

Memorandum

To: Board of Directors
Council Officers

From: Gary R. Katz, MD, MBA, FACEP
Vice Speaker

Rebecca B. Parker, MD, FACEP
Immediate Past President

Christopher S. Kang, MD, FACEP
Board of Directors

Heather Marshall, MD, FACEP, EMHL

Jennifer L'Hommedieu Stankus, MD, JD, FACEP

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General Counsel

Date: September 21, 2018

Subj: Recommendations of Task Force Review of John Rogers Resignation

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Recommendations

With the conclusion of its appointed charges related to Dr. John Rogers' unexpected resignation as President-Elect, the task force submits the following summary recommendations:

Internal

1. The Steering Committee and Council Officers revise the candidate disclosure forms to assist the Council and candidates to better identify and assess potential conflicts of interest, controversial issues, and overall eligibility;
2. The Nominating Committee reevaluate its vetting process to help candidates better understand and appreciate the scrutiny associated with serving in national leadership positions;
3. The College update its processes to better anticipate and support College leaders to address perceptions and criticisms by those within and outside of the College;

External

4. ACEP reaffirm its commitment to professional conduct, collegiality, and increased unity within the specialty of emergency medicine; and
5. ACEP advocate for other emergency medicine organizations to share and support this commitment.

Background

Shortly after Dr. John Rogers' unexpected resignation as President-Elect, senior College leaders convened a task force to ascertain the events that culminated in Dr. Rogers' resignation. The task force was also charged with assessing internal and external factors that may have contributed to Dr. Rogers' resignation, providing recommendations that may mitigate future unanticipated disruption of College leadership, and presenting a summary report at the 2018 Council Meeting.

The task force conducted a review of all available documents and interviews with Dr. John Rogers, select ACEP staff and Board of Directors leaders, and several integral ACEP members. The task force was mindful and dedicated to the inclusion of perspectives from a diverse sampling of Council membership as well as those of other emergency medicine organizations.

Task Force Organization

Dr. Gary Katz, Council Vice Speaker, was appointed as Chair when Dr. John McManus, Council Speaker, recused himself due to possible perception of a conflict of interest as he hails from Georgia, the chapter that nominated Dr. John Rogers for President-Elect. The additional members of the task force were appointed because they have expertise with College operations, are respected for their ability to maintain objective interrogative viewpoints, and have no conflicts of interest in this matter. Dr. Rebecca Parker and Dr. Christopher Kang, from the Board of Directors, and Dr. Heather Marshall and Dr. Jennifer L'Hommedieu Stankus, from the Council, were selected as voting members. Ms. Leslie Moore, General Counsel, served in a non-voting capacity.

Findings

The following pertinent course of events was corroborated by available documents and interviews.

1. On October 28, Dr. John Rogers was elected as President-Elect at the conclusion of the 2017 Council Meeting.
2. Upon completion of the Council meeting, discussions regarding Dr. Rogers' lack of board certification took place during ACEP17 and with both members and by non-members through social media and other emergency medicine forums.
3. In November, College staff and senior leadership became increasingly aware of continued, albeit sporadic, discontent regarding Dr. Rogers' election and board certification status. These criticisms were ascribed to lack of familiarity with Dr. Rogers himself, the circumstances of his training and subsequent career in emergency medicine, his dedication and service to the College, and his advocacy for accredited residency training and specialty board certification. Dr. Rogers and senior College leadership devised an initial response to those critical of his election.
4. On December 14, a question and answer interview, "Meet the ACEP President-Elect, Dr. John Rogers", was published in *ACEP Now*.
5. October through May, Dr. Rogers served as President-Elect, directing some College operations and interacting with numerous emergency medicine, healthcare, and government organizations. He, as well as College staff and leaders, noted sustained

discourse about his board certification status despite his interview in *ACEP Now*. Also, during this timeframe, multiple College members questioned, and some resigned, their membership.

6. From November through May, ACEP continued to track criticism about Dr. Rogers' qualifications. Efforts to mitigate the negativity were ineffective.
7. In late May, at the 2018 Leadership & Advocacy Conference (LAC), several prominent College members expressed concern that, despite the initial response, criticism was continuing, and possibly increasing.
8. One suggestion that arose from the conversations at LAC, was to engage a public relations (PR) firm as per the typical practice for crisis messaging at ACEP. ACEP staff contacted four PR firms, requesting recommendations for communication on behalf of Dr. Rogers and the College to address the continued criticisms as well as to receive cost estimates for their support and services.
9. In mid-June, the four PR firms provided preliminary recommendations with associated cost estimates, which were then presented to Dr. Rogers several days prior to the June Board meeting.
10. On June 26, Dr. Rogers tendered his resignation as President-Elect, citing the continued agitation in the community regarding his board certification status would detract from his ability to effectively serve as President. He considered that the timing of his resignation would provide the Board of Directors the appropriate mechanism to elect an alternative leader who would then have time to prepare to serve as President.
11. Upon receipt of Dr. Rogers' resignation, the Board of Directors unanimously inquired about Dr. Rogers' well-being and initially declined to accept his resignation. Repeated attempts were made over the following 24 hours to hold further discussions with Dr. Rogers.
12. At the close of business on June 27, the Board of Directors, having been unsuccessful in persuading Dr. Rogers to rescind his decision, formally accepted Dr. Rogers' resignation and determined that, per College Bylaws and in the best interest of the College, the election of a new President-Elect would be held the following day.
13. On June 28, in accordance with College Bylaws, the Board of Directors elected Dr. Vidor Friedman as President-Elect.

Analysis

After assessing the factors that culminated with Dr. John Rogers' resignation, the task force believes that there are opportunities for improvement in the selection, vetting, and support of candidates for national positions that may mitigate future unanticipated disruption of College leadership.

Dr. Rogers was eligible and legitimately elected President-Elect by the Council. Dr. Rogers' board certification was disclosed through available means prior to the election; however, that process is a generation old and may not have adequately emphasized disclosures on issues relevant to the current generation of emergency physicians. As a result, the task force recognizes that additional, evolving analyses of candidates for national College positions may be required to better prepare our organization going forward. While the issue of board

certification in emergency medicine was integral to this occurrence, the panel wishes to affirm the important contributions that all members of ACEP, irrespective of certification status, make to our organization and the practice of emergency medicine each and every day.

Further, this event serves as a bellwether indicator of how ACEP is perceived by individuals inside and outside our organization and a reminder that others may criticize ACEP based upon the characteristics of its leaders. The task force believes that the Nominating Committee should reassess and expand its duties from identifying and nominating candidates for national College leadership positions, to also helping eligible members better understand the degree of commitment and scrutiny associated while serving in an ACEP executive position. Revision of the candidate disclosure forms may further assist the Nominating Committee and the candidates identify and assess their vulnerabilities and the criticisms that may ensue in their campaigns before Council and upon election.

The task force reviewed the preliminary responses by the PR firms. Each one contained similar recommendations: either Dr. Rogers continue on as elected or resign, despite being informed that the College did not consider resignation an option. After subsequent analysis, these recommendations appear to be customary templates provided by PR firms to organizations during the initial phase(s) of crisis management.

The task force interviewed members of other organizations within the house of medicine, specifically those practicing emergency medicine. Although some in these organizations have philosophical differences regarding the Council's election of Dr. Rogers, they stated a respect for those differences, as well as acknowledging ACEP's autonomy to represent its members. However, the tensions highlighted by recent events serve as a reminder that our mission is to effectively advocate on behalf of our patients and advance the practice of emergency medicine.

On July 7, 2018, Dr. John Rogers expressed:

“My deep wish is for everyone to set aside their swords, their sharp and stinging words. To realize we are siblings in the EM family, and allies in a common cause: to provide the best care possible to patients, to advance the science of our craft, and to improve the lives of those who practice it. Every EM organization has a special niche and purpose, and holds my highest regards. We can do more as a specialty by working collaboratively, with mutual respect and kindness, than by divisiveness and further fragmentation.”