

2019 Council Resolution 12: ACEP Composition Annual Report

Council Action: AMENDED AND ADOPTED

Board Action: ADOPTED

Status:

SUBMITTED BY: American Association of Women Emergency Physicians Section
Diversity, Inclusion and Health Equity Section
Emergency Medicine Residents' Association

Purpose:

Provide the Council with an annual report, by chapter, on the demographics of councillors, alternate councillors, committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, life stage, and employment environment.

Fiscal Impact:

Budgeted staff resources.

Background: ACEP has committed to working on strategies to increase diversity within its Council and its leadership¹; and

WHEREAS, Studies have shown that increased diversity directly correlates to organizational performance¹; and

WHEREAS, A resolution was adopted in 2018 encouraging ACEP chapters to select, appoint, or elect councillors that represent the diversity of their membership²; and

WHEREAS, The ACEP Council created a task force to study the size but not the composition of the Council³; and

WHEREAS, The purpose of Council is to represent the members of our organization and a regular report on various diversity metrics is a method used by other organizations in determining how well their deliberative bodies meet this representative goal⁴; and

WHEREAS, An annual report of the composition of ACEP's membership and leadership will provide members with transparency regarding Council representation of ACEP members and how they self-identify; and

WHEREAS, Currently ACEP does not regularly produce an official document that tracks the demographics of organizational leadership or councillors relative to its membership; therefore be it

RESOLVED, That ACEP provide the Council with an annual report on the demographics of its councillors and alternate councillors on a chapter-by-chapter basis, as well as the demographics of ACEP's committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, life stage, and employment environment.

This resolution call for ACEP to provide the Council with an annual report, by chapter, on the demographics of councillors, alternate councillors, committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, life stage, and employment environment.

EMRA was asked to clarify the type of information requested for life stage and education. For education, they are seeking to capture whether someone is US/Canadian MD, DO, or International Medical Graduate. For life stage, they desire to capture: Student, Resident, Young Physician (Under Age 40 or First 10 Years of Practice), Mature (Age 40-64), Senior (Age 65+). "Age" would track: under 40, 40-49, 50-59, 60-69, 70 or more. Although "age" and "life stage" overlap, "life-stage" focuses on residency and then proximity to residency and retirement age, while "age" is a simple decade stratification.

The AMA's Council on Long Range Planning and Development recently developed a report that was used as the basis for the type of information this resolution requests. <https://www.ama-assn.org/system/files/2019-08/a19-clrpd-report-1.pdf>

ACEP is committed to increasing the diversity of members in leadership positions in the Council, the national Board of Directors, committees, sections, and chapters. It is important for residents, young physicians, and others who represent a minority of members of the College, to become active in their chapters and sections and to seek appointment or election as a councillor or alternate councillor, and to apply and be selected to serve on national ACEP committees. Increasing diversity in leadership at the chapter and section levels will automatically increase the diversity in leadership within the Council.

ACEP's membership database has the ability to capture the diversity components that are requested in the resolution. The data is limited to the extent that members provide this information in their membership profile. Many members choose not to answer the profile questions on race/ethnicity, career status, emergency medicine career information (the hospital where they practice), and group information (name of group).

Amended Resolution 14(18) Diversity of ACEP Councillors directed ACEP to strongly encourage chapters to appoint and mentor councillors and alternate councillors that represent the diversity of their membership, including, but not limited to residents, fellows, and young physician members. A notice was sent to chapters in March 2019 reminding them of this resolution.

Amended Resolution 7(16) Diversity in Emergency Medicine Leadership directed the ACEP Board of Directors to work in a coordinated effort with the component bodies of the Council to develop strategies to increase diversity within the Council and its leadership and report back to the Council on effective means of implementation. The Diversity & Inclusion Task Force and the Leadership Diversity Task Force were appointed in response to the resolution. The Diversity & Inclusion Task Force conducted a survey of the membership to better understand the diversity within ACEP's membership and the degree to which members' backgrounds influence their interactions with ACEP and their practice of emergency medicine.

In May 2018, the Board of Directors approved the Leadership Diversity Task Force's recommendations:

1. Collection of demographic data, including the proportion of underrepresented populations within ACEP's overall membership and leadership (including the Board of Directors, Council, sections, and committees) and including, but not limited to, domains such as gender, race, ethnicity, sexual orientation, and age.
2. Reviewing diversity data every three years and presenting the findings to the ACEP Council to determine whether efforts have been effective in promoting increased diversity within ACEP leadership and to inform future initiatives to increase diversity.

Strategic Plan Reference:

Goal 2 Enhance Membership Value and Member Engagement

Objective B – Increase total membership and retain graduating residents.

Prior Council Action:

Amended Resolution 14(18) Diversity of ACEP Councillors adopted. Directed ACEP to strongly encourage chapters to appoint and mentor councillors and alternate councillors that represent the diversity of their membership, including, but not limited to residents, fellows, and young physician members.

Resolution 11(17) Diversity of ACEP Councillors – Bylaws Amendment not adopted. The resolution sought to amend the Bylaws to encourage chapters to appoint and mentor councillors and alternate councillors that represent the diversity of membership, including candidate physician and young physician members.

Amended Resolution 7(16) Diversity in Emergency Medicine Leadership adopted. Directed the Board of Directors to work with component bodies of the Council to develop strategies to increase diversity within the Council and its leadership.

Prior Board Action:

January 2019, accepted the final report of the Leadership Diversity Task Force.

Amended Resolution 14(18) Diversity of ACEP Councillors adopted.

September 2018, accepted the final report of the Diversity & Inclusion Task Force.

May 2018, approved the Leadership Diversity Task Force recommendations to collect demographic data, including the proportion of underrepresented populations within ACEP's overall membership and leadership and review the diversity data every three years and presenting the findings to the ACEP Council.

April 2017, approved the Diversity & Inclusion Task Force's recommendation to distribute a survey to the membership on diversity and inclusion to be administered by the American Association of Medical Colleges to the membership.

Amended Resolution 7(16) Diversity in Emergency Medicine Leadership adopted.

Council Action:

Reference Committee A recommended that Amended Resolution 12(19) be adopted.

RESOLVED, That ACEP provide the Council with an annual report on the demographics of its councillors and alternate councillors on a chapter-by-chapter basis, as well as the demographics of ACEP's committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, life career stage, and employment environment.

The Council adopted Amended Resolution 12(19) on October 25, 2019.

Testimony:

Testimony was unanimously in favor of adoption, with several members noting that because this information is currently collected by ACEP from those who self-report, it should not create an undue burden on the College to create a report for the Council. The resolution was amended to reflect that the report should focus on a member's stage in his or her career, rather than age.

Board Action:

The Board adopted Amended Resolution 12(19) on October 30, 2019.

RESOLVED, That ACEP provide the Council with an annual report on the demographics of its councillors and alternate councillors on a chapter-by-chapter basis, as well as the demographics of ACEP's committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, career stage, and employment environment.

References:

1 Parker RB, Stack SJ, Schneider SM, et al. Why Diversity and Inclusion Are Critical to the American College of Emergency Physicians' Future Success. *Annals of Emergency Medicine*. June 2017. Volume 69, Issue 6, Pages 714–717.

2 2018 ACEP Council Resolution 14: Diversity of ACEP Councillors. Diversity of ACEP Councillors.

3 2018 ACEP Council Resolution 13: Growth of the ACEP Council.

4 AMA Policy G-600.035 and G-635.125

AMA Policy G-600.035, “House of Delegates Demographic Report” which states: 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.

Full Text: “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.

1. 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.
2. Future reports on the demographic characteristics of the House of Delegates will identify and include information on successful initiatives and best practices to promote diversity, particularly by age, of state and specialty society delegations.”

AMA Policy G-635.125, “AMA Membership Demographics,” which states: Stratified demographics of our AMA membership will be reported annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.

Full Text: “1. Stratified demographics of our AMA membership will be reported annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.

1. Our AMA will immediately release to each state medical and specialty society, on request, the names, category and demographics of all AMA members of that state and specialty.
2. Our AMA will develop and implement a plan with input from the Advisory Committee on LGBTQ Issues to expand demographics collected about our members to include both sexual orientation and gender identity information, which may be given voluntarily by members and will be handled in a confidential manner.”

Implementation Action:

Reports were created for the 2020 and 2021 Council. ACEP’s membership database has the ability to capture the diversity components that are requested in the resolution, but the data is limited to the extent that members provide this information in their membership profile. Many members choose not to answer the profile questions on race/ethnicity, career status, emergency medicine career information (the hospital where they practice), and group information (name of group). Members are asked to provide and/or update the information in their profile at membership renewal. Fewer than two-thirds of ACEP members have provided race and ethnicity data on their membership record, with more complete records skewed to members who joined more recently. Staff will continue to explore ways to encourage members to provide the information. We have elected to not make this data public until we are confident about the validity of the source.

ACEP’s Diversity, Equity, & Inclusion Committee was appointed in July 2022 and has been assigned objectives to address health equity and advocacy, data collection and monitoring, organizational accountability, and education as well as a specific objective to address this resolution.

ACEP’s Conflict of Interest disclosure form was updated in July 2022 to include a series of demographic data questions that will help in collecting some of the demographic data that is requested.

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