

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION (I-09)

Report of Reference Committee

Jerome Adams, MD, MPH, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2

3 **RECOMMENDED FOR ADOPTION**

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5 1. Report B: AMA-YPS Directives Proposed for Sunset

6

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

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9 2. Resolution 2: Prevention of the Expansion of GME Funding to Non-MD/DO
10 "Residency" Programs

11

12 **RECOMMENDED FOR NOT ADOPTION**

13

14 3. Resolution 1: Young Physician Representation on AMA Board of Trustees

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16 **RECOMMENDED FOR FILING**

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18 4. Report A: Governing Council Activities/Action Plan Update

19

19 5. Report C: AMA-YPS Advocacy Efforts

1 (1) REPORT B: AMA-YPS DIRECTIVES PROPOSED FOR
2 SUNSET

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4 RECOMMENDATION:

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

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10 Report B recommends that the AMA-YPS sunset Resolution 2: Paperless Meetings (A-
11 08). Report B was viewed approximately nine times during the online comment period.
12 No testimony was submitted.

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14 As stated in the report, the AMA has made a concerted effort to reduce the use of paper
15 at annual and interim meetings and is committed to further enhancements. Your
16 Reference Committee therefore recommends adoption of the recommendation in Report
17 B and filing the remainder of the report.

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19 **FINAL ACTION: REPORT B WAS ADOPTED**

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21 (2) RESOLUTION 2: PREVENTION OF THE EXPANSION OF
22 GME FUNDING TO NON-MD/DO "RESIDENCY"
23 PROGRAMS

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25 RECOMMENDATION A:

26
27 Madame Speaker, your Reference Committee
28 recommends that Resolution 2 be amended as follows:

29
30 RESOLVED, That our American Medical Association
31 oppose any further expansion or initiation of graduate
32 medical education (GME) funding to allied health and
33 nursing "residencies" training programs (New HOD Policy);
34 and be it further

35
36 RESOLVED, that our AMA insist that any new GME
37 funding or slots for primary care residency training
38 programs be available only to Accreditation Council for
39 Graduate Medical Education and/or American Osteopathic
40 accredited allopathic and/or osteopathic residency
41 programs (Directive to Take Action).

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43 RECOMMENDATION B:

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45 Madame Speaker, your Reference Committee
46 recommends that Resolution 2 be adopted as amended.

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48 Resolution 2 asks the AMA to oppose the expansion of GME funding to allied health
49 residencies, and insist that any new GME funding or slots for primary care residencies
50 be available only to ACGME and or AOA accredited residency programs. It was viewed

1 approximately 24 times during the online comment period; supportive testimony was
2 submitted by two members of the section.

3 Your Reference Committee is extremely supportive of the resolution's intent, which is to
4 prevent allied health groups from using GME funding to further expand their scope of
5 practice. In the first Resolved clause, the committee recommends adding "or initiation"
6 because some groups are seeking not only to expand, but also to initiate, new funding
7 for their programs. The addition of "and nursing" is also recommended to ensure that
8 nursing programs, subject to separate oversight and funding mechanisms, fall under the
9 resolution's purview. Your Reference Committee further recommends using the term
10 "training programs," which is broader in scope, instead of "residencies."

11
12 In the second Resolved clause, your Reference Committee recommends deletion of the
13 accreditation bodies in order to be inclusive of programs that may be seeking ACGME or
14 AOA accreditation but are not yet accredited.

15
16 Your Reference Committee recommends that the AMA-YPS Assembly adopt Resolution
17 2 – which was also submitted directly to the HOD (Resolution 913) and referred to HOD
18 Reference Committee K – as amended. Adoption by the Assembly will direct the AMA-
19 YPS Delegate and Alternate Delegate to propose the amended language, and testify in
20 active support of it as well as the resolution's intent, when testifying on behalf of the
21 section on Resolution 913.

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23 **FINAL ACTION: RESOLUTION 2 WAS ADOPTED AS AMENDED WITH CHANGE IN**
24 **TITLE**

25
26 RESOLUTION 2: PREVENTION OF THE EXPANSION OF
27 GME FUNDING TO NON-MD/DO "RESIDENCY"
28 TRAINING PROGRAMS

29
30 RESOLVED, That our American Medical Association
31 oppose any further expansion or initiation of graduate
32 medical education (GME) funding to allied health and
33 nursing "~~residencies~~" training programs (New HOD Policy);
34 and be it further

35
36 RESOLVED, that our AMA insist that any new GME
37 funding or slots for ~~primary care residency training~~
38 programs be available only to ~~Accreditation Council for~~
39 ~~Graduate Medical Education and/or American Osteopathic~~
40 ~~accredited~~ allopathic and/or osteopathic ~~residency~~
41 ~~programs~~ (Directive to Take Action).

42
43 (3) RESOLUTION 1: YOUNG PHYSICIAN
44 REPRESENTATION ON AMA BOARD OF TRUSTEES

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46 RECOMMENDATION:

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48 Madame Speaker, your Reference Committee
49 recommends that Resolution 1 not be adopted.

1 Resolution 1 asks that the AMA bylaws be amended to read as follows:

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3 *B-3.23 Young Physician Trustee. The young physician trustee shall be an active*
4 *physician member of the AMA under 40 years of age, or within the first eight*
5 *years of practice after residency and fellowship training programs who is not a*
6 *resident/fellow physician.*
7

8 The intent of the modification to the AMA bylaws proposed in Resolution 1 is to remedy
9 an inconsistency in the bylaws regarding eligibility criteria for membership in the AMA-
10 YPS, as defined in AMA Bylaw B-7.51, and criteria that must be met by the young
11 physician trustee (Bylaw B-3.23). Namely, the bylaws state that all active physician
12 members who are under age 40 or, if over 40, within the first eight years of practice after
13 residency and fellowship programs, qualify to be members of the AMA-YPS. However,
14 when the HOD established the young physician trustee position more than fifteen years
15 ago, it adopted bylaws specifying that the young physician trustee must be under 40
16 years of age. Adoption of the age-restricted eligibility criteria was intentional, and
17 consistent with recommendations made in 1993 by the AMA Council on Long Range
18 Planning and Development (CLRPD). The Council had studied the issue and concluded
19 that restricting the seat to physicians under 40 would best ensure that the perspectives
20 and challenges of younger physicians would be visibly represented on the Board.

21 The young physician trustee is not formally linked to the section, nor does he or she
22 serve as its representative. There is no Young Physicians Section seat on the Board, but
23 rather a young physician member of the Board. Under the current bylaws, any AMA
24 member under the age of 40 is qualified to serve as the young physician trustee,
25 regardless of his or her delegate status within the section.
26

27 The inconsistency in the bylaws has been continuously discussed for more than two
28 years. In 2007, an AMA-YPS ad hoc committee on the bylaws engaged in lively debate
29 about the young physician trustee, but was unable to reach agreement on whether
30 eligibility for this position should be broadened to include early career physicians over 40
31 who are members of the AMA-YPS. The ad hoc committee gave thoughtful
32 consideration to the issue but, lacking consensus, proposed no bylaws change in its
33 report to the Assembly (Report L). At the 2007 Annual Meeting, the AMA-YPS Assembly
34 voted to refer Report L to the Governing Council for report back at A-08. After soliciting
35 input on the issue from current and former young physician trustees, the Governing
36 Council submitted Report H: Young Physician Trustee (A-08), which further examined
37 the issue and concluded that the section should not seek to amend the bylaws. Report H
38 also recommended that the AMA-YPS redouble its efforts to promote young physician
39 leadership by seeking increased leadership opportunities and supporting young
40 physicians of ability who are running for AMA leadership positions. Report H was
41 referred to the Governing Council although no date for report back was specified.
42

43 The young physician trustee issue was again discussed during a Town Hall Meeting at
44 the 2009 AMA-YPS Annual Assembly Meeting. Current and former trustees shared
45 reflections of their Board experiences and gave no indication that they had been limited
46 by the trustee's age restriction. As stated in Report H (A-08), "it is precisely the trustee's
47 unique, youthful perspective that brings the greatest value to the position."

1 Your Reference Committee has not identified a preponderance of new evidence
2 suggesting that the bylaws governing the young physician trustee should be amended.
3 We are mindful of the original intent of the HOD and CLRPD in determining eligibility for
4 the position, and underscore the fact that the young physician trustee position is not an
5 AMA-YPS slotted seat.

6
7 Testimony on Resolution 1 during the online comment period was limited. Committee
8 members who participated in the Town Hall Meeting in June recall no clear consensus
9 emerging as to how to proceed. Despite ongoing discussions, two reports and a Town
10 Hall Meeting which have all focused on the young physician trustee, the will of this
11 Assembly as to how to proceed is not entirely clear.

12
13 Lacking any new data to support a move to modify Bylaw B-3.23, your Reference
14 Committee recommends that Resolution 1 not be adopted. Rather than referring the
15 issue to the Governing Council for another report back, our hope is that the Assembly –
16 if it so wishes – debates the issue fully at the Business Meeting and votes for or against
17 Resolution 1. The issue is as timely as ever, given that the young physician trustee
18 position is up for election at the 2010 Annual Meeting. We thank the authors for bringing
19 forth Resolution 1.

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21 **FINAL ACTION: RESOLUTION 1 WAS ADOPTED**

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23 (4) REPORT A: GOVERNING COUNCIL
24 ACTIVITIES/ACTION PLAN UPDATE

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26 RECOMMENDATION:

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28 Madame Speaker, your Reference Committee
29 recommends that Report A be filed.

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31 Report A is a compilation of activities accomplished by the AMA-YPS Governing Council
32 since the 2009 Annual Meeting. Updates toward AMA-YPS objectives are organized
33 under five main categories: focus; communications; leadership development;
34 membership; and participation. Report A was viewed approximately 12 times during the
35 comment period. No testimony was submitted, and your Reference Committee thus
36 supports filing.

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38 **FINAL ACTION: REPORT A WAS FILED**

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40 (5) REPORT C: AMA-YPS ADVOCACY EFFORTS

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42 RECOMMENDATION:

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44 Madame Speaker, your Reference Committee
45 recommends that Report C be filed.

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47 Report C is an informational report of AMA-YPS advocacy efforts undertaken since the
48 2009 Annual Meeting. The report generated approximately 24 views and one comment.
49 Your Reference Committee recommends that Report C be filed.

50 **FINAL ACTION: REPORT C WAS FILED**

- 1 Madame Speaker, this concludes the report of the AMA-YPS Reference Committee. I
- 2 would like to thank Kelly Caverzagie, MD, Shaun Gillis, MD, Stephen Sherick, MD, and
- 3 all those who testified before the Committee.

Kelly Caverzagie, MD
Michigan

Shaun Gillis, MD
Montana

Stephen Sherick, MD
Colorado

Jerome Adams, MD, MPH
Indiana State Medical Association
Chair