

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

The following report was presented by Alfred Herzog, MD, Chair:

### 1. WOMEN PHYSICIANS SECTION FIVE-YEAR REVIEW

*Reference committee hearing: see report of Reference Committee F.*

**HOUSE ACTION: RECOMMENDATION ADOPTED**  
**REMAINDER OF REPORT FILED**  
*See Policy G-615.003*

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

The Council analyzed information from the letter of application submitted by the Women Physicians Section (WPS) for renewal of delineated section status.

#### APPLICATION OF CRITERIA TO THE WOMEN PHYSICIANS SECTION

Criterion 1: Issue of Concern - Focus will relate to concerns that are distinctive to the subset within the broader, general issues that face medicine. A demonstrated need exists to deal with these matters, as they are not currently being addressed through an existing AMA group.

The WPS is the only AMA group that is dedicated to advocacy on women physician policy issues, providing leadership development and educational opportunities for women, and monitoring trends and issues that affect women in medicine and women’s health. Currently, the WPS represents more than 82,000 AMA women members. According to 2017 data from the Association of American Medical Colleges, the number of women enrolling in U.S. medical schools has exceeded the number of men. Since 2015, the number of female matriculants has grown by 9.6%, while the number of male matriculants has declined by 2.3%.

The WPS addresses three major concerns: 1) women in medicine professional issues, which include discrimination, e.g., gender bias and income disparity; 2) under-representation of women physicians in leadership positions in organized medicine and academic medicine, which includes disproportionate representation of women physicians in the AMA House of Delegates (HOD); and 3) health issues that disproportionately or uniquely affect women patients.

CLRPD assessment: The mission of the WPS is to provide a dedicated forum within the AMA to increase discussion of and advocacy on women physician issues and strengthen the AMA’s ability to represent this physician constituency. The WPS provides advice and counsel to the Association on policy and program issues of interest to women physicians, and offers suggestions for activities that best meet the needs of this physician segment. No other groups or sections within the AMA specifically address the unique issues of concern of women physicians and patients.

Criterion 2: Consistency - Objectives and activities of the group are consistent with those of the AMA. Activities make good use of available resources and are not duplicative.

Over the past five years, the WPS has aligned its strategic goals with the AMA to find ways to promote the efforts of the three strategic arcs. The Section’s educational programs were in support of topics that highlighted AMA priority issues such as physician burnout, continuing education, and the opioid epidemic. Overall, the WPS supports the AMA’s objectives by reviewing new AMA products and services, providing insights on policy and advocacy positions, and creating new ways to reach out to members and potential members.

The WPS collaborates with other groups to help improve the impact of the Section's key goals. During the 2017 Annual Meeting of the HOD, the WPS collaborated with the Medical Student Section to offer two programs: 1) a session that allowed medical students to connect with WPS Governing Council (GC) members to discuss such topics as choosing a residency, communicating with patients, developing leadership skills, critical decision making, careers in academic medicine, and contract negotiation; and 2) "Occupational Health through a Gender-Conscious Lens." The WPS has collaborated with other AMA sections on educational offerings: the WPS, Integrated Physician Practice Section, and Organized Medical Staff Section program, "Transforming Roles in Healthcare Leadership: How physicians can effectively communicate with non-physician leaders"; and the multi-sections' program, "Gun Violence: What do we know? What can physicians do?"

Additionally, the WPS leads the AMA's Women in Medicine Month each September. During this time, the WPS implements two major programs:

1. Inspirational Physicians Recognition Program (formerly the Physician Mentor Recognition Program). The WPS provides an opportunity for physicians to express appreciation to the special men and women who have offered time, wisdom and support throughout their professional journeys.
2. Joan F. Giambalvo Fund for the Advancement of Women (formerly the Giambalvo Memorial Scholarship Fund). The AMA Foundation in association with the WPS established the Fund with the goal of advancing the progress of women in the medical profession, and strengthening the ability of the AMA to identify and address the needs of women physicians and medical students.

In 2016, the WPS hosted its Women in Medicine Symposium at AMA headquarters, which included presentations, panel discussions and breakout sessions covering physician resiliency and burnout, overcoming obstacles in daily practice, and physician wellness techniques.

Over the last five years, the Section has worked collaboratively with various physician groups to expand the influence of the WPS. Some of these efforts have included strong working relationships with the leadership of other sections, representation on the AMA Alliance's Women in Medicine Task Force, and the renaming and expansion of the liaisons program to the WPS Associates Program.

CLRPD Assessment: The WPS serves its constituents by bringing professional issues unique to women physicians to the forefront of organized medicine, and by providing targeted educational programs and resources for the policymaking process.

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

The WPS GC is structured as an eight-member group elected by the WPS membership. Designated positions on the GC are delegate, alternate delegate, member-at-large (2), Medical Student Section representative, Resident and Fellow Section representative, Young Physicians Section representative, and American Medical Women's Association representative.

All members of the WPS are eligible to be elected to any office, except the member at-large positions that may not be assumed by medical students. If a candidate is serving on a HOD delegation, they must be willing to resign from their respective HOD delegation position if elected as the WPS delegate or alternate delegate. Lastly, the GC elects its chair and vice chair for the upcoming year in a closed session at each Annual HOD Meeting.

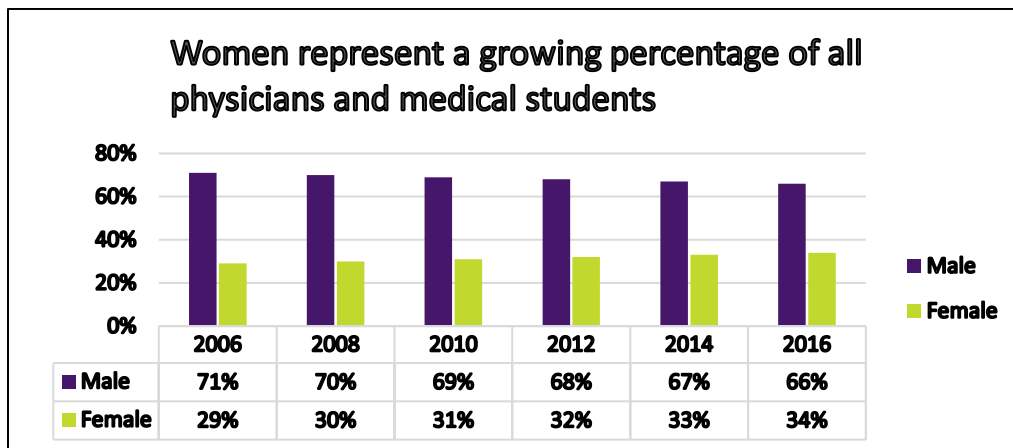
The WPS is developing a five-year strategic plan to assess the progress that the Section has made in advancing women in the medical profession, strengthening the ability of the AMA to address the needs of women physicians and medical students, and what WPS hopes to achieve by 2023.

CLRPD Assessment: The WPS convenes a GC from its members and holds strategic planning meetings to plot its annual and long-term goals, and ensure alignment with the goals of the AMA. All Section members have opportunities throughout the year to contribute to the deliberations of the WPS either in person or by virtual means such as HOD Online Forums, listservs, Twitter and special interest Facebook groups.

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

membership and the general physician population. A substantial number of members would be represented by this formal group. At minimum, this group would be able to represent 1,000 AMA members.

According to CLRPD Report 1-A-07, Demographic Characteristics of the House of Delegates and AMA Leadership, in 2006, 309,617 (29%) of U.S. physicians and medical students were female, and comprised 25.6% of AMA members. When the Women Physicians Congress became a section in 2013, CLRPD Report 2-A-13 indicated a growing number of female physicians and medical students (380,050), which comprised 31.3% of AMA members. According to CLRPD Report 2-A-17, there are 82,491 female AMA members (34.3% of AMA membership) and women make up 34.0% of all U.S. physicians and medical students. According to the same CLRPD report, there are 435,099 women physicians and medical students in the United States. Thus, WPS membership comprises 19% of this physician segment.



CLRPD Assessment: The WPS is comprised of members from an identifiable segment of AMA membership and the general physician population, and represents a substantial number of members. AMA Physician Masterfile data indicate that the number of women physicians has grown steadily for a decade, highlighting the alignment of WPS with potential AMA membership growth.

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

AMA Bylaw 7.10.1 states, “All female physicians and medical students who are active members of the AMA shall be eligible to be members of the Women Physicians Section. Other active members of the AMA who express an interest in women’s issues shall be eligible to join the Section.”

Based on AMA Physician Engagement’s analysis, the WPS unit experienced a 5% increase of interactions with women physicians and medical students from 2015 to 2016. Overall, the following changes drove improvement:

1. The Women Physicians Congress transitioned from an advisory group to the WPS in 2013.
2. WPS members have the ability to create policy and have a voice in the HOD.
3. The AMA increased communication directed at women physicians.
4. All WPS members with a valid email address in the AMA’s database receive a monthly newsletter from the Section.
5. WPS members are encouraged to contribute to the policymaking processes of the Section and provide input into programs and products.

Additionally, the WPS developed a social media plan to further member engagement efforts. During the 2016 Women in Medicine month:

- Facebook posts totaled 1,186,889 impressions and 14,950 acts of engagement, reflecting 31% and 25% increases over 2015 numbers, respectively.
- Twitter posts totaled 287,665 impressions, reflecting a 21% increase over 2015 numbers.

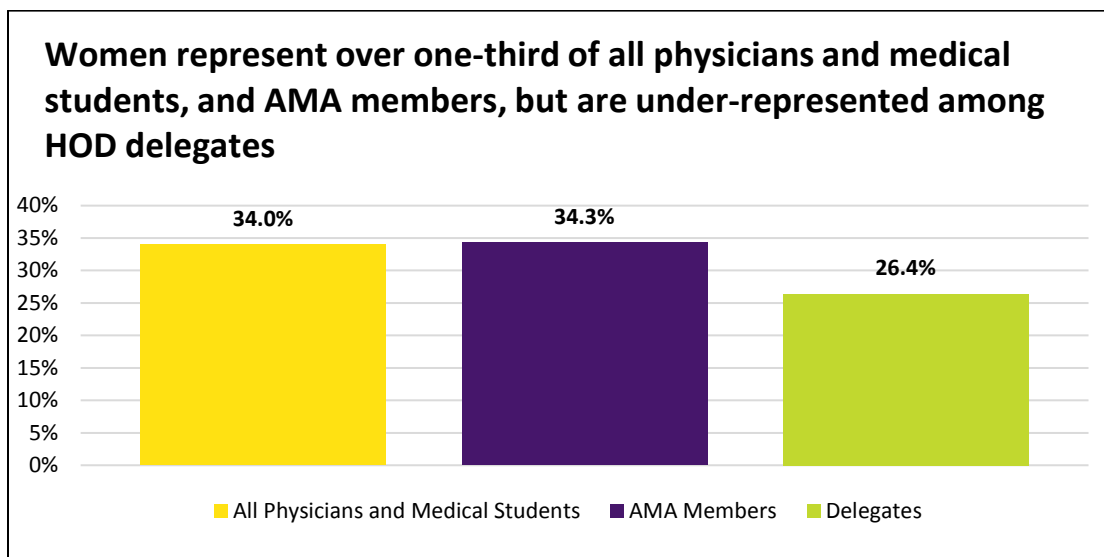
- The WPS webpage experienced a 34% increase in traffic compared to the previous year. Similarly, there was a 16% increase in traffic to the Women In Medicine webpage in 2016.

In the 2017 GC elections, 1,732 WPS members voted. The number of voters has increased every year. During the first WPS election in 2015, 936 WPS members took part in the election. Nominations for leadership positions were also up by 35% over last year. This increase was driven by promotional efforts in *AMA Wire*, targeted outreach to the Federation, and the identification of new communication channels such as the Women in Otolaryngology Listserv and special interest Facebook groups.

CLRPD Assessment: WPS meetings, elections, and educational sessions are well attended, and demonstrate increasing engagement, while strategies are in place to further grow participation. The population of potential WPS members continues to expand. The AMA has benefited from an increased voice of WPS members within the policymaking body of the Association.

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

From 2008 to 2016, the percentage of female delegates increased from 19.3% to 26.4%. While this increase is important, in 2016, women represented 34% of all U.S. physicians and medical students, and 34.3% of all AMA members. However, just 26.4% of delegates and 28.4% of alternate delegates were female, which indicates this segment is under-represented in the HOD.



The WPS policymaking process begins with an open call to the Section's membership for resolutions. Concurrently, the WPS policy committee works to identify topics for potential resolutions. Resolutions are vetted by WPS staff and the AMA legal team. Accepted resolutions are presented to the Section's membership for comment via an online forum. The WPS GC reviews the comments and approved resolutions are placed online for ratification. Ultimately, the ratified resolutions are submitted to the HOD.

The WPS convenes a HOD Handbook Review Committee prior to each HOD meeting. The process involves several members of the WPS who evaluate all resolutions and reports under consideration. The Committee usually reaches consensus on 95% of the items and the GC determines the Section's position on the remaining 5%. During the WPS business meeting, the delegate and alternate provide an open forum to discuss the Section's active positions on HOD items of business. All attendees are welcome to participate and provide insights on reports and resolutions. The process allows for discussion and development of a position, to support, monitor or oppose, which guides the delegate and alternate delegate as they testify on behalf of the Section. The WPS typically submits 3-4 resolutions to the HOD per meeting. Over the past four years, the Section has introduced 20 resolutions to the HOD.

Over the past four years, the Section has submitted resolutions related to WPS topics of concern: Tubal Ligation and Vasectomy Consents, Impact of Pharmaceutical Advertising on Women's Health, A New Definition of "Women's Health," Off-Label Use of Hormone Therapy, Heart Disease and Women, Medical Necessity of Breast Reconstruction and Reduction Surgeries, Women and Alzheimer's Disease, Women and Pre-exposure prophylaxis (PrEP), Women and Mental Health, Research into Preterm Birth and Related Cardiovascular (CV) and Cerebrovascular Risks (CVD) in Women, and Care of Women and Children in Family Immigration Detention. Eighty-two percent of WPS submitted resolutions resulted in development of new AMA policy or amendment of existing policy. The WPS provides its members with an opportunity to become involved in the Section's HOD activities, such as delivering testimony on behalf of the Section during reference committee hearings.

Overall, the WPS presents the AMA with the unique policy perspective of its women physician members. The Section brings to the forefront key areas of need in relation to women physicians and women's health concerns. For example, the WPS introduced and the HOD adopted the resolution, Interventions for Opioid Dependent Pregnant Women (A-16). During the 2017 Annual Meeting, the Section hosted an educational session, "Responding to the Impact of the Opioid Epidemic on Women" and is supporting the efforts of the AMA's Task Force to Reduce Opioid Abuse. During the 2015 Annual Meeting, the WPS submitted the resolution, Human Trafficking Reporting and Education, that the HOD adopted, and the AMA used to provide testimony for a Congressional Committee.

CLRPD Assessment: The WPS provides numerous opportunities for members of the constituency to introduce issues of concern and participate in the HOD policymaking process. The WPS has continually pursued ways to improve member communications and the resolution process; thereby, encouraging member involvement. The WPS provides a formal structure for women physicians to participate directly in the deliberations of the HOD and impact policy.

#### RECOMMENDATION

The Council on Long Range Planning and Development recommends that our American Medical Association renew delineated section status for the Women Physicians Section through 2023 with the next review no later than the 2023 Interim Meeting and that the remainder of this report be filed.