American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

2016 Council Meeting

Report of REFERENCE COMMITTEE A

Presented by: Chad Kessler, MD, MPHE, FACEP, Chair

Mr. Speaker and Councillors:

Reference Committee A gave careful consideration to the several items referred to it and submits the following report:

(1) Unanimous Consent Agenda

For adoption:

- **AMENDED RESOLUTION 6(16): Assuring Safe and Effective Care for Patients by Senior/Late Career Physicians**
- **AMENDED RESOLUTION 7(16): Diversity in Emergency Medicine Leadership**

AMENDED RESOLUTION 6(16) Assuring Safe and Effective Care for Patients by Senior/Late Career Physicians

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 6(16) be adopted.

RESOLVED, That the ACEP Board of Directors ~~pursue an appropriate avenue~~ **create a task force** to study ~~and determine if any~~ **issues** specific ~~issues posed~~ to Senior/Late Career Emergency Physicians. ~~exist, and that if there is a need to address issues related to Senior/Late Career Emergency Physicians, to address those issues in an appropriate manner to be determined by the ACEP Board and that a report on this matter shall be delivered~~ **The task force shall make recommendations regarding identified issues to the Board, which shall deliver an update on this matter** to the 2017 ACEP Council.

Testimony

There was significant testimony on this resolution, all in favor of adoption. Testimony concurred in the assumption that issues do exist that need to be studied and addressed. Hospitals are already testing the cognitive and other capabilities of aging physicians, and ABMS and other medical societies are also interested in this issue. It would be to emergency physicians' advantage to have ACEP move decisively and rapidly on this issue and provide guidance rather than have external organizations judge ACEP members' competency. Additional testimony stressed that the issue is not about just setting standards, but rather is about developing a process whereby aging physicians can acquire and maintain skills needed to deliver competent care. ACEP's leadership in this process will enable it to set the debate, answer the attendant questions, and develop the appropriate "fitness to practice" criteria.

AMENDED RESOLUTION 7(16) Diversity in Emergency Medicine Leadership

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 7(16) be adopted.

RESOLVED, That the ACEP Board of Directors **work in a coordinated effort with the component bodies of the Council to** develop strategies to increase diversity within the ~~ACEP~~ Council and its leadership and report back to the Council on effective means of implementation.

Testimony

There was abundant testimony unanimously in favor of the resolution. A number of chapters provided testimony suggesting that increasing diversity at the chapter level will increase diversity at the Council level, and thereby the leadership of the College. Testimony from the California Chapter indicated their membership has benefitted from intentional efforts to increase diversity in their leadership. The Pennsylvania and Texas Chapters also testified to their respective chapter commitments to increasing diversity among their leadership. It was noted that diversity includes issues related not only to ethnicity and gender, but also to those of age and persons with disabilities. Current Board members affirmed support of increasing diversity within all positions of leadership. The proposed amended resolution reflects the emphasis that this is a grassroots effort to include chapter and section components of the Council as well as the Council as a larger body.

End of Consent Agenda

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(2) RESOLUTION 3(16) Unanimous Consent – Council Standing Rules Amendment

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 3(16) not be adopted.

RESOLVED, That the "Unanimous Consent" section of the Council Standing Rules be amended to read:

Unanimous Consent Agenda

A "Unanimous Consent Agenda" is a list of resolutions with a waiver of debate and may include items that meet one of the following criteria as determined by the Reference Committee:

1. Non-controversial in nature
2. Generated little or no debate during the Reference Committee
3. Clear consensus of opinion (either pro or con) was expressed at Reference Committee

Bylaws resolutions and resolutions that require substantive amendments shall not be placed on a Unanimous Consent Agenda.

A Unanimous Consent Agenda will be listed at the beginning of the Reference Committee report along with the committee's recommendation for adoption, referral, or defeat for each resolution listed. A request for extraction of any resolution from a Unanimous Consent Agenda by any credentialed councillor is in order at the beginning of the Reference Committee report. **The requestor, when recognized by the chair, may give a one-minute summary of the reason for extraction to enable the Council to determine the "merits of extraction." The Reference Committee chair will then read the summary of the testimony from the Reference Committee Report. Without debate, a one-third affirmative vote of the councillors present and voting is required to remove the item from the Unanimous Consent Agenda. This process will be repeated for each item requested to be removed from the Unanimous Consent Agenda.** Thereafter, the remaining items on the Unanimous Consent Agenda will be approved unanimously en bloc without discussion. The Reference Committee reports will then proceed in the usual manner with any extracted resolution(s) debated at an appropriate time during that report.

Testimony

A majority of the testimony was against adoption, although there was acknowledgment that the resolution is intended to create a more efficient process, respect the time of the Council and the efforts of the reference committees. Those expressing support further testified that because this resolution requires the Council to provide its support, it exemplifies the democratic process. Those in favor of the resolution emphasized that many times items are pulled off the consent agenda when the outcome is clear; this practice wastes Council time.

Those opposed argued that limiting the ability of Council members to remove items from the Consent Agenda is undemocratic and stifles debate. Historically, select resolutions have been removed from the Consent Agenda by a single individual, whose testimony to the Council body has reversed the recommendation of the Reference Committee. These historical precedents argue against adoption of the resolution.

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(3) RESOLUTION 4(16) Legacy Fellows – Housekeeping Change – Bylaws Amendment

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 4(16) be adopted.

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 2 – Fellow Status, be amended to read:

"Fellows shall be authorized to use the letters FACEP in conjunction with professional activities. **Members previously designated as ACEP Fellows under any prior criteria shall retain Fellow status.** Maintenance of Fellow status requires continued membership in the College. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

Testimony

The limited testimony on this resolution was unanimously in favor.

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(4) RESOLUTION 5(16) Young Physician Position on the ACEP Board of Directors

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 5(16) not be adopted.

RESOLVED, That the 2016 ACEP Council supports the establishment of a full voting designated young physician position on the ACEP Board of Directors.

Testimony

Lengthy debate ensued regarding this resolution, with the testimony evenly split among the speakers. Those in favor of the resolution stated that young physicians are routinely unable to serve on the Board because of the current requirements for membership. Bringing on young physicians will create generational diversity and bring a different energy to the Board, which is healthy for the College. They emphasized that we risk losing these younger physicians if we do not engage them. Furthermore, other medical associations, including the American Medical Association, have already instituted with success a seat for young physicians. Merely having a representative from EMRA at the Board of Directors meetings is not equivalent to having a young physician member of the Board. Young physicians constitute a group with substantially different needs, experiences, and interests than residents.

157 Those in opposition stated that a young physician may not have the experience needed to fill a seat
158 on the Board and emphasized that the criteria for Board membership should not cater to one particular
159 demographic within the College. Others stated that granting this seat is tantamount to age discrimination
160 and that if the requirements for Board service are too onerous, the requirements should be revised rather
161 than creating exceptions that cater to a special interest group. Furthermore, the Council is the correct venue
162 for an underrepresented group to find its voice in the College rather than creating a special seat on the
163 Board. It was suggested that creating a non-voting seat on the Board may provide a solution to this problem.
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166 **(5) RESOLUTION 8(16) Opposition to Required High Stakes Secured Examination for Maintenance**
167 **of Certification**
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169 RECOMMENDATION:
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171 Mr. Speaker, your Reference Committee recommends that Resolution 8(16) not be adopted.
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173 RESOLVED, That ACEP oppose mandatory, required, high stakes secured examination for
174 Maintenance of Certification (MOC) in Emergency Medicine; and be it further
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176 RESOLVED, That ACEP work with members, other interested organizations, and interested
177 certifying bodies to develop reasonable, evidence based, cost-effective, and time sensitive methods to allow
178 individual practitioners options to demonstrate or verify their content knowledge for continued practice in
179 Emergency Medicine.
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181 **Testimony**
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183 There was significant debate on this topic with passionate testimony on both sides of the resolution.
184 Those in favor shared that while they appreciate the work of ABEM, they were tasked with representing
185 their membership who would be in support of changing the high stakes nature of the MOC exam. Reasons
186 for this change included testimony regarding the cost, the high stakes nature of the exam, and impact to
187 other subspecialty board certifications.
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189 Those in opposition to the resolution spoke of the close relationship between ACEP and ABEM, the
190 changes ABEM has already made to the recertification process (including to make it less high stakes), the
191 importance of having a high standard for physician competence and not "racing to the bottom," the risk of
192 creating a void of certification and the importance of self regulation. There was testimony regarding the
193 history of the MOC, and the importance of a high standard for the public as well.
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195 Of note, the authors of the resolution recommended changing the word "interested" certifying body
196 to "equivalent" certifying body.
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199 Mr. Speaker, this concludes the report of Reference Committee A. I would like to thank James R.
200 Kennedye, MD, MPH, FACEP; Heidi C. Knowles, MD, FACEP; Paul R. Pomeroy, Jr., MD, FACEP; Anne
201 Zink, MD, FACEP; Leslie Moore, JD; and Dan Sullivan for their excellent work in developing these
202 recommendations.