

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
CME Report 2: Council on Medical Education Sunset Review of 1999 House of Delegates Policies and Directives	RECOMMENDATION The Council on Medical Education recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.	Support	Adopted
CME Report 3: Remediation Programs for Physicians	RECOMMENDATIONS The Council on Medical Education recommends that the following be adopted and the remainder of the report be filed. 1. That our American Medical Association support the efforts of the Federation of State Medical Boards (FSMB) to maintain an accessible national repository on remediation programs that provides information to interested stakeholders and allows the medical profession to study the issue on a national level. (Directive to Take Action) 2. That our AMA collaborate with other appropriate organizations, such as the FSMB and the Association of American Medical Colleges, to study and develop effective methods and tools to assess the effectiveness of physician remediation programs, especially the relationship between program outcomes and the quality of patient care. (Directive to Take Action) 3. That our AMA support efforts to remove barriers to assessment programs including cost and accessibility to physicians. (Directive to Take Action) CME Rep. 3-A-09 -- page 8 4. That our AMA partner with the FSMB and state medical licensing boards, hospitals, professional societies and other stakeholders in efforts to support the development of consistent standards and programs for remediating deficits in physician knowledge and skills. (Directive to Take Action) 5. That our AMA ask the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to develop standards that would require medical education programs to engage in early identification and remediation of conditions, such as learning disabilities, that would lead to later knowledge and skill deficits in practicing physicians. (Directive to Take Action) Fiscal Note: \$5000 for staff time to conduct the recommended study.	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language
CME Report 4: Protecting Residents During Residency Program Closure	SUMMARY AND RECOMMENDATIONS Regardless of whether an impending residency program closure is the result of a natural disaster, a voluntary withdrawal, or an adverse accreditation decision, residents need to transfer to another program efficiently with the least disruption to their training. Furthermore, under such circumstances, individual certification boards should be as flexible as possible in waiving continuity requirements. The A-06 report on this topic served to raise awareness of this issue within the GME community, and the work of the ACGME to develop appropriate policies related especially to emergency closures has laid the groundwork for effective, timely response that better serves the needs of resident physicians and GME programs alike. The Council on Medical Education recommends that the following be adopted and that the remainder of the report be filed.	Monitor/Support	Adopted

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>1. That our AMA reaffirm the principles of AMA policy D-310.972, Protection Against Delayed Residency Program Closure, which reads: Our AMA will:</p> <p>(1) Work closely with the Accreditation Council for Graduate Medical Education to contribute to, review and comment on any new ACGME policies related to residency closures, regardless of cause.</p> <p>(2) Work with the American Board of Medical Specialties to encourage all its member certifying boards to develop a mechanism to accommodate the discontinuities in training which arise from residency closures, regardless of cause, including waiving continuity care requirements and granting residents credit for partial years of training.</p> <p>(3) Work with the ACGME to monitor closing programs, including encouraging programs to immediately notify residents of pending closures and to promptly transfer residents to alternate accredited programs as soon as feasible with the least disruption to training; and strongly encourage programs which accept transferred residents to minimize extensions to total training time.</p> <p>(4) Use the National GME Census and work with the ACGME to assess how much disruption occurred in the training of residents as a result of program closures caused by Hurricane Katrina and report back at the 2009 Annual Meeting with further recommendations.</p> <p>(5) Work with the Centers for Medicare and Medicaid Services (CMS), ACGME, and other appropriate organizations to advocate for the development and implementation of effective policies to permit graduate medical education funding to follow the resident physician from a closing to the receiving residency program (including waivers of CMS caps), in the event of temporary or permanent residency program closure.</p> <p>Fiscal Note: \$1,000 for staff time.</p>		
<p>CME Report 5: Fellowship Application Reform</p>	<p>The Council of Medical Education, therefore, recommends the following be adopted and the remainder of this report be filed.</p> <p>1. That our American Medical Association continue to collaborate with the Council of Medical Specialty Societies and other appropriate organizations toward the goal of establishing standardized application and selection processes for specialty and subspecialty fellowship training. (Directive to Take Action)</p> <p>2. That our AMA continue to encourage all subspecialties to use the same application cycle and such application cycle should not commence before 12 months in advance of the resident starting the fellowship. (Directive to Take Action)</p> <p>Fiscal Note: Less than \$500 for staff time.</p>	Support	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language</p>
<p>CME Report 7: Transforming the Medical Education Learning Environment</p>	<p>The Council on Medical Education, therefore, recommends that the following be adopted and that the remainder of the report be filed.</p> <p>1. That our American Medical Association collaborate with relevant individuals and stakeholder groups, including the Liaison Committee on Medical Education and the</p>	Monitor/Support	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/u</p>

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>Accreditation Council for Graduate Medical Education, to identify or develop tools useful in evaluating the learning environment. (Directive to Take Action)</p> <p>2. That our AMA conduct a literature review on the learning environment and identify existing gaps in tools to measure the learning environment and assess its outcomes. Finalize and widely disseminate the literature review, including information on: a) available valid and reliable tools and the best strategies for their use to measure the learning environment; b) evidence-based characteristics of a positive learning environment; c) successful models of learning environment change; and d) evidence for the linkage between a positive learning environment and learner outcomes, including quality patient care. (Directive to Take Action)</p> <p>3. That our AMA based on results of a literature review on the learning environment, that our AMA work with funding agencies and partner institutions, such as medical schools and teaching hospitals, to design, implement, and evaluate model programs and work with the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education with the aim of using the results to bring about learning environment change. (Directive to Take Action)</p> <p>4. That our AMA report back to the AMA House of Delegates on the outcomes of the efforts to bring about learning environment change at the 2011 Annual Meeting. (Directive to Take Action)</p> <p>Fiscal Note: \$5500 for staff time to conduct research and prepare reports for dissemination.</p>		<p>pload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language</p>
<p>CME Report 8: Update on the Uses of Simulation in Medical Education</p>	<p>The Council on Medical Education recommends that the following recommendations be adopted and that the remainder of the report be filed.</p> <p>1. That our American Medical Association (AMA) continue to advocate for additional funding for research in curriculum development, pedagogy, and outcomes to further assess the effectiveness of simulation and to implement effective approaches to the use of simulation in 1 both teaching and assessment. (Directive to Take Action)</p> <p>2. That our AMA continue to work with and review, at five-year intervals, the accreditation requirements of the Liaison Committee on Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), and the Accreditation Council for Continuing Medical Education (ACCME) to assure that program requirements reflect appropriate use and assessment of simulation in education programs. (Directive to Take 8 Action)</p> <p>3. That our AMA encourage medical education institutions that do not have accessible resources 11 for simulation-based teaching to use the resources available at off-site simulation centers, such as online simulated assessment tools and simulated program development assistance. (Directive to Take Action)</p> <p>4. That our AMA monitor the use of simulation in high-stakes examinations administered for 16 licensure and certification as the use of new simulation technology expands.</p>	<p>Monitor/Support</p>	<p>Adopted</p>

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>(Directive to Take Action)</p> <p>5. That our AMA further evaluate the appropriate use of simulation in interprofessional education and clinical team building. (Directive to Take Action)</p> <p>6. That our AMA work with the LCME, the ACGME, and other stakeholder organizations and institutions to further identify appropriate uses for simulation resources in the medical curriculum. (Directive to Take Action)</p> <p>7. Rescind Directive to Take Action (D-295.943), Uses of Simulation in Medical Education – to Simulate or not to Simulate? 1. Our AMA will (a) through its Council on Medical Education, monitor the developments in uses of simulation and simulators in physician preparation for entry and re-entry into clinical practice, and provide an update to the AMA House of Delegates at the 2009 Annual Meeting; and (b) disseminate the information in this report.</p> <p>Fiscal Note: \$4000 for research and data gathering.</p>		
<p>CME Report 9: Communication and Clinical Teaching Curricula (Resolution 804, I-07)</p>	<p>The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 804 (I-07), and that the remainder of the report be filed.</p> <p>1. That our American Medical Association (AMA) reaffirm AMA Policies H-310.945 and H-295.949. (Reaffirm HOD Policy)</p> <p>2. That our AMA encourage the Liaison Committee on Medical Education to continue to enforce accreditation standards requiring that faculty members and resident physicians are prepared for and evaluated on their teaching effectiveness. (Directive to Take Action)</p> <p>3. That our AMA encourage the Accreditation Council for Graduate Medical Education to create institutional-level standards related to assuring the quality of faculty teaching. (Directive to Take Action)</p> <p>4. That our AMA encourage medical schools and institutions sponsoring graduate medical education programs to offer faculty development for faculty and resident physicians in time-efficient modalities, such as online programs, and/or to support faculty and resident participation in off-site programs. (Directive to Take Action)</p> <p>5. That our AMA encourage medical educators to develop and utilize valid and reliable measures for teaching effectiveness. (Directive to Take Action)</p> <p>6. That our AMA encourage medical schools to recognize participation in faculty development for purposes of faculty retention and promotion. (Directive to Take Action)</p> <p>Fiscal Note: \$5000</p>	Support	Adopted
<p>CME Report 10: Promoting Physician Lifelong Learning</p>	<p>Therefore, the Council on Medical Education recommends that the following be adopted and that the remainder of this report be filed:</p> <p>1. That our American Medical Association encourage medical schools and residency programs to explicitly include training in and an evaluation of the following basic skills:</p> <ul style="list-style-type: none"> the acquisition and appropriate utilization of information in a time-effective manner in the context of the care of actual or simulated patients; the identification of information that is evidence-based, including such things as 	Monitor/Support	Adopted

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>data quality, appropriate data analysis, and analysis of bias of any kind; the ability to assess one's own learning needs and to create an appropriate learning plan; the principles and processes of assessment of practice performance; the ability to engage in reflective practice. (Directive to Take Action)</p> <p>2. That our AMA work to ensure that faculty members are prepared to teach and to demonstrate the skills of lifelong learning. (Directive to Take Action)</p> <p>3. That our AMA encourage accrediting bodies for undergraduate and graduate medical education to evaluate the performance of educational programs in preparing learners in the skills of lifelong learning. (Directive to Take Action)</p> <p>4. That our AMA monitor the utilization and evolution of the new methods of continuing physician professional development, such as performance improvement and internet point-of-care learning, and work to ensure that the methods are used in ways that are educationally valid and verifiable. (Directive to Take Action)</p> <p>5. That our AMA continue to study how to make participation in continuing education more efficient and less costly for physicians. (Directive to Take Action)</p> <p>6. That Directive 295.940, Physician Lifelong Learning, be rescinded. (Rescind HOD Directive)</p> <p>Fiscal Note: \$1200 for staff time to collect and synthesize data/information as specified.</p>		
<p>CME Report 11: Integrating Content Related to Public Health and Preventive Medicine Across the Medical Education Continuum</p>	<p>Additional training programs and increased funding are needed to ensure a physician workforce that is well-trained in public health to be able to adequately address threats to the nation's health, including flu pandemic, bioterrorism, obesity, and health disparities. In response, the Council on Medical Education recommends that the following be adopted and that the remainder of the report be filed.</p> <p>1. That our American Medical Association encourage medical schools, schools of public health, graduate medical education programs, and key stakeholder organizations to develop and implement longitudinal educational experiences in public health for medical students in the pre-clinical and clinical years and to provide both didactic and practice-based experiences in public health for residents in all specialties including public health and preventive medicine. (Directive to Take Action)</p> <p>2. That our AMA encourage the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education to examine their standards to assure that public health-related content and skills are included and integrated as appropriate in the curriculum. (Directive to Take Action)</p> <p>3. That our AMA actively encourage the development of innovative models to integrate public health content across undergraduate, graduate, and continuing medical education. (Directive to Take Action)</p> <p>4. That our AMA, through the Initiative to Transform Medical Education (ITME), work to share effective models of integrated public health content. (Directive to Take Action)</p>	Support	Adopted

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>5. That our AMA support legislative efforts to fund preventive medicine and public health training programs for graduate medical residents. (Directive to Take Action)</p> <p>6. That our AMA urge the Centers for Medicare and Medicaid Services to include resident education in public health graduate medical education funding in the Medicare Program and encourage other public and private funding for graduate medical education in prevention and public health for all specialties. (Directive to Take Action)</p> <p>7. That Directive D-295.935 be rescinded. (Rescind HOD Directive)</p> <p>Fiscal Note: \$3000 for advocacy activities and staff research and dissemination activities.</p>		
<p>CME Report 12: Recognition of Osteopathic Education and Training (Resolution 302, A-08)</p>	<p>As described there are many similarities in the structure and content of educational programs leading to the MD- and DO-degrees. AMA policy fully supports the concept that both individuals with MD and DO degrees be termed “physicians” and also supports the participation of individuals with DO degrees in the membership of the AMA and in the Federation (Policy G-635.053).</p> <p>While informal communications occur at many levels, there are, however, limited mechanisms for formal dialogue between the allopathic and osteopathic medical education communities. The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 302 (A-08) and that the remainder of this report be filed. That our American Medical Association explore the feasibility of collaborating with other stakeholder organizations and funding agencies to convene leaders in allopathic and osteopathic medicine responsible for undergraduate and graduate medical education, accreditation and certification, to explore opportunities to align educational policies and practices. (Directive to Take Action)</p> <p>Fiscal Note: \$10000 for meeting costs and staff time for report preparation.</p>	Monitor	Adopted
<p>CME Report 13: Medical Student Debt (Resolutions 304, 313 and 320, A-08)</p>	<p>RECOMMENDATIONS</p> <p>As recently described, until the economy improves there is unlikely to be broad-based new funding to generally offset increasing medical student debt;12 however, there have been some recent positive occurrences. Some existing and developing medical schools have used funds from new philanthropy or endowment to provide scholarships to all or a subset of students. There also has been increased funding in the ARRA for the National Health Service Corps for scholarship and loan repayment programs for students and resident physicians.</p> <p>It is critical that ways be found to address the rising cost of medical education and the corresponding increasing level of debt that young physicians must carry. It is unlikely that one solution can be found that will address the needs of all schools and students. Therefore, the Council on Medical Education recommends that the following action plan be adopted in lieu of Resolutions 304, 313, and 320 (A-08) and that the remainder of this report be filed:</p> <p>1. That our American Medical Association work with the Association of American Medical Colleges and other stakeholder groups to increase the amount of funding available through the National Health Service Corps and similar federal and state scholarship and loan</p>	Support/Active Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>repayment programs, and work to expand the scope of existing and new programs to allow the inclusion of physicians from other specialties (such as general surgery) that have been identified as in shortage in underserved areas. (Directive to Take Action)</p> <p>2. That our AMA work with relevant stakeholder groups to study how fundraising efforts and existing endowment funds at medical schools and universities are being used to support financial aid programs for medical students and report back on successful models at the 2010 Interim Meeting. (Directive to Take Action)</p> <p>3. That our AMA continue to monitor medical school finances and oppose state efforts to reduce medical school funding. (Directive to Take Action)</p> <p>4. That our AMA encourage medical schools and other relevant stakeholders to plan, implement, and evaluate the success of innovative ways to reduce the length of training, such as combined BA/MD programs, combined medical school and residency programs, and combined degree programs that, as far as possible, do not add to either the length of training or to its cost. (Directive to Take Action)</p> <p>5. That our AMA advocate for the following:</p> <ul style="list-style-type: none"> Expansion of existing and introduction of new public- and private-sector low interest loans; Increased borrowing limits for existing federally-subsidized low-interest loans; and Reinstatement of the 20/220 pathway for loan repayment or the introduction of a similar program that allows deferment of loan repayment based on income. <p>Fiscal Note: \$4500 for staff time to conduct relevant studies and for advocacy activities.</p>		
<p>CME Report 14: Resident and Fellow Benefit Equity During Research Assignments (Resolution 314, A-08)</p>	<p>SUMMARY AND RECOMMENDATIONS</p> <p>Resident and fellow-scientist compensation and benefits vary depending on the research activity and the individual graduate medical education (GME) sponsoring institution's policies for funding research. AMA policy supports benefit packages for resident physicians, and the AMA Resident and Fellow Section monitors the <i>Essentials of Accredited Residencies in Graduate Medical Education</i> for significant changes in benefits language. Programs accredited by the ACGME provide all residents with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational programs. However, institutional funding for residency training is complex, and many independent research programs are not accredited by the ACGME. Thus it is the GME sponsoring institution's responsibility to determine compensation and benefits for residents based on their accreditation status, policies, budgets, and grant awards. The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 314 (A-08), and that the remainder of this report be filed.</p> <p>1. That our American Medical Association (AMA) urge the Accreditation Council for Graduate Medical Education to require accredited sponsoring residency training programs to continue to provide comparable benefits to resident physicians engaged in research</p>	<p>Monitor/Active Support with amendment to include fellows</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language</p>

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>activities that are required by either their sponsoring residency training programs or residency review committees as if it were full-time clinical service. (Directive to Take Action)</p> <p>2. That our AMA collect data on resident physician benefits including resident physicians engaged in research activities. (Directive to Take Action)</p> <p>3. That our AMA reaffirm AMA Policies H-460.971 and H-310.929, which support training of biomedical scientists and health care researchers. (Reaffirm HOD Policy)</p> <p>4. That our AMA, through the AMA Resident and Fellow Section, continue to work with residents and fellows and support training of biomedical scientists and health care researchers. (Directive to Take Action)</p> <p>Fiscal Note: \$10000 to collect data on resident physician benefits.</p>		
<p>CME Report 15: Education in Disaster Medicine and Public Health Preparedness During Medical School and Residency Training</p>	<p>RECOMMENDATIONS</p> <p>The Council on Medical Education recommends that the following recommendations be adopted and that the remainder of this report be filed.</p> <p>1. That Policy H-130.949, "Organized Medicine's Role in the National Response to Terrorism, be reaffirmed." (Reaffirm HOD Policy)</p> <p>2. That our American Medical Association recommend that formal education and training in disaster medicine and public health preparedness should be incorporated into the curriculum at all medical schools and residency programs. (New HOD Policy)</p> <p>3. That our AMA encourage medical schools and residency programs to utilize multiple methods, including simulation, disaster drills, interprofessional team-based learning, and other interactive formats for teaching disaster medicine and public health preparedness. (Directive to Take Action)</p> <p>4. That our AMA encourage public and private funders to support the development and implementation of education and training opportunities in disaster medicine and public health preparedness for medical students and resident physicians. (Directive to Take Action)</p> <p>5. That our AMA support the National Disaster Life Support (NDLS) Program Office's work to revise and enhance the NDLS courses and supporting course materials, in both didactic and electronic formats, for use in medical schools and residency programs. (New HOD Policy)</p> <p>6. That our AMA support involvement of the National Disaster Life Support Education Consortium in the newly created Federal Education and Training Interagency Group (FETIG). (Directive to Take Action)</p> <p>Fiscal Note: \$25,000 for ongoing revision of the NDLS courses for medical students and resident physicians.</p>	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
<p>CME Report 16: Maintenance of Certification/Maintenance of Licensure</p>	<p>The Council on Medical Education recommends that the following recommendations be adopted and that the remainder of the report be filed: That our American Medical Association:</p> <ol style="list-style-type: none"> 1. Reaffirm Policies regarding Specialty Board Certification, including: <ul style="list-style-type: none"> D-270.989, Improvements to the Maintenance of Certification Process D-275.969, Specialty Board Certification and Recertification D-275.971, American Board of Medical Specialties – Standardization of Maintenance of Certification Requirements D-275.977, Update on the American Board of Medical Specialties Program on Maintenance of Certification (MOC) H-405.974, Specialty Recertification Examinations D-275.987, Internal Medicine Board Certification Report-Interim Report H.275.996, Physician Competence H-275.936, Mechanisms to Measure Physician Competency H-275.956, Demonstration of Clinical Competence H-275.933, Specialty Board Recertification Requirements for Employment H-405.972, Recertification Alternatives H-405.973, Board Certification H-275.950, Board Certification H-405.970, Specialty Board Certification Fee Requirements H-405.975, Recertification Exam for the American Board of Medical Specialties (Appendix B). (Reaffirm HOD Policy) 2. Adopt the following AMA Principles on Maintenance of Certification (MOC): <ol style="list-style-type: none"> (1) Changes in specialty-board certification requirements for MOC programs should be longitudinally stable in structure, although flexible in content. (2) Implementation of changes in MOC must be reasonable and take into consideration the time needed to develop the proper MOC structures as well as to educate physician diplomates about the requirements for participation. (3) Any changes to the MOC process for a given medical specialty board should occur no more frequently than the intervals used by each board for MOC. (4) Any changes in the MOC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones). (5) MOC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of MOC programs that permit physicians to complete modules with temporal flexibility, compatible with their practice responsibilities. (6) Patient satisfaction programs such as The Consumer Assessment of Healthcare 	<p>Support/Active Support</p>	<p>Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language</p>

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>Providers and Systems (CAHPS) patient survey would not be appropriate nor effective survey tools to assess physician competence in many specialties.</p> <p>(7) Careful consideration should be given to the importance of retaining flexibility in pathways for MOC for physicians with careers that combine clinical patient care with significant leadership, administrative, research, and teaching responsibilities.</p> <p>(8) Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of MOC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with MOC participation.</p> <p>(9) The AMA affirms the current language regarding continuing medical education (CME): "By 2011, each Member Board will document that diplomates are meeting the CME and Self-Assessment requirements for MOC Part 2. The content of CME and self-assessment programs receiving credit for MOC will be relevant to advances within the diplomate's scope of practice, and free of commercial bias and direct support from pharmaceutical and device industries. Each diplomate will be required to complete CME credits (AMA Physician's Recognition Award (PRA) Category 1, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and or American Osteopathic Association Category 1A)."</p> <p>(10) MOC is an essential but not sufficient component to promote patient-care safety and quality. Health care is a team effort and changes to MOC should not create an unrealistic expectation that failures in patient safety are primarily failures of individual physicians. (New HOD Policy)</p> <p>3. Continue to work with the Federation of State Medical Boards (FSMB) to establish and assess maintenance of licensure (MOL) principles with the AMA to assess the impact of MOC and MOL on the practicing physician and the FSMB to study the impact on licensing boards. (Directive to Take Action)</p> <p>4. Recommend that the American Board of Medical Specialties (ABMS) not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety. (Directive to Take Action)</p> <p>5. Encourage rigorous evaluation of the impact on physicians of future proposed changes to the MOC and MOL processes including cost, staffing, and time. (Directive to Take Action)</p> <p>6. Review all AMA policies regarding medical licensure (Appendix A); determine if each policy should be reaffirmed, expanded, consolidated or is no longer relevant; and in collaboration with other stakeholders, update the policies with the view of developing AMA</p>		

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
	<p>Principles of Maintenance of Licensure in a report to the HOD at the 2010 Annual Meeting. (Directive to Take Action)</p> <p>7. Urge the National Alliance for Physician Competence (NAPC) to include a broader range of practicing physicians and additional stakeholders to participate in discussions of definitions and assessments of physician competence. (Directive to Take Action)</p> <p>8. Continue to participate in the NAPC forums. (Directive to Take Action)</p> <p>9. Encourage members of our House of Delegates to increase their awareness of and participation in the proposed changes to physician self-regulation through their specialty organizations and other professional membership groups. (Directive to Take Action)</p> <p>10. Continue to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major CME credit systems that comprise the foundation for post graduate medical education in the US, including the Performance Improvement CME (PICME) format; and continue to develop relationships and agreements that may lead to standards, accepted by all US licensing boards, specialty boards, hospital credentialing bodies, and other entities requiring evidence of physician CME. (Directive to Take Action)</p> <p>Fiscal Note: \$75,000 to continue to participate in the NAPC forums and work with the Federation to establish principles.</p>		
<p>Resolution 301: Preserving Physician Licensure Integrity and Fostering Competition in its Business Aspects (AmSocAnes, AmCollEmergPhys, AmSocPlasticSurg, CollAmPath, IN)</p>	<p>RESOLVED, That if the National Board of Medical Examiners (NBME) is unwilling to preserve the integrity of the physician licensure process, our American Medical Association and the respective physician member organizations explore other physician licensure testing options to compete with the NBME (Directive to Take Action); and be it further</p> <p>RESOLVED, That if the NBME is unwilling to preserve the integrity of the physician licensure process, that our AMA withdraw our representatives to the NBME. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.</p>	<p>Active Support</p> <p>Monitor/Support</p>	<p>Referred</p>
<p>Resolution 302: Opposition to Increase CME Provider Fees (IL)</p>	<p>RESOLVED, That our American Medical Association study and report back at the 2009 Interim Meeting on the system of intrastate accreditation, including the ACCME fee structure for state accreditors and their providers, the concept of equivalency, and the new criteria for compliance, and the impact these changes will have on state accreditors and their providers. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,500.</p>	<p>Monitor/Support</p>	<p>Adopted</p>

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
Resolution 303: Eliminating Questions Regarding Marital Status, Childbearing and Dependent Children During the Residency and Fellowship Application Process (IL)	RESOLVED, that our American Medical Association oppose the questioning of residency or fellowship applicants regarding marital status, dependents or plans for marriage or children (New HOD Policy); and be it further RESOLVED, That our AMA work with other appropriate and interested organizations to eliminate questioning about marital and dependent status or future plans for marriage or children, during the residency and fellowship application process. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Resolution 307 adopted as amended in lieu of Resolutions 303 and 315, with a change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf
Resolution 304: Timely Issuance of Social Security Number (MI)	RESOLVED, That our American Medical Association work with the United States government to provide a social security number in a timely fashion to foreign physicians with a work-related visa, upon lawful entry to the United States, for any purposes. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$4,580.	Monitor/Support	Adopted
Resolution 305: Rationalize Visa and Licensure Process for International Medical Graduate Residents (MI)	RESOLVED, That our American Medical Association work to ensure the granting of J1 and H1 Visas for the length of the residency program. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Referred
Resolution 306: Ensuring Diversity in United States Medical Licensing Examination Exams (MI)	RESOLVED, That our American Medical Association pursue diversity on the United States Medical Licensing Examination (USMLE) Step 2 Exam Oversight Committee that reflects the diversity of the test takers. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Substitute Resolution 306 adopted in lieu of Resolutions 306 and 317; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language
Resolution 307: Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Age, Race, National Origin	RESOLVED, That our American Medical Association oppose questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, age, race, national origin, and religion (Reaffirm HOD Policy H-310.976); and be it further RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, and other interested parties to eliminate questioning about or discrimination based on marital and dependent status,	Support	Resolution 307 adopted as amended in lieu of Resolutions 303 and 315 with a change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
and Religion during the Residency and Fellowship Application Process (MO)	future plans for marriage or children, sexual orientation, age, race, national origin, and religion during the residency and fellowship application process. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.		ref-comm-c-annotated.pdf for exact language
Resolution 308: Protection of Peer-Reviewed Evaluations During Litigation (MO)	RESOLVED, That our American Medical Association oppose the utilization of resident and fellow performance evaluations for any purpose other than providing educational feedback (New HOD Policy); and be it further RESOLVED, That our AMA oppose utilization of resident and fellow performance evaluations in connection with litigation. (New HOD Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor/Support Monitor/Support Change title to “Protection of Resident and Fellow Evaluations During Litigation”	Referred
Resolution 309: Provision of Child Care by Residency and Fellowship Training Programs (MO)	RESOLVED, That our American Medical Association begin collecting more comprehensive data on the provision of child care services or stipends for child care by residency and fellowship programs using the FREIDA database (Directive to Take Action); and be it further 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) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Adopted in lieu of Resolution 316
Resolution 310: Creation of Domestic For-Profit Medical Schools (MSS)	RESOLVED, That our American Medical Association collaborate with other organizations involved in preserving the quality of medical education, such as the American Osteopathic Association and the Association of American Medical Colleges, to study the impact of medical school for-profit status on medical education. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,690.	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language
Resolution 311: Improve the Recertification Process (CT, MN, MA, NH, RI, VT)	RESOLVED, That our American Medical Association encourage the American Board of Medical Specialties to develop methods to demonstrate that study whether board recertification and maintenance of certification programs improves patient outcomes. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Active Support with amendment	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
			annotated.pdf for exact language
Resolution 312: Proposed Fee Increase by the Accreditation Council for Continuing Medical Education (NJ, LA, OK)	RESOLVED, That our American Medical Association strongly urge the Accreditation Council for Continuing Medical Education (ACCME) to reconsider the proposed fee increase (Directive to Take Action); and be it further RESOLVED, That, if the ACCME refuses to reconsider the proposed fee increase, our AMA investigate and recommend ways by which physicians may receive appropriate, accredited continuing medical education other than through ACCME-accredited activities. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor/Support	Adopted
Resolution 313: Increasing Demographically Diverse Representation in Liaison Committee on Medical Education Accredited Medical Schools (OH)	RESOLVED, That our American Medical Association study medical school implementation of the Liaison Committee on Medical Education (LCME) Standard IS-16 and that the results be reported no later than the 2010 Annual Meeting of the AMA House of Delegates (Directive to Take Action); and be it further RESOLVED, That the results of a study of the implementation of LCME Standard IS-16 be reviewed by our AMA and reported to appropriate accreditation organizations and all state medical associations for action on demographic diversity. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Adopted as amended; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language
Resolution 314: Inclusion of Workforce Component to Any Federal Health Care Reform Policy (OR)	RESOLVED, That our American Medical Association ensure that actions to bolster the physician workforce must be part of any comprehensive federal health care reform. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$ 4,580.	Monitor/Support	Substitute Resolution 314 adopted in lieu of Resolutions 314, 321 and 325, with a change in title
Resolution 315: Eliminating Questions Regarding Marital Status, Childbearing and Dependent Children During the Residency and Fellowship Application Process (RFS)	RESOLVED, That our American Medical Association oppose questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, and religion (New HOD Policy); and be it further RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, the National Resident Matching Program and other interested parties to eliminate questioning about marital and dependent status, future plans for marriage or children, sexual orientation, and religion during the residency and fellowship application process. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Resolution 307 adopted as amended in lieu of Resolutions 303 and 315, with a change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
Resolution 316: Provision of Child Care by Residency and Fellowship Training Programs (RFS)	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 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). Fiscal Note: Staff cost estimated at less than \$500 to implement.	Support	Resolution 309 adopted in lieu of Resolution 316
Resolution 317: Ensuring Diversity in the United States Medical Licensing Oversight Exam Committee (IMG Section)	RESOLVED, That our American Medical Association pursue diversity on the United States Medical Licensing Examination Step 2 Oversight Exam Committee in order to include input from the international medical graduates perspective. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor/Support	Substitute Resolution 306 be adopted in lieu of Resolutions 306 and 317
Resolution 318: Reform the Methodology for Calculating Direct Graduate Medical Education Payments: Eliminate the Caps on Medicare's Support of GME Residency Positions to Enable Teaching Hospitals to Cover Costs and Train More Physicians (NY)	RESOLVED, That our American Medical Association urge that the current methodology for calculating direct Graduate Medical Education (GME) payments be updated to reflect the actual costs that a hospital incurs for training residents, rather than a hospital-specific per resident amount determined by the Centers for Medicare & Medicaid Service for all teaching hospitals (Directive to Take Action); and be it further RESOLVED, That caps on Medicare's support for GME residency position be eliminated which would enable teaching hospitals to cover their costs and subsequently train more physicians. (Directive to Take Action) Fiscal Note: Staff cost estimated at less than \$500 to implement.	Monitor/Support	Referred
Resolution 319: Denial of Medical Licensure to Qualified International Medical Graduates (IMG section)	RESOLVED, That our American Medical Association oppose any state medical board's decision to deny a medical license to an international medical graduate based on his or her medical school (Reaffirm HOD Policy H-275.985); and be it further RESOLVED, That our AMA, in collaboration with the Federation of State Medical Boards, encourage state medical boards to have their own standards of licensure by not accepting another state's decision to deny licensure (Directive to Take Action); and be it further RESOLVED, That our AMA assist state medical associations in seeking legislative remedies to address the denial of licensure based on arbitrary items such as graduating from an international medical school. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated staff cost of \$1,688.	Monitor/Support	Referred

AMA-YPS Handbook Review: HOD Reference Committee C (medical education)

Full text at <http://www.ama-assn.org/ama1/pub/upload/mm/475/refcomc.pdf>. Recommendations are preliminary until ratified by the AMA-YPS Assembly on June 12, 2009. Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

RESOLUTION/Report	ACTION REQUESTED	YPS POSITION	FINAL HOD ACTION
<p>Resolution 320: Health Care Cost Education (IMG section)</p>	<p>RESOLVED, That our American Medical Association, along with the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, and other entities, work to encourage education in health care costs during the continuum of a physicians professional life, starting in undergraduate medical education, graduate medical education and continuing medical education. (Directive to Take Action)</p> <p>Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Support</p>	<p>Adopted as amended with a change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language</p>
<p>Resolution 321: Increasing Graduate Medical Education Positions (IMG section)</p>	<p>RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services to explore ways to increase graduate medical education slots to accommodate the need for more physicians in the US (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA lobby Congress to find ways to increase graduate medical education funding to accommodate the projected need for more physicians. (Directive to Take Action)</p> <p>Fiscal Note: Implement accordingly at estimated staff cost of \$1,500.</p>	<p>Monitor/Support</p>	<p>Substitute Resolution 314 adopted in lieu of Resolutions 314, 321 and 325, with a change in title; see http://www.ama-assn.org/ama1/pub/upload/mm/475/a-09-ref-comm-c-annotated.pdf for exact language</p>