



Resident
and Fellow
Section

Summary of Actions

33rd Annual Business Meeting
June 11-13, 2009
Hyatt Regency Chicago
Chicago, Illinois

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**American Medical Association-Resident and Fellow Section
Summary of Actions (A-09)**

The 2009 Annual Meeting of the American Medical Association - Resident and Fellow Section (AMA-RFS) was held June 11-13, 2009 at the Hyatt Regency Chicago. The RFS Assembly considered 17 items of business: 7 resolutions and 10 reports. Actions taken by the Assembly are outlined below in three sections: I) Resolutions, II) Reports, III) HOD Resolutions submitted by the RFS at A-09, and IV) HOD Resolutions submitted by the RFS prior to A-09.

I. RFS RESOLUTIONS

RFS Resolution	Action	Policy
Resolution 1 - Resident and Fellow Bill of Rights	ADOPTED	<p>RESOLVED, That our AMA adopt a <i>Residents' and Fellows' Bill of Rights</i> that will serve as a testament to the organization's support for and commitment to the education and training of competent, conscientious residents and fellows by illuminating their rights and advocating for provisions that it believes all residents should be afforded, and that have not yet been designated as rights (Adopt New HOD Policy); and be it further</p> <p>RESOLVED, That the <i>Residents' and Fellows' Bill of Rights</i> shall address the following 10 core themes spanning the aggregate of the graduate medical education experience (List of Rights attached as addendum 1 to this document).</p>
Resolution 2 - Impact of Specialty Board Mandated Residency Completion Dates on Parental Leave During Residency	ADOPTED AS AMENDED	<p>RESOLVED, That our American Medical Association urge the American Board of Medical Specialties and its member boards to adopt a new deadline for the completion of residency training in order to be eligible to sit for the boards. In order to <u>accommodate leave protected by</u> comply <u>with the federal Family and Medical Leave Act (FMLA),² that protects the ability to take off up to twelve weeks for the birth or adoption of a child, the AMA encourage</u> all specialties within the American Board of Medical Specialties ought to allow <u>to allow</u> <u>graduating</u> residents to extend training <u>up to September 23rd, 12 weeks after the traditional residency completion date end of the academic year (June 30th)</u> while still maintaining <u>board</u> eligibility in that year to sit for their boards and be it further</p> <p><u>RESOLVED, That this be forwarded immediately to the AMA-HOD at A-09</u></p>
Resolution 3 - Screening for Pre-existing Conditions	ADOPTED AS AMENDED	<p>RESOLVED, That our AMA support <u>health insurance coverage of pre-existing conditions with guaranteed issue within the context of an individual mandate, with community or modified community rating,</u> in addition to guaranteed renewability (Adopt New HOD Policy); and be it further</p> <p>RESOLVED, That this be forwarded immediately to the AMA-HOD at A-09</p>

RFS Resolution	Action	Policy
Resolution 4- Support of a National HIV/AIDS Strategy	ADOPTED AS AMENDED	<p>RESOLVED, That our <u>AMA-RFS</u> support the concept of a national HIV/AIDS strategy;</p> <p>RESOLVED, That our <u>AMA-RFS</u> support the following guiding principles as outlined by the Coalition for a National AIDS Strategy:</p> <ul style="list-style-type: none"> a.) Improve prevention, care, and treatment outcomes through reliance on evidence-based programming; b.) Set ambitious and credible prevention, care, and treatment targets and require annual reporting on progress toward goals; c.) Identify clear priorities for action across federal agencies and assign responsibilities, timelines, and follow-through; d.) Include, as a primary focus, the prevention and treatment needs of African Americans and other communities of color, women of color, men who have sex with men (MSM) of all races and ethnicities, and other groups at elevated risk for HIV; e.) Address social, economic, and structural factors that increase vulnerability to HIV infection; f.) Promote a strengthened and more highly coordinated HIV prevention and treatment research effort; and g.) Involve many sectors in developing the Strategy, including government, business, community, civil rights organizations, faith-based groups, researchers, and people living with HIV/AIDS; and be it further <p>RESOLVED, That our <u>AMA-RFS</u> encourage the <u>AMA</u> to work with the White House Office of National AIDS Policy, the Department of Health and Human Services Office of HIV/AIDS Policy, and other relevant bodies to develop a national HIV/AIDS strategy.</p>
Resolution 5 - Protection of Peer Review Evaluations During Litigation	ADOPTED AS AMENDED	<p>RESOLVED, That our <u>AMA-RFS</u> oppose the utilization of resident and fellow performance evaluations for any purpose other than providing educational feedback, and be it further</p> <p>RESOLVED, That our <u>AMA-RFS</u> <u>specifically</u> opposes utilization of <u>any evaluations</u> of resident and fellow performance <u>evaluations</u> during a litigation process.</p>
Resolution 7 - Hospital Disclosure for Direct Payments Received from Medicare towards Graduate Medical Education	REFERRED	

RFS Resolution	Action	Policy
Resolution 8 - Loan Repayment for Physicians in Designated Shortage Areas	ADOPTED AS AMENDED	<p>RESOLVED, That our AMA-RFS educate their membership about various opportunities surrounding loan repayment through mechanisms including but not limited to: a designated state contact, web resources, and informative meetings, so that residents can make an informed decision regarding employment; and be it further</p> <p>RESOLVED, That the AMA advocate for resident physicians in states utilizing state designated shortage areas and participating in state loan repayment take an active role in supporting equal tax benefits opportunities for physicians who practice in either state-designated or federally-designated shortage areas; <u>and be it further by supporting measures such as Senate Bill 860.</u></p> <p><u>RESOLVED, That the AMA acknowledge and continue to support initiatives that facilitate recruitment of physicians to designated shortage areas; and be it further</u></p> <p><u>RESOLVED, That this resolution be forwarded to the AMA-HOD at A-09.</u></p>

II. RFS REPORTS

Report	Action	Policy (if Action Report)
Report E - IOP Changes to Modify Resolution Submission Deadlines	ADOPTED AS AMENDED	The following IOP Changes were adopted: Resolutions that are submitted after the 42-day <u>deadline but 7 days prior to the Assembly meeting are considered Late Resolutions.</u> <u>Resolutions submitted within 7 days of the meeting or after the meeting has been called to order are considered Emergency Resolutions.</u>
Report F - IOP Changes to Modify Governing Council Officer Position	ADOPTED	Modifications to the AMA-RFS Internal Operating Procedures (IOP) were adopted to change the AMA-RFS Governing Council Membership and Outreach Officer Position to a Member-at-Large Position. This broadens the scope of the position.
Report G - Leadership positions within the AMA-RFS	ADOPTED AS AMENDED	RFS Internal Operating Procedures (IOPs) modified to clearly define and clarify the process for electing leaders of our AMA-RFS, including candidate eligibility (see amended IOPs)
Report H - Healthy Food Options for Shift Workers	ADOPTED AS AMENDED	<ol style="list-style-type: none"> 1. That our AMA encourage companies who have shift workers to explore making healthier food options available to workers during the evening and nighttime hours. 2. That our AMA work with other interested organizations to promote healthier eating habits in shift workers.
Report I - Direct to Consumer Advertising	ADOPTED AS AMENDED	<ol style="list-style-type: none"> 1. That our AMA oppose Direct to Consumer Advertising of prescription drugs <u>and implantable medical devices</u> (Adopt New HOD Policy). 2. <u>That this be immediately forwarded to the AMA-HOD at A-09.</u>

Report	Action	Policy (if Action Report)
Report J – Transfer of Care for Resident and Fellow Physicians	ADOPTED AS AMENDED	<ol style="list-style-type: none"> 1. <u>That</u> our AMA <u>electronically</u> survey the presence, quality, and utilization penetration of computerized systems for transfer of care in training programs in all specialties. 2. <u>That</u> our AMA encourage the ACGME to evaluate systems for transfer of care in the criteria for all institutional reviews. 3. <u>That</u> our AMA advocate for the use of federal dollars in existing <u>Health Information Technology (HIT)</u> initiatives to sponsor systems that enable transfers of care that are integral to any well-functioning electronic medical record. 4. That this be immediately forwarded to the AMA-HOD at A-09.
Report K - Resident Duty Hours: A Review of the Institute of Medicine (IOM) Recommendations	ADOPTED AS AMENDED	<ol style="list-style-type: none"> 1. <u>That</u> our AMA support current duty hour requirements as set forth in the Common Program Requirements, Accreditation Council for Graduate Medical Education, Section VI. 2. <u>That</u> our AMA support additional study of the issues raised with respect to duty hours in the IOM report and consider further modifications of the current duty hours requirements based on the results of this inquiry. 3. <u>That</u> our AMA oppose the involvement of outside organizations, including CMS and The Joint Commission, in the monitoring of duty hours. 4. <u>That</u> our AMA support the development of specialty specific guidelines for <u>duty hours and the provision of</u> supervision of trainees. 5. <u>That</u> our AMA support the development of procedures to be used in transferring patient care. 6. <u>That</u> our AMA urge the ACGME to include <u>external moonlighting hours in the calculation of duty hours.</u> 7. <u>That</u> That this be immediately forwarded to the AMA-HOD at A-09.
Report L – Enhancing Involvement of New AMA-RFS Meeting Attendees	ADOPTED AS AMENDED	<ol style="list-style-type: none"> 1. That the AMA-RFS Governing Council appoint, credential, and seat At-Large Delegates to the AMA-RFS Assembly, for the explicit purpose of improving participation of first time meeting attendees or those members who have recently transitioned into a new state, specialty society, or other member organization within the federation of medicine. 2. That a system for establishing the number of, the selection process for, and the caucusing and seating arrangements of At-Large Delegates be determined by the AMA-RFS Governing Council 3. That AMA-RFS Internal Operating Procedures reflecting the proposed system be presented for consideration of adoption at the next AMA-RFS meeting. 1. <u>That</u> the AMA-RFS research and develop possible methods for <u>involving (1) first-time meeting attendees, (2) poster symposium presenters, and (3) RFS members in transition at the AMA-RFS Business Meetings.</u> 2. <u>That</u> the AMA-RFS present their findings for consideration at the <u>A-10 AMA-RFS Meeting.</u>

Report	Action	Policy (if Action Report)
Late Report 1 - Fifty State Resident and Fellow Physician Membership Initiative	ADOPTED	<ol style="list-style-type: none"> 1. <u>The AMA-RFS should continue to actively recruit physicians in training in each state with an eventual goal of 100% AMA membership of all physicians in training.</u> 2. <u>The AMA-RFS work with state resident and fellow sections to build up membership and encourage increased activity of its membership. This could be accomplished by collaborating with the state RFS on events such as local membership drives and programs.</u> 3. <u>The AMA-RFS examine the feasibility of creating local leadership networks with representatives from statewide GME institutions and/or county medical associations.</u> 4. <u>The AMA-RFS Membership Committee continue to pursue information for the states where it is unclear of the presence of an RFS and keep an updated record of state RFS activity to be presented to the AMA-RFS Governing Council and general membership as necessary.</u> 5. <u>The AMA-RFS should encourage and assist with the formation of resident and fellow sections in those states that do not have a formally organized RFS but have an active and interested group of trainees. This effort could be facilitated by offering direct contact and guidance from the Region Chair and the AMA-RFS Membership Outreach Officer as well as offering the sample bylaws that were composed by this committee and reviewed and approved by the AMA-RFS Governing Council.</u> 6. <u>That the AMA-RFS governing council report back to the RFS Assembly with progress on this topic by A-10</u>
Late Report 2 - Second Business Meeting for AMA-RFS	ADOPTED AS AMENDED	<ol style="list-style-type: none"> 1. <u>That our AMA-RFS encourage the AMA to explore the option of holding a second business meeting, in addition to the Annual Meeting, in lieu of the Interim Meeting, for all any relevant AMA sections, to ensure that the sections continue to operate effectively.</u> 2. <u>That this be immediately forwarded to the AMA-HOD at A-09.</u>

III. RESOLUTIONS SUBMITTED BY THE RESIDENT AND FELLOW SECTION TO THE HOD AT A-09.

HOD Resolution	Action	Policy
RESOLUTION 129 – Screening of Pre-Existing Conditions	ADOPTED WITH CHANGE IN TITLE	<p>New title: HEALTH INSURANCE MARKET REFORM: GUARANTEED ISSUE</p> <p>RESOLVED, That our AMA support health insurance coverage of pre-existing conditions with guaranteed issue within the context of an individual mandate, in addition to guaranteed renewability.</p>
RESOLUTION 308 – Protection of Peer-Review Evaluations during Litigation	REFERRED	
RESOLUTION 315 - Eliminating Questions Regarding Marital Status, Childbearing and Dependent Children During the Residency and Fellowship Application Process	ADOPTED AS AMENDED WITH CHANGE IN TITLE	<p>New Title: ELIMINATING QUESTIONS REGARDING MARITAL STATUS, DEPENDENTS, PLANS FOR MARRIAGE OR CHILDREN, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, RACE, NATIONAL ORIGIN, AND RELIGION DURING THE RESIDENCY AND FELLOWSHIP APPLICATION PROCESS</p> <p><u>RESOLVED, That our American Medical Association oppose questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, gender identity, age, race, national origin, and religion (Modify HOD Policy)</u></p> <p>RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, and other interested parties to eliminate questioning about or discrimination based on marital and dependent status, future plans for marriage or children, sexual orientation, age, race, national origin, and religion during the residency and fellowship application process. (Directive to Take Action); and be it further</p> <p><u>RESOLVED, That our AMA continue to support efforts to enhance racial and ethnic diversity in medicine. Information regarding race and ethnicity may be voluntarily provided by residency and fellowship applicants. (Directive to Take Action)</u></p>
RESOLUTION 316 - Provision of Child Care by Residency and Fellowship Training Programs	Resolution 309 ADOPTED in place of Resolution 316	<p>RESOLVED, That our American Medical Association begin collecting more comprehensive data on the provision of child care services or stipends for child care by residency and fellowship programs using 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>

HOD Resolution	Action	Policy
RESOLUTION 326 - Impact of Specialty Board Mandated Residency Completion Dates on Parental Leave During Residency Training	ADOPTED	RESOLVED, That in order to accommodate leave protected by the federal Family and Medical Leave Act (FMLA), the AMA encourage all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year.
RESOLUTION 327 - Resident Duty Hours: A Review of the Institute of Medicine Recommendations	Resolves 1 and 2 ADOPTED and Resolves 3 through 6 REFERRED	<ol style="list-style-type: none"> 1. That our AMA support current duty hour requirements as set forth in the Common Program Requirements, Accreditation Council for Graduate Medical Education, Section VI. 2. That our AMA support additional study of the issues raised with respect to duty hours in the IOM report and consider further modifications of the current duty hours requirements based on the results of this inquiry.
RESOLUTION 328 - Loan Repayment for Physicians in State Designated Shortage Areas	ADOPTED	<p>RESOLVED, That our AMA educate their membership about various opportunities surrounding loan repayment through mechanisms including but not limited to: a designated state contact, web resources, and informative meetings, so that residents can make an informed decision regarding employment; and be it further</p> <p>RESOLVED, That our AMA advocate for equal tax benefits for physicians who practice in either state-designated or federally-designated shortage areas; and be it further.</p> <p>RESOLVED, That our AMA acknowledge and continue to support initiatives that facilitate recruitment of physicians to designated shortage areas.</p>
RESOLUTION 329 - Transfer of Care for Resident and Fellow Physicians in Training	ADOPTED AS AMENDED	<p>That our American Medical Association, electronically survey <u>working with other organizations and stakeholders, identify best practices including</u> the presence, quality, and utilization of computerized systems, for transfer of care in training programs in all specialties (Directive to Take Action).</p> <p><u>That our AMA encourage the ACGME to add to the Institutional Requirements a requirement that GME training institutions ensure that trainees in all specialties are provided with an effective, systematic approach for handoffs of clinical information and transfer of care between trainees within their institution.</u></p> <p>That our AMA advocate for the use of federal dollars in existing Health Information Technology (HIT) initiatives to sponsor systems that enable transfers of care that are integral to any well-functioning electronic medical record.</p>
RESOLUTION 418 - Support of Calorie Labeling in Restaurants	REAFFIRMED	

HOD Resolution	Action	Policy
RESOLUTION 519 - Interoperability of Medical Devices	ADOPTED AS AMENDED	RESOLVED, That our American Medical Association (AMA) to adopt the following statement on the Interoperability of Medical Devices: “The AMA believes that intercommunication and interoperability of electronic medical devices could lead to important advances in patient safety and patient care, and that the standards and protocols to allow such seamless intercommunication should be developed fully with these advances in mind. Our <u>The</u> AMA also recognizes that, as in all technological advances, interoperability poses safety and medico-legal challenges as well. The development of standards and production of interoperable equipment protocols should strike the proper balance to achieve maximum <u>optimum</u> patient safety, efficiency, and outcome benefit <u>while preserving incentives to ensure continuing innovation.</u> ”
RESOLUTION 625 – Second Business Meeting for AMA-RFS	ADOPTED AS AMENDED	This resolution was considered along with other similar resolutions and the Special Speaker’s Advisory Committee Report. Go to http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-f-annotated.pdf to read the complete HOD action on these items.

IV. HOD ACTIONS ON PREVIOUSLY SUBMITTED RFS RESOLUTIONS

HOD Resolution	Action	Policy
<p>COUNCIL ON MEDICAL EDUCATION REPORT 4 - Protecting Residents During Residency Program Closure</p>	<p>ADOPTED (Resolution 311 (A-05))</p>	<p>That our AMA reaffirm the principles of AMA policy D-310.972, Protection Against Delayed Residency Program Closure.</p>
<p>COUNCIL ON MEDICAL EDUCATION REPORT 14 - Resident and Fellow Benefit Equity During Research Assignments</p>	<p>ADOPTED AS AMENDED in lieu of Resolution 314 (A-08)</p>	<ol style="list-style-type: none"> 1. That our American Medical Association (AMA) urge the Accreditation Council for Graduate Medical Education to require accredited sponsoring residency <u>and fellowship</u> training programs to continue to provide comparable benefits to resident <u>and fellow</u> physicians engaged in research activities that are required by either their sponsoring residency <u>and fellowship</u> training programs or residency review committees as if it were full-time clinical service. (Directive to Take Action) 2. That our AMA collect data on resident <u>and fellow</u> physician benefits including resident <u>and fellow</u> physicians engaged in research activities. (Directive to Take Action) 3. That our AMA reaffirm AMA Policies H-460.971 and H-310.929, which support training of biomedical scientists and health care researchers. (Reaffirm HOD Policy) 4. That our AMA, through the AMA Resident and Fellow Section, continue to work with residents and fellows and support training of biomedical scientists and health care researchers. (Directive to Take Action) 5. That our AMA advocate that the Centers for Medicare and Medicaid Services (CMS) include in an expanded cap the <u>FTE count for GME payment formulas the time that resident and fellow physicians spend in research and other scholarly activities that is required by the ACGME.</u> (Directive to Take Action)
<p>BOARD OF TRUSTEES REPORT 27 - Accuracy of Internet Physician Profiles (Resolution 612, A-08)</p>		<p>CONCLUSION:</p> <p>Internet-based physician profile Web sites are undoubtedly here to stay. Data collection and maintenance is an extremely complicated process – perhaps too complicated for many of the creators of these Web-based directories. Most of these sites provide data accuracy disclaimers and do not imply any type of physician endorsement of the information. Additionally, most provide physicians free access to their individual profile and encourage physician updates. There is no single clear cut solution to the challenges that this new consumer tool create for physicians. At the very least, physicians should familiarize themselves with and perhaps monitor such services so that they are aware of what information patients are viewing about them.</p>