

# INTERNATIONAL MEDICAL GRADUATES SECTION

## SUMMARY OF ACTIONS

### 2008 INTERIM MEETING ORLANDO, FLORIDA

#### Reference Committee J

1. Resolution 815 – Supporting Primary Care Specialties

Resolution 815 asks That our American Medical Association make supporting and nurturing primary care and averting a “primary care collapse” as one of its important missions for 2008 and the next several years. (Directive to Take Action)

**HOD Action:** Resolution 815 was renumbered to Resolution 926. Policies H-200.997, H-200.975 and H-200.973 were reaffirmed in lieu of Res. 926.

#### Reference Committee K

2. Board of Trustees Report 4 - Legal Issues Surrounding the Deployment and Utilization of Licensed Physicians in Response to Declared Disasters

**BOT Report 4 is in response to Resolution 827 (I-07), “Time Limited License Reciprocity in Times of Disaster” that was introduced by the IMG Section and was referred to the Board of Trustees.**

Report 4 of the Board of Trustees provides an update on the mechanisms for the deployment and utilization of volunteer health professionals during disasters. This report also compares the protections provided to physicians under the AMA’s model state legislation “Protection from Liability Arising from Care Rendered to Patients During Officially Declared Disasters” with the provisions of the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA). This report recommended that our AMA: (1) encourage physicians who are interested in volunteering during a disaster to register with their state’s Emergency System for Advance Registration of Volunteer Health Professionals program, local Medical Reserve Corps unit, or similar registration systems capable of verifying that practitioners are licensed and in good standing at the time of deployment; and (2) support the National Conference of Commissioners on Uniform State Laws (NCCUSL) UEVHPA with the liability language of Alternative A and continue to advocate for civil liability protections for qualified physicians that provide care in a disaster who are not covered under the UEVHPA.

**HOD ACTION:** Board of Trustees Report 4 adopted and the remainder of the report filed.

3. Resolution 906 – Improving Minority Health Populations (**Authored by IMG Section**)

Resolution 906 asked that our American Medical Association lobby Congress to re-evaluate and expand the federal race and ethnicity categories to include additional ethnic subgroups in order to analyze and uncover racial and ethnic health and healthcare disparities. (Directive to Take Action)

**HOD Action:** Adopted

4. Resolution 904 – Monitor the Maintenance of Certification Requirements

Resolution 904 asked that our American Medical Association monitor and oppose any rules or legislation attempting to link Specialty Board Certification or Maintenance of Certification (MOC) to state licensure, physician staff privileges in hospitals or ambulatory care centers, and third party payer plans (Directive to Take Action);

That our AMA work to require that the Accreditation Council for Graduate Medical Education (ACGME) provide scientific evidence supporting the effectiveness of its MOC provisions in improving the quality of care delivered before implementing any further MOC requirements (Directive to Take Action);

That our AMA work to require the ACGME to review the effectiveness of its MOC requirements every three years to ensure they result in evidence-based improvements in the quality of patient care delivered and do not present an unreasonable burden on individual medical practitioners (Directive to Take Action); and

That our AMA work to eliminate any MOC requirements that do not have evidence-based benefits to quality of care. (Directive to Take Action)

**HOD Action:** Resolution 904 not adopted

5. CME Report 1 – Effectiveness of Strategies to Promote Physician Practice in Underserved Areas

Report 1 of the Council on Medical Education describes the current status of successful initiatives to increase physician supply in underserved areas and summarizes advocacy and other efforts by the AMA aimed at increasing support for these initiatives.

**HOD Action:** Recommendations adopted as amended and remainder of report filed.

1. That our American Medical Association, in collaboration with relevant medical specialty societies, continue to advocate for the following:

- (a) Continued federal and state support for scholarship and loan repayment programs, including the National Health Service Corps, designed to encourage physician practice in underserved areas and with underserved populations.
  - (b) Permanent reauthorization and expansion of the Conrad State 30 J-1 visa waiver program.
  - (c) Adequate funding (up to at least FY 2005 levels) for programs under Title VII of the Health Professions Education Assistance Act that support educational experiences for medical students and resident physicians in underserved areas. (Directive to Take Action)
2. That our AMA, through its Initiative to Transform Medical Education, study and report back to the House of Delegates at the 2010 Annual Meeting on:
    - (a) medical school admissions policies designed to attract medical students who will practice in underserved areas or with underserved populations; and
    - (b) the availability of educational opportunities for medical students and residents in rural and urban underserved areas. (Directive to Take Action)
    - (c) the efficacy of community-based initiatives such as the Area Health Education Center Programs and their impact on supply of physicians to the area.
  3. That our AMA encourage medical schools and their associated teaching hospitals, as well as state medical societies and other private sector groups, to develop or enhance loan repayment or scholarship programs for medical students or physicians who agree to practice in underserved areas or with underserved populations. (Directive to Take Action)
  4. That our AMA advocate to states in support of the introduction or expansion of tax credits and other practice-related financial incentive programs aimed at encouraging physician practice in underserved areas. (Directive to Take Action)
  5. That AMA Policies H-200.973, H-200.978, H-465.988 be reaffirmed. (Reaffirm HOD Policy)
  6. CME Report 2 – Update on the Availability of Clinical Training Sites for Medical Student Education

Report 2 of the Council on Medical Education: (1) describes the current and anticipated increases in the number of medical students; (2) summarizes recent data about the adequacy of clinical training sites, along with current and potential concerns related to their availability; and (3) describes and evaluates the feasibility of potential strategies to assure adequate clinical teaching sites and faculty for US medical students.

**HOD Action:** Recommendations adopted as amended.

1. That our American Medical Association work with organizations such as the Association of American Medical Colleges and the American Association of

2. That our AMA work with appropriate collaborators to study how to build additional institutional and faculty capacity in the US for delivering clinical education. (Directive to Take Action)
3. That our AMA, in collaboration with interested stakeholders:
  - (a) study options to require that students from international medical schools who desire to take clerkships in US hospitals come from medical schools that are approved by an independent public or private organization, such as the Liaison Committee on Medical Education, using principles consistent with those used to accredit US medical schools; and
  - (b) advocate for regulations that will assure that international students taking clinical clerkships in US medical schools come from approved medical schools that assure educational quality that promotes patient safety. (Directive to Take Action)
  - (c) advocate that any institution that accepts students for clinical placements be required to assure that all such students are trained in programs that meet requirements for curriculum, clinical experiences and attending supervision as expected for Liaison Committee on Medical Education and American Osteopathic Association accredited programs.
4. That our AMA study whether the “public service community benefit” commitment and corporate purposes of not for profit, tax exempt hospitals impose any legal and/or ethical obligations for granting priority access for teaching purposes to medical students from medical schools in their service area communities and, if so, advocate for the development of appropriate regulations at the state level. (Directive to Take Action)
5. That our AMA oppose any arrangements of US medical schools or their affiliated hospitals that allow the presence of visiting students to disadvantage their own students educationally or financially. (New HOD Policy)
7. CME Report 3 – Barriers to Primary Care as a Medical Career Choice

Report 3 of the Council on Medical Education describes physician selection of primary care practice, identifies barriers impacting the choice of a primary care specialty, summarizes current factors that have the potential to overcome these barriers, reviews current AMA policy and makes suggestions for action.

**HOD Action:** Recommendations adopted as amended and remainder of report filed.

1. In collaboration with relevant specialty societies, that our AMA take the following actions related to reimbursement for primary care physician services:
  - a. ~~Continue to advocate for the recommendations from the AMA/Specialty Society RVS Update Committee (RUC) related to reimbursement for E/M services and coverage of services related to care coordination, including patient education, counseling, team meetings and other functions of the medical home.~~
  - b. Work to assure that private payers fully recognize the value of E&M services, incorporating the RUC recommended increases adopted for the ~~2007~~ most current Medicare RBRVS. (Directive to Take Action)
  
2. In collaboration with relevant specialty societies, that our AMA study the following related to new models of provision of primary care services (such as the medical home concept):
  - a. the impact on primary care physician work-life balance and satisfaction,
  - b. the growth/expansion of such models in the public and private sectors,
  - c. the availability of expanded public- and private-sector funding at the national and local levels to support implementation of such models.
  - d. the impact on primary care physician compensation  
The results of the study should be reported at no later than the 2010 Annual Meeting of the AMA House of Delegates. (Directive to Take Action)
  - e. options that explore additional funding.
  
3. That our AMA support existing programs and advocate for the introduction of new programs in the public and private sectors that decrease the debt load of physicians who choose to practice in a primary care specialty. (Directive to Take Action)
  
4. That our AMA continue to monitor trends in the choice of a primary care specialty and the availability of primary care graduate medical education positions. (Directive to Take Action)
  
5. That our AMA collaborate with appropriate organizations to support the development of innovative models to recruit medical students interested in primary care, to train primary care physicians, and to enhance the image of primary care practice. (Directive to Take Action)
  
6. That our AMA collaborate with appropriate organizations in urging medical schools to develop policies and to allocate appropriate resources to activities and programs that encourage students to select primary care specialties, including:
  - a. admissions policies
  - b. utilization of primary care physicians in the roles of teachers, mentors, and role models, and
  - c. educational experiences in community-based primary care settings. (Directive to Take Action)

