AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: C (I-20)

Introduced by: RFS Delegate

Subject: Sectional Delegate Allotment

INTRODUCTION

In 2006, the American Medical Association (AMA) House of Delegate (HOD) approved the creation of Sectional Delegates and Alternate Sectional Delegates for the Resident and Fellows Section (RFS). Currently, these RFS delegates are allotted as one Sectional Delegate and one Alternate Sectional Delegate for every 2,000 RFS members. The RFS Internal Operating Procedures (IOP) outline a methodology for fair and equitable allocation to states and specialties. Currently, candidates for Sectional Delegate or Alternate Sectional Delegate must obtain an endorsement from either a state or a specialty society. However, each state or specialty society may sponsor up to one Sectional Delegate and one Alternate Sectional Delegate to be seated with them.

PROBLEM

When the positions of RFS Sectional Delegates and Alternate Sectional Delegates were first created and allocation was determined, there were 24,069 RFS members (9.8% of AMA membership) and 3 allotted Sectional Delegate positions (0.7% of the HOD) in 2006.[1] However, since the creation of the Sectional Delegate positions, the RFS has almost tripled its membership. With this, the RFS has received a proportional increase in the number of Sectional Delegates or Alternate Sectional Delegates.

	Members	Percent of Membership	Sectional Delegates	Delegates/AD (Sectional + Other) credentialed	Percent of House of Delegates
2007[2]	22,000	9.0%	12	24	2.5%
2012[3]	38,088	17.0%	19	48	5.1%
2018[4]	61,928	24.7%	30	54	5.4%

However, the limit on one Sectional Delegate and one Alternate Sectional Delegate per state or specialty society has not been adjusted to account for this growth. While some limits remain necessary to ensure that larger states and specialties do not fill a disproportionate number of the limited Sectional Delegate and Alternate Sectional Delegate seats, this limitation was not intended to inhibit participation as the RFS grew. Residents and fellows in specialties with numerous subspecialties can often find alternate sponsorship, but those in large states or in specialties with few societies within the HOD are at a disadvantage to obtaining these leadership opportunities and may have been unintentionally prevented from representing the RFS in the HOD. This has even led to many years where not all the Alternate Sectional Delegate seats were filled despite interested candidates at the time of election. Since 2007, the

growth in RFS involvement has opened a number of opportunities for RFS members through increased Sectional Delegate and Alternate Sectional Delegate seats, but these opportunities are not equally distributed due to these restrictions.

SOLUTION

After reviewing the data on the growth of the section and the need to ensure fair and equitable representation, your Governing Council recognizes that a cap on representatives from each state or specialty is important for ensuring a distribution of representation across the House of Medicine. However, the current restriction has not kept pace with the growth of the section and is currently limiting the voice of members in states with more members and specialties with fewer subspecialty societies. Therefore, we propose expanding the cap to a maximum of **two** Sectional Delegates and **two** Alternate Sectional Delegate seats per state or specialty.

RECOMMENDATION

VII. Sectional Delegates and Alternate Delegates to the House of Delegates

E. Limitations

1. There shall be a limit of ~~one~~ two Sectional Delegates and ~~one~~ two Sectional Alternate Delegates per state or specialty society in the AMA House of Delegates.

REFERENCES

1. Board of Trustees Report 20. Annual Meeting. 2006

2. Council on Long Range Planning and Development Report 2. Annual Meeting. 2008

3. Council on Long Range Planning and Development Report 2. Annual Meeting. 2013

4. Council on Long Range Planning and Development Report 1. Annual Meeting. 2019