

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-08)

Report of Reference Committee

Claudia Reardon, MD, Chair

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

3 4 5 **RECOMMENDED FOR ADOPTION**

- 6
- 7 1. Resolution 1 – Interoperability of Medical Devices
- 8
- 9 2. Report C – Sunset Mechanism: 1998 Actions to Reaffirm
- 10
- 11 3. Report D – Sunset Mechanism: 1998 Actions to Rescind
- 12
- 13 4. Report E – Final Credentialing for Physicians who Transfer Training Programs
14 and Graduate from the Final Residency Program
- 15
- 16 5. Report F – Expanding Underrepresented Minority Voices in the AMA-RFS
- 17
- 18 6. Report G – Bylaws Changes for AMA-RFS Sectional Delegates and Alternate
19 Delegates Election Procedures and Vacancies
- 20

21 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 22
- 23 7. Resolution 4 – Support of Calorie Labeling in Restaurants
- 24
- 25 8. Resolution 5 – Radiation Oncology is not an Ancillary Service
- 26
- 27 9. Resolution 6 – Eliminating Questions Regarding Marital Status, Childbearing and
28 Dependent Children During the Residency and Fellowship Application Process
- 29
- 30 10. Resolution 3 – Developing a Mentoring Program for New AMA-RFS Attendees
- 31
- 32 11. Late report H – President Barack Obama’s Health Care Plan
- 33

34 **RECOMMENDED FOR REFERRAL**

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- 36 12. Resolution 2 – AMA Membership Eligibility for U.S. Citizen Medical Students and
37 Residents/Fellows Training Abroad
- 38
- 39 13. Resolution 7 – Resident and Fellow Physicians’ Bill of Rights
- 40
- 41

1 (1) RESOLUTION 1 – INTEROPERABILITY OF MEDICAL
2 DEVICES

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4 RECOMMENDATION:

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6 Mr. Speaker, your Reference Committee recommends that
7 Resolution 1 be Adopted.

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9 **RFS ACTION: ADOPTED**

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11 Resolution 1 asks that the AMA adopt the following statement on the Interoperability of
12 Medical Devices: “The AMA believes that intercommunication and interoperability of
13 electronic medical devices could lead to important advances in patient safety and patient
14 care, and that the standards and protocols to allow such seamless intercommunication
15 should be developed fully with these advances in mind. The AMA also recognizes that,
16 as in all technological advances, interoperability poses safety and medico legal
17 challenges as well. The development of standards and production of interoperable
18 equipment protocols should strike the proper balance to achieve maximum patient safety,
19 efficiency, and outcome benefit.”

20
21 There was no testimony other than the author’s explanation of the resolution.
22

23
24 (2) REPORT C - SUNSET MECHANISM: 1998 ACTIONS TO
25 REAFFIRM

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27 RECOMMENDATION:

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29 Mr. Speaker, your Reference Committee recommends that
30 the recommendations in Report C be adopted and the
31 remainder of the report be filed.

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33 **RFS ACTION: ADOPTED**

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35 Report C is an actionable report that contains the Governing Council’s recommendations
36 for reaffirmation of RFS policy.
37

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39 (3) REPORT D - SUNSET MECHANISM: 1998 ACTIONS TO
40 RESCIND

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42 RECOMMENDATION:

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44 Mr. Speaker, your Reference Committee recommends that
45 recommendations in Report D be adopted and the
46 remainder of the report be filed.

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48 **RFS ACTION: ADOPTED**
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1 Report D is an actionable report that contains the Governing Council's recommendations
2 for rescission of RFS policy.

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5 (4) REPORT E – FINAL CREDENTIALING FOR PHYSICIANS
6 WHO TRANSFER TRAINING PROGRAMS AND
7 GRADUATE FROM THE FINAL RESIDENCY PROGRAM

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9 RECOMMENDATION:

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11 Mr. Speaker, your Reference Committee recommends that
12 the recommendation in Report E be adopted and the
13 remainder of the report be filed.

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15 **RFS ACTION: ADOPTED**

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17 This report recommends that the AMA-RFS reaffirm current AMA policy in lieu of
18 adopting Resolution 1: Final Credentialing for Physicians who Transfer Training
19 Programs and Graduate from the Final Residency Program (AMA-RFS, A-08).

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21 No testimony was offered or opposition expressed.

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24 (5) REPORT F - EXPANDING UNDERREPRESENTED
25 MINORITY VOICES IN THE AMA-RFS

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27 RECOMMENDATION A:

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29 Mr. Speaker, your Reference Committee recommends that
30 the recommendations in Report F be adopted and the
31 remainder of the report be filed:

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33 **RFS ACTION: ADOPTED**

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35 Report F recommends (1) that the AMA-RFS create bylaws to specifically and
36 systematically outline how a minority physician organization may gain representation in
37 the RFS national assembly; (2) that the AMA-RFS research the major underrepresented
38 minority physician organizations with a focus on the level of involvement of resident and
39 fellow members in each organization, on the percentage of AMA members in each
40 organization, and on the level to which each minority physician organization desires to
41 be involved with the AMA-RFS; (3) that the AMA-RFS leadership work with the Specialty
42 and Service Society (SSS) to determine the needed steps that minority physician
43 organizations would have to take to become seated members of the AMA-HOD; and (4)
44 that the AMA-RFS report back to the RFS assembly on this issue at A-09.

45
46 Background information was provided by the GC as to why no immediate action on this
47 issue can be taken at this time. No further testimony was offered or opposition noted.

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1 (6) REPORT G - BYLAWS CHANGES FOR AMA-RFS
2 SECTIONAL DELEGATES AND ALTERNATE
3 DELEGATES ELECTION PROCEDURES AND
4 VACANCIES
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6 RECOMMENDATION:
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8 Mr. Speaker, your Reference Committee recommends that
9 the recommendations in Report G be adopted and the
10 remainder of the report be filed:
11

12 **RFS ACTION: ADOPTED**
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14 The RFS Governing Council recommends:

- 15 1. That the AMA-RFS IOP be changed (by deletion and insertion) in Section
16 VI.G.5.a. as following to reflect the Plurality voting system adopted at the
17 2008 Annual meeting:
- 18 i. Balloting. All nominees for the office of Sectional Delegate shall be listed
19 on a single ballot with their endorsing society. The ballot will contain clear
20 voting instructions with a brief explanation of ballot counting procedures. The
21 voter may select up to and including the number of candidate positions.
22 Ballots will be counted and delegates selected based on an approval-based,
23 plurality-at-large voting system. Only nominees receiving a simple majority of
24 the legal votes cast shall be elected.
25
- 26 ii. Limitations. If there is more than one nominee from an endorsing state or
27 specialty society, then only the nominee from that endorsing society who has
28 a majority and who has the most votes shall be elected. All other nominees
29 from that society shall be eliminated from the remaining counting of ballots.
30 This process will continue throughout the counting of ballots to ensure that
31 there is only one RFS Sectional Delegate per endorsing state and specialty
32 society.
33
- 34 iii. Unfilled Seats. If there are unfilled Sectional Delegate seats after the
35 election, the ballot counting process will begin again, allowing only one
36 additional Sectional Delegate per endorsing state/specialty society. This
37 process will continue through as many counting rounds as needed until all
38 Sectional Delegate seats are filled. With each subsequent counting round,
39 the limitation of Sectional Delegate from a given state or specialty society
40 shall increase by one.
41
- 42 iv. Run-Off Elections. If there are two or more candidates that tie for the
43 highest number of votes, though there are fewer positions available than tied
44 candidates, a Run-Off election will occur. The candidates who tied will be
45 placed on a subsequent ballot with all other candidates removed, and a
46 subsequent vote shall take place. The candidate(s) who receive(s) the
47 highest number of votes, with a majority of legal votes cast, shall be elected.
48 If in any round, no nominee receives a majority, the nominee(s) with the

1 fewest votes shall be eliminated. This process will continue until all Sectional
2 Delegate and Alternate Delegate seats are filled.
3

- 4 2. That the AMA-RFS IOP be changed (by deletion and insertion) in Section VI as
5 following to reflect the issues related to vacancies in the Sectional
6 Delegate/Alternate Delegate position:

7 **I. Vacancies.**

8
9 1. Vacancy to be filled at the next meeting. In the case that a vacancy in the
10 position of Sectional Delegate or Alternate Delegate occurs one meeting prior
11 to which the term is to be fulfilled, the Governing Council shall inform the
12 assembly of the number of vacancies and an election according to the
13 procedures defined in RFS Internal Operating Procedures VI.G shall occur at
14 the following meeting of the RFS Assembly.
15

16 2. Other Vacancies. Should a vacancy arise in the position of Sectional
17 Delegate for which an election will not take place prior to the start of the
18 meeting during which any portion of the term is to be elected alternate
19 delegates shall assume the role of delegates. Should there still remain
20 Delegate vacancies, these, along with the alternate delegate vacancies shall
21 be filled by a nomination and majority vote of the members of the RFS
22 Governing Council who are present. These Delegates and Alternate
23 Delegates shall not be subject to the requirement of state or specialty society
24 endorsement.
25

26 This report recommends IOP changes to reflect a plurality voting system, make
27 changes to the balloting process, outline limitation on nominees, address unfilled
28 seats, and the actions to take in run-off elections.
29

30 No testimony was offered or opposition expressed.
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33 (7) RESOLUTION 4 – SUPPORT OF CALORIE LABELING IN
34 RESTAURANTS

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36 RECOMMENDATION A:

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38 Mr. Speaker, your Reference Committee recommends that
39 Resolution 4 be amended by insertion and deletion:
40

41 RESOLVED, That the AMA work with state medical associations, all state
42 restaurant associations, state departments of health, and other interested parties
43 nationwide, to create a method for displaying nutritional information calories on
44 restaurant menus and menu boards for all food and beverage items.
45

46 RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends that
47 resolution 4 be adopted as amended.
48

49 **RFS ACTION: ADOPTED AS AMENDED**

1 This resolution asks that the AMA work with all state restaurant associations, state
2 departments of health, and other interested parties nationwide, to create a method for
3 displaying calories on restaurant menus and menu boards for all food and beverage
4 items.

5
6 The Assembly supported the spirit of this resolution. Some testified that this resolution
7 may be effectively accomplished by assisting state medical associations to work with
8 restaurant associations, state departments of health, and other interested parties to
9 create a method for displaying calories on restaurant menus and menu boards for all
10 food and beverage items. There was also testimony asking that language in the
11 resolution be changed so that the number of calories are displayed instead of just
12 calories. Testimony also reflected the sentiment that this resolution could be broadened
13 so restaurants would also have to display other nutritional information (fat, carbohydrate,
14 etc.) of menu items.

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17 (8) RESOLUTION 5 - RADIATION ONCOLOGY IS NOT AN
18 ANCILLARY SERVICE

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20 RECOMMENDATION A:

21
22 Mr. Speaker, your Reference Committee recommends that
23 Resolution 5 be amended by insertion and deletion:

24
25 RESOLVED, That the AMA affirm that ~~any designation of radiation therapy~~
26 ~~oncology as is not ancillary to any service is inaccurate~~; and be it further

27
28 RESOLVED, that the AMA affirm that any designation of radiation therapy as an
29 ancillary service is inaccurate; and be it further

30
31 RESOLVED, That the AMA oppose any legal or other designation of Radiation
32 therapy Oncology as an "in-office ancillary service."

33
34 RESOLVED, That this resolution be forwarded immediately for consideration by
35 the AMA-HOD at I-08.

36
37 RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends
38 that resolution 5 be adopted as amended.

39
40 **RFS ACTION: ADOPTED AS AMENDED**

41
42 Resolution 5 asks that the AMA affirm that any designation of radiation oncology as an
43 ancillary service is inaccurate and that the AMA oppose any legal designation of
44 Radiation Oncology as an "ancillary service." The resolution also requests immediate
45 forwarding to the AMA-HOD at I-08.

46
47 The author introduced the following changes in floor testimony: 1) that the AMA affirm
48 that radiation therapy is not an ancillary service; 2) that the AMA affirm that any
49 designation of radiation therapy as an ancillary service is inaccurate; 3) that the AMA
50 oppose any legal or other designation of radiation therapy as an in-office ancillary

1 service; and 4) that this be forwarded immediately. Based on testimony, there was
2 insufficient justification for immediate forwarding.

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5 (9) RESOLUTION 6 - ELIMINATING QUESTIONS
6 REGARDING MARITAL STATUS, CHILDBEARING AND
7 DEPENDENT CHILDREN DURING THE RESIDENCY
8 AND FELLOWSHIP APPLICATION PROCESS

9
10 RECOMMENDATION A:

11
12 Mr. Speaker, your Reference Committee recommends that
13 Resolution 6 amended by insertion and deletion:

14
15 ~~RESOLVED, That our AMA-RFS study the problem of inappropriate gender-~~
16 ~~based questions regarding marital status, childbearing and dependent children~~
17 ~~during the residency and fellowship application process, and be it further~~

18
19 RESOLVED, That our AMA and AMA-RFS oppose questioning residency or
20 fellowship applicants regarding marital status, dependents, ~~or~~ plans for marriage
21 or children, sexual orientation, and religion and be it further

22
23 RESOLVED, That our AMA work with the ACGME, NRMP and other interested
24 parties to eliminate questioning about marital and dependent status, ~~or~~ future
25 plans for marriage or children, sexual orientation, and religion during the
26 residency and fellowship application process, and be it further

27
28 RESOLVED, That our AMA-RFS report back on this issue at I-09

29
30 RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends
31 that resolution 6 be adopted as amended.

32
33 **RFS ACTION: ADOPTED AS AMENDED**

34
35 Resolution 6 asks that our AMA-RFS study the problem of inappropriate questions
36 regarding marital status, childbearing and dependent children during the residency and
37 fellowship application process. The resolution also asks that our AMA and AMA-RFS
38 oppose questioning residency or fellowship applicants regarding marital status,
39 dependents or plans for marriage or children. Additionally, the resolution requests that
40 our AMA work with the ACGME and other interested parties to eliminate questioning
41 about marital and dependent status or future plans for marriage or children, during the
42 residency and fellowship application process, and that our AMA-RFS report back on this
43 issue at I-09.

44
45 The Assembly offered considerable testimony on this resolution. There was support to
46 expand the resolution to include sexual orientation and possibly religious practice.
47 Testimony seemed to validate the problem and some questioned if a study was
48 necessary given that there is sufficient information already available. There was a
49 minority sentiment that there could be a non-discriminatory use of this information during

1 the application process while the majority of testimony was opposed to any use of this
2 information.

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5 (10) RESOLUTION 3 – DEVELOPING A MENTORING
6 PROGRAM FOR NEW AMA-RFS ATTENDEES

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8 RECOMMENDATION A:

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10 Mr. Speaker, your Reference Committee recommends that
11 Resolution 3 be amended by insertion and deletion:

12
13 RESOLVED, That the AMA-RFS ~~Membership Committee~~ work to create a
14 mentoring program to welcome new attendees to the section's meetings
15 including, but not limited to, linking mentors and mentees of the same region to
16 sit near each other during RFS business, apprising the mentee of evening social
17 activities, and contacting the mentee before the subsequent meeting.

18
19 RECOMMENDATION B: Mr. Speaker, your Reference Committee recommends
20 that resolution 3 be adopted as amended.

21
22 **RFS ACTION: ADOPTED AS AMENDED**

23
24 Resolution 3 asks that the AMA-RFS Membership Committee work to create a
25 mentoring program to welcome new attendees to the section's meetings including, but
26 not limited to, linking mentors and mentees of the same region to sit near each other
27 during RFS business, apprising the mentee of evening social activities, and contacting
28 the mentee before the subsequent meeting.

29
30 The Assembly expressed support for this resolution. The only concern was pertaining to
31 who would be responsible for the organization of this program. An author of the
32 resolution suggested that this could be an initiative of the RFS Membership Standing
33 Committee and its GC liaison.

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35
36 (11) LATE REPORT H – PRESIDENT BARACK OBAMA'S
37 HEALTH CARE PLAN

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39 RECOMMENDATION A:

40
41 Mr. Speaker, your Reference Committee recommends that
42 Late Report H be amended by insertion and deletion:

43
44 The RFS Governing Council recommends the following be adopted as AMA-RFS
45 policy:

- 46
47 1. That our AMA-RFS continue to advocate for health system reform which
48 makes health insurance coverage accessible for all U.S. citizens
49

- 1 2. That our AMA-RFS support the proposal to require all children to have health
2 insurance as a strategic priority, and
3
4 3. That our AMA-RFS advocate for sufficient federal subsidy or tax credit
5 amounts so that all U.S. citizens can afford to purchase health insurance.
6
7 4. That our AMA-RFS support the proposed requirement for private insurers that
8 children up to age 25 could continue family coverage through their parents'
9 plan.
10
11 5. That our AMA-RFS work with the federal government to ensure that if federal
12 programs are to be expanded, that proper checks and balances are in place
13 to ensure that re-imbursements reflect the actual cost of care and that patient
14 access is not limited.
15
16 6. That our AMA-RFS ensure that under the National Health Insurance
17 Exchange (or any similar proposed program) that participating insurers
18 provide high quality, transparent services, and that their reimbursements
19 reflect the actual cost of care.
20

21 RECOMMENDATION B: My speaker, you Reference Committee recommends
22 the following be immediately forwarded to the AMA-HOD:
23

24 **RFS ACTION: ADOPTED AS AMENDED**

25
26 RESOLVED: That our AMA support ~~the~~ requireing all children to have health
27 insurance as a strategic priority.
28

29 RECOMMENDATION C:
30

31 Mr. Speaker, your Reference Committee recommends that Report H be adopted as
32 amended and the remainder of the report be filed.
33

34 The majority of testimony reflected that most of the recommendations were already
35 existing AMA policy with the exception of recommendation 2. There was supporting
36 testimony that the AMA-RFS adopt the recommendations as internal policy and that
37 recommendation B be forwarded.
38

39
40 (12) **RESOLUTION 2 – AMA MEMBERSHIP ELIGIBILITY FOR**
41 **U.S. CITIZEN MEDICAL STUDENTS AND**
42 **RESIDENTS/FELLOWS TRAINING ABROAD**
43

44 RECOMMENDATION:
45

46 Mr. Speaker, your Reference Committee recommends that
47 Resolution 2 be referred.
48

49 **RFS ACTION: REFERRED**
50

1 Resolution 2 asks that the AMA investigate the possibility of creating a special category
2 of membership for U.S. citizens who are undergoing their medical training abroad.

3
4 The Assembly expressed support for the spirit of the resolution. However, there was
5 expressed concern about adopting the resolution due to the potential impact it may have
6 on the Medical Student Section and the broadness of the language. Specifically,
7 language regarding “special categories of membership” needs to be fleshed out before
8 moving forward; therefore; this resolution should be referred to the RFS Standing
9 Medical Education Committee for report.

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12 (13) RESOLUTION 7 – RESIDENT AND FELLOW
13 PHYSICIAN’S BILL OF RIGHTS

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15 RECOMMENDATION:

16
17 Mr. Speaker, your Reference Committee recommends that
18 Resolution 7 be referred:

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20 **RFS ACTION: REFERRED**

21
22 Resolution 7 asks our AMA adopt a Resident and Fellow Physicians’ *Bill of Rights* that
23 will serve as a testament to the AMA’s support for and commitment to the education and
24 training of competent, conscientious physicians by illuminating their rights and that this
25 *Bill of Rights* shall address 10 core themes (as detailed in the resolution) spanning the
26 aggregate of the graduate medical education experience. In addition, the resolution
27 requests that our AMA create from this *Bill of Rights* an executive summary which is
28 succinct and imminently readable and then distribute that summary to all U.S. residency
29 and fellowship training programs asking that it be prominently displayed in whatever
30 area may be most common to the majority of its Residents or Fellows.

31
32 There was ample testimony highlighting the hard work done on this resolution; however,
33 given the number of small changes necessary, the sentiment seemed to be toward
34 referral. The authors of the report indicated that they were amenable to referral.
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Mr. Speaker, this concludes the report of the Reference Committee. I would like to thank Heather Brislen, MD, Shaun Patel, MD, Kayla Pope, MD, JD, John Vasudevan, MD, William Walsh, MD, and all those who testified before the Committee.

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