

Resident and Fellow Section

2010 Digest of Actions



American Medical Association Resident and Fellow Section Digest of Actions

The Digest of Actions is a compilation of reports and resolutions adopted by the American Medical Association-Resident and Fellow Section (AMA-RFS) Assembly since its inception in 1978.

To the greatest extent possible, policies in the AMA-RFS Digest of Actions are indexed and classified under the same subject headings as related policies in the AMA Policy Compendium. The subject numbering system in the digest is also the same as the AMA Policy Compendium, with the addition of the letter "R" for resident, to designate AMA-RFS policy. Relevant AMA House of Delegates policies are identified in the digest where applicable, however, the listing is not exhaustive.

Reports and resolutions from 1978 - 2000 have undergone a "sunset" process. Those actions that were reaffirmed by the Assembly are so noted. The other actions, which were rescinded, or "sunset," are no longer included.

If you would like help with a search of AMA or AMA-RFS policies, please call the AMA Department of Resident and Fellow Services at (312) 464-4978 or email rfs@ama-assn.org. We welcome your comments and suggestions.

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15.000R ACCIDENT PREVENTION

15.995R Amending Child Restraints Laws: That the AMA support federal legislation that increases law enforcement standards for child safety seat use in the U.S. and support state and federal legislation that updates child car seat violations from a secondary to a primary law. (RFS Resolution 4, A-07)

15.996R Ethylene Glycol Poisoning Prevention: That the AMA ask the Consumer Product Safety Commission to study and propose appropriate regulation including, but not limited to, the possible addition of bittering agents, to prevent ethylene glycol poisoning. (RFS Substitute Resolution 3, I-96) (Reaffirmed, Report C, I-06)

15.997R Impact of Speed Limits on Road Safety: Asked that the AMA continue to take a leadership role in promotion of research and education regarding injury prevention, and continue to assess the impact of increased vehicular speeds on overall road safety. (RFS Substitute Resolution 28, A-95) [See also, AMA Policy H-15.990] (Reaffirmed, Report C, I-05)

15.998R Winter Sports Safety Act: Asked that the AMA encourage recreational and competitive winter sports organizations to mandate the use of protective headgear by children and adolescents during their participation in winter sports including, but not limited to, skiing. (RFS Substitute Resolution 18, I-95) [See also: AMA Policy H-470.974]

15.999R Promoting Protective Guards and Helmet Use in In-Line Skating: Asked (1) that the AMA work with other organizations concerned with health and safety to ensure widespread distribution of information and educational materials about in-line skating including the use of protective wrist, elbow, and knee guards and helmets. (RFS Resolution 29, I-94) (Reaffirmed Report F, A-05)

20.000R ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

20.990R Global HIV/AIDS Prevention: Asked that our AMA (1) 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 (2), 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. (RFS Late Resolution 5, A-08)

20.991R Support of a National HIV/AIDS Strategy: Asked that the AMA–RFS support the concept of a national HIV/AIDS strategy and that our AMA-RFS support the following guiding principles as outlined by the Coalition for a National AIDS Strategy: (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. The resolution also asks that the AMA 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. (RFS Resolution 4, A-09)

20.995R Review of AMA Policy on HIV-Infected Physicians: Asked that the AMA-RFS strongly support proposed changes in the Council on Ethical and Judicial Affairs (CEJA) Opinion 4-A-99, *Physicians and Infectious Diseases and CEJA* and Opinion 5-A-99, *HIV-Infected Patients and Physicians*, which change the terminology regarding the level of risk of physician-to-patient transmission of bloodborne infections appropriate for restricting a physician's medical practice from "identified risk" to "significant risk". (RFS Substitute Resolution 3, A-99; Reaffirmed, Report C, I-09)

20.997R Bloodborne Pathogen Chemoprophylaxis for Medical Students and Residents: Asked (1) that the AMA encourage OSHA to make the prophylaxis standard for HIV equivalent to that of HBV, (2) that the AMA encourage the FDA to label saquinavir mesylate, zidovudine, zalcitabine, didanosine, and zalcitabine which are currently labeled for HIV treatment, for HIV prophylaxis, and (3) that the AMA-RFS ask the Liaison Committee for Medical Education to survey medical schools on their policies regarding chemoprophylactic treatment of students in the event of a possible exposure to a blood borne pathogen and report back the Resident and Fellow Section and the Medical Student Section. (RFS Report L, A-97)

20.998R Prevention of Prenatal Transmission of HIV: Asked that the AMA support federal legislation requiring HIV testing of all pregnant women at the earliest prenatal visit, except when there is a specific signed refusal, in order to allow women the opportunity to improve their own health and that of their child. (RFS Resolution 3, A-96) (Reaffirmed, Report C, I-06)

30.000R **ALCOHOL AND ALCOHOLISM**

30.998R Alcohol and Youth: Asked that (1) the AMA encourage state medical societies to work with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use alcohol and (2) that the AMA work with the appropriate medical societies and agencies to draft legislation minimizing alcohol promotions, advertising, and other marketing strategies by the alcohol industry aimed at adolescents. (RFS Substitute Resolution 9, A-01) (AMA-HOD Resolution 415, I-01)

30.999R Advertising of Alcoholic Beverages: Asked that the AMA-RFS have as official internal policy an opposition to televised advertising of alcoholic beverages. (RFS Substitute Resolution 38, I-94) (Reaffirmed Report F, A-05)

35.000R **ALLIED HEALTH PROFESSIONS**

35.990R Midwifery Scope of Practice and Licensure: 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; That our AMA continue to monitor state legislation activities regarding the licensure and scope of practice of midwives; and 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. (RFS Resolution 5, A-08)

35.998R Mid-Level Practitioner Tracking System: That the AMA-RFS support AMA policy to promote and encourage the tracking of mid-level practitioners for the purpose of identifying underserved rural areas. (RFS Resolution, I-94) (Reaffirmed Report F, A-05)

35.999R Role of Medical Paraprofessionals: Recommended that the: (1) AMA-RFS adopt the conclusions of Report I of the AMA Board (A-84) as policy; (2) term "non-physician health care practitioner" be used in place of "medical paraprofessional," "mid-level practitioner" or similar terminology when referring to any non-physician health care provider; (3) AMA-RFS oppose the national delineation of permissible functions of various health professionals; (4) AMA-RFS adopt the position that when a specific aspect of health care delivery falls entirely within the purview of a single profession, standards of delivery should be determined by that profession; and (5) AMA-RFS adopt the position that where overlap exists in professional activities, there should be dialogue and mutual cooperation among all professions, but the physician should assume the leadership role and maintain ultimate responsibility for health care delivery. (RFS Report D, I-84; Reaffirmed: RFS Report C, I-94) (Reaffirmed Report F, A-05)

60.000R **CHILDREN AND YOUTH**

60.995R Pediatric Suspected Intentional Trauma: That our AMA 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; and be it further that our AMA supports the creation of a national standardized pediatric intentional trauma curriculum for medical students and residents. (RFS Resolution 3, A-07)

60.996R Home Sedation for Children Undergoing Outpatient Procedures: Recommended that a resolution be forwarded to the AMA HOD at I-06 with the following resolved clauses: That our AMA study and examine the issue of sedating children outside of a monitored healthcare setting, and report back at the 2007 Annual Meeting; and be it further that our AMA work with interested specialty societies to develop comprehensive guidelines

on the sedation of children outside of a monitored healthcare setting; and be it further that, until guidelines are established, our AMA discourage the administration of pre-procedural sedation to children outside of a monitored healthcare setting. (RFS Report F, A-06) [See also: Resolutions 805, I-06]

60.997R Harmful Practices in Child Athletics: Asked that (1) the AMA work with all interested organizations to identify harmful practices in the sports training of children and adolescents; and (2) that the AMA support the establishment of appropriate health standards for sports training of children and adolescents. (RFS Substitute Resolution 28, I-95) [See also: AMA Policy H-60.966] (Reaffirmed, Report C, I-05)

60.998R Opposition to Proposed Budget Cuts in WIC and Head Start: Asked (1) that the AMA oppose any reductions in funding for WIC and Head Start and other programs that significantly impact child and infant health and education. (RFS Late Resolution 1, I-94) [See also: AMA Policy H-245.979] (Reaffirmed Report F, A-05)

60.999R Protection of Pre-school Children from Passive Smoking: Asked that the AMA oppose the use of tobacco products of any kind in day care centers or other establishments where pre-school children attend for educational or child-care purposes. (RFS Substitute Resolution 17, A-94) [See also: AMA Policy H-60.954] (Reaffirmed Report F, A-05)

90.000R **DISABLED**

90.999R Guidelines for Certifying Need for Handicapped Parking: Asked that the AMA develop guidelines to assist physicians in determining a patient's need for handicapped parking privileges. (AMA Substitute Resolution 30, A-96) (Reaffirmed, Report C, I-06)

95.000R **DRUG ABUSE**

95.998R Needle Exchange Programs: Asked that the AMA encourage governmental funding of needle exchange programs that provide the opportunity to participate in a drug rehabilitation program. (RFS Substitute Resolution 4, A-96) (Reaffirmed, Report C, I-06)

100.000R **DRUGS**

100.993R Reviewing the Effectiveness of Current Drug Policies: Asked that our AMA (1) review the effectiveness of current drug polices pertaining to illegal drug use; (2) review the current availability of and access to evidence-based treatments for drug abuse and dependence; (3) evaluate the effectiveness of current medical training for primary care physicians in evaluating and treating drug abuse; and (4) monitor the work on this issue by both national and international organizations, including, but not limited to the National Institute of Drug Abuse, United Nations, WHO, UNODC, and UNAIDS. (Resolution 2, I-10)

- 100.994R** AMA Agency to Buy Drugs at Bulk Rate: Asked that the AMA perform a study to evaluate the potential of bulk discounts for prescription and over-the-counter medications in an effort to decrease the rising costs of medical care in the U.S. (RFS Resolution 13, I-03)
- 100.995R** Regulation of Herbal Preparations: Asked that the AMA advocate modification of the Dietary Supplement Health and Education Act (DSHEA) to require that dietary supplements, in order to be marketed: (1) undergo Food and Drug Administration (FDA) pre-approval for evidence of safety; (2) meet criteria established by the United States Pharmacopoeia (USP) for dosage, quality, purity, packaging, and labeling; (3) meet FDA post marketing requirements to report adverse side effects, including drug interactions and that the AMA encourage efficacy studies on dietary supplements. (RFS Substitute Resolution 11, I-98)
- 100.996R** Ban on Nonprescription Acetaminophen with Ethanol: Asked that the AMA ask the FDA to require appropriate warning labels on nonprescription products containing both acetaminophen and ethanol. (RFS Substitute Resolution 35, A-96) (Reaffirmed, Report C, I-06)
- 100.998R** Misuse of the DEA License Number: That the AMA-RFS keeps the RFS Assembly apprised of any new developments concerning misuse of the DEA number. (RFS Substitute Resolution 33, A-95) [See also: AMA Policy H-100.972](Reaffirmed, Report C, I-05)
- 100.999R** Limiting Use of the DEA Number: That the AMA-RFS encourage the AMA to work with the DEA to develop regulations prohibiting the use of the DEA number for purposes other than those related to controlled substances. (RFS Substitute Resolution 34, A-94) [AMA Res. 209, I-94 was adopted as a reaffirmation. See also: AMA Policy H-100.972]

130.000R **EMERGENCY MEDICAL SERVICES**

- 130.994R** Emergency Preparedness: Asked that 1) the AMA commend the physicians and other volunteers who demonstrated the true spirit of medicine during the September 11, 2001 terrorist attacks, (2) that the RFS support the AMA's development and maintenance of a physicians volunteer database, and (3) that the RFS support the AMA's effort to educate physicians on natural and man-made disaster related topics. (RFS Substitute Resolution 1, I-01)
- 130.995R** Improvement in US Airlines Aircraft Emergency Kits: Asked (1) that the AMA encourage the FAA to report on medical emergencies that occur in US air carrier domestic and international flights; and (2) that the AMA review the content of US air carriers airline emergency kits and recommend appropriate upgrades of these kits. (RFS Substitute Resolution 17, I-96) (Reaffirmed, Report C, I-06)
- 130.996R** Emergency Medical Skills Training in Medical Education: Asked that the AMA-RFS support the proposition that a formal emergency medicine experience including didactic

and clinical training in basic skills should be a part of undergraduate medical education. (RFS Resolution 8, I-94) (Reaffirmed Report F, A-05)

140.000R ETHICS

140.996R Management of Housestaff as Critical Care Patients in Teaching Hospitals: Asked that our AMA study the ethical, psychological, and management implications of housestaff treating co-workers, including but not limited to care provided in the critical care setting. (RFS Substitute Resolution 7, I-06)

140.997R Code Status Requirements for Nursing Home Residents: Asked that the AMA-RFS oppose any requirement that would allow a nursing home facility to require that a patient consent to a DNR order as a condition of admission unless that facility is limited to palliative care. Also asked that the AMA urge other medical agencies and associations to oppose any legislative or regulatory attempts that would allow a nursing home facility to require that a patient consent to a DNR order as a condition of admission unless that facility is limited to palliative care. (RFS Substitute Resolution 8, I-97; Reaffirmed:, Report C, I-07) [Also see AMA Policy H-140.945]

140.999R Physician-Assisted Suicide: That the AMA-RFS support AMA's effort to provide national leadership through sponsorship of forums and dissemination of information regarding the ethical dilemma of physician-assisted suicide and other end of life decisions. (RFS Substitute Resolution 28, I-92: Reaffirmed: RFS Report C, I-02)

145.000R FIREARMS: SAFETY AND REGULATION

145.998R Restoring CDC Funding to Research Gun Violence: Asked that the American Medical Association support the federal funding of the Centers for Disease Control and Prevention for research into guns and violence. (RFS Substitute Resolution 15, I-96) (Reaffirmed, Report C, I-06)

145.999R AMA Campaign to Reduce Firearm Deaths: That (1) the AMA-RFS support the AMA's extensive efforts to counter the increasing number of firearm-related deaths in the United States. (RFS Substitute Resolution 25, I-92: Reaffirmed item 1: RFS Report C, I-02) [See also: AMA Policy H-145.988]

150.000R FOODS AND NUTRITION

150.995R Healthy Food Options for Shift Workers: That our AMA encourage companies who have shift workers to explore making healthier food options available to workers during the evening and nighttime hours. (RFS Report H, A-09)

150.997R Support of Calorie Labeling in Restaurants: That the AMA work with state medical associations, state restaurant associations, state departments of health, and other interested parties to create a method for displaying nutritional information on

restaurant menus and menu boards for all food and beverage items. (RFS Resolution I-08)

150.998R Truth in Nutrition Labeling: Asked that the AMA-RFS ask the AMA to support and advocate for changing FDA policy to require manufacturers to include levels of trans fatty acids on the “nutrition facts” portion of food labels; and (2) That the AMA-RFS ask the AMA to support and advocate for the development of guidelines for labeling foods as “low fat” and “low cholesterol” which include levels of trans fatty acids. (RFS Substitute Resolution 9, I-96) (Reaffirmed, Report C, I-06)

150.999R Nutritional Guidelines for Restaurants: Asked that the AMA-RFS encourage restaurants to serve foods with reduced saturated fat content and consider dietary needs when planning menus and, when possible, to encourage restaurants to provide nutritional information. (RFS Report H, I-94) [See also: AMA Policy H-150.979]

160.000R HEALTH CARE DELIVERY

160.985R Marriage Equality to Reduce Health Care Disparities: Asked that our AMA reaffirm H-65.973 Health Care Disparities in Same-Sex Partner Households; and that our AMA support ending the exclusion of same-sex couples from civil marriage in order to reduce health care disparities affecting those gay and lesbian individuals and couples, their families and their children. (RFS Resolution 5, A-10)

160.986R Medical Confidentiality in "Don't Ask, Don't Tell": That our AMA-RFS encourage our American Medical Association to work to have the US Military change the interpretation of the “Don't Ask, Don't Tell” policy to exempt any mention of sexual orientation, same sex marriage or domestic partnerships obtained in patient-physician, or other patient -health care provider communications from being the basis for dismissal from the US Military in order to not impede the patient-physician relationship and to improve the provision of good medical care to all of our service personnel. (RFS Resolution 1, I-09)

160.987R Adverse Effects of "Don't Ask, Don't Tell" on Children and Other Dependents of Military Personnel: That our AMA-RFS encourage our American Medical Association to work to have our US military modify the “Don't Ask, Don't Tell” policy to provide US military personnel in legal same sex marriages the ability to acknowledge these relationships and to provide equal death benefits and other benefits (including health care coverage) to the dependent children and spouses of legal same sex marriages as now provided to married US military personnel. (RFS Resolution 2, I-09)

160.988R Removing Barriers to Care for Transgender Patients: Asked (1) that the AMA support public and private health insurance coverage for treatment of gender identity and (2) that the AMA oppose categorical exclusions of coverage for treatment of gender identity disorder when prescribed by a physician. (RFS Resolution 1, I-07)

160.989R Cost-Effectiveness of Medicaid Eligibility Criteria for the Chronically Ill: Asked that the AMA examine the appropriateness and cost-effectiveness of “the spend down option” to meet Medicaid eligibility criteria in the broader context of Medicaid reform

with a report back at I-02. (RFS Substitute Resolution 6, A-01) (AMA-HOD Resolution 102, I-01)

160.991R Medic Alert Card: Asked that the AMA study the concept and the feasibility of a mechanism for patient information storage which may include a voluntary card based system, ensuring that patient confidentiality is protected and uniform standards are maintained. (RFS Substitute Resolution 26, A-96) (Reaffirmed, Report C, I-06)

160.992R Early and Periodic Screening, Diagnosis, and Treatment: Asked that the AMA-RFS support guaranteed Medicaid coverage of basic preventative services and treatment of diseases found on screening for children and adolescents including those covered by the Early and Periodic Screening, Diagnosis, and Treatment component.

160.993R Impact of Medicaid Reform on Children: Asked that the AMA support continued federal and state funding for Medicaid which at minimum provide adequate benefits based on national standards for all people meeting basic national standards of eligibility. (RFS Substitute Resolution 11, A-96) (Reaffirmed, Report C, I-06)

160.994R Rural Health Care Initiative: That the AMA-RFS support financial incentives, such as federal tax incentives, to both rural health care providers and rural health care institutions serving patient populations that fall outside a 60-mile radius of urban areas with a population of 50,000 or greater. (RFS Substitute Resolution 16, A-95) [See also: AMA Policy H-465.994, H-465.997](Reaffirmed, Report C, I-05)

160.996R Hospital Stay for Healthy Term Newborns: Asked (1) that the AMA continue to support the American Academy of Pediatrics and American College of Obstetricians and Gynecologists' guidelines concerning post-delivery care for mothers and their newborn infants and encourage state and federal legislation supporting these policies; and(2) that the AMA support legislation mandating reimbursement for appropriate post-delivery care. (RFS Substitute Resolution 6, I-95) [See also: AMA Policy 320.954] (Reaffirmed, Report C, I-05)

160.997R Establishment of a Clearinghouse for Opportunities to Serve the Underserved: Asked that the AMA-RFS compile and make available to its membership a comprehensive list of state and national organizations that coordinate practice opportunities in underserved and rural areas, including those that offer loan forgiveness. (RFS Substitute Resolution 23, I-94) (Reaffirmed Report F, A-05)

160.999R National Health Issues: Asked that the Governing Council continue to review national health issues and ways in which the AMA-RFS could influence these issues, and report to the AMA-RFS Assembly as appropriate. (RFS Resolution 19, A-78; Reaffirmed: Report C, I-88; Reaffirmed: RFS Report C, I-98)

165.000R **HEALTH SYSTEM REFORM**

165.992R President Barack Obama's Health Care Plan: That our AMA-RFS 1) continue to advocate for health system reform which makes health insurance coverage accessible for all U.S. citizens; 2) support the proposal to require all children to have health

insurance as a strategic priority; 3) advocate for sufficient federal subsidy or tax credit amounts so that all U.S. citizens can afford to purchase health insurance; 4) support the proposed requirement for private insurers that children up to age 25 could continue family coverage through their parents' plan; 5) work with the federal government to ensure that if federal programs are to be expanded, that proper checks and balances are in place to ensure that re-imbursments reflect the actual cost of care and that patient access is not limited; 5) ensure that under the National Health Insurance Exchange (or any similar proposed program) that participating insurers provide high quality, transparent services, and that their reimbursements reflect the actual cost of care; and 6) that our AMA support requiring all children to have health insurance as a strategic priority.

- 165.993R** Assessing the Health Care Proposals of the U.S. Presidential Candidates: That our AMA request details of the health care proposals of every declared candidate for U.S. President; and be it further that our AMA summarize the health care proposals of all candidates for U.S. President in a standardized format beginning at I-07. (RFS Resolution 14, A-07)
- 165.994R** Health Care as a Right for All Citizens of America: That our AMA assert that all people deserve access to quality, affordable, basic and preventative healthcare. (RFS Substitute Resolution 11, A-07)
- 165.995R** AMA-Health Care Delivery Task Force: Asked (1) that the AMA to create a multi-organizational task force involving groups including, but not limited to the AHA, DHHS, Families USA, Labor Unions, AARP, NFIP, etc. to research and meet in order to create a consensus on a health care system or health care delivery principles that best serve the needs of the American public and(2) that the AMA lead the discussion using the goals and principles of the Health Access America as a starting point. (RFS Substitute Resolution 28, A-97; Reaffirmed, Report C, I-07)
- 165.996R** The Fundamental Importance of Universal Access: Asked (1) that the AMA-RFS strongly assert that the fundamental goal of any change in the American health care system should be to move toward increased access to quality health care for every American citizen; and (2) that the AMA-RFS accept access to high quality health care for all Americans as a clear guiding principle in evaluating and responding to proposals to change the American health care system. (RFS Substitute Resolution 33, I-95) [See also: AMA Policy H-165.918, H-165.969] (Reaffirmed, Report C, I-05)
- 165.997R** Advocating for Patients and Health Care Reform: Asked that the AMA-RFS support the principle that AMA negotiations with Congress on health system reform continue assigning priority to patient advocacy. (RFS Substitute Resolution 29, I-95) [See also: AMA Policy H-320.954] (Reaffirmed, Report C, I-05)
- 165.998R** AMA-RFS Participation in the AMA's Effort to Reevaluate the U.S. Health Care Delivery System: Asked that (1) the Governing Council and the AMA-RFS representatives on AMA councils forcefully represent the young physician in the AMA's effort to reevaluate the U.S. health care system; and (2) this area be viewed as a high priority and that AMA-RFS representation in the study of this matter be pursued

by the Governing Council. (RFS Substitute Resolution 6, A-82; Reaffirmed: RFS Report C, A-92 and RFS Report C, I-02)

170.000R HEALTH EDUCATION

170.998R Promoting Prevention Strategies in Waiting Rooms: Asked that our AMA encourage healthcare settings to place in their waiting rooms interactive media promoting preventive health measures, empowering patients to become more proactive about their health. (RFS Resolution 8, I-06)

170.999R Public Education About Physicians: Asked that the AMA educate the public for patient awareness about the differences in education and professional standards between physicians and other health care providers. (RFS Substitute Resolution 22, A-96) (Reaffirmed, Report C, I-06)

180.000R HEALTH INSURANCE

180.800R Screening for Pre-Existing Conditions: Asked that our AMA support health insurance coverage of pre-existing conditions with guaranteed issue within the context of an individual mandate, with community or modified community rating, in addition to guaranteed renewability. (RFS Resolution 3, A-09)

180.995R Use of Confidential Medical Information by Employers: Asked (1) that the RFS reaffirm its support for AMA Policy H-190.996, Employers' Violation of Patient Privacy with Group Medical Insurance Claim Forms and(2) that the RFS Governing Council report back to the Assembly at I-99 on the AMA's advocacy efforts to safeguard patient confidentiality in employer self-insured plans. (RFS Substitute Resolution 13, A-99; Reaffirmed, Report C, I-09)

180.996R Arbitration Agreements: Asked that the AMA sponsor legislation that would require third party payors to disclose any arbitration agreements to prospective clients prior to, or at the time of enrollment. (RFS Substitute Resolution 26, A-97; Reaffirmed, Report C, I-07)

180.998R Discrimination Against Victims of Domestic Violence: Asked that the AMA-RFS work to ensure that health insurance benefits cover conditions arising from injuries associated with domestic violence and prohibit insurance discrimination against victims of domestic violence and abuse. (RFS Substitute Resolution 10, I-94) [See also: AMA Resolution 402, A-95] (Reaffirmed, Report C, I-05)

180.999R Restrictions on Primary Care Physicians in the Delivery of Mental Health and Addictive Services: Asked that the AMA-RFS encourage equitable payment, by insurance companies, to physicians providing appropriate treatment of mental and addictive illness. (RFS Resolution 11, I-94) [See also: AMA Policy H-185.986]

200.000R HEALTH WORKFORCE

- 200.987R** Funding for Preventive Medicine Residencies: Asked (1) that our AMA work with the American College of Preventive Medicine, other preventive medicine specialty societies, and other allied partners, to formally support legislative efforts to fund Preventive Medicine Training Programs and (2) that the American Medical Association-Resident and Fellow Section forward this resolution to the American Medical Association House of Delegates at the 2005 Annual Meeting. (RFS Late Resolution 1, A-05)
- 200.988R** National Health Service Corps: Asked (1) that our AMA advocate for sufficient and continuing federal funding of the National Health Service Corps so that it can fully achieve its mission of eliminating health manpower shortages in health professional shortage areas; and (2) that our AMA-RFS study the concept of expanding a fully funded National Health Service Corps to include non-primary care specialties with report back at I-03. (RFS Resolution adopted as amended, I-02)
- 200.990R** Opposition to Medical Staff Development Plans: Asked that the RFS Governing Council study Board of Trustees Report 14 (A-98), Medical Staff Development Plans, and the consequences of these plans on residents and young physicians and, if necessary, make recommendations for action at I-98. (RFS Substitute Resolution 11, A-98)
- 200.991R** National Committee to Evaluate Medical School Closings: Asked that the AMA work with appropriate agencies to develop recommendations regarding the number of graduates of U.S. medical schools consistent with appropriate workforce needs. (RFS Substitute Resolution 9, I-97; Reaffirmed, Report C, I-07)
- 200.992R** Resident Training Slots: Asked that the AMA-RFS oppose limitations on the number of residency positions, where such limitations would jeopardize the quality of patient care. (RFS Substitute Resolution 35, I-94) (Reaffirmed Report F, A-05)
- 200.994R** Physicians as National and Regional Health Board Members: Asked that the AMA vehemently oppose components of any health care proposal which excludes practicing physicians as members of national or regional regulatory boards. (RFS Substitute Resolution 20, A-94) [AMA Sub. Res. 127, A-94 was adopted in lieu of Resolution 127 and Resolution 149. See also: AMA Policy H-165.960] (Reaffirmed Report F, A-05)
- 200.996R** Regulating Residency and Fellowship Positions: Asked that (1) the AMA-RFS Governing Council summarize emerging legislative issues affecting physician workforce planning for as long as is appropriate; (2) the AMA-RFS encourage state medical societies to provide summaries to the AMA of emerging legislative issues affecting physician workforce planning in their states. (RFS Substitute Resolution 13, I-93; Reaffirmed: RFS Report C, I-03) [See also: Governing Council Report D, A-94]
- 200.997R** Opposition to Deficit Enrollment: Asked that the AMA endorse the principle that the total number of PGY-1 positions available be greater than the number of first year medical students. (RFS Substitute Resolution 10, I-82; Reaffirmed: RFS Report C, I-92 and RFS Report C, I-02)

**215.000R HOSPITALS (SEE ALSO: EMERGENCY MEDICAL SERVICES;
HOSPITALS: MEDICAL STAFF)**

215.998R Safety of Healthcare Professionals in the Workplace: Asked that the AMA work with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Occupational Safety and Health Agency (OSHA), Committee of Interns and Residents (CIR), or other appropriate agencies to ensure the protection of healthcare professionals from violence in the workplace. (RFS Substitute Resolution 5, A-03) [AMA policy reaffirmed in lieu of RFS Substitute. Res. 5, I-03; See: AMA Policy H-215.977 Guns in Hospitals and H-215.978 Guns in Hospitals]

225.000R HOSPITALS: MEDICAL STAFF

225.999R Establishment of Housestaff Associations: Asked the AMA-RFS to encourage state resident physicians sections to: (1) disseminate information on starting housestaff organizations; (2) offer assistance to housestaffs requiring it and afford them access to AMA-RFS staff; and (3) visit local housestaffs and discuss the benefits of forming an organized body. (RFS Substitute Resolution 11, I-83; Reaffirmed: RFS Report C, I-93; Reaffirmed: RFS Report C, I-03)

235.000R HOSPITALS: MEDICAL STAFF - ORGANIZATION

250.000R INTERNATIONAL HEALTH

250.999R Physicians and International Service: Asked that the AMA-RFS recommend that its representatives involved with existing newsletters and AMA publications encourage inclusion, on a regular basis, information, updates, and recognition regarding participation in global healthcare and international service. (RFS Substitute Resolution 24, I-94) (Reaffirmed Report F, A-05)

255.000R INTERNATIONAL MEDICAL GRADUATES

255.996R Employment of Non-Certified Foreign Medical Graduates: Asked that the AMA (1) oppose efforts to employ graduates of foreign medical schools who are neither certified by the Educational Commission for Foreign Medical Graduates, nor have met State criteria for full licensure;(2) encourage states that have difficult recruiting doctors to underserved areas explore the expanded use of incentive programs such as the National Health Service Corps or J1 or other visa waiver programs. (RFS Resolution 2, A-03) [Current AMA policy reaffirmed in lieu of AMA Resolution 206, A-03; AMA Resolution 309 adopted in lieu of Resolution 319 brought by RFS.]

255.997R Restoration of J-1 Visa Waivers for Underserved Communities: Asked that the AMA work to restore and maintain programs by federal agencies and state governments

through which an adequate number of international medical graduates may obtain J-1 visa waivers to provide medical services in underserved communities. (RFS Resolution 10, A-02)

255.998R Licensing of International Medical Graduates: Recommended that the AMA-RFS, in order to maintain competency of physicians and uphold the quality of medical care, oppose proposals that would establish differential licensing guidelines for international medical graduates, even during periods of unusual migration. (RFS Report I, A-95) [See also: AMA Policy H-255.979, H-255.982, H-255.988] (Reaffirmed, Report C, I-05)

255.999R Non-Discriminatory Residency Policy: Asked that the AMA-RFS oppose discrimination in residency applications based solely on country of medical school training. (RFS Substitute Resolution 3, I-88; Reaffirmed: RFS Report C, I-98;) [See also: AMA Policy H-255.992]

265.000R **LEGAL MEDICINE**

265.994R Advocacy Regarding FICA Taxation for Housestaff: Asked that our AMA, through the AMA-RFS Governing Council, AMA Council on Medical Education, AMA Office of General Counsel and any other appropriate section or council, study the consequences of classifying housestaff as either employees or students for the purpose of FICA tax payment and take appropriate action (such as filing an amicus brief in Mayo) on this issue, and that our AMA report back at I-10 on any action taken on the issue of housestaff exemption from FICA tax payments. (RFS Emergency Resolution 1, A-10)

265.995R Eliminating Questions Regarding Marital Status, Childbearing and Dependent Children During the Residency and Fellowship Application Process: Asks that our AMA and AMA-RFS 1) oppose questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, and religion and 2) work with the ACGME, NRMP and other interested parties to eliminate questioning about marital and dependent status, ~~or~~ future plans for marriage or children, sexual orientation, and religion during the residency and fellowship application process.

265.996R Defensive Medicine: Recommends 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; 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 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. (RFS Report F, A-08)

265.997R Inclusion of Residents in Medical Liability Reform: Asked that the AMA officially support the inclusion of all physicians, including unlicensed residents, in state and federal medical liability caps, (2) That the AMA advocate for the inclusion of unlicensed residents in all pending and future federal medical liability reform legislation; (3) That the AMA work with state medical societies to advocate for the inclusion of unlicensed residents in all current, pending, and future state medical liability reform legislation, and (4) Refer immediately to the House of Delegates at I-05. (RFS Report H, I-05)

265.998R National Resident Matching Program (NRMP) Antitrust Litigation: Asked that the AMA-RFS: (1) oppose this litigation because the claims of the individual plaintiffs do not reflect the views and the desires of most members of the RFS Assembly; (2) That our AMA-RFS issue a public statement to the effect that the litigation should not be certified as a class action; (3) That our AMA-RFS reaffirm the commitment of the RFS Assembly to seek appropriate modifications to the resident work environment through existing mechanisms, such as the RFS, ACGME and/or collaborative organizations; (4) That our AMA-RFS support ongoing efforts to publicize and educate resident physicians about the value, purpose, and goals of the Match process; (5) That our AMA-RFS encourage the AMA to continue collaboration with the NRMP and evaluate the Match, and explore possible changes to the Match program through the existing representation and channels of modification in lieu of litigation; (6) That our AMA-RFS Governing Council report back to the Assembly at A-04 on the status of this issue. (RFS Report E, I-03)

265.999R Housestaff Exemption to FICA Tax: Asked the AMA-RFS to: (1) update its constituency on the recent judicial decision case involving housestaff officer exemption from Federal Insurance Contribution Act (FICA) taxes and the implications of such developments via its communication vehicles; and (2) request the AMA legal counsel to research the recent judicial decision involving housestaff officer exemption to Federal Insurance Contribution Act (FICA) taxes case and present to the AMA-RFS Governing Council, prior to the Annual 2004 meeting, the implications of our AMA establishing a formal position on the issue of physicians-in-training being considered students rather than employees for the purpose of being exempt from paying Federal Insurance Contribution Act (FICA) taxes. (RFS Resolution 3, I-03)

275.000R **LICENSURE AND DISCIPLINE**

275.984R Telemedicine and Medical Licensure: Asked that the AMA 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. (RFS Resolution 4, I-07)

275.985R Independent Regulation of Physician Licensing Exams: Asked that our AMA advocate for independent oversight of the creation, implementation and regulation of physician licensing exams, paying particular attention to conflicts of interest created by bodies promulgating exams who then financially benefit from their administration. Asked that our AMA Board of Trustees study potential mechanisms

of independent oversight regulation of the creation, implementation and regulation of physician licensing exams and that they report back at A-07. Asked that our AMA explore whether the NBME/FSMB/NBOMEs exclusive power to create licensure exams, validate them, and administer them, may represent a conflict of interest and/or a violation of anti-trust laws. (RFS Resolution 1, I-06)

- 275.986R** Initial State Licensure for Primary Care Physicians: Asked that our AMA encourage state medical boards to allow graduates of international medical schools who are in good standing to be able to initiate the medical licensure process no later than the start of their third postgraduate year of clinical training to facilitate timely unrestricted licensure upon completion of residency. (RFS Substitute Late Resolution 5, I-04)
- 275.987R** Simplifying the State Medical Licensure Process: (1) Asked the AMA Board of Trustees to assign appropriate individual(s) from within the AMA to work with the FSMB and keep the AMA membership apprised of the FSMB's actions on developing a standardized medical licensure application; and (2) That this individual report back to the AMA on a yearly basis beginning at I-04, until decided by the AMA BOT that this is no longer necessary. (RFS Substitute Resolution 9; A-04) [See also HOD Res. 324, adopted as amended/substituted, A-04]
- 275.988R** Assessment and Regulation of Procedural Competency: Asked that the AMA encourage specialty societies to determine where minimum frequency standards for procedural competency are appropriate and develop those standards. (RFS Resolution 11, I-03)
- 275.989R** Resident Fees: Asked that (1) the AMA-RFS support reducing licensure fees and Drug Enforcement Agency certification fees for resident physicians; and (2) that the AMA-RFS oppose any "provider fees" which would increase the financial burden on resident physicians. (RFS Substitute Resolution 37, A-95) (Reaffirmed, Report C, I-05)
- 275.990R** Feedback from Licensing and Board Examinations: Asked (1) that the AMA encourage the Federation of State Medical Boards and the National Board of Medical Examiners to provide examinees more detailed and specific performance feedback than currently provided, to allow examinees to identify areas of deficit and to facilitate educational improvement, and (2) that the American Medical Association encourage all specialty boards to provide examinees more detailed and specific performance feedback than currently provided to allow examinees to identify areas of deficit and to facilitate educational improvement. (RFS Substitute Resolution 2, I-00; Reaffirmed: RFS Report C, I-10)
- 275.991R** Reporting Unqualified Residents: Asked that the AMA-RFS support the recommendations in CME Report 8 (A-99), Alternatives to the Federation of State Medical Boards Recommendations on Licensure. (RFS Report I, I-99; Reaffirmed, Report C, I-09)

- 275.992R** National Licensure for Physicians: Asked that the AMA study and report on the feasibility and implications of national licensure for physicians. (RFS Substitute Resolution 8, I-99; Reaffirmed, Report C, I-09)
- 275.993R** RFS Response to FSMB Recommendations on Licensure: Asked (1) that the AMA-RFS advocate that successful completion of one year of post-graduate training in an accredited residency program, as certified by the resident's program director, is sufficient to obtain an unrestricted medical license; (2) that the AMA-RFS oppose state medical board oversight of medical students; (3) that the AMA-RFS support the efforts of the AMA Council on Medical Education to oppose the implementation of FSMB BD RPT 98-5 by state medical boards; (4) that the AMA-RFS, in conjunction with the AMA, provide state and local medical societies with supporting materials, including model state legislation, that promotes RFS policy concerning training requirements for unrestricted medical licensure. (RFS Substitute Resolution 6, A-99; Reaffirmed, Report C, I-09)
- 275.994R** USMLE Step 3 and Initial Licensure Fees: Asked the AMA to encourage state medical societies to advocate to the state legislatures and medical licensing boards that the total fees required when a resident registers for the USMLE Step 3, including any required licensure fees, be kept at a moderate level. Also asked the AMA to investigate the costs involved in administering the USMLE, including any future computerized version and encourage minimization of the costs to physicians in training. (RFS Report G, A-98)
- 275.996R** Resident Physician Licenses: Asked (1) that the AMA support the option of limited educational licenses in all states; and (2) that, when a full license is required by a state, that the AMA support reduced licensure fees for resident physicians. (RFS Substitute Resolution 35, I-95) (Reaffirmed, Report C, I-05)
- 275.997R** Postgraduate Training Requirements for Obtaining Permanent Medical Licensure: That the AMA (1) reaffirm existing policy urging state medical licensing boards to permit graduates of Liaison Committee on Medical Education accredited programs to be licensed for the independent practice of medicine prior to the second year of residency training; and (2) reaffirm opposition to lengthy periods of residency training as part of the requirements for licensure, as tending toward licensure by specialty. (RFS Report J, I-88; Reaffirmed: RFS Report C, I-98)
- 275.998R** Impaired Physicians: That (1) the AMA-RFS support the Medical Student Section's efforts directed toward prevention and treatment of medical student and resident physician impairment and when feasible, reentry into medical school or residency programs; (2) residents to become involved as members and proponents of impairment committees in states where there is house staff membership on such bodies; and (3) residents to seek membership on impairment committees in states where no such representation exists. (RFS Report D, A-83; Reaffirmed: RFS Report C, I-93; Reaffirmed: RFS Report C, I-03)
- 275.999R** Psychotherapy for Medical Students and Residents: Recommended (1) that the Department of Resident and Fellow Services (DRFS) seek updated information from each state medical licensing board on its requirements for reporting mental health treatment or psychotherapy, and (2) that the DRFS publish this information along with a

reiteration of current AMA policy on reporting requirements for physicians who have received any form of psychiatric treatment in Code Blue and Resident Forum. This information can then be used by residents in conjunction with their state medical societies to effect regulatory change in the requirements for medical licensure. (RFS Report C, I-92; Reaffirmed: RFS Report C, I-02)

285.000R MANAGED CARE

285.992 CMS, Medicaid, and Health Insurance Corporation Ranking Systems: Asked that the AMA-RFS support current AMA efforts to evaluate health insurers, as exemplified by BOT Report 11 (A-08). (RFS Resolution 10, A-08)

285.993R Excessive Telephone Wait Times for Physician Appeals to Managed Care Decisions on Patient Care: Asked that the AMA specifically encourage Congress to write legislation mandating managed care organizations be required to staff physician contact phone numbers concerning appeals for denied care sufficiently to maintain no more than a five minute average wait time. (RFS Resolution 14, I-03) [Became AMA HOD Resolution 223; adopted A-04]

285.994R Carve-outs and Discrimination in Managed Mental Health Care: Asked that the AMA work to encourage payors to eliminate mental health and chemical dependency carve-outs so that benefits for mental health and chemical dependency are managed and administered like other health care services. (RFS Resolution 5, I-00; Reaffirmed: RFS Report C, I-10)

285.995R Prohibit MCOs from Requiring Board Passage for Hiring Purposes: Asked that the AMA-RFS reaffirm its support for AMA's policy to advocate directly to the managed care plans and large employers that contract with those plans, AMA's opposition to the use of board certification as the sole criterion for physician acceptance on managed care provider panels. (RFS Substitute Resolution 7, I-96) (Reaffirmed, Report C, I-06)

285.996R Protection of Residency Education: That the AMA-RFS support an educational campaign directed toward state and federal legislators to inform them of the importance of encouraging managed care's participation in graduate medical education and to inform them of the potential adverse consequences of managed care's influence on residency education. (RFS Substitute Resolution 3, A-95) (Reaffirmed, Report C, I-05)

285.997R Involvement of Managed Care Organizations in Postgraduate Medical Education: Asked that the AMA-RFS request the AMA to examine and to formulate policy that develops educational and financial guidelines which strive to achieve an appropriate balance between the objectives of managed care organizations and teaching institutions. (RFS Substitute Resolution 12, I-95) [See also: AMA Policy H-285.974] (Reaffirmed, Report C, I-05)

285.998R Preserving Residency Training and Board Certification: Asked (1) that the AMA-RFS support policy to remove board certification as a requirement for enrollment in managed care contracts and to pursue with the insurance industry alternatives to board

certification for quality non-boarded physicians; (2) that the AMA-RFS support the AMA's continued study of alternatives to board certification; and (3) that the AMA-RFS support continuation of the requirement of both residency training and a passing score on a board exam in the appropriate specialty for board certification. (RFS Substitute Resolution 4, I-95) [See also: AMA Policy H-275.944] (Reaffirmed, Report C, I-05)

295.000R MEDICAL EDUCATION

295.990R Competency-Based Learning Portfolios: Asked that our AMA continue to work with the ACGME and other appropriate bodies to define the usefulness of learning portfolios and their role in medical education. (Report E, I-10)

295.991R Support of Access and Flexibility to Breast Feeding During Required National Medical Exams: Asked that our AMA-RFS support the provision of additional time during all standardized medical certification and licensing examinations to allow for pumping or nursing a baby per American Academy of Pediatrics recommendations as well as to provide a secured, private and sanitary location separate from lavatory facilities and that testing locations with these facilities be designated and clearly identifiable at the time of exam registration. (RFS Resolution 2, A-10)

295.992R Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education: Asked (1) that our American Medical Association support the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care – without regard to their gender, sexual orientation, race, religion, disability, ethnic origin, national origin or age (2) That our American Medical Association support students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; (3) That our American Medical Association encourage the Liaison Committee on Medical Education (LCME) and the Accreditation Council of Graduate Medical Education (ACGME) to include LGBT health issues in the cultural competency curriculum for medical education, and (4) that this resolution be forwarded to the AMA-HOD for consideration at the 2005 Annual Meeting. (RFS Amended Resolution 5, A-05)

295.993R Pharmaceutical Federal Regulations – Protecting Resident Interests: Asked that the AMA shall oppose federal regulations on the pharmaceutical industry that would curtail educational and/or research opportunities open to residents and fellows that are in compliance with pre-existing AMA ethical guidelines. (RFS Late Resolution 2, I-02)

295.994R Clinical Skills Assessment as Part of Medical School Standards: Asked (1) that given the importance of assessing clinical competency, the AMA strongly urge the LCME and AOA modify its accreditation standards to require that medical schools administer a rigorous and standardized assessment of clinical skills to all students as a requirement for advancement and graduation; and (2) that the AMA amend HOD Policy H-275.956 by deletion and addition to read:

H-275.956 Demonstration of Clinical Competence

It is the policy of the AMA to (1) support continued efforts to develop and validate methods for assessment of clinical skills; (2) continue its participation in the development and testing of methods for clinical skills assessment; and (3) oppose the use of these methods in evaluation for licensure of graduates of LCME- and AOA-accredited medical schools, believing that clinical skills assessment is best performed using a rigorous and standardized examination administered by the medical school. (RFS Emergency Resolution 1, I-02)

295.995R Clinical Skills Assessment Exam: Asked (1) That the AMA encourage state medical licensing boards to collectively exclude the Clinical Skills Assessment Exam (CSAE) from state medical licensure requirements until such time as (a) The exam has been demonstrated to be statistically valid, reliable, practical and evidence based; and (b) Scientific studies are published in a peer reviewed journal justifying the validity of the exam for U.S. medical graduates; and (c) A testing site is available in every state with an LCME accredited medical school or within 200 miles of that school, whichever is closer; and (d) Scientific studies are published in a peer reviewed journal demonstrating that the fiscal and societal benefits of this exam equal or outweigh the costs; and

(2) That the AMA encourage state medical societies to advocate for the collective exclusion of the Clinical Skills Assessment Exam (CSAE) from state medical licensure board regulations until such time as (a) The exam has been demonstrated to be statistically valid, reliable, practical and evidence based; and (b) Scientific studies are published in a peer reviewed journal justifying the validity of the exam for U.S. medical graduates; and (c) A testing site is available in every state with an LCME accredited medical school or within 200 miles of that school, whichever is closer; and (d) Scientific studies are published in a peer reviewed journal demonstrating that the fiscal and societal benefits of this exam equal or outweigh the costs; and

(3) That the AMA urgently contact the National Board of Medical Examiners, all organizations represented on the NBME Governing Board, and the Federation of State Medical Boards to request suspension the implementation of the proposed mandatory Clinical Skills Assessment Examination until such time as (a) The exam has been demonstrated to be statistically valid, reliable, practical and evidence based; and (b) Scientific studies are published in a peer reviewed journal justifying the validity of the exam for U.S. medical graduates; and (c) A testing site is available in every state with an LCME accredited medical school or within 200 miles of that school, whichever is closer; and (d) Scientific studies are published in a peer reviewed journal demonstrating that the fiscal and societal benefits of this exam equal or outweigh the costs; and

(4) That the AMA commend the Liaison Committee on Medical Education (LCME) for making clinical skill competencies a priority, and work with the Association of American Medical Colleges (AAMC) and LCME to ensure that clinical skill competencies are taught and assessed using standardized patient examinations as part of every medical school curriculum. (RFS Resolution 11, A-02) [See Also AMA Resolution 308, A-02]

- 295.996R** Endorsement for Appropriate Medical Student Training Conditions: Asked that the RFS endorse resolutions and policies that seek the development of professional guidelines addressing the issue of appropriate medical student training hours and training conditions during clinical clerkship. (RFS Resolution 3, I-01)
- 295.997R** Clinical Skills Assessment: Asked that the AMA-RFS ask the LCME and the American Osteopathic Association to ensure that all LCME and AMA accredited medical schools comply with the requirement that schools teach and assess clinical schools. Also asked that the AMA to explore ways to make the Clinical Skills Assessment examination more accessible to International Medical Graduates. (RFS Substitute Resolution 6, A-98)
- 295.998R** Medical Student Training in Airway Management: Asked that the AMA recommend training in techniques and decision making in airway management of the unconscious patient for all medical students as part of their undergraduate medical education. (RFS Substitute Resolution 1, I-97; Reaffirmed, Report C, I-07)
- 295.999R** Establishing Essential Requirements for Medical Education in Substance Abuse: Asked (1) that the AMA adopt as policy that alcohol and other drug abuse education needs to be an integral part of medical education; and (2) that the AMA support the development of programs to train medical students in the identification, treatment and prevention of alcoholism and other chemical dependencies. (RFS Substitute Resolution 31, A-94) [See also: AMA Policy H-295.922] (Reaffirmed Report F, A-05)

300.000R **MEDICAL EDUCATION: CONTINUING**

- 300.999R** Promoting Patient Access to Established Physicians: Asked (1) that the AMA-RFS support direct patient access to physicians of their choice, regardless of whether the physician is a generalist or specialist; and (2) that the AMA-RFS support asking medical specialty organizations to develop guidelines for care provided according to specialty and to document the impact of the guidelines on the quality and cost-effectiveness of direct access to care. (RFS Substitute Resolution 3, A-94) [See also: AMA Policy H-230.999, H-385.992, H-405.985] (Reaffirmed Report F, A-05)

305.000R **MEDICAL EDUCATION: FINANCING AND SUPPORT**

- 305.800R** Graduate Medical Education (GME) Funding: Asked that Resolution 6 (A-05) - Reforming the System of Determining Residents' Salaries not be adopted and that the remainder of this report be filed. (RFS Report E, I-05)
- 305.801R** Protecting Graduate Medical Education: Revisiting the All-Payer System: That our AMA work together with other stakeholders to actively lobby the current Congress for legislation requiring all payers to contribute towards graduate medical education, while simultaneously continuing to lobby to protect Medicare and Medicaid Graduate Medical Education payments and that our AMA report back on this issue at A-08. (RFS Resolution 7, A-07)

- 305.885R** Securing Medicare GME Funding for Research and Outside Rotations: That our AMA study current funding mechanisms for residency training programs and potential funding limitations; and be it further that our AMA encourage research and extramural educational opportunities; and be it further that our AMA work to change current DME (Direct Medical Education) regulations and funding guidelines which may limit research and extramural educational opportunities during residency training. (RFS Resolution 12, A-07)
- 305.885R** Reauthorization and Reversal of Proposed Funding Cuts to Title VII, Title VIII, and the Children's Hospital's GME Programs: Asked that the AMA reaffirm and support its ongoing efforts to lobby both for the timely reauthorization of the Title VII, Title VIII, and the Children's Hospital's GME Programs and the reversal of funding cuts proposed by the Administration's FY 2003 budget. (RFS Resolution 9, A-02) [See Also AMA Resolution 224, A-02] (Reaffirmed, Report C, I-05)
- 305.886R** Comparable Financial Support for Residents: Recommended that the AMA-RFS support a comparable level of financial support of housestaff positions by level of training within institutions. (RFS Report I, I-95) [See also: AMA Policy H-310.988] (Reaffirmed, Report C, I-05)
- 305.887R** Public Disclosure of Residency Revenue and Expenditures: Asked (1) that the RFS Governing Council study the feasibility of residency programs obtaining and disclosing revenues and expenditures related to residency training; (2) that the RFS Governing Council report to the RFS Assembly at A-99 on current and proposed methodologies of Medicare GME funding; and (3) that the RFS report to the Assembly on the feasibility of developing accounting techniques to report the annualized value of resident services. (RFS Substitute Resolution 2, I-98)
- 305.888R** Compensation for Teaching Physicians: That the AMA oppose the use of Medicare rules regarding reimbursement of teaching physicians for unsupervised services, by private payors and Medicaid unless the payor contributes to graduate medical education on a scale commensurate to Medicare's contribution to graduate medical education. (RFS Report H, A-97)
- 305.889R** Impact of Medicare Regulations on Residency Training: Asked (1) that the RFS Governing Council continue to monitor the issue of Medicare, Medicaid, and private payor reimbursement of teaching physicians for supervising residents and (2) that the RFS Governing Council continue to collect information from residents on the regulations regarding reimbursement of teaching physicians for supervising residents and continue to report back to the RFS Assembly as appropriate. (RFS Report H, I-97)
- 305.890R** Second Residencies in Primary Care: Asked that the AMA-RFS ask the AMA to seek reinstatement of full Medicare Direct Graduate Medical Education funding training institutions for residents who have completed the minimum years of training for first board eligibility and are seeking a residency in primary care or other shortage specialty, as defined by the Health Care Financing Administration (HCFA). (RFS Substitute Resolution 20, I-96) (Reaffirmed, Report C, I-06)

- 305.891R** Support for Combined Residency Programs: Asked that the AMA restore full funding for all years of combined residency training. (RFS Substitute Resolution 18, I-96) (Reaffirmed, Report C, I-06)
- 305.892R** Medicare Reimbursement of Direct GME Funding: Asked that the AMA work to restore Direct Graduate Medical Education funding that allows each resident an initial residency period of five years, regardless of specialty choice or minimum years to attain board certification. (RFS Late Resolution 2, I-96) (Reaffirmed, Report C, I-06)
- 305.894R** Reimbursement and Residency Training: Recommended (1) that the AMA-RFS affirm that residents should be allowed to fully participate in the care of all patients, regardless of reimbursement mechanisms; and (2) that the AMA-RFS support appropriate reimbursement for services that are provided by residents under the degree of supervision appropriate for the level of training and the educational setting; and (3) that the AMA-RFS reaffirm that programs must continue to provide appropriate supervision for residents. (RFS Report E, A-95) [See also: AMA Policy H-310.979, H-310.981] (Reaffirmed, Report C, I-05)
- 305.895R** Compensation for Teaching Staff Physicians: Asked that the AMA (1) endorse appropriate compensation for physician time spent teaching residents and students; and (2) oppose any and all sanctions against physicians who see fewer patients and/or perform fewer procedures as a direct consequence of teaching obligations. (RFS Substitute Resolution 30, A-95) (Reaffirmed, Report C, I-05)
- 305.896R** Reinstatement of Full Medicare Payment for Second Residencies in Primary Care or Shortage Specialties: Asked that the AMA-RFS ask the AMA to seek reinstatement of full Medicare direct GME reimbursement to training hospitals for residents who have the minimum years of training for first board eligibility and who are seeking to enter a postgraduate training program in a primary care or shortage specialty. (RFS Resolution 37, I-94) (Reaffirmed Report F, A-05)
- 305.897R** Graduate Medical Education Funding: Asked that the AMA-RFS (1) continue to monitor and report on the issue of Medicare graduate medical education funding; and (2) through its communications vehicles, publicize and educate resident physicians on the issue of Medicare GME funding. (RFS Report E, I-91) (Reaffirmed: RFS Report C, I-01) [See also: AMA Policy H-305.956]
- 305.898R** GME Financing: Asked that the AMA-RFS continue its strong opposition to reductions of Medicare funding for graduate medical education; (RFS Substitute Resolution 12, A-91) (Reaffirmed: Report C, I-01)[See also: AMA Policy H-305.956]
- 305.899R** Funding of Education and Research Under Prospective Payment Plans: Asked that the AMA-RFS endorse: (1) the concept that research, development and education are intrinsic components of the "product" medical care and as such, their costs should fairly be assumed by private and public medical insurance programs, health care plans and industry; and (2) AMA Resolution 108 (A-84) which asked that the AMA endorse such a policy and ask those groups to strive toward a better balance between immediate medical cost containment and long-term concern for medical excellence and progress.

(RFS Substitute Resolution 19, A-84; Reaffirmed RFS Report C, I-94) (Reaffirmed Report F, A-05)

305.900R **Medical Education Debt**

305.980R Loan Repayment for Physicians in Designated Shortage Areas: That our AMA educate their members 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. Also, that the AMA advocate for tax benefits for physicians who practice in either state-designated or federally-designated shortage areas and that the AMA acknowledge and continue to support initiatives that facilitate recruitment of physicians to designated shortage areas. (RFS Resolution 8, A-09)

305.981R Expansion of Eligibility Criterion for Economic Hardship Deferment 20/220 Pathway: That our 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). (RFS Resolution 2, A-08).

305.982R Reinstatement of Economic Hardship Loan Deferment: That our AMA 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. (RFS Late Resolution 1, I-07)

305.983R Loan Repayment Program Resource: Asked that our AMA-RFS research, compile, and maintain a comprehensive resource to include a hyperlink list of all the loan repayment programs across the country; and that access to this resource be a member-only feature of the AMA website. (RFS Late Resolution 1, A-06)

305.984R Federal Student Loan Program Interest Rates Asked (1) that the AMA analyze models of federal student loan and student loan consolidation program interest rate regulations (including fixed and variable rates) and make recommendations to maximize their effectiveness in addressing medical education debt and patient access to health care; (2) that the AMA utilize data from the study of federal loan and student loan consolidation program interest rate regulations to enhance its lobbying efforts toward the reauthorization of the Higher Education Act; and be it further; (3) that the AMA provide a report to the AMA-HOD and RFS-HOD at A-05 regarding the reauthorization of the Higher Education Act at A-05; and (4) that the AMA-RFS forward this resolution immediately to the AMA at I-04. (RFS Substitute Resolution 4, I-04) [Became AMA HOD Resolution 729:Adopted I-04]

305.985R Student Loan Interest Rates: Asked that the AMA actively lobby for legislation aimed at establishing an affordable student loan structure with a variable interest rate capped at no more than 6.8%. (RFS Amended Resolution 3, A-03) [AMA Resolution 316 brought by RFS adopted as amended, A-03]

305.986R Student Loan Interest Deduction: Asked that (1) the RFS work to continue active lobbying by the AMA on student loan tax relief, (2) that the RFS reaffirm RFS and AMA policies that support expanding the tax deductibility of student loan interest, and

(3) that the RFS thank the American Medical Political Action Committee for its support for resident and medical student lobbying efforts on student loan relief and other issues. (RFS Substitute Resolution 7, A-01)

- 305.987R** Deferment Period for U.S. Medical School Graduates' Subsidized Federal Stafford Loans: Asked (1) that the RFS continue to support the ongoing efforts of the AMA to expand economic hardship deferment provisions for residents for the duration of their postgraduate training; and (2) that the AMA develop legislation to expand economic hardship deferment provisions for resident physicians. (RFS Substitute Resolution 1, A-01)
- 305.988R** Maintaining Financial Solvency During Residency Training: Recommended that the AMA-RFS: (1) encourage resident physicians to work with hospitals and universities to examine the issue of student loan indebtedness and possible solutions including increased compensation packages; (2) continue to work with the AMA to encourage resident physicians to inform legislators of the impact of financing graduate medical education on career choice, specialty choice, and practice location; and (3) report to the Assembly on the results of the survey of medical students being conducted by the AMA Division of Undergraduate Medical Education. (RFS Report N, I-90; Reaffirmed: RFS Report C, I-00; Reaffirmed: RFS Report C, I-10)
- 305.989R** Student Loan Deferment: Asked (1) that the AMA-RFS work with the AMA-MSS and other interested parties to develop a grassroots campaign to educate federal legislators on the expanding burden of medical education debt in an effort to promote the need for extending deferment of student loans for post-graduate training; (2) that the AMA lobby the federal government for legislation that will achieve deferment of medical school loans for the entire residency and fellowship period. (RFS Substitute Resolution 14, A-99; Reaffirmed, Report C, I-09)
- 305.990R** Student Debt and Post 1986 Tax Changes: Asked the AMA to continue to recognize the seriousness of the problem of the expanding burden of medical education debt and elevate to a top legislative priority. Also asked the AMA to collaborate with other medical and professional associations to seek sponsorship and support passage of legislation consistent with current AMA policy that would return to the pre-1986 tax status for interest on education related debt. (RFS Resolution 8, A-98)
- 305.991R** Use of Social Security Numbers on Student Loan Accounts: Asked that the AMA work with student loan services and other associated agencies to end the use of Social Security Numbers as account numbers. (RFS Substitute Resolution 1, A-98)
- 305.992R** Deferral and Deduction of Student Loans: Asked that the AMA-RFS initiate efforts to reinstate full deferral of medical student loans through the entire duration of training. (RFS Substitute Resolution 15, A-95) [See also: AMA Policy H-305.972] (Reaffirmed, Report C, I-05)
- 305.993R** Administrative Assistance with Medical Education Loans: Asked that the AMA encourage all residency training programs to provide financial advice and administrative assistance in managing resident education indebtedness. (RFS Resolution 12, A-95) (Reaffirmed, Report C, I-05)

- 305.994R** Direct Loan Consolidation Program: That the AMA-RFS and the AMA support the Individual Education Account/Direct Loan Consolidation Program. (RFS Resolution 9, A-95) [See also: AMA Policy H-305.948] (Reaffirmed, Report C, I-05)
- 305.996R** Student Loan Deferment by Purchasing Institution: Asked (1) that the AMA ask the banking industry, and consider supporting legislation, to address the fact that institutions selling loans do not always forward the original "request for deferment of payment" document to the loan purchasing institution. (RFS Substitute Resolution 14, A-94) [AMA Resolution 210, I-94 was adopted as action, not policy] (Reaffirmed Report F, A-05)
- 305.997R** Medical School Tuition: That the AMA-RFS (AMA-RFS) support AMA's efforts to work with all appropriate bodies to study how the cost of medical education to institutions and trainees can be reduced significantly in coming years. (RFS Substitute Resolution 7, A-92: Reaffirmed: RFS Report C, I-02) [See also: AMA Policy H-305.959]
- 305.998R** Student Loan Deferment During Residency: Asked that the AMA-RFS prepare a detailed report on AMA activities regarding medical student loan deferment during residency and make recommendations for further policy for consideration at the 1989 Interim Meeting. (RFS Substitute Resolution 24, A-89) In response to Substitute Resolution 24, the AMA-RFS adopted as amended Report D which reviewed the issue, AMA policy, and federal legislation, and asked that the: (1) AMA support efforts to grant forbearance to residents who request it without penalties, additional costs, or restrictions, but not to the exclusion of deferment; (2) AMA actively oppose legislative efforts to curtail or eliminate the classification of residents as students for purposes of loan deferment; and (3) AMA-RFS continue to inform resident physicians of any federal legislation pending on student loans and encourage residents to write their Congressmen and Senators. (RFS Report D, I-89; Reaffirmed: RFS Report C, I-99) [See also: AMA Policies H-305.965 and H-305.961]
- 305.999R** Student Loans: Asked that the Governing Council work with the AMA to preserve student loan programs for undergraduate medical education. (RFS Resolution 15, A-85; Reaffirmed: Report C, I-95) [See also: AMA Policies H-305.955, H-305.957, H-305.962 and H-305.973] (Reaffirmed, Report C, I-05)

310.000R **MEDICAL EDUCATION: GRADUATE**

310.500R **Resident Work Hours and Conditions**

- 310.449R** Resident and Fellow Duty Hours and Quality of Training: Asked that our AMA encourage the Accreditation Council for Graduate Medical Education (ACGME) to not adopt the IOM report's call for protected sleep periods and for reducing the number of hours that residents can work without time for sleep to 16, until research shows improved patient care and safety; That our AMA encourage the ACGME to allow appropriate flexibility for different disciplines and different training levels within the current ACGME maximum duty hours standards; That our AMA work

with other key stakeholders to continue to develop strategies for implementing optimal work schedules to improve resident education and patient safety in healthcare. (RFS Emergency Resolution 2, A-10)

- 310.550R** Resident and Fellow Bill of Rights: That our AMA adopt a *Residents' and Fellows' Bill of Rights* 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. Also, that the *Residents' and Fellows' Bill of Rights* shall address 10 core themes spanning the aggregate of the graduate medical education experience (List of Rights attached as Addendum 1 to this document). (RFS Resolution 1, A-09)
- 310.569R** Impact of Specialty Board Mandated Residency Completion Dates on Parental Leave During Residency: 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. (RFS Resolution 2, A-09)
- 310.570R** Provision of Child Care by Residency and Fellowship Training Programs: That our AMA (1) 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 and (2) evaluate the progress made in the provision of child care and different models being utilized by training programs. (RFS Resolution 4, A-08)
- 310.571R** Loss of Status Following Family Medical Leave Act (FMLA) Qualified Leave During Residency Training: 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; And that our AMA urge the American Board of Medical Specialties and its member boards to be in compliance with the Family Medical Leave Act and to retract any policies that do not comply. (RFS Resolution 2, I-07)
- 310.572R** Monitoring of At-Home Call Implementation by Residency Programs: Asked (1) That our AMA oppose the use of at-home call if being used to circumvent the intent of current ACGME duty hour restrictions; (2) That our AMA work with the ACGME and other interested organizations to collect additional information on how residency programs nationwide are using at-home call rotations; (3) That our AMA work with the ACGME and other interested organizations to study the impact of at-home call on resident well-being, sleep patterns, and patient safety, commenting on issues such as, but not limited to, total hours worked, number of pages and phone calls received, and hours of continuous sleep; and (4) That our AMA work with the ACGME and other interested organizations to study and develop best practices for implementing at-home call in residency and fellowship programs. (RFS Resolution 3, I-07)
- 310.573R** Resident and Fellow Leave Policy: That our AMA reaffirm existing AMA and AMA-RFS policies on resident and fellow leave. [AMA and AMA-RFS policies reaffirmed in lieu of Res. 5, I-06; See AMA Policies H-420.966, H-420.961, H-420.987, H-420.967,

and AMA-RFS Policies 310.581R, 310.590R, 310.594R, 310.599R, 310.799R](Report E, A-07)

- 310.574R** Intern and Resident Burnout: That our American Medical Association Resident and Fellow Section work with the ACGME to study resident burnout and determine if (1) recommendations can be made on how to recognize burnout, how to treat it, and, if possible, how to prevent it; (2) it relates to the professionalism core competency for residents; and (3) recognizing, treating and possibly preventing burnout could be included in the program requirements for residency program directors. (RFS Resolution 3, A-06)
- 310.575R** Colleague Intimidation: Stated that (1) the Governing Council recommends that a survey be conducted on Resident and Colleague Intimidation in accordance with the process outlined in this report and (2) that the remainder of this report be filed (Report I, A-05)
- 310.576R** Resident/Fellow Work and Learning Environment: Asked (1) That our AMA ask the Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME) to reconsider the changes made in the Common Program Requirements for duty hours and the procedures for the approval exemptions at their meeting of February 11, 2003, and approve the original language and intent from June 2002 prior to the implementation of requirements on July 1, 2003; (2) That our AMA study all options to address enforcement and compliance with the ACGME Duty Hour requirements (JCAHO, legislation, private methods etc) with a report back to the House of Delegates at the A-04 meeting;(3) That our AMA study, develop, and promote a method of creating an environment for residents to safely report violations on resident duty hours without any repercussions; (4) That our AMA request an annual report to ACGME's Member Organizations from the ACGME, which includes the number of complaints received, the number not in compliance due to duty hours and working conditions and the action taken by ACGME, and that this report be indexed by specialty; (5) That our AMA continue to work with the ACGME to refine the duty hours standards, and work with ACGME and other appropriate entities to collect evidence on the impact of current standards in regards to patient and resident safety, resident education, and eliminating fatigue and sleep deprivation; (6) That our AMA support the program module developed by the American Academy for Sleep Medicine to educate residency training programs on sleep deprivation and fatigue that is scheduled to be ready for distribution by July 1, 2003; (7) That the AMA-RFS and the AMA-MSS continue working with groups such as the Committee of Interns (CIR) on collaborative efforts to see that duty hour reform is enforced and continue to work to improve working conditions for residents and fellows; (8) That our AMA conduct a 10-year survey to capture the attitudes and changes of residents on duty hours after the new ACGME guidelines to determine the effect on working conditions for residents and fellows;(9) That our AMA reaffirm policy H.310.928 and D. 310.999 by encouraging the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patient safety in order to find solutions to the problems. (RFS Report F, A-03; AMA Resolution 322 brought by RFS adopted as amended/item no. 8 on 10-year survey was referred to BOT, A-03)

- 310.577R** Resident/Fellow Work and Learning Environment: Asked (1) that the AMA-RFS continue to work with other national resident/student organizations to make current hours reform work; (2) that the AMA-RFS continue to explore other options to address compliance with the ACGME Duty Hour requirements including, but not limited to confidential and anonymous reporting and study enforcement alternatives to the current ACGME standards; (3) that the AMA-RFS continue to support the AMA Council on Legislation as the coordinating body in the continued creation of legislative and regulatory options; and (4) that the AMA-RFS continue to work with the AMA Council on Medical Education to address compliance with the ACGME Duty Hour requirements. (RFS Report F adopted as amended in lieu of Resolutions 4 and 5, I-02)
- 310.578R** Fellowship Salaries: Asked (1) that the AMA study the current system of fellowship funding and salaries with a report at I-02, and (2) that the AMA encourage the ACGME and the ABMS to collect information on fellowship salaries from both accredited and non-accredited programs to serve as a basis for the development of policy recommendations. (RFS Report G, A-02)
- 310.579R** Resident/Fellow Work and Learning Environment: Asked that (1) the AMA define resident duty hours as those scheduled hours associated with primary resident or fellowship responsibilities; (2) that the AMA support a limit on resident duty hours of 84 hours per week averaged over a two-week period; (3) that the AMA support on-call activities no more frequent than every third night and there be at least one consecutive 24 hour duty-free period day every seven days both averaged over a two-week period; (4) that the AMA support a standard workday limit for resident physicians of 12 hours. Patient care assignments exceeding 14 hours are considered on-call activities; (5) that the AMA support a limit on scheduled on-call assignments of 24 consecutive hours. On-call assignments exceeding 24 consecutive hours must end before 30 hours. The final 6 hours of this shift are for education, patient follow-up, and transfer of care. New patients and/or continuity clinics must not be assigned to the resident during this 6-hour period; (6) that the AMA support the inclusion of home call hours in the total number of weekly scheduled duty hours if the resident on call can routinely expect to get a less than 5 consecutive hours of sleep; (7) that the AMA support a limit on assignments in high intensity settings of 12 scheduled hours with flexibility for sign off activities; (8) that the AMA support that limits on duty hours must not adversely impact the organized educational activities of the residency program; (9) that the AMA ask the ACGME to establish new requirements for mandatory and protected education time in residency programs that constitutes no less than 10% of scheduled duty hours; (10) that the AMA support that scheduled time providing patient care services of limited or no educational value be minimized; (11) that the AMA ask the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions that train physicians; (12) that the AMA ask JCAHO to establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and (13) that the AMA-RFS support the AMA Council on Legislation as the coordinating body in the creation of legislative and regulatory options. (RFS Report F, A-02) [See Also CME Report 9, A-02]

- 310.580R** Resident/Fellow Work and Learning Environment: Asked that (1) the AMA may draft original, modify existing, or oppose legislation and pursue any regulatory or administrative strategies when dealing with resident work hours and conditions, (2) that the AMA work with organizations such as the Accreditation Council for Graduate Medical Education (ACGME), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and other appropriate organizations, toward finding solutions to the problem of work hours and conditions which would strengthen current work hours enforcement mechanisms, (3) that the AMA encourage the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patient safety and to explore possible solutions to the problem of work hours and conditions, and (4) that the RFS Governing Council report back the RFS Assembly at A-02. (RFS Report F, I-01) [See Also: AMA Policy H-310.928]
- 310.581R** Residency Housestaff Leave Requirements: Asked that the RFS encourage the various specialty boards to adopt the RFS model for residency leave requirements and that this information be provided by residency programs to residents at the time of application for training. (RFS Report E, I-01)
- 310.582R** Effect of Nursing Shortage on Medical Education: Asked that the AMA study and report back the effects of the nursing shortage on the working environment of physicians-in-training. (RFS Substitute Late Resolution 1, I-01) [AMA-HOD Resolution 309, I-01]
- 310.583R** Resident and Fellow Work Hours Reform 2001: Asked that 1) the RFS continue to make the improvement of hospital working conditions, including resident/fellow work hours, a top priority and report back at I-01 regarding the section's progress on this issue, (2) that the RFS Governing Council work directly with other interested organizations using forums, workshops, and other methods to address the issue of hospital working conditions and resident/fellow hours, (3) that the RFS ask the AMA to have the Council on Medical Education evaluate the scope of work hours violations by residency and fellowship programs and assess the ACGME's progress in curtailing these violations with a report at I-01, (4) that the RFS ask the AMA to have the Council on Scientific Affairs work with other appropriate organizations to study the effect of resident/fellow sleep deprivation and fatigue on medical decision making, performance, and medical errors, (5) that the RFS ask the AMA to have the Council on Legislation explore legislative strategies to enforce ACGME resident/fellow work hour standards and study the potential impact of state/federal legislation on work hours and teaching institutions with report back at I-01, (6) that the RFS ask the AMA to have the Council on Medical Service study the feasibility of enforcement of resident/fellow work hour standards by state/federal regulatory agencies, and (7) that the AMA Board of Trustees review recent activities by the AMA and other organizations related to resident and fellow working conditions reform and report back at I-01. (RFS Report F, A-01)
- 310.584R** Intern and Resident Work Standards: Asked (1) that the AMA support the various ACGME-RRC standards as a template for reasonable resident work conditions; (2) that the AMA encourage the development of effective sanctions for violation of ACGME resident work standards; (3) that the AMA encourage the ACGME to

publish the list of programs with work hour violations in print and in electronic form; (4) that the AMA publish the list of programs with work hour violations in print and in electronic form; and (5) this resolution be forwarded to the I-2000 meeting of the AMA-HOD. (RFS Substitute Resolution 1, I-00; Reaffirmed: RFS Report C, I-10)

- 310.585R** Resident Work Hours: Asked (1) that the AMA-RFS re-identify resident work hours, workload and supervision as one of its priority issues; and (2) that the Governing Council study the implementation of the ACGME guidelines by residency programs and report to the Assembly on what actions might be taken to further resident interests in these areas. (RFS Resolution 25, A-95) [See also: AMA Policy H-310.979, H-310.981, H-310.999] (Reaffirmed, Report C, I-05)
- 310.587R** Data Bank for Poor Outcomes Associated with Excessive Work Hours: Asked (1) that the AMA initiate an anonymous reporting network for adverse outcomes associated with working conditions and the work environment, including excessive work hours and (2) that the AMA-RFS support a national survey of resident work hours and working conditions in order to develop new recommendations regarding work hours and working conditions to optimize resident education and patient care. (RFS Substitute Resolution 5, I-98)
- 310.588R** Support for Night Float Rotation: Asked that the AMA encourage alternatives to the traditional night call system in undergraduate and graduate medical education training to support the elimination of any RRC guidelines that discourage alternatives to traditional night call such as night float. (RFS Substitute Resolution 10, A-98)
- 310.589R** Supervision of Residents: Asked that the AMA evaluate and advocate for the revision of the new HCFA rules concerning Medicare reimbursement for teaching physicians to ensure (1) more reasonable documentation requirements, (2) clarify and determine reasonable physical presence requirements, (3) expand the limited exception requirements for attending physician supervision to restore training for non-primary care residents at centers located in outpatient centers regardless of hospital affiliation. (RFS Report F, A-97)
- 310.590R** Extended Leave Policy for Residents: That the AMA-RFS ask the AMA to urge residency training programs, medical specialty boards and the ACGME to urge employers to provide for extended leave of up to one year for resident physicians with extraordinary and long term personal or family medical tragedies without the loss of previously accepted residency training positions. (RFS Substitute Resolution 11, A-97; Reaffirmed, Report C, I-07)
- 310.591R** Misrepresentation of Degree of Supervision: Asked (1) that the AMA-RFS reaffirm support of appropriate supervision of residents and that (2) the AMA-RFS support the AMA in its continued efforts to work with and monitor HCFA's implementation of the new Teaching Physician Guidelines. (RFS Substitute Resolution 2, A-96) (Reaffirmed, Report C, I-06)
- 310.592R** Reallocation of Residency Positions and Preservation of Work Hour Reform: Asked that the AMA-RFS ask the AMA to study the affect of redistribution or reduction of

residency positions on residency education, work hours, and conditions. (RFS Substitute Resolution 19, I-96) (Reaffirmed, Report C, I-06)

310.593R Resident Work Hours: Recommended that the AMA-RFS Governing Council continue to monitor resident working conditions, including working hours, and report back to the Assembly as appropriate. (RFS Report G, I-95) [See also: AMA Policy H-310.957, H-310.979, H-310.981] (Reaffirmed, Report C, I-05)

310.594R Sick Leave for Resident Physicians: Asked (1) that the AMA-RFS deplore the inappropriate use of sick leave in the work place; and (2) that the AMA-RFS support a policy which would allow a resident to be absent for illness or surgery for a reasonable period of time without being penalized, within the parameters of the Accreditation Council of Graduate Medical Education (ACGME) and Residency Review Committee (RRC) requirements. (RFS Substitute Resolution 2, I-94) (Reaffirmed Report F, A-05)

310.595R Residency Working Hours: Asked that the AMA-RFS encourage alternatives to the traditional night call system in undergraduate and graduate medical education training to ensure quality patient care and sustain good health for physicians in training. (RFS Substitute Resolution 34, I-94) (Reaffirmed Report F, A-05)

310.596R Recognition and Definition of Resident Abuse: Asked (1) that the AMA-RFS recognize resident abuse as a valid issue and apply the definition established for medical student abuse to residents; and (2) that the AMA support further research on medical student and resident abuse. (RFS Substitute Resolution 17, I-94) (Reaffirmed Report F, A-05)

310.597R Fitness Facilities for Residents: Asked that the AMA-RFS and the AMA support the goal that by the year 2000 at least 50% of all residency programs will have exercise facilities on site available to residents, and by the year 2010, 90% of residency programs will have such facilities. (RFS Resolution 24, A-94) [AMA Res. 304, I-94 was not adopted] (Reaffirmed Report F, A-05)

310.599R Residents' Benefits: Asked that the AMA-RFS continue to formulate long range plans and strategies to improve the vocational, personal and educational benefits of residents. (RFS Substitute Resolution 1, A-81; Reaffirmed: RFS Report C, I-91) (Reaffirmed: RFS Report C, I-01)

310.600R Grievances and Due Process

310.690R Protection of Peer Review Evaluations During Litigation: That our AMA-RFS oppose the utilization of resident and fellow performance evaluations for any purpose other than providing educational feedback. And that our AMA-RFS specifically opposes utilization of any evaluations of resident and fellow performance during a litigation process. (RFS Resolution 5, A-09)

310.691R Appropriate Use of 360-Degree Resident Evaluations: That our AMA work with the Accreditation Council on Graduate Medical Education to study mechanisms used by residency programs to evaluate resident performance in the ACGME six general competencies, including 360-degree evaluation tools. And that our AMA work with the

ACGME on developing standards for the use of 360-degree evaluations, including a determination of their validity in resident assessment, and methods to ensure that the content of individual evaluations remains confidential and legally protected. (RFS Resolution 4, I-09)

- 310.692R** Improving Resident, Fellow and Patient Safety: Asked that our AMA urge the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) to create an anonymous system for reporting duty hour violations and resident intimidation in order to protect residents, fellows, and patients by improving compliance with the common residency program requirements established by the ACGME. Asked that our AMA work with the ACGME and AOA to develop a pamphlet to be distributed to residents at orientation on the known dangers of duty hour violations, the avenues available to report such violations, and the processes that the ACGME uses to bring programs who violate duty hour rules into compliance. Asked that our AMA draft a proposal for the ACGME and AOA that creates a system of incentives and disincentives for programs to comply with the common residency program requirements in addition to the threat of loss of accreditation. Asked that our AMA urge the ACGME and AOA to create a system that will protect whistleblowers from retribution for reporting duty hour violations. (RFS Resolution 2, I-06)
- 310.693R** Increasing Resident and Fellow Awareness of Local Representation: Asked that the RFS ask the ACGME to require institutions to annually disseminate to all residents and fellows the current full-text institutional due process rules for residents and fellows and the current names and contact information of residents serving on hospital committees and the responsibilities of their respective committees (RFS Substitute Resolution 5, A-00; Reaffirmed: RFS Report C, I-10)
- 310.694R** Due Process for Housestaff in All Loss-of Employment Situations: Asked that the AMA-RFS support proposed modifications to the ACGME Institutional Requirements that would expand the provision of a grievance process to situations including non-renewal of contract and other actions that would threaten the career of a resident physician. (RFS Substitute Resolution 2, A-00; Reaffirmed: RFS Report C, I-10)
- 310.695R** Evaluations and Consultations for Use in Grievance Procedures: Asked (1) that the AMA-RFS ask the AMA's Council on Ethical and Judicial Affairs to develop guidelines for residency programs regarding the procedures by which a residency program can terminate or dismiss a resident and (2) that the AMA-RFS publicize current CEJA opinions that relate to residency termination hearings. (RFS Report J, I-97)
- 310.696R** Confidential Resident Complaint Procedure: Recommended that the AMA-RFS support mandatory RRC use of annual anonymous resident surveys prior to site visits, and that the AMA-RFS continue to pursue mechanisms for resident input into the program review process. (RFS Report J, A-95) [See also: AMA Policy H-310.995] (Reaffirmed, Report C, I-05)
- 310.697R** Confidential Advocacy for Residents Reporting Residency Problems: Asked (1) that the AMA-RFS publicize procedures by which residents can report accreditation

violations; and (2) that the AMA-RFS Governing Council submit a report at A-95 on how the AMA-RFS can serve as a facilitator and advocate for residents who wish to anonymously report concerns and accreditation violations to the Accreditation Council on Graduate Medical Education (ACGME) and/or Residency Review Committees. (RFS Resolution 9, I-94) (Reaffirmed Report F, A-05)

310.698R Due Process Grievance Procedures, and Graduate Medical Education Reform: Asked that: (1) The AMA-RFS (AMA-RFS) periodically distribute information on due process and contract agreements as outlined by the ACGME, AMA, and AMA-RFS to residents via AMA-RFS publications e.g. Member Matters, Code Blue, and Resident Forum. (2) The AMA distribute AMA's publication, Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures to Chairmen of residency training program's graduate medical education committees and housestaff associations. (RFS Report E, A-92: Reaffirmed items 1 and 2: RFS Report C, I-02) [See also: AMA Policy H-310.950]

310.699R Due Process System for Residency Programs: Asked that the AMA-RFS develop and report on a model due process system for residency programs. In response, the AMA-RFS adopted Report C, which enumerated fifteen recommendations for residency programs on due process. (1) A personal record of evaluation should be maintained for each resident which is accessible to the resident. (2) A resident should have the opportunity to challenge the accuracy of the information in his/her resident record. (3) At least annually, but preferably semi-annually, the program director and teaching staff should evaluate each resident's performance and provide each resident with this evaluation. (4) Each resident should expect to continue to the next level of training, unless he/she is given adequate notice and informed of reasons he/she may not so advance. (5) Residents should be involved in the development of recommendations on policy issues, involving education and patient care including the mechanism for evaluation or resident performance. (6) There should be policies and procedures that define the bodies responsible for evaluation of residents and the function and membership of such bodies. These policies and procedures should provide for timely and progressive verbal and written notification to the physician that his/her performance is in question, and provide an opportunity for the resident to learn why it has been questioned. (7) There should be participation by residents in all institutional bodies involved in the evaluation of residents. Consideration should also be given to including staff physicians closely involved in housestaff interactions. Those residents participating should have full voting rights. Representatives of the housestaff should be selected by members of the housestaff. (8) These policies and procedures should also provide that when a resident has been notified of an adverse action, he/she has adequate notice and opportunity to appear before a decision making body to respond to the charges and introduce his/her own rebuttal. Dismissal from the program, the replacing of the resident on probation or otherwise depriving the resident of the property rights to which he/she is entitled in order to continue in the program constitutes an adverse action. (9) The fundamental aspects of a fair hearing are: a listing of specific charges, adequate notice of the right to a hearing, the opportunity to present and to rebut the evidence, and the opportunity to present a defense. (10) A hearing should be conducted and a decision reported to the resident in a timely manner thereby minimizing interruption of the resident's training. (11) The resident should be permitted to be accompanied by another physician or advisor at the hearing of his/her choice. (12) A

record of the hearing should be made and retained for review by interested parties who have obtained the written consent of the resident. (13) The policies and procedures should include an appeal mechanism within the institution. (14) All matter upon which the decision is based must be introduced into evidence at the proceeding before the hearing committee in the presence of the resident. An appeal of the decision of the hearing is limited to matters introduced at the hearing and made available to the resident. (15) Pending a final decision of the adverse action by the appellate body for the program, the resident should be permitted to continue in the training program except in the extraordinary case where patient safety and well being would be in jeopardy in the hospital. (RFS Report C, A-82; Reaffirmed: RFS Report C, I-92 and RFS Report C, I-02)

310.700R **Collective Negotiations and Housestaff Organizations**

310.785R Physician Scientist Benefit Equity: Asked that our AMA 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 as detailed in AMA-RFS Policy 310.799R. (RFS Resolution 1, A-07)

310.786R Resident Pay during Orientation: Asked that the AMA-RFS and the AMA advocate that all resident and fellow physicians should be compensated, and receive benefits, at a level commensurate with the pay that they will receive while in their training program, for all days spent in orientation activities prior to the onset of their contractual responsibilities. Asked that the AMA ask the ACGME to amend its Institutional Requirements so that institutions are required to compensate resident and fellow physicians, and provide benefits, for time spent in orientation activities at a level commensurate with the pay that the resident or fellow shall receive while in their program. (RFS Resolution 4, I-06)

310.787R Eliminating Benefits Waiting Periods for Residents and Fellows: That our AMA support the elimination of benefits waiting periods imposed by employers of resident and fellow physicians-in-training (New HOD Policy); and be it further that our AMA petition the Accreditation Council on Graduate Medical Education (ACGME) to clarify its institutional requirement to provide hospital, health, and disability insurance to residents, fellows and their families from the first day of orientation, and further petition the ACGME to aggressively enforce this requirement, and be it further that our AMA coordinate with the ACGME & Liaison Committee on Medical Education (LCME) to develop policy that ensures continuous hospital, health, and disability insurance coverage during a traditional transition from medical school into Graduate Medical Education, and be it further that this resolution be forwarded to the AMA House of Delegates at Annual Meeting, 2006. (RFS Resolution 4, A-06)

310.790R Housestaff Organizations: Asked that the AMA (1) continue to support the development of independent housestaff associations as one option for resident and fellow physicians who wish to organize and advocate to improve or affect the quality of patient care; (2) be prepared to implement a national labor organization specifically for all eligible resident and fellow physicians at such time as the National Labor Relations Board determines that resident and fellow physicians are

authorized to organize a bargaining unit under the National Labor Relations Act; and (3) continue to vigorously support antitrust relief that would permit collective bargaining between groups of self-employed physicians and health plans/insurers/hospitals, and be prepared to implement a national labor organization for these physicians should antitrust relief occur. (RFS Report F, A-99; Reaffirmed, Report C, I-09)

310.791R Annual Contracts for Continuing Residents: Asked that the AMA urge the ACGME to require residency programs to provide their continuing residents with an annual written contract no later than March 1. (RFS Substitute Resolution 12, I-98)

310.792R Collective Negotiations by Residents: Asked 1) that the AMA ask its representatives to the ACGME to continue their diligence in supporting inclusion of the following AMA proposed amended language into Section 1,B,3,e(1) of ACGME's Institutional Requirements:

Section 1,B,3,e(1) Provision of an organization system for communication and resolution of resident concerns on all issues pertaining to resident educational programs, patient care and resident well being. Institutions must allow resident physicians the ability to form a resident organization and use it or other forums to facilitate regular assessment of resident concerns. (2) that the AMA approve a nationwide program offering supporting materials and telephone and on-site assistance to groups of residents seeking to form independent housestaff organizations advocating no actions resulting in withholding care; and (3) that the AMA study the potential affects on future resident demand for housestaff associations or unionizations should the NLRB rule that all residents are subject to legal protections under the NLRA and make recommendations as to ways in which the AMA can appropriately address those demands. (RFS Report F, A-98)

310.793R Collective Negotiations by Residents: Asked (1) that the AMA-RFS endorse the principles adopted by the AMA Board of Trustees regarding changes in the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements regarding collective negotiation for residents; (2) that the AMA seek to amend the ACGME Institutional Requirements to include the following: a) prohibit a teaching institution from impeding any efforts by the residents to create a residency organization b) require teaching institutions to engage in good faith collective negotiations with resident organizations on issues of patient care and resident well-being c) forbid teaching institutions from retribution against individual residency for activity related to a resident organization; (3) that the AMA seek means to ensure enforcement of Institutional Requirements by ACGME; (4) that the AMA prepare an amicus brief for the National Labor Relations Board (NLRB) in support of the right of resident organizations to collectively negotiate with teaching institutions but opposed to actions that would withhold patient care; (5) that the AMA vigorously pursue legislation to amend the NLRB Act to create a special student-employee classification for residents that would grant resident organizations the ability to participate in binding collective negotiation without the ability to withhold medical care as a work action; (6) that the AMA provide sufficient resources through its Division of Representation to prepare resident organizational models and provide adequate staff support to resident as

well as other physician groups seeking to form organizational entities. (RFS Report F, I-97)

310.794R Exposure to Residency Contracts for First Year Residents Prior to Match Day: That the AMA ask the Accreditation Council on Graduate Medical Education (ACGME) to require programs to provide representative first year contracts to medical students interviewing for positions within their program prior to the submission of rank list. (RFS Substitute Resolution 15, A-97; Reaffirmed, Report C, I-07)

310.796R Rules for Resident Negotiations: Asked that the AMA study appropriate guidelines for addressing and negotiating contract and employment disputes which affect residents as a group. (RFS Resolution 18, A-97; Reaffirmed, Report C, I-07)

310.798R Impact of Healthcare Merging on Residents' Welfare: Asked that the AMA (1) that the AMA strongly oppose any compromise of residents' contractual rights or benefits, which would be affected by the merging of institutions; (2) that the AMA support the right of resident representatives to be present at all negotiations involving residents' contractual rights or benefits; and (3) that the AMA document any infractions upon contractual rights of residents as a result of the mergers. (RFS Substitute Resolution 27, A-95) [See also: AMA Policy H-310.999] (Reaffirmed, Report C, I-05)

310.799R Benefit Packages for Resident Physicians: Resolved (1) that the AMA-RFS seek to assure that all institutions be required to provide their resident physicians with 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 (2) 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. However, this provision cannot be used to eliminate the benefit in question. (RFS Substitute Resolution 13, I-92; Reaffirmed: RFS Report C, I-02)

310.800R **Residency Programs: Curriculum and Training**

310.886R ACGME Allotted Time off for Health Care Advocacy and Policy Activities: Asked that our AMA urge the ACGME to acknowledge that "activities in organized medicine" facilitate competency in professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice; That our AMA encourage all residency and fellowship programs to support their residents and fellows in their involvement in and pursuit of leadership in organized medicine; That our AMA encourage the ACGME to adopt policy that every resident and fellow be allotted additional of time per year, beyond of scheduled vacation time, to be used for activities of organized medicine, including but not limited to, health care advocacy and health policy; That our AMA study the other barriers and possible options to overcome these barriers to resident and fellow involvement in of organized medicine, including but not limited to, health care advocacy and health policy. (RFS Resolution 6, A-10)

310.887R Knowledge of Medical Costs Among Residents and Fellows in Training: Asked that our AMA-RFS support the integration of cost-effectiveness education into medical training, including how to analyze and apply cost-effectiveness data to medical decision-making; That our AMA work with the ACGME and other appropriate bodies

to incorporate cost-effectiveness education into medical training, including how to analyze and apply cost-effectiveness data to medical decision-making in residency and fellowship training programs. (RFS Report G, A-10)

- 310.888R** Evaluation of Increasing Residency Review Committee (RRC) Requirements: That the AMA study residency/fellowship documentation requirements for program accreditation and their impact on program directors and residents with recommendations for improvement. (RFS Substitute Resolution 9, A-07)
- 310.887R** Report H - Membership List Access: Asked (1) that the American Medical Association (AMA) work closely with the National Resident Match Program (NRMP) to explore faster delivery of the NRMP match list to the AMA, (2) That the American Medical Association review its internal processing of the National Resident Match Program match list in order to improve delivery time to interested parties, and (3)that the American Medical Association work with state societies to ensure data license agreements and contact information are up-to-date, and (4)that the remainder of this report be filed (RFS Report H, A-05)
- 310.888R** Membership List Access: Asked (1) that the AMA-RFS Governing Council work with the AMA to facilitate expedited access by the state medical associations to the NRMP match list; and (2) that the AMA-RFS Governing Council explore additional mechanisms outside the NRMP match list to obtain new resident information for the AMA-RFS and individual state medical associations. (RFS Substitute Late Resolution 7, I-04)
- 310.889R** Fellowship Application Reform: Asked that (1)the AMA, working with specialty societies, support the development of a standardized application and selection process for each fellowship training specialty, specifically to simplify the process of application for subspecialty training; and that (2) the AMA ensure that residents are allowed adequate exposure to subspecialty training prior to the initiation of the fellowship application process. (RFS Resolution 1, A-04) [See also AMA HOD Resolution 323, A-04]
- 310.890R** Training in Reimbursement Coding in Residency Programs: Asked that the AMA encourage training in practice management, including training on proper reimbursement coding and documentation to better prepare residents for medical practice. (RFS Substitute Resolution 3, A-98)
- 310.891R** Education and Regulation of Electrologists: That the AMA encourage the appropriate agencies to establish regulatory and practice guidelines for electrologic procedures including education in the prevention of disease transmission during hair removal procedures. (RFS Substitute Resolution 1, A-97; Reaffirmed, Report C, I-07)
- 310.892R** ACLS Training for Residents: That the AMA urge the ACGME to require programs to provide (finance, arrange and record) current certification in specialty-congruent advanced life support before allowing residents to participate in patient care rotations. (RFS Report J, A-95) (Reaffirmed, Report C, I-05)

- 310.893R** Americans with Disabilities Act and Resident Training Files: That the AMA work with appropriate entities to ensure that all residency program directors and department chairs are advised of the Americans with Disabilities Act (ADA) and its legal ramifications pursuant to disclosure of training files. (RFS Resolution 7, A-95) (Reaffirmed, Report C, I-05)
- 310.894R** Patients' Guide to Clinical Preventive Services: Asked that the AMA-RFS alert the AMA representatives to the Liaison Committee on Medical Education regarding the "Personal Health Guide" as a resource for undergraduate and graduate curricular development in preventive medicine. (RFS Substitute Resolution 4, A-95) (Reaffirmed, Report C, I-05)
- 310.896R** Support for Women's Health: Asked that the AMA-RFS support efforts to promote the multidisciplinary incorporation of women's health education, research and training across all medical specialties and in medical school, residency training, and continuing medical education. (RFS Substitute Resolution 11, I-95) (Reaffirmed, Report C, I-05)
- 310.897R** Dual Degree Programs: Asked that the AMA-RFS ask the AMA to evaluate the status of curriculum development at both the undergraduate and graduate levels in the area of medical management. (RFS Substitute Resolution 17, I-95) (Reaffirmed, Report C, I-05)
- 310.898R** Academic Freedom: Asked that the AMA support the opportunity for residents to learn procedures for termination of pregnancy, and oppose efforts by other persons or organizations to interfere with or restrict the availability of this training. (RFS Substitute Resolution 25, I-94) [See also: AMA Policy H-295.923] (Reaffirmed Report F, A-05)
- 310.899R** Cardiopulmonary Resuscitation Certification for Residents and Other Physicians: Asked that the AMA-RFS support competency in basic CPR during residency training. (RFS Substitute Resolution 13, I-78; Reaffirmed: RFS Report C, I-88; Reaffirmed: RFS Report C, I-98) [See also: AMA Policy H-130.997]
- 310.900R** Residency Programs: Accreditation and Evaluation
- 310.990R** Protection Against delayed Residency Program Closure Asked (1)that the American Medical Association encourage medical specialty boards to add delayed residency program closure to its list of exceptions to the continuity of care guidelines, expanding the definition of hardship to allow residents to transfer to another residency program for completion of board eligibility requirements,2)that the American Medical Association encourage each Residency Review Committee to perform a timely emergency site visits to any residency program announcing delayed closure to ensure compliance with Accreditation Council for Graduate Medical Education established accreditation guidelines, and3) that the AMA encourage each Residency Review Committee to closely monitor any residency program in delayed program closure to ensure continued compliance with the Accreditation Council for Graduate Medical education guidelines and ensure appropriate sanctions are imposed, including possible immediate closure or the residency program, if these guidelines are transgressed, and (4) that the attached

AMA Policy H-310.943 Closing of Residency Programs be Reaffirmed (RFS Amended Resolution 2, I-04) [See also: AMA Policy D-310.972]

- 310.991R** Publishing Evaluations of Residency Programs: Asked (1) that the RFS ask the ACGME to publish the accreditation letter sent to each program reviewed by an RRC that includes the length of approved accreditation and the programs strengths and weaknesses, and response prepared by the program to the accreditation letter; (2) that the RFS continue to work to ensure that accreditation actions are presented in an accessible and understandable format on AMA FREIDA; and (3) that the RFS renew its request to the ACGME to require anonymous surveys of residents (RFS Report G, A-00; Reaffirmed: RFS Report C, I-10)
- 310.992R** Minimum Resident Benefits: Asked that the AMA-RFS continue to monitor the revision of the "General Requirements" of the Essentials of Accredited Residencies in Graduate Medical Education for significant changes in benefits language, and act on them as appropriate within current AMA-RFS actions and AMA policies. (RFS Report I, I-89; Reaffirmed, RFS Report C, I-99; Reaffirmed, Report C, I-09)
- 310.993R** Displaced Residents: Asked that the AMA-RFS ask the ACGME to streamline the process through which displaced residents can enter other residency programs. (RFS Substitute Late Resolution 2, I-99; Reaffirmed, Report C, I-09)
- 310.994R** Enforcement of ACGME Requirements: Asked that the AMA study and report back on methods the ACGME could use, in addition to probation and withdrawal of accreditation, to enforce its Institutional Requirements and RRC Program Requirements. (RFS Substitute Resolution 11, A-99; Reaffirmed, Report C, I-09)
- 310.995R** Board of Trustees Report D (I-85), "Report of the Ad Hoc Panel on the Funding of Graduate Medical Education": Asked that the AMA-RFS encourage the ACGME to incorporate such a principle into its requirements for accreditation. (RFS Resolution 28, I-85; Reaffirmed: RFS Report C, I-95) [See also: AMA Policies H-305.981(8) and H-310.988] (Reaffirmed, Report C, I-05)
- 310.996R** Catastrophic Closure of Residency Programs and Institutions: Asked (1) that the AMA work with other organizations with responsibilities for graduate medical education including the Accreditation Council on Graduate Medical Education (ACGME) and its constituent Residency Review Committees, the Association of American Medical Colleges (AAMC), the American Board of Medical Specialties (ABMS), the Council of Medical Specialty Societies (CMSS), and the Graduate Medical Education Advisory Committee (GMEAC) to develop policies to facilitate placement and completion of training for residents in good standing whose program or institution closes or downsizes; and (2) that the AMA work with specialty societies and program director organizations to identify vacant and potential residency positions for placement of displaced residents. (RFS Substitute Resolution 32, I-95) (Reaffirmed, Report C, I-05)
- 310.997R** Residency Program Responsibility for Resident Education: Asked (1) that the AMA direct its representatives to the ACGME to affirm that residency programs are responsible for offering and supervising curriculum of education that will develop the requisite clinical skills and professional competencies for the residents to practice in

their chosen specialties; (2) that the AMA affirm that the basic skills and competencies for the practice of medicine and its specialties must be determined solely by the medical profession; and (3) that the AMA monitor attempts by outside groups to legislate or regulate medical education curricula. (RFS Substitute Resolution 31, I-95) [See also: AMA Policy H-165.932, H-295.995]

310.999R Displaced Residents: Asked (1) that the AMA encourage the Accreditation Council for Graduate Medical Education (ACGME) to establish guidelines for non-academic closure or downsizing of residency programs and adequate advance notification to residents. Such guidelines could include, but not be limited to, providing residents with information, resource contacts, assistance to facilitate transfer to another accredited training program where they could complete their training, and financial assistance programs; and (2) that the AMA encourage the ACGME to consider waiving requirements for continuous years of training at one program and other restrictions that would otherwise significantly delay their normal tenure for completion of training in the event a resident has been subject to the closure or downsizing of his or her residency program. (RFS Substitute Resolution 2, A-94) [See also: AMA Policy H-310.943] (Reaffirmed Report F, A-05)

315.000R **MEDICAL RECORDS**

315.998R Protecting Patient Privacy Against Federal Judicial Intrusion: Asked the AMA to oppose intrusions on the physician-patient relationship and oppose any requests by outside bodies for confidential patient medical records without a valid legal justification or without appropriate patient authorization. (RFS Substitute Resolution 6, A-04) [See also AMA HOD Resolution 232, adopted, A-04]

315.999R HHS Changes to Medical Privacy Regulation: Asked that the RFS support the current efforts of the AMA in addressing the issue of privacy regulations. (RFS Report H, I-02)

320.000R **MEDICAL REVIEW**

325.000R **MEDICAL SOCIETIES**

325.998R Resident Participation in Specialty Societies: Asked that the (1) AMA and AMA-RFS encourage national medical specialty societies to foster resident physician membership and participation in their policy formulation and leadership development; and (2) AMA-RFS continue to encourage the development of resident physicians sections among national medical specialty societies. (RFS Substitute Resolution 10, A-88; Reaffirmed: RFS Report C, I-98) [See also: AMA Policy H-325.990]

325.999R Submitting Annual Reports: That the AMA-RFS suggest that (1) annual reports be submitted by each state and specialty resident physicians section prior to the Annual Meeting of the AMA-RFS Assembly for distribution at the meeting; and (2) these reports be brief (up to one page) and include a listing of officers and delegates and their

method of selection and a brief summary of accomplishments, projects, special concerns and any specific goals for the coming year. (RFS Substitute Resolution 23, I-88; Reaffirmed: RFS Report C, I-98)

330.000R MEDICARE

330.996 Promoting the Utilization of New and Old Medicare Preventive Services Benefits. Asked that the AMA work with relevant stakeholders including appropriate national medical specialty societies, state and county medical societies, relevant federal agencies, the American Health Quality Association, and the coalition Partnership for Prevention to actively promote the Welcome to Medicare Visit and other Medicare-covered preventive services to the public, particularly focusing on underserved populations, (2) that the AMA in partnership with other stakeholders develop and disseminate resources to assist physicians in efficiently implementing the Welcome to Medicare Visit and other Medicare preventive services as part of an overall prevention approach, (3) that the AMA make available educational materials for physicians evidence-based preventive measures and how to incorporate these measures into their daily practice, and (4) that the American Medical Association-Resident and Fellow Section forward this resolution to the American Medical Association House of Delegates at the 2005 Annual Meeting (RFS Amended Resolution 4, A-05)

330.997R Practice Expense: Asked that the AMA actively oppose and advocate against HCFA's using the SMS as the sole source of data from which the specialty specific practice expenses per hour is calculated and that the AMA support HCFA's utilizing data from specialty society sources where that data exists. (RFS Emergency Resolution 2, A-98)

330.998R Payment for Federally Mandated Emergency Care: Asked that the AMA actively advocate to HCFA and the Congress that an equitable adjustment to the medical physician fee schedule be developed to provide fair compensation to offset the additional professional and practice expenses required to comply with EMTALA. (RFS Emergency Resolution 1, A-98)

330.999R Effective Communication with HCFA: Asked that the AMA-RFS Governing Council meet with the Health Care Financing Administration (HCFA) to discuss the Medicare guidelines governing reimbursement for resident supervision during residency training with a report back the AMA-RFS Assembly. (RFS Substitute Resolution 6, I-97; Reaffirmed, Report C, I-07)

335.000R PATIENT SAFETY

335.997R Patient Prescriptions: That the AMA work with relevant organizations to improve prescription labeling for visually or otherwise impaired patients and to increase awareness of available resources. (RFS Late Resolution 1, A-08)

335.998R Improving Transfer of Care Communication to Decrease Medical Errors: That the AMA-RFS investigate models of effective, efficient transfer of care communication,

taking into consideration the use of electronic medical records. (RFS Resolution 10, A-07)

335.999R Medical Errors and Physician Standards: Asked that (1) the AMA reaffirm existing policy to educate patients and the general public on efforts to improve quality and reduce errors in the delivery of medical care; (2) the AMA reaffirm existing policy regarding the ethical obligations of physicians to report impaired, incompetent, and unethical colleagues; (3) the AMA reaffirm existing policy stating its commitment to uphold the highest ethical standards in the clinical, research, and administrative practices of physicians; (4) the AMA through its medical liability reform campaigns, continue to emphasize both professionalism in medicine and the importance of reducing medical errors. (RFS Resolution 1, A-03) [AMA Policy reaffirmed in lieu of RFS Res. 1, I-03; See AMA Policy H-335.965 Patient Safety, H-275.952 Reporting Impaired, Incompetent or Unethical Colleagues, H-275.998 Physician Competence, H-460.972 Fraud and Misrepresentation in Science]

350.000R **MINORITIES**

350.998R Opposition to Funding Cuts for HRSA Programs: Asked that our AMA work with other interested organizations to educate the public about the importance of the Health Careers Opportunity Program and the Centers of Excellence Program, which encourages underrepresented minorities to consider a career in medicine and helps to increase the supply of minority health professionals. Asked that our AMA publicly oppose any proposed legislation to reduce or eliminate funding for the Health Careers Opportunity Program and the Centers of Excellence Program. (RFS Resolution 6, I-06) [See also: CME Report 1 and Resolutions 828 and 830, I-06]

350.999R Increasing Diversity in the Medical Profession: Asked the AMA-RFS to: (1) encourage its members to participate in mentoring and role-modeling programs such as the AMA MAC's *Doctors Back to School Program* in order to attract more underrepresented minority students towards the medical profession, and (2) support efforts to eliminate racial and ethnic health care disparities. (RFS Resolution 6, I-03)

370.000R **ORGAN DONATION AND TRANSPLANTATION**

370.998R National Marrow Donor Program: Cord Blood Donation: Asked that (1) the AMA work with Health Resources and Service Administration to increase the availability and access for expectant mothers to donate their cord blood to the National Marrow Donor Program within every state and (2) that the AMA draft and promote model state and federal legislation to present the option to all expectant mothers of donating cord blood. (RFS Substitute Resolution 12, I-01)

370.999R National Marrow Donor Program: Asked that the AMA request all blood donation organizations to make provisions within their standard operating procedures as filed with the FDA to allow, when appropriate and technically feasible, access to the IV blood collection system for registration of a volunteer with the National Marrow Donor Program. (RFS Resolution 29, A-96) (Reaffirmed, Report C, I-06)

385.000R PHYSICIAN PAYMENT

385.998 R Reimbursement for Phone Consultations: That the AMA-RFS study the issue of creating a method for physicians to bill for phone consultations, and report back at A-11. (Resolution 1, I-10)

385.999R Physician Reimbursement: That the AMA-RFS to support usual/customary/reasonable (UCR) and indemnity as acceptable methods of physician reimbursement. (RFS Report H, I-84; Reaffirmed: RFS Report C, I-94) [See also: AMA Policy H-385.990] (Reaffirmed Report F, A-05)

405.000R PHYSICIANS

405.983R Radiation Oncology is not an Ancillary Service: Asked that the AMA 1) affirm that radiation therapy is not ancillary to any service; 2) that any designation of radiation therapy as an ancillary service is inaccurate; and 3) oppose any legal or other designation of Radiation therapy as an "in-office ancillary service."

405.982R Scope of Practice of Mid Level Providers: Asked that our AMA-RFS oppose the independent practice of midlevel providers in the interest of patient safety and provider competency. (RFS Resolution 3, A-10)

405.984R Protecting the Privacy of Physician Information Held by the ACGME: Asked the AMA to (1) request that the Accreditation Council for Graduate Medical Education (ACGME) and any other organization with a similar case and procedure log for resident physicians develop and implement a system to remove or sufficiently protect identifying data from individual physicians' data logs; (2) request that the Accreditation Council for Graduate Medical Education (ACGME) and any other organization with a similar case and procedure log for resident physicians adopt a policy not to disseminate any data specific to individual physicians without the written consent of the physician; and (3) request that the Accreditation Council for Graduate Medical Education (ACGME) and any other organization with a similar case and procedure log for resident physicians permanently expunge its database of specific identifying physician information upon completion or cessation of training. (RFS Late Resolution 1, I-03) [See also AMA HOD Resolution 301, adopted, A-04]

405.985R AMA Policy on Physician Provider Information: That the AMA investigate the publication of physician information on internet websites; and be it further that the AMA investigate potential solutions to erroneous physician information contained on Internet websites. (RFS Substitute Resolution 13, A-07)

405.986R Physicians Privacy Protection: Asked: (1) that the AMA petition the Federation Credentials Verification Service (FCVS) to replace language in their affidavit and release form with a specific and limited list of information for which the FCVS is responsible for gathering and verifying; (2) that the authorization of the FCVS to gather information pertaining the applicant should be terminated when no profile forwarding

requests are pending and the affidavit should describe the right of the applicant to withdraw the authorization at any time; (3) that the FCVS is petitioned to remove clauses from the affidavit and authorization for release of records which deny the applicant legal recourse in the event that the FCVS or other parties cause injury through the careless, negligent, or otherwise inappropriate handling of the physician's private information. (RFS Resolution 8, A-03) [AMA Resolution 318, A-03, referred to BOT)

- 405.987R** Part-Time Malpractice Insurance: Asked that the RFS endorse policies that support investigation of the validity of reduced premiums for part-time physicians. (RFS Substitute Resolution 4, I-01)
- 405.988R** Loan Payback in Shortage Areas: Asked that the AMA utilize U.S. Senate Bill 288, House of Representatives Bill 324, and other legislative resources to achieve federal income tax exemption for state and federal loan repayment programs designed to improve physician supply in underserved areas. (RFS Substitute Resolution 8, A-99; Reaffirmed, Report C, I-09)
- 405.989R** The Disruptive Physician: Asked that the AMA identify and study behavior by physicians that is disruptive to high quality patient care, define the term "disruptive physician" and disseminate guidelines for managing the disruptive physician. (RFS Report H, I-98)
- 405.990R** On-Call Physicians: Asked that the AMA work with the Federation, the American Hospital Association, the American College of Emergency Physicians, and other interested state medical and specialty societies to study trends in reimbursement, responsibilities and availability of on-call physicians and the impact of these trends on the timely delivery of emergency services. (RFS Late Resolution 1, I-98)
- 405.991R** Physician in the Capitol/Statehouse Program: Asked that the AMA-RFS review state programs that encourage specific physicians and congressional interactions, such as "physician for a day" and "key physician contacts" programs, and report the findings to the RFS Assembly. (RFS Substitute Resolution 13, I-98)
- 405.992R** Physician Diversity: Asked that the AMA-RFS support AMA policies 350.988, 350.991, 350.993, and 350.995 which encourage increased representation by minorities in medicine. (RFS Substitute Resolution 7, A-98)
- 405.993R** "No Compete" Clauses in Residency and Fellowship Contracts: Asked that the AMA and the AMA-RFS strongly oppose contractual restrictions on the future practice of residents by institutions sponsoring residency training. (RFS Substitute Resolution 5, A-97; Reaffirmed, Report C, I-07)
- 405.994R** Failure to Use and Implementation of Advance Directives: Asked that the AMA study (1) how to better educate physicians in the skills necessary to increase the prevalence of meaningful advance directives, and (2) how to improve recognition of, and adherence to, advance directives by health care facilities and staff. (RFS Substitute Resolution 7, A-96) (Reaffirmed, Report C, I-06)

- 405.995R** Transition to Practice Information: Asked that the AMA-RFS Governing Council review the availability of educational tools regarding transition to practice and provide information on how to obtain these tools. (RFS Substitute Resolution 2, I-96) (Reaffirmed, Report C, I-06)
- 405.997R** "No Compete" Contracts: Asked (1) that the American Medical Association (AMA) study the development of model state legislation to effect changes in contract law that will preclude "no compete" clauses; and (2) that the AMA make a formal statement against "no compete" contracts which border on antitrust activity. (RFS Resolution 5, I-95) [See also: AMA Policy H-165.945] (Reaffirmed, Report C, I-05)
- 405.998R** Encouraging Academic Career and Adequate Research Funding: Asked that the AMA-RFS study ways of encouraging residents and young physicians of all disciplines to consider careers in academic medicine. (RFS Substitute Resolution 35, A-94) (Reaffirmed Report F, A-05)
- 405.000R** Protecting the Privacy of Physician Information Held by the ACGME: Asked the AMA to (1) request that the Accreditation Council for Graduate Medical Education (ACGME) and any other organization with a similar case and procedure log for resident physicians develop and implement a system to remove or sufficiently protect identifying data from individual physicians' data logs; (2) request that the Accreditation Council for Graduate Medical Education (ACGME) and any other organization with a similar case and procedure log for resident physicians adopt a policy not to disseminate any data specific to individual physicians without the written consent of the physician; and (3) request that the Accreditation Council for Graduate Medical Education (ACGME) and any other organization with a similar case and procedure log for resident physicians permanently expunge its database of specific identifying physician information upon completion or cessation of training. (RFS Late Resolution 1, I-03) [See also AMA HOD Resolution 301, adopted, A-04] (Reaffirmed Report F, A-05)
- 405.999R** Fees for NBME Scores: That the AMA-RFS direct its representatives to the NBME to use all available and appropriate means to effect a reduction in the fee for reporting scores by the NBME. (RFS Resolution 15, I-92: Reaffirmed: RFS Report C, I-02)
- 420.000R** **PREGNANCY (SEE ALSO: CHILDREN AND YOUTH)**
- 420.996R** Home Deliveries: 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." (RFS Resolution 6, A-08)
- 420.997R** Appropriate Conditions for Breastfeeding by Residents and Fellows Asked (1) that our AMA encourage all medical schools and Graduate Medical Education programs

to support all residents and medical students who provide breast milk for their infants, by providing appropriate time and facilities to express and store breast milk during the working day and (2) that this resolution be referred to the American Medical Association House of Delegates at Annual 2005 (RFS Amended Late Resolution 3, A-05)

420.998R Guidelines on the Protection of Pregnant Health Care Workers and Their Fetuses From Exposure to Potential Infectious/Teratogenic Agents: Asked that the AMA-RFS support the development of scientifically based safety guidelines to protect pregnant workers and their fetuses from hazardous exposure to infectious/teratogenic agents in the healthcare workplace. (RFS Substitute Resolution 15, I-98)

420.999R Maternal/Fetal Conflict: Asked that the AMA-RFS support the following statements: (1) Judicial intervention is inappropriate when a woman has made an informed refusal of a medical treatment designed to benefit her fetus. If an exceptional circumstance could be found in which a medical treatment poses an insignificant or no health risk to the woman, entails a minimal invasion of her bodily integrity, and would clearly prevent substantial and irreversible harm to her fetus, it might be appropriate for a physician to seek judicial intervention. However, the fundamental principle against compelled medical procedures should control in all cases which do not present such exceptional circumstances. (2) The physician's duty is to ensure that the pregnant woman makes an informed and thoughtful decision, not to dictate the woman's decision. (3) A physician should not be liable for honoring a pregnant woman's informed refusal of medical treatment designed to benefit the fetus. (4) Criminal sanctions or civil liability for harmful behavior by the pregnant woman toward her fetus are inappropriate. (5) Pregnant substance abusers should be provided with rehabilitative treatment appropriate to their specific physiological and psychological needs. (RFS Substitute Resolution 35, A-90; Reaffirmed: Report C, I-00; Reaffirmed: RFS Report C, I-10) [See also: AMA Policy H-420.969]

435.000R **PROFESSIONAL LIABILITY**

435.996R Criminalization of Providing Healthcare to Undocumented Residents: That our AMA: (1) Reaffirm AMA Policy H-440.876; (2) Work with local and state medical societies to immediately, actively and publicly oppose any legislative proposals that would criminalize the provision of healthcare to undocumented residents; and (3) Oppose proof of citizenship as a condition of providing healthcare. (RFS Resolution 6, A-07)

435.997R Opposition of Central Data Collections of Physicians (in Particular Residents) Named in Malpractice Suits: Asked that the AMA implement AMA Policy H-355.983 which opposes the reporting to the National Practitioner Data Bank of residents named in any malpractice suits which occurred during the required activities of residency training. (RFS Substitute Resolution 13, A-97; Reaffirmed, Report C, I-07)

435.998R Primary Care Physician Liability Under Managed Care Contracts: Asked that the AMA-RFS support strategies to minimize liability exposure of primary care physicians who are restricted in their treatment and referral decisions by the managed care plan in

which they are participating. (RFS Substitute Resolution 12, A-96) (Reaffirmed, Report C, I-06)

435.999R Informing Residents about the National Practitioner Data Bank: Asked that the AMA-RFS continue to disseminate information regarding the National Practitioner Data Bank through its communications vehicles. (RFS Substitute Resolution 17, I-90; Reaffirmed: RFS Report C, I-00; Reaffirmed: RFS Report C, I-10)

440.000R **PUBLIC HEALTH**

440.969R Addressing Decreased Access to Mammography: That our AMA-RFS support accessibility to screening mammography and oppose the inappropriate application use of the U.S. Preventative Services Task Force (USPSTF) mammography recommendations to limit access to reimbursement for screening with mammography when a patient and physician believe this to be a beneficial test for the patient. (RFS Resolution 4, A-10)

440.970R Direct to Consumer Advertising: That our AMA oppose Direct to Consumer Advertising of prescription drugs and implantable medical devices. (RFS Report I, A-09)

440.974R Payment for Vaccines by Medicare: That the AMA 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. (RFS Late Resolution 2, A-08)

440.975R Safe Disposal of Unused Pharmaceuticals: Asked (1) that our AMA request that the Environmental Protective Agency conduct studies to understand better the public health and environmental impact of discarded pharmaceuticals on the nation's drinking water, (2) that our AMA develop programmatic guidelines for the disposal of unused pharmaceuticals that optimally protect public health, patient confidentiality and environmental resources. (Resolution 1, I-05) [See also: AMA Policy H-135.993]

440.976R Covering the Uninsured as AMA's Top Priority: Asked that (1) the AMA-RFS support the following resolution: RESOLVED, That the number one priority of the American Medical Association be health system reform that achieves reasonable health insurance for all Americans which emphasizes prevention, quality and safety in such a way that addresses the broken medical liability system and the flaws in Medicare and Medicaid and improves the physician practice environment, (2) That the resolution be forwarded to the House of Delegates at the 2006 Annual Meeting, and (3) That the remainder of this report be filed. (RFS Report I, I-05) [See also: AMA Policy H-165.847]

440.977R Obesity Epidemic: That the AMA-RFS (1) recognize obesity as a health problem of epidemic proportions and (2) recognize that education regarding identification and prevention of obesity is appropriate. (RFS Resolution 5, A-04)

- 440.978R** Studying the Health Effects of Aerial Herbicide Spraying Under “Plan Colombia”: Resolved that the AMA-RFS oppose the use of glyphosate aerial spraying in the United States and other nations until evidence exists to demonstrate its safety and efficacy. (RFS Resolution 2, A-04)
- 440.979R** Tuberculosis Screening for Temporary Nonimmigrants: Recommended that after considering all of the evidence presented, that the RFS support the efforts of the AMA Council on Scientific Affairs in addressing the issue of tuberculosis screening for non-immigrant visitors. (RFS Report E, I-02)
- 440.980R** Exercise and Healthy Eating for Children: Asked (1) that the AMA support legislation that would require the development and implementation of universal nutrition standards for all food served in K-12 schools irrespective of food vendor or provider and (2) that the AMA spearhead a public health awareness campaign and enhance the K-12 curriculum to address and educate the public on the epidemic of childhood obesity and the benefits of exercise and physical fitness for children. (RFS Substitute Resolution 6, A-02) [See Also AMA Resolution 423, A-02]
- 440.981R** Addressing Antibiotic Resistance: Asked that the RFS support the recommendations in AMA Council on Scientific Affairs Report 3 (A-00), Combating Antibiotic resistance Via Physician Action and Education: AMA Activities. (RFS Substitute Resolution 10, A-01)
- 440.982R** Mercury Exposure and the Reduction of Fish Consumption: Asked that the AMA support the FDA’s efforts to educate consumers about mercury exposure from fish consumption. (RFS Substitute Resolution 5, A-01)
- 440.983R** Impact of Biodiversity Loss on Human Health: Asked that the AMA support legislation that protects biodiversity for the purpose of benefiting human health, especially in terms of the development of drugs and biologicals to treat diseases. (RFS Substitute Resolution 4, A-01)
- 440.984R** Use of Bittering Agents as a Deterrent Against Ingestion of Potentially Toxic Household Products: Asked that the AMA-RFS support any AMA efforts to encourage the use of bittering agents in household and other products which represent potential toxic hazards when ingested. (RFS Substitute Resolution 19, I-89; Reaffirmed: RFS Report C, I-99; Reaffirmed, Report C, I-09)
- 440.986R** Low Literacy as a Barrier to Healthcare: Asked (1) that the AMA-RFS support the recommendations outlined in the Council on Scientific Affairs Report 1 (A-98); and (2) that the AMA develop and implement initiatives to raise awareness among residents and fellows, of limited patient literacy. (RFS Substitute Resolution 4, A-99; Reaffirmed, Report C, I-09)
- 440.987R** Universal Newborn Hearing Screening: Asked that the AMA-RFS Governing Council report back to the RFS Assembly on the recommendations of the Council on Scientific Affairs I-99 Report, "Detection, Diagnosis and Intervention on Hearing Loss in Newborns and Infants" and make recommendations on whether or not the

report addresses the Assembly's concerns about universal newborn hearing screening. (RFS Substitute Resolution 2, A-99)

- 440.988R** National Standardization of Preparticipation Screening and Examination of High School Athletes: Asked that the AMA encourage dissemination of current American Heart Association guidelines regarding pre-participation screening and examination of high school athletes. (RFS Substitute Resolution 16, I-98)
- 440.989R** Chlamydia Trachomatis as a Reportable Disease: Asked the AMA to encourage state health departments to follow-up on patients testing positive for Chlamydia Trachomatis by notifying the patients and their potential contacts of methods to reduce or avoid their chances of infection, reinfection or to avoid the progression of the disease. (RFS Substitute Resolution 15, A-98) [See also AMA Policy H-440.900]
- 440.990R** Increasing Antibiotic Resident Bacteria Awareness: Asked that the AMA encourage the appropriate healthcare agencies to increase public education about the judicious use of antibiotics and the dangers of antibiotic resistant pathogens. (RFS Substitute Resolution 14, A-98) [See also AMA Policy H-100.973]
- 440.992R** Public Health Care Benefits: Asked that the AMA actively lobby federal and state governments to restore and maintain funding for public health care benefits for all legal immigrants. (RFS Substitute Resolution 2, I-97; Reaffirmed, Report C, I-07) [See also AMA Policy H-440.903]
- 440.993R** Danger of Car Phones: Asked that the AMA support further study into the dangers of the use of car phones and their impact on road traffic safety. (RFS Substitute Resolution 20, A-97; Reaffirmed, Report C, I-07)
- 440.994R** Latex Alternatives: Asked that the AMA strongly encourage health care facilities to provide non-latex alternatives alongside their latex counterparts in all areas of patient care. (RFS Substitute Resolution 3, A-97; Reaffirmed, Report C, I-07)
- 440.995R** Protection of Ocular Injuries From BB and Air Guns: Asked that the AMA encourage businesses that sell BB and air guns to make polycarbonate protective eye wear available to their customers and to distribute educational materials on the safe use of non-powder guns. (RFS Substitute Resolution 23, A-96) (Reaffirmed, Report C, I-06)
- 440.996R** Latex Allergy Warning: Asked that the AMA-RFS support labeling on medical products specifying "contains latex," when applicable. (RFS Substitute Resolution 6, A-96) (Reaffirmed, Report C, I-06)
- 440.997R** Domestic Abuse: Asked that the American Medical Association support the dissemination of the model curriculum for diagnosis and management of domestic violence victims as developed by the Illinois State Medical Society. (RFS Resolution 34, A-95) [See also: AMA Policy H-515.985] (Reaffirmed, Report C, I-05)
- 440.998R** Bittering Agents to Reduce Accidental Poisonings: Asked that the AMA support any legislation or regulations mandating the use of bittering agents in household products to

reduce accidental poisonings. (RFS Resolution 8, A-95) [See also: AMA Policy H-10.976] (Reaffirmed, Report C, I-05)

460.000R RESEARCH

- 460.994R** Protecting Publisher’s Copyright on Scientific Material: Asked (1) that the AMA study and report on the potential impact of the published model espoused in the NIH notice “Enhanced Public Access to NIH Research Information” and (2) that the AMA study and report on the impact of the author-paid model on the quality of scientific publication and the peer-review process. (RFS Substitute Resolution 3, I-04)
- 460.995R** Reallocation of Residency Positions and Preservation of Work Hours Reform: That the AMA-RFS ask the AMA Council on Medical Education’s Task Force on Emotional and Physical Support of Undergraduate and Graduate Education to work with other interested entities to coordinate and secure funding for a longitudinal study of the effects of downsizing on residency work hours. (RFS Report I, I-97)
- 460.996R** The Study of the Federation: That the AMA-RFS support the goals of the Study of the Federation in order to strengthen patient advocacy, quality of care, and the profession of medicine. (RFS Resolution 34, A-96)
- 460.997R** Continued Support for the Agency for Health Care Policy and Research (AHCPR): Asked that the AMA-RFS ask the AMA to call on Congress and the President of the United States to support the AHCPR at stable or increased levels of funding, taking into account the additional financial burden imposed by the National Medical Expenditures Survey which is conducted at regular intervals. (RFS Substitute Resolution 21, A-96) (Reaffirmed, Report C, I-06)
- 460.998R** Supporting the Agency for Health Care Policy Research (AHCPR): Asked that the AMA vigorously endorse the continued existence of the AHCPR and strongly endorse increased levels of funding for the AHCPR as an independent and effective agency for performing, coordinating, and evaluating the growing body of research in health services, policy, management, and outcomes. (RFS Resolution, A-95) (Reaffirmed, Report C, I-05)
- 460.999R** Alternative vs. Adjunctive Medical Treatments: Asked that the AMA-RFS support the scientific investigation of alternative medicine techniques. (RFS Substitute Resolution 10, I-95) [See also: AMA Policy H-185.996] (Reaffirmed, Report C, I-05)

478.000R TECHNOLOGY – COMPUTER

- 478.000R** Patient Satisfaction Improvement via Physician Photograph Identification Tool: Asked the AMA to encourage: (1) the education of patients on the medical-training system and (2) photo-identification of hospital medical-care providers. (RFS Resolution 9, I-03) [See also AMA HOD Resolution 704: Identification of Health Care Providers;

adopted as amended/substituted, A-04]

480.000R TECHNOLOGY - MEDICAL

480.998 Interoperability of Medical Devices: Asked that the AMA 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. The 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 patient safety, efficiency, and outcome benefit."

480.999R Genetic Screening: Asked that (1) that the AMA-RFS and the AMA support legislative action providing for the confidentiality of information obtained from genetic tests, such that it cannot be used: a) in making decisions concerning employment, b) by insurance companies in making decisions about eligibility for health insurance, and c) by insurance companies in making decisions about eligibility for group life and disability insurance; and (2) that the AMA-RFS and the AMA support all genetic diagnostic services being held to carefully considered and practicable standards; such that, at a minimum, proposed genetic screening plans should demonstrate: a) well-defined and attainable goals, b) provisions for patient education and counseling, c) informed consent, d) an accurate and reliable test, e) a mechanism for quality control, f) acceptable costs, g) assurance of equal access, and h) adequate follow-up services. (Substitute Resolution 19, A-94) [AMA Res. 503, I-94 was referred] (Reaffirmed Report F, A-05)

485.000R TELEVISION

485.999R Television Rating System: Asked that the AMA-RFS support the continued involvement of physicians and educators in the development of a television rating system that is practical, developmentally appropriate, and based on existing research and scientific knowledge. (RFS Substitute Resolution 1, I-96) (Reaffirmed, Report C, I-06)

490.000R TOBACCO

490.996R Support of Framework Convention on Tobacco Control Treaty: Asked the RFS to support AMA efforts to achieve immediate ratification of the Framework Convention on Tobacco Control Treaty, as negotiated by the participating nations, the federal government and its agencies. (RFS Emergency Resolution 1, A-03)

- 490.997R** Future Tobacco Settlement Payments: Asked that the AMA strongly oppose the securitization of tobacco funds. (RFS Amended Resolution 7, A-03) [AMA Resolution 440 referred to BOT, A-03]
- 490.998R** Tobacco Regulation: Asked that the AMA-RFS support the regulation of tobacco as a drug by the FDA. (RFS Substitute Resolution 21, I-95) [See also: AMA Policy H-490.941, H-490.962] (Reaffirmed, Report C, I-05)
- 490.999R** Tobacco Health Education and Advertising: Requested that the AMA continue to use appropriate lobbying resources to support programs of anti-tobacco health promotion and advertising. (RFS Substitute Resolution 8, I-89; Reaffirmed: RFS Report C, I-99; Reaffirmed, Report C, I-09) [See also: AMA Policy H-490.959]
- 505.000R** **TOBACCO: PROHIBITIONS ON SALE AND USE**
- 505.994R** Bring Back the Extinguisher: Asked that the AMA immediately restore funding for “The Extinguisher” anti-tobacco program and that the resolution be forwarded to the AMA-HOD for consideration at A-98. (RFS Substitute Resolution 4, A-98)
- 505.995R** Community Enforcement of Restrictions on Adolescent Tobacco Use: Asked (1) That the AMA-RFS inform its membership about 1-888-FDA-4KIDS, a toll-free phone number that allows the public to report sales of tobacco to minors and (2) that the AMA-RFS continue to support enforcement of regulations on the sale of tobacco to minors. (RFS Substitute Resolution 23, A-97; Reaffirmed, Report C, I-07)
- 505.996R** Eliminating Financial Support for Politicians Who Receive Financial Support from the Tobacco Industry: Asked (1) that the AMA encourage AMPAC to scrutinize a politician’s acceptance of funding from the tobacco industry when making decisions concerning the financial support of specific candidates and (2) that the AMA encourage state and specialty medical society PAC’s to scrutinize a politician’s acceptance of funding from the tobacco industry when making decisions concerning the financial support of specific candidates. (RFS Substitute Resolution 19, A-96) (Reaffirmed, Report C, I-06)
- 505.997R** Duty-Free Allowances for Tobacco Products: Asked that the AMA work to seek repeal of duty-free allowance for importance of tobacco products into the United States. (RFS Resolution 6, A-94) (Reaffirmed Report F, A-05)
- 505.998R** Smoking in Health Care Facilities: Requested that the AMA policy prohibit the use of all tobacco products everywhere on the premises of hospitals, physicians' offices and other health care facilities. (RFS Resolution 7, A-85; Reaffirmed: RFS Report C, A-95) [See also: AMA Policies H-505.991 and H-490.982.(4)] (Reaffirmed, Report C, I-05)
- 505.999R** No Smoking: In lieu of Resolution 7, the AMA-RFS adopted Substitute Resolution 7, which requested that smoking be prohibited at all official meetings of the AMA-RFS Assembly. (RFS Substitute Resolution 7, A-78; Reaffirmed: RFS Report C, I-88)

515.000R VIOLENCE AND ABUSE

515.999R Opposition to Violent and Sexually Explicit Television Programming: Asked (1) that the AMA-RFS support the AMA's continuing efforts to work with state and federal agencies as well as private organizations to retard the development of violent and sexually explicit programming; (2) that the AMA-RFS support the AMA's continuing efforts to educate the public about the epidemiological risks of violent and sexually explicit television programming. (RFS Substitute Resolution 15, I-95) [See also: AMA Policy H-485.995, H-485.994] (Reaffirmed, Report C, I-05)

525.000R WOMEN

525.998R Investigating the Continued Gender Disparities in Physician Salaries: That our AMA, in collaboration with any appropriate affiliate bodies or professional organizations, study gender disparities in physician salaries and professional development (e.g. promotions, tenure), the causes of this disparity; and report back at I-07 with recommendations on how best to advocate to eliminate such disparities, and be it further that this resolution be forwarded to the AMA-HOD at I-06. (RFS Resolution 5, A-06)

525.999R Adequate Reimbursement Rates for Diagnostic Mammography: Asked the AMA to: amend existing AMA-HOD policy, H-330.905 Adequate Reimbursement for Screening Mammography to read as follows:

Our AMA supports pending legislation and/or seek[s] regulation that would enhance women's timely access to mammography services by adequate payment for Medicare screening and diagnostic mammography at a rate commensurate with the cost of services by apportioning additional funds from the general fund and by not requiring reduction in payment for any other services. (RFS Substitute Resolution 5, I-03) [Became AMA-HOD Resolution 103, adopted, A-04]

530.000R AMA: ADMINISTRATION AND ORGANIZATION

530.993R AMA Physician Profile: (1) That the AMA 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); (2) 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 (3) 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. (RFS Late Resolution 3, A-08)

530.994R AMA Physician Profile for Residents Transferring Programs: That the AMA Physician Profile standard primary source verification confirming residency graduation states on the profile: “**Completed Training: Program reports specialty training at this institution as Completed**” for the program(s) from which a resident has graduated. (RFS Late Resolution 4, A-08)

530.995R Wheelchair Accessible Locations for All AMA Meetings: Asked that the AMA hold all meetings in locations that are wheelchair accessible. (RFS Resolution 6, I-96) (Reaffirmed, Report C, I-06)

530.996R AMA Annual Meeting Schedule: Asked that the AMA change its House of Delegates Annual Meetings so that they take place prior to the last two weeks of June. (RFS Resolution 16, A-91) (Reaffirmed: RFS Report C, I-01)

530.997R Minimizing Unnecessary Mail: Asked that the AMA: (1) offer to members on applications and renewals for membership the ability to refuse any AMA periodicals they do not wish to receive as member benefits; (2) offer to members on applications and renewals for membership the ability to exclude their names from mailing lists that the AMA may provide to outside vendors or publishers; and (3) encourage state, county, and medical specialty societies to establish similar mechanisms and policies. (RFS Substitute Resolution 31, A-90; Reaffirmed: RFS Report C, I-00; Reaffirmed: RFS Report C, I-10)

530.998R Waste Reduction and Fiscal Responsibility: Asked that the AMA and its Board of Trustees, Councils and Committees reduce wastage whenever possible through reduction or elimination of the distribution of expendable supplies, such as notebook binders and stationery, to members of the Board, Councils and Committees. (RFS Resolution 46, A-90; Reaffirmed: RFS Report C, I-00; Reaffirmed: RFS Report C, I-10) [See also: AMA Policy H-530.984]

530.999R Discounted Registration Fees for AMA and Federation Seminars: Asked that the AMA (1) adjust all of its registration fees to encourage and permit participation by resident physician and medical student members; and (2) urge all federation associations to discount their registration fees for seminars to accommodate their resident physician and medical student membership. (RFS Resolution 10, I-89; Reaffirmed: RFS Report C, I-99; Reaffirmed, Report C, I-09) [See also: AMA Policy H-530.986]

540.000R **AMA: COUNCILS AND COMMITTEES**

540.994R Consolidation of the LCME Secretariat Office: That the AMA strongly oppose the combination of the Secretariat offices of the LCME to be housed in the offices of the AAMC. (RFS Emergency Resolution 2, A-03) [AMA Council on Medical Education Report 7 adopted as amended in lieu of AMA Resolution 317 brought by RFS, A-03]

540.995R Resident Representation on the American Medical Political Action Committee Board of Trustees: Asked that the AMA-RFS support the appointment of a resident member to the AMPAC Board of Directors. (RFS Substitute Resolution 28, A-96) (Reaffirmed, Report C, I-06)

- 540.997R** Council on Scientific Affairs Productivity: Asked that the AMA-RFS support any efforts to increase the productivity of the Council on Scientific Affairs. (RFS Substitute Resolution 28, A-94) [AMA Resolution 602, A-94 was referred, BOT Rep 9-I-94 was adopted as an action, not policy] (Reaffirmed Report F, A-05)
- 540.999R** Campaign Expenditures for Resident Physician Candidates for AMA Offices: In lieu of Resolution 5, the AMA-RFS adopted Substitute Resolution 5 which asked that the Governing Council develop campaign guidelines for resident candidates for positions on AMA councils and committees, and on the AMA Board, governing financial expenditure limits, appropriate campaign materials and other pertinent subjects. (June 1984) In response to Substitute Resolution 5 (A-84), the AMA-RFS adopted Report B which recommended that the following suggested guidelines be followed by AMA-RFS-endorsed candidates: (1) Printed material should be factually accurate, tastefully reproduced and may include a limited number of mailings to the AMA House; (2) Candidates are encouraged to keep campaign paraphernalia to a minimum; (3) "Give away" items are discouraged; (4) Financial support for candidates to make telephone calls to AMA House members is acceptable; and (5) Lavish parties given exclusively for a candidate are discouraged. (RFS Substitute Resolution 5, I-84; Reaffirmed: RFS Report C, I-94) (Reaffirmed Report F, A-05)
- 545.000R** **AMA: HOUSE OF DELEGATES**
- 545.994R** Resident & Fellow Representation in the AMA House of Delegates: Asked that the AMA Board of Trustees investigate and recommend at A-2006, how to ensure equal voting representation of residents and fellows in HOD. (RFS Late Resolution 6, I-04) [See also: AMA Policy D-600.965]
- 545.995R** Refocusing Our American Medical Association's Governance: Asked that (1) the AMA House of Delegates (AMA-HOD) convene an AMA Governance Task Force comprised of members of the AMA-HOD, AMA-RFS, AMA-MSS, AMA-YPS; (2) The AMA Governance Task Force exclusively address governance of the AMA leadership, HOD, and the AMA Councils and Committees; (3) the AMA Governance Task Force specifically assess the structure, composition, and appropriate length of service for AMA leadership, HOD, and the AMA Councils and Committees; (4) that the AMA Governance Task Force initially report back to the meetings of the HOD, RFS, YPS, and MSS at A-05 with a final report back at I-05. (RFS Substitute Emergency Resolution 1, A-04)
- 545.998R** Resident Representation in the AMA House of Delegates: Resolved that the AMA-RFS Governing Council study and report to the RFS Assembly, the various mechanisms, including state medical association bylaws, by which medical students and residents have achieved representation in their delegations to the AMA-HOD in order to assist residents in states without representation in their states' delegations to achieve this goal. (RFS Resolution 24, A-95) (Reaffirmed, Report C, I-05)
- 545.999R** Residents in the AMA House of Delegates: Asked that the (1) AMA-RFS Governing Council include in the AMA-RFS Assembly handbook a semiannual report detailing

information on AMA-RFS members sitting in the AMA House of Delegates including, but not limited to, name and state or specialty society representation; and (2) invite all resident members of the AMA House of Delegates to the AMA-RFS Assembly and caucuses. (RFS Resolution 26, A-90; Reaffirmed: RFS Report C, I-00; Reaffirmed: RFS Report C, I-10)

555.000R AMA: MEMBERSHIP AND DUES

555.996R Academic Medical Center Resident and Fellow Recruitment: Asked that (1) The AMA-RFS, AMA, and state medical societies coordinate and facilitate current membership recruitment programs, such as the Resident Outreach Program; and (2) That the appropriate AMA staff designated to RFS membership coordinate with Graduate Medical Education Designated Institutional Officials (DIOs), GME Directors, and/or GME Coordinators to facilitate and expand resident recruitment at resident/fellow orientation. (RFS Resolution 7, A-04)

555.997R Refocusing Our American Medical Association: Asked that: (1) our AMA, through the BOT, in conjunction with Council on Medical Education and other interested sections, create a report regarding the utilization of AMA resources and contacts within the continuum of medical education to ensure exposure of organized medicine. Specifically, our AMA should become the principal agent to distribute this information to physicians-in-training and report back at A-04; (2) examine the feasibility of reduction of the membership fee to \$200 per each individual member with consideration to a graduated fee structure tailored to the needs of individual members, depending upon area of practice, years of practice, and other defining factors; and that delegate allocation to the HOD be based upon membership within any society or section that selects representation through that society or section, with particular attention to avoiding dual representation; (3) AMA consider changing the bylaws to reduce and limit the terms of the Board of Trustees to a total of ten members with six general physician members each serving a three-year term with a maximum of two terms per individual. A Medical Student member will serve a one-year term with a maximum of two terms, a Resident and Fellow member will serve a two-year term with a maximum of one term, and a Young Physician member will serve a three-year term with a maximum of one term per individual. All elections will derive from the House of Delegates. One non-physician will serve a three-year term with a maximum of one term per individual and nominated by the BOT and elected by the HOD; (4) That our AMA consider changing the term of the Chair of the Board of Trustees to two years with a one-term maximum and that at least one year of experience be required to serve in this capacity exempting time spent as the MSS and RFS representatives; (5) That our AMA consider changing the position of the AMA President to include the offices of a President and Vice President which will be elected simultaneously from the AMA general membership for a two-year term and arrange for housing for the President of the AMA in Washington, DC for the duration of all Congressional sessions, and eliminating the positions of President Elect and Immediate Past President; (6) That our AMA consider changing the Speaker and Vice Speaker positions to two-year terms with a maximum of one term per position, per individual that is elected from the House of Delegates; (7) That our AMA strongly encourage all state and specialty delegations to limit all delegates and

alternate delegates to six years maximum per position and to modify their current delegation structures to ensure that students, residents and fellows and young physicians represent ten percent of their delegations and that ten percent of its total Delegation structure be exempt from these limitations on number of terms served in order to allow continuity and retention of established leadership; (8) That our AMA ensure that all delegates from state and specialty delegations resign membership on their delegations immediately upon appointment or election to any position on a Council, or within the AMA leadership; (9) That our AMA provide direction to the BOT and EVP to evaluate the structure and function of all current AMA Councils with emphasis placed in the areas of long-range planning, bylaws maintenance, advocacy, medical standards and scientific achievement and present a report detailing the elimination of three current Councils at Annual 2004; (10) That our AMA rearrange its current meeting schedule so that the Annual Meeting is held in September in Chicago, Illinois and the Interim Meeting is held in March in conjunction with the National Advocacy Conference held in Washington, DC; (11) That our AMA study the feasibility of creating a separate division within our AMA based in Chicago, Illinois that will be governed by the Executive Vice President, the Vice President of the AMA, and the Board of Trustees, which will be responsible for directing, marketing, and producing non-advocacy related affairs of our AMA, with proceeds of its operations used to offset the operations of the expanded Advocacy division; (12) That our AMA study and develop a separate division within our AMA that will be responsible for directing the advocacy products of our AMA with expanded resources and staffing to be located in Washington, D.C. to focus the efforts of the organization on issues of advocacy and report back by A-04; (13) That our AMA, in their investigation of product and services work with membership to investigate and implement, subject to approval by the Board of Trustees, new and innovative products and services to its members not offered currently or with more favorable options or pricing alternatives than are currently available in the non-member arena; (14) That our AMA-RFS forward the ideas and concepts from this report to the Board of Trustees.

555.998R Refocusing Our American Medical Association: Asked the AMA to refocus and reevaluate various aspects related to advocacy, membership/funding, governance, and products and services and (1) That our American Medical Association rededicate itself to its current vision statement and refocus its efforts to maintain its position as the leading advocate for the physicians and patients of our Nation; (2) That our AMA direct the BOT, in conjunction with Council on Medical Education and other interested sections, to create a report regarding the utilization of AMA resources and contacts within the continuum of medical education to mandate exposure of organized medicine. Specifically, our AMA should become the principal agent to distribute this information to physicians-in-training and report back at I-03; (3) That our AMA extensively research and provide additional information on a hybrid membership model. We would support a model with a reduced dues structure amount not to exceed \$150 per current physician and modify its current dues collection system so that state and specialty societies are responsible for collecting these dues. We would also support that individual membership be allowed at a higher rate and that income tax deductions be documented for membership dues with annual statements; (4) That our AMA-RFS request the AMA change the bylaws to reduce and limit the terms of the Board of Trustees to a total of ten members with six

general physician members each serving a three-year term with a maximum of two terms per individual. A Medical Student member will serve a one-year term with a maximum of two terms, a Resident and Fellow member will serve a two-year term with a maximum of one term, and a Young Physician member will serve a three-year term with a maximum of one term per individual. All elections will be by the House of Delegates. One non-physician will serve a three-year term with a maximum of one term per individual and nominated by the BOT and elected by the HOD; (5) That our AMA change the term of the Chair of the Board of Trustees to two years with a one-term maximum and that at least one year of experience be required to serve in this capacity exempting time spent as the MSS and RFS representatives; (6) That our AMA change the position of the AMA President to include the offices of a President and Vice President which will be elected simultaneously from the AMA general membership for a two-year term and arrange for housing for the President of the AMA in Washington, DC for the duration of all Congressional sessions, and eliminating the positions of President Elect and Immediate Past President; (7) That our AMA change the Speaker and Vice Speaker positions to three-year terms with a maximum of one term per position, per individual that is elected from the House of Delegates; (8) That our AMA examine and make recommendations regarding the structure of the Governing Councils of the MSS, RFS, and YPS with each member serving a one-year term with a maximum of two terms and under coordination with the EVP and relevant staff restructure the staffs of the MSS, RFS, and YPS into a central division that is responsible for coordinating joint efforts between these sections to maximize efficiency and cost expenditure; (9) That our AMA strongly encourage all state and specialty delegations to limit all delegates and alternate delegates to six years maximum per position and to modify their current delegation structures to ensure that students, residents and fellows and young physicians represent ten percent of their delegations and that ten percent of its total Delegation structure be exempt from these limitations on number of terms served in order to allow continuity and retention of established leadership; (10) That our AMA require all delegates from state and specialty delegations to resign membership on their delegations immediately upon appointment or election to any position on a Council, or within the AMA leadership; (11) That our AMA direct the BOT and EVP to evaluate the structure and function of all current AMA Councils with emphasis placed in the areas of long-range planning, bylaws maintenance, advocacy, medical standards and scientific achievement and present a report detailing the elimination of three current Councils at Interim 2003; (12) That our AMA change the term of the Council on Legislation to three years with a two term maximum to be appointed by the Board of Trustees; (13) That our AMA assign the current EVP to oversee an intensive investigation of all current products and services, including those within all current Councils and Sections, as requested in the COO report and the Ad Hoc Committee on Governance, and create a report due December 1, 2003, highlighting, those products and services which should be continued, eliminated, or outsourced based on our current mission statement, with particular attention towards those areas that received a ranking of less than three by the COO, and direct the Board of Trustees to make a decision regarding these products and services by June 1, 2004; (14) That our AMA study the feasibility of creating a separate division within the AMA based in Chicago, Illinois that will be governed by the Executive Vice President, the Vice President of the AMA, and the Board of Trustees, which will be responsible for directing, marketing, and producing non-advocacy related affairs of

the AMA, with proceeds of its operations used to offset the operations of the expanded Advocacy division; (15) That the AMA study and develop a separate division within the AMA that will be responsible for directing the advocacy products of the AMA with expanded resources and staffing to be located in Washington, D.C. to focus the efforts of the organization on issues of advocacy and report back by A-04; 16) That our AMA, in their investigation of product and services work with membership to investigate and implement, subject to approval by the Board of Trustees, new and innovative products and services to its members not offered currently or with more favorable options or pricing alternatives than are currently available in the non-member arena; (17) That our AMA rearrange its current meeting schedule so that the Annual Meeting is held in September in Chicago, Illinois and the Interim Meeting is held in March in conjunction with the National Advocacy Conference held in Washington, DC. (RFS Report H referred to Governing Council for Report, A-03)

555.999R Definition of a Resident: Asked that the AMA change policy H-550.999, Definition of a Resident, to include the following: (1) Members serving as their primary occupation in residencies approved by the ACGME or AOA; (2) Members serving as their primary occupation in fellowships approved as residencies by the ACGME or AOA; (3) Members serving fellowships in structured clinical training programs for periods of at least one year, to broaden competency in a specialized field, whether or not the program is affiliated with an approved residency training program; (4) Members serving, as their primary occupation, in a structured educational program to broaden competency in a specialized field, provided it is begun upon completion of medical school, residency, or fellowship training; (5) Members serving as active duty military and public health service residents who are required to provide service after their internship as general medical officers or flight surgeons before their return to complete a residency program. Also asked that the AMA change its bylaws (Section 7.10) to reflect this amended definition. (RFS Report K, A-97)

565.000R **AMA: POLITICAL ACTION**

565.996R Voter Registration: Asked that the AMA-RFS sponsor an educational campaign regarding the importance of voting and that the AMA-RFS provide voter registration information to resident leaders to foster voter registration drives. (RFS Report K, A-95) [See also: AMA Policy H-565.991] (Reaffirmed, Report C, I-05)

565.997R Election Day Voting Time: Asked that the AMA-RFS (1) encourage state medical societies to inform residents and students of local voter laws to include education on absentee balloting; and (2) encourage medical schools and residency training programs to define mechanisms specific to their institution to allow residents and students the opportunity to vote in local and national elections. (RFS Substitute Resolution A-95) [See also: AMA Policy H-565.991] (Reaffirmed, Report C, I-05)

565.998R Creating Legislative Visitation Programs: Asked (1) that the AMA-RFS encourage state medical associations and specialty societies to create programs that will enable resident physicians to participate directly in the legislative process at the state level; and (2) that state medical associations and specialty societies choosing to create legislative

visitation programs be encouraged to use the Florida Medical Association's Legislative Visitation Program as a possible model in designing their own such programs. (RFS Resolution 1, A-95) [See also: AMA Policy H-565.992] (Reaffirmed, Report C, I-05)

630.000R AMA-RFS: ADMINISTRATION AND ORGANIZATION

- 630.980R** Leadership positions within the AMA-RFS: 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). (RFS Report G, A-09)
- 630.985R** Expanding Underrepresented Minority Voices in the AMA-RFS: That the AMA-RFS 1) create bylaws to specifically and systematically outline how a minority physician organization may gain representation in the RFS national assembly; 2) research the major underrepresented minority physician organizations with a focus on the level of involvement of resident and fellow members in each organization, on the percentage of AMA members in each organization, and on the level to which each minority physician organization desires to be involved with the AMA-RFS; 3) leadership work with the Specialty and Service Society (SSS) to determine the needed steps that minority physician organizations would have to take to become seated members of the AMA-HOD.
- 630.986R** American Medical Association Resident and Fellow Section Internal Operating Procedures: Asked (1) that our RFS adopt and implement the Internal Operating Procedures, (2) that the Internal Operating Procedures be implemented at the 2006 Annual Meeting, and (3) that the remainder of this report be filed. (Report F, I-05)
- 630.987R** Junior AMA: Asked that the AMA-RFS work with the Medical Students Section (MSS) to develop a report regarding options for outreach to students interested in medicine and report on progress at I-03. (RFS Substitute Resolution 6, A-03)
- 630.988R** AMA-RFS Strategic Plan: Vision, Mission, and Objectives: Asked that the RFS utilize the vision, mission and objectives set forth by the AMA-RFS Committee on Long Range Planning as a foundation for further planning. (RFS Report E, A-01)
- 630.990R** Fellowship and Residency Electronic Interactive Database: Asked that the RFS Governing Council study and report back to the Assembly on the appropriate method of collecting and disseminating subjective information on residency training programs through vehicles other than FREIDA. (RFS Substitute Resolution 9, A-99)
- 630.991R** Providing Financial Information to Residents: Asked that the RFS include information on financial products and services offered by the AMA to residents in its Student Loan Manager Booklet. (RFS Substitute Resolution 9, A-98)
- 630.992R** Change the Name of the Resident Physicians Section: Asked that the AMA change its bylaws to reflect a change in the name of the Resident Physician Section to the Resident and Fellow Section. Also asked the RPS to encourage state, county, and specialty

societies to adopt an official definition of a resident and a name of their residency physician membership component. (RFS Report L, I-97)

630.993R Creation of an AMA-RFS Leadership Handbook: Asked (1) that the AMA-RFS staff and Governing Council design a Leadership Handbook outlining the structure and function of the RFS, leadership positions, and state society contacts; (2) that the AMA-RFS encourage state, county, and specialty societies to develop similar materials; and (3) that the AMA-RFS make the Leadership Handbook available at the Annual and Interim Meetings and upon request. (RFS Substitute Resolution 3, I-97; Reaffirmed, Report C, I-07)

630.994R Creation of Centralized Resource for Listing Residency and Fellowship Vacancies: Asked that the AMA-RFS work to create and maintain a centralized resource that lists available residency and fellowship vacancies for its membership. (RFS Substitute Resolution 25, A-97; Reaffirmed, Report C, I-07)

630.997R AMA Support for Section Web Pages: Asked that items of general AMA-RFS interest be posted, reviewed, and regularly updated to the RFS Home Page by AMA staff in conjunction with a RFS Computer Advisory Committee designee and that the RFS procure space on the AMA server. (RFS Substitute Resolution 13, I-95) (Reaffirmed, Report C, I-05)

630.998R AMA Electronic Communications: In lieu of Resolution 12 (A-94), the AMA-RFS adopted the recommendations of Report G (I-94) as amended. The recommendations asked (1) that the Department of Resident and Fellow Services continue to collect E-mail addresses for department use and provide for Physician Planning Information utilization; (2) that the Department of Resident and Fellow Services will publicize AMA-EN and a brochure describing AMA-EN be available at I-94; and (3) that the AMA-RFS presently implement a Resident Conference on AMA-EN. (RFS Report G, I-94) (Reaffirmed Report F, A-05)

630.999R Fiscal Affairs of the Resident and Fellow Section: Asked the Governing Council to provide an annual fiscal report for the previous year at the Annual Meeting. (RFS Substitute Resolution 18, A-78; Reaffirmed: RFS Report C, I-88; Reaffirmed: RFS Report C, I-98)

635.000R **AMA-RFS COUNCILS AND COMMITTEES**

635.991R Standing Committees: That the AMA-RFS Governing Council shall annually appoint standing committees including, but not limited to, long range planning, public health, medical education, legislative awareness, membership and the poster symposium, 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. 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. (RFS Report E, A-08)

- 635.992R** AMA-RFS Committee Reports: Asked that AMA-RFS representatives on all AMA committees be required to give either a formal written or verbal report twice a year, at the Interim and Annual meetings of the AMA-RFS, beginning with the A-03 meeting of the AMA-RFS. (RFS Late Resolution 1, I-02)
- 635.993R** Resident Representation on Residency Review Committees: Asked that the AMA consider appointing resident physicians to residency review committees currently without resident members by using its ex-officio positions on the committees. (RFS Substitute Resolution 1, A-87; Reaffirmed: RFS Report D, I-97) [See also: AMA Policy H-310.996]
- 635.995R** Resident Representation on the Internal Medicine Residency Review Committee: Asked that the AMA request all Residency Review Committees utilize peer-selected resident representatives to serve as voting members at all meetings of the committee for at least a one year term preceded by a six month term as an observer. (RFS Substitute Resolution 2, A-98)
- 635.996R** Peer-Nominated Representation on Institutional Councils and Committees: Asked that (1) the AMA-RFS encourage the ACGME to require that resident representatives on institutional GME Committees be peer-selected and (2) that the AMA-RFS study ways to ensure that the resident representatives on institutional GME Committees play a meaningful role at their institutions. (RFS Substitute Resolution 9, I-99; Reaffirmed, Report C, I-09)
- 635.997R** AMA-RFS Leadership Nominations and Appointments: That all persons nominated or appointed by the AMA-RFS for positions on AMA councils and committees or as representatives of the AMA-RFS to be resident physician members of the AMA. (RFS Report I, I-98)
- 635.999R** RFS Policy on Ad Hoc Committees and Task Forces: The AMA-RFS adopted Report J which set guidelines for the formation and conduct of AMA-RFS ad hoc committees and task forces. (RFS Report J, I-85; Reaffirmed: RFS Report C, I-95) (Reaffirmed, Report C, I-05)

640.000R **AMA-RFS: GOVERNING COUNCIL**

- 640.992R** IOP Changes to Modify Governing Council Officer Position: 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 F, A-09)
- 640.993R** Limitations on Eligibility for Governing Council: Recommended that the Resident and Fellow Section Internal Operating Procedures be amended to require that any Governing Council member wishing to be a candidate for a position whose term overlaps with the one they are currently serving, must resign their current position. Such resignation should be announced prior to the submission deadline for the Governing Council position for which they wish to be a candidate. An election to fill the announced vacancy shall occur at the next meeting of the Assembly; however, the

vacancy shall not take effect until the conclusion of that meeting. Should there be no candidates for a given Governing Council position, resignation shall be allowed until the close of nominations on the floor of the Assembly. (RFS Report J, A-06)

- 640.994R** AMA-RFS Health Policy Fellowship: Asked that (1) the AMA develop and implement a plan, in conjunction with the AMA-RFS Governing Council and modeled after the recently implemented AMA-MSS Governmental Relations Advocacy Fellowship, to create an AMA-RFS Health Policy Fellowship – a full-time, paid, year-long fellowship starting July 1, 2005, for an AMA-RFS member – to be based in the AMA Washington, DC office; and (2) That the AMA-RFS Health Policy Fellow report back to the AMA-RFS at both the Annual and Interim Meetings. (RFS Late Resolution 1, A-04) [Became AMA HOD Resolution 613, A-04]
- 640.995R** AMA-RFS Governing Council Structure: Asked that the AMA-RFS accept these changes to the structure of the RFS Governing Council to increase governance effectiveness to take affect at A-03 (RFS Report I adopted in lieu of Resolution 6, I-02)
- 640.996R** Report N Review of the AMA-RFS Governing Council Positions: Recommended: (1) that the AMA-RFS recognize the Immediate Past Chair as Ad Hoc Advisor to the AMA-RFS Governing Council until the conclusion of the AMA Interim Meeting following their term as Chair; (2) that the AMA-RFS ask AMA to amend the Bylaws so that residents are limited to the following terms of service on the AMA-RFS Governing Council: (a) Any combination of service in positions other than Chair-Elect/Chair and Delegate is limited to two full terms, (b) the Chair-Elect/Chair (considered a two year term) and Delegate may serve a maximum two year term in addition to two previous terms in other Governing Council positions, (c) Chair-Elect/Chair may not subsequently run for the offices of Vice Chair, Alternate Delegate, Secretary or Member-At-Large, (d) non-Governing Council members, who are elected to a half year position, shall not be regarded as having served that partial term for the purposes of term limits, (e) these term limits shall apply to residents elected to office following adoption of these rules by the AMA House of Delegates. (RFS Report N, A-95) (Reaffirmed, Report C, I-05)
- 640.998R** Communication between the AMA-RFS Governing Council and State Society Resident and Fellow Sections: Asked that the AMA-RFS (1) establish a list of state and specialty society resident physicians section chairpersons; and (2) publish a list of state and specialty society resident physicians section chairpersons in the Annual and Interim Assembly meeting handbooks and proceedings. Also asked that the AMA-RFS Governing Council attempt to contact each state and specialty society resident physicians section chairperson prior to each AMA-RFS Assembly meeting. (RFS Substitute Resolution 7, I-91) (Reaffirmed: RFS Report C, I-01)
- 640.999R** Neutrality of Governing Council During Elections: Asked that the AMA-RFS Governing Council members maintain a neutral status in elections by: (1) Not wearing campaign materials, except their own. (2) Not acting as campaign manager for any candidate. (3) Not endorsing candidates from the podium. (4) Not endorsing candidates as a council. (5) Not endorsing candidates through the use of one's Governing Council title. (6) Using discretion with respect to their personal endorsements. (RFS Substitute Resolution 24, I-91) (Reaffirmed: RFS Report C, I-01)

645.000R AMA-RFS ASSEMBLY

645.976R Sectional Delegate Election Process: IOP changes were made to the Sectional Delegate Election Process in order to facilitate the HOD process and ensure maximum participation by elected section delegates and sectional alternate delegates (see updated IOP). (RFS Report E, A-10)

645.977R AMA-RFS Strategic Plan: the following strategic plan for AMA Resident and Fellow Section was adopted for 2010-2011:

In the realm of **Membership**:

1. The RFS should work with the MSS, membership staff, YPS, and County and State medical societies, to develop longitudinal membership drive initiatives that encompass all aspects of physician training from medical school graduation to completion of residency and fellowship training;
2. The AMA-RFS should ensure that there is an RFS-GC member and staff member who is in regular contact with the AMA membership staff and who will serve in an advisory role to the membership department in regards to the creation and implementation of RFS membership initiatives;
3. The AMA-RFS should work with the AMA membership staff to research and develop new membership incentives tailored to prospective RFS members

In the realm of **Advocacy** that

4. The RFS will work with staff and local medical societies to secure additional funding and resources to increase resident activism at the National Advocacy Conference and Lobby Day;
5. The RFS continue to schedule RFS national lobby day concurrently with State and Specialty societies, while at the same time maintaining a direct interaction with the MSS during MSS lobby day

In the realm of **Communication** that:

6. The AMA-RFS should publicize the RFS Facebook page, and utilize the Facebook page to create discussion and interaction among members;
7. The GC should appoint a member to serve as a moderator over the AMA-RFS website, Facebook page, and e-mail publications, who will be responsible to post information to the sites as well as moderate and/or create discussion topics;
8. The RFS Voice should be continued as a print mailing to RFS members, and the RFS should augment print mailings with an on-line newsletter over national and regional list-servs;
9. The RFS should work with the AMA to gather new and current members' e-mail addresses and maintain a members' e-mail database;

In the realm of the **RFS Regions**:

10. The RFS should conduct a thorough examination of the role of the regions within the RFS including the function of the Regional Council, improved communication within the regions, and expansion of regional leadership;
11. The RFS should set the goal of planning with region leadership one to two local-regional events in centers of high concentration of physicians in training

Lastly, **in General** the Committee recommends that:

12. The RFS GC report back to the RFS from time to time regarding the progress of each of these recommendations, with a first mandated report back at A-11;
13. The RFS mandate that a strategic plan should be developed for the section at least every 3 years.

(RFS Report F, A-10)

- 645.978R** Resolution and Report Submission Deadlines: The following IOP Changes were adopted: Resolutions or Reports that are submitted after the 42-day deadline but 7 days prior to the Assembly meeting are considered Late Resolutions. Resolutions submitted within 7 days of the meeting or after the meeting has been called to order are considered Emergency Resolutions. (RFS Report E, A-09)
- 645.979R** Demographics: (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. (RFS Report G, A-08)
- 645.980R** Voting Mechanisms: That the voting system used in the RFS Sectional Delegate and Alternate Delegate elections be: an approval-based, plurality-at-large voting system in which the voter may select up to and including the number of candidate positions and a majority of votes is required. (RFS Report H, A-08)
- 645.981R** Election Procedures for RFS Sectional Delegates and Alternate Delegates: Asked (1) That your RFS Governing Council study various voting mechanisms that consider geographic as well as specialty representation and report back at I-07; and (2) the RFS study how a regional structure could be utilized for conducting Sectional Delegate and Alternate Delegate elections in a fair and equitable manner and report back at I-07 with changes to the Internal Operating Procedures as is appropriate. (Report F, A-07)
- 645.982R** Specialty and Military Representation Count toward Quorum in the RFS Assembly. Asked (1) that the AMA-RFS change its quorum requirements to Twenty percent (20%) of the authorized representatives representing at least fifteen states and five national medical specialty organizations, military or federal agencies for the Business Meeting of the Resident and Fellow Section and (2) that this resolution become effective as of the I-06 business meeting of the AMA-RFS. (RFS Resolution 2, A-05)
- 645.983R** Jordan B. Fieldman, MD, Resident and Fellow Section Advocacy Award: Asked that the AMA-RFS establish the Jordan B. Fieldman, MD, Resident and Fellow Section advocacy award to include: (1) award – citation and monetary support for travel and attendance to two consecutive RFS Assembly meetings consistent with current AMA expense reimbursement, the final amount to be determined by the RFS GC; (2) eligibility – any member in good standing of the AMA-RFS; (3) selection – awardee will be a first time delegate or attendee with specific consideration to those RFS members in states or districts with insufficient resources to fund RFS delegations; (4) nominations and selections – will be submitted to the RFS GC prior to the Interim Meeting, a selection committee will be suggested and approved by assent of the RFS

delegates, a committee will select the recipient from all submitted nominations and the award will be available for travel to the next Annual and Interim RFS meetings. (RFS Emergency Resolution 9, A-04)

- 645.984R** AMA-RFS Election Rules and Procedures: Asked (1) that the AMA-RFS accept these changes to the election rules of the RFS to better represent the votes of the Assembly during elections and be in effect at A-03; and (2) that the RFS policy 645.995R be rescinded. (RFS Report J, I-02) [AMA Resolution 7 brought by RFS adopted, A-03]
- 645.985R** Representation of National Medical Specialty Organizations and Professional Interest Medical Associations in the AMA-RFS: Asked that the RFS accept these guidelines for granting representation for national medical specialty organizations and professional interest medical associations representation in the AMA-RFS (RFS Report G, I-02) [AMA Resolution 6 brought by RFS adopted, A-03]
- 645.987R** Communication of Meeting Materials Deadlines: Asked that at each meeting of the AMA-RFS, the Governing Council provide detailed information about the dates of and hotel information for the next meeting in both printed form and on the AMA-RFS home page. (RFS Resolution 7, I-00; Reaffirmed: RFS Report C, I-10)
- 645.990R** Election Bylaws: Asked that the AMA-RFS Governing Council design and implement an educational program for the Assembly to clarify the vote counting method for rank order balloting. (RFS Substitute Resolution 1, I-99; Reaffirmed, Report C, I-09)
- 645.991R** AMA-RFS External Resolutions: Asked that the AMA-RFS include in the AMA-RFS delegate package and in the AMA-RFS Handbook information explaining the options for each resolution and the process for determining how resolutions are forwarded to either the AMA-RFS assembly and/or the AMA-HOD. (RFS Substitute Resolution 5, I-97; Reaffirmed, Report C, I-07)
- 645.992R** Background Information on Resident and Fellow Section Resolutions: Asked (1) that the RFS require the authors of resolutions to provide pertinent references and relevant existing AMA policy on the issue and (2) that the RFS provide each delegate a copy of the reference committee materials at the beginning of each Assembly Meeting. (RFS Substitute Resolution 9, A-97; Reaffirmed, Report C, I-07)
- 645.993R** Meeting Notices: Asked that the AMA-RFS include a schedule of annual and interim meeting dates, locations, and hotels in the AMA-RFS Handbook, proceedings, and other appropriate publications. (RFS Substitute Resolution 9, A-94) (Reaffirmed Report F, A-05)
- 645.994R** Fiscal Notes Attached to Resolutions: That the AMA-RFS staff contact the author or sponsoring medical society of any AMA-RFS resolution that assigned a fiscal note over \$1,000. (RFS Substitute Resolution 4, I-92; Reaffirmed: RFS Report C, I-02)
- 645.995R** Emergency Resolutions: That the Resident and Fellow Section Governing Council develop a mechanism for the introduction of emergency resolutions. (RFS Resolution 22, I-92; Reaffirmed: RFS Report C, I-02)

- 645.996R** Sunset of AMA-RFS Policy: That the AMA-RFS develop a mechanism to sunset AMA-RFS policy after ten years unless positive action to retain the policy is taken. (RFS Report H, I-85; Reaffirmed: RFS Report C, I-95) (Reaffirmed, Report C, I-05)
- 645.997R** Absentee Ballots for AMA-RFS Positions: Asked that the AMA-RFS Assembly accept no absentee ballots. (RFS Resolution 8, A-85; Reaffirmed: RFS Report C, I-95) (Reaffirmed, Report C, I-05)
- 645.998R** RFS Reference Committee Reports: Asked that (1) AMA-RFS members not on the reference committee not be admitted to its executive session unless invited; and (2) members of a reference committee write and/or review its report prior to the presentation of its findings to the AMA-RFS Assembly. (RFS Resolution 7, A-80; Reaffirmed: RFS Report C, I-90; Reaffirmed: RFS Report C, I-00; Reaffirmed: RFS Report C, I-10)
- 645.999R** Election Procedures: Asked that any candidate for a Governing Council position be allowed to offer his/her name for only one position in any given election. (RFS Resolution 13, A-77; Reaffirmed: RFS Report C, I-87; Reaffirmed: RFS Report C, I-97)

655.000R **AMA-RFS: MEMBERSHIP AND DUES**

- 655.988R** Update on the 50 State Membership Initiative: Asked that the AMA-RFS
1. Membership Committee work with AMA-RFS Staff to continuously update state and specialty society RFS information as outlined in the Late Report 1 (A-09).
 2. Membership Committee work with AMA-RFS Staff to obtain the necessary information in order to utilize the flow chart model (see Supplement 1) for state RFS leadership contact information and also utilize this model in order to appoint RFS leadership where necessary and possible.
 3. Membership Committee provide updated informational reports of the Fifty State Resident and Fellow Membership Initiative at I-10 and A-11.
 4. Governing Council and the Membership Committee work with each state and specialty society RFS to increase membership and encourage increased participation and activity of its membership both at the state and national level.
 5. Governing Council and the Membership Committee 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 physicians in training as recommended in Late Report 1 (A-09). (RFS Report I, A-10)

- 655.989R** Enhancement of Membership Retention During Educational Transitions: Asked that our AMA develop systems to allow state medical associations access to medical student match data and membership information for the purpose of membership retention and outreach without breaching existing contractual obligations; That our AMA study means to improve communication between state medical associations and our AMA for purposes of membership, recruitment, and retention, particularly during times of transition between medical school, residency, and fellowship. (RFS Resolution 7, A-10)
- 655.990R** Enhancing Involvement of New Meeting Attendees: That the RFS-CLRP develop specific criteria for the use of At-Large positions; That the RFS pilot the use of At-Large positions and a program to incorporate new attendees and non-voting members into existing positions, within the purview of our AMA-RFS IOPs as well as state and specialty society procedures, prior to the commencement of the meeting at I-10; That the RFS-CLRP report the results of the pilot at A-11 and the Assembly vote to determine if the pilot becomes permanent. (RFS Report H, A-10)
- 655.991R** Developing a Mentoring Program for New AMA-RFS Attendees: That the AMA-RFS work to create a mentoring program to welcome new attendees to the section's meetings including, but not limited to, linking mentors and mentees of the same region to sit near each other during RFS business, apprising the mentee of evening social activities, and contacting the mentee before the subsequent meeting. (Report L, I-09)
- 655.992R** Expanding AMA Participation by Minority Scholar Award Winners: Asked 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 and that our AMA-RFS report back on this issue at A-09. (RFS Resolution 8, A-08)
- 655.993R** Resident and Fellow Section Recruitment Funding Initiative: Asked: (1) That the AMA work with the Membership Group to formalize a model based on MSSOP with reward monies awarded directly to State RFS sections; (2) That the AMA request that the current MSSOP Resident Recruitment Awards be extended to the RFS sections of State Medical Societies for each new member recruited above the previous year state membership total set July 1st of each year; (3) That the AMA request that membership for the RFS section be changed to an academic calendar year from the current calendar year cycle; (4) That the AMA request a permanent staff member within the Membership Department dedicated to resident/fellow recruitment and retention on a yearly basis; (5) That the AMA-RFS request the Membership Group identify yearly the staff contact within each state medical society responsible for resident membership issues and provide this list to the Department of Resident and Fellow Services; (6) That the AMA request formal market research on current AMA residents, non-active AMA residents, residents who have never been part of the AMA, and residency programs assessing the factors that affect membership. (RFS Report F, A-03; AMA Resolution 613 brought by RFS referred to BOT, A-03)
- 655.994R** Resident and Fellow Section Recruitment Funding Initiative: Asked (1) that the RFS Governing Council work with the membership committee to develop a membership

program modeled after the MSS, whereby the AMA provides incentive at the local or state level, based on membership recruitment, in order to encourage increased recruitment as well as provide the necessary funds to increase active participation in the RFS section; and (2) that the Governing Council report back at A-03 the structure of this new program. (RFS Substitute Resolution 7, I-02)

- 655.995R** Medical Student Retention in the RFS: Asked that the AMA Membership Department provide the State Medical Society Resident and Fellow Section Chairs with a list of fourth year medical students members in their state. (RFS Resolution 3, A-02)
- 655.996R** Expanding the Definition of a Resident: Asked that the RFS Governing Council create an internal mechanism to decide the membership status of physicians in the following situations: residents who have interrupted their postgraduate training and physicians who have completed residency training with the intent to return to postgraduate training within one year. (RFS Report G, I-01)
- 655.997R** Facilitating a Smoother Transition From the Medical Student Section (MSS) to the Resident and Fellow Section (RFS): That the RFS work with the MSS and the Young Physician Section (YPS) to implement methods to facilitate the transition between the sections. (RFS Substitute Resolution 8, A-97; Reaffirmed, Report C, I-07)
- 655.998R** American Medical Association Resident Outreach Program: Asked (1) that the AMA-RFS continue to work with AMA Membership marketing to develop new campaigns for resident physician recruitment; and (2) that the AMA-RFS Governing Council report to the Assembly on the progress of these programs. (RFS Substitute Resolution 32, A-94) (Reaffirmed Report F, A-05)
- 655.999R** Transition from Medical Student Section to Resident and Fellow Section: Recommended that medical students (1) who have been accepted into residency training programs but wish to stay in the Medical Student Section (MSS) be awarded "Official Observer" status in the AMA-RFS; and (2) medical students accepted into a residency program beginning within six months and not registering in the MSS be allowed to credential as AMA-RFS delegates. (RFS Report F, I-86; Reaffirmed: RFS Report C, I-96) (Reaffirmed, Report C, I-06)