



Memo to: AMA-RFS Assembly

From: Seemal Desai, MD
AMA-RFS Vice Chair

Date: June 2008

Subject: **Reports of Council and Committee Representatives**

On the following pages, you will find the reports of the AMA-RFS members who serve on Councils and Committees as representatives of resident physicians. Unfortunately, the Assembly Meeting agenda cannot accommodate verbal reports from the council and committee representatives.

The following reports inform you of the activities of the various bodies in organized medicine and the accreditation process. I urge you to read them carefully and directly approach those representatives with whom you wish to discuss questions and concerns.

AMA-RFS Council and Committee Descriptions

Accreditation Council for Graduate Medical Education - composed of the AMA, American Hospital Association, Association of American Medical Colleges, Council of Medical Specialty Societies, American Board of Medical Specialties, a resident physician and a representative from the government and two members from the public. This organization accredits more than 6,000 residency programs throughout the United States. The Council meets three times per year and establishes general performance parameters for programs, as well as approving specific accreditation recommendations of the residency review committees. This is a two-year position and is appointed by the Governing Council.

American Medical Political Action Committee Board of Directors - AMPAC solicits donations from AMA members and contributes to the campaigns of politicians who make and influence health care legislation. AMPAC also encourages physicians to become involved in political campaigns and to seek public office by offering educational programs through its Campaign Management School and the National Political Education Conference. The AMA Board of Trustees appoints the resident member for a two-year term.

Council on Constitution and Bylaws - is the ultimate resource on all AMA constitution and bylaws matters. It is a fact-finding advisory group that meets quarterly. This is a three-year position chosen by a House of Delegates election.

Council on Ethical and Judicial Affairs - has final jurisdiction in all questions involving the Principles of Medical Ethics of the AMA and the constitution, bylaws, and rules of the Association. The Council also resolves questions involving membership and conflicts between two or more state associations or their members. The resident has a three-year term for as long as he/she is a resident with a maximum of two terms. The resident is elected by the House upon nomination by the AMA President.

Council on Legislation - composed of 10 physicians, one resident, one student, and one member each from AMPAC and the AMA Alliance, it addresses federal legislation and AMA policies that deal with legislative issues. The Council meets six times per year. This is a one-year position chosen by the Board of Trustees.

Council on Long Range Planning and Development - sets the course of the AMA as an organization. It makes recommendations on issues such as membership and finance, and it evaluates other AMA planning activities. This is a three-year position chosen by the Speaker of the House.

Council on Medical Education - addresses all facets of education, from medical school and residency programs to continuing education and allied health training. Its primary charge is to study and evaluate medical education in order to provide an adequate supply of well-qualified physicians to meet the medical needs of the public. The Council also serves as the parent council for committees dealing with more specific areas of medical education. It meets four times a year. This is a three-year position chosen through a House of Delegates election.

Council on Medical Service - deals with socioeconomic issues in health care such as national health insurance, and health care financing, planning and organization. It meets six times per year. This is a three-year position chosen by a House of Delegates election.

AMA-RFS Council and Committee Descriptions, Page 2

Council on Scientific Affairs - advises AMA on aspects of biomedical research and helps formulate policy on scientific issues, from AMA-sponsored scientific projects to government involvement in research. It also serves as a parent body for several advisory panels (including panels on cancer, alcoholism and drug abuse). This is a three-year position chosen by a House of Delegates election.

International Medical Graduates Governing Council - serves as a voting member of the IMG Section Governing Council. The IMG Section represents and advocates for IMGs within the AMA. The RFS Governing Council nominates candidates to run in the IMG election. The election is conducted on the AMA Web site and voters are AMA members who have designated themselves members of the IMG Section. This is a two-year term.

Minority Affairs Consortium - serves as an advisory and advocacy group on issues of concern to minority patients and physicians including improving the health status of minorities, increasing minority enrollment in U.S. medical schools, and expanding representation by minority physicians and medical students within the AMA. This is a two-year position.

National Board of Medical Examiners - prepares and administers qualifying examinations that have widespread acceptance within both the licensure system for medicine and the medical education system. The examinations are designed to reflect what is taught in medical schools accredited by the Liaison Committee on Medical Education. Board members represent the academic, practice, and licensing communities. The board has two resident representatives. The AMA-RFS Governing Council nominates each resident member for four-year terms.

Residency Review Committee for Institutional Review - is a permanent standing committee of the ACGME, composed of ten members, and is responsible for reviewing institutions sponsoring graduate medical education programs and determining whether these institutions are in compliance with the ACGME "Institutional Requirements." The resident representative is nominated by the AMA-RFS Governing Council and appointed by the ACGME for a two-year term. The resident representative must be able to devote the necessary time to evaluate approximately six to eight institutional files for each meeting. This process and the preparation of summary reports prior to meetings require at least five to ten hours per institutional review file per meeting. The resident representative must be able to attend a one or two-day meeting twice a year in Chicago (currently in April and October) or another location as determined by the IRC.

Residency Review Committee for Internal Medicine - reviews curriculum and teaching programs, professional ethical behavior, institutional resources and responsibilities, research and scholarly activities, and certification for residents and teaching institutions. The resident member participates in an annual meeting as a non-voting member and representative of the AMA-RFS and four additional meetings per year as a voting member. The resident member reviews up to 5-6 programs per year. The AMA-RFS Governing Council nominates the resident representative for a two-year term.

AMA-RFS Council and Committee Descriptions, Page 3

Residency Review Committee for Neurology - is an apolitical position designed to solicit resident opinion with respect to educational policy and to educate the elected resident regarding the accreditation process. The resident member participates in all discussions of the RRC, reviews programs and has a vote. The committee meets two times a year and the resident member is asked to attend the ACGME orientation for new RRC members. Residents are nominated from the AMA and the AAN and should be in their third year of residency. This is a two-year term selected by the RRC.

Residency Review Committee for Ophthalmology - is a full voting member and conducts up to three full program reviews per meeting. The resident must be in an ACGME-accredited ophthalmology program. The resident should not be from the same institution as any member of the RRC. The resident will be required to participate in an ACGME orientation during early February in Chicago. The resident will be expected to attend the June and December RRC meetings. This is a two-year term selected by the RRC.

Residency Review Committee for Transitional Year - is responsible for reviewing Transitional Year programs and determining whether these programs are in substantial compliance with the Requirements for the Transitional Year. The resident member must have successfully completed an ACGME accredited Transitional Year Program of quality and have entered a quality ACGME accredited residency program. He/she must be willing to support ACGME approved policies concerning the role of accreditation in graduate medical education. The resident member must be willing to attend a two-day meeting twice a year in locations to be determined by the TYRC and evaluate approximately three to five TY programs each meeting. The resident member should also have knowledge of the ACGME accreditation process and have served on committees to enhance graduate medical education. This is a two-year term selected by the ACGME.

Surgical Caucus Executive Committee - discusses issues and AMA House of Delegates resolutions relevant to the surgical field. The resident member participates in the surgical caucuses at the AMA Annual and Interim meetings and serves as a member of the Surgical Caucus Executive Committee. This is a one-year position appointed by the AMA-RFS.

Women Physicians Congress - serves as an advisory and advocacy group to address issues pertinent to women physicians, such as leadership barriers within the medical profession, maternity and family leave policies, and women's health. This group also works to foster collaboration between the AMA and other organizations with mutual concerns. This is a two-year position.

Revised: 06/05/2008

AMA-RFS Council and Committee Representatives
2008 Record of Reports
As of May 23, 2008

Council/Committee	Representative	Report
ACGME*	Sadeq Quraishi, MD	
AMPAC	Robert Oldham, MD	Yes
Advisory Cmmt. on Gay, Lesbian, Bisexual & Transgender Issues	Jennifer Chaffin, MD	Yes
Council on Constitution and Bylaws	Jason Sharp, MD	Yes
Council on Ethical & Judicial Affairs	Hilary Fairbrother, MD	
Council on Legislation	Charles C. Mashek, MD	
Council On Long Range Planning and Development	Hillary Johnson, MD	Yes
Council on Medical Education	William Walsh	
Council on Medical Service	Jana Montgomery, MD	
Council on Science and Public Health	Ilse Levin, DO	
International Medical Graduates Governing Council	Nirav Shah, MD	
Minority Affairs Consortium	Albert Hsu, MD	
Nat Bd. of Med Examiners: 1	Raj Ambay, MD, DDS	
Nat Bd. of Med Examiners: 2	Jason Etheredge, MD	
National Residency Matching Program	Vishal Gala, MD	
Residency Review Committee for Internal Medicine*	Karen Hsu Blatman	
Standing Committee – Legislative Advocacy	David Winchester, MD	Yes
Standing Committee – Committee on Long Range Planning	Hillary Johnson, MD	Yes
Standing Committee – Medical Education	Hannah Zimmerman, MD	
Standing Committee – Membership	John Vasudevan	
Standing Committee – Public Health	Rebecca Brinker, MD	Yes
Surgical Caucus Exec Committee	Hannah Zimmerman, MD	
Women Physicians Congress	Candice McDaniel, MD	

* Resident member of this Council/Committee is not required to report back to the RFS Governing Council. Reports not submitted by May 29, 2008 will be distributed at the meeting.

May 9, 2008

Update for the GLBT Advisory Committee

This past year the GLBT Advisory Committee has been very busy, involved in many projects. Some of the activities the committee is currently involved in include:

- 1) The committee will be electing new officers at the A-08 meeting. The committee has been blessed with the leadership of Dr. Paul Wertz, as Chair, and Dr. Rebecca Allison as Vice Chair, but per the committee's charter, new elections are to be held yearly at the Annual Meeting.
- 2) The committee is continuing to work on the AMA/GLMA Physician Survey Project. Dr. Jennifer Chaffin, RFS Representative, and Dr. Graham McMahon, YPS Representative, are part of the Project Advisory Group, which is currently finalizing the survey questions for the project.
- 3) The committee is actively seeking external funding to support grand rounds program on GLBT healthcare. This is a project being done in collaboration with Fenway Health Clinic out of Boston.
- 4) The Advisory Committee is honored to serve as a consultant on the AMA Educating Physicians on Controversies and Challenges in Health (EPOCH) CME Program focused on GLBT health issues. Production of this project is set to start this September.
- 5) The Advisory Committee has also been serving as counsel regarding a resolution going to HOD which is focused on reducing barriers to coverage for patients with Gender Identity Disorder.
- 6) Dr. Paul Wertz, the current GLBT Chair, is responsible for a resolution going to HOD at this meeting asking the AMA to evaluate existing data concerning same-sex couples and their dependent children and report back to the House of Delegates to determine whether there is evidence of health care disparities for these couples and children because of their exclusion from civil marriage. The Advisory Committee was able to get the American Academy of Pediatrics to sign on as co-sponsor with Wisconsin Medical Society for this resolution.
- 7) Planning is currently underway for 2008 Gay and Lesbian Medical Association (GLMA) conference this fall. The GLBT Advisory Committee is actively engaged in this conference and Dr. Nancy Nielsen has been secured as keynote speaker.
- 8) Arrangements are currently under way for a speaker to come to A-08 to discuss with the Advisory Committee issues pertaining to the aging GLBT population.
- 9) Dr. Jennifer Chaffin, RFS Representative, will be attending the annual Women In Medicine conference in Asilomar, CA in July 2008, with a goal of expanding the visibility of the AMA and the GLBT Advisory Committee.
- 10) The GLBT Advisory Committee will be hosting its Annual Caucus on Friday, June 13th, which will feature Dr. Kathy Oriel, a family medicine physician from Madison, WI. Her presentation is entitled, "Lesbian Health Care: what you don't know is harming them." The event will be held at the Hyatt in Chicago, IL on Friday, June 13, 2008 from 5:30 - 7pm.

AMPAC Board Report to AMA-RFS Assembly, 2008 Annual Meeting

June 14th, 2008

Dear RFS Delegates:

Are you excited? I know I am, and it seems like I am not alone. We are in the middle of one of the most exciting election cycles in American history. I am trying to take in as much as I can, as this will be an election to remember and to tell our children and grandchildren about. We are seeing historic voter turnout in the Presidential Primaries, with many people getting involved in campaigns who have never even voted before. For the first time in recent memory, the Presidential nomination process has meaningfully involved more than just a handful of states. I have always been a political junkie, but it seems like these days, everyone is. When it comes to American politics, it feels like change is in the air.

While most of us are excited to be living through this period of political change, it is our responsibility as America's physicians to lead this change in a direction that serves our patients and our profession. I am proud to report that your American Medical Association and AMPAC (its political action committee) have been helping America's patients and physicians lead through these changes.

The American Medical Association Political Action Committee (AMPAC) is the bipartisan political arm of the AMA, which exists to help elect candidates to the U.S. Congress who are supportive of physicians and their patients. This usually involves direct financial support of campaigns and independent expenditures encouraging AMA members to support medicine-friendly candidates.

While AMPAC stays out of Presidential elections, we have already given hundreds of thousands of dollars to candidates for Congress in their respective primaries. And your AMPAC contributions have been very carefully spent this year. I am proud to report that the AMPAC Board has been increasingly dissatisfied with the common PAC practice of giving to candidates (particularly incumbents) just because they are "nice" people. With our recognition of how pivotal the next several years will be for American healthcare, there is a growing expectation that candidates receiving significant contributions from AMPAC will be friendly to the AMA's legislative priorities, not just to our lobbyists and membership. Candidates who used to get the maximum contribution are finding that those contributions are no longer a "sure thing" if they are not supportive of AMA's mission and legislative agenda. Meanwhile, AMPAC has increased its campaign contributions to many members of Congress with whom we have not traditionally had strong relationships, in recognition of their recent support of our AMA's agenda. In addition, we have held back general election campaign contributions (which many PACs give in the Spring) to give us more time to assess candidates' commitment to our membership, our patients, and our legislative agenda. The way things run in Washington is changing, and your AMA and AMPAC are helping to lead the way.

AMPAC has also continued its commitment to teaching physicians and their families how to become more effective players in the political process. AMPAC coordinates several exceptional educational opportunities for physicians and their partners. The most comprehensive of these are the AMPAC Campaign School (nearly a week in duration, held in April) and the more abbreviated AMPAC Candidate Workshop (held in February). AMPAC also sponsors Regional

Seminars, which are “Readers’ Digest” versions of the Candidate’s Workshop and Campaign School that AMPAC takes “on the road”. We have received overwhelmingly positive feedback from attendees of all of these opportunities, especially the Campaign School. Many attendees have gone on to run successful campaigns. Members of Congress such as US Senator John Barrasso, MD, as well as US Reps. Tom Price, MD, and Phil Gingrey, MD are graduates of the Campaign School, and credit much of their political success to knowledge and skills that they acquired while in the AMPAC Campaign School. I personally attended as a medical student. It is a very valuable experience, and I strongly encourage you to apply. The next Candidate Workshop is February 13-15, 2009 and the next Campaign School is April 15-19, 2009. Please e-mail me if you are interested in attending either and I will be happy to give you more information.

What You Can Do

At a minimum, every resident who joins the AMA should **join AMPAC!** At \$20 for residents and students, it is an incredible bargain. AMPAC is one of the strongest PACs in existence. For just twenty bucks, you get to be a part of group that lends you a great deal of credibility, whether its before a member of Congress or a leader in the AMA.

You should also join and **get involved with your state PAC.** Again, it’s usually really cheap for residents and most states are thrilled to get younger physicians involved, at whatever level the resident can commit. Try to get a resident on the state PAC board... you want to have a resident voting on which candidates get money.

For those who really want to make a commitment to involvement in the political process, I urge you to **join the Capitol Club!** There are two levels of the Capitol Club: Silver (\$250 contribution for residents and fellows) and Gold (\$500 for residents and fellows). I know that it’s not exactly cheap, but if you are able it is a great way to show that you are committed to the future of your profession. The AMPAC Board really takes notice when students and residents join the Capitol Club. They know that we don’t have much money, and it really adds to our credibility that many of us are willing to make this added sacrifice. Having RFS members of the Capitol Club is a great recruitment tool to get more senior physicians to join (e.g. “If the residents can afford it, why can’t you?”). Not to mention all of the great stuff (gifts, private receptions, special access, etc.) that comes with Capitol Club membership. For those of you who are able to make such a generous commitment, we will have a special reception for all Capitol Club members (Gold and Silver) on Tuesday, June 16th from 12:00 pm until 1:30 pm (location TBA).

Please let me know if you have any questions about AMPAC or our activities. I greatly appreciate the opportunity to serve as your representative to the AMPAC Board and I look forward to our continued work together.

Best wishes,

Rob Oldham

rolldham@gmail.com

resident member, AMPAC Board of Directors

RFS Committee on Long Range Planning

RFS CLRP Members: Benjamin Galper, MD
Margaret Gibson, MD
Hillary Johnson, MD, PhD (Chair)
Alisa Lee, MD
Tovah Rosen, MD

Governing Council Liaisons: David Rosman, MD
Stephanie Stanton, MD

AMA-RFS Staff: Anu Gupta
Sharyn Grose

The AMA-RFS Committee on Long Range Planning (CLRP) studies far-reaching issues and makes recommendations concerning the structure and governance of the RFS. The CLRP has worked extensively on two reports for the current RFS meeting.

Voting Systems for Election of RFS Sectional Delegates and Alternate Delegates

RFS Sectional Delegates and Alternate Delegates are representatives to the AMA's House of Delegates elected at interim RFS meetings. The current voting system uses an **Instant Runoff** method that relies on ranking of all candidates on one ballot in order of preference. Only when a candidate receives a majority of number one rankings is he or she elected. **Borda Count** (made famous by use selecting the MVP in Major League Baseball) uses similar candidate rankings. The candidates receive a certain number of points corresponding to the ranking position and the candidates with the most points win. **Plurality-at-Large** (used by some medical societies) is a simple system in which a voter does not rank candidates but instead selects up to the number (n) of candidates as winners for the (n) positions available. The CLRP did not decide strongly in favor of one particular system among these top choices and considers the RFS assembly well-suited to choose between instant runoff, borda count, and plurality-at-large during the A-08 business meeting.

B) RFS Membership Demographics

This report is the first description of geographic and medical specialty characteristics of RFS members as available in the AMA's membership database at the time of January, 2008. CLRP recommended strengthening ties with Specialty Societies and improved logistical support for members involved through their Specialty Societies (i.e. Region 8).

Also, a system to apportion Specialty Society delegate and alternate delegate positions in the RFS assembly needs to be devised. Finally, it is uncertain if the RFS Region structure meets goals of disseminating RFS information to local members, increasing RFS membership, and increasing involvement of RFS members at the regional and local level. These issues will likely serve as future items of business for the CLRP.

It has been a pleasure to work with this remarkably talented and industrious group! Thank you. -Hillary

AMA Council on Long Range Planning and Development

The AMA's Council on Long Range Planning and Development (CLRPD) is charged to study and make recommendations concerning the long-range objectives of the AMA. The CLRPD serves the AMA's Board of Trustees and plays a role in the Board's ongoing cyclic strategic planning process. Input regarding suggestions about the AMA's future strategic directions is gathered from the AMA's special groups and sections, including the RFS.

Current CLRPD Projects:

A) Emerging Issues: Globalization and Universal Coverage

The Council monitors emerging health care issues to help prepare appropriate strategies to address them. *Roles of medical societies in selected countries with universal coverage* (such as Canada, France, Chile, Thailand...) have been investigated to help imagine how the AMA could be positioned if the US were to move toward similar health care systems. The impact of *globalization* or the fast-paced dissipation of barriers to trade, travel, and communications across the world is another long-range issue affecting medicine that is undergoing intensive research.

B) Publication of the *Health Care Trends Report*

Every year, the CLRPD updates a *Health Care Trends Report* reviewing and prospecting changes in the health care environment. Issues directly related to residents and fellows are included, such as medical education, workforce planning, and access to care. AMA members may access this document upon request or view it on the AMA's website.

C) CLRPD Report: IMG Representation in the AMA House of Delegates

Resolution 614 in which the International Medical Graduate Section sought additional representation in the AMA's House of Delegates was referred by the Board for report by CLRPD. After careful consideration, the CLRPD concluded that creating a new representational category for just one section was not advisable at this time. Rather, the Council advised the following enhancements to the IMG Section's presence and participation in the House of Delegates without changing the representational structure:

1. Use the IMG section as a base for conducting a more active caucus for IMGs.
2. Increase outreach to state and specialty societies, especially those with large IMG populations, to increase IMG representation on their delegations.
3. Increase outreach efforts to ethnic medical associations to encourage participation through Specialty and Service Society (SSS), and eventually in the House as Professional Interest Medical Associations (PIMA).
4. Encourage more IMG governing council members to attend full House of Delegates meetings.

If you have suggestions on these issues or ideas for emerging issues the AMA should keep on the radar screen, please email me at hillary.johnson@gmail.com. I look forward to hearing from you! It is my privilege to serve as your representative on the CLRPD.

2007-2008 Year-End Report
Jason Sharp, Resident Councilor
Council on Constitution and Bylaws

Recap:

During the 2007 Interim Meeting of the AMA House of Delegates, several reports from the Council on Constitution and Bylaws were passed. These included *CC&B Report 1: Apportionment of the Representative to the YPS Business Meeting* (changed representation from 1 delegate and 1 alternate delegate per 1000 YPS members to 2 delegates per 1000 YPS members with no alternate delegates), *CC&B Report 2: Further Refinements to the AMA Bylaws: Clarifying References to Medical Schools and Educational Programs* (a language cleanup item), *CC&B Report 3: Producing a Single Reference Manual of the HOD* (a multiyear project to produce a simple, condensed “user’s manual and reference guide to the HOD”) and *CC&B Report 4: Timing of the Election of the Public Trustee* (allows the Selection Committee to propose a candidate at any Meeting of the HOD for the election of the next Public Member of the BOT {allowing for the Public Member to attend some BOT and HOD meetings to “get up to speed” before taking office}).

Ongoing Items of Business:

In its advisory role to the Board, the Council has been actively engaged in the review of several Section’s Internal Operating Procedures (IOP) over the last year. This has largely been a result of the removal of much of the Section-specific operating procedures from the AMA Bylaws and the consequent requirement that the Section codify in their individual IOPs their operational policies.

Specifically relating to the A-08 Meeting, the Council is watching a report in the MSS regarding the representation of National Medical Student Organizations (NMSOs). Pending MSS Assembly and possible subsequent HoD action, CCB would be prepared to submit a report with proposed bylaws changes. The Council will submit an editorial report correcting language within the AMA Bylaws dealing with prior sunset dates (2007).

The Council has been engaged in another long-term review project expected to come to fruition at the 2008 Interim Meeting, namely a comprehensive Reference Manual of the HoD. There are currently several documents related to how the AMA conducts its business in the HOD, including the *Procedures of the House of Delegates*, the *Guide to the House of Delegates*, the *HOD Standing Rules*, the *Election Manual*, the Bylaws, and relevant AMA policy statements. The Council has been asked to perform an overall review and general revision to produce a single *Reference Manual of the HOD* that aims to be useful to HOD neophytes as well as experienced members. Any thoughts or input from former Delegates, Alternate Delegates, or general observers of the HOD would be greatly appreciated. Please forward any input you have to Bruce Balfe, Secretary of the Council on Constitution and Bylaws, at <bruce.balfe@ama-assn.org>.

Additional information about the Council on Constitution and Bylaws can be found at <www.ama-assn.org/go/ccb>.

Respectfully submitted,

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