Resolution 9-15 – “Leadership Development: Nominating Committee” contained the following resolves:

- That MedChi constitute a non-binding nominating committee, made up of five individuals: one (1), the Immediate MedChi Past President, who will chair the committee and appoint the committee of two (2) Presidents-Elect of its components and two (2) who are not Past Presidents nor-MedChi Board members; at all times, committee composition will reflect geographic demographics; and be it further

- That this nominating committee present a nonbinding slate publicly, 45 days prior to elections.

This resolution was introduced at the April House of Delegates meeting but failed due to lack of a quorum; however, Dr. Cymet requested that the Bylaws Council consider the resolution and the discussions that took place at the House of Delegates meeting prior to the call for quorum. The Bylaws Council undertook this task pursuant to its authority under the MedChi Bylaws and rules to consider suggested bylaws changes under its own motion or as requested.

The reasons for creating a Nominations Committee were set forth in the “whereas” clauses of Resolution 9-15:

- Leadership is critical for the success of any organization;
- Leadership requires specific skills, engagement, and experience;
- MedChi has a tremendous number of intelligent, active, and qualified individuals to assume leadership roles;
- People often wait to assume leadership until asked;
- Elected MedChi leadership (BOT Members and the President Council) actively participates in organized medicine around the state;
- Potential leaders are recognized and introduced to leadership;
- The path to elected roles can be unclear, and the culture at MedChi has been one where leadership is collegial;
- Positions of influence to learn about MedChi exist in the Secretary and Treasurer roles elected by the newly chosen board of trustees;
- Having people solicited to assume roles in advance can ease transitions into leadership positions;

In summary, the resolution appears premised on the supposition that a nominating committee could serve as a vehicle for reaching out and pulling persons into the leadership track. There may also be an
underlying thought that there is perhaps a “collegial” culture at MedChi that provides an opportunity for
the astute to become recognized as potential leaders but the less astute may not achieve the same
recognition and that a more formal process embodied in a nominating committee might help ensure that
more members are recognized as potential leaders.

On the other hand, many MedChi members have expressed the concern that a Nominations Committee
might serve as a barrier to the recruitment of a broad spectrum of members. These members recalled that,
in the past, a Nominations Committee had been used by MedChi, and many had the perception that it was
used to block members who “were not known” to current leadership from moving forward. The
Committee agreed with these concerns and is recommending that the Bylaws not be amended to create a
Nominations Committee.

However, the resolution correctly identifies a need for leadership development. MedChi’s Center for a
Healthy Maryland has recently received its second grant to work on issues surrounding physician
leadership development from The Physicians’ Foundation, indicating that this issue has attracted attention
beyond MedChi. The Bylaws Council recommends that the President of MedChi establish a task force on
leadership development to focus on the continuing recruitment of members into leadership positions.
This task force should consider issues of both education, i.e., ensuring that MedChi members understand
that the leadership ranks at MedChi are open and how to get onto the leadership path, and identification,
i.e., ensuring that qualified candidates for entry in leadership positions are identified and encouraged to
come forward.

As adopted by the House of Delegates at its meeting on September 19, 2015.