

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following report was presented by Shannon P. Pryor, 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, 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 should, whenever possible, identify and include information on successful initiatives and best practices to promote diversity within state and specialty society delegations.

This 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 Board of Trustees (BOT); and councils and leadership of sections and special groups (hereafter referred to as CSSG; see detailed listing in Appendix A).

Additionally, this report includes information on successful initiatives and best practices to promote diversity 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 House of Delegates (HOD) Affairs and based on official rosters provided by the relevant societies. The lists used in this report reflect year-end 2020 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 2020 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 number allotted at the 2020 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 (21.8%) and the total U.S. physician population (22.7%), 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 1-A-19, “Demographic Characteristics of the House of Delegates and AMA Leadership”; the following observations refer to changes since CLRPD Report 1-A-19. Changes are not highlighted for the BOT due to the small number of Board members. Between year-end 2018 and year-end 2020, AMA membership increased by 21,402 members, an 8.6% increase.

- Younger age groups saw increases in representation among the delegates to the HOD, with the percentage of delegates under age 40 increasing from 14.1% in 2018 to 16.2% in 2020, and delegates age 40-49 increasing from 10.4% to 13.3%. Concurrent with these increases, the percentage of delegates age 50-59 decreased from 22.2% in 2018 to 18.8% in 2020, while the percentage of delegates age 60-69 decreased from 34.5% to 32.2%.
- An increase was also observed among alternate delegates under age 40, from 22.7% in 2018 to 28.5% in 2020. The percentage of alternate delegates age 60-69 decreased from 26.2% to 22.7% during the same period.
- An increase was observed among female delegates, alternate delegates, and AMA members. The percentage of female members of the AMA increased from 35.7% to 38.0% from 2018 to 2020. During the same period, the percentage of female delegates to the HOD increased from 26.4% to 30.7%, and the percentage of female alternate delegates increased from 33.2% to 38.3%.
- Increased percentages were observed among Asian/Asian American delegates, alternate delegates and CSSG from 2018 to 2020. During that time, the percentage of Asian/Asian American delegates increased from 9.1% to 11.5%, alternate delegates increased from 13.5% to 15.9%, and CSSG increased from 15.3% to 19.9%. Simultaneous decreases were observed among white, non-Hispanic alternate delegates (from 66.6% to 63.4%) and CSSG (from 59.4% to 55.4%)

Table 1. Basic Demographic Characteristics of AMA Leadership, December 2020

	Delegates ²	Alternate Delegates ²	Board of Trustees ³	Councils and Leadership of Sections and Special Groups ⁴	Members	All Physicians and Medical Students
Count	671	459	20	166	271,655	1,391,590
Mean age (years) ⁵	56.8	50.2	55.8	52.5	47.0	52.6
Age Distribution						
Under age 40	16.2%↑	28.5%↑	10.0%	27.7%↓	51.3%	29.3%
40-49 years	13.3%↑	18.1%	15.0%	16.3%↑	10.8%	18.0%
50-59 years	18.8%↓	22.4%	30.0%	15.7%	9.9%	16.9%
60-69 years	32.2%↓	22.7%↓	40.0%	25.9%	10.3%	16.8%
70 or more	19.5%	8.3%	5.0%	14.5%	17.7%	19.0%
Gender						
Male	69.2%↓	61.7%↓	65.0%	52.4%	61.4%↓	63.8%
Female	30.7%↑	38.3%↑	35.0%	47.6%	38.0%↑	35.5%
Unknown	0.1%	0.0%	0.0%	0.0%	0.6%	0.7%

Race/Ethnicity						
White non-Hispanic	68.3%	63.4%↓	60.0%	55.4%↓	49.9%↓	50.1%
Black non-Hispanic	4.6%	5.0%	15.0%	7.2%	5.0%	4.3%
Hispanic	3.1%	3.1%	0.0%	4.8%	6.0%	5.7%
Asian/Asian American	11.5%↑	15.9%↑	10.0%	19.9%↑	15.5%	15.4%
Native American	0.1%	0.2%	0.0%	0.0%	0.4%	0.3%
Other ⁶	1.3%	2.2%	0.0%	1.2%	1.4%	1.4%
Unknown	11.0%	10.2%	15.0%	11.4%	21.8%	22.7%
Education						
US or Canada	92.0%	92.2%	100.0%	86.7%↑	82.4%	77.6%
IMG	8.0%	7.8%	0.0%	13.3%	17.6%	22.4%

² Numbers include medical students and residents endorsed by their states for delegate and alternate delegate positions.

³ Numbers do not include the public member of the Board of Trustees, who is not a physician.

⁴ Numbers do not include non-physicians on the Council on Legislation and the American Medical Political Action Committee. In addition, Appendix A contains a listing of the AMA Councils, Sections, and Special Groups.

⁵ Age as of December 31. Mean age is the arithmetic average.

⁶ Includes other self-reported racial and ethnic groups.

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

- The life stage, employment, and specialty characteristics of delegates to the HOD saw few changes from 2018 to 2020, with decreases observed among established physicians (from 49.8% in 2018 to 45.8% in 2020) and self-employed solo practice physicians (from 15.0% to 13.0%).
- Among alternate delegates, increased proportional representation was observed among students (6.2% to 9.4%) and residents (5.7% to 8.5%), while decreases were observed among established physicians (52.4% to 49.7%) and senior physicians (21.9% to 19.4%). The percentage of alternate delegates employed in group practice settings (39.9% to 37.7%), state or local government hospitals (11.5% to 8.7%) and medical schools (11.5% to 8.7%) declined, as did physicians whose self-designated specialty was surgery (20.4% to 17.9%) and other (17.7% to 15.0%).
- Among CSSG, the percentages of students (11.8% to 8.4%) and young physicians (15.9% to 9.6%) decreased, while the percentage of established physicians increased from 34.1% to 41.0%. Decreases in representation were also observed among physicians working in self-employed solo practice (12.4% to 10.2%) and medical schools (8.8% to 5.4%), while representation of physicians in group practices increased from 27.6% to 33.7%. Among specialties, increases were observed in family medicine (6.5% to 9.6%), internal medicine (14.7% to 18.7%), and obstetrics and gynecology (9.4% to 13.3%), and decreases were observed in surgery (19.4% to 16.9%) and psychiatry (8.2% to 6.0%).

Table 2. Life Stage, Present Employment and Self-Designated Specialty¹ of AMA Leadership, December 2020

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of AMA Sections and Special Groups	Members	All Physicians and Medical Students
Count	671	459	20	166	271,655	1,391,590
Life Stage						
Student ¹	4.8%	9.4%↑	5.0%	8.4%↓	21.0%	7.9%
Resident ¹	6.1%	8.5%↑	5.0%	12.0%	24.5%	9.9%
Young (Under age 40 or first eight years of practice) ²	7.0%	13.1%	0.0%	9.6%↓	9.6%	15.7%
Established (Age 40-64) ²	45.8%↓	49.7%↓	60.0%	41.0%↑	22.1%	39.3%
Senior (Age 65 or more) ²	36.4%	19.4%↓	30.0%	28.9%	22.8%	27.2%

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of AMA Sections and Special Groups	Members	All Physicians and Medical Students
Present Employment						
Self-employed solo practice	13.0%↓	9.6%	20.0%	10.2%↓	6.7%	8.3%
Two physician practice	1.5%	2.0%	10.0%	1.8%	1.4%	1.8%
Group practice	41.7%	37.7%↓	40.0%	33.7%↑	24.0%	40.2%
Non-government hospital	6.1%	6.5%	5.0%	4.2%	3.1%	4.3%
State or local government hospital	10.3%	8.7%↓	5.0%	10.8%	3.9%	6.3%
HMO	0.7%	1.3%	0.0%	0.6%	0.2%	0.2%
Medical School	3.7%	2.8%↓	10.0%	5.4%↓	1.0%	1.5%
U.S. Government	3.3%	4.1%	0.0%	2.4%	0.9%	1.7%
Locum Tenens	0.4%	0.0%	0.0%	0.0%	0.2%	0.2%
Retired/Inactive	6.9%	5.7%	0.0%	8.4%	11.1%	12.1%
Resident/Intern/Fellow	6.1%	8.5%↑	5.0%	12.0%	24.5%	9.9%
Student	4.8%	9.4%↑	5.0%	8.4%↓	21.0%	7.9%
Other/Unknown	1.5%	3.7%	0.0%	1.8%	1.9%	5.7%
Self-designated specialty³						
Family Medicine	10.6%	10.0%	5.0%	9.6%↑	8.5%	11.4%
Internal Medicine	22.7%	19.2%	30.0%	18.7%↑	19.7%	22.7%
Surgery	22.1%	17.9%↓	40.0%	16.9%↓	13.4%	13.4%
Pediatrics	3.3%	5.2%	0.0%	5.4%	5.2%	8.7%
OB/GYN	6.6%	6.1%	5.0%	13.3%↑	5.0%	4.6%
Radiology	5.4%	5.7%	0.0%	4.2%	3.5%	4.5%
Psychiatry	4.2%	4.4%	5.0%	6.0%↓	4.2%	5.2%
Anesthesiology	3.4%	3.9%	5.0%	3.6%	3.9%	5.0%
Pathology	1.9%	3.3%	0.0%	0.0%	1.8%	2.2%
Other specialty	15.2%	15.0%↓	5.0%	13.9%	13.9%	14.4%
Student	4.8%	9.4%	5.0%	8.4%↓	21.0%	8.0%

1 Students and residents are so categorized without regard to age.

2. Reflects section/group definition of its membership.

3 See Appendix B for a listing of specialty classifications.

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 among their delegations, and the outcomes of these initiatives.

- **Nominating committees:** As has been noted in previous editions of this report, nominating committees act as a primary mechanism with which delegations attempt to promote diversity among their leadership and AMA representatives. Associations noted that their nominating committees are encouraged to consider the demographic makeup of their members, 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.
- **Task forces and committees on diversity, equity, and inclusion:** An increasing number of associations have formed task forces and/or committees with the goals of increasing and promoting diversity, equity, and inclusion among their ranks. Among the goals of such groups are to develop strategies to encourage cultures of diversity, equity and inclusion across membership, leadership and educational activities; identify specific and actionable steps to advocate for and foster diverse and inclusive environments within their associations and representatives to other organizations such as the AMA; review diversity and inclusion among their boards of trustees, committee chairs, committee members, annual meeting program participants, presenters and award recipients; and develop initiatives to ensure open access to leadership positions and other opportunities throughout their organizations. Associations that have implemented task forces and committees have noted that they have implemented many or all of the groups' recommendations, and that the efforts have led to increased diversity among their leaderships.

- **Improved data collection:** Several associations noted the need for baseline data to measure the effectiveness of diversity and inclusion initiatives and undertook efforts to collect necessary data. Such efforts included evaluating and updating questions in membership surveys, automated diversity data collection from volunteers for workgroups and representative positions, and the development of dashboards and other reporting mechanisms that help understand the demographic makeup of the various groups and representative positions within their associations. Lack of adequate demographic data, as well as hesitance to request data that some individuals may be uncomfortable providing, was routinely cited as a barrier to implementing and measuring the efficacy of diversity, equity, and inclusion initiatives.
- **Educational and outreach efforts:** Associations mentioned a variety of events and initiatives aimed to educate their members and the public on diversity and inclusion, as well as outreach efforts to demonstrate the value of associations to more diverse populations. Among those efforts were town halls on race, equality, and justice; social media campaigns featuring issues related to physician diversity, underserved communities, and disparities; expanding educational opportunities for students from underrepresented social groups at the undergraduate and graduate levels; implementation of a “diversity day” as part of annual awareness events (e.g., National Physicians Week); and collaborating with professional associations with similar foci to increase awareness of their efforts to underrepresented social groups. These efforts demonstrate that attempts to increase diversity among leadership within associations can also include efforts to recruit members from more diverse social groups to participate as members, which in turn lead to more diverse and representative leaders.
- **Efforts to advance younger members:** Delegations have made efforts to encourage more participation by previously underrepresented groups, particularly by engaging residents, medical students, and young physicians as active participants in delegation activities, including as delegates. The groups expressed hope that these younger members would continue participation in the future and participate as members of specialty and state delegations. These associations noted that in addition to increasing age diversity among leadership, younger members tend to be more diverse in terms of other demographic characteristics.

CLRPD hopes that these initiatives may act as useful examples for those societies considering strategies by which to promote diversity among their own memberships and leaders.

For raw counts of the above tables, as well as detailed state and specialty society data, please see the appendices.

APPENDIX A

Table 3. Basic Demographic Characteristics of AMA Leadership

	Delegates ²	Alternate Delegates ²	Board of Trustees ³	Councils and Leadership of Sections and Special Groups ⁴	Members	All Physicians and Medical Students
Count	671	459	20	166	271,655	1,391,590
Mean age (years) ⁵	56.8	50.2	55.8	52.5	47.0	52.6
Age Distribution						
Under age 40	109	131	2	46	139,355	407,345
40-49 years	89	83	3	27	29,271	250,268
50-59 years	126	103	6	26	26,992	235,857
60-69 years	216	104	8	43	28,081	233,980
70 or more	131	38	1	24	47,956	264,140
Gender						
Male	464	283	13	87	166,793	887,425
Female	206	176	7	79	103,274	494,657
Unknown	1	0	0	0	1,588	9,508

Race/Ethnicity						
White non-Hispanic	458	291	12	92	135,523	697,801
Black non-Hispanic	31	23	3	12	13,562	59,965
Hispanic	21	14	0	8	16,394	78,855
Asian/Asian American	77	73	2	33	42,101	214,602
Native American	1	1	0	0	974	3,764
Other ⁶	9	10	0	2	3,804	20,031
Unknown	74	47	3	19	59,297	316,572
Education						
US or Canada	617	423	20	144	223,820	1,079,301
IMG	54	36	0	22	47,835	312,289

² Numbers include medical students and residents endorsed by their states for delegate and alternate delegate positions.

³ Numbers do not include the public member of the Board of Trustees, who is not a physician.

⁴ Numbers do not include non-physicians on the Council on Legislation and the American Medical Political Action Committee. In addition, Appendix A contains a listing of the AMA Councils, Sections, and Special Groups.

⁵ Age as of December 31. Mean age is the arithmetic average.

⁶ Includes other self-reported racial and ethnic groups.

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

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of AMA Sections and Special Groups	Members	All Physicians and Medical Students
Count	671	459	20	166	271,655	1,391,590
Life Stage						
Student ²	32	43	1	14	56,959	110,305
Resident ²	41	39	1	20	66,648	137,332
Young (Under age 40 or first eight years of practice) ^	47	60	0	16	26,156	217,953
Established (Age 40-64) ^	307	228	12	68	60,070	547,156
Senior (Age 65 or more) ^	244	89	6	48	61,822	378,844
Present Employment						
Self-employed solo practice	87	44	4	17	18,275	114,866
Two physician practice	10	9	2	3	3,822	24,890
Group practice	280	173	8	56	65,113	558,755
Non-government hospital	41	30	1	7	8,478	59,952
State or local government hospital	69	40	1	18	10,605	87,872
HMO	5	6	0	1	613	2,301
Medical School	25	13	2	9	2,743	20,951
U.S. Government	22	19	0	4	2,508	24,069
Locum Tenens	3	0	0	0	430	2,786
Retired/Inactive	46	26	0	14	30,228	168,331
Resident/Intern/Fellow	41	39	1	20	66,648	137,332
Student	32	43	1	14	56,959	110,305
Other/Unknown	10	17	0	3	5,233	79,180

^ Reflects section/group definition of its membership.

	Delegates	Alternate Delegates	Board of Trustees	Councils and Leadership of AMA Sections and Special Groups	Members	All Physicians and Medical Students
Self-designated specialty³						
Family Medicine	71	46	1	16	23,140	158,727
Internal Medicine	152	88	6	31	53,524	316,032
Surgery	148	82	8	28	36,344	186,535
Pediatrics	22	24	0	9	14,203	120,915
OB/GYN	44	28	1	22	13,636	64,059
Radiology	36	26	0	7	9,558	62,156
Psychiatry	28	20	1	10	11,301	72,180
Anesthesiology	23	18	1	6	10,521	69,030
Pathology	13	15	0	0	4,754	30,997
Other specialty	102	69	1	23	37,676	200,103
Student	32	43	1	14	56,998	110,856

² Students and residents are so categorized without regard to age.

³ See Appendix B for a listing of specialty classifications.

Table 5. Characteristics of Specialty Society Delegations¹

	Mean Age	% Female	% IMG	% Resident
AMA Members (n =271,655)	47.0	38.0%	17.6%	24.5%
Specialty Society Delegates and Alternates (n =452)	54.4	35.0%	6.9%	4.0%
Family Medicine Delegations (n =31)	53.4	38.7%	9.7%	6.5%
Internal Medicine Delegations (n =100)	54.5	35.0%	11.0%	7.0%
Surgery Delegations (n =101)	57.6	15.8%	5.0%	1.0%
Pediatrics Delegations (n =14)	54.5	78.6%	0.0%	7.1%
OB/GYN Delegations (n =26)	57.3	65.4%	3.8%	0.0%
Radiology Delegations (n = 34)	53.7	29.4%	5.9%	8.8%
Psychiatry Delegations (n =23)	52.7	39.1%	4.3%	0.0%
Anesthesiology Delegations (n =16)	54.1	31.3%	12.5%	0.0%
Pathology Delegations (n =22)	53.7	36.4%	9.1%	0.0%
Other specialty Delegations (n =85)	51.2	41.2%	4.7%	4.7%

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	2,988	51.4	8	61.8
Alaska	368	55.2	3	*
Arizona	4,473	54.4	11	61.5
Arkansas	2,036	52.2	5	61.4

¹ 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
California	31,805	54.6	60	53.9
Colorado	4,306	52.7	9	55.6
Connecticut	3,246	52.9	8	67.4
Delaware	610	55.6	2	*
District of Columbia	2,020	45.6	4	55.3
Florida	15,328	55.9	31	59.3
Georgia	5,811	52.1	11	60.5
Guam	25	58.5	1	*
Hawaii	1,086	56.0	3	*
Idaho	602	55.8	2	*
Illinois	11,391	51.4	23	60.5
Indiana	4,826	51.8	10	60.2
Iowa	3,233	52.0	7	53.0
Kansas	1,834	52.5	7	63.7
Kentucky	3,797	51.3	11	57.6
Louisiana	5,597	49.9	8	53.8
Maine	1,237	54.3	3	*
Maryland	5,330	53.8	10	54.6
Massachusetts	12,209	50.7	20	56.5
Michigan	12,013	50.2	27	56.4
Minnesota	4,708	52.1	11	62.0
Mississippi	2,357	52.0	6	54.8
Missouri	5,187	48.4	10	60.2
Montana	705	56.3	2	*
Nebraska	1,736	48.7	4	49.0
Nevada	1,523	53.6	5	70.2
New Hampshire	871	54.3	2	*
New Jersey	7,934	54.4	17	64.3
New Mexico	1,112	55.3	4	58.0
New York	20,229	52.0	35	60.6
North Carolina	5,140	51.9	8	59.8
North Dakota	780	50.1	1	*
Ohio	10,697	50.6	22	53.4
Oklahoma	3,501	52.3	8	65.0
Oregon	2,385	54.3	5	59.2
Other	1,140	62.4	N/A	N/A
Pennsylvania	12,136	51.4	27	58.1
Puerto Rico	1,523	54.9	2	*
Rhode Island	985	50.4	5	59.0
South Carolina	4,111	51.3	10	61.5
South Dakota	985	51.5	3	*
Tennessee	4,804	52.0	9	62.9
Texas	20,342	50.5	31	61.5
Utah	1,785	51.6	4	61.5
Vermont	424	52.8	2	*
Virgin Islands	33	64.8	0	N/A
Virginia	7,495	52.9	14	62.9
Washington	4,295	54.3	9	53.2
West Virginia	1,837	50.8	4	67.5
Wisconsin	4,511	52.4	9	63.2
Wyoming	213	58.2	2	*
TOTAL	271,655	53.1	555	59.1

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	2,988	8	29.5%	0	11.5%	0
Alaska	368	3	37.2%	2	8.4%	0
Arizona	4,473	11	35.2%	2	15.0%	0
Arkansas	2,036	5	36.0%	1	12.1%	1
California	31,805	60	39.9%	15	17.8%	2
Colorado	4,306	9	40.2%	6	5.5%	0
Connecticut	3,246	8	39.6%	3	19.9%	1
Delaware	610	2	31.1%	2	22.1%	0
DC	2,020	4	50.4%	0	11.8%	0
Florida	15,328	31	33.3%	8	26.2%	4
Georgia	5,811	11	39.2%	2	16.6%	1
Guam	25	1	16.0%	0	44.0%	0
Hawaii	1,086	3	35.5%	1	12.8%	0
Idaho	602	2	23.3%	1	5.3%	0
Illinois	11,391	23	38.0%	7	23.0%	6
Indiana	4,826	10	33.2%	3	14.7%	2
Iowa	3,233	7	35.2%	2	18.1%	0
Kansas	1,834	7	30.8%	3	14.6%	1
Kentucky	3,797	11	35.4%	2	14.1%	0
Louisiana	5,597	8	40.8%	2	14.3%	1
Maine	1,237	3	43.9%	1	8.8%	0
Maryland	5,330	10	42.8%	6	22.0%	4
Massachusetts	12,209	20	46.6%	6	15.4%	1
Michigan	12,013	27	37.1%	8	20.4%	4
Minnesota	4,708	11	37.8%	4	12.6%	0
Mississippi	2,357	6	31.3%	3	7.7%	0
Missouri	5,187	10	36.8%	3	10.7%	2
Montana	705	2	38.6%	1	4.1%	0
Nebraska	1,736	4	38.0%	2	7.5%	0
Nevada	1,523	5	35.3%	1	17.5%	2
New Hampshire	871	2	35.2%	0	17.5%	0
New Jersey	7,934	17	36.9%	5	28.7%	3
New Mexico	1,112	4	37.9%	1	15.2%	0
New York	20,229	35	39.7%	5	27.4%	5
North Carolina	5,140	8	34.6%	4	12.4%	0
North Dakota	780	1	37.9%	1	17.3%	0
Ohio	10,697	22	38.3%	9	16.1%	1
Oklahoma	3,501	8	33.9%	1	11.2%	1
Oregon	2,385	5	35.8%	1	7.6%	0
Other	1,140	0	25.1%	0	41.4%	0
Pennsylvania	12,136	27	36.5%	6	16.2%	3
Puerto Rico	1,523	2	42.7%	0	20.3%	1
Rhode Island	985	5	41.9%	3	15.5%	0
South Carolina	4,111	10	40.0%	1	7.3%	0
South Dakota	985	3	34.5%	1	12.2%	0
Tennessee	4,804	9	34.1%	2	11.4%	2
Texas	20,342	31	39.4%	7	17.1%	2
Utah	1,785	4	27.7%	1	5.7%	0
Vermont	424	2	39.6%	1	6.6%	0
Virgin Islands	33	0	30.3%	0	42.4%	0
Virginia	7,495	14	41.2%	4	15.8%	1
Washington	4,295	9	36.8%	3	12.9%	1
West Virginia	1,837	4	36.1%	0	21.6%	0
Wisconsin	4,511	9	36.3%	3	16.0%	1
Wyoming	213	2	26.8%	0	10.3%	0
TOTAL	271,655	555	36.1%	156	16.0%	53

American Medical Association Councils, Sections and Special Groups

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
- Private Practice Physicians Section²
- Resident and Fellow Section
- Senior Physicians Section
- Young Physicians Section
- Women Physicians Section

SPECIAL GROUPS

- 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

² The Private Practice Physicians Section was established during the Special Meeting of the House of Delegates in November 2020. Data for section leaders was therefore not included in this report.