) was tasked with responding to Resolutions 7-A-08, "Enhancing the Voice of the Minority Affairs Consortium," 625-A-08, "Community-Based, Private Practice Physicians," and 612-A-10, "Establishment of a Senior Physicians Section." Resolution 7-A-08, "Enhancing the Voice of the Minority Affairs Consortium," asked that the AMA change the status of the Minority Affairs Consortium (MAC) from a special group to a section and for this change to be reflected in existing AMA policy and Bylaws. Further, this resolution called for a mechanism for automatic enrollment of AMA members from racial and ethnic groups underrepresented in medicine as MAC members, while continuing to have an opt-in enrollment process for physicians not considered a part of this underrepresented population. Resolution 625-A-08, "Community-Based, Private Practice Physicians," called for the creation of a "mechanism within our AMA to represent the unique interests and concerns of Community-Based, Private Practice Physicians." Resolution 612-A-10, "Establishment of a Senior Physicians Section," requested that the AMA enact section status for its Senior Physicians Group (SPG) with one delegate and one alternate delegate to the AMA House of Delegates (HOD).

These requests revealed the need to address the larger issue of identifying the criteria used for establishing or changing the status of component groups within the AMA. Historically, inconsistencies and exceptions have characterized the evolution of sections and special groups. Prior to addressing these resolutions, the CLRPD believed it was imperative to first address the overarching issues of developing criteria and providing a process with a clear and predictable path for groups seeking a formalized role in the component structure of the AMA.

In an effort to address concerns related to the creation of component groups, the Council proposed a standard process for submitting future requests from groups seeking representation to the HOD. The report proposes operational definitions for the various AMA governance groups in addition to establishing a set of six criteria to be used in assessing requests for the establishment of an AMA section. The criteria were used to evaluate Resolutions 7-A-08, 625-A-08, 612-A-10 and formulate recommendations for each of these resolutions.

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 1-I-10

Subject: Establishment and Function of Sections
(Resolutions 7-A-08, 625-A-08 and 612-A-10)

Presented by: Neil Brooks, MD, Chair

Referred to: Reference Committee F
(W. Alan Harmon, MD, Chair)

The American Medical Association (AMA) Council on Long Range Planning and Development (CLRPD) was tasked with responding to Resolutions 7-A-08, "Enhancing the Voice of the Minority Affairs Consortium," 625-A-08, "Community-Based, Private Practice Physicians," and 612-A-10, "Establishment of a Senior Physicians Section." Resolution 7-A-08, "Enhancing the Voice of the Minority Affairs Consortium," which was introduced by the Minority Affairs Consortium and referred, asked that the AMA change the status of the Minority Affairs Consortium (MAC) from a special group to a section and for this change to be reflected in existing AMA policy and Bylaws. Further, this resolution called for a mechanism for automatically enrolling AMA members from racial and ethnic groups underrepresented in medicine as MAC members, while continuing to have an opt-in enrollment process for physicians not considered a part of this underrepresented population. Resolution 625-A-08, "Community-Based, Private Practice Physicians," introduced by the Arizona Delegation and referred, called for the creation of a "mechanism within our AMA to represent the unique interests and concerns of Community-Based, Private Practice Physicians." Resolution 612-A-10, "Establishment of a Senior Physicians Section," requested that the AMA enact section status for its Senior Physicians Group (SPG) with one delegate and one alternate delegate to the AMA House of Delegates (HOD). Resolution 612, also referred, was introduced by the delegations for Ohio, Colorado, Florida, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Pennsylvania, South Carolina, and Virginia, as well as the American Academy of Physical Medicine and Rehabilitation, the American Association of Public Health Physicians, and the American Association of Neuromuscular and Electrodiagnostic Medicine.

BACKGROUND

The CLRPD believes that fundamental changes in the governing structures and/or the membership model are needed to keep the organization modern and responsive to the increasingly diverse population of physicians the AMA strives to serve. Continuous efforts have been made to integrate these needs into how one engages with the AMA through increased access and voice. Although the Council acknowledges the urgent need for these important changes, we also believe that in the interim some changes can be accomplished, which address the increasing requests for access to our organization. It is hard to determine whether these increasing requests are a reflection of inadequate opportunities and access to our AMA, or whether they reflect the recognition that the HOD is, in fact, the most important site within organized medicine to make a group's voice heard and to have influence over medical policy.

In order for an organization to be successful, the structure must work toward the objectives of the association: that is, to promote member satisfaction, involvement, and retention. With the number and variety of issues facing the health care system, the environment in which the AMA operates has changed significantly and will continue to evolve; therefore, these requests for access to the HOD are likely to continue. This report addresses these specific resolutions, puts into context the continuing series of requests for participation in the AMA, and makes recommendations for amending the entry requirements for groups within the HOD.

DISCUSSION

To address the structural and access issues of our HOD and in response to the referred resolutions, the Council examined the history and function of the AMA sections and special groups. It was determined that both sections and special groups have a common purpose to promote representation for and participation of physicians and medical students who may otherwise be unrepresented or underrepresented in the HOD. At present, there are 11 governance groups within the AMA. Six of these groups are sections: International Medical Graduates Section (IMG), Medical Student Section (MSS), Organized Medical Staff Section (OMSS), Resident and Fellow Section (RFS), Section on Medical Schools (SMS), and Young Physicians Section (YPS). Each of these groups has delegate(s) to the HOD. The remaining groups consist of special groups: Advisory Committee for Group Practice Physicians, Advisory Committee on Gay, Lesbian, Bisexual, and Transgender Issues (GLBT), Minority Affairs Consortium (MAC), Senior Physicians Group (SPG), and the Women Physicians Congress (WPC). The MAC is the only special group to have a delegate.

The HOD Reference Manual describes the AMA Sections as giving “voice to groups through a Section delegate who participates in the HOD meetings, thus enabling the groups to submit resolutions and articulate concerns on resolutions affecting their particular constituency.” CLRPD Report I-1-96 identifies the following attributes of an AMA section, which refers to a generic entity and not a specific body: (1) Statement of Purpose; (2) Section Participants; (3) Governance System; (4) Section Meetings; (5) Products and Services; and (6) Funding of Activities.

Further, in the 2005 CLRPD memo to the Board of Trustees (BOT), the distinguishing characteristics between the Sections and Special Groups of the AMA are described as:

- Size of the population potentially served (it should be noted that the need for representation is not diminished even though some underrepresented groups do not meet a size qualification);
- Degree of permanency of the “professional circumstances” that are unique to them;
- Scope of unique issues to be addressed;
- Ability to positively affect member satisfaction and retention in the AMA; and
- Place in the organization that makes the most sense for addressing the group’s specific needs.

The AMA sections and special groups are characterized by overlap between the functionality of and rationale for these groups, which have often been established on an inconsistent basis. Despite the differing set of circumstances that led to the establishment of or changes in nomenclature of existing component groups, the following factors remain constant: 1) a demonstrated need for focused representation; 2) identification of concerns that are unique within the broader, general issues that face medicine; and 3) categorization of individual members based on easily identifiable segments of the physician population and AMA membership.

The Council believes more clarity in the operational definitions of the various AMA governance groups will better delineate the similarities and differences among the various types of groups,

1 while helping the HOD determine which should serve in what capacity within our organization.
2 The Council proposes four types of governance groups of the AMA: section, advisory committee,
3 ad hoc committee, and caucus. The following definitions would be enumerated in the Bylaws and
4 characterize a modification of the governance structure:
5
6 A "section" will be used to describe a formal group of physicians or medical students directly
7 involved in policymaking through their section delegate and representing unique interests related to
8 professional lifecycle, practice setting, or demographics. Each section will continue to have at least
9 one delegate and alternate delegate. However, two sections, the MSS and the RFS, will continue to
10 have additional seats. The MSS has regional delegates allocated on a proportional basis of one
11 delegate for every 2,000 active student AMA members for each of the seven regions, and the RFS
12 has additional delegates allocated on the basis of one delegate for every 2,000 resident and fellow
13 AMA members. Proportional representation has allowed opportunities for student and resident
14 member involvement through their state and/or specialty societies. There will be two types of
15 sections – fixed[1] and delineated[2] sections.
16
17 "Fixed sections" will represent the natural cycles related to a physician's career span.
18 Since members of these groups would have limited opportunities for representation
19 through their state/specialties societies, the need for focused representation will be
20 enduring.
21
22 "Delineated sections" will allow a voice in the house of medicine for large groups of
23 physicians, who are connected through a unique perspective, but may be
24 underrepresented. These sections will often be based on demographics or mode of
25 practice. Delineated sections will have a single delegate and alternate delegate in the
26 HOD, and operate under a charter that will outline operating procedures and
27 objectives. Delineated sections will be subject to a five-year sunset rule and will be
28 reappointed to that status by normal majority vote of the HOD. A sunset provision
29 would allow for fluidity in the Association's structure as the activities and impact of
30 the member groups are routinely evaluated.
31
32 An "advisory committee"[3] will be defined as an entity whose activities relate to education and
33 advocacy on issues of an emergent nature. An advisory committee will have a governing council
34 and a direct reporting relationship to the BOT. Advisory committees, however, will not have
35 representation in the HOD. Advisory committees will operate under a charter that will be subject
36 to review and renewal by the BOT at least every four years.
37
38 An "ad hoc committee" will describe a special committee, workgroup, or taskforce appointed by
39 the BOT, the Speaker of the House, or the Chief Executive Officer. These committees will operate
40 for a specific purpose and for a prescribed period of time.
41
42 A "caucus" will be defined as an informal group of physicians (from specialty and/or geographic
43 medical groups or focused interest areas), who meet at the Annual and/or Interim meetings to

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[1] Fixed sections shall include the Medical Student Section, the Resident and Fellow Section, and the Young Physicians Section.

[2] Delineated Sections shall include the Organized Medical Staff Section, the International Medical Graduate Section, the Section on Medical Schools, and the Minority Affairs Consortium.

[3] Advisory Committees shall include the Senior Physicians Group, the Advisory Committee on Group Practice Physicians, the Advisory Committee on Gay, Lesbian, Bisexual, and Transgender Issues, and the Women Physicians Congress.

discuss issues, pending resolutions and reports, candidates, and possible actions of the HOD. These groups will not have a reporting relationship or resources[4] allocated by the AMA.

CRITERIA TO ESTABLISH A SECTION

AMA Policy D-615.982, "Section and Member Group Definitions and Criteria" (AMA Policy Database) calls for the development of criteria in the consideration of requests pertaining to the establishment and function of component groups of the AMA. Accordingly, CLRPD reviewed AMA policies and Bylaws, past analyses of sections and special groups, and current characteristics of existing groups. CLRPD is proposing the following criteria for use in evaluating requests for formation of new groups or a change in status for existing groups. All six criteria must be met in order to grant a change in status or establish a new section.

- Issue of Concern - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.

- Consistency - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.

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

- Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members. It is important to note, this threshold will not be used to determine representation, as each new group will be allocated only one delegate and one alternate delegate.

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

- Accessibility - Provides opportunity for members of the constituency, who are otherwise under represented, to introduce issues of concern and to be able to participate in the policymaking process within the HOD.

As previously noted, the process for requests and establishment for existing AMA sections and special groups has not been consistent. It is the Council's opinion that the lack of a consistent process has contributed to some of the challenges present in the AMA structure. Therefore, the CLRPD is proposing that requests for a change in status or formation of new groups would be submitted by a standard letter of application, which is modeled after key aspects of the process used by specialty societies for entry into the Specialty and Service Society (SSS). The letter will be submitted to the CLRPD for review. In turn, the CLRPD will present its recommendations to the BOT for further consideration and the HOD for final action.

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[4] Caucuses gathering in conjunction with the HOD meetings will continue to have an opportunity to utilize available conference space.

APPLICATION OF CRITERIA

The Council has been charged with responding to Resolutions 7-A-08, 625-A-08 and 612-A-10. This section will provide brief background on each resolution and an assessment of how these particular groups align with the proposed criteria.

Minority Affairs Consortium (MAC). Resolution 7-A-08, "Enhancing the Voice of the Minority Affairs Consortium," asked the AMA to change the status of the MAC from a special group to a section.

- Issue of concern: The purpose of the MAC is to "provide a dedicated physician and medical student forum within the AMA to address minority health issues and minority physicians' professional issues, increase membership and participation in the AMA, advise the AMA leadership and staff on minority policies and programs, and strengthen the AMA's ability to represent minority physicians." Minority physicians encounter issues of discrimination, income and advancement disparity, racial and ethnic health care disparities, and differential reimbursement for serving disadvantaged communities. Issues which often impact this population need to be addressed within organized medicine.

- Consistency: The objectives and activities of the MAC are consistent with existing AMA policy related to minorities [Policies H-350.971, B-2.15, and B-7.01]. The MAC developed policy related to professionalism and minority patient care. The MAC caucus has been an avenue to provide education and discuss policy. The origin of many AMA activities can be traced to the work of the MAC. For example, the MAC provides oversight of the AMA Doctors Back to School Program and the Hispanic Physicians Leadership Outreach Initiative.

- Appropriateness: The MAC has a nine-member governing council, consisting of a delegate, two at-large members and representatives from the Young Physicians Section (YPS), the Medical Student Section (MSS), the Resident and Fellow Section (RFS), the National Medical Association (NMA), the National Hispanic Medical Association (NHMA), and the Association of American Indian Physicians (AAIP). With the exception of having a formal assembly, the MAC functions very much like a section. At the same time, the MAC has a charter and a direct reporting relationship to the BOT, similar to the other special groups. In order to be consistent with other sections and the Bylaws, the MAC may need to establish a business meeting that would be open to all members, possibly comparable to the virtual meetings held by the YPS.

- Representation Threshold: Based on the 2009 AMA demographic report (CLRPD 3-A-09), seven percent (7%) of AMA members are underrepresented racial and ethnic minorities. Given the AMA has experienced challenges with collecting data on race and ethnicity, automatic enrollment of AMA members from racial and ethnic groups is not recommended at this time.

- Stability: The MAC originated as the AMA Advisory Committee on Minority Physicians in 1992. In 1997, the Advisory Committee became a special group with a governing council. The MAC was granted a delegate to the HOD in 2004.

- Accessibility: According to the 2009 AMA demographic report, five percent (5%) of AMA delegates are from an underrepresented racial and ethnic minority. To date, the MAC has authored 19 resolutions that have become adopted as AMA policy. The adoption of these policies created an avenue for addressing the concerns of underrepresented minority physicians and patients.

Based on an assessment of the proposed criteria, granting the MAC with delineated section status would make it more uniform with the other delineated sections of the AMA. The issue of unique concerns was considered as part of the rationale for establishing other sections within the AMA. Minority physicians often have a distinct set of experiences as it relates to practice and patient care. Through its liaison relationships, the MAC has given members of this constituency an opportunity to present issues of concern to the HOD. Similar to other AMA sections, the MAC holds governing council meetings in conjunction with HOD meetings, participates in the policymaking process, and provides opportunities for education and involvement. Creation of the Minority Affairs Section could be an avenue to affirm the AMA's commitment to promote diversity and address the concerns of underrepresented minorities.

Community-Based, Private Practice Physicians. Resolution 625-A-08, "Community-Based, Private Practice Physicians," called for the creation of a "mechanism within our AMA to represent the unique interests and concerns of Community-Based, Private Practice Physicians."

- Issue of Concern: The first caucus for Community-Based, Private Practice Physicians was held in connection with the 2009 Interim Meeting. Based on evaluation results, the following were identified as key issues: practice management, health insurer settlements, practice tools, anti-trust educational tools, pay-for-performance/physician profiling, and Medicare Advantage.

- Consistency: The AMA provides resources to address the issues raised by private practice physicians and serves as an advocate challenging inequitable business practices employed by many health insurers. In addition, these issues continue to be addressed in the HOD.

- Appropriateness: The objectives for this group are to provide an opportunity to discuss pertinent issues and work towards solutions. This group does not have a formal structure.

- Representation Threshold: Community-based, private practice physicians are part of an easily identifiable segment of the physician population and AMA membership. According to the 2009 AMA demographic report, fourteen percent (14%) of the U.S. physician workforce and eleven percent (11%) of AMA members fall into this category.

- Stability: To date, this group has held two informal meetings in conjunction with the HOD meetings. Again, this group has not established a formal structure.

- Accessibility: According to the 2009 AMA demographic report, at least twenty-one percent (21%) of AMA delegates are representative of this physician population. Compared to the U.S. physician population and AMA membership, community-based, private practice physicians are overrepresented in the HOD.

Upon reviewing the proposed criteria, establishment of a formal group is not warranted. The issues of concern identified by this group reflect those currently being addressed by the HOD. This constituency base is well represented in the HOD and has opportunities to introduce policy directly. Since this group operates informally, providing meeting space for interested individuals to convene during the HOD meetings is easily accomplished and appears to address current needs.

Senior Physicians Group (SPG). Resolution 612-A-10, "Establishment of a Senior Physicians Section," requested that the AMA enact section status for SPG.

- Issue of Concern: The mission of the SPG is to provide a dedicated forum within the AMA to increase discussion of and advocacy on senior physician issues and strengthen the AMA's ability to represent this physician constituency. The SPG aims to provide advice and counsel to the BOT and AMA staff on policy and program issues of interest to senior physicians and offer suggestions for activities that best meet the needs of this physician segment.

- Consistency: The SPG provides its members with education and volunteer opportunities, including the Senior Ambassador Program. In addition, SPG has a State Liaison Program which allows for advocacy and coalition building. SPG efforts have included providing guidance for retiring physicians, as well as maintaining a comprehensive list of state licensure and liability laws for volunteer physicians.

- Appropriateness: The governing council for the SPG is a seven-member group appointed by the BOT. Through the SPG State Liaison Program, it has sought representation from each state on senior-oriented issues and programs, which have been presented at the HOD meetings.

- Representation Threshold: Because representation for this group is determined by age, members of this segment can be easily identified. The qualifying criterion for membership in the SPG is to be a physician age 65 or older. However, the SPG has indicated that it represents retired and semi-retired physicians as well. AMA membership for purposes of dues payment is determined by work status. This dichotomy might have to be reconciled in consideration of section status.

- Stability: The SPG was formed in 1994, when the American Association of Senior Physicians (formerly the American Retired Physicians Association) agreed to integrate its organization into the AMA structure. Since that time, the SPG Governing Council has met in conjunction with the HOD meetings and hosted various educational sessions.

- Accessibility: According to AMA Masterfile data, the total number of U.S. physicians 65 years of age and older is 220,486. Of this number, twenty-four percent (24%) are members of the AMA. Based on the roster of AMA delegates and alternate delegates (as of August 2010), twenty-five percent (25%) of the delegates and alternate delegates fall into this category.

While the SPG focuses on specific issues facing a clearly identifiable segment of the physician population, there are other aspects that are problematic. Namely, the ambiguous parameters for membership in the SPG present a challenge in determining the need for representation. In addition, AMA sections are intended to provide focused representation in the HOD for segments of the physician and medical student population. Given that senior members are overrepresented in the HOD and already have an avenue to submit issues through the state or specialty delegation on which they serve, providing the SPG with section status is not warranted under the criteria employed herein.

RECOMMENDATIONS

The Council on Long Range Planning and Development recommends that the following statements be adopted in lieu of Resolutions 7-A-08, 625-A-08 and 612-A-10 and the remainder of the report be filed:

1. That our American Medical Association establish the Minority Affairs Consortium (MAC) as a delineated section and the AMA Bylaws be modified to reflect the change in title and status for the MAC. (Directive to Take Action)

2. That our AMA direct that the Minority Affairs Section continue to have an opt-in enrollment process. (Directive to Take Action)

3. That our AMA continue to monitor the needs of the Community-Based, Private Practice Physicians and other caucuses of individual physicians who meet during the HOD meetings. (Directive to Take Action)

4. That Resolution 612-A-10, “Establishment of a Senior Physicians Section,” not be adopted. (Directive to Take Action)

5. That our AMA develop Bylaws language to specifically define the various governance entities reflected in this report. (Directive to Take Action)

6. That our AMA adopt the following criteria in consideration of requests for establishing or changing the status of member component groups:

   - Issue of Concern - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.

   - Consistency - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.

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

   - Representation Threshold - Members of the formal group would be based on identifiable segments of the physician population and AMA membership. The formal group would be a clearly identifiable segment of AMA membership and the general physician population. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members. It is important to note this threshold will not be used to determine representation as each new group will be allocated only one delegate and one alternate delegate.

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

- Accessibility - Provides opportunity for members of the constituency who are otherwise under represented to introduce issues of concern and to be able to participate in the policymaking process within the HOD. (New HOD Policy)

7. That our AMA consider requests for a change in status for existing groups or formation of new groups[5] by letter of application to the CLRPD, which will make recommendations to the BOT and HOD for further action. (New HOD Policy)

Fiscal Note: Incremental expenses of $98,000 to $188,000 for an additional staff person and meeting activities, assuming activities in the new Minority Affairs Section are similar to other sections.

[5] These groups do not include specialty societies, which continue to follow the process used by specialty societies for entry into the Specialty and Service Society (SSS).

APPENDIX: Relevant AMA Policy

B-7.01 Mission of the Sections
Sections 7.01, Mission of the Sections and 7.011, Involvement: To provide a direct means for membership segments represented in the Sections to participate in the activities, including policymaking, of the AMA. 7.012 Outreach: To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections. 7.013 Communication: To maintain effective communications and working relationships between the AMA and organizational entities, which are relevant to the activities of each Section. 7.014 Membership: To promote AMA membership growth. 7.015 Representation: To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates. 7.016 Education: To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

H-350.971 AMA Initiatives Regarding Minorities
The House of Delegates commends the leaders of our AMA and the National Medical Association for having established a successful, mutually rewarding liaison and urges that this relationship be expanded in all areas of mutual interest and concern. Our AMA will develop publications, assessment tools, and a survey instrument to assist physicians and the federation with minority issues. The AMA will continue to strengthen relationships with minority physician organizations, will communicate its policies on the health care needs of minorities, and will monitor and report on progress being made to address racial and ethnic disparities in care. It is the policy of our AMA to establish a mechanism to facilitate the development and implementation of a comprehensive, long-range, coordinated strategy to address issues and concerns affecting minorities, including minority health, minority medical education, and minority membership in the AMA. Such an effort should include the following components: (1) Development, coordination, and strengthening of AMA resources devoted to minority health issues and recruitment of minorities into medicine; (2) Increased awareness and representation of minority physician perspectives in the Association's policy development, advocacy, and scientific activities; (3) Collection, dissemination, and analysis of data on minority physicians and medical students, including AMA membership status, and on the health status of minorities; (4) Response to inquiries and concerns of minority physicians and medical students; and (5) Outreach to minority physicians and minority medical students on issues involving minority health status, medical education, and participation in organized medicine. (CLRPD Rep. 3, 1-98)

B-2.15 Delegate from the Minority Affairs Consortium
House of Delegates 2.15, Delegate from the Minority Affairs Consortium: The Minority Affairs Consortium shall be entitled to a delegate in the House of Delegates. 2.151 Qualifications: The delegate and alternate delegate from the Minority Affairs Consortium must be members of the Minority Affairs Consortium. 2.152 Selection: The delegate and alternate delegate shall be selected by the Minority Affairs Consortium in accordance with procedures adopted by the Minority Affairs Consortium. 2.153 Certification: The Chair of the Minority Affairs Consortium Governing Council shall certify to the AMA the delegate and alternate delegate for the Minority Affairs Consortium. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates. 2.154 Term: The delegate and the alternate delegate from the Minority Affairs Consortium shall be selected by the Minority Affairs Consortium for the term specified in its procedures. 2.155 Vacancies: The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.