

TO: AMA Resident and Fellow Section

**FROM: Michelle Powers, MD, MBA
RFS Governing Council Delegate
Erick Eiting, MD, MPH
RFS Governing Council Alternate Delegate**

DATE: October 2008

RE: Delegates' Report to the RFS

It has been our pleasure to serve the RFS in the AMA House of Delegates. This document lists our 2008 Sectional Delegates, summarizes the resolutions that the RFS presented at the 2008 Annual meeting and also summarizes those we submitted for consideration at the Interim meeting. Resolutions at the Interim HOD meeting are discussed only if they are considered resolutions which relate to advocacy.

We would like to thank the sectional delegates for their leadership as representatives of the section at the Annual meeting and look forward to working with them again at the Interim meeting. At the Interim meeting the RFS will be electing 14 new sectional delegates and 14 new alternate sectional delegates.

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

Resolutions submitted by the RFS at A08: Actions taken by the AMA HOD

Your RFS brought eleven resolutions to the AMA House of Delegates at A08. Below is the summary of actions taken by the HOD on these items. Please note, more information can be found on HOD actions at A08 online: <http://www.ama-assn.org/ama/pub/category/12156.html>.

HOD Resolution	Action	Policy
Resolution 122 – Removing Financial Barriers to Care for Transgender Patients	ADOPTED AS AMENDED	RESOLVED, That our American Medical Association support public and private health insurance coverage for treatment of gender identity disorder <u>as recommended by the patient's physician.</u> (New HOD Policy); and be it further RESOLVED, That our AMA oppose categorical exclusions of coverage for treatment of gender identity disorder when prescribed by a physician. (Directive to Take Action)

HOD Resolution	Action	Policy
Resolution 314 – Physician Scientist Benefit Equity	REFERRED	N/A
Resolution 315 – Evaluation of Increasing Resident Review Committee (RRC) Requirements	ADOPTED AS AMENDED	RESOLVED, That our AMA <u>work with and monitor the Accreditation Council for Graduate Medical Education and American Osteopathic Association in studying</u> residency/fellowship documentation requirements for program accreditation and the impact of these documentation requirements on program directors and residents with recommendations for improvement. (Directive to Take Action)
Resolution 316 – Loss of Status Following Family Medical Leave Act (FMLA) Qualified Leave During Residency Training CME Report 11: <u>Family and Medical Leave Act Policies for Resident and Fellows (Adopted CME Report 11 in lieu of HOD Resolution 316)</u>	ADOPTED AS AMENDED	RESOLVED, That our AMA oppose requiring residents to repeat a year of training when returning to work following a leave that qualifies under the federal Family Medical Leave Act (FMLA) (New HOD Policy); and be it further RESOLVED, That our AMA urge the American Board of Medical Specialties and its member boards to be in compliance with the FMLA and to retract any policies that do not comply. (Directive to Take Action) (CME Report 11 Recommendation 4) That our AMA convene a group of appropriate interested parties, including the ACGME and the ABMS, to discuss options for standardization of FMLA-qualified leave policies that would not disproportionately increase length of training or result in postponement of certification.
Resolution 317 – Telemedicine and Medical Licensure	ADOPTED AS AMENDED	RESOLVED, That our AMA <u>work with the Federation of State Medical Boards</u> to study how guidelines regulating medical licenses are affected by telemedicine and medical technological innovations that allow for physicians to practice outside their states of licensure. (Directive to Take Action)

HOD Resolution	Action	Policy
<p>Resolution 318 – Protecting Patients and Residents by Reducing Extended Work Shifts CME Report 5: Enforcement of Duty Hours Standards and Improving Resident, Fellow and Patient Safety (Adopted CME Report 5 in lieu of HOD Resolution 318)</p>	<p>ADOPTED AS AMENDED</p>	<p>RESOLVED, That our AMA reaffirm support of current ACGME duty hour restrictions (Reaffirm HOD Policy); and be it further</p> <p>RESOLVED, That our AMA encourage the voluntary reduction or elimination of extended work shifts (greater than 16 hours) for residents and fellows by academic medical centers and teaching hospitals while opposing a new ACGME mandate at this time (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA continue to evaluate outcomes-based research on the impact of reductions in extended work shifts on (1) Patient Safety, (2) Resident Education, (3) Resident Safety, (4) Resident Quality of Life and (5) Professionalism in Transfer of Care (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA develop specific prioritized research</p> <p>questions/objectives to further evaluate issues related to resident duty hour reforms, such as best practices for signing out patients and organizing patient care teams. (Directive to Take Action)</p> <p>CME REPORT 5 Recommendations:</p> <ol style="list-style-type: none"> 1. That our American Medical Association reaffirm support of the current Accreditation Council for Graduate Medical Education duty hour standards. (Directive to Take Action) 2. That our AMA continue to monitor the enforcement and impact of the ACGME duty hour standards, as they relate to the larger issue of the optimal learning environment for residents, and monitor relevant research on duty hours, sleep, and resident and patient safety, with a report back at the 2010 Annual Meeting of the AMA House of Delegates. (Directive to Take Action) 3. That our AMA, as part of its Initiative to Transform Medical Education strategic focus, utilize relevant evidence on patient safety and sleep to develop a learning environment model that optimizes balance between resident education, patient care, quality and safety, with a report back at the 2010 Annual Meeting. (Directive to Take Action)

HOD Resolution	Action	Policy
		<p>4. That our AMA review, evaluate, and publicize the work of the ACGME Committee on Innovation, in particular its pilot projects related to duty hours, and encourage participation by ACGME Residency Review Committees and residency programs in these and other efforts towards innovation and improvement in graduate medical education and patient safety, to include the voluntary reduction or elimination of extended work shifts (>16 hours). (Directive to Take Action)</p> <p>5. That our AMA ask the ACGME to consider offering programs/institutions additional incentives, such as longer accreditation cycles or reduced accreditation fees, to ensure programmatic and institutional compliance with duty hour limits. (Directive to Take Action)</p> <p>6. That our AMA encourage publication of studies about the effects of duty hour standards, extended work shifts, <u>hand offs and continuity of care procedures</u> and sleep deprivation and fatigue on patient safety, medical error, resident well-being, and resident learning outcomes, and disseminate study results to GME designated institutional officials (DIOs), program directors, resident/fellow physicians, attending faculty, and others. (Directive to Take Action)</p> <p>7. That our AMA communicate to all GME DIOs, program directors, resident/fellow physicians, and attending faculty about the importance of accurate, honest, and complete reporting of resident duty hours as an essential element of medical professionalism and ethics. (Directive to Take Action)</p> <p>8. That our AMA use the <i>GME e-Letter</i>, AMA Resident and Fellow Section publications, and other communications vehicles to raise awareness among residents (particularly first-year residents) of the ACGME and its role in monitoring and enforcing duty hours. (Directive to Take Action)</p> <p>9. That our AMA ask its Council on Medical Education to closely monitor the progress of the Institute of Medicine (IOM) committee studying resident duty hours and patient safety and to respond, and/or assist the AMA Washington Office in</p>

HOD Resolution	Action	Policy
		<p>responding, to any legislative or regulatory initiatives that arise from the IOM or other bodies. (Directive to Take Action)</p> <p>10. <u>That our AMA urges the ACGME and AOA to decrease the barriers to reporting duty hour violations and resident intimidation.</u> (Directive to Take Action)</p>
Resolution 426 – Pediatric Suspected Intentional Trauma	REFERRED	N/A
Resolution 612 – Accuracy of Internet Physician Profiles	ADOPTED	<p>RESOLVED, That our American Medical Association investigate the publication of physician information on Internet Web sites (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA investigate potential solutions to erroneous physician information contained on Internet Web sites with report back at the 2008 Interim Meeting. (Directive to Take Action)</p>
Resolution 240 – Herpes Zoster Vaccine and Medicare Payment for the Vaccine and for Physician Administration of the Vaccine	ADOPTED AS AMENDED	RESOLVED, That the American Medical Association lobby for Medicare to pay for both the cost of the <u>Herpes Zoster</u> vaccine and the cost of administration by physicians of all vaccines covered under Medicare Part D .

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

Sectional Delegates and Alternates at A-08

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

Resolutions submitted by RFS for consideration at I08

Provision of Child Care by Residency and Fellowship Training Programs	RESOLVED, That our AMA begin collecting more comprehensive data on the provision of child care services or stipends for child care by residency and fellowship programs using in the Freida database (Directive to Take Action); and be it further RESOLVED, That our AMA evaluate the progress made in the provision of child care and different models being utilized by training programs (Directive to Take Action).
Patient Prescriptions	RESOLVED, That the American Medical Association work with relevant organizations to improve prescription labeling for visually or otherwise impaired patients and to increase awareness of available resources.
Recognizing the Adverse Effects of Defensive Medicine	RESOLVED, 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

	<p>parties involved in the delivery of health care; and,</p> <p>RESOLVED, 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</p> <p>RESOLVED, 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.</p>
--	--

Sectional Delegates and Alternates at I-08

<i>Sectional Delegates</i>	<i>Alternate Sectional Delegates</i>
Stephen Darrow, MD <i>Endorsed by: Nebraska Medical Association</i>	Ama Arthur Rowe, MD <i>Endorsed by: Medical Society of Virginia</i>
Alexander Ding, MD <i>Endorsed by: Massachusetts Medical Society</i>	Ilse R. Levin, DO, MPH <i>Endorsed by: Massachusetts Medical Society</i>
Jesse M. Ehrenfeld, MD <i>Endorsed by: American Society of Anesthesiology</i>	Seth Flagg, MD <i>Endorsed by: Connecticut State Medical Society</i>
Adam Levine, MD <i>Endorsed by: American College of Emergency Medicine</i>	Erick Eiting, MD <i>Endorsed by: Medical Society of the State of New York</i>
Joe T. McDonald, MD <i>Endorsed by: Kansas Medical Society</i>	Charles C. Mashek, MD, MBA <i>Endorsed by: Arkansas Medical Society</i>
Elizabeth Meunnich, MD <i>Endorsed by: Ohio State Medical Association</i>	Vacancy to be filled at I-08
Tokunboh Rose, MD <i>Endorsed by: Pennsylvania Medical Society</i>	Julie L. Bartholomae, DO <i>Endorsed by: Pennsylvania Medical Society</i>
David Rosman, MD, MBA <i>Endorsed by: American College of Radiology</i>	Shane Hopkins, MD <i>Endorsed by: American College of Radiation Oncology</i>
Krystal Tomei, MD <i>Endorsed by: American Assoc. of Neurological Surgeons</i>	Tovah G. Rosen, MD <i>Endorsed by: American Academy of Pediatrics</i>
Baligh Yehia, MD <i>Endorsed by: MedChi: Maryland State Medical Society</i>	Shubhada Hooli, MD <i>Endorsed by: Medical Soc. of the District of Columbia</i>