

PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE CORD 2018 REPRESENTATIVE COUNCIL MEETING. RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE REPRESENTATIVE COUNCIL AND THE BOARD OF DIRECTORS (AS APPLICABLE).



RESOLUTION: # S'18-3

SUBMITTED BY: Christopher Parks, MD

SUBJECT: Resolution to remove MANDATORY membership in the American College of Emergency Physicians for all Emergency Medicine Residency Association Members

1 **WHEREAS**, the Emergency Medicine Residency Association (EMRA) bylaws require all EMRA members to be
2 members of the American College of Emergency Physicians (ACEP)¹; and

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4 **WHEREAS**, EMRA is an independent organization from ACEP; and

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6 **WHEREAS**, the goals and mission of EMRA and its members may differ from those of ACEP; and

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8 **WHEREAS**, it is unprincipled to obligate all EMRA members to join ACEP. Therefore, be it

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10 **RESOLVED**, that EMRA amend Article III, Section 2.1.1 and Section 2.2.1 of the EMRA Bylaws to remove the
11 requirement for ACEP membership.

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13 References/Relevant EMRA Policy:

- 14 1. Bylaws of the Emergency Medicine Residents' Association. November 2017.

15 Relevant Policy: EMRA Membership and Bylaws

16 Fiscal Impact: Significant and unknown

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18 **Background**

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20 EMRA is the largest and oldest resident-driven organization in the world. Founded in 1974, and legally incorporated
21 as an independent, non-profit organization, EMRA is by residents, for residents. EMRA's Representative Council has
22 the power to create policies on a broad range of topics including resident education and training requirements,
23 residency and fellowship application and matching processes, board certification, social and public health issues, and
24 the healthcare delivery system as a whole.

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26 The EMRA Representative Council also elects the EMRA Board of Directors who ensure that the organization is
27 operationally and financially sound. However running the day-to-day activities of a membership organization with
28 more than 16,000 members, that produces 30+ publications and several large events at national conferences isn't
29 something that the EMRA Board can do on its own. Like many membership organizations, EMRA's Board of
30 Directors secures management services from a third-party that provides staffing, human resources, payroll,
31 accounting, member care, and information technology services, as well as physical office space. EMRA currently has
32 a shared services agreement with ACEP to provide these services for our organization which is re-negotiated every 5
33 years by the EMRA Board of Directors. ACEP also provides management services for a number of independent

34 emergency medicine organizations include the Emergency Medicine Foundation, the Council of Emergency Medicine
35 Residency Directors, and the Society for Emergency Medicine Physician Assistants.

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37 The Bylaws resolution submitted for consideration asks that EMRA's Bylaws be amended to eliminate the
38 requirement that EMRA members also be members of ACEP; however, this requirement for reciprocal membership is
39 not only outlined in EMRA's Bylaws, but also by the Shared Services Agreement between ACEP and EMRA. The
40 Shared Services Agreement specifies each organization's commitment to the other. For instance, ACEP provides
41 EMRA significant funding for membership services (\$235,000 to \$270,000 annually, plus staff time) and
42 opportunities for physicians-in-training to develop as leaders by working exclusively with EMRA to select resident
43 and student members for ACEP's Committee and Sections, and by leveraging their position as the sole emergency
44 medicine recognized by the AMA to appoint EMRA representatives to the AMA-Medical Student Section and AMA-
45 Resident & Fellow Section. In return, EMRA promotes involvement in certain ACEP meetings and activities that
46 present opportunities for our members to grow within our specialty.

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48 Breaking the Shared Services Agreement would leave EMRA with less than 6 months to rebuild the infrastructure of a
49 very complex organization (membership services, office space, accounting services, human resources and personnel
50 services, etc.), which would be a very difficult task for EMRA's Board of Directors to accomplish on top of their
51 already very busy residency training schedules. This change would also have a significant, unanticipated impact on
52 EMRA's budget, which could result in increased member dues, along with loss of access to ACEP's member benefits,
53 thereby decreasing the value that our members might receive at an increased cost. Additionally, if EMRA were to part
54 ways with ACEP, there is nothing that would prohibit ACEP from creating a new resident and student organization
55 that would compete head-to-head with EMRA for members, products, educational material, leadership opportunities,
56 and all of the other benefits that you rely upon your EMRA membership to provide.

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58 In summary, EMRA is an independent organization. EMRA's Representative Council can adopt positions on any
59 issues they feel are pertinent to emergency medicine physicians-in-training. EMRA's Board of Directors are elected to
60 ensure that our organization is financially and operationally sound, and have determined that a Shared Services
61 Agreement with ACEP that requires reciprocal membership between the two organizations creates mutually beneficial
62 situation for both organizations and provides EMRA members opportunities to be mentored by national leaders in
63 emergency medicine, and to have the ability to be active participants in conversations that will influence and impact
64 the future of our specialty. This partnership also offers EMRA members opportunities beyond what EMRA could
65 provide on its own, or in a partnership with any other organization. EMRA's relationship with ACEP is an asset, not
66 a liability.

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68 **Background Information Prepared By:** Zach Jarou, MD
69 President, EMRA

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71 **Reviewed by:** Nida F. Degesys, MD, Resident Representative to ACEP
72 Scott Pasichow, MD, MPH, Speaker of the Council
73 Cathey Wise, Executive Director, EMRA