



Resident
and Fellow
Section

Summary of Actions

32nd Annual Business Meeting
June 12-14, 2008
Hyatt Regency Hotel
Chicago, Illinois

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**American Medical Association-Resident and Fellow Section
Summary of Actions (A-08)**

The 2008 Annual Meeting of the American Medical Association - Resident and Fellow Section (AMA-RFS) was held June 12-14, 2008 at the Hyatt Regency Hotel in Chicago, Illinois. The RFS Assembly considered 19 items of business: 15 resolutions (10 on-time resolutions and 5 late resolutions) and 4 reports. Actions taken by the Assembly are outlined below in three sections: I) Resolutions, II) Reports, III) RFS Resolutions Submitted to the AMA House of Delegates at A-08.

I. RFS RESOLUTIONS

RFS Resolution	Action	Policy
<p>Resolution 1 – Final Credentialing for Physicians who Transfer Training Programs and Graduate from the Final Residency Program</p> <p>Introduced by Medical Society of the State of New York</p>	REFERRED	N/A
<p>Resolution 2 – Expansion of Eligibility Criterion for Economic Hardship Deferment 20/220 Pathway</p> <p>Introduced by Medical Society of the State of New York</p>	ADOPTED AS AMENDED	<p>RESOLVED, that the AMA include specific language in advocacy activities including but not limited to lobbying, grassroots campaigns, news articles, advertising, and points of speaking on the need to expand current eligibility guidelines for economic hardship deferment so that all residents and fellows qualify for economic hardship deferment of student loan repayment throughout their post graduate training; and be it further</p> <p>RESOLVED, That the AMA study viable ways and means to increase the number of eligible residents and fellows for economic hardship and use this information to support AMA policy and advocacy activities; and be it further</p> <p>RESOLVED, That the AMA study alternative mechanisms that better address the financial needs of post medical graduate trainees and use this information to support AMA policy and advocacy activities.</p> <p>RESOLVED, That the AMA-RFS include language advocating for expansion of eligibility for economic hardship deferment for residents and fellows to the greatest degree possible in advocacy activities (Directive to Take Action).</p>

RFS Resolution	Action	Policy
<p>Resolution 3 – Appropriate Fellowship Stipends</p> <p>Introduced by Kenneth E. Remy, MD and Mia Mallory, MD, FAAP, on behalf of the American Academy of Pediatrics</p>	<p>NOT ADOPTED</p>	<p>N/A</p>
<p>Resolution 4 – Provision of Child Care by Residency and Fellowship Training Programs</p> <p>Introduced by Jason A. Etheredge, MD, PhD and Kayla Pope, MD, JD</p>	<p>ADOPTED AS AMENDED</p>	<p>RESOLVED, That our AMA support an analysis on the current availability of child care provided by residency and fellowship training programs using the Freida database; and be it further</p> <p>RESOLVED, That our AMA report back on the progress made in the provision of child care and the different models being utilized by training hospitals; and be it further</p> <p>RESOLVED, That our AMA make recommendations on the provision of child care based on these analyses and inform training facilities, residents, and fellows of their findings and recommendations.</p> <p>RESOLVED, That our AMA begin collecting more comprehensive data on the provision of child care services <u>or on</u> stipends for child care by residency and fellowship programs using in the Freida database (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA evaluate the progress made in the provision of child care and different models being utilized by training programs (Directive to Take Action).</p> <p>RESOLVED, That the AMA-RFS immediately forward this resolution to the HOD at A-08 with report back with any progress made by A-09.</p>

RFS Resolution	Action	Policy
<p>Resolution 5 – Midwifery Scope of Practice and Licensure</p> <p>Introduced by: Heather Smith, MD, MPH</p>	<p>ADOPTED AS AMENDED</p>	<p>RESOLVED, That our AMA-RFS support the licensing and credentialing of midwives who are certified by the American College of Nurse-Midwives</p> <p><u>RESOLVED, That our AMA develop model legislation regarding appropriate physician and regulatory oversight of midwifery practice, under the jurisdiction of either state nursing or medical boards (Directive to Take Action); and be it further</u></p> <p><u>RESOLVED, That our AMA continue to monitor state legislation activities regarding the licensure and scope of practice of midwives (Directive to Take Action); and be it further</u></p> <p><u>RESOLVED, That our AMA work with state medical societies and interested specialty societies to advocate in the interest of safeguarding maternal and neonatal health regarding the licensure and the scope of practice of midwives; (Directive to Take Action) and be it further</u></p> <p><u>RESOLVED, That the AMA-RFS immediately forward this resolution to the HOD at A-08.</u></p>
<p>Resolution 6 – Home Deliveries</p> <p>Introduced by: Heather Smith, MD, MPH</p>	<p>ADOPTED</p>	<p>RESOLVED, That our AMA-RFS support the recent American College of Obstetricians and Gynecologists (ACOG) statement that “the safest setting for labor, delivery, and the immediate post-partum period is in the hospital, or a birthing center within a hospital complex, that meets standards jointly outlined by the American Academy of Pediatrics (AAP) and ACOG, or in a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers.”</p>
<p>Resolution 7 – Racial and Ethnic Disparities in Maternal Mortality</p> <p>Introduced by: Albert Hsu, MD and Heather Smith, MD, MPH</p>	<p>NOT ADOPTED</p>	<p>N/A</p>

RFS Resolution	Action	Policy
<p>Resolution 8 – Expanding AMA Participation by Minority Scholar Award Winners</p> <p>Introduced by: Albert Hsu, MD</p>	ADOPTED AS AMENDED	<p>RESOLVED, That our AMA provide a free year of AMA-RFS membership, redeemable at any time during residency or fellowship, for all winners of the AMA Foundation Minority Scholars Award; and be it further</p> <p><u>RESOLVED, That the AMA-RFS increase recruitment and retention of future award winners (including minority scholar award winners) by developing a strategic plan for leadership development (Directive to Take Action); and be it further</u></p> <p><u>RESOLVED, That our AMA-RFS report back on this issue at A-09.</u></p>
<p>Resolution 9 – Expanding Minority Voices in the AMA Resident and Fellow Section</p> <p>Introduced by: Albert Hsu, MD</p>	REFERRED	N/A
<p>Resolution 10 – CMS, Medicaid and Health Insurance Corporation Ranking Systems</p> <p>Introduced by: Florida Medical Association Resident and Fellow Section</p>	ADOPTED AS AMENDED	<p>RESOLVED, That the AMA investigate and study the benefit of implementation of an AMA-sponsored health care evaluation system which would allow for the ranking of centers for Medicare and Medicaid services, health insurance corporations, and private health corporations.</p> <p><u>RESOLVED, That the AMA-RFS supports current AMA efforts to evaluate health insurers, as exemplified by BOT Report 11 (A-08).</u></p>
<p>Late Resolution 1 – Patient Prescriptions</p> <p>Introduced by: Medical Society of the State of New York</p>	ADOPTED AS AMENDED	<p>RESOLVED, That the American Medical Association study work with relevant organizations to improve the issue of prescription labeling for visually or otherwise impaired patients and to increase awareness of available resources. to seek possible improvements.</p>
<p>Late Resolution 2 – Herpes Zoster Vaccine and Medicare Payment for the Vaccine and Physician Administration of the Vaccine</p> <p>Introduced by: Medical Society of the State of New York</p>	ADOPTED AS AMENDED	<p>RESOLVED, That the American Medical Association lobby for Medicare to pay for both the cost of the vaccine and the cost of administration by physicians of all vaccines covered under Medicare Part D.; and be it further and for the cost to administer the herpes zoster vaccine by physicians.</p> <p><u>RESOLVED, That the AMA-RFS immediately forward this resolution to the HOD at A-08.</u></p>

RFS Resolution	Action	Policy
<p>Late Resolution 3 – AMA Physician Profile</p> <p>Introduced by: Medical Society of the State of New York</p>	ADOPTED	<p>RESOLVED, That the American Medical Association ensure that the AMA Physician Profile and AMA Masterfile include the complete name of the training program (i.e. “Program Name” as listed on the Accreditation Council for Graduate Medical Education (ACGME) website); and be it further</p> <p>RESOLVED, That the AMA ensure that the AMA Physician Profile and AMA Masterfile stop deleting from Physician Profiles and the Masterfile the name of the medical school or training program that is already listed and verified in the Physician Profile as it corresponds to the name of the institution at the time of the physician’s graduation; and be it further</p> <p>RESOLVED, That if the AMA Physician Profile and AMA Masterfile include the new updated name of a medical school or training program, this information be included in addition to but not in place of the name of the medical school or training program at the time of the physician's graduation</p>
<p>Late Resolution 4 – Transfer Programs and AMA Physician Profile</p> <p>Introduced by: Medical Society of the State of New York</p>	ADOPTED	<p>RESOLVED, That when the American Medical Association Physician Profile does its routine standard primary source verification confirming residency graduation, it states on the Profile “Completed Training: Program reports specialty training at this institution as ‘Completed’” for the program from which a resident was graduated.</p>
<p>Late Resolution 5 – Global HIV/AIDS Prevention</p> <p>Introduced by: Erick Allen Eiting, MD, MPH, Medical Society of the State of New York; Shubhada Hooli, MD, Medical Society of the District of Columbia</p>	ADOPTED	<p>RESOLVED, That our AMA support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives or grantee pledges of opposition to prostitution, and be it further</p> <p>RESOLVED, That our AMA extend its support of comprehensive family-life education to foreign aid programs, promoting abstinence as the best method to prevent sexually-transmitted disease transmission but also discussing the role of condoms in disease prevention, and be it further</p> <p>RESOLVED, That this be immediately forwarded to the AMA House of Delegates at A-08.</p>

II. RFS REPORTS

Report	Introduced by	Action	Policy (if Action Report)
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Report	Introduced by	Action	Policy (if Action Report)
Report E – Addition of Poster Committee as a Standing Committee and Expanding Options for Filling Standing Committees	Submitted by the RFS Governing Council	ADOPTED AS AMENDED	<p>That the AMA-RFS Internal Operating Procedures be amended by insertion and deletion as follows:</p> <ol style="list-style-type: none"> <li data-bbox="878 331 1471 646">1. Section IX.H.6. Poster Committee. A Poster Committee shall be selected by the Governing Council. This committee shall be chaired by the Vice Speaker and shall have the responsibility of reviewing submissions, making decisions of acceptance and finally of reviewing posters and assigning awards. This committee may have members who are not of the Resident and Fellow Section. <li data-bbox="878 657 1471 1213">2. Section XI B. Standing Committees of the Resident and Fellow Section. The Governing Council shall annually appoint <u>standing committees including, but not limited to, long range planning, public health, medical education, legislative awareness, membership and the poster symposium,</u> composed of members of the Section to serve annual terms to further the mission of the Section. The Governing Council shall make an open solicitation of applications from the members of the section and shall select from among those who have applied. <u>Should there be insufficient applications in order to adequately staff these committees, the Governing Council shall be empowered to make direct solicitations and appointments to the committees.</u>
Report F – Defensive Medicine Report (LAC)	Submitted by the RFS Governing Council	ADOPTED	<ol style="list-style-type: none"> <li data-bbox="878 1245 1471 1486">1. That the AMA affirm that defensive medicine exists in many forms that have variable and difficult to quantify economic consequences for patients, physicians, third-party payers, insurance providers and other parties involved in the delivery of health care; <li data-bbox="878 1497 1471 1675">2. That the AMA affirm that defensive medicine in its many forms may result in adverse health effects on patients through exposure to unnecessary risk from tests and procedures as well as limited access to health care resources; and <li data-bbox="878 1686 1471 1864">3. That the AMA continue to work with other interested parties through legislative and public awareness activities to advocate for medical liability reform which would minimize the practice of defensive medicine.

Report	Introduced by	Action	Policy (if Action Report)
Report G – Demographics (CLRP)	Submitted by the RFS Governing Council	ADOPTED	<ol style="list-style-type: none"> 1. That the RFS determine mechanisms to strengthen ties with Specialty Societies and improve logistical support for members involved through their Specialty Societies (i.e. Region 8). 2. That the RFS determine a system to apportion Specialty Society delegate and alternate delegate positions in the RFS assembly that accounts for the number of RFS members represented by Specialty Societies and ensures broad Specialty Society participation. 3. That the RFS examine the ability of the Region structure to meet the stated goals of disseminating RFS information to local members, increasing RFS membership, and increasing involvement of RFS members at the regional and local level. 4. That the RFS Governing Council report back to the RFS Assembly regarding the progress of the above recommendations by A-09.
Report H– Voting Mechanisms (CLRP)	Submitted by the RFS Governing Council	ADOPTED AS AMENDED	<ol style="list-style-type: none"> 1. That instructions explaining the voting mechanism accompany all ballots used in RFS Sectional Delegate and Alternate Delegate elections. 2. That the voting system to be used in the RFS Sectional Delegate and Alternate Delegate elections be selected or reaffirmed during the A-08 RFS business meeting from the following: <ol style="list-style-type: none"> a. <u>An approval-based, plurality-at-large voting system;</u> b. <u>The voter may select up to and including the number of candidate positions;</u> c. <u>Majority of votes is not required (requires a bylaws change)</u> b. Borda Count (requires a bylaws change) c. Instant Runoff (reaffirmation)

III. RFS RESOLUTIONS SUBMITTED TO THE AMA HOUSE OF DELEGATES (A-08)

HOD Resolution	Action	Policy
Resolution 122 – Removing Financial Barriers to Care for Transgender Patients	ADOPTED AS AMENDED	RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder <u>as recommended by the patient’s physician.</u> (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	REFERRED	N/A
Resolution 315 – Evaluation of Increasing Resident Review Committee (RRC) Requirements	ADOPTED AS AMENDED	RESOLVED, That our AMA <u>work with and monitor the Accreditation Council for Graduate Medical Education and American Osteopathic Association in studying</u> 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 (FMLA) Qualified Leave During Residency Training <u>CME Report 11: Family and Medical Leave Act Policies for Resident and Fellows (Adopted CME Report 11 in lieu of HOD Resolution 316)</u>	ADOPTED AS AMENDED	RESOLVED, That our AMA 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) (CME Report 11 Recommendation 4) That our AMA convene a group of appropriate interested parties, including the ACGME and the ABMS, to discuss options for standardization of FMLA-qualified leave policies that would not disproportionately increase length of training or result in postponement of certification.
Resolution 317 – Telemedicine and Medical Licensure	ADOPTED AS AMENDED	RESOLVED, That our AMA <u>work with the Federation of State Medical Boards to</u> 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)

HOD Resolution	Action	Policy
<p>Resolution 318— Protecting Patients and Residents by Reducing Extended Work Shifts CME Report 5: Enforcement of Duty Hours Standards and Improving Resident, Fellow and Patient Safety (Adopted CME Report 5 in lieu of HOD Resolution 318)</p>	<p>ADOPTED AS AMENDED</p>	<p>RESOLVED, That our AMA reaffirm support of current ACGME duty hour restrictions (Reaffirm HOD Policy); and be it further</p> <p>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</p> <p>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)</p> <p>CME REPORT 5 Recommendations:</p> <ol style="list-style-type: none"> 1. That our American Medical Association reaffirm support of the current Accreditation Council for Graduate Medical Education duty hour standards. (Directive to Take Action) 2. That our AMA continue to monitor the enforcement and impact of the ACGME duty hour standards, as they relate to the larger issue of the optimal learning environment for residents, and monitor relevant research on duty hours, sleep, and resident and patient safety, with a report back at the 2010 Annual Meeting of the AMA House of Delegates. (Directive to Take Action) 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. (Directive to Take Action) 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). (Directive to Take Action) 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, <u>hand offs and continuity of care procedures</u> 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,

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HOD Resolution	Action	Policy
		<p>resident/fellow physicians, attending faculty, and others. (Directive to Take Action)</p> <p>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)</p> <p>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)</p> <p>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> <p>10. That our AMA urges the ACGME and AOA to decrease the <u>barriers to reporting duty hour violations and resident intimidation.</u> (Directive to Take Action)</p>
Resolution 426 – Pediatric Suspected Intentional Trauma	REFERRED	N/A
Resolution 612 – Accuracy of Internet Physician Profiles	ADOPTED	<p>RESOLVED, That our American Medical Association investigate the publication of physician information on Internet Web sites (Directive to Take Action); and be it further</p> <p>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)</p>
Resolution 240 – Herpes Zoster Vaccine and Medicare Payment for the Vaccine and for Physician Administration of the Vaccine	ADOPTED AS AMENDED	RESOLVED, That the American Medical Association lobby for Medicare to pay for both the cost of the <u>Herpes Zoster</u> vaccine and the cost of administration by physicians of all vaccines covered under Medicare- Part D .

HOD Resolution	Action	Policy
Resolution 438/439 – Global HIV / AIDS Prevention	ADOPTED AS AMENDED	<p>RESOLVED, That our AMA support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives or grantee pledges of opposition to prostitution, and be it further</p> <p>RESOLVED, That our AMA extend its support of comprehensive family-life education to foreign aid programs <u>to prevent the spread of HIV/AIDS and other sexually transmitted diseases</u>promoting abstinence as the best method to prevent sexually transmitted disease transmission but also discussing the role of condoms in disease prevention. (Directive to Take Action)</p>
Resolution 239/204 – Midwifery Scope of Practice and Licensure	ADOPTED AS AMENDED	<p>RESOLVED, That our AMA develop model legislation<u>support state legislation</u> regarding appropriate physician and regulatory oversight of midwifery practice, under the jurisdiction of either state nursing <u>and/or</u> medical boards (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA only advocate in legislative and regulatory arenas for the licensing of midwives who are certified by the American College of Nurse-Midwives (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA continue to monitor state legislative activities regarding the licensure and scope of practice of midwives (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA work with state medical societies and interested specialty societies to advocate in the interest of safeguarding maternal and neonatal health regarding the licensure and the scope of practice of midwives. (Directive to Take Action)</p>