

REPORT OF THE COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

CLRPD Report 01-JUN-21

Subject: Demographic Characteristics of the House of Delegates and AMA Leadership

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1 This informational report is prepared in odd numbered years by the Council on Long Range  
2 Planning and Development (CLRPD, pursuant to AMA Policy G-600.035, “The Demographics of  
3 the House of Delegates.” This policy states:

4  
5 (1) A report on the demographics of our AMA House of Delegates will be issued annually and  
6 include information regarding age, gender, race/ethnicity, education, life stage, present  
7 employment, and self-designated specialty. (2) As one means of encouraging greater awareness  
8 and responsiveness to diversity, our AMA will prepare and distribute a state-by-state  
9 demographic analysis of the House of Delegates, with comparisons to the physician population  
10 and to our AMA physician membership every other year. (3) Future reports on the  
11 demographic characteristics of the House of Delegates should, whenever possible, identify and  
12 include information on successful initiatives and best practices to promote diversity within  
13 state and specialty society delegations.  
14

15 This report will survey the current demographic makeup of AMA leadership in accordance with  
16 AMA Policy G-600.030, “Diversity of AMA Delegations,” which states that, “Our AMA  
17 encourages...state medical associations and national medical specialty societies to review the  
18 composition of their AMA delegations with regard to enhancing diversity...” and AMA Policy  
19 G-610.010, “Nominations,” which states in part:

20  
21 Guidelines for nominations for AMA elected offices include the following... (2) the Federation  
22 (in nominating or sponsoring candidates for leadership positions), the House of Delegates (in  
23 electing Council and Board members), and the Board, the Speakers, and the President (in  
24 appointing or nominating physicians for service on AMA Councils or in other leadership  
25 positions) to consider the need to enhance and promote diversity...  
26

27 Like previous reports, this document compares AMA leadership with the entire AMA membership  
28 and with the overall U.S. physician population. Medical students are included in all references to  
29 the total physician population, which is consistent with past practice. For the purposes of this  
30 report, AMA leadership includes delegates; alternate delegates; the Board of Trustees (BOT); and  
31 councils and leadership of sections and special groups (hereafter referred to as CSSG; see detailed  
32 listing in Appendix A).  
33

34 Additionally, this report includes information on successful initiatives and best practices to  
35 promote diversity of state and specialty society delegations, pursuant to part 3 of Policy G-600.035.

1 DATA SOURCES

2  
3 Lists of delegates and alternate delegates are maintained by the Office of House of Delegates  
4 (HOD) Affairs and based on official rosters provided by the relevant societies. The lists used in this  
5 report reflect year-end 2020 delegation rosters. AMA council rosters as well as listings for the  
6 governing bodies of each of the sections and special groups were provided by the relevant AMA  
7 staff.

8  
9 Data on demographic characteristics of individuals are taken from the AMA Physician Masterfile,  
10 which provides comprehensive demographic, medical education, and other information on all  
11 graduates of U.S. medical schools and international medical graduates (IMGs) who have  
12 undertaken residency training in the United States. Data on AMA members and the total physician  
13 population are taken from the year-end 2020 Masterfile after it is considered final.

14  
15 Some key considerations must be kept in mind regarding the information in this report. Members  
16 of the BOT, the American Medical Political Action Committee (AMPAC) and the Council on  
17 Legislation who are not physicians or medical students are not included in any tables. Vacancies in  
18 delegation rosters mean the total number of delegates is fewer than the number allotted at the 2020  
19 Interim Meeting, and the number of alternate delegates is nearly always less than the full allotment.  
20 Race and ethnicity information, which is provided directly by physicians, is missing for slightly  
21 over one-fifth of AMA members (21.8%) and the total U.S. physician population (22.7%), limiting  
22 the ability to draw firm conclusions.

23  
24 Readers are reminded that most AMA leadership groups considered herein designate seats for  
25 students and resident/fellow physicians. This affects some characteristics, particularly age, as well  
26 as the makeup of age-related groups, namely the student, resident, and young physician sections.

27  
28 CHARACTERISTICS OF AMA LEADERSHIP

29  
30 Table 1 displays the basic characteristics of AMA leadership, AMA members, and all physicians  
31 and medical students. Raw counts for Tables 1 and 2 can be found in Appendix A. Upward- and  
32 downward-pointing arrows indicate an increase or decrease of at least two percentage points  
33 compared to CLRPD 1-A-19, “Demographic Characteristics of the House of Delegates and AMA  
34 Leadership”; the following observations refer to changes since CLRPD Report 1-A-19. Changes  
35 are not highlighted for the BOT due to the small number of Board members. Between year-end  
36 2018 and year-end 2020, AMA membership increased by 21,402 members, an 8.6% increase.

- 37  
38
- 39 • Younger age groups saw increases in representation among the delegates to the HOD, with  
40 the percentage of delegates under age 40 increasing from 14.1% in 2018 to 16.2% in 2020,  
41 and delegates age 40-49 increasing from 10.4% to 13.3%. Concurrent with these increases,  
42 the percentage of delegates age 50-59 decreased from 22.2% in 2018 to 18.8% in 2020,  
43 while the percentage of delegates age 60-69 decreased from 34.5% to 32.2%.
  - 44 • An increase was also observed among alternate delegates under age 40, from 22.7% in  
45 2018 to 28.5% in 2020. The percentage of alternate delegates age 60-69 decreased from  
46 26.2% to 22.7% during the same period.
  - 47  
48 • An increase was observed among female delegates, alternate delegates, and AMA  
49 members. The percentage of female members of the AMA increased from 35.7% to 38.0%  
50 from 2018 to 2020. During the same period, the percentage of female delegates to the HOD

- 1 increased from 26.4% to 30.7%, and the percentage of female alternate delegates increased  
 2 from 33.2% to 38.3%.
- 3 • Increased percentages were observed among Asian/Asian American delegates, alternate  
 4 delegates and CSSG from 2018 to 2020. During that time, the percentage of Asian/Asian  
 5 American delegates increased from 9.1% to 11.5%, alternate delegates increased from  
 6 13.5% to 15.9%, and CSSG increased from 15.3% to 19.9%. Simultaneous decreases were  
 7 observed among white, non-Hispanic alternate delegates (from 66.6% to 63.4%) and CSSG  
 8 (from 59.4% to 55.4%).

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

	Delegates <sup>2</sup>	Alternate Delegates <sup>2</sup>	Board of Trustees <sup>3</sup>	Councils and Leadership of Sections and Special Groups <sup>4</sup>	Members	All Physicians and Medical Students
Count	671	459	20	166	271,655	1,391,590
Mean age (years) <sup>5</sup>	56.8	50.2	55.8	52.5	47.0	52.6
<b>Age Distribution</b>						
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%
<b>Gender</b>						
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%
<b>Race/Ethnicity</b>						
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 <sup>6</sup>	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%
<b>Education</b>						
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%

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

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

<sup>4</sup>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.

<sup>5</sup>Age as of December 31. Mean age is the arithmetic average.

<sup>6</sup>Includes other self-reported racial and ethnic groups.

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

- 2
- 3 • The life stage, employment, and specialty characteristics of delegates to the HOD saw few
- 4 changes from 2018 to 2020, with decreases observed among established physicians (from
- 5 49.8% in 2018 to 45.8% in 2020) and self-employed solo practice physicians (from 15.0%
- 6 to 13.0%).
- 7
- 8 • Among alternate delegates, increased proportional representation was observed among
- 9 students (6.2% to 9.4%) and residents (5.7% to 8.5%), while decreases were observed
- 10 among established physicians (52.4% to 49.7%) and senior physicians (21.9% to 19.4%).
- 11 The percentage of alternate delegates employed in group practice settings (39.9% to
- 12 37.7%), state or local government hospitals (11.5% to 8.7%) and medical schools (11.5%
- 13 to 8.7%) declined, as did physicians whose self-designated specialty was surgery (20.4% to
- 14 17.9%) and other (17.7% to 15.0%).
- 15
- 16 • Among CSSG, the percentages of students (11.8% to 8.4%) and young physicians (15.9%
- 17 to 9.6%) decreased, while the percentage of established physicians increased from 34.1%
- 18 to 41.0%. Decreases in representation were also observed among physicians working in
- 19 self-employed solo practice (12.4% to 10.2%) and medical schools (8.8% to 5.4%), while
- 20 representation of physicians in group practices increased from 27.6% to 33.7%. Among
- 21 specialties, increases were observed in family medicine (6.5% to 9.6%), internal medicine
- 22 (14.7% to 18.7%), and obstetrics and gynecology (9.4% to 13.3%), and decreases were
- 23 observed in surgery (19.4% to 16.9%) and psychiatry (8.2% to 6.0%).

Table 2. Life Stage, Present Employment and Self-Designated Specialty<sup>1</sup> 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
<b>Life Stage</b>						
Student <sup>2</sup>	4.8%	9.4%↑	5.0%	8.4%↓	21.0%	7.9%
Resident <sup>2</sup>	6.1%	8.5%↑	5.0%	12.0%	24.5%	9.9%
Young (Under age 40 or first eight years of practice) <sup>^</sup>	7.0%	13.1%	0.0%	9.6%↓	9.6%	15.7%
Established (Age 40-64) <sup>^</sup>	45.8%↓	49.7%↓	60.0%	41.0%↑	22.1%	39.3%
Senior (Age 65 or more) <sup>^</sup>	36.4%	19.4%↓	30.0%	28.9%	22.8%	27.2%
<b>Present Employment</b>						
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%

<sup>^</sup> 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
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%
<b>Self-designated specialty<sup>3</sup></b>						
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%

<sup>2</sup> Students and residents are so categorized without regard to age.

<sup>3</sup> See Appendix B for a listing of specialty classifications.

1 For further data, including information on state medical associations and national medical specialty  
 2 societies, please see Appendix A.

3  
 4 **PROMOTING DIVERSITY AMONG DELEGATIONS**

5  
 6 Pursuant to Part 3 of AMA Policy G-600.035, CLRPD queried state and specialty societies on  
 7 initiatives they have instituted to encourage diversity among their delegations, and the outcomes of  
 8 these initiatives.

- 9
- 10 • Nominating committees: As has been noted in previous editions of this report, nominating  
 11 committees act as a primary mechanism with which delegations attempt to promote  
 12 diversity among their leadership and AMA representatives. Associations noted that their  
 13 nominating committees are encouraged to consider the demographic makeup of their  
 14 members, as well as those of leadership, including boards of trustees, delegations, etc. In  
 15 addition to demographic characteristics previously listed, other elements of diversity  
 16 considered by nominating committees included specialty, practice setting and geographic  
 17 region.
  - 18
  - 19 • Task forces and committees on diversity, equity, and inclusion: An increasing number of  
 20 associations have formed task forces and/or committees with the goals of increasing and  
 21 promoting diversity, equity, and inclusion among their ranks. Among the goals of such  
 22 groups are to develop strategies to encourage cultures of diversity, equity and inclusion  
 23 across membership, leadership and educational activities; identify specific and actionable  
 24 steps to advocate for and foster diverse and inclusive environments within their

1 associations and representatives to other organizations such as the AMA; review diversity  
2 and inclusion among their boards of trustees, committee chairs, committee members,  
3 annual meeting program participants, presenters and award recipients; and develop  
4 initiatives to ensure open access to leadership positions and other opportunities throughout  
5 their organizations. Associations that have implemented task forces and committees have  
6 noted that they have implemented many or all of the groups' recommendations, and that  
7 the efforts have led to increased diversity among their leaderships.  
8

- 9 • Improved data collection: Several associations noted the need for baseline data to measure  
10 the effectiveness of diversity and inclusion initiatives and undertook efforts to collect  
11 necessary data. Such efforts included evaluating and updating questions in membership  
12 surveys, automated diversity data collection from volunteers for workgroups and  
13 representative positions, and the development of dashboards and other reporting  
14 mechanisms that help understand the demographic makeup of the various groups and  
15 representative positions within their associations. Lack of adequate demographic data, as  
16 well as hesitance to request data that some individuals may be uncomfortable providing,  
17 was routinely cited as a barrier to implementing and measuring the efficacy of diversity,  
18 equity, and inclusion initiatives.  
19
- 20 • Educational and outreach efforts: Associations mentioned a variety of events and initiatives  
21 aimed to educate their members and the public on diversity and inclusion, as well as  
22 outreach efforts to demonstrate the value of associations to more diverse populations.  
23 Among those efforts were town halls on race, equality, and justice; social media campaigns  
24 featuring issues related to physician diversity, underserved communities, and disparities;  
25 expanding educational opportunities for students from underrepresented social groups at  
26 the undergraduate and graduate levels; implementation of a "diversity day" as part of  
27 annual awareness events (e.g., National Physicians Week); and collaborating with  
28 professional associations with similar foci to increase awareness of their efforts to  
29 underrepresented social groups. These efforts demonstrate that attempts to increase  
30 diversity among leadership within associations can also include efforts to recruit members  
31 from more diverse social groups to participate as members, which in turn lead to more  
32 diverse and representative leaders.  
33
- 34 • Efforts to advance younger members: Delegations have made efforts to encourage more  
35 participation by previously underrepresented groups, particularly by engaging residents,  
36 medical students, and young physicians as active participants in delegation activities,  
37 including as delegates. The groups expressed hope that these younger members would  
38 continue participation in the future and participate as members of specialty and state  
39 delegations. These associations noted that in addition to increasing age diversity among  
40 leadership, younger members tend to be more diverse in terms of other demographic  
41 characteristics.  
42

43 CLRPD hopes that these initiatives may act as useful examples for those societies considering  
44 strategies by which to promote diversity among their own memberships and leaders.  
45

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

## APPENDIX A

Table 3. Basic Demographic Characteristics of AMA Leadership

	Delegates <sup>2</sup>	Alternate Delegates <sup>2</sup>	Board of Trustees <sup>3</sup>	Councils and Leadership of Sections and Special Groups <sup>4</sup>	Members	All Physicians and Medical Students
Count	671	459	20	166	271,655	1,391,590
Mean age (years) <sup>5</sup>	56.8	50.2	55.8	52.5	47.0	52.6
<b>Age Distribution</b>						
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
<b>Gender</b>						
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
<b>Race/Ethnicity</b>						
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 <sup>6</sup>	9	10	0	2	3,804	20,031
Unknown	74	47	3	19	59,297	316,572
<b>Education</b>						
US or Canada	617	423	20	144	223,820	1,079,301
IMG	54	36	0	22	47,835	312,289

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

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

<sup>4</sup>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.

<sup>5</sup>Age as of December 31. Mean age is the arithmetic average.

<sup>6</sup>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
<b>Life Stage</b>						
Student <sup>2</sup>	32	43	1	14	56,959	110,305
Resident <sup>2</sup>	41	39	1	20	66,648	137,332
Young (Under age 40 or first eight years of practice) <sup>^</sup>	47	60	0	16	26,156	217,953
Established (Age 40-64) <sup>^</sup>	307	228	12	68	60,070	547,156
Senior (Age 65 or more) <sup>^</sup>	244	89	6	48	61,822	378,844
<b>Present Employment</b>						
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
<b>Self-designated specialty<sup>3</sup></b>						
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

<sup>2</sup> Students and residents are so categorized without regard to age.

<sup>3</sup> See Appendix B for a listing of specialty classifications.

<sup>^</sup> Reflects section/group definition of its membership.

Table 5. Characteristics of Specialty Society Delegations<sup>1</sup>

	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%

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<sup>1</sup> See Appendix B for a listing of specialty classifications.

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
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

\* 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
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
District of Columbia	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

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
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 Section<sup>2</sup>
- Resident and Fellow Section
- Senior Physicians Section
- Young Physicians Section
- Women Physicians Section

SPECIAL GROUPS

- Advisory Committee on LGBTQ Issues

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<sup>2</sup> 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.

## 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