ASDS ADMINISTRATIVE GUIDELINES FOR VOLUNTEER LEADERSHIP
COMMITTEES/WORK GROUPS/TASK FORCES

STRUCTURE

The ASDS/ASDSA work group structure is divided into six programmatic areas: Committees of the Board, Development, Membership, Body of Knowledge, Communications and PR, and Dermatologic Surgery Practice.

Committees and work groups are encouraged to meet early in the year to develop their plan of work which is based on the goals outlined in the organization's strategic plan. In addition, they are expected to submit a formal report of activities on a regular and consistent basis.

On occasion, task forces are established to carry out specific projects or activities. Task forces typically do not span more than one year and are charged with a very specific task.

APPOINTMENT PROCESS

Committee and work groups appointments are made by the President-Elect in the summer prior to when he/she takes office as President. A "Call for Volunteers" is submitted to the membership to solicit interest in participating. The names of those interested are used in making the final committee/work group selections.

The formation, modification, and dissolution of a committees and work groups must be approved by the Board of Directors or Executive Committee.

The President and President-Elect serve in an ex-officio capacity on all work groups and committees. This provision is not intended to obligate the President or President-Elect to participate in all committee conference calls, etc., instead it has been created to provide a means by which the President and President-Elect can, at their choosing, learn of the progress of work group or committee work first-hand. It is important to note that too much involvement or undue influence by the President and/or President-Elect may prohibit the committee's ability to share ideas freely and determine its own course of action and /or recommendation.

ELIGIBILITY TO SERVE ON EDUCATION OR INDUSTRY-RELATED WORK GROUPS

If you own, profit from, direct, individually or through a third party, education events such as non-ASDS meetings, you cannot serve on any of the education or industry-related work groups. If you have this conflict, please let us know immediately.

COMMITTEE/WORK GROUP ADMINISTRATION

Purpose

Associations are built on a system of committee and work group actions, linking the association with the attitudes and the real world of its members. Committees and work groups represent, involve, and serve members, as well as provide an important training ground for future leaders. Committees and work groups are an effective workforce for the association--they ensure group participation in problem solving and provide a forum for the

many interests within the association.

Effective committees and work groups unify, represent, motivate, coordinate, consolidate, and communicate. They function best when their members are selected appropriately and they have a clearly defined mission, strong leadership, and competent staff.

Chair and Staff Liaison
The committee/work group chair and staff liaison, working in partnership, are responsible for facilitating the work of the group/committee, providing oversight, and ensuring timely communications within and between the committee/work group and other components of the association. The staff liaison also provides logistical support for the committee's or work group's work.

Board Liaison
In many cases, committees/work groups have a board member (in some cases serving as chair) who serves as its liaison to the board. This person is a leadership resource for the committee/work group chair and staff liaison and a resource to the board regarding the committee's or work group's activities.

Reports
The committee/work group chair and staff are responsible for keeping leadership and appropriate staff fully informed of committee and work group activities. Committee/work group summation reports provide an appropriate means of apprising the Board of Directors or Executive Committee on progress towards the completion of charges on a regular basis. In addition, twice yearly, committees and work groups are required to complete a full report of activities. The report should describe how activities are progressing toward specific goals. It should include the committee/work group name; mission, charges and key issues for the current year; current year key accomplishments since the last report; key accomplishments planned for the balance of the year; specific policy recommendations to the board and/or program changes with significant financial impact; and past and future meeting/conference call dates.

Charges and Work Plan
In addition to the general committee/work group charges, which outline the committee's or work group's scope of activity, the president may charge the committee/work group with specific work. The committee/work group chair and staff liaison are responsible for keeping the work of the committee/work group focused on the charges and aligned with the Society's strategic plan. From the charges provided, committees and work groups are expected to develop a plan of work for the year that attaches a timeline to activities.

Conflict of Interest Disclosure Policy and Procedure
All ASDS members interested in serving on a committee/work group will be asked to disclose their relationships by completing form via the Society's web site. When selecting individuals to serve, the Executive Director and President will review the disclosures. Certain relationships, as outlined, may preclude an individual from serving on a committee or work group.

On a regular, periodic basis committee/work group members will be reminded to update their

disclosures via an email sent by staff. They will be asked to verbally disclose relevant relationships on conference calls or in-person meetings when speaking to agenda items. Additionally, the ASDS staff liaison will download and review all disclosures and then provide a written summary of the disclosures in advance of any meeting (conference call) as necessary. Relationships that may pose a real or perceived conflict will be discussed with the work group chair prior to the start of the meeting.

Responsibilities

Committees are directly responsible to the Board of Directors through the office of the executive director. Committees and individual committee members may not commit to expenditure of funds, obligate the Society to activities, and may not express opinions or represent positions in the name of the Society, unless specifically authorized by the Board of Directors, Executive Committee, or Executive Director. In proposing a program or activity that may involve expenditure of funds, committees must submit the necessary paperwork to obtain approval for the Exception to Budget.

Meetings

The chair and staff liaison are responsible for keeping committee and work group members fully informed of all committee/work group activity conducted by telephone conference and written communication. Committees and work groups communicate and conduct business primarily via conference call, fax and e-mail to accomplish the goals for the year. Only a handful of ASDS committees/work groups meet in-person during the year.

Achieving A Quorum

The greater of 33% or three voting members of a committee or work group, including the chair, shall constitute a quorum for the transaction of business at any duly called meeting. If there are only three individuals on the group, a minimum of two is required.

Member Participation

Volunteer members are expected to fully and actively participate in committee/work group activities responding to written, electronic communication and attending all conference calls and meetings. **It is the policy of the Society and Association that if an individual misses two or more meetings of the committee or work group during the year, their position is automatically forfeited and a replacement will be found.** It is critical that members who agree to serve do so knowing the expectations and accept the responsibilities of service. Annually, there are more members wishing to serve than spots available. That is why it is important that those who receive assignments fulfill their commitment to serve.

ASDS Members are expected to:

- Encourage decision making that considers research data, insights and intuitions developed through dialogue before deliberations.
- Attend all ASDS annual meetings.
- Read the weekly ASDS e-newsletter and familiarize yourself with the ASDS web site (asds.net).
- Respond to emails in a timely fashion.
- Be prepared for each meeting by reading the materials and gathering information to ensure full participation.

- Complete tasks assigned, in full and on time.
- Participate in the ASDS Connect platform.
- Seek information and knowledge to illuminate an issue in order to make the most appropriate decision.
- Demonstrate good faith, prudent judgment, honesty, transparency and openness in my activities on behalf of the ASDS.
- Disclose relationships which may create real or perceived conflicts with my duties on the Board.
- Conduct myself in an ethical, professional, and lawful manner, including proper use of authority and appropriate decorum.
- Demonstrate uncompromising integrity, which means staying true to what I believe. Adhere to honesty, fairness and "doing the right thing," even when known and unknown circumstances may make it difficult.
- Respect and give fair consideration to diverse and opposing viewpoints.
- Work to ensure all relevant information to be shared, and my personal position to be sacrificed for the sake of ASDSA and be accountable to and accepting and supportive of the decision made.
- Work with practical consensus by allowing:
    - All volunteers to be fully heard, frankly and with respect.
    - All members to be honest in views and feelings.
    - All views to be considered without prejudice.
    - All relevant information to be shared equally among the volunteers.
    - My personal position to be sacrificed for the sake of ASDS and be accountable to and accepting and supportive of the decision made.
- Refrain from making judgmental statements, monopolizing the conversation, distracting oneself and others with electronic devices, and conducting side conversations.
- Raise any concerns before and/or during a meeting, instead of after a meeting is completed and the decision has been made.

SUMMATION REPORTS

Summation reports are taken for all committee and work group meetings of the ASDS and ASDSA. These reports are intended to capture a record of all official actions taken, who presided over the meeting and who participated. It is not necessary to capture every detail of the discussions. Summation reports should not be transcripts of what individuals say in meetings. All summation reports go to the Board of Directors or Executive Committee for approval.

DIVERSITY, EQUITY AND INCLUSION POSITION STATEMENT

In an effort to further fulfill ASDS's commitment to caring for diverse populations, including Black, Indigenous and People of Color (BIPOC); sexual and gender minority (SGM) persons, including lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals, in accordance with the broader mission of ASDS / ASDSA, the following positions are hereby recognized:

Support:

- Systematic efforts to uncover, confront and address implicit bias in the culture and practice of dermatology.
- Policies and initiatives that ensure nondiscrimination, that are sensitive to the health and well-being of BIPOC and LGBTQ / SGM individuals, enhance the health of BIPOC and LGBTQ / SGM people and promote an understanding of issues of race, ethnicity, heritage, gender expression, gender identity and sexual orientation.
- Research and initiatives to improve recruitment, retention, promotion, compensation parity and career development for a diverse physician workforce, particularly individuals from groups that are underrepresented in medicine (URM) and individuals identifying as LGBTQ / SGM.
- Diversity-specific accountability within all ASDS / ASDSA programming, conferences and other initiatives, including a more visible and supported diversity presence in organizational leadership, membership and education.
- Comprehensive research that will expand knowledge of social determinants of health and mitigate health disparities facing BIPOC communities as well as LGBTQ/SGM individuals.
- Evidence-based coverage of all gender-affirming therapy and procedures which help the mental and physical well-being of gender diverse individuals.
- Gender-affirming procedures and treatments and recognizes they are not "cosmetic" or "elective" or for the mere convenience of the patient. These procedures are not optional in any meaningful sense but are understood to be medically necessary for the health and well-being of the individual.
- Both public and private health insurance coverage of gender affirming treatment.
- Routine and frequent collection of racial, ethnic and SOGI (sexual orientation and gender identity) data broadly in research as well as within the organizational membership to inform awareness and knowledge of health disparities as well as institutional support and climate concerns among dermatologists.
- Inclusive curricula in undergraduate, graduate, and continuing medical education that comprehensively address the unique health concerns of racial/ethnic minorities as well as LGBTQ/SGM individuals.

Oppose:

- All forms of bias and discrimination based upon and regardless of background, race, color, disability, gender, gender identity, gender expression, genetic information, national origin, sex, sexual orientation, religion or veteran status. [1]

- Barriers to health care and access to appropriate and timely referrals as clinically indicated regardless of background, race, color, disability, gender, gender identity, gender expression, genetic information, national origin, sex, sexual orientation, religion or veteran status. [1]

A commitment to diversity, inclusion and equity is critical to the practice of dermatology and to the provision of quality, unbiased patient care. The mission of ASDS / ASDSA is to advance the skin health and well-being of patients and community through education, research and innovation in the art and science of surgical, medical and cosmetic treatments. Without a dedicated commitment to the advancement of diversity, inclusion and equity across health care and organized medicine, such a mission cannot be approached in a way that ensures the

needs of all individuals are met such that they are able to thrive. As a cornerstone of such a commitment, this position statement is intended to serve as a guidepost for ASDS / ASDSA as it moves forward in its pursuit of the highest quality of equitable dermatologic care for all patients.

Efforts and initiatives are needed to increase diversity in the physician workforce inclusive of BIPOC and LGBTQ / SGM individuals, ensuring that workforce representation reflects the diversity of the US population. Dermatology is one of the least ethnically and racially diverse specialties.[2] The American Association of Medical Colleges (AAMC) defines the term underrepresented in medicine (URM) as "racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."[3] Included in this term, Black or African American and Hispanic dermatologists represent only 3% and 4.2%, respectively, of all dermatologists while comprising 13.4% and 18.3%, respectively, of the United States population.[2,4-5] Other BIPOC communities, including Native Americans, are also significantly underrepresented in the field. These discrepancies between the general population and composition of the dermatology workforce are widening over time and are notably worse for dermatology compared to other medical specialties and for physicians overall.[4-5]

The pipeline of URM and LGBTQ / SGM students entering medical school as well as dermatology residency programs and fellowships needs to be increased. It is well-established that disparities in health care, access and outcomes present immediate and existential threats to marginalized populations.[6] Dermatologic health care disparities experienced by racial / ethnic minority patients are increasingly described in the medical literature.[7-16] Diversity in medical training and in the medical work force optimizes preparedness to serve diverse communities, improving patient care for not only racial / ethnic minority populations but for all patients.[5] Additionally, studies have shown that URM physicians are more likely to practice in areas where health care disparities are prevalent, thereby more broadly contributing to the mitigation of critical access and outcome gaps. Studies highlight that race-concordant clinical encounters are more successful than race-discordant encounters on a variety of metrics, indicating that increasing racial / ethnic diversity among physicians improves the health care experience for minority populations.[17] The achievement of greater URM representation in dermatology must be realized at all levels of the educational continuum from the premedical and medical school years through residency, fellowship and continuing medical education.

Inclusive curricula in undergraduate, graduate and continuing medical education needs to address the unique health concerns of racial / ethnic minorities as well as LGBTQ / SGM individuals. Opportunities for structural change include: joint collaboration with educational institutions, development of mentorship networks and publicly accessible resources regarding dermatologic concerns in racial / ethnic minority populations, facilitation of earlier exposure to dermatology in medical training, increasing the pipeline of URM students into medical school and dermatology residency programs and fellowships, consistent reevaluation and adaptation of dermatology residency program and fellowship selection criteria and revision of dermatology curricula to increase representation of skin of color.

Comprehensive research that will expand knowledge of social determinants of health and mitigate health disparities facing BIPOC communities as well as LGBTQ / SGM individuals is needed. SGM persons, including LGBTQ and non-binary individuals, represent a rich diversity of gender expressions and identities, sexual orientations, attractions and behaviors. SGM / LGBTQ persons' unique health care needs, and the health care disparities they experience, have increasingly received widespread recognition and demand urgent action.

The social and cultural discrimination faced by LGBTQ / SGM individuals is perpetuated by inadequate access to high-quality, sensitive and respectful health care. Such inequity results in avoidance of the health care setting with subsequent care delays due to legitimate concerns about discrimination and harassment.[18-21] Adequate training of medical professionals with regard to the unique health care needs of LGBTQ / SGM people and continued research into best care practices are necessary to provide care that facilitates trust and resilience while ensuring the ability of LGBTQ / SGM individuals to thrive.

Importantly, racial and ethnic minority persons who also identify as LGBTQ / SGM face additional stigma and health care disparities, emphasizing the importance of intersectionality, as inequity in these marginalized populations is appropriately addressed.[22-23] Moreover, many LGBTQ persons seeking dermatologic care have concerns that are not LGBTQ-specific; dermatologists should demonstrate structural competence and cultural humility in caring for LGBTQ patients in these cases as well.

Transgender and other gender diverse individuals should have access to and coverage for gender-affirming therapy and procedures. For transgender and other gender diverse individuals, access to gender-affirming care is critical for holistic health and well-being and leads to improvement in health outcomes.[22,23] The benefits of gender-affirming care are numerous, a few of which include improved mental health and substantial reduction in suicide attempts, improved self-esteem and body satisfaction with the achievement of congruence, decreased substance use, and healthier, more rewarding human relationships.[24-29] Across the country, disparities and inequities exist with regard to insurance coverage for gender-affirming care and services. Voices across the house of medicine affirm that such care is medically necessary and should not be excluded from public or private insurance programs.[30-36]

Students, trainees, employees, dermatologists and other health care providers as well as organization staff should be trained in cultural humility and structural competency. Looking to the future of SGM health and dermatology, educational curricula in dermatology should include LGBTQ / SGM health issues throughout the span of training, including undergraduate, graduate and continuing medical education, in accordance with implementation goals for curricular and institutional climate change in LGBT health set forth by the American Association of Medical Colleges (AAMC).[18,24-25] Training should emphasize the development of structural competence, including familiarity with and comfort utilizing appropriate terminology, while fostering cultural humility.[26-28] Dermatologists should ensure that their practices and practice settings are welcoming and affirming safe spaces for LGBTQ / SGM patients as well as for individuals of color.[36]

ASDS / ASDSA recognizes and affirms the identity and dignity of LGBTQ / SGM individuals and recognizes their unique health needs. In alignment with the above priorities, the health and well-being of SGM persons must be integrated into all broader diversity and inclusion efforts.

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