

TO: AMA Resident and Fellow Section

FROM: Kimberly Ruscher, MD
RFS Governing Council Delegate

Michelle Powers, MD, MBA
RFS Governing Council Alternate Delegate

DATE: May 2008

RE: Delegates' Report to the RFS

It has been our pleasure to serve the RFS in the AMA House of Delegates this year. This document introduces our 2008 Sectional Delegates, summarizes the resolutions we presented at the 2007 Interim meeting and those we are bringing forward to the 2008 Annual meeting, and also summarizes reports generated by the AMA at the request of RFS resolutions.

If you would like further information on any of the reports or resolutions mentioned here, or on any other items of business being considered before the HOD, please contact either of us or find us at the RFS meeting!

2008 Sectional Delegates

At the 2007 Interim RFS meeting, the RFS Assembly elected 10 new Sectional Delegates and 10 new Alternate Delegates. These individuals will serve their state or specialty societies at the 2008 Annual and Interim House of Delegates meetings.

<i>Delegate</i>	<i>Alternate</i>
Stephen Darrow, MD <i>Endorsed by: Nebraska Medical Association</i>	Ama Arthur Rowe, MD <i>Endorsed by: Medical Society of Virginia</i>
Alexander Ding, MD <i>Endorsed by: California Medical Association</i>	Ilse R. Levin, DO, MPH <i>Endorsed by: Massachusetts Medical Society</i>
Jesse M. Ehrenfeld, MD <i>Endorsed by: American Society of Anesthesiology</i>	Seth Flagg, MD <i>Endorsed by: Connecticut State Medical Society</i>
Adam Levine, MD <i>Endorsed by: American College of Emergency Medicine</i>	Erick Eiting, MD <i>Endorsed by: Medical Society of the State of New York</i>
Joe T. McDonald, MD <i>Endorsed by: Kansas Medical Society</i>	Charles C. Mashek, MD, MBA <i>Endorsed by: Arkansas Medical Society</i>
Elizabeth Meunnich, MD <i>Endorsed by: Ohio State Medical Association</i>	Hillary Johnson, MD, PhD <i>Endorsed by: American Academy of Dermatology</i>
Tokunboh Rose, MD <i>Endorsed by: Pennsylvania Medical Society</i>	Julie L. Bartholomae, DO <i>Endorsed by: Pennsylvania Medical Society</i>
David Rosman, MD, MBA <i>Endorsed by: American College of Radiology</i>	Shane Hopkins, MD <i>Endorsed by: American College of Radiation Oncology</i>
Krystal Tomei, MD <i>Endorsed by: American Assoc. of Neurological Surgeons</i>	Tovah G. Rosen, MD <i>Endorsed by: American Academy of Pediatrics</i>
Baligh Yehia, MD <i>Endorsed by: MedChi: Maryland State Medical Society</i>	Shubhada Hooli, MD <i>Endorsed by: Medical Soc. of the District of Columbia</i>

Resolutions submitted by the RFS at I07: Actions taken by the AMA HOD

Your RFS brought five resolutions to the AMA House of Delegates at I07. Below is the summary of actions taken by the HOD on these items. Please note, more information can be found on HOD actions at I07 online: <http://www.ama-assn.org/ama/pub/category/18199.html>.

<i>HOD Resolution</i>	<i>Action</i>	<i>Policy</i>
Resolution 913 – Amending Child Restraints Laws	ADOPTED	RESOLVED, That our American Medical Association support federal legislation that increases law enforcement standards for child safety seat use in the United States (New HOD Policy); and be it further RESOLVED, That our AMA support state and federal legislation that updates child car seat violation codes from a secondary to primary law. (New HOD Policy)
Resolution 720 – Access to Quality Health Care	REAFFIRMED	N/A
Resolution 711 – Securing Medicare GME Funding for Research and Outside Rotations During Residency	REFERRED	N/A
Resolution 930– Reinstatement of Economic Hardship Loan Deferment	ADOPTED	RESOLVED, That our American Medical Association actively work to reinstate the economic hardship deferment qualification criterion known as the "20/220 pathway," and support alternate mechanisms that better address the financial needs of post-graduate trainees with educational debt. (Directive to Take Action).
Resolution 825 – Monitoring of At-Home Call Implementation by Residency Programs	REFERRED	N/A

Resolutions submitted by the RFS to the AMA HOD at A08

As of this writing, the RFS has submitted eight resolutions to the HOD at A08.

<i>HOD Resolution</i>	<i>Proposed Policy</i>
Resolution 122 Removing Financial Barriers to Care for Transgender Patients Reference Committee A	RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder (New HOD Policy); and be it further RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder when prescribed by a physician. (Directive to Take Action)
Resolution 314 Physician Scientist Benefit Equity Reference Committee C	RESOLVED, That our American Medical Association support the concept that all resident and fellow physicians who function in a role as physician scientists are provided with benefits packages comparable to those provided to their peers in clinical residencies or fellowships, to include disability insurance, life insurance, HIV indemnity, malpractice insurance including tail coverage, retirement benefits, health, sick leave and wages commensurate with their education and experience, and if a given benefit or salary is provided to some residents within a given program at the same postgraduate level, then that benefit must be provided to all residents. (New HOD Policy)
Resolution 315 Evaluation of Increasing Resident Review Committee Requirements Reference Committee C	RESOLVED, That our American Medical Association study residency/fellowship documentation requirements for program accreditation and the impact of these documentation requirements on program directors and residents with recommendations for improvement. (Directive to Take Action)
Resolution 316 Loss of Status Following Family Medical Leave Act Qualified Leave During Residency Training Reference Committee C	RESOLVED, That our American Medical Association oppose requiring residents to repeat a year of training when returning to work following a leave that qualifies under the federal Family Medical Leave Act (FMLA) (New HOD Policy); and be it further RESOLVED, That our AMA urge the American Board of Medical Specialties and its member boards to be in compliance with the FMLA and to retract any policies that do not comply. (Directive to Take Action)
Resolution 317 Telemedicine and Medical Licensure Reference Committee C	RESOLVED, That our American Medical Association study how guidelines regulating medical licenses are affected by telemedicine and medical technological innovations that allow for physicians to practice outside their states of licensure. (Directive to Take Action)
Resolution 318 Protecting Patients and Residents by Reducing Extended Work Shifts Reference Committee C	RESOLVED, That our American Medical Association reaffirm support of the current Accreditation Council for Graduate Medical Education (ACGME) duty hour restrictions (Reaffirm HOD Policy); and be it further RESOLVED, That our AMA encourage the voluntary reduction or elimination of extended work shifts (greater than 16 hours) for residents and fellows by academic medical centers and teaching hospitals while opposing a new ACGME mandate at this time (Directive to Take Action); and be it further RESOLVED, That our AMA continue to evaluate outcomes-based research on the impact of reductions in extended work shifts on (1) Patient Safety, (2) Resident Education, (3) Resident Safety, (4) Resident Quality of Life and (5) Professionalism in Transfer of Care (Directive to Take Action); and be it further RESOLVED, That our AMA develop specific prioritized research questions/objectives to further evaluate issues related to resident duty-hour reforms, such as best practices for signing out patients and organizing patient care teams. (Directive to Take Action)

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HOD Resolution	Proposed Policy
Resolution 426 Pediatric Suspected Intentional Trauma Reference Committee D	RESOLVED, That our American Medical Association support comprehensive reporting and investigation of all cases of reasonably suspected child abuse and neglect using an inclusive and interdisciplinary method in accordance with state and federal laws (New HOD Policy); and be it further RESOLVED, That our AMA support the creation of a national standardized pediatric intentional trauma curriculum for medical students and residents. (New HOD Policy)
Resolution 612 Accuracy of Internet Physician Profiles Reference Committee F	RESOLVED, That our American Medical Association investigate the publication of physician information on Internet Web sites (Directive to Take Action); and be it further RESOLVED, That our AMA investigate potential solutions to erroneous physician information contained on Internet Web sites with report back at the 2008 Interim Meeting. (Directive to Take Action)

Please note, at I07, the RFS Submitted two resolutions that require report back: Resolution 825 – Monitoring of At-Home Call Implementation by Residency Programs and Resolution 711 – Securing Medicare GME Funding for Research and Outside Rotations During Residency.

HOD Reports Generated by RFS Resolutions

Several reports being presented at AMA HOD A08 have been generated due to RFS Resolutions.

HOD Report	Summary of Recommendations in the Reports
<p>Board of Trustees Report 19 Reference Committee C</p>	<p>At A07, the RFS submitted Resolution 306, “Investigating the Continued Gender Disparities in Physician Salaries,” which asked the AMA to study gender disparities in physician salaries and professional development.</p> <p>The reports recommendations:</p> <ol style="list-style-type: none"> 1) That our American Medical Association encourage medical associations and other relevant organizations to study gender differences in income and advancement trends, by specialty, experience, work hours and other practice characteristics, and develop programs to address disparities where they exist (Directive to Take Action); 2) That our AMA support physicians in making informed decisions on work-life balance issues through the continued development of informational resources on issues such as part-time work options, job sharing, flexible scheduling, reentry, and contract negotiations (Directive to Take Action); 3) That our AMA urge medical schools, hospitals, group practices and other physician employers to institute and monitor transparency in pay levels in order to identify and eliminate gender bias and promote gender equity throughout the profession (Directive to Take Action); and 4) That our AMA collect and publicize information on best practices in academic medicine and non academic medicine that foster gender parity in the profession. (Directive to Take Action) <p>See the full report http://www.ama-assn.org/ama1/pub/upload/mm/471/bot19.doc</p>
<p>CME Report 10 Reference Committee C</p>	<p>At A07, the RFS submitted Resolution 301 “Independent Regulation of Physician Licensing Exams” which asked that our AMA Study potential mechanisms of independent oversight regulation of the creation, implementation and regulation of physician licensing exams.</p> <p>The reports recommendations:</p> <ol style="list-style-type: none"> 1) That our American Medical Association reaffirm Policy H-295.893 “Voting Rights for AMA-MSS NBME Representatives.” (Reaffirm HOD Policy) 2) That our AMA continue to work with the National Board of Medical Examiners to ensure that the AMA is given appropriate advance notice of any major potential changes in the examination system in support of Policy H-295.893, “Voting Rights for AMA-MSS NBME Representatives.” (Directive to Take Action) 3) That our AMA continue to collaborate with the organizations who create, validate, monitor, and administer the United States Medical Licensing Examination. (Directive to Take Action) 4) That our AMA continue to promote and disseminate the rules governing USMLE in its publications. (Directive to Take Action) 5) That our AMA continue its dialog with and be supportive of the process of the Committee to Evaluate the USMLE Program (CEUP). (Directive to Take Action) <p>See the full report: http://www.ama-assn.org/ama1/pub/upload/mm/471/cme10.doc</p>

HOD Report	Summary of Recommendations in the Reports
<p>Council on Medical Education (CME) Report 5 Reference Committee C</p>	<p>At A07, the RFS submitted Resolution 305, “Improving Resident, Fellow And Patient Safety,” which asked the AMA to urge the ACGME and American Osteopathic Association (AOA) to create an anonymous system for reporting duty hour violations and resident intimidation, as well as a system to protect whistleblowers from retaliation; work with the ACGME and AOA to develop a pamphlet on such violations; and draft a proposal for the ACGME and AOA that creates a system of incentives and disincentives for programs to comply with the requirements.</p> <p>Some of the reports’ recommendations:</p> <ol style="list-style-type: none"> 3) That our AMA, as part of its Initiative to Transform Medical Education strategic focus, utilize relevant evidence on patient safety and sleep to develop a learning environment model that optimizes balance between resident education, patient care, quality and safety, with a report back at the 2010 Annual Meeting. 4) That our AMA review, evaluate, and publicize the work of the ACGME Committee on Innovation, in particular its pilot projects related to duty hours, and encourage participation by ACGME Residency Review Committees and residency programs in these and other efforts towards innovation and improvement in graduate medical education and patient safety, to include the voluntary reduction or elimination of extended work shifts (>16 hours). 5) That our AMA ask the ACGME to consider offering programs/institutions additional incentives, such as longer accreditation cycles or reduced accreditation fees, to ensure programmatic and institutional compliance with duty hour limits. (Directive to Take Action) 6) That our AMA encourage publication of studies about the effects of duty hour standards, extended work shifts, and sleep deprivation and fatigue on patient safety, medical error, resident well-being, and resident learning outcomes, and disseminate study results to GME designated institutional officials (DIOs), program directors, resident/fellow physicians, attending faculty, and others. (Directive to Take Action) 7) That our AMA communicate to all GME DIOs, program directors, resident/fellow physicians, and attending faculty about the importance of accurate, honest, and complete reporting of resident duty hours as an essential element of medical professionalism and ethics. (Directive to Take Action) 8) That our AMA use the <i>GME e-Letter</i>, AMA Resident and Fellow Section publications, and other communications vehicles to raise awareness among residents (particularly first-year residents) of the ACGME and its role in monitoring and enforcing duty hours. (Directive to Take Action) 9) That our AMA ask its Council on Medical Education to closely monitor the progress of the Institute of Medicine (IOM) committee studying resident duty hours and patient safety and to respond, and/or assist the AMA Washington Office in responding, to any legislative or regulatory initiatives that arise from the IOM or other bodies. (Directive to Take Action) <p>See the full report: http://www.ama-assn.org/ama1/pub/upload/mm/471/cme5.doc</p>