

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-09)

Report of Reference Committee

Erick A. Eiting, MD, MPH, Chair

1 In keeping with Resolution 601 (A-96), the Reference Committee recommends the
2 following consent calendar for acceptance:

3
4 **RECOMMENDED FOR ADOPTION**

- 5
6 1. RESOLUTION 3 – MEDICAL-LEGAL PARTNERSHIPS TO
7 IMPROVE HEALTH AND WELL-BEING
8
9 2. REPORT C – SUNSET MECHANISM ACTIONS TO
10 REAFFIRM
11
12 3. REPORT D – SUNSET MECHANISM ACTIONS TO RESCIND
13

14
15 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 16
17 4. RESOLUTION 1 – MEDICAL CONFIDENTIALITY IN "DON'T
18 ASK, DON'T TELL"
19
20 5. RESOLUTION 2 - ADVERSE EFFECTS OF "DON'T ASK,
21 DON'T TELL" ON CHILDREN AND OTHER DEPENDENTS
22 OF MILITARY PERSONNEL
23
24 6. RESOLUTION 4 – APPROPRIATE USE OF 360-DEGREE
25 RESIDENT EVALUATIONS
26
27 7. REPORT E – GME FUNDING (CME)
28

29 **RECOMMENDED FOR REFERRAL**

- 30
31 8. REPORT F – AMA-RFS 2010-2013 STRATEGIC PLAN
32 (CLRP)

1
2 (1) RESOLUTION 3 – MEDICAL-LEGAL PARTNERSHIPS TO
3 IMPROVE HEALTH AND WELL-BEING

4
5 RECOMMENDATION:

6
7 Madame Speaker, your Reference Committee
8 recommends that Resolution 3 be **adopted**.

9
10 RESOLVED, That our American Medical Association
11 encourage physicians, allied health professionals,
12 hospitals, and community-based health centers to develop
13 medical-legal partnerships to help identify and resolve
14 diverse legal issues that affect patients' health and well-
15 being (Directive to Take Action); and be it further

16
17 RESOLVED, That our AMA work with key stakeholder
18 organizations such as the American Academy of
19 Pediatrics, the American Bar Association, the Legal
20 Services Corporation and the federation to (a) educate
21 physicians on the impact of unmet legal needs on the
22 health of patients, (b) provide physicians with information
23 on screening for such unmet legal needs in their patients,
24 and (c) provide physicians, hospitals and health-centers
25 with information on establishing a Medical-Legal
26 Partnership. (Directive to Take Action).

27
28 **RFS ACTION: ADOPTED**

29
30 Resolution 3 asks that our AMA encourage physicians, allied health professionals,
31 hospitals, and community-based health centers to develop medical-legal partnerships to
32 help identify and resolve diverse legal issues that affect patients' health and well-being.
33 The resolution also asks that our AMA work with key stakeholder organizations such as
34 the American Academy of Pediatrics, the American Bar Association, the Legal Services
35 Corporation and the federation to (a) educate physicians on the impact of unmet legal
36 needs on the health of patients, (b) provide physicians with information on screening for
37 such unmet legal needs in their patients, and (c) provide physicians, hospitals and
38 health-centers with information on establishing a Medical-Legal Partnership.

39
40 There was strong support for this resolution and no opposition articulated.
41
42

- 1 (2) REPORT C – SUNSET MECHANISM ACTIONS TO
2 REAFFIRM

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4 RECOMMENDATION:

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6 Madame Speaker, your Reference Committee
7 recommends that the recommendations in Report C be
8 **adopted** and the remainder of the report be **filed**.

9
10 **RFS ACTION: ADOPTED**

- 11
12 (3) REPORT D – SUNSET MECHANISM ACTIONS TO
13 RESCIND

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15 RECOMMENDATION:

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17 Madame Speaker, your Reference Committee
18 recommends that the recommendations in Report D be
19 **adopted** and the remainder of the report be **filed**.

20
21 **RFS ACTION: ADOPTED**

- 22
23 (4) RESOLUTION 1 – MEDICAL CONFIDENTIALITY IN
24 "DON'T ASK, DON'T TELL"

25
26 RECOMMENDATION:

27
28 Madame Speaker, your Reference Committee
29 recommends that Resolution 1 be **adopted as amended**
30 **by insertion**:

31
32 RESOLVED, That our AMA-RFS encourage our American
33 Medical Association to work to have the US Military
34 change the interpretation of the "Don't Ask, Don't Tell"
35 policy to exempt any mention of sexual orientation, same
36 sex marriage or domestic partnerships obtained in patient-
37 physician, or other patient -health care provider
38 communications from being the basis for dismissal from
39 the US Military in order to not impede the patient-physician
40 relationship and to improve the provision of good medical
41 care to all of our service personnel (Directive to Take
42 Action).

43
44 **RFS ACTION: ADOPTED AS AMENDED**

45
46 Resolution 1 asks that our AMA work to have the U.S. Military change the interpretation
47 of the "Don't Ask, Don't Tell" policy to exempt any mention of sexual orientation, same
48 sex marriage or domestic partnerships obtained in patient-physician, or other patient -
49 health care provider communications from being the basis for dismissal from the US

1 Military in order to not impede the patient-physician relationship and to improve the
2 provision of good medical care to all of our service personnel.

3
4 There was no testimony in opposition to this resolution. Since this resolution is currently
5 being considered in the HOD, the amendment would allow this resolution to remain
6 internal policy.

7
8 (5) RESOLUTION 2 - ADVERSE EFFECTS OF "DON'T ASK,
9 DON'T TELL" ON CHILDREN AND OTHER
10 DEPENDENTS OF MILITARY PERSONNEL

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12 RECOMMENDATION:

13
14 Madame Speaker, your Reference Committee
15 recommends that Resolution 2 be **adopted as amended**
16 **by insertion and deletion.**

17
18 RESOLVED, That our AMA-RFS encourage our American
19 Medical Association to work to have our US military modify
20 the "Don't Ask, Don't Tell" policy to provide US military
21 personnel in legal same sex marriages the ability to
22 acknowledge these relationships and to provide equal
23 death benefits and other benefits (including health care
24 coverage) to the dependent children and spouses of legal
25 same sex marriages as now provided to married US
26 military personnel ~~to the dependent children and spouses~~
27 ~~of legal same sex marriages.~~ (Directive to Take Action).

28
29 **RFS ACTION: ADOPTED AS AMENDED**

30
31 Resolution 2 asks that our AMA work to have our US military modify the "Don't Ask,
32 Don't Tell" policy to provide US military personnel in legal same sex marriages the ability
33 to acknowledge these relationships and to provide equal death benefits and other
34 benefits (including health care coverage) now provided to married US military personnel
35 to the dependent children and spouses of legal same sex marriages

36
37 There was one concern expressed about whether the topic was in the purview of the
38 AMA. The author mentioned the relevance of this in reference to same sex marriage
39 benefits, including health insurance. This is consistent with existing AMA policy
40 regarding access to health care and the elimination of health care disparities.

1 (6) RESOLUTION 4 – APPROPRIATE USE OF 360-DEGREE
2 RESIDENT EVALUATIONS

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4 RECOMMENDATION:

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6 Madame Speaker, your Reference Committee
7 recommends that Resolution 4 be **adopted as amended**
8 **by insertion and deletion.**

9
10 RESOLVED, That our AMA work with the Accreditation
11 Council on Graduate Medical Education to study
12 mechanisms used by residency programs to evaluate
13 resident performance in the ACGME six general
14 competencies, including 360-degree evaluation tools; and
15 be it further

16
17 RESOLVED, That our AMA work with the ACGME on
18 developing standards for the use of 360-degree
19 evaluations, including a determination of their validity in
20 resident assessment, and methods to ensure that the
21 content of individual evaluations remains confidential and
22 legally protected. ; ~~and be it further~~

23
24 ~~RESOLVED, That this resolution be forwarded to the AMA-~~
25 ~~HOD for consideration at A-10~~

26
27 **RFS ACTION: ADOPTED AS AMENDED**

28
29 Resolution 4 asks that our AMA work with the ACGME to study mechanisms used by
30 residency programs to evaluate resident performance in the ACGME six general
31 competencies, including 360-degree evaluation tools. The resolution also asks that our
32 AMA work on developing standards for the use of 360-degree evaluations, including a
33 determination of their validity in resident assessment, and methods to ensure that the
34 content of individual evaluations remains confidential; and be it further

35
36 The testimony was favorable. The point was raised that the ACGME would be better
37 suited for this task and that the AMA should work in conjunction with ACGME.

38
39 (7) REPORT E – GME FUNDING (CME)

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41 RECOMMENDATION:

42
43 Madame Speaker, your Reference Committee
44 recommends that the recommendations in Report E be
45 **adopted as amended by insertion and deletion** and the
46 remainder of the report be **filed.**

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48 **RFS ACTION: ADOPTED AS AMENDED**

49

1 Report E asks that the Resident and Fellow Section of the AMA reaffirm the Council on
 2 Medical Education recommendations, that the following recommendations be adopted in
 3 lieu of Resolution 711 (I-07), Resolution 318 (A09) and RFS Resolution 7 (A09):

- 4 1. That our American Medical Association (AMA) reaffirm AMA Policies H-305.929,
 5 D-305.967, and D-305.963 on the financing of graduate medical education and
 6 continue to advocate for funding for training in non-hospital sites and for all
 7 training activities required in graduate medical education programs accredited by
 8 the Accreditation Council for Graduate Medical Education or the American
 9 Osteopathic Association. (Reaffirm HOD Policy)
- 10 2. That our AMA ~~continue to~~ be vigilant while monitoring pending legislation that
 11 may change the financing of medical services (~~health system reform~~) and
 12 advocate for expanded and broad-based funding for graduate medical education
 13 (~~from federal, state, and commercial entities~~). (Directive to Take Action)
- 14 3. That our AMA continue to advocate for graduate medical education funding that
 15 is transparent and reflects the specialty specific, demographic, and regional
 16 geographic needs of the nation. (Direction to Take Action).
- 17 4. ~~That our standing Committee on Medical Education further study the feasibility of~~
 18 ~~publicly disclosing the amount of direct payment received by GME through~~
 19 ~~Medicare as well as accounting for how such funds are spent with report back at~~
 20 ~~A-10.~~

21
 22 Most of the discussion of the Assembly pertained to the original resolution. The author
 23 of RFS Resolution 7 (A-09) raised the concern that the question regarding transparency
 24 in GME funding was not adequately addressed in this report. Although we commend the
 25 CME on a well written report, having heard significant testimony on both sides of the
 26 question of transparency of GME funding, we feel that further study is necessary.

27
 28 (8) REPORT F – AMA-RFS 2010-2013 STRATEGIC PLAN
 29 (CLRP)

30
 31 RECOMMENDATION:

32
 33 Madame Speaker, your Reference Committee
 34 recommends that the recommendations in Report F be
 35 **referred for report back at A-10.**

36
 37 **RFA ACTION: REFERRED**

38
 39 Report F asks that the Resident and Fellow Section of the AMA adopt a 2010-2013
 40 strategic plan with components pertaining to leadership, advocacy, membership,
 41 communications, regions and meetings:

- 42 1. The RFS Governing Council will work with AMA staff to devise a mechanism to
 43 fund and support an additional in-person GC meeting;
- 44
 45 2. The RFS Governing Council will work to encourage formal reporting between the
 46 Councilors and the GC and that the work of the Councilors will be disseminated
 47 in some form to RFS membership;
- 48 3. The RFS Governing Council should establish a way for the Councilors to have a
 49 greater presence within the RFS at national meetings including speaking at the

- 1 RFS assembly and/or hosting breakout sessions related to the work of their
2 Councils.
- 3 4. The RFS Governing Council will work with staff to secure additional funding and
4 resources to increase resident activism at the National Advocacy Conference
5 and Lobby Day;
- 6 5. The RFS Governing Council should annually identify key issues and mobilize the
7 grassroots network to involve our section in advocating for RFS friendly positions
8 on said issues;
- 9 6. The RFS should explore the interest in and the feasibility of the creation of a
10 resident GRAF type of position;
- 11 7. That the RFS create a new mechanism, such as issue briefs, on-line modules,
12 and directed mailings, to further educate members on current advocacy issues;
- 13 8. That the RFS make a focused effort to work with the appropriate AMA councils
14 and AMA board of trustees to ensure that the RFS play a more prominent role
15 informing AMA policies related to resident and fellow focused issues, and that
- 16 9. That the RFS work with other resident and fellow based organizations to ensure
17 that the RFS serve as the national spokesperson for all resident and fellow
18 centered issues including student debt, graduate medical education, medical
19 licensure, and resident work hours.
- 20 10. The RFS should continue to offer reduction of fees to MSS members and
21 students transitioning from medical school to residency as a mechanism to
22 increase interest in organized medicine and foster involvement in our AMA;
- 23 11. The RFS should work with the MSS to develop membership recruitment
24 strategies such as events targeted at graduating fourth year students as well as
25 MSS-RFS events at A-10 to enhance communication between the two groups
26 and foster transition from MSS to the RFS;
- 27 12. The RFS should work with the AMA to publicize the *Succeeding from Medical*
28 *School to Practice* resource as a membership benefit to prospective members,
29 including MSS members who have started clinical rotations;
- 30 13. The RFS should work with State Societies and the AMA Section on Medical
31 Schools to publicize the Introduction of the Practice of Medicine initiative to
32 relevant academic medical center faculty;
- 33 14. The RFS should utilize the data gathered from the A-08 demographics report to
34 determine why certain regions and specialties have been more successful at
35 recruiting AMA-RFS members;
- 36 15. The AMA-RFS should ensure that there is an RFS-GC member and staff
37 member who is in regular contact with the AMA membership staff and who will
38 serve as an advisory role to the membership department in regards to the
39 creation and implementation of RFS membership initiatives;
- 40 16. The AMA-RFS work with state and county medical and specialty societies to
41 plan local membership recruitment programs and initiatives.
- 42 17. The AMA-RFS should work with AMA staff to ensure that the RFS voice
43 publications continue to be disseminated to all RFS members by print media;

- 1 18. The AMA-RFS GC continue to play an active role in determining the contents of
2 the RFS voice publications and request a regular place in the publication for
3 direct communication from the RFS GC to our membership;
- 4 19. The RFS should work with the AMA to gather new and current member's e-mail
5 addresses and maintain a member's e-mail database;
- 6 20. The RFS should work to publicize our list-servs to new members;
- 7 21. The RFS should create a welcome to the RFS e-mail/packet that every new
8 member will receive that includes information on how to become more involved
9 in the RFS and how to sign up to RFS list-servs;
- 10 22. The RFS should work with region/state/specialty society leaders to create
11 newsletters to be disseminated to membership through region/state list-servs.
- 12 23. The RFS should conduct a thorough examination of the role of the regions within
13 the RFS, which should include:
 - 14 a. -The current level of activity in each region
 - 15 b. -The role of region chairs in the RFS
 - 16 c. -Whether the regions are the ideal structure to achieve the goals of
17 communication with local members, fostering leadership within the RFS,
18 and serving as a means to increase membership recruitment;
- 19 24. The RFS should ensure that a specific GC member is responsible for
20 communicating and working with the region leadership on a regular basis;
- 21 25. The RFS should ensure the functioning of the Regional Council and mandate
22 that region chairs report to the GC on regional activities on a quarterly basis;
- 23 26. The RFS should encourage the use of region list-servs;
- 24 27. The RFS should consider the expansion of regional elected leadership beyond
25 just Region Chairs including a possible vice-chair and membership/
26 communications chair.
- 27 28. The RFS should continue to work to expand the research poster symposia at
28 national meetings and work to secure permanent funding for these sessions;
- 29 29. The RFS should examine mechanisms to fill unfilled Delegate and Alternate
30 Delegate positions for national meetings in a fair and equitable manner with a
31 possible focus on filling these spots with first time attendees and/or poster
32 symposium participants;
- 33 30. The RFS create more breakout sessions at national meetings on key legislative
34 and relevant policy topics that could be led by RFS members;
- 35 31. The RFS ensure that we have a permanent member representing the RFS on
36 the Speaker's Advisory Committee;
- 37 32. The RFS work with the AMA to ensure that we maintain a second business
38 meeting after the annual meeting.
- 39 33. The RFS GC report back to the RFS from time to time regarding the progress of
40 each of these recommendations, with a first mandated report back at I-10;
- 41 34. The RFS mandate that a strategic plan should be developed for the section at
42 least every 3 years.

1 We commend the committee on this report. However, testimony was received that the
2 members of the assembly did not have adequate time to review the report. After careful
3 review, the reference committee felt there were no urgent issues to justify immediate
4 action. Furthermore, many of the recommendations can be acted upon without formal
5 RFS policy.

6
7 Madame Speaker, this concludes the report of the Reference Committee. I would like to
8 thank Anjali Dogra, MD, Necia McRee, MD, Gabriel Tinoco, MD, Paul O'Leary, MD, and
9 all those who testified before the Committee.

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