

HOD ACTION: Council on Medical Education Report 2 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 2-A-08

Subject: Council on Medical Education Sunset Review
of 1998 House of Delegates Policies and Directives

Presented by: Richard J. D. Pan, MD, MPH, Chair

Referred to: Reference Committee C
(David M. Lichtman, MD, Chair)

1 At its 1984 Interim Meeting, the House of Delegates established a sunset mechanism for House
2 policies (Policy G-600.110, AMA Policy Database). Under this mechanism, a policy established
3 by the House ceases to exist after 10 years unless action is taken by the House to retain it.

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5 The objective of the sunset mechanism is to help ensure that the AMA Policy Database is current,
6 coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the
7 sunset mechanism contributes to the ability of the AMA to communicate and promote its policy
8 positions. It also contributes to the efficiency and effectiveness of House of Delegates
9 deliberations.

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11 At its 2002 Annual Meeting, the House modified Policy G-600.110 to change the process through
12 which the policy sunset review is conducted. The process now includes the following steps:

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- 14 • In the spring of each year, the House policies that are subject to review under the policy
15 sunset mechanism are identified.
 - 16 • Using the areas of expertise of the AMA Councils as a guide, it is determined which policies
17 should be reviewed by each Council.
 - 18 • For the Annual Meeting of the House, each Council develops a separate policy sunset report
19 that recommends how each policy assigned to it should be handled. For each policy it
20 reviews, a Council may recommend one of the following actions: (a) retain the policy; (b)
21 rescind the policy; or (c) retain part of the policy. A justification must be provided for the
22 recommended action on each policy.
 - 23 • The Speakers assign each policy sunset report for consideration by the appropriate Reference
24 Committee.

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26 Although the policy sunset review mechanism may not be used to change the meaning of AMA
27 policies, minor editorial changes can be accomplished through the sunset review process.

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29 The Council on Medical Education's recommendations on the disposition of the 1998 House
30 policies that were assigned to it are included in the Appendix to this report.

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32 **RECOMMENDATION**

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34 The Council on Medical Education recommends that the House of Delegates policies that are
35 listed in the Appendix to this report be acted upon in the manner indicated and the remainder of
36 this report be filed.

APPENDIX - RECOMMENDED ACTIONS ON 1998 HOUSE OF DELEGATES' POLICIES

| <i>Policy Number</i> | <i>Title</i> | <i>Recommended Action and Rationale</i> |
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| HOUSE OF DELEGATES' POLICIES | | |
| H-35.975 | Ratio of Physician to Physician Extenders | Retain. The policy still is relevant. |
| H-40.986 | Physician Participation in Department of Defense Reserve Components | Retain. The policy still is relevant. |
| H-255.972 | Equity in Clinical Skills Assessment for Graduate Medical Education | Rescind. There no longer is a separate ECFMG Clinical Skills Assessment examination. The issue is addressed for US students and IMGs in other AMA policies, for example H-275.997 and H-295.968. |
| H-255.973 | Post-Residency Match Information | Rescind. The policy no longer is necessary as its goal has been achieved. Currently <u>all</u> NRMP participants can obtain information about whether, but not where, they matched at noon (Eastern time) on the Monday of Match Week. This information is posted on a secure web site, to which all applicants have access. Also on this web site, applicants have access to where they matched at 1:00pm (Eastern time) on the Thursday of Match Week. |
| H-255.980 | Foreign Medical Graduate Examination in Medical Sciences Scores not Sole Criteria for Residency Selection | Retain-in-part. The FMGEMS examination referenced in the policy no longer exists. Item (1) of the policy should be amended to refer to the USMLE. "The AMA (1) urges that the Foreign Medical Graduate Examination in Medical Sciences (FMGEMS) <u>United State Medical Licensing Examination (USMLE)</u> scores not be used as the sole criteria for selecting interns and residents:" |
| H-275.937 | Patient/Physician Relationship and Medical Licensing Boards | Retain. The policy still is relevant. |
| H-275.938 | USMLE Part III and Licensure | Retain. The policy still is relevant. |
| H-275.968 | Recredentialing of Physicians | Retain. The policy still is relevant. |
| H-275.972 | Annual Report of Disciplinary Actions from the Federation of State Medical Boards | Retain. The policy still is relevant. |
| H-275.981 | Education in the Professional Discipline Process | Retain. The policy still is relevant. |
| H-295.892 | Potential Implications of Attending Non-LCME/AOA Accredited Medical Education Programs | Retain. The policy still is relevant. |
| H-295.893 | Voting Rights for AMA-MSS NBME Representatives | Retain. The policy still is relevant. |

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| H-295.894 | Medical Education on Sleep and Sleep Disorders | Retain. The policy still is relevant. |
| H-295.899 | Availability of Test Facilities for the 1999 Computerized USMLE Step 1 | Rescind. The implementation of the computerized USMLE Step 1 Examination is complete. |
| H-295.900 | Creating an Effective Environment for Medical Student Education | Retain. The policy still is relevant. |
| H-295.961 | Medicolegal, Political, Ethical and Economic Medical School Course | Retain. The policy still is relevant. |
| H-295.972 | Education Regarding Prescribing Controlled Substances | Retain. The policy still is relevant. |
| H-295.993 | Inclusion of Medical Students and Residents in Medical Society Impaired Physician Programs | Retain. The policy still is relevant. |
| H-295.999 | Medical Student Support Groups | Retain. The policy still is relevant. |
| H-300.947 | ACCME "System 98:" A New System for CME Accreditation | Rescind. The action stated in the policy was taken in 1998. |
| H-300.980 | Focused Continuing Education Programs for Enhanced Clinical Competence | Retain. The policy still is relevant. |
| H-300.986 | Protocol for the Recognition of State Medical Societies to Accredit Intrastate Continuing Medical Education Sponsors | Rescind. The "Protocol" referenced in the policy has undergone changes since 1998, so the policy no longer is relevant. |
| H-305.938 | Use of Social Security Numbers in Student Loan Accounts | Retain. The policy still is relevant. |
| H-310.935 | The Educational and Work Environment of Resident Physicians | Retain. The policy still is relevant. |
| H-310.975 | Revision of the ACGME Essentials of Accredited Residencies in Graduate Medical Education | Rescind. The requirements specified in this policy already have been developed. The ACGME approved duty hour standards in July 2003. The AMA, through the Council on Medical Education and the Resident and Fellow Section, continues to monitor the reporting and enforcement of the duty hour standards. |

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| <p>H-310.976</p> | <p>Gender-Based Questioning in Residency Interviews</p> | <p>Retain-in-part. The language in the indicated sections has been amended to be consistent with current usage.</p> <p>The AMA... (2) supports inclusion in the AMA Fellowship and Residency Interactive Database Access (FREIDA) system information on residency paternity/maternity leave <u>Family and Medical Leave</u> policies; and (3) supports monitoring the Accreditation Council for Graduate Medical Education as it proposes changes to the “General Requirements” “<u>Common Requirements</u>” and the Institutional Requirements” of the “Essentials of Accredited Residencies,” to ensure that there is no gender-based bias.</p> |
| <p>H-310.979</p> | <p>Resident Physician Working Hours and Supervision</p> | <p>Retain-in-part by making the recommended modifications to the indicated sections:</p> <p>1b. Rescind. This is general information on graduate medical education, which is not essential to accomplish the intent of the policy.</p> <p>1d. Modify to match the current standards of the ACGME.</p> <p>(d) Institutional commitment to graduate medical education must be evidenced by compliance with Section 5.1.3. of the General Requirements as contained in the Essentials of Accredited Residencies in Graduate Medical Education, which states: "There must be institutional and program policies and procedures that ensure that all residents are supervised in carrying out their patient care responsibilities. The level and method of supervision must be consistent with the Special Requirements for each program." <u>III.B.4 of the ACGME Institutional Requirements, effective July 1, 2007: The sponsoring institution's GME Committee must "[m]onitor programs' supervision of residents and ensure that supervision is consistent with: (a) Provision of safe and effective patient care; (b) Educational needs of residents; (c) Progressive responsibility appropriate to residents' level of education, competence, and experience; and,(d) Other applicable Common and specialty/subspecialty specific Program Requirements."</u></p> <p>(g) Modify to match the current standards of the ACGME.</p> |

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| | | <p>“(g) The program director, in cooperation with the institution, is responsible for maintaining work schedules for each resident based on the intensity and variability of assignments in conformity with Residency Review Committee (RRC) recommendations, and in compliance with the applicable General and Special Requirements of the Accreditation Council for Graduate Medical Education (ACGME) the ACGME duty hour standards.”</p> <p>(h) Modify to match the current standards of the ACGME.</p> <p>“(h) The program director, with institutional support, must assure for each resident effective counseling as stated in Section 5.1.4. of the General Requirements: “Counseling: Graduate medical education places increasing responsibility on residents and requires sustained intellectual and physical effort. For some, these demands will, at times, cause physical or emotional stress. Institutional awareness, empathy, and responsiveness towards these problems are vital to the educational process. Program directors and teaching staff should be sensitive to the need for the timely provision of counseling and psychological support services to residents <u>II.D.4.k of the Institutional requirements: “Counseling services: The Sponsoring Institution should facilitate residents’ access to confidential counseling, medical, and psychological support services.”</u></p> <p>(i) Modify as follows match the current standards of the ACGME.</p> <p>“(i) The program director, with institutional support, must provide effective support systems; residents should not be required to provide patient care services that can be provided by ancillary personnel. Thus, the educational mission must not be compromised by a routine reliance on resident physicians to fulfill institutional service obligations, such as but not limited to IV services, phlebotomy services and messenger transport services, which can and should be provided by ancillary staff to meet reasonable and expected demands <u>As stated in the ACGME</u></p> |
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| | | <p><u>Institutional Requirements (II.F.2.a-c), “The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents’ work that is extraneous to their GME programs’ educational goals and objectives.” These include patient support services, laboratory/pathology/radiology services, and medical records.</u></p> <p>(j) Modify as follows to match the current standards of the ACGME.</p> <p>Is neither feasible nor desirable to develop universally applicable and precise requirements for either the supervision of residents or the maximum time that they are assigned to direct patient care. Because the number of patients, the intensity of illness, and the hospital support services vary among medical specialties, the RRC for each medical specialty must define these requirements for residents in the graduate medical education programs which they accredit . As stated in the ACGME Common Program Requirements (VI.B)< “the program must ensure that <u>qualified faculty provide appropriate supervision of residents in patient care activities.”</u></p> |
| H-310.996 | Residency Review Committee Representation | Retain. The policy still is relevant. |
| H-315.982 | CMS Documentation Guidelines for Teaching Physicians | Retain. Although CMS has made some of the changes recommended in the policy, it remains relevant. |
| H-350.982 | Project 3000 by 2000 - Medical Education for Under-Represented Minority Students | Rescind. The AAMC Project 3000 by 2000 no longer exists. There are other AMA policies and directives that support collaboration with other groups to enhance minority representation in medicine (for example, H-200.955, H-350.968, H-350.979). |
| H-360.999 | Nursing Education | Retain. The policy still is relevant. |
| H-405.990 | Physician Managers | Retain. The policy still is relevant. |
| H-420.980 | Parental and Sick Leave Policies in Residency Programs | Rescind. The current ACGME Institutional requirements state that parental and leave policies should be provided to candidates who are invited for an interview. Information on parental and leave policies are included in AMA FREIDA online. |

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| H-450.987 | Education of Physicians in Utilization and Quality Review Matters | Retain-in-part. The terminology used in the (3) requires updating. “reaffirms its support for the provision in the “Essentials of Accredited Residencies in Graduate Medical Education” <u>ACGME Program Requirements</u> which requires that residents participate in patient care review activities.” |
| H-455.991 | Physician Training for Management of Injuries Encountered in Nuclear Explosions | Retain. The policy still is relevant. |
| DIRECTIVES TO TAKE ACTION | | |
| D-200.999 | Adjusting the Size of the Educational Pipeline | Rescind. The actions called for in this directive have been accomplished. The AMA continues to be active in national-level discussions about the physician workforce. |
| D-255.998 | Penalties for Discrimination Against IMGs Seeking Residency Positions | Rescind. The action has been accomplished. The directive asks the AMA to send letters to all residency program directors reminding them to meet their legal and accreditation requirements. This is addressed in the current ACGME Institutional Requirements, which state that programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally-protected status. |
| D-275.999 | Board Certification and Discrimination | Retain. The actions still are relevant. |
| D-295.997 | Health and Disability Insurance Coverage for Medical Students and Resident Physicians | Rescind. The actions in this directive have been accomplished. |
| D-295.998 | Teaching Professionalism Across the Continuum of Medical Education | Retain. The directive still is relevant. |
| D-295.999 | Extending Impaired Physician Programs to Medical Students | Retain. The actions still are relevant. |
| D-305.998 | Impact of the Balanced Budget Act of 1997 on Graduate Medical Education Funding in Non-Hospital Settings | Retain. The directive still is relevant. |
| D-305.999 | Impact of the Balanced Budget Act of 1997 on Graduate Medical Education Funding in Non-Hospital Settings | Rescind. The directive is a duplication of D-305.998. |