REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

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

1. DEMOGRAPHIC CHARACTERISTICS OF THE HOUSE OF DELEGATES AND AMA LEADERSHIP

Informational report; no reference committee hearing.

HOUSE ACTION: FILED

This informational report is prepared in odd numbered years by the Council on Long Range Planning and Development (CLRPD), with an abbreviated version created in even numbered years by the American Medical Association (AMA) Board of Trustees (BOT), pursuant to AMA Policy G-600.035, "The Demographics of the House of Delegates." This policy states:

> (1) A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty. (2) As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year. (3) Future reports on the demographic characteristics of the House of Delegates will identify and include information on successful initiatives and best practices to promote diversity, particularly by age, of state and specialty society delegations.

This demographic report will survey the current demographic makeup of AMA leadership in accordance with AMA Policy G-600.030, "Diversity of AMA Delegations," which states that, "Our AMA encourages…state medical associations and national medical specialty societies to review the composition of their AMA delegations with regard to enhancing diversity..." and AMA Policy G-610.010, "Nominations," which states in part:

> Guidelines for nominations for AMA elected offices include the following... (2) the Federation (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in electing Council and Board members), and the Board, the Speakers, and the President (in appointing or nominating physicians for service on AMA Councils or in other leadership positions) to consider the need to enhance and promote diversity…

Like previous reports, this document compares AMA leadership with the entire AMA membership and with the overall U.S. physician population. Medical students are included in all references to the total physician population, which is consistent with past practice. For the purposes of this report, AMA leadership includes delegates, alternate delegates, the BOT, and councils, sections and special groups (hereinafter referred to as CSSG; see detailed listing in Appendix A).

Additionally, this report includes information on successful initiatives and best practices to promote diversity, particularly by age, of state and specialty society delegations, pursuant to part 3 of Policy G-600.035.

DATA SOURCES

Lists of delegates and alternate delegates are maintained by the Office of HOD Affairs and based on official rosters provided by the relevant societies. The lists used in this report reflect year-end 2018 delegation rosters. AMA council rosters as well as listings for the governing bodies of each of the sections and special groups were provided by the relevant AMA staff.

Data on demographic characteristics of individuals are taken from the AMA Physician Masterfile, which provides comprehensive demographic, medical education, and other information on all graduates of U.S. medical schools and international medical graduates (IMGs) who have undertaken residency training in the United States. Data on AMA members and the total physician population are taken from the year-end 2018 Masterfile after it is considered final.

Some key considerations must be kept in mind regarding the information in this report. Members of the BOT, the American Medical Political Action Committee (AMPAC) and the Council on Legislation who are not physicians or medical students are not included in any tables. Vacancies in delegation rosters mean the total number of delegates is fewer than the 617 allotted at the 2018 Interim Meeting, and the number of alternate delegates is nearly always less than the full allotment. Race and ethnicity information, which is provided directly by physicians, is missing for slightly over one-fifth of AMA members (20.8%) and the total U.S. physician population (22.3%), limiting the ability to draw firm conclusions.

Readers are reminded that most AMA leadership groups considered herein designate seats for students and resident/fellow physicians. This affects some characteristics, particularly age, as well as the makeup of age-related groups, namely the student, resident, and young physician sections.

CHARACTERISTICS OF AMA LEADERSHIP

Table 1 displays the basic characteristics of AMA leadership, AMA members, and all physicians and medical students. Raw counts for Tables 1 and 2 can be found in Appendix A. Upward- and downward-pointing arrows indicate an increase or decrease of at least two percentage points compared to CLRPD 2-A-17, "Demographic Characteristics of the House of Delegates and AMA Leadership"; the following observations refer to changes since CLRPD Report 2-A-17. Changes are not highlighted for the BOT due to the small number of Board members.

- The demographic characteristics of delegates to the HOD remained largely unchanged; the only demographic group among which a change of greater than two percentage points was observed was among White, non-Hispanic delegates, who made up 72.8% of all delegates in 2016, and 70.2% in 2018, a decrease of 2.6 percentage points.
- Among alternate delegates, increases of greater than two percentage points were observed among those age 40-49 (+2.5 percentage points) and among women (+4.8), while the percentage of male alternate delegates decreased by 4.8 percentage points.
- Among CSSG, increased representation was observed among those under age 40 (+3.8) and among females (+8.3), while decreased representation was observed among males (-8.3) and in the 60-69 age group (-5.6).
- Members under age 40 now make up over half of the Association's membership (51.5%), an increase of 2.3 percentage points over 2016. Additionally, the proportion of White, non-Hispanic AMA members decreased by 3.4 percentage points. However, the percentage of AMA members for whom race/ethnicity information was unavailable increased by 4.0 percentage points.

	Delegates	Alternate Delegates	Board of Trustees[1]	Councils and Leadership of Sections and Special Groups[2]	AMA Members	All Physicians and Medical Students
Count	594[3]	401	20	170	250,253	1,341,682
Mean Age (Years)[4]	56.4	51.1	57.0	50.4	46.0	51.0
Age distribution						
Under Age 40	14.1%	22.7%	10.0%	32.9%↑	51.5%↑	29.7%
40-49 Years	10.4%	18.7%[†]	15.0%	11.2%	9.7%	18.5%
50-59 Years	22.2%	23.9%	15.0%	15.3%	9.9%	17.4%
60-69 Years	34.5%	26.2%	55.0%	24.7%↓	10.8%	16.9%
70 or More	18.7%	8.5%	5.0%	15.9%	18.1%	17.5%
Gender						
Male	73.6%	66.8%↓	70.0%	53.5%↓	64.3%	64.8%
Female	26.4%	33.2%↑	30.0%	46.5%↑	35.7%	34.7%

[1] Numbers do not include the public member of the Board of Trustees, who is not a physician.
[2] Numbers do not include non-physicians on the Council on Legislation and AMPAC. In addition, Appendix A contains a listing of the AMA councils, sections, and special groups.
[3] Numbers include medical students and residents endorsed by their states for delegate and alternate delegate positions.
[4] Age as of December 31. Mean age is the arithmetic average.
[†] Indicates an increase of at least two percentage points compared with 2016.

Unknown	0.0%	0.0%	0.0%	0.0%	0.1%	0.5%
Race/ethnicity						
White, Non-Hispanic	70.2%↓	66.6%	70.0%	59.4%	52.7%↓	51.0%
Black, Non-Hispanic	5.1%	4.0%	15.0%	7.1%	4.6%	4.2%
Hispanic	2.9%	4.7%	0.0%	6.5%	5.5%	5.5%
Asian/Asian American	9.1%	13.5%	5.0%	15.3%	14.6%	15.3%
Native American	0.2%	0.0%	0.0%	0.0%	0.3%	0.3%
Other[5]	1.5%	1.0%	0.0%	1.2%	1.4%	1.4%
Unknown	11.1%	10.2%	10.0%	10.6%	20.8%↑	22.3%
Education						
US or Canada	93.3%	90.8%	95.0%	90.0%	82.6%	77.1%
IMG	6.7%	9.2%	5.0%	10.0%	17.4%	22.9%

Table 1. Basic Demographic Characteristics of AMA Leadership

Table 2 displays life stage, present employment and self-designated specialty of AMA leadership.

- Residents, interns and fellows now make up nearly one quarter of all AMA members (24.7%), an increase of 3.0 percentage points over 2016.
- Among delegates, only those employed by medical schools (-2.4) saw a change of two percentage points or greater.
- The percentage of student alternate delegates decreased (-2.4) while the percentage of established alternate delegates increased (+3.8). Changes of two percentage points or greater were also observed among self-employed solo practice (-3.0), student (-2.4), OB/GYN (-2.2) group practice (+3.8) and family medicine (+2.1) alternate delegates.
- Young physician representation among CSSG increased by 5.9 percentage points, while the percentage of established physicians (age 40-64) declined by 3.5 percentage points.

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of Sections and Special Groups	AMA Members	All Physicians and Medical Students
Count	594	401	20	170	250,253	1,341,682
Life Stage						
Student[6]	5.1%	6.2%↓	5.0%	11.8%	22.5%	8.1%
Resident[1]	5.2%	5.7%	5.0%	11.2%	24.7%↑	10.4%
Young (under 40 or first 8 years in practice)[7]	5.2%	13.7%	5.0%	15.9%↑	7.9%	15.6%↓
Established (40-64)	49.8%	52.4%↑	50.0%	34.1%↓	21.8%	40.5%↑
Senior (65+)[2]	34.7%	21.9%	35.0%	27.1%	23.2%	25.4%
Present Employment						
Self-employed Solo Practice	15.0%	9.7%↓	25.0%	12.4%	7.7%	8.6%
Two Physician Practice	2.2%	2.2%	5.0%	1.2%	1.4%	1.6%
Group Practice	40.4%	39.9%↑	35.0%	27.6%	22.4%	40.6%
Non-Government Hospital	5.1%	5.7%	0.0%	4.1%↓	2.5%	3.1%
State or Local Government Hospital	10.4%	11.5%	10.0%	11.8%	4.2%	6.9%
HMO	0.7%	1.2%	0.0%	0.6%	0.1%	0.2%
Medical School	4.2%↓	5.2%	10.0%	8.8%	1.1%	1.6%

↓ Indicates a decrease of at least two percentage points compared with 2016.
[5] Includes other self-reported racial and ethnic groups.
[6] Students and residents are so categorized without regard to age.
↓ Indicates a decrease of at least two percentage points compared with 2016.
[7] Age delineation reflects section/group definition of its membership.
↑ Indicates an increase of at least two percentage points compared with 2016.

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of Sections and Special Groups	AMA Members	All Physicians and Medical Students
US Government	3.7%	5.0%	0.0%	2.4%	1.1%	1.9%
Locum Tenens	0.2%	0.2%	0.0%	0.0%	0.2%	0.2%
Retired/Inactive	7.2%	4.7%	0.0%	7.1%	11.0%	11.7%
Resident/Intern/Fellow	5.2%	5.7%	5.0%	11.2%	24.7%↑	10.4%
Student	5.1%	6.2%↓	5.0%	11.8%	22.5%	8.1%
Other/Unknown	0.7%	2.5%	5.0%	1.2%	1.1%	5.0%
Self-designated specialty[8]						
Family Medicine	10.6%	11.0%↑	15.0%	6.5%↓	8.5%	11.6%
Internal Medicine	21.2%	20.2%	25.0%	14.7%↓	19.3%	22.9%
Surgery	23.6%	20.4%	15.0%	19.4%	13.6%	13.3%
Pediatrics	4.2%	4.0%	0.0%	7.1%	5.0%	8.7%
OB/GYN	6.6%	4.2%↓	0.0%	9.4%↑	5.0%	4.7%
Radiology	4.9%	5.7%	5.0%	4.7%	3.5%	4.5%
Psychiatry	4.9%	3.5%	5.0%	8.2%	4.0%	5.2%
Anesthesiology	3.5%	3.7%	10.0%	3.5%	3.6%	4.6%
Pathology	2.0%	3.2%	0.0%	0.6%	1.7%	2.2%
Other Specialty	13.5%	17.7%	20.0%	14.1%	13.3%	14.3%
Student	5.1%	6.2%↓	5.0%	11.8%	22.5%	8.1%

Table 2. Life Stage, Present Employment and Self-Designated Specialty of AMA Leadership

For further data, including information on state medical associations and national medical specialty societies, please see Appendix A.

PROMOTING DIVERSITY AMONG DELEGATIONS

Pursuant to Part 3 of AMA Policy G-600.035, CLRPD queried state and specialty societies on initiatives they have instituted to encourage diversity, particularly by age, among their delegations, and the outcomes of these initiatives.

In general, associations and societies that have implemented one or more initiatives aimed at increasing diversity have reported some degree of success. Most often, they defined success as leadership demographics more closely aligned with those of the society's membership at large and/or the demographic characteristics of the physician population in the society's geographic area. Other measures of success included decreases in the average age of delegates, greater recruitment of candidates with diverse demographic characteristics to specialties and/or specialty societies, and increased participation and subsequent engagement within societies by early career physicians.

Please note that some initiatives mentioned by respondents were included in CLRPD Reports 3-A-15, "Best Practices and Successful Efforts to Increase Diversity, by Age, of AMA Delegates and Alternate Delegates," and 2-A-17, "Demographic Characteristics of the House of Delegates and AMA Leadership," and not duplicated in this document. Please refer to those reports for further information.

- Task forces: Several societies have instituted task forces on diversity, inclusion and leadership to identify solutions that may be beneficial to their specific society. This may be particularly useful as solutions are not "one-size-fits-all," and initiatives that may be possible for one society may be impossible for another to implement. These task forces considered a variety of elements of diversity, including but not limited to age, race, ethnicity and gender identity. One society reported that the task force resulted in the development of a Minority Affairs Section specific to the society. More than one of these task forces recommended and/or led to the development of minority mentoring programs to encourage minority candidates to consider future leadership roles within their societies and/or encourage minority candidates to consider careers in specific specialties (see below).

[8] See Appendix B for a listing of specialty classifications.

- Specific positions for younger physicians and trainees: Many societies mentioned that certain positions within their organizations are set aside for residents/fellows and/or young physicians. Some of these included seats on their societies' boards of trustees, councils, and delegations to the AMA HOD. One society indicated that they aimed to have at least half of their delegation made up of younger physicians and the other half of seasoned mentors. Another society indicated that while positions were not mandated, current leaders were encouraged to identify and reach out to younger colleagues who they believed would be good candidates for leadership roles in the future. Another association makes use of funds donated to its foundation to subsidize students and residents to attend AMA meetings.

- Efforts to recruit women and minority candidates to specialties: Multiple specialty societies indicated that they were currently engaged in initiatives to recruit more female and minority candidates into their specialties, increase the number of underrepresented minorities that apply and are accepted to residency programs, and/or increase interest in their specialties among minority college and medical school students. One society that has implemented such an effort indicated that while no initiative was in place with the specific goal of promoting diversity among society leadership, diversity at annual meetings had increased, and the society has worked to develop ways that trainees and early career members can engage with the organization and its programs.

- Minority mentorship programs: Specific types of initiatives aimed at recruiting diverse candidates to specific specialties mentioned by multiple societies were mentorship programs. These programs attempt to attract minority medical students to careers in specific specialties, and participation in related specialty societies. One society's program provides grants to 20 recipients, focusing in particular on third and fourth year medical students who have indicated strong interest in entering the society's specialty; approximately one in three program participants go on to match in the specialty. This society has also implemented a "Diversity Champion" initiative, which aims to encourage all residency programs within the specialty to appoint a diversity champion, an individual focused on outreach to medical schools, holistic review of residency applicants, expanded cultural competency among residency programs, and other efforts.

- Candidate nominating committees: A number of societies indicated that the use of nominating committees to identify candidates for leadership roles has led to improved diversity among candidates and leaders. Nominating committees are often encouraged to consider the demographic makeup of societies, as well as those of leadership, including boards of trustees, delegations, etc. In addition to demographic characteristics previously listed, other elements of diversity considered by nominating committees included specialty, practice setting and geographic region. Multiple societies indicated that nominating committee members are appointed for a set number of years and selected from varied geographic areas.

CLRPD applauds those associations and societies currently engaged in efforts to increase diversity among their leadership and specialties, while also recognizing that various limitations exist that may make such efforts difficult to implement. The Council hopes, however, that the initiatives above may act as useful examples for those associations and societies considering strategies by which to promote diversity among their own membership and leaders.

APPENDIX A

Table 3. Basic Demographic Characteristics of AMA Leadership

	Delegates	Alternate Delegates	Board of Trustees[9]	Councils and Leadership of Sections and Special Groups[10]	AMA Members	All Physicians and Medical Students
Count	594	401	20	170	250,253	1,341,682
Mean Age (Years)[11]	56.4	51.1	57.0	50.4	46.0	51.0
Age distribution						
Under Age 40	84	91	2	56	128,935	399,122
40-49 years	62	75	3	19	24,268	248,239
50-59 years	132	96	3	26	24,709	232,842
60-69 years	205	105	11	42	27,141	226,440
70 or more	111	34	1	27	45,200	235,039

[9] Numbers do not include the public member of the Board of Trustees, who is not a physician.
[10] Numbers do not include non-physicians on the Council on Legislation and AMPAC.
[11] Age as of December 31. Mean age is the arithmetic average.

Gender						
Male	437	268	14	91	160,796	868,937
Female	157	133	6	79	89,245	465,592
Unknown	0	0	0	0	212	7,153
Race/ethnicity						
White, Non-Hispanic	417	267	14	101	131,898	684,276
Black, Non-Hispanic	30	16	3	12	11,587	56,495
Hispanic	17	19	0	11	13,809	73,990
Asian/Asian American	54	54	1	26	36,656	204,640
Native American	1	0	0	0	875	3,496
Other[12]	9	4	0	2	3,477	19,266
Unknown	66	41	2	18	51,951	299,519
Education						
US or Canada	554	364	19	153	206,697	1,034,954
IMG	40	37	1	17	43,556	306,728

Table 4. Life Stage, Present Employment and Self-Designated Specialty of AMA Leadership

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of Sections and Special Groups	AMA Members	All Physicians and Medical Students
Count	594	401	20	170	250,253	1,341,682
Life Stage						
Student[13]	30	25	1	20	56,192	109,082
Resident[1]	31	23	1	19	61,928	139,222
Young (under 40 or first 8 years in practice)[14]	31	55	1	27	19,698	209,120
Established (40-64)	296	210	10	58	54,466	544,007
Senior (65+)[2]	206	88	7	46	57,969	340,251
Present Employment						
Self-Employed Solo Practice	89	39	5	21	19,263	115,266
Two Physician Practice	13	9	1	2	3,560	22,050
Group Practice	240	160	7	47	55,933	544,717
Non-Government Hospital	30	23	0	7	6,255	42,014
State or Local Government Hospital	62	46	2	20	10,594	92,236
HMO	4	5	0	1	215	2,243
Medical School	25	21	2	15	2,834	21,563
US Government	22	20	0	4	2,654	25,930
Locum Tenens	1	1	0	0	454	2,696
Retired/Inactive	43	19	0	12	27,542	157,414
Resident/Intern/Fellow	31	23	1	19	61,928	139,222
Student	30	25	1	20	56,192	109,082
Other/Unknown	4	10	1	2	2,829	67,249
Self-designated specialty[15]						
Family Medicine	63	44	3	11	21,350	155,064
Internal Medicine	126	81	5	25	48,229	306,907
Surgery	140	82	3	33	34,119	178,587
Pediatrics	25	16	0	12	12,537	116,785
OB/GYN	39	17	0	16	12,637	62,509
Radiology	29	23	1	8	8,682	59,898
Psychiatry	29	14	1	14	9,903	69,764
Anesthesiology	21	15	2	6	8,892	61,501
Pathology	12	13	0	1	4,377	29,480
Other Specialty	80	71	4	24	33,335	192,105
Student	30	25	1	20	56,192	109,082

[12] Includes other self-reported racial and ethnic groups.

[13] Students and residents are so categorized without regard to age.

[14] Age delineation reflects section/group definition of its membership.

[15] See Appendix B for a listing of specialty classifications.

Table 5. Characteristics of Specialty Society Delegations[16]

	Mean Age	% Female	% IMG
AMA Members (n =250,253)	47.0	35.7%	17.4%
Specialty Society Delegates and Alternates (n =416)	55.7	32.2%	5.5%
Family Medicine Delegations (n =25)	56.0	32.0%	0.0%
Internal Medicine Delegations (n =87)	57.7	27.6%	10.3%
Surgery Delegations (n =100)	57.2	16.0%	4.0%
Pediatrics Delegations (n =16)	55.7	62.5%	0.0%
OB/GYN Delegations (n =26)	55.7	61.5%	3.8%
Radiology Delegations (n = 28)	55.9	32.1%	3.6%
Psychiatry Delegations (n =25)	55.2	36.0%	8.0%
Anesthesiology Delegations (n =12)	53.7	50.0%	8.3%
Pathology Delegations (n =18)	53.6	22.2%	0.0%
Other specialty Delegations (n =79)	52.3	40.5%	6.3%

Table 6. Mean Age of AMA Members and Delegations by State

State	Total AMA Members in State	Mean Age of AMA Members	Total Number of Delegates and Alternate Delegates	Mean Age of AMA Delegates and Alternate Delegates
Alabama	3,062	47.9	10	54.7
Alaska	352	54.2	2	†
Arizona	4,271	47.5	11	58.4
Arkansas	2,021	45.8	5	59.6
California	22,429	51.3	42	55.8
Colorado	4,096	44.1	10	54.4
Connecticut	3,413	46.6	8	66.8
Delaware	668	58.5	2	†
District of Columbia	1,981	38.4	3	†
Florida	13,489	51.7	26	56.1
Georgia	4,874	49.6	10	63.2
Guam	25	57.2	2	†
Hawaii	1,078	54.1	3	†
Idaho	563	56.5	2	†
Illinois	11,069	49.4	21	59.0
Indiana	4,439	46.7	8	59.4
Iowa	2,151	49.8	5	57.6
Kansas	1,903	53.0	7	67.3
Kentucky	3,228	45.9	8	61.8
Louisiana	4,024	40.6	8	52.9
Maine	1,337	42.3	4	65.8
Maryland	4,414	50.8	10	56.4
Massachusetts	12,321	38.2	22	56.9
Michigan	12,011	44.7	23	56.5
Minnesota	4,393	47.2	8	62.4
Mississippi	2,749	46.2	6	56.2
Missouri	4,846	42.9	8	59.3
Montana	679	48.1	2	†

[16] See Appendix B for a listing of specialty classifications.

† To protect the privacy of these individuals, data for three or fewer persons are not presented in the table, although the data are included in the overall total.

State	Total AMA Members in State	Mean Age of AMA Members	Total Number of Delegates and Alternate Delegates	Mean Age of AMA Delegates and Alternate Delegates
Nebraska	1,640	43.1	5	50.0
Nevada	1,471	47.6	4	67.8
New Hampshire	877	50.1	2	†
New Jersey	7,074	49.2	15	63.7
New Mexico	1,285	48.7	4	60.8
New York	19,468	46.6	29	58.0
North Carolina	5,181	49.1	9	61.3
North Dakota	762	41.2	2	†
Ohio	10,593	44.6	16	55.3
Oklahoma	3,751	45.2	8	63.1
Oregon	1,902	54.0	4	56.8
Other	743	77.7		
Pennsylvania	13,213	47.4	21	63.5
Puerto Rico	1,399	43.4	4	72.0
Rhode Island	1,018	44.5	3	†
South Carolina	4,572	39.4	10	58.3
South Dakota	963	43.7	2	†
Tennessee	4,744	46.3	9	63.2
Texas	18,002	45.9	34	58.3
Utah	1,668	50.1	3	†
Vermont	416	49.2	2	†
Virgin Islands	37	65.4		
Virginia	7,111	44.3	15	64.1
Washington	3,888	53.7	9	54.9
West Virginia	1,831	42.7	4	67.8
Wisconsin	4,556	46.7	9	58.2
Wyoming	202	60.8	2	†
TOTAL	250,253	48.5	501	59.6

Table 7. Women and International Medical Graduates on State Association Delegations

State	Total AMA Members in State	Total Number of Delegates and Alternate Delegates	Percentage of female AMA Members in State	Number of Female Delegates and Alternate Delegates	Percentage of IMG Members in State	Number of IMG Delegates and Alternate Delegates
Alabama	3,062	10	29.8%	1	11.9%	0
Alaska	352	2	34.4%	1	7.7%	0
Arizona	4,271	11	34.0%	2	16.2%	0
Arkansas	2,021	5	33.6%	1	11.1%	1
California	22,429	42	34.3%	11	16.1%	2
Colorado	4,096	10	38.4%	7	4.9%	0
Connecticut	3,413	8	37.7%	2	17.4%	1
Delaware	668	2	31.3%	2	24.0%	0
District of Columbia	1,981	3	49.5%	0	11.8%	0
Florida	13,489	26	30.8%	4	25.7%	3
Georgia	4,874	10	35.0%	2	16.8%	1
Guam	25	2	32.0%	0	56.0%	1
Hawaii	1,078	3	33.7%	1	11.9%	0
Idaho	563	2	21.1%	1	5.5%	0
Illinois	11,069	21	35.4%	4	22.6%	7
Indiana	4,439	8	32.8%	2	15.4%	2
Iowa	2,151	5	32.1%	1	12.8%	0
Kansas	1,903	7	30.0%	1	14.0%	0
Kentucky	3,228	8	33.0%	0	15.1%	0
Louisiana	4,024	8	38.7%	3	13.8%	1
Maine	1,337	4	43.2%	1	8.0%	0
Maryland	4,414	10	37.6%	5	20.8%	4

State	Total AMA Members in State	Total Number of Delegates and Alternate Delegates	Percentage of female AMA Members in State	Number of Female Delegates and Alternate Delegates	Percentage of IMG Members in State	Number of IMG Delegates and Alternate Delegates
Massachusetts	12,321	22	45.4%	4	16.1%	1
Michigan	12,011	23	36.3%	7	23.7%	6
Minnesota	4,393	8	35.0%	3	13.5%	0
Mississippi	2,749	6	31.5%	2	10.1%	1
Missouri	4,846	8	36.9%	1	10.6%	2
Montana	679	2	38.4%	1	4.4%	0
Nebraska	1,640	5	35.4%	1	7.8%	0
Nevada	1,471	4	30.3%	1	16.9%	1
New Hampshire	877	2	34.0%	0	16.2%	0
New Jersey	7,074	15	35.1%	3	29.7%	4
New Mexico	1,285	4	37.6%	0	10.9%	0
New York	19,468	29	37.1%	4	27.2%	4
North Carolina	5,181	9	33.4%	3	12.2%	0
North Dakota	762	2	38.3%	1	17.6%	0
Ohio	10,593	16	36.3%	6	16.5%	1
Oklahoma	3,751	8	32.5%	2	11.3%	1
Oregon	1,902	4	33.4%	1	8.5%	0
Other	743	0	14.7%	0	63.1%	0
Pennsylvania	13,213	21	35.2%	4	17.0%	1
Puerto Rico	1,399	4	40.4%	0	19.8%	2
Rhode Island	1,018	3	40.6%	2	13.9%	0
South Carolina	4,572	10	39.4%	1	5.8%	0
South Dakota	963	2	34.9%	1	11.5%	0
Tennessee	4,744	9	33.7%	1	9.4%	1
Texas	18,002	34	36.1%	11	16.8%	2
Utah	1,668	3	26.7%	0	5.5%	0
Vermont	416	2	39.4%	0	8.4%	0
Virgin Islands	37	0	29.7%	0	35.1%	0
Virginia	7,111	15	38.2%	4	14.8%	1
Washington	3,888	9	33.8%	3	13.1%	1
West Virginia	1,831	4	33.4%	0	20.2%	0
Wisconsin	4,556	9	34.8%	4	15.8%	1
Wyoming	202	2	24.3%	0	9.4%	0
TOTAL	250,253	501	35.7%	123	17.4%	53

American Medical Association Councils, Sections and Special Group

COUNCILS

- American Medical Political Action Committee
- Council on Constitution and Bylaws
- Council on Ethical and Judicial Affairs
- Council on Legislation
- Council on Long Range Planning and Development
- Council on Medical Education
- Council on Medical Service
- Council on Science and Public Health

SECTIONS

- Academic Physicians Section
- Integrated Physician Practice Section
- International Medical Graduates Section
- Medical Student Section
- Minority Affairs Section

- Organized Medical Staff Section
- Resident and Fellow Section
- Senior Physicians Section
- Young Physicians Section
- Women Physicians Section

SPECIAL GROUP

- Advisory Committee on LGBTQ Issues

APPENDIX B - Specialty classification using physicians' self-designated specialties

Major Specialty Classification	AMA Physician Masterfile Classification
Family Practice	General Practice, Family Practice
Internal Medicine	Internal Medicine, Allergy, Allergy and Immunology, Cardiovascular Diseases, Diabetes, Diagnostic Laboratory Immunology, Endocrinology, Gastroenterology, Geriatrics, Hematology, Immunology, Infectious Diseases, Nephrology, Nutrition, Medical Oncology, Pulmonary Disease, Rheumatology
Surgery	General Surgery, Otolaryngology, Ophthalmology, Neurological Surgery, Orthopedic Surgery, Plastic Surgery, Colon and Rectal Surgery, Thoracic Surgery, Urological Surgery
Pediatrics	Pediatrics, Pediatric Allergy, Pediatric Cardiology
Obstetrics/Gynecology	Obstetrics and Gynecology
Radiology	Diagnostic Radiology, Radiology, Radiation Oncology
Psychiatry	Psychiatry, Child Psychiatry
Anesthesiology	Anesthesiology
Pathology	Forensic Pathology, Pathology
Other Specialty	Aerospace Medicine, Dermatology, Emergency Medicine, General Preventive Medicine, Neurology, Nuclear Medicine, Occupational Medicine, Physical Medicine and Rehabilitation, Public Health, Other Specialty, Unspecified