Whereas, the trend toward established physicians leaving private practice to choose employment is changing the landscape of the medical profession significantly; and

Whereas, the majority of physicians completing training do not choose to go into private practice but instead become employed in hospitals or health systems, and

Whereas, the number of employed physicians is rapidly increasing in Maryland; and

Whereas, it is becoming increasingly difficult to get employed physicians to maintain their memberships in or join MedChi and component societies as they often don’t see the continued need for the services provided traditionally by organized medicine; and

Whereas, employed physicians’ interests often become more aligned with their employers and the employed physicians perceive that their interests are now served by their employers; and

Whereas, MedChi and the Center for a Healthy Maryland, have initiated progressive efforts through the development of the Center for the Employed Physician to determine what services and benefits are needed by employed physicians, and

Whereas, membership in MedChi and its component societies is based on individual membership; and

Whereas, this model may not be the best or only membership model going forward to serve physicians and to sustain MedChi and its components, and

Whereas, this trend is so significant that the future of medical associations may be compromised if they do not respond and restructure to ensure sustainability; and

Whereas, other state medical societies are considering or have already initiated changes in their membership model and their infrastructure to respond to the anticipated impact on Medicine and their societies of the significant movement of physicians to an employment setting; therefore be it

Resolved, that MedChi, The Maryland State Medical Society, study and report back to the next House of Delegates’ meeting the strides that other state and specialty medical societies’ have made to respond and/or restructure their organizations, membership models, and/or their member benefits to effectively respond to and serve the rapidly increasing employed physician sector.

As adopted by the House of Delegates at its April 27, 2013 meeting.