

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 1-I-19

Subject: Academic Physicians Section Five-Year Review

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Referred to: Reference Committee F

1 AMA Bylaw 7.0.9 states, “A delineated section must reconfirm its qualifications for continued
2 delineated section status and associated representation in the House of Delegates by demonstrating
3 at least every 5 years that it continues to meet the criteria adopted by the House of Delegates.”
4 AMA Bylaw 6.6.1.5 states that one function of the Council on Long Range Planning and
5 Development (CLRPD) is “to evaluate and make recommendations to the House of Delegates,
6 through the Board of Trustees, with respect to the formation and/or change in status of any section.
7 The Council will apply criteria adopted by the House of Delegates.”
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9 The Council analyzed information from a letter of application submitted in June 2018 from the
10 Academic Physicians Section (APS) for renewal of delineated section status and representation in
11 the AMA House of Delegates (HOD). The letter focuses on activities beginning in June 2014.
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13 APPLICATION OF CRITERIA

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15 Criterion 1: Issue of Concern - Focus will relate to concerns that are distinctive to the subset within
16 the broader, general issues that face medicine. A demonstrated need exists to deal with these
17 matters, as they are not currently being addressed through an existing AMA group.
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19 The APS remains the only AMA constituent group focused specifically on the perspectives of
20 academic physicians. The APS identified the following priority issues/concerns on which the
21 Section has focused over the last five years:
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- 23 1. Academic physician wellness/burnout
- 24 2. Graduate medical education funding and sustainability
- 25 3. Business of medicine
- 26 4. Health systems science and the work of the Accelerating Change in Medical Education
27 (ACE) Consortium
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29 The Section listed the following issues/concerns as current priority areas, and ones that the APS
30 will continue to focus on in the coming years, in addition to those previously listed:
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- 32 1. The transition from undergraduate medical education (UME) to graduate medical
33 education (GME)
- 34 2. Recent guidance from the Centers for Medicare & Medicaid Services (CMS) on medical
35 student documentation
- 36 3. The Match
- 37 4. Graduate medical education

1 The APS provided rationales for increased focus on these issues, and outlined strategies by which
2 the Section has attempted, and will attempt, to address them. As the transition from UME to GME
3 will be a key focus area for the ACE Consortium moving forward, the APS will assist by providing
4 a forum/venue for discussion of this topic and sharing of best practices among all medical schools
5 and teaching hospitals. During the I-17 meeting, the APS held a session on the challenges and ways
6 to improve the residency selection process. At the A-18 meeting, the APS hosted a learning and
7 discussion session on the Accreditation Council on Graduate Medical Education's (ACGME) work
8 to improve GME, and the APS Chair hosted a session, "Implementing the new CMS guidance on
9 medical student evaluation and management (E/M) documentation at your institution." Future APS
10 efforts will include educational sessions, presentations, webinars, forums for discussion and
11 sharing of best practices, and collaboration with other AMA units to develop messaging for
12 physician leaders in academic medical centers.

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14 CLRPD Assessment: The APS is focused on issues that are significant and not currently being
15 addressed through another existing AMA group. The APS is the only section that represents the
16 perspectives of academic physicians.

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

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21 The APS works to increase awareness of the AMA's strategic focus areas, and the priority areas
22 identified by the Section align closely with the AMA strategic direction. APS efforts have included
23 webinars held in collaboration with the ACE Consortium, and a three-part series of educational
24 sessions held at the 2016 Annual Meeting on physician wellness and resiliency throughout the
25 medical education and practice continuum.

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27 Additionally, the APS often collaborates with the AMA Council on Medical Education (CME).
28 The APS Liaison to the CME is a key position for ensuring interchange of news/updates and
29 collaborative work. APS meetings that occur during annual meetings of the HOD are timed to
30 ensure no conflicts with the CME stakeholders forum. At interim meetings, the Section adjourns in
31 sufficient time so that attendees can participate as judges in the AMA Research Symposium.

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33 APS members have also worked to increase AMA membership through outreach to colleagues and
34 promotion of AMA products/services of interest, such as the Academic Leadership Program, GME
35 Competency Education Program, and FREIDA Online.

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37 CLRPD Assessment: The APS has selected areas of focus that align closely with the AMA's
38 strategic direction, particularly Accelerating Change in Medical Education. Additionally, the
39 Section has worked to increase awareness of the strategic focus areas and other AMA
40 efforts/products, and sought opportunities for collaboration on cross-cutting medical education
41 issues and programs with other groups within the AMA.

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

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46 The Section on Medical Schools (SMS) was renamed the APS in June 2015 through action of the
47 HOD. Through strategic planning reviews and nationwide surveys of academic physicians, the
48 Section determined that the former name inhibited interest and involvement of academic physicians
49 outside the leadership and administration of medical schools, including those serving as faculty at
50 non-medical school affiliated medical centers and residency programs. Findings also indicated that
51 the name implied an exclusive focus on undergraduate medical education, even though the SMS

welcomed academic physicians interested in graduate medical education and continuing medical education, as well as those who served in a clinical/research capacity with an academic medical center, community hospital, or other health care setting. Additionally, the focus on the physician's institution (i.e., medical school) rather than the physician's role (i.e., an academic physician) was seen as a barrier to expanded membership in the SMS.

Further, the HOD approved changes put forth by the Section to address membership challenges experienced by the Section and streamline the membership categories and processes of the former SMS to help increase membership and engagement. These new membership categories are now part of APS Bylaws, and are outlined later in this report.

The primary opportunities for APS members to participate in the Section occur during its biannual meetings, held in conjunction with the annual and interim meetings of the HOD. During this time, members may review medical education reports and resolutions, voice opinions, and vote on recommended APS action. Periodic emails to the APS Listserv provide news and updates on key APS and AMA activities, as well as inviting applications for leadership positions on national medical education organizations, and on the Section. Other opportunities for APS involvement include:

- Participating in the APS membership committee, formed in June 2016, with seven regionally based slots throughout the country
- Participating in the CLRPD's annual solicitation of stakeholder input on future health care trends
- Serving on committees to explore special interest topics on behalf of the Section
- Informing Section policies, products and services through participation in surveys and focus groups
- Participating in educational programming tailored to develop the knowledge, skills and attitudes that faculty physicians need to effectively prepare the next generation of physicians
- Networking and interacting with peers who have similar interests at other institutions
- Engaging with the ACE Consortium through participation in consortium-sponsored webinars and online discussions

CLRPD Assessment: The structure of the APS allows members to participate in the deliberations and pursue the objectives of the Section. The APS instituted an orientation and networking session to help new members gain an understanding of the Section's role within the AMA. The APS Listserv provides news and updates on key APS and AMA activities, and provides networking and leadership opportunities for Section members.

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.

AMA member academic physicians can now seek membership in the APS through three routes:

1. Appointment by the dean of their allopathic or osteopathic medical school
2. Self-nomination as an academic physician for those with a current faculty appointment at a U.S. medical school

3. Self-nomination as a physician who does not hold a medical school faculty appointment but has an active role in student (undergraduate), resident/fellow (graduate), and/or continuing medical education, or serves in a clinical/research position with an academic medical center, community hospital, or other health care setting

Data provided by the APS show that the Section had 513 members at the time the letter of application was submitted, with the majority (157 of 176) of allopathic and osteopathic medical schools in the United States represented by at least one member.

Masterfile data provided by the Section shows the total physician population eligible for APS membership to be 20,786, and the total number of AMA members eligible for APS membership to be 2,561.

Type of Practice	Present Employment	Major Professional Activity	Total	AMA members
Medical Teaching	Any	Medical Teaching	12,408	1,368
Administration	Medical School	Administration	960	189
Direct Patient Care	Medical School	Office Based Practice	7,271	987
Non-Patient Care	Medical School	Other	147	17
			20,786	2,561

CLRPD Assessment: The APS has over 500 members, who represent the majority of medical schools in the country. It is comprised of members from an identifiable segment of AMA membership and the general physician population. The Section's potential membership within the AMA is over 2,500, greater than minimum threshold of 1,000 AMA members.

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.

The APS (then the SMS) was established in 1976 to "allow more direct participation in the AMA by physician members who are active in medical school administration" (AMA Board of Trustees Report P C-76). The following table shows the attendance from the last five meetings of the APS; the average number of attendees (61 members) over the last five meetings represents over ten percent of APS membership.

Meeting	Attendance
June 2018	55
November 2017	34
June 2017	73
November 2016	66
June 2016	79

The APS noted that its Listserv is used to provide periodic updates to members on Section activities and news/updates, including pre-meeting invitations and post-meeting wrap-up documents, and invitations to apply for positions on national medical education organizations through the CME. This latter effort has led to greater awareness of and a significant increase in

1 applications to these positions. From 2016 through 1Q 2018, APS members submitted 44 of 79
2 applications for positions with nine external organizations.

3
4 The Section has submitted three resolutions over the last five years that have led to AMA policy.
5 At the 2014 Annual Meeting of the HOD, the APS (then the SMS) submitted resolutions 311-A-14,
6 "Impact of Competency-Based Medical Education Programs as Opposed to Time-Based
7 Programs," and 312-A-14, "Assessing the Impact of Limited GME Residency Positions in the
8 Match," which led to amendments to AMA Policies D-295.318, "Competency-Based Portfolio
9 Assessment of Medical Students," and D-310.977, "National Resident Matching Program Reform."
10 Resolution 312-A-14 and the resulting policy prompted the development of two reports from the
11 CME, CME Report 3-A-16, "Addressing the Increasing Number of Unmatched Medical Students,"
12 and follow-up CME Report 5-A-17, "Options for Unmatched Medical Students." Additionally, the
13 APS submitted Resolution 608-A-17, "Improving Medical Student, Resident/Fellow and Academic
14 Physician Engagement in Organized Medicine," which led to the creation of AMA Policy
15 G-615.103, "Improving Medical Student, Resident/Fellow and Academic Physician Engagement in
16 Organized Medicine and Legislative Advocacy."

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18 Further, the APS reviews, assesses and provides testimony on a wide variety of reports and
19 resolutions related to academic medicine and medical education that are considered by the HOD
20 during annual and interim meetings.

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22 CLRPD Assessment: The APS has a history of more than 40 years at the AMA. In addition to the
23 APS biannual meetings, the Section uses its Listserv to sustain member engagement in APS issues
24 and activities. The Section has introduced or significantly contributed to resolutions and reports
25 that resulted in new policies; therefore, the HOD has benefited from the distinct voice of the APS
26 in its deliberations and policymaking processes.

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28 Criterion 6: Accessibility - Provides opportunity for members of the constituency who are
29 otherwise under-represented to introduce issues of concern and to be able to participate in the
30 policymaking process within the AMA House of Delegates (HOD).

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32 The APS is the only AMA component group that specifically represents the perspectives of
33 academic physicians and works to ensure that the interests of academic physicians and medical
34 school administrators are reflected in broader AMA policy.

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36 At its meetings on the Fridays prior to the annual and interim meetings of the HOD, the APS
37 Governing Council (GC) reviews all relevant business items and develops a consent calendar for
38 consideration by the entire Section. These recommendations are shared with APS members the
39 following morning during the APS business meeting, which provides sufficient time for review,
40 deliberation, discussion and voting.

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42 Through the work of the APS Liaison to the CME, as well as APS GC members appointed to serve
43 as ex officio liaisons on various committees of the Council, the APS GC reviews and provides
44 feedback on draft CME reports prior to HOD meetings to ensure a united front on contributions to
45 AMA medical education policy.

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47 Additionally, the Academic Medicine Caucus, developed by the APS Delegate in 2011, allows a
48 larger group of current and potential APS members (i.e., those who attend the AMA HOD meeting
49 on behalf of their state or specialty delegation and may be less likely to be involved in the activities
50 of AMA sections) to review proposed AMA policy, including the positions of the APS on HOD
51 business items.

1 CLRPD Assessment: The APS provides numerous ways for its constituents to speak on issues and
2 business items relevant to the work of the Section, and allows more direct participation in the AMA
3 by physician members who are active in medical school administration, and those who serve in a
4 clinical/research position with an academic medical center, community hospital or other health care
5 setting. The APS has introduced or significantly contributed to several resolutions/reports, which
6 resulted in new AMA policies over the past five years. Additionally, the Academic Medicine
7 Caucus, developed in 2011, allows a larger group of academic physicians to participate in the HOD
8 policymaking process.

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10 **CONCLUSION**

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12 The CLRPD has determined that the APS meets all required criteria, and it is therefore appropriate
13 to renew the delineated section status of the APS.

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15 **RECOMMENDATIONS**

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17 The Council on Long Range Planning and Development recommends that our American Medical
18 Association renew delineated section status for the Academic Physicians Section through 2024
19 with the next review no later than the 2024 Interim Meeting. (Directive to Take Action)

Fiscal Note: Less than \$500