

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 009
(I-19)

Introduced by: Jerry Halverson, MD; Shannon Kilgore, MD; Meridith Englander, MD;
Hugh Taylor, MD; Steven Chen, MD; Adam Rubin, MD; David Tayloe, MD;
Stuart Glassman, MD; Delegates

Subject: Data for Specialty Society Five-Year Review

Referred to: Reference Committee on Amendments to Constitution and Bylaws

Whereas, Policy G-600.020, "Admission of Specialty Organizations to our AMA House of Delegates," establishes the guidelines for evaluating specialty society applications and five-year review submissions; and

Whereas, The policy focuses on the physician membership of specialty societies and AMA policy defines physicians as those possessing the degree of Doctor of Medicine or Doctor of Osteopathy (Policies H-405.951, H-405.969 and D-405.991); and

Whereas, Specialty organizations establish their own rules determining who within their membership will have full voting privileges and is eligible to hold office, allowing different organizations to report different categories of members to the AMA for the five-year review process thus impacting delegate apportionment under Bylaw 2.2 (G-600.027); and

Whereas, The requirement that an "organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office" is not always clear as to who should be counted and leads to many inquiries, suggesting that societies are interpreting the requirement differently; and

Whereas, Most of the confusion of who can be counted by the AMA is around who can hold office and what that means, and who can vote and what they can vote for/on; therefore be it

RESOLVED, That American Medical Association policy G-600.020, "Admission of Specialty Organizations to our AMA House," item 6, be amended by addition and deletion to read as follows:

The organization must have a voluntary membership and must report as members only those physician members who are current in payment of applicable dues, ~~have full voting privileges~~, and eligible to serve on committees or the governing body ~~hold office~~. (Modify Current HOD Policy)

Fiscal Note: not yet determined.

Received: 10/01/19

RELEVANT AMA POLICY

Admission of Specialty Organizations to our AMA House G-600.020

The following guidelines shall be utilized in evaluating specialty society applications for representation in our AMA House of Delegates (new specialty organization applications will be considered only at Annual Meetings of the House of Delegates): (1) The organization must not be in conflict with the Constitution and Bylaws of our AMA with regard to discrimination in membership; (2) The organization must: (a) represent a field of medicine that has recognized scientific validity; (b) not have board certification as its primary focus; and (c) not require membership in the specialty organization as a requisite for board certification; (3) The organization must meet one of the following criteria: (a) a specialty organization must demonstrate that it has 1,000 or more AMA members; or (b) a specialty organization must demonstrate that it has a minimum of 100 AMA members and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA; or (c) a specialty organization must demonstrate that it was represented in the House of Delegates at the 1990 Annual Meeting and that twenty percent (20%) of its physician members who are eligible for AMA membership are members of the AMA; (4) The organization must be established and stable; therefore it must have been in existence for at least five years prior to submitting its application; (5) Physicians should comprise the majority of the voting membership of the organization; (6) The organization must have a voluntary membership and must report as members only those who are current in payment of dues, have full voting privileges, and are eligible to hold office; (7) The organization must be active within its field of medicine and hold at least one meeting of its members per year; (8) The organization must be national in scope. It must not restrict its membership geographically and must have members from a majority of the states; (9) The organization must submit a resolution or other official statement to show that the request is approved by the governing body of the organization; (10) If international, the organization must have a US branch or chapter, and this chapter must be reviewed in terms of all of the above guidelines.

CLRPD Rep. A, A-87CLRPD Rep. D, I-90CLRPD Rep. B, I-91Modified: CLRPD Rep. 2, I-97Modified: CLRPD Rep. 3, A-00Consolidated: CLRPD Rep. 3, I-01Reaffirmed: CLRPD Rep. 2, A-05BOT Rep. 6, I-08Modified: CCB/CLRPD Rep. 3, A-12Modified: BOT Rep. 1, I-12

Definition and Use of the Term Physician H-405.951

Our AMA: 1. Affirms that the term physician be limited to those people who have a Doctor of Medicine, Doctor of Osteopathic Medicine, or a recognized equivalent physician degree and who would be eligible for an Accreditation Council for Graduate Medical Education (ACGME) residency. 2. Will, in conjunction with the Federation, aggressively advocate for the definition of physician to be limited as defined above: a. In any federal or state law or regulation including the Social Security Act or any other law or regulation that defines physician; b. To any federal and state legislature or agency including the Department of Health and Human Services, Federal Aviation Administration, the Department of Transportation, or any other federal or state agency that defines physician; and c. To any accrediting body or deeming authority including the Joint Commission, Health Facilities Accreditation Program, or any other potential body or authority that defines physician. 3. Urges all physicians to insist on being identified as a physician, to sign only those professional or medical documents identifying them as physicians, and to not let the term physician be used by any other organization or person involved in health care. 4. Ensure that all references to physicians by government, payers, and other health care entities involving contracts, advertising, agreements, published descriptions, and other communications at all times distinguish between physician, as defined above, and non-physicians and to discontinue the use of the term provider. 5. Policy requires any individual who has direct patient contact and presents to the patient as a doctor, and who is not a physician, as defined above, must specifically and simultaneously declare themselves a non-physician and

define the nature of their doctorate degree. 6. Will review and revise its own publications as necessary to conform with the House of Delegates' policies on physician identification and physician reference and will refrain from any definition of physicians as providers that is not otherwise covered by existing Journal of the American Medical Association (JAMA) Editorial Governance Plan, which protects the editorial independence of JAMA. 7. Actively supports the Scope of Practice Partnership in the Truth in Advertising campaign.
Res. 214, A-19

Definition of a Physician H-405.969

1. The AMA affirms that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine. 2. AMA policy requires anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition above, must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree. 3. Our AMA actively supports the Scope of Practice Partnership in the Truth in Advertising campaign.
CME Rep. 4-A-94, Reaffirmed by Sub. Res. 712, I-94, Reaffirmed and Modified: CME Rep. 2, A-04, Res. 846, I-08, Reaffirmed in lieu of Res. 235, A-09, Reaffirmed: Res. 821, I-09, Appended: BOT Rep. 9, I-09, Reaffirmed: BOT Rep. 9, I-11, Reaffirmation A-13, Reaffirmation A-15, Reaffirmed in lieu of: Res. 225, A-17, Reaffirmed: Res. 228, A-19.

Clarification of the Title "Doctor" in the Hospital Environment D-405.991

1. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement standards for an identification system for all hospital facility staff who have direct contact with patients which would require that an identification badge be worn which indicates the individual's name and credentials as appropriate (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), to differentiate between those who have achieved a Doctorate, and those with other types of credentials. 2. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement new standards that require anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition (H-405.969, ?that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine?) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree. 3. Our AMA will request the American Osteopathic Association (AOA) to (1) expand their standards to include proper identification of all medical staff and hospital personnel with their applicable credential (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), and (2) Require anyone in a hospital environment who has direct contact with a patient presenting himself or herself to the patient as a "doctor", who is not a "Physician" according to the AMA definition (AMA Policy H-405.969 .. that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.
Res. 846, I-08, Modified: BOT Rep. 9, I-09, Reaffirmed: Res. 218, A-12

National Medical Specialty Organizations. B-2.2

2.2 National Medical Specialty Societies. The number of delegates representing national medical specialty societies shall equal the number of delegates representing the constituent societies. Each national medical specialty society granted representation in the House of

Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seat as may be provided under **Bylaw 2.2.2**. The total number of delegates apportioned to national medical specialty societies under **Bylaw 2.2.1** shall be adjusted to be equal to the total number of delegates apportioned to constituent societies under sections 2.1.1 and 2.1.1.1 using methods specified in AMA policy.

2.2.1 Apportionment. The apportionment of delegates from each specialty society represented in the AMA House of Delegates is one delegate for each 1,000, or fraction thereof, specialty society members as of December 31 of each year who have full voting privileges, are eligible to hold office in that society, are active members of the AMA and are members in good standing of both the specialty society and the AMA. The delegates eligible for seating in the House of Delegates by apportionment are in addition to the additional delegate and alternate delegate authorized for unified specialty societies meeting the requirements of **Bylaw 2.2.2**.

2.2.1.1 Effective Date. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year. **2.2.2 Additional Delegate.** A specialty society that has adopted and implemented **bylaw** provisions requiring unified membership is entitled to one additional delegate. If during any calendar year the specialty society adopts **bylaw** provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the specialty society shall be entitled to the additional delegate. The specialty society shall retain the additional delegate only if the membership information recorded by the AMA as of each subsequent December 31 confirms that all of the specialty society's members are members of the AMA. **2.2.3 Selection.** Each specialty society shall select and adjust the number of delegates to conform with the number of seats authorized under this **bylaw**. **2.2.4 Certification.** The president or secretary of each specialty society shall certify to the AMA the delegates and alternate delegates from their respective societies. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates. **2.2.5 Term.** Delegates from specialty societies shall be selected for 2-year terms, and shall assume office on the date set by the specialty society provided that such seats are authorized pursuant to these Bylaws. Specialty societies entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. One-year terms may be provided but only to the extent and for such time as is necessary to accomplish this proportion. **2.2.6 Vacancies.** The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

Designation of Specialty Societies for Representation in the House of Delegates G-600.027

1. Specialty society delegate allocation in the House of Delegates will be determined so that the total number of national specialty society delegates shall be equal to the total number of delegates apportioned to constituent societies under section 2.1.1 (and subsections thereof) of AMA bylaws, and will be distributed based on the latest available membership data for each society, which is generally from the society's most recent five year review, but may be determined annually at the society's request. 2. Specialty society delegate allocation will be determined annually, based on the latest available membership data, using a two-step process: (a) First, the number of delegates per specialty society will be calculated as one delegate per 1,000 AMA members in that society, or fraction thereof. (i) At the time of this calculation, any specialty society that has applied for representation in the HOD, and has met SSS criteria for representation, will be apportioned delegates in anticipation of its formal acceptance to the HOD at the subsequent Annual Meeting. Should the society not be accepted, the delegate seat(s) apportioned to that society will remain vacant until the apportionment of delegates occurs the following year. (b) Second, the total number of specialty society delegates will be adjusted up or down to equal the number of delegates allocated to constituent societies. (i) Should the calculated total number of specialty society delegates be fewer than the total number of delegates allocated to constituent societies, additional delegates will be apportioned, one each,

to those societies that are numerically closest to qualifying for an additional delegate, until the total number of national specialty society delegates equals the number of constituent society delegates. (ii) Should the calculated total number of specialty society delegates be greater than the number of delegates allocated to constituent societies, then the excess delegates will be removed, one each, from those societies numerically closest to losing a delegate, until the total number of national specialty society delegates equals the number of constituent society delegates. (iii) In the case of a tie, the previous year's data will be used as a tie breaker. In the case of an additional delegate being necessary, the society that was closest to gaining a delegate in the previous year will be awarded the delegate. In the case of a delegate reduction being necessary, the society that was next closest to losing a delegate in the previous year will lose a delegate. 3. Should a specialty society lose representation during a meeting of the HOD, the delegate seat(s) apportioned to that society will remain vacant until the apportionment of delegates occurs the following year.

BOT Rep. 06, I-16, Modified: CLRPD Rep. 01, A-17, Modified: Speakers Rep., I-17, Modified: Speakers Rep., A-18