

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2007 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-07)

Report of Reference Committee C

Edward C. Tanner, III, MD, Chair

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

3  
4 **RECOMMENDED FOR ADOPTION**

- 5  
6 1. Council on Medical Education Report 2, Council on Medical Education Sunset  
7 Review of 1997 House of Delegates Policies  
8  
9 2. Council on Medical Education Report 4, Incentive Programs to Improve Access  
10 to Care in Underserved Areas  
11  
12 3. Council on Medical Education Report 5, Revisiting PhRMA Code  
13  
14 4. Council on Medical Education Report 6, Recommendation on Equal Fees for  
15 Osteopathic and Allopathic Medical Students  
16  
17 5. Council on Medical Education Report 9, A Balanced Medical Curriculum  
18 (Resolution 308, A-06)  
19  
20 6. Council on Medical Education Report 10, Expansion of Student Health Services  
21 (Resolution 309, A-06)  
22  
23 7. Council on Medical Education Report 11, The Status of Education in Substance  
24 Use Disorders in America's Medical Schools and Residency Programs  
25  
26 8. Council on Medical Education Report 13, Initiative to Transform Medical  
27 Education: Strategies for Medical Education Reform  
28  
29 9. Council on Medical Education Report 14, Current and Future Availability of  
30 Resources to Support the Clinical Education of Medical Students  
31  
32 10. Resolution 321, CMS to Pay for Residents' Vacation and Sick Leave

**1 RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE**

- 2  
3 11. Resolution 303, Improving Maternity Leave Policies for Residents  
4

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

- 6  
7 12. Council on Medical Education Report 3, Fellowship Application Reform  
8  
9 13. Council on Medical Education Report 7, Specialty Board Certification and  
10 Recertification (Resolution 302, A-06)  
11 Resolution 311, Improvements to the Maintenance of Certification Process  
12  
13 14. Council on Medical Education Report 8, Intern and Resident Burnout  
14 (Resolution 307, A-06)  
15  
16 15. Council on Medical Education Report 15, Uses of Simulation in Medical  
17 Education – to Simulate or not to Simulate?  
18  
19 16. Resolution 301, Independent Regulation of Physician Licensing Exams  
20  
21 17. Resolution 302, Resident Pay During Orientation  
22  
23 18. Resolution 304, Medical School Language Electives in Medical School  
24 Curriculum  
25  
26 19. Resolution 306, Investigating the Continued Gender Disparities in Physician  
27 Salaries  
28  
29 20. Resolution 309, Discrepancies in Benefits for Resident Employees  
30  
31 21. Resolution 312, Credentialing Materials: Timely Submission by Residency and  
32 Fellowship Programs  
33  
34 22. Resolution 314, Increasing Flexibility in Graduate Medical Education Funding  
35 Resolution 315, Support Lifting Medicare Cap on Graduate Medical Education  
36 Funding  
37 Resolution 317, Medicare Reduction in Graduate Medical Education Payment  
38 Resolution 322, Alternative Funding for Graduate Medical Education  
39 Resolution 323, CMS to Continue to Pay for Graduate Medical Education through  
40 Medicaid  
41 Resolution 324, Removal of the Cap on Graduate Medical Education Positions  
42 Resolution 325, Protecting Graduate Medical Education: Revisiting the All-Payer  
43 System  
44  
45 23. Resolution 318, Maintaining Medical Specialty Board Certification Standard  
46  
47 24. Resolution 320, Enhancing Physicians' Interest in Medical Care for People  
48 with Profound Developmental Disabilities

1 **RECOMMENDED FOR REFERRAL**

2  
3 25. Resolution 305, Improving Resident, Fellow and Patient Safety

4  
5 26. Resolution 308, Observerships for International Medical Graduates

6 **RECOMMENDED FOR NOT ADOPTION**

7  
8 27. Resolution 310, Financial Conflicts in Continuing Medical Education

9  
10 28. Resolution 313, Evaluating the Effects of Physician Workforce Increases

11  
12 29. Resolution 316, English Skills Testing and the United States Medical Licensing  
13 Examination (USMLE) Continuum

14  
15 30. Resolution 319, International Medical Graduates and Medical Professionalism

1 (1) COUNCIL ON MEDICAL EDUCATION REPORT 2 -  
2 SUNSET REVIEW OF 1997 HOUSE OF DELEGATES  
3 POLICIES  
4

5 RECOMMENDATION:  
6

7 Madam Speaker, your Reference Committee recommends  
8 that the recommendations in Council on Medical Education  
9 Report 2 be adopted and the remainder of the report be  
10 filed.  
11

12 **HOD ACTION: Council on Medical Education Report 2**  
13 **adopted and the remainder of the report filed.**  
14

15 Council on Medical Education Report 2, Council on Medical Education Sunset Review of  
16 1997 House of Delegates Policies, recommends actions on 1997 policies of the House  
17 of Delegates relating to medical education.  
18

19 Your Reference Committee heard limited but supportive testimony for adoption of the  
20 report.  
21

22 (2) COUNCIL ON MEDICAL EDUCATION REPORT 4 -  
23 INCENTIVE PROGRAMS TO IMPROVE ACCESS TO  
24 CARE IN UNDERSERVED AREAS  
25

26 RECOMMENDATION:  
27

28 Madam Speaker, your Reference Committee recommends  
29 that the recommendations in Council on Medical Education  
30 Report 4 be adopted and that the remainder of the report  
31 be filed.  
32

33 **HOD ACTION: Council on Medical Education Report 4**  
34 **adopted and the remainder of the report filed.**  
35

36 Council on Medical Education Report 4, Incentive Programs to Improve Access to Care  
37 in Underserved Areas, summarizes published literature on the structure and outcomes of  
38 various public and private-sector incentive programs designed to attract physicians to  
39 practice in underserved rural and urban areas.  
40

41 Your Reference Committee heard consistent testimony in support of this preliminary  
42 report. It was pointed out that additional areas that could be addressed in the 2008  
43 follow-up report include programs to support access to care in underserved urban areas  
44 and funding for start-up costs for physician practices. It was agreed that there is little  
45 information currently available on the efficacy of many current initiatives to attract  
46 physicians to practice in underserved areas.

1 (3) COUNCIL ON MEDICAL EDUCATION REPORT 5 -  
2 REVISITING PHRMA CODE

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that the recommendations contained in the Council on  
8 Medical Education Report 5 be adopted and the remainder  
9 of the report be filed.

10  
11 **HOD ACTION: Council on Medical Education Report 5**  
12 **adopted and the remainder of the report filed.**

13  
14 Council on Medical Education Report 5, Revisiting PhRMA Code, discusses the impact  
15 of industry, accreditation, or governmental CME guidelines on accredited CME providers  
16 and recommends that our AMA continue its system for regular communications with  
17 state medical society accreditors to monitor the impact of any CME guidelines or  
18 standards on the delivery of CME at the state level.

19  
20 Your Reference Committee heard no testimony in opposition to this report.

21  
22 (4) COUNCIL ON MEDICAL EDUCATION REPORT 6 -  
23 RECOMMENDATION ON EQUAL FEES FOR  
24 OSTEOPATHIC AND ALLOPATHIC MEDICAL  
25 STUDENTS

26  
27 RECOMMENDATION:

28  
29 Madam Speaker, your Reference Committee recommends  
30 that the recommendations in Council on Medical Education  
31 Report 6 be adopted and that the remainder of the report  
32 be filed.

33  
34 **HOD ACTION: Council on Medical Education Report 6**  
35 **adopted and the remainder of the report filed.**

36  
37 Council on Medical Education Report 6, Recommendation on Equal Fees for  
38 Osteopathic and Allopathic Medical Students, provides data on access of students from  
39 osteopathic and allopathic medical schools to clinical electives at the non-corresponding  
40 school, and fees charged to osteopathic medical students and allopathic medical  
41 students for clinical electives.

42  
43 Your Reference Committee heard no testimony opposing this report. The report was  
44 created as a follow-up to a previous report, and illustrated that most allopathic medical  
45 schools treated allopathic and osteopathic students equally.

1 (5) COUNCIL ON MEDICAL EDUCATION REPORT 9 - A  
2 BALANCED MEDICAL CURRICULUM  
3 (RESOLUTION 308, A-06)  
4

5 RECOMMENDATION:  
6

7 Madam Speaker, your Reference Committee recommends  
8 that the recommendations in Council on Medical Education  
9 Report 9 be adopted and that the remainder of the report  
10 be filed.  
11

12 **HOD ACTION: Council on Medical Education Report 9**  
13 **adopted and the remainder of the report filed.**  
14

15 Council on Medical Education Report 9, A Balanced Medical Curriculum, (Resolution  
16 308, A-06) asks our AMA to call for a change in medical education to address: the need  
17 to create an educational continuum from medical school through residency training  
18 which permits the learner to acquire defined competencies; the need to assure that the  
19 fourth year of medical school provides an appropriate transition to graduate medical  
20 education; and the need to restructure the environment in which training occurs, in the  
21 context of stresses in the clinical environment for clinical productivity.  
22

23 Your Reference Committee heard no testimony in opposition to this report. A follow-up  
24 report will be prepared for the 2009 meeting of the AMA House of Delegates on progress  
25 in bringing about positive changes in educational programs and in the clinical learning  
26 environment.  
27

28 (6) COUNCIL ON MEDICAL EDUCATION REPORT 10 -  
29 EXPANSION OF STUDENT HEALTH SERVICES  
30 (RESOLUTION 309, A-06)  
31

32 RECOMMENDATION:  
33

34 Madam Speaker, your Reference Committee recommends  
35 that the recommendations in Council on Medical Education  
36 Report 10 be adopted and that the remainder of the report  
37 be filed.  
38

39 **HOD ACTION: Council on Medical Education Report 10**  
40 **adopted and the remainder of the report be filed.**  
41

42 Council on Medical Education Report 10, Expansion of Student Health Services  
43 (Resolution 309, A-06), asks our AMA to strongly encourage all medical schools to  
44 establish student health centers and increase the center hours to include weekend  
45 coverage. The report presents the results of an LCME questionnaire sent to all medical  
46 schools regarding student health centers. The report also describes LCME accreditation  
47 requirements related to access to health services and issues in assuring medical student  
48 access to care.

1 Your Reference Committee heard no testimony in opposition to this report. Our  
2 American Medical Association will work with the Liaison Committee on Medical  
3 Education to clarify its accreditation standard on student health services to ensure that  
4 students have timely access to needed services.

5  
6 (7) COUNCIL ON MEDICAL EDUCATION REPORT 11 - THE  
7 STATUS OF EDUCATION IN SUBSTANCE USE  
8 DISORDERS IN AMERICA'S MEDICAL SCHOOLS AND  
9 RESIDENCY PROGRAMS

10  
11 RECOMMENDATION:

12  
13 Madam Speaker, your Reference Committee recommends  
14 that the recommendations contained in Council on Medical  
15 Education Report 11 be adopted and the remainder of the  
16 report be filed.

17  
18 **HOD ACTION: Council on Medical Education Report 11**  
19 **adopted and the remainder of the report filed.**

20  
21 Council on Medical Education Report 11, The Status of Education in Substance Use  
22 Disorders in America's Medical Schools and Residency Programs, addresses issues  
23 related to preparing medical students and resident physicians to competently recognize  
24 and care for individuals with substance use disorders. The report contains prior AMA  
25 policy, definitions of relevant terms and concepts, a brief overview of inclusion of  
26 substance use disorders in medical schools and residency programs, and recommends  
27 specific actions our AMA can take to assure future physicians are being educated about  
28 substance use disorders.

29  
30 Your Reference Committee heard strong support for adoption of this report.

31  
32 (8) COUNCIL ON MEDICAL EDUCATION REPORT 13 -  
33 INITIATIVE TO TRANSFORM MEDICAL EDUCATION:  
34 STRATEGIES FOR MEDICAL EDUCATION REFORM

35  
36 RECOMMENDATION:

37  
38 Madam Speaker, your Reference Committee recommends  
39 that the recommendations in Council on Medical Education  
40 Report 13 be adopted and that the remainder of the report  
41 be filed.

42  
43 **HOD ACTION: Council on Medical Education Report 13**  
44 **adopted and the remainder of the report filed.**

45  
46 Council on Medical Education Report 13, Initiative to Transform Medical Education:  
47 Strategies for Medical Education Reform, describes Phases 1 and 2 of ITME as well as  
48 the results of the first and second working conference. The report also describes plans  
49 for Phase 3 (program implementation).

1 Your Reference Committee heard some concern over the wording in Attachment 2 which  
2 could be interpreted that physicians are ill prepared. It was pointed out, however, that  
3 the gaps related to the training system, not to the competence of individual physicians.  
4 Other testimony reinforced that the areas were not covered as comprehensively during  
5 training as was desirable.

6  
7 (9) COUNCIL ON MEDICAL EDUCATION REPORT 14 -  
8 CURRENT AND FUTURE AVAILABILITY OF  
9 RESOURCES TO SUPPORT THE CLINICAL  
10 EDUCATION OF MEDICAL STUDENTS

11  
12 RECOMMENDATION:

13  
14 Madam Speaker, your Reference Committee recommends  
15 that the recommendations in Council on Medical Education  
16 Report 14 be adopted and that the remainder of the report  
17 be filed.

18  
19 **HOD ACTION: Council on Medical Education Report 14**  
20 **adopted and the remainder of the report filed.**

21  
22 Council on Medical Education Report 14, Current and Future Availability of Resources to  
23 Support the Clinical Education of Medical Students, provides data on current and  
24 projected enrollments in US MD- and DO-granting medical schools and describes,  
25 where information is available, the growth in international medical schools. The report  
26 further outlines the resources for clinical education and notes areas of actual or potential  
27 concern in resource availability.

28  
29 Your Reference Committee heard limited testimony stressing the seriousness of the  
30 concerns about access to adequate clinical resources for medical student education.  
31 Increases in class size at MD- and DO-granting schools, coupled with increases in non-  
32 US medical schools whose students come to the US for clinical clerkships, combine to  
33 stress both the availability of community-based faculty to serve as preceptors and  
34 access to patients. This will be addressed in a follow-up report due for the 2008 Interim  
35 Meeting.

36  
37 (10) RESOLUTION 321 - CMS TO PAY FOR RESIDENTS'  
38 VACATION AND SICK LEAVE

39  
40 RECOMMENDATION:

41  
42 Madam Speaker, your Reference Committee recommends  
43 that Resolution 321 be adopted.

44  
45 **HOD ACTION: Resolution 321 adopted.**

46  
47 Resolution 321, CMS to Pay for Residents' Vacation and Sick Leave, introduced by the  
48 Section on Medical Schools, asks our AMA to lobby the Centers for Medicare and  
49 Medicaid Services to continue to reimburse direct and indirect costs of graduate medical  
50 education for the time resident physicians are on vacation or sick leave.

1 Your Reference Committee heard strong support for this resolution from the Council on  
2 Medical Education, the Section on Medical Schools and individual delegates.

3  
4 (11) RESOLUTION 303, IMPROVING MATERNITY LEAVE  
5 POLICIES FOR RESIDENTS

6  
7 RECOMMENDATION A:

8  
9 Madam Speaker, your Reference Committee recommends  
10 that Resolution 303 be adopted.

11  
12 RECOMMENDATION B:

13  
14 Madam Speaker, your Reference Committee recommends  
15 that the title of Resolution 303 be changed to read as  
16 follows:

17  
18 IMPROVING PARENTAL LEAVE POLICIES FOR  
19 RESIDENTS

20  
21 **HOD ACTION: Resolution 303 adopted with change in title.**

22  
23 Resolution 303, Improving Maternity Leave Policies for Residents, introduced by the  
24 Medical Student Section, asks our AMA to study guaranteed paid maternity leave for  
25 residents of no less than six weeks duration; written leave policies for paternity and  
26 adoption; and the effect of these policies on residency programs, with a report at the  
27 2008 Annual Meeting.

28  
29 Your Reference Committee heard strong support for this resolution from several sections  
30 and the Council on Medical Education. The title change is suggested to encompass the  
31 advocacy of both maternal and paternal leave.

32  
33 (12) COUNCIL ON MEDICAL EDUCATION REPORT 3 -  
34 FELLOWSHIP APPLICATION REFORM

35  
36 RECOMMENDATION A:

37  
38 Madam Speaker, your Reference Committee recommends  
39 that Recommendation 2 in Council on Medical Education  
40 Report 3 be amended by insertion and deletion on line 30  
41 to read as follows:

- 1           2.       That our AMA report back to the House of  
2           Delegates at the 2009 ~~Interim~~ Annual Meeting on  
3           progress towards the goal of standardizing the  
4           application and selection process for specialty and  
5           subspecialty fellowship training. (Directive to Take  
6           Action)  
7

8           RECOMMENDATION B:  
9

10          Madam Speaker, your Reference Committee recommends  
11          that Recommendation 3 in Council on Medical Education  
12          Report 3 be amended by insertion on line 36 to read as  
13          follows:  
14

- 15          3.       That our AMA encourage all specialties use the  
16          same application cycle and such application cycle  
17          should not commence before 12 months in  
18          advance of the resident starting the fellowship,  
19          when feasible. (Directive To Take Action)  
20

21          RECOMMENDATION C:  
22

23          Madam Speaker, your Reference Committee recommends  
24          that recommendations contained in Council on Medical  
25          Education Report 3 be adopted as amended and the  
26          remainder of the report be filed.  
27

28                   **HOD ACTION: Council on Medical Education Report 3**  
29                   **adopted as amended and the remainder of the report filed.**  
30

31          Council on Medical Education Report 3, Fellowship Application Reform, responds to  
32          CME Report 6 (A-05) asking our AMA to encourage the development of a plan to  
33          standardize the application and selection process for each specialty. The Report  
34          recommends continued collaboration with other organizations toward the goal of  
35          standardization and selection.  
36

37          Your Reference Committee heard considerable testimony in support of this report with  
38          only a suggestion for a change in the timing of the follow-up report and the addition of  
39          “when feasible” to the third recommendation in recognition of the complexity of the  
40          system.

1 (13) COUNCIL ON MEDICAL EDUCATION REPORT 7 -  
2 SPECIALTY BOARD CERTIFICATION AND  
3 RECERTIFICATION (RESOLUTION 302, A-06)  
4 RESOLUTION 311 - IMPROVEMENTS TO THE  
5 MAINTENANCE OF CERTIFICATION PROCESS  
6

7 RECOMMENDATION A:  
8

9 Madam Speaker, your Reference Committee recommends  
10 that Report 7 of the Council on Medical Education be  
11 amended by insertion of a new Recommendation 5 to read  
12 as follows:  
13

- 14 5. That our American Medical Association exercise its full  
15 influence to protect physicians from undue burden and  
16 expense in the Maintenance of Certification process.  
17 (Directive to Take Action)  
18

19 RECOMMENDATION B:  
20

21 Madam Speaker, your Reference Committee recommends  
22 that the recommendations contained in Report 7 of the  
23 Council on Medical Education be adopted as amended in  
24 lieu of Resolution 311 and the remainder of the report be  
25 filed.  
26

27 **HOD ACTION: Council on Medical Education Report 7**  
28 **adopted as amended in lieu of Resolution 311 and the**  
29 **remainder of the report filed.**  
30

31 Council on Medical Education Report 7, Specialty Board Certification and Recertification  
32 (Resolution 302, A-06), discusses the issues surrounding certification and recertification  
33 by specialty boards including their appropriateness as measures of competency, the  
34 varying methods and criteria used by specialty boards for recertification, and third party  
35 payers' requirement of board certification as a condition of participation in their networks.  
36

37 Resolution 311, Improvements to the Maintenance of Certification Process, introduced  
38 by the Texas Delegation, asks AMA to endorse specific guidelines and promote the  
39 guidelines regarding the Maintenance of Certification Process.  
40

41 Your Reference Committee heard testimony commending the Council on Medical  
42 Education for this thorough and excellent report. There was a suggestion to include a  
43 study of the non-ABMS boards in subsequent reports but the majority of testimony  
44 indicated that a separate resolution or report could be introduced for that purpose. The  
45 Council on Medical Education concurred with that suggestion. Testimony on Resolution  
46 311 indicated that the majority of the resolution was already contained in AMA policy or  
47 was currently available, such as the issue of AMA PRA Category 1 Credit, and that the  
48 follow-up to these issues could be described in the subsequent reports as described in  
49 Report 7.

1 (14) COUNCIL ON MEDICAL EDUCATION REPORT 8 -  
2 INTERN AND RESIDENT BURNOUT (RESOLUTION 307,  
3 A-06)

4  
5 RECOMMENDATION A:

6  
7 Madam Speaker, your Reference Committee recommends  
8 that Recommendation 1 in Council on Medical Education  
9 Report 8 be amended by deletion on line 18 to read as  
10 follows:

- 11  
12 1. That our American Medical Association recognize  
13 that burnout, defined as emotional exhaustion,  
14 depersonalization, and a reduced sense of  
15 personal accomplishment or effectiveness is a  
16 ~~prevalent~~ problem among residents and fellows.  
17 (New HOD Policy)

18  
19 RECOMMENDATION B:

20  
21 Madam Speaker, your Reference Committee recommends  
22 that Recommendation 3 in Council on Medical Education  
23 Report 8 be amended by insertion on line 18 to read as  
24 follows:

- 25  
26 3. That our AMA encourage the Accreditation Council  
27 for Graduate Medical Education and the  
28 Association of American Medical Colleges to  
29 address the recognition, treatment and prevention  
30 of burnout among residents/fellows. (Directive to  
31 Take Action)

32  
33 RECOMMENDATION C:

34  
35 Madam Speaker, your Reference Committee recommends  
36 that recommendations contained in Council on Medical  
37 Education Report 8 be adopted as amended and the  
38 remainder of the report be filed.

39  
40 **HOD ACTION: Council on Medical Education Report 8**  
41 **adopted as amended and the remainder of the report filed.**

42  
43 Council on Medical Education Report 8, Intern and Resident Burnout (Resolution 307, A-  
44 06), asks our AMA to study issues surrounding resident burnout. The report defines  
45 burnout and provides information on current literature; ACGME activities related to the  
46 issue; and identifies model curricula and initiatives.

47  
48 Your Reference Committee heard considerable testimony in support of the report with  
49 only an editorial suggestion and a suggestion for broadening the outreach to one other  
50 organization in this effort.

1 (15) COUNCIL ON MEDICAL EDUCATION REPORT 15 -  
2 USES OF SIMULATION IN MEDICAL EDUCATION - TO  
3 SIMULATE OR NOT TO SIMULATE?  
4

5 RECOMMENDATION A:  
6

7 Madam Speaker, your Reference Committee recommends  
8 that Recommendation 1 of Council on Medical Education  
9 Report 15 be amended by insertion on line 37 to read as  
10 follows:  
11

- 12 1. That our American Medical Association, through its  
13 Council on Medical Education, monitor the  
14 developments in uses of simulation and simulators  
15 in physician preparation for entry and re-entry into  
16 clinical practice, and provide an update to the AMA  
17 House of Delegates at the 2009 Annual Meeting.  
18 (Directive to Take Action)  
19

20 RECOMMENDATION B:  
21

22 Madam Speaker, your Reference Committee recommends  
23 that Recommendation 3 of Council on Medical Education  
24 Report 15 be amended by insertion on line 44 to read as  
25 follows:  
26

- 27 3. That our AMA advocate for additional funding for  
28 research to further assess the effectiveness of  
29 simulation and to implement the use of simulators  
30 for use in both teaching and assessment. (Directive  
31 to Take Action)  
32

33 RECOMMENDATION C:  
34

35 Madam Speaker, your Reference Committee recommends  
36 that Recommendation 4 of Council on Medical Education  
37 Report 15 be amended by deletion on line 47 to read as  
38 follows:  
39

- 40 4. That our AMA work with appropriate organizations  
41 and institutions ~~through the Federation~~ to convene  
42 a meeting on the use of simulation in medical  
43 education. (Directive to Take Action)  
44

45 RECOMMENDATION D:  
46

47 Madam Speaker, your Reference Committee recommends  
48 that the Recommendations in Council on Medical

1 Education Report 15 be adopted as amended and that the  
2 remainder of the report be filed.

3  
4 **HOD ACTION: Council on Medical Education Report 15**  
5 **adopted as amended and the remainder of the report filed.**

6  
7 Council on Medical Education Report 15, Uses of Simulation in Medical Education – To  
8 Simulate or Not to Simulate, discusses whether simulators and simulations are effective  
9 as learning, teaching and assessment tools.

10  
11 Your Reference Committee heard testimony in support of the report and also about the  
12 importance of simulation for training. It was pointed out that simulation could be used to  
13 prepare physicians for re-entry to practice, as well as for initial entry. It was suggested  
14 that collaborations, as a follow-up to this report, should go beyond the Federation to  
15 include other groups and that funding should be sought for implementation of simulation  
16 in education as well as for research.

17  
18 (16) RESOLUTION 301, INDEPENDENT REGULATION OF  
19 PHYSICIAN LICENSING EXAMS

20  
21 RECOMMENDATION A:

22  
23 Madam Speaker, your Reference Committee recommends  
24 that the first Resolved in Resolution 301 be amended by  
25 deletion on lines 23-26 to read as follows:

26  
27 ~~RESOLVED, That our American Medical Association~~  
28 ~~advocate for independent oversight of the creation,~~  
29 ~~implementation and regulation of physician licensing~~  
30 ~~exams, paying particular attention to conflicts of interest~~  
31 ~~created by bodies promulgating exams who then financially~~  
32 ~~benefit from their administration (Directive to Take Action);~~  
33 ~~and be it further~~

34  
35 RECOMMENDATION B:

36  
37 Madam Speaker, your Reference Committee recommends  
38 that second Resolved in Resolution 301 be amended by  
39 insertion and deletion on line 30 to read as follows:

40  
41 Resolved, That our AMA study potential mechanisms of  
42 independent oversight regulation of the creation,  
43 implementation and regulation of physician licensing  
44 exams, with report back at the ~~2007 Interim~~ 2008 Annual  
45 Meeting. (Directive to Take Action)

1 RECOMMENDATION C:  
2

3 Madam Speaker, your Reference Committee recommends  
4 that the third Resolved in Resolution 301 be amended by  
5 deletion on lines 32-35 to read as follows:  
6

7 ~~RESOLVED, That our AMA explore whether the National~~  
8 ~~Board of Medical Examiners/Federation of State Medical~~  
9 ~~Boards/National Board of Osteopathic Medical Examiners~~  
10 ~~exclusive power to create licensure exams, validate them,~~  
11 ~~and administer them, may represent a conflict of interest~~  
12 ~~and/or a violation of antitrust laws. (Directive to Take~~  
13 ~~Action)~~  
14

15 RECOMMENDATION D:  
16

17 Madam Speaker, your Reference Committee recommends  
18 that Resolution 301 be adopted as amended.  
19

20 **HOD ACTION: Resolution 301 adopted as amended.**  
21

22 Resolution 301, Independent Regulation of Physician Licensing Exams, introduced by  
23 the Resident and Fellow Section, asks our AMA to study potential mechanisms and  
24 advocate for independent oversight of physician licensing exams. The Resolution also  
25 asks our AMA to explore other organizations' exclusive power to create, validate, and  
26 administer licensure exams.  
27

28 Your Reference Committee heard considerable testimony in opposition to the first and  
29 third Resolveds of Resolution 301 as written. It was noted that the USMLE governance  
30 is an oversight body composed of physicians and public members charged with  
31 protecting the public. In addition, this could compromise the good dialogue and  
32 communication our AMA has developed with these organizations which could detract  
33 from the AMA's Initiative to Transform Medical Education (ITME). There was some  
34 sentiment to preserve the second Resolved in order to develop a report that defines the  
35 current process of oversight as well as other potential mechanisms of oversight. It is  
36 unrealistic that the report could be prepared by I-07 so the date was changed to A-08.  
37

38 (17) RESOLUTION 302, RESIDENT PAY DURING  
39 ORIENTATION  
4041 RECOMMENDATION A:  
42

43 Madam Speaker, your Reference Committee recommends  
44 that Resolution 302 be amended by insertion on line 25 to  
45 read as follows:

1 RESOLVED, That our American Medical Association  
2 advocate that all resident and fellow physicians should be  
3 compensated, and receive benefits, at a level  
4 commensurate with the pay that they will receive while in  
5 their training program, for all days spent in required  
6 orientation activities prior to the onset of their contractual  
7 responsibilities. (New HOD Policy); and be it further  
8

9

RECOMMENDATION B:

10

11 Madam Speaker, your Reference Committee recommends  
12 that the second Resolved of Resolution 302 be amended  
13 by insertion on line 30 to read as follows:

14

15 RESOLVED, That our AMA ask the Accreditation Council  
16 for Graduate Medical Education to amend its institutional  
17 requirements so that institutions are required to  
18 compensate resident and fellow physicians, and provide  
19 benefits, for time spent in required orientation activities at a  
20 level commensurate with the pay that the resident or fellow  
21 shall receive while in their program. (Directive to Take  
22 Action)

23

24

RECOMMENDATION C:

25

26 Madam Speaker, your Reference Committee recommends  
27 that Resolution 302 be adopted as amended.

28

29

**HOD ACTION: Resolution 302 adopted as amended.**

30

31 Resolution 302, Resident Pay During Orientation, introduced by the Resident and Fellow  
32 Section, asks AMA to advocate for resident and fellow compensation and benefits while  
33 in orientation, commensurate with the pay they will receive in the training program. The  
34 Resolution further asks our AMA to ask the ACGME to amend its Institutional  
35 Requirements to reflect this position.

36

37 Your Reference Committee heard strong support of this resolution from the Council on  
38 Medical Education, the Section on Medical Schools, the Resident and Fellow Section as  
39 well as individual testimony.

40

41 (18) RESOLUTION 304 – MEDICAL SCHOOL LANGUAGE  
42 ELECTIVES IN MEDICAL SCHOOL CURRICULUM

43

44

RECOMMENDATION A:

45

46 Madam Speaker, your Reference Committee recommends  
47 that the Resolved in Resolution 304 be amended by  
48 deletion on line 19 to read as follows:

1 RESOLVED, That our American Medical Association  
2 encourage all Liaison Committee on Medical Education-  
3 and American Osteopathic Association- accredited US  
4 medical schools to offer medical second languages,  
5 ~~especially medical Spanish~~, to their students as electives.  
6 (Directive to Take Action)  
7

8 RECOMMENDATION B:  
9

10 Madam Speaker, your Reference Committee recommends  
11 that Resolution 304 be adopted as amended.  
12

13 **HOD ACTION: Resolution 304 adopted as amended.**  
14

15 Resolution 304, Medical School Language Electives in Medical School Curriculum,  
16 introduced by the Medical Student Section, asks our AMA to encourage medical schools  
17 to offer medical second languages, especially medical Spanish, to their students as  
18 electives.  
19

20 Your Reference Committee heard testimony that it was important for medical students to  
21 have access to electives that would prepare them to communicate with populations for  
22 whom English is not the primary language. Depending on the location, other languages  
23 besides Spanish might be appropriate. It was generally agreed that the experiences  
24 should be elective.  
25

26 (19) RESOLUTION 306 - INVESTIGATING THE CONTINUED  
27 GENDER DISPARITIES IN PHYSICIAN SALARIES  
28

29 RECOMMENDATION A:  
30

31 Madam Speaker, your Reference Committee recommends  
32 that Resolution 306 be amended by insertion and deletion  
33 on lines 32-35 to read as follows:  
34

35 RESOLVED, That our American Medical Association, in  
36 collaboration with any appropriate affiliate bodies or  
37 professional organizations (e.g., the Women's Physician  
38 Congress), study gender disparities in physician salaries  
39 and professional development (e.g., promotions, tenure),  
40 the causes of thise disparityies; and report back at the  
41 2008 Annual Meeting with recommendations on how best  
42 to advocate to eliminate the disparities identified. This  
43 study should be stratified by age, specialty, practice type  
44 and academic vs. non-academic employment. (Directive  
45 to Take Action)

1 RECOMMENDATION B:  
2

3 Madam Speaker, your Reference Committee recommends  
4 that Resolution 306 be adopted as amended.

5  
6 **HOD ACTION: Resolution 306 adopted as amended.**  
7

8 Resolution 306, Investigating the Continued Gender Disparities in Physician Salaries,  
9 introduced by the Resident and Fellow Section, asks AMA to study gender disparities in  
10 physician salaries and professional development with a report at the 2008 Annual  
11 Meeting on how to eliminate such disparities.

12  
13 Your Reference Committee heard strong support for equality in medicine. A  
14 spokesperson for Women's Physician Congress (WPC) discussed the WPC's ongoing  
15 efforts in studying this issue and indicated its desire and willingness to collaborate.  
16 Further testimony identified specific issues to be included in the study. The amended  
17 resolution reflects these comments.

18  
19 (20) RESOLUTION 309 - DISCREPANCIES IN BENEFITS  
20 FOR RESIDENT EMPLOYEES  
2122 RECOMMENDATION A:  
23

24 Madam Speaker, your Reference Committee recommends  
25 that Resolution 309 be amended by insertion and deletion  
26 on lines 30 and 32 to read as follows:  
27

28 RESOLVED, That our American Medical Association  
29 encourage ~~equal and same~~ benefit options for resident and  
30 fellow physician employees that are at least equal to those  
31 offered compared to other hospital employees with regard  
32 to health care, and insurance ~~and retirement~~ benefits.  
33 (New HOD Policy)  
34

35 RECOMMENDATION B:  
36

37 Madam Speaker, your Reference Committee recommends  
38 that Resolution 309 be adopted as amended.  
39

40 **HOD ACTION: Resolution 309 referred with report back.**  
41

42 Resolution 309, Discrepancies in Benefits for Resident Employees, introduced by the  
43 Missouri Delegation, asks our AMA to encourage equal and same benefit options for  
44 resident and fellow physician employees commensurate with other hospital employees.  
45

46 Your Reference Committee heard vigorous testimony in strong support of the intent of  
47 this Resolution—to improve the benefits of residents. However, there were concerns  
48 that in some settings, the language “equal and same” could be interpreted to decrease

1 the benefits of residents. There was also testimony recommending the deletion of  
2 retirement benefits from the Resolution. Therefore your Reference Committee  
3 recommends the amended language.

4  
5 (21) RESOLUTION 312 - CREDENTIALING MATERIALS:  
6 TIMELY SUBMISSION BY RESIDENCY AND  
7 FELLOWSHIP PROGRAMS

8  
9 RECOMMENDATION A:

10  
11 Madam Speaker, your Reference Committee recommends  
12 that the first Resolved of Resolution 312 be amended by  
13 insertion on line 22 to read as follows:

14  
15 RESOLVED, That our American Medical Association  
16 encourage residency programs and fellowship programs to  
17 submit credentialing and verification data requested on  
18 behalf of their graduating residents and fellows to the  
19 requesting agency within thirty days of the request.  
20 (Directive to Take Action); and be it further

21  
22 RECOMMENDATION B:

23  
24 Madam Speaker, your Reference Committee recommends  
25 that the second Resolved of Resolution 312 be amended  
26 by insertion on line 28 to read as follows:

27  
28 RESOLVED, That our AMA encourage the Accreditation  
29 Council for Graduate Medical Education to establish an  
30 accreditation standard for residency and fellowship  
31 programs calling for submission of credentialing and  
32 recredentialing verification data requested on behalf of  
33 their graduating residents and fellows to the requesting  
34 agency within thirty days of the request. (Directive to Take  
35 Action)

36  
37 RECOMMENDATION C:

38  
39 Madam Speaker, your Reference Committee recommends  
40 that Resolution 312 be adopted as amended.

41  
42 **HOD ACTION: Resolution 312 adopted as amended.**

43  
44 This Resolution directs our AMA to encourage residency and fellowship programs to  
45 respond within 30 days to requests for verification data on their graduating residents and  
46 fellows and also to encourage the Accreditation Council for Graduate Medical Education  
47 to establish an accreditation standard addressing this request.

48  
49 Your Reference Committee heard testimony in support of this resolution because of how  
50 critical this information is for graduating residents and fellows in order to obtain, for

1 example, a job, a medical license, or hospital privileges. While there was testimony that  
2 some programs may receive multiple requests in any given week, the consensus was  
3 that the thirty days would be sufficient to search for records and to allow for periods of  
4 vacation by the program director.

- 5  
6 (22) RESOLUTION 314 - INCREASING FLEXIBILITY IN  
7 GRADUATE MEDICAL EDUCATION FUNDING  
8 RESOLUTION 315 – SUPPORT LIFTING MEDICARE  
9 CAP ON GRADUATE MEDICAL EDUCATION FUNDING  
10 RESOLUTION 317 - MEDICARE REDUCTION IN  
11 GRADUATE MEDICAL EDUCATION PAYMENT  
12 RESOLUTION 322 - ALTERNATIVE FUNDING FOR  
13 GRADUATE MEDICAL EDUCATION  
14 RESOLUTION 323 - CMS TO CONTINUE TO PAY FOR  
15 GRADUATE MEDICAL EDUCATION THROUGH  
16 MEDICAID  
17 RESOLUTION 324 – REMOVAL OF THE CAP ON  
18 GRADUATE MEDICAL EDUCATION POSITIONS  
19 RESOLUTION 325 – PROTECTING GRADUATE  
20 MEDICAL EDUCATION: REVISITING THE ALL-PAYER  
21 SYSTEM

22  
23 RECOMMENDATION A:

24  
25 Madam Speaker, your Reference Committee recommends  
26 that the following Substitute Resolution 314 be adopted in  
27 lieu of Resolutions 314, 315, 317, 322, 323, 324 and 325.

28  
29 RESOLVED, That our AMA reaffirm HOD policy H-305.929 (Reaffirm Policy);  
30 and be it further

31  
32 RESOLVED, That our AMA actively collaborate with appropriate stakeholder  
33 organizations, (including Association of American Medical Colleges, American  
34 Hospital Association, state medical societies, medical specialty  
35 societies/associations) to advocate for the preservation, stability and expansion  
36 of full funding for the direct and indirect costs of graduate medical education  
37 (GME) positions from all existing sources (e.g. Medicare, Medicaid, Veterans  
38 Administration, CDC and others). (Directive to Take Action); and be it further

39  
40 RESOLVED, That our AMA actively advocate for the stable provision of matching  
41 federal funds for state Medicaid programs that fund GME positions. (Directive to  
42 Take Action); and be it further

43  
44 RESOLVED, That our AMA actively seek congressional action to remove the  
45 caps on Medicare funding of GME positions for resident physicians that were  
46 imposed by the Balanced Budget Amendment of 1997 (BBA-1997). (Directive to  
47 Take Action); and be it further

1 RESOLVED, That our AMA strenuously advocate for increasing the number of  
2 GME positions to address the future physician workforce needs of the nation.  
3 (Directive to Take Action); and be it further  
4

5 RESOLVED, That our AMA oppose efforts to move federal funding of GME  
6 positions to the annual appropriations process that is subject to instability and  
7 uncertainty. (Directive to Take Action); and be it further  
8

9 RESOLVED, That our AMA oppose regulatory and legislative efforts that reduce  
10 funding for GME from the full scope of resident educational activities that are  
11 designated by residency programs for required for the accreditation of residency  
12 programs and the board certification of their graduates (e.g. didactic teaching,  
13 community service, off-site ambulatory rotations, etc.). (Directive to Take Action);  
14 and be it further  
15

16 RESOLVED, That our AMA actively explore additional sources of GME funding  
17 and their potential impact on the quality of residency training and on patient care.  
18 (Directive to Take Action); and be it further  
19

20 RESOLVED, That our AMA vigorously advocate for the contribution by all payers  
21 for health care, (including the federal government, the states and private payers),  
22 to funding both the direct and indirect costs of GME. (Directive to Take Action);  
23 and be it further  
24

25 RESOLVED, That our AMA work, in collaboration with other stakeholders, to  
26 improve the awareness of the general public that GME is a public good that  
27 provides essential services as part of the training process and serves as a  
28 necessary component of physician preparation to provide patient care that is  
29 safe, effective and of high quality. (Directive to Take Action); and be it further  
30

31 RESOLVED, That our AMA staff and governance continuously monitor federal,  
32 state and private proposals for health care reform for their potential impact on the  
33 preservation, stability and expansion of full funding for the direct and indirect  
34 costs of GME. (Directive to Take Action)  
35

36 RECOMMENDATION B:  
37

38 Madam Speaker, your Reference Committee recommends  
39 that Substitute Resolution 314 be titled:  
40

41 THE PRESERVATION, STABILITY AND EXPANSION OF  
42 FULL FUNDING FOR GRADUATE MEDICAL  
43 EDUCATION  
44

45 **HOD ACTION: Substitute Resolution 314, with amended**  
46 **Resolved 7, adopted in lieu of Resolutions 314, 315, 317,**  
47 **322, 323, 324 and 325 with change in title.**

1 Resolution 314, Increasing Flexibility in Graduate Medical Education Funding,  
2 introduced by the American Academy of Pediatrics, asks our AMA to work to achieve  
3 improved flexibility in graduate medical education funding to defray the costs of rotations  
4 in underserved and underrepresented areas that take place outside of a residency's  
5 sponsoring institution.

6  
7 Resolution 315, Support Lifting Medicare Cap on Graduate Medical Education Funding,  
8 introduced by the Michigan Delegation, asks our AMA to address the issue of the  
9 impending physician shortage, seek to increase graduate medical education slots, and  
10 explore alternative full funding mechanisms for those slots. The Resolution also asks  
11 AMA to seek federal legislation to lift the Medicare cap on GME full funding and preserve  
12 Medicare and Medicaid full funding of GME until a stable alternative full funding source  
13 can be established.

14  
15 Resolution 317, Medicare Reduction in Graduate Medical Education Payment,  
16 introduced by the Illinois Delegation, asks our AMA to endorse and support the  
17 Association of American Medical Colleges' position to recommend against any further  
18 reduction in Medicare financial support of graduate medical education. The Resolution  
19 also asks our AMA to work with the American Hospital Association and all hospitals with  
20 GME programs against any further reduction in Medicare financial support of GME.

21  
22 Resolution 322, Alternative Funding for Graduate Medical Education, introduced by the  
23 International Medical Graduates Section, asks our AMA to work with the ACGME and  
24 other stakeholders to explore alternative funding in addition to the public funding for  
25 Graduate Medical Education. The Resolution further asks our AMA to seek legislative  
26 means to lift the Medicare cap on Graduate Medical Education positions.

27  
28 Resolution 323, CMS to Continue to Pay for Graduate Medical Education through  
29 Medicaid, introduced by the Section on Medical Schools, asks our AMA to lobby for  
30 Centers for Medicare and Medicaid Services to continue to provide matching funds for  
31 Graduate Medical Education through the Medicaid Program.

32  
33 Resolution 324, Removal of the Cap on Graduate Medical Education Positions,  
34 introduced by the Section on Medical Schools, ask our AMA to lobby the Centers for  
35 Medicare and Medicaid Services and the U.S. Congress to lift the caps on the Graduate  
36 Medical Education positions in order to train more physicians.

37  
38 Resolution 325, Protecting Graduate Medical Education: Revisiting the All-Payer  
39 System, introduced by the Resident and Fellow Section, asks our AMA to reaffirm its  
40 policy on support of an all-payer system for GME. The Resolution further asks our AMA  
41 to work with other stakeholders to actively lobby the current Congress for legislation  
42 requiring all payers to contribute towards Graduate Medical Education and to continue to  
43 lobby to protect Medicare and Medicaid Graduate Medical Education payments and  
44 report back at the 2008 Annual Meeting.

45  
46 Your Reference Committee heard testimony from the Council on Medical Education and  
47 the sponsors of Resolutions 314, 315, 317, 322, 323, 324 and 325. Each resolution  
48 related to GME funding and introduced specific concerns but there was also significant  
49 overlap among them. Since all seven resolutions are supported by existing AMA policy,  
50 the Council on Medical Education recommended that HOD policy H.305-929 be strongly

1 reaffirmed in the first Resolved. In addition, the Council sought to glean directives to  
2 take action and to guide advocacy for the preservation, stability and expansion of GME  
3 funding from all the resolutions. After the Council introduced the substitute language,  
4 each sponsor testified in support of the substitute resolution.  
5  
6

7 (23) RESOLUTION 318 - MAINTAINING MEDICAL  
8 SPECIALTY BOARD CERTIFICATION STANDARD  
9

10 RECOMMENDATION A:  
11

12 Madam Speaker, your Reference Committee recommends  
13 that the second Resolved of Resolution 318 be amended  
14 by insertion and deletion on line 29 to read as follows:  
15

16 RESOLVED, That our AMA communicate its concerns  
17 about the ~~diminished~~ misleading use of the term “board  
18 certification” by the National Board of Public Health  
19 Examiners and others to the specialty and service  
20 societies in the federation, the Association of Schools of  
21 Public Health, the American Board of Medical Specialties,  
22 the Accreditation Council for Graduate Medical Education,  
23 the National Board of Medical Examiners, and the Institute  
24 of Medicine. (Directive to Take Action)  
25

26 RECOMMENDATION B:  
27

28 Madam Speaker, your Reference Committee recommends  
29 that Resolution 318 be amended by addition of a new third  
30 Resolved to read as follows:  
31

32 RESOLVED, That our AMA continue to work with other  
33 medical organizations to educate the profession and the  
34 public about the board certification process. When the  
35 equivalency of board certification must be determined,  
36 accepted standards, such as those adopted by state  
37 medical boards or the Essentials for Approval of Examining  
38 Boards in Medical Specialties, be utilized for that  
39 determination. (Directive to Take Action)  
40

41 RECOMMENDATION C:  
42

43 Madam Speaker, your Reference Committee recommends  
44 that Resolution 318 be adopted as amended.  
45

46 **HOD ACTION: Resolution 318 adopted as amended.**  
47

48 Resolution 318, Maintaining Medical Specialty Board Certification Standard, introduced  
49 by the American Association of Public Health Physicians, asks AMA to oppose any  
50 action likely to confuse the public about the unique credentials of board certified

1 physicians or take advantage of the prestige of any medical specialty for purposes  
2 contrary to the public good and safety. The Resolution also asks our AMA to  
3 communicate its concern about the diminished use of the term of “board certification” to  
4 several entities.

5 Your Reference Committee heard testimony consistently supportive of Resolution 318  
6 along with a request that an additional resolved be included about working with related  
7 organizations. The original sponsor of the resolution supported the amended language.

8

9 (24) RESOLUTION 320 - ENHANCING PHYSICIANS'  
10 INTEREST IN MEDICAL CARE FOR PEOPLE WITH  
11 PROFOUND DEVELOPMENTAL DISABILITIES

12

13 RECOMMENDATION A:

14

15 Madam Speaker, your Reference Committee recommends  
16 that the third Resolved of Resolution 320 be amended by  
17 deletion on page 2, line 10, to read as follows:

18

19 RESOLVED, That our AMA encourage medical schools  
20 and residency programs to encourage faculty and trainees  
21 to appreciate the opportunities for exploring ~~fascinating~~  
22 diagnostic and therapeutic challenges while also accruing  
23 significant personal rewards when delivering care with  
24 professionalism to persons with profound developmental  
25 disabilities and multiple co-morbid medical conditions in  
26 any setting (Directive to Take Action); and be it further

27

28 RECOMMENDATION B:

29

30 Madam Speaker, your Reference Committee recommends  
31 that the fifth Resolved of Resolution 320 be amended by  
32 insertion and deletion on page 2, lines 21-22, to read as  
33 follows:

34

35 RESOLVED, That our AMA inform physicians that when  
36 they are presented with an opportunity to care for patients  
37 with profound developmental disabilities, that there is are  
38 ~~collegial~~ resources available to them, ~~in the American~~  
39 ~~Academy of Developmental Medicine and Dentistry.~~  
40 (Directive to Take Action)

41

42 RECOMMENDATION C:

43

44 Madam Speaker, your Reference Committee recommends  
45 that Resolution 320 be adopted as amended.

46

47

**HOD ACTION: Resolution 320 adopted as amended.**

1 Resolution 320, Enhancing Physicians' Interest in Medical Care for People with  
2 Profound Developmental Disabilities, introduced by the Wisconsin Delegation, asks that  
3 our AMA advocate for, and encourage support of, highest quality medical care and  
4 health care facilities to meet the needs of persons with profound development  
5 disabilities. The Resolution further asks our AMA to encourage medical schools and  
6 graduate medical education programs to establish and encourage enrollment in elective  
7 rotations in facilities specializing in care for the developmentally disabled. Lastly, the  
8 Resolution asks our AMA to inform physicians of the American Academy of  
9 Developmental Medicine and Dentistry as a collegial resource.

10  
11 Your Reference Committee heard strong support for adoption of the resolution.  
12 Discussants indicated that individuals with profound developmental disabilities deserve  
13 high quality care and provide meaningful learning opportunities for medical students but  
14 these opportunities may be overlooked. The American Academy of Developmental  
15 Medicine and Dentistry was removed as the sole potential collaborator, so as not to  
16 exclude other valuable entities.

17  
18  
19 (25) RESOLUTION 305 - IMPROVING RESIDENT, FELLOW  
20 AND PATIENT SAFETY

21  
22 RECOMMENDATION:

23  
24 Madam Speaker, your Reference Committee recommends  
25 that Resolution 305 be referred.

26  
27 **HOD ACTION: Resolution 305 referred.**

28  
29 This Resolution asks our AMA to urge the ACGME and AOA to create an anonymous  
30 system for reporting duty hour violations and resident intimidation, as well as a system  
31 that will protect whistleblowers from retaliation; work with the ACGME and AOA to  
32 develop a pamphlet on such violations; and draft a proposal for the ACGME and AOA  
33 that creates a system of incentives and disincentives for programs to comply with the  
34 requirements.

35  
36 Your Reference Committee heard considerable testimony in support of the goals of this  
37 resolution, especially whistleblower protection and confidentiality. There was also  
38 testimony discussing how to best achieve these goals including the pros and cons of  
39 anonymity, and exploring incentives and disincentives. Testimony was also heard about  
40 current AMA policy covering some of these topics and some mechanisms already in  
41 place, including a report from the Council on Medical Education scheduled to be  
42 presented at the 2008 Annual Meeting. Due to conflicting testimony and the complexity  
43 of the issues, your Reference Committee recommends referral.

1 (26) RESOLUTION 308 – OBSERVERSHIPS FOR  
2 INTERNATIONAL MEDICAL GRADUATES

3  
4 RECOMMENDATION:

5  
6 Madam Speaker, your Reference Committee recommends  
7 that Resolution 308 be referred.

8  
9 **HOD ACTION: Resolution 308 referred.**

10  
11 Resolution 308, Observerships for International Medical Graduates, introduced by the  
12 International Medical Graduates Section, asks our AMA, in cooperation with the IMG  
13 Section, to pursue the development of a model observership program and develop a  
14 campaign to educate physicians, residency program directors and hospital  
15 administrators about how to integrate and utilize the program within their systems.

16  
17 Your Reference Committee heard some testimony about the utility of the concept of  
18 observerships. However, there are complexities to the issue that would benefit from  
19 study through referral. For example, there are legal issues in some states about  
20 observerships. Also, there were some concerns expressed about observerships  
21 creating stresses on patient and faculty resources. The study would assess the  
22 feasibility of developing standards for observership programs.

23  
24 (27) RESOLUTION 310 - FINANCIAL CONFLICTS IN  
25 CONTINUING MEDICAL EDUCATION

26  
27 RECOMMENDATION:

28  
29 Madam Speaker, your Reference Committee recommends  
30 that Resolution 310 not be adopted.

31  
32 **HOD ACTION: Resolution 310 referred.**

33  
34 The Resolution asks our AMA to work with the Accreditation Council for Continuing  
35 Medical Education (ACCME) to develop more specific disclosure criteria for financial  
36 conflicts to include a written statement, current at the time of publication of the program  
37 and included in the program, quantifying in broad categories the size of the conflict of  
38 interest in the last 12 calendar months.

39  
40 Your Reference Committee heard considerable testimony supportive of disclosing to the  
41 audience any potential conflicts of interest on the part of the faculty. It was pointed out  
42 that the ACCME has adopted the policy that the magnitude of the financial relationship is  
43 not the critical aspect. A relationship of any magnitude is the critical point. Testimony  
44 supported this policy. Further, it is not the absolute magnitude of the financial  
45 relationship, but the relative value to the individual faculty member, that could determine  
46 the commercial bias in a presentation. It was also pointed out in the testimony that the  
47 ACCME is currently looking at how the Revised Standards for Commercial Support have  
48 been adhered to so far and what, if any, changes need to be made in the monitoring of

1 the CME providers compliance. Therefore, your Reference Committee recommends  
2 non-adoption.

3  
4 (28) RESOLUTION 313 - EVALUATING THE EFFECTS OF  
5 PHYSICIAN WORKFORCE INCREASES

6  
7 RECOMMENDATION:

8  
9 Madam Speaker, your Reference Committee recommends  
10 that Resolution 313 not be adopted.

11  
12 **HOD ACTION: Resolution 313 not adopted.**

13  
14 Resolution 313, Evaluating the Effects of Physician Workforce Increases, introduced by  
15 the American Academy of Pediatrics, asks our AMA to conduct an independent study of  
16 the potential effects of a 30% increase in U.S. medical school enrollment on the  
17 graduate medical education system, specialty selection, and workforce planning.

18  
19 Your Reference Committee heard testimony about the need for our AMA to  
20 independently study the effects of calls to increase the number of US medical school  
21 graduates. However, an independent study would be premature, impractical and  
22 expensive. There already are ongoing collaborations with the Association of American  
23 Medical Colleges (AAMC) as well as state and medical specialty societies. Our AMA will  
24 be able to do an independent assessment of the data collected by the AAMC. A report  
25 by the Council on Medical Education on workforce will be presented to the House of  
26 Delegates at the 2009 Annual Meeting. This report will address many of the topics  
27 covered by Resolution 313, though in only a preliminary form.

28  
29 (29) RESOLUTION 316 - ENGLISH SKILLS TESTING AND  
30 THE UNITED STATES MEDICAL LICENSING  
31 EXAMINATION (USMLE) CONTINUUM

32  
33 RECOMMENDATION:

34  
35 Madam Speaker, your Reference Committee recommends  
36 that Resolution 316 not be adopted.

37  
38 **HOD ACTION: Resolution 316 not adopted.**

39  
40 Resolution 316, English Skills Testing and the United States Medical Licensing  
41 Examination (USMLE) Continuum, introduced by the Michigan Delegation, asks AMA to  
42 seek a change in the United States Medical Licensing Examination that would allow a  
43 candidate who fails the English proficiency portion to take an alternative spoken English  
44 proficiency test approved by the National Board of Medical Examiners and not be  
45 required to retake the entire USMLE.

46  
47 Your Reference Committee heard testimony supporting the use of the Spoken English  
48 Proficiency score from the USMLE Step 2 CS. This proficiency is assessed by multiple  
49 clinical encounters where each clinical encounter has 3 components. One component,  
50 such as the English proficiency component, cannot be separated from the others. This

1 was thoroughly described in Council on Medical Education Report 8 from A-06, adopted  
2 by the AMA House of Delegates. This report outlines federal requirements regarding  
3 competency in oral and written English as well as the three components of the USMLE.  
4 A stand alone test of English proficiency would not resolve concerns regarding the  
5 failure of the Spoken English Proficiency component of the USMLE Step 2 CS.  
6

7 (30) RESOLUTION 319 - INTERNATIONAL MEDICAL  
8 GRADUATES AND MEDICAL PROFESSIONALISM  
9

10 RECOMMENDATION:  
11

12 Madam Speaker, your Reference Committee recommends  
13 that Resolution 319 not be adopted.  
14

15 **HOD ACTION: Resolution 319 not adopted.**  
16

17 Resolution 319, International Medical Graduates and Medical Professionalism,  
18 introduced by the Massachusetts Delegation, asks our AMA to commission an analysis  
19 of the "Institute on Medicine as a Profession" Survey of Medical Professionalism  
20 regarding international medical graduates and medical professionalism.  
21

22 Your Reference Committee heard overwhelming opposition to the resolution. One area  
23 of concern was the lack of information as to the intent, since the sponsor of the  
24 resolution did not testify. Your Reference Committee was subsequently informed that the  
25 resolution was presented by the International Medical Graduate Section of  
26 Massachusetts Medical Society (MMS) to the Massachusetts Medical Society. The  
27 sponsors' intent was to show, through further analysis, that international medical  
28 graduates have the same levels of professionalism as U.S. graduates, since no data  
29 currently exists.  
30

31 Additionally, there was no information about the availability and nature of the data set  
32 and hence, the feasibility and costs of the proposed research could not be determined.

- 1 Madam Speaker, this concludes the report of Reference Committee C. I would like to
- 2 thank James L. Caruso, MD, Kenneth M. Certa, MD, Ruth M. Covell, MD, Shane
- 3 Gailushas, S. Jay Jayasankar, MD, Russell B. Rayman, MD, and all those who testified
- 4 before the Committee.

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James L. Caruso, MD (Alternate)  
College of American Pathologists

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Shane Gailushas  
Regional Medical Student

---

Kenneth M. Certa, MD (Alternate)  
American Psychiatric Association

---

S. Jay Jayasankar, MD  
American Academy of Orthopaedic  
Surgeons

---

Ruth M. Covell, MD  
Section on Medical Schools

---

Russell B. Rayman, MD (Alternate)  
Aerospace Medical Association

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Edward C. Tanner, III, MD  
New York  
Chair