Reference Committee F

BOT Report(s)

06  Physician Health Policy Opportunity
08  Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Health Care Leadership
10  Childcare at AMA HOD Meetings

CLRPD Report(s)

01  Academic Physicians Sections Five-Year Review
Subject: Physician Health Policy Opportunity (Resolution 604-I-18)
Request to AMA for Training in Health Policy and Health Law (Resolution 612-A-19)

Presented by: Jesse M. Ehrenfeld, MD, MPH, Chair
Referred to: Reference Committee F

At the 2018 Interim Meeting, the American Medical Association (AMA) House of Delegates (HOD) considered Resolution 604-I-18, “Physician Health Policy Opportunity,” introduced by Washington State, which included the following three resolves:

That our AMA, working with the state and specialty societies, make it a priority to give physicians the opportunity to serve in federal and state health care agency positions by providing the training and transitional opportunities to move from clinical practice to health policy; and

That our AMA study and report back to the House of Delegates at the 2019 Interim Meeting with findings and recommendations for action on how best to increase opportunities to train physicians in transitioning from clinical practice to health policy; and

That our AMA explore the creation of an AMA health policy fellowship, or work with the Robert Wood Johnson Foundation to ensure that there are designated physician fellowship positions with their Health Policy Fellowship program to train physicians in transitioning from clinical practice to health policy.

The reference committee heard conflicting testimony on Resolution 604 and recommended its referral. Testimony agreed that it is critical to have physicians with clinical experience serve in government regulatory agencies to help shape health policy, and favored the AMA studying how best to increase opportunities to train physicians in transitioning from clinical practice to health policy. Testimony recommended broadening partnerships beyond the Robert Wood Johnson Foundation (RWJF), and also noted that developing a health policy fellowship program can be an intricate process, that should be carefully evaluated.

At the 2019 Annual Meeting, the HOD considered a second resolution on a similar topic, Resolution 612-A-19, “Request to AMA for Training in Health Policy and Health Law,” introduced by New Mexico, which asked that the AMA “offer its members training in health policy and health law, and develop a fellowship in health policy and health law.” Testimony on Resolution 612 was also mixed and the reference committee recommended its referral. Those testifying supported the AMA sharing resources and opportunities to serve its members but were uncertain whether the AMA should implement its own fellowship program.

This report responds to both referred resolutions. It reviews the currently available health policy fellowship programs for physicians and recommends that, in lieu of Resolutions 604-I-18 and 612-A-19,
612-A-19, the AMA: significantly increase its collaborative efforts with the National Academy of Medicine (NAM) to make physicians aware of existing health policy fellowship opportunities and help them to apply for and participate in them; engage with alumni of the existing programs and provide opportunities for them to share their health policy fellowship experiences with medical students, residents, fellows, and practicing physicians; and disseminate information to medical students and physicians about opportunities to join the Commissioned Corps of the U.S. Public Health Service.

EXISTING HEALTH POLICY OPPORTUNITIES FOR PHYSICIANS

The RWJF Health Policy Fellows program is funded by the RWJF but is administered by NAM. Initiated in 1973, the RWJF program is for mid-career health professionals, behavioral and social scientists, and others with an interest in health and health care. Fellows reside for 12 months in Washington, DC, beginning in September of each year. The AMA is one of the organizations that meets with the RWJF fellows during a 3.5-month orientation period at the beginning of their year during which they meet with national health policy leaders, think tanks, executive branch officials, and members of Congress and their staffs. Afterward, the fellows are placed in full-time positions with members of Congress, a congressional committee, or the executive branch. Under the supervision of the office in which they are placed, fellows:

- Help develop legislative or regulatory proposals;
- Organize hearings, briefings, and stakeholder meetings;
- Meet with constituents; and
- Brief legislators or administration officials on various health issues.

RWJF Fellows receive a stipend of $104,000 for the year of their Washington residency. Fellows who are affiliated with a sponsoring institution may have their stipends supplemented by the sponsoring institution.

Testimony on Resolution 604 indicated concern that the number of slots for physicians in the RWJF program has been declining, but NAM data show otherwise. Physicians have always been an important part of this fellowship, and 58 percent of the nearly 300 program alumni are physicians. It is true that the percentage of physician applicants for the fellowship has been declining, but nonetheless 50 percent of the 2019-20 fellows will be physicians. Physicians who apply for the RWJF program fare extremely well in the selection process, so if more physicians apply, more are likely to be selected.

At the same time, there are some barriers to greater physician participation. It is very difficult for practicing physicians to participate in a year-long, full-time, residence program in Washington, DC. Academic medical centers have become less willing over time to let their medical staff members leave for a year, and many physicians face pressure to continue providing billable services. The $104,000 stipend represents a payment reduction for most practicing physicians, as does the transition to a policy role if they continue in health policy after their fellowship has ended.

In addition to the RWJF program, NAM administers seven endowed fellowships for professionals who are early in their careers, of which five are only for physicians:

- Norman F. Gant/American Board of Obstetrics and Gynecology Fellowship;
- James C. Puffer, MD/American Board of Family Medicine Fellowship;
- Gilbert S. Omenn Fellowship (combining biomedical science and population health);
- American Board of Emergency Medicine Fellowship;
• Greenwall Fellowship in Bioethics;
• NAM Fellowship in Pharmacy; and
• NAM Fellowship in Osteopathic Medicine.

Also, NAM’s Emerging Leaders in Health and Medicine (ELHM) Scholars program annually selects up to 10 early- and mid-career professionals with demonstrated leadership and professional achievement in biomedical science, population health, health care and related fields for three-year terms as ELHM scholars. Unlike the full-time residency required in the RWJF program, the ELHM scholars continue to work at their primary institution while also participating in this NAM program. Participants provide input and feedback to help shape NAM’s priorities and advance its work in science, medicine, policy, and health equity. Five of the 10 current ELHM scholars are physicians.

Another pathway that many physicians take to become involved in public service careers in the executive branch is joining the Commissioned Corps of the U.S. Public Health Service. Physicians serving as Commissioned Corps officers may be found throughout the federal government, including the Food and Drug Administration, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, National Institutes of Health, and the other agencies within the U.S. Department of Health and Human Services, as well as the U.S. Department of Homeland Security, Federal Bureau of Prisons, and the U.S. Department of Defense. The women and men of the Commissioned Corps fill essential public health, clinical, and leadership roles throughout the nation’s federal departments and agencies, particularly those supporting care to underserved and vulnerable populations. The U.S. Surgeon General oversees the Commissioned Corps.

For medical students, according to the Association of American Medical Colleges, more than 80 medical schools provide opportunities to pursue a master’s degree in public health. Some physicians also obtain their MPH degree separately from their MD degree, either before or after medical school. Adding an MPH degree can be an effective means for physicians to pursue health policy careers. Some medical schools with health policy departments or schools of public health also welcome participation by practicing physicians in their educational programs and activities. Also, the AMA Government Relations Advocacy Fellow (GRAF) program provides medical students with the opportunity to be a full-time member of the AMA federal advocacy team for one year. A key goal of this program is to educate medical student, resident and young physician AMA members about health policy and encourage activism and leadership in local communities. To date, 15 students have participated in the GRAF program.

HEALTH LAW OPPORTUNITIES FOR PHYSICIANS

In addition to training and experience in health policy, Resolution 612-A-19 also called for the AMA to offer members training and develop a fellowship in health law. It would probably be considerably more difficult for a mid-career practicing physician to transition to health law than health policy, as the practice of health law would likely require the individual to obtain a law degree. There are many physicians who pursue dual degree programs, and several universities offer joint MD/JD degree programs, including the University of Pennsylvania, Duke University, University of Miami, Boston University, Stanford University, and University of Virginia. Graduates of joint MD/JD programs may often be found in leadership positions in federal government regulatory agencies where they can use their expertise in both law and medicine.

Unlike medicine’s specialty board certification process, the legal profession is dominated by state boards and does not offer legal specialty board certification in health law or similar topics. There are interest groups for professionals who focus in this area, such as the American Health Lawyers
Association. There do not appear to be fellowship opportunities that would allow physicians to transition to health law without obtaining a law degree.

AMA POLICY

AMA policy supports educating medical students, residents, and fellows in health policy. Policy H-310.911, “ACGME Allotted Time off for Health Care Advocacy and Health Policy Activities,” encourages the Accreditation Council for Graduate Medical Education and other regulatory bodies to adopt policy that resident and fellow physicians be allotted additional time, beyond scheduled vacation, for scholarship and activities of organized medicine, including but not limited to health care advocacy and health policy. Policy H-295.953, “Medical Student, Resident and Fellow Legislative Awareness,” advocates that elective political science classes be offered in the medical school curriculum, establishes health policy and advocacy rotations in Washington, DC for medical students and residents, and states that the AMA will support and encourage institutional, state, and specialty organizations to offer health policy and advocacy opportunities for medical students, residents, and fellows. Policy H-440.969, “Meeting Public Health Care Needs Through Health Professions Education,” also states that courses in health policy are appropriate for health professions education. Current AMA policies focus on training medical students, residents and fellows in health policy, but the AMA does not currently have policy on mid-career physicians transitioning to health policy careers.

RECOMMENDATIONS

Based upon its review of existing opportunities for practicing physicians to pursue training and careers in health policy, the Board of Trustees does not believe it is necessary or desirable for the AMA to offer its own training and transitional opportunities for physicians to move from clinical practice to health policy. There are multiple avenues already available for physicians who wish to pursue careers in health policy, whether they choose to begin down this path during medical school, residency, or after some years in clinical practice. The Board does agree that the AMA should take a more active role in informing physicians of these opportunities; however, and in helping them to make these career choices. The Board of Trustees recommends that the following recommendations be adopted in lieu of Resolutions 604-I-18 and 612-A-19 and the remainder of the report be filed.

1. That our American Medical Association encourage and support efforts to educate interested medical students, residents, fellows, and practicing physicians about health policy and assist them in starting or transitioning to careers that involve health policy. (New HOD Policy)

2. That our AMA significantly increase its collaborative efforts with the National Academy of Medicine (NAM) to make physicians aware of existing health policy fellowship opportunities and help them to apply for and participate in them. (Directive to Take Action)

3. That our AMA engage with alumni of health policy fellowship programs and joint degree programs and provide opportunities for them to share their health policy experiences with medical students, residents, fellows, and practicing physicians. (Directive to Take Action)

4. That our AMA include health policy content in its educational resources for members. (Directive to Take Action)

5. That our AMA work with the Office of the U.S. Surgeon General to disseminate information to medical students, residents, fellows, and practicing physicians about opportunities to join the Commissioned Corps of the U.S. Public Health Service. (Directive to Take Action)

Fiscal Note: Less than $5000
At the 2019 Annual Meeting, the House of Delegates referred Resolution 615, “Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Healthcare Leadership,” to the Board of Trustees. Resolution 615, introduced by the Medical Student Section, asked:

That our American Medical Association (AMA) change existing automatic paper JAMA subscriptions to opt-in paper subscriptions by the year 2020, while preserving the option to receive paper JAMA, in order to support broader climate change efforts.

BACKGROUND

The JAMA Network contains a collection of 13 peer-reviewed, clinical research journals published by the American Medical Association, including JAMA, 11 specialty titles, and JAMA Network Open. The journals publish content online on a weekly basis, as well as in print journals on a periodic schedule (48 times per year for JAMA, once a month for specialty titles), except for JAMA Network Open, which is online only. The journals are highly prestigious with Impact Factors in the top 10 in their fields, many in the top 3, and acceptance rates for most at 10% or less. The reach of these journals is global, particularly JAMA, with countries outside the US accounting for approximately half of the total views. As a benefit of membership, all AMA members receive online access to the entire collection of journals in the JAMA Network. In addition, approximately 55% of members receive a print copy of JAMA. The overall business model for the JAMA Network consists of digital site licenses to institutions for access to the content, advertising (primarily print), and licensing/reuse of previously published content. This multifactor business model provides revenue to support the editorial and publishing operations of the JAMA Network, as well as providing funding to support overall AMA initiatives.

DISCUSSION

Over the past 15 years, the business model for Publishing has shifted from one that was previously driven by print advertising to one that is currently driven by institutional site licensing. As a result, the overall revenue mix has shifted from being 90% print to only 40% print in 2018. However, print advertising remains a key leg to the overall business model for Publishing, providing revenue to sustain the publishing and editorial functions of the journals. In addition, this revenue stream has provided funding for the development of new modes of content distribution including a mobile app, podcasts, and video content. Although digital advertising has grown along with online views, it remains a fraction (1/7th) of the existing print revenue as growth in the broader digital ad market is...
focused on search advertising, which is dominated by Google and Facebook, while traditional
banner ads that run on the JAMA Network have stagnated and/or declined. JAMA’s print
circulation of 295,000 in 2018 is a strategic benefit both to the JAMA Network as a value
proposition for authors regarding the network’s ability to communicate critical research as broadly
as possible, and for the AMA as a consistently top-cited benefit of membership. Due to US Postal
Service regulations, half of the individuals receiving print must be “requesters” in order to mail at
periodical rates. Members account for 80% of this requester pool and are a key component to
maintaining the overall ratio. A loss of members in print circulation would have a multiplier effect,
leading to a 2-for-1 reduction in overall circulation to meet USPS regulations. This would reduce
the overall reach of the journals, as well as inhibit the print advertising model, which currently
provides a surplus of funds for the JAMA Network and the AMA.

CONCLUSION

Over the last 5 years, the Publishing group has reduced overall print copies by 33%, saving ~1,500
tons of paper on an annual basis, in efforts to reduce costs and paper waste. The print circulation
level is evaluated on an ongoing basis and are exploring opportunities to move to digital printing, a
cost-effective option to print at significantly lower quantities. The JAMA Network is now a digital-
first portfolio, with most research content published online ahead of print. Along these lines and in
deploying environmentally sustainable practices, the recently launched journal, JAMA Network
Open, is an online-only title with zero print circulation. However, the breadth of circulation for
JAMA remains a key asset for soliciting the best papers from the author community and supporting
the overall business model to fund new digital-focused methods of distributing content.

RECOMMENDATION

JAMA’s print circulation is a key asset, best supported by maintaining the current opt-out policy for
AMA Members. However, based on the analysis that led to this report, the JAMA Network has
accelerated the shift to digital printing for journals in the portfolio and will be moving forward with
a pilot program to move JAMA Surgery to digital printing in 2020, which will reduce the overall
circulation for that title by over 90%. If successful, this model will be extended as appropriate to
other journals in the network to drive an overall reduction in print copies, consistent with reducing
the AMA’s carbon footprint.

The Board of Trustees recommends that the following be adopted in lieu of Resolution 615-A-19,
and the remainder of this report be filed:

That our American Medical Association continue to explore environmentally sustainable
practices for JAMA distribution.

Fiscal Note: None
At the 2016 Annual Meeting, the House of Delegates adopted Policy D-600.958, “Childcare at the AMA Meetings,” calling for our AMA to initiate a three-year pilot of onsite childcare at meetings of the House of Delegates. The pilot was begun at the 2017 Annual Meeting, and this report presents data on utilization of the childcare service through the first five meetings (2½ years) of the pilot.

The graphs below show the daily utilization of the service for each of the five meetings. Separate figures are presented for children registered in advance and those registered onsite. Advance registration is encouraged to ensure appropriate staffing and other resources, but children may be
registered onsite on a space-available basis. No children were registered onsite at A-17, the first
meeting in the pilot program.

As can be seen from the graphs, daily use of the childcare service is quite variable. Utilization has
been uniformly low on Thursdays, picking up on Fridays and peaking on Saturday. This tracks with
hotel room pickup, which is also greatest on the latter two days. Thursdays are the opening day for
most of the AMA sections. Use of the service generally declines from Saturday to the conclusion of
the House of Delegates meeting, although there seems to be a secondary peak on Monday or
Tuesday.

<table>
<thead>
<tr>
<th></th>
<th>A-17</th>
<th>I-17</th>
<th>A-18</th>
<th>I-18</th>
<th>A-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least used day (#)</td>
<td>Thursday (0)</td>
<td>Thursday (2)</td>
<td>Thursday (0)</td>
<td>Thursday (1)</td>
<td>Thursday (2)</td>
</tr>
<tr>
<td>Most used day (#)</td>
<td>Sat, Sun, Mon (3)</td>
<td>Saturday (11)</td>
<td>Sat, Tues (10)</td>
<td>Saturday (13)</td>
<td>Saturday (14)</td>
</tr>
</tbody>
</table>

The total number of children receiving care and the number of families represented by those
children provide another measure of utilization. Both the number of children served and the
number of families using the service increased after A-17, although the numbers appear to have
stabilized since that time. The greatest utilization thus far was at I-17 in Honolulu, which saw 18
children cared for, with nearly half of them coming through walk-in registrations. Those 18
children represented 11 families. This past June saw 17 total children from 13 families using the
service. At each meeting, pre-registrations have made up a majority of children cared for, albeit
just a slight majority in Hawaii. These data appear in the following table.

<table>
<thead>
<tr>
<th></th>
<th>A-17</th>
<th>I-17</th>
<th>A-18</th>
<th>I-18</th>
<th>A-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total children registered</td>
<td>4</td>
<td>18</td>
<td>14</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Families using service</td>
<td>3</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Percentage preregistered</td>
<td>100%</td>
<td>53%</td>
<td>70%</td>
<td>87%</td>
<td>83%</td>
</tr>
</tbody>
</table>

**Provider**

The service has been provided by Accent on Children (Accent), which is fully licensed and uses
caregivers with considerable experience in working with children. Staff to child ratios range from
1:2 for infants to 1:8 for school-age children. Users pay a fee to Accent for the service on either a
full or half-day basis that varies with a child’s age. Fees for the five meetings at which the service
has been provided have been stable and are shown in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Age 6 to 35 months</th>
<th>Age 3 years and up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half day</td>
<td>$60</td>
<td>$50</td>
</tr>
<tr>
<td>Full day</td>
<td>$100</td>
<td>$90</td>
</tr>
<tr>
<td>Hourly, 4 hour minimum*</td>
<td>$12/hr</td>
<td>$10/hr</td>
</tr>
</tbody>
</table>

* The hourly option was first offered at I-18.

In addition, users pay a $10 per child registration fee and are responsible for their child’s
(children’s) snacks and meals. Meals are available through Accent at a cost of $15. Fees are on a
per child basis. (Daily user fees at the 2019 Interim Meeting will decline modestly, although
Accent remains the vendor.)

At the 2019 Annual Meeting Accent collected approximately $4200 in user fees, of which $300
was for meals. On average this was slightly less than $250 per child, because some children attend
daily while many attend only one or two days. Previous meetings saw similar average figures on a per child basis.

AMA Expense

Although parents pay Accent for each child participating in the program, our AMA expends additional funds to support the service. Our AMA pays a management fee directly to Accent, but also incurs additional expenses to provide lodging for the caregivers. Additional, smaller amounts have been expended to ship materials to the meeting site. Direct AMA expenditures for each of the first five meetings appear below:

<table>
<thead>
<tr>
<th></th>
<th>Accent</th>
<th>Hotel</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-17</td>
<td>$5150</td>
<td>$2230</td>
<td></td>
<td>$7380</td>
</tr>
<tr>
<td>I-17</td>
<td>$4600</td>
<td>$1197</td>
<td></td>
<td>$5797</td>
</tr>
<tr>
<td>A-18</td>
<td>$4893</td>
<td>$2021</td>
<td>$250</td>
<td>$7164</td>
</tr>
<tr>
<td>I-18</td>
<td>$4893</td>
<td>$2046</td>
<td></td>
<td>$6939</td>
</tr>
<tr>
<td>A-19</td>
<td>$4988</td>
<td>$2636</td>
<td>$264</td>
<td>$7,888</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$35,168</td>
</tr>
</tbody>
</table>

Indirect expenses such as staff time and diversion of meeting space to childcare are not included in these figures. AMA’s payments to Accent are contractually arranged. The contract does not extend beyond the 2019 Interim Meeting, so future expenses have not been determined.

DISCUSSION

When the pilot program was approved by the House at the 2016 Annual Meeting, no criteria were established by which to evaluate the success or failure of the program, and your Board has made its recommendation based upon utilization of the program and in the light of efforts to provide benefits to our members.

Through five meetings AMA expenses have averaged just over $7000 per meeting or $718 per family utilizing the service. (That is $35,168 ÷ 46, which is likely not an unduplicated count of families.) This does not include other indirect expenses, such as negotiating the contract with the vendor or arranging for a room and does not include costs of childcare liability insurance. The issue of liability, or potential liability, cannot be dismissed out of hand. Irrespective of fault, our AMA could expect to be named in any lawsuit stemming from an injury to a child.

The concierge at most hotels is available to help parents arrange for childcare, and this is certainly the case for the hotels in which our AMA holds House of Delegates Meetings. The site of AMA’s Annual Meetings, the Hyatt Regency Chicago, lists three services through which childcare can be arranged for example. Preparation for future HOD meetings will include working with our contracted hotels to coordinate the use of these services in lieu of our AMA directly contracting with an outside vendor. This provides a reasonable alternative for our AMA to continue to offer childcare services. In addition, coordinating childcare through the hotel’s preferred vendors would address the liability issue as the Association would no longer be contracting with a provider.
RECOMMENDATIONS

The Board of Trustees recommends that the following recommendations be adopted and the remainder of the report be filed.

1. That Policy D-600.958 be rescinded, as the pilot program has concluded. (Rescind HOD Policy)

2. That our American Medical Association continue to coordinate childcare at its annual and interim meetings for interested parent or guardian attendees and provide a room in the meeting venue or hotel for use by these childcare providers. (Directive to Take Action)

Fiscal Note: No significant impact
Subject: Academic Physicians Section Five-Year Review

Presented by: James Goodyear, MD, Chair

Referred to: Reference Committee F

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 a letter of application submitted in June 2018 from the Academic Physicians Section (APS) for renewal of delineated section status and representation in the AMA House of Delegates (HOD). The letter focuses on activities beginning in June 2014.

APPLICATION OF CRITERIA

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 APS remains the only AMA constituent group focused specifically on the perspectives of academic physicians. The APS identified the following priority issues/concerns on which the Section has focused over the last five years:

1. Academic physician wellness/burnout
2. Graduate medical education funding and sustainability
3. Business of medicine
4. Health systems science and the work of the Accelerating Change in Medical Education (ACE) Consortium

The Section listed the following issues/concerns as current priority areas, and ones that the APS will continue to focus on in the coming years, in addition to those previously listed:

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

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

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.

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

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

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

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

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

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

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

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.

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2018</td>
<td>55</td>
</tr>
<tr>
<td>November 2017</td>
<td>34</td>
</tr>
<tr>
<td>June 2017</td>
<td>73</td>
</tr>
<tr>
<td>November 2016</td>
<td>66</td>
</tr>
<tr>
<td>June 2016</td>
<td>79</td>
</tr>
</tbody>
</table>

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

The Section has submitted three resolutions over the last five years that have led to AMA policy. At the 2014 Annual Meeting of the HOD, the APS (then the SMS) submitted resolutions 311-A-14, “Impact of Competency-Based Medical Education Programs as Opposed to Time-Based Programs,” and 312-A-14, “Assessing the Impact of Limited GME Residency Positions in the Match,” which led to amendments to AMA Policies D-295.318, “Competency-Based Portfolio Assessment of Medical Students,” and D-310.977, “National Resident Matching Program Reform.” Resolution 312-A-14 and the resulting policy prompted the development of two reports from the CME, CME Report 3-A-16, “Addressing the Increasing Number of Unmatched Medical Students,” and follow-up CME Report 5-A-17, “Options for Unmatched Medical Students.” Additionally, the APS submitted Resolution 608-A-17, “Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine,” which led to the creation of AMA Policy G-615.103, “Improving Medical Student, Resident/Fellow and Academic Physician Engagement in Organized Medicine and Legislative Advocacy.” Further, the APS reviews, assesses and provides testimony on a wide variety of reports and resolutions related to academic medicine and medical education that are considered by the HOD during annual and interim meetings.

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

Criterion 6: 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 AMA House of Delegates (HOD).

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

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

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

Additionally, the Academic Medicine Caucus, developed by the APS Delegate in 2011, allows a larger group of current and potential APS members (i.e., those who attend the AMA HOD meeting on behalf of their state or specialty delegation and may be less likely to be involved in the activities of AMA sections) to review proposed AMA policy, including the positions of the APS on HOD business items.
CLRPD Assessment: The APS provides numerous ways for its constituents to speak on issues and business items relevant to the work of the Section, and allows more direct participation in the AMA by physician members who are active in medical school administration, and those who serve in a clinical/research position with an academic medical center, community hospital or other health care setting. The APS has introduced or significantly contributed to several resolutions/reports, which resulted in new AMA policies over the past five years. Additionally, the Academic Medicine Caucus, developed in 2011, allows a larger group of academic physicians to participate in the HOD policymaking process.

CONCLUSION

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

RECOMMENDATIONS

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

Fiscal Note: Less than $500