

INTERNATIONAL MEDICAL GRADUATES SECTION

SUMMARY OF ACTIONS

2011 ANNUAL MEETING CHICAGO, ILLINOIS

IMG SECTION AUTHORED REPORTS/RESOLUTIONS

Reference Committee C

1. **Resolution 302 – Study Role of IMGs in U. S. Healthcare**

Resolution 302 asked: 1) That our American Medical Association undertake a comprehensive review of IMGs in U.S. history; difficulties faced; assimilation issues; quality of care rendered, teaching and research; and overall contributions to our nation's healthcare;

2) That our AMA publish a report of this comprehensive review of IMGS in U. S. history; difficulties faced; assimilation issues; quality of care rendered, teaching and research; and overall contributions to our nation's healthcare; and

3) That our AMA disseminate this report to medical educators, training programs, members of the Congress and healthcare policy makers, the Federation of State Medical Boards and state medical licensing boards.

HOD ACTION: Reaffirmed current AMA HOD Policy # H-255.987, Foreign Medical Graduates, in lieu of Resolution 302.

2. **Resolution 303 – Unused Conrad 30 J-1 Visa Waiver**

Resolution 303 asked that our AMA advocate for redistribution of the unused Conrad 30 J-1 Visa waiver slots for those states that could use more than 30 slots to serve in their health professional shortage areas, medically underserved areas and populations.

The testimony of the Reference Committee showed support for the Conrad 30 program as an important source for helping meet the health care access needs of Americans in underserved areas. An unfilled J-1 slot could occur for one of two reasons—it could be unoffered versus unfilled due to lack of applicants.

HOD ACTION: Resolution 303 adopted as amended.

RESOLVED, That our American Medical Association advocate for redistribution of the unoffered ~~unused~~ Conrad 30 J-1 Visa waiver slots for those states that

could use more than 30 slots to serve in their health professional shortage areas, medically underserved areas and populations. (Directive to Take Action)

3. Resolution 304 – Representation on Residency Review Committees

Resolution 304, asked that our AMA 1) Advocate for diversity of appointees to residency review committees; and 2) Work with the Accreditation Council for Graduate Medical Education to support better representation of qualified IMG educators and residency program directors on Residency Review Committees.

The IMG Section testimony reflected that the intent of the amendment was not to introduce the concept of specific slots related to IMG educators on RRCs, but rather to emphasize the importance of diversity of appointees to the RRC. Testimony supported nominations of candidates with a wide variety of diverse qualifications. The Reference Committee heard testimony provided by the Council on Medical Education clarifying the nominations process to the Residency Review Committees and other related organizations.

HOD ACTION: Resolution 304 adopted as amended with the deletion of the second Resolved clause.

~~RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education to support better representation of qualified IMG educators and residency program directors on Residency Review Committees.~~

Reference Committee G

4. Resolution 712 – Universal Hospital Emergency Paging Codes

Resolution 712 asked that our American Medical Association aggressively pursue efforts to develop and encourage implementation of universal hospital emergency paging codes.

HOD ACTION: Reaffirmed current AMA HOD Policy, H-215.971, Standardization of Emergency Paging Nomenclature, in lieu of Resolution 712.

HOUSE OF DELEGATES RESOLUTIONS OF INTEREST TO IMG SECTION

5. CC& B Report 3 – Creation of an AMA Minority Affairs Section – Council on Constitution and Bylaws Report 3 was in response to two adopted recommendations in Report 1 of the Council on Long Range Planning and

During Reference Committee deliberations, concern was raised over the definition of the phrase “interested in minority affairs” that would define who could be a member of the proposed MAC Section.

HOD ACTION: Council on Constitutions and Bylaws Report 3 referred.

6. **CC&B Report 4 – AMA Sections and the Role of the Council on Long Range Planning and Development and the Board of Trustees** – Council on Constitution and Bylaws Report 4 recommended that the AMA House of Delegates adopt amendments to Bylaw 6.61. Functions and 7.00, Sections, which define an AMA Section and identifies the process by which any new Section shall be formed and/or change its status.

HOD ACTION: Council on Constitution and Bylaws Report 4 adopted as amended and the remainder of the report filed.

7.08 Establishment of New Sections. A member component group seeking Section status ~~shall~~ may submit an application to the Council on Long Range Planning, which ~~shall~~ will make its recommendation to the House of Delegates through the Board of Trustees ~~or the member component group may submit~~ a resolution may be submitted for Section status. ~~Such recommendation actions~~ shall be based on criteria adopted by the House of Delegates

7. **CC&B Report 6 – Delineated and Fixed AMA Sections** – Council on Constitution and Bylaws Report 6 recommended that the AMA House of Delegates adopt amendments to Bylaw 7.00. These amendments would establish the Minority Affairs Consortium as a delineated Section known as the Minority Affairs Section, and specifically defined the other AMA Sections as either fixed or delineated.

HOD ACTION: Council on Constitution and Bylaws Report 6 adopted.

Reference Committee B

8. **CME Report 1 – Annual Report on Council on Medical Education Activities** –Council on Medical Education (CME) Report 1 was introduced as an informational report that summarizes the major activities of CME and the AMA Medical Education Group for 2011.

HOD ACTION: Council on Medical Education Report 1 filed.

9. **CME Report 2 – Council on Medical Education Sunset Review of 2001 HOD**
–Council on Medical Education Report 2 was submitted to enforce the sunset mechanism for HOD policies for review and justification for recommended actions for each AMA policy.

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

10. **CME Report 4 – Progress in Transforming the Medical Education Learning Environment** – Council on Medical Education Report 4 was submitted as an informational report to summarize the activities of the Liaison Committee on Medical Education and the AMA related to the medical education learning environment for the past several years and future actions.

HOD ACTION: Council on Medical Education Report 4 filed.

11. **CME Report 6 – Implementation of Accreditation Standards Related to Medical School Diversity** – Council on Medical Education Report 6 addresses the Liaison Committee on Medical Education (LCME) accreditation standards IS-16 AND MS-8 which were included in this CME Report. Recommendations in this report reviewed the outcomes of two LCME accreditation standards on diversity at the institutional level and availability of a diverse pool of medical school applicants, which became effective in 2009.

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

12. **CME Report 10 – Integration of IMGs into the U. S. Physician Workforce** – Council on Medical Education (CME) Report 10 was in response to Resolution 306 (A-10) and Resolution 903 (I-10) introduced by the International Medical Graduates Section, asked our AMA to encourage state medical licensing boards to accept certification by the ECFMG as primary source verification of medical education credentials and to recognize that the ECFMG certification is the primary source of medical education credentials for IMGs.

Resolution 903, introduced by the IMG Section, asked that our AMA seek federal legislation to create a pathway for J-1 Visa Waiver status for IMGs who are appointed as U. S. medical school faculty members and agree to serve in that capacity for a minimum of three years of full-time employment.

The recommendations in CME Report 10 were recommended for adoption in lieu of Resolution 306 (A-10) and Resolution 903 (I-10).

HOD ACTION: Council on Medical Education Report 10 adopted as amended and remainder of the report filed.

That our AMA revise HOD Policy D-255.985 to include a new third resolved: “Advocate for expansion of the J-1 Visa waiver program to allow IMGs to serve on the faculty of medical schools and residency programs in geographic areas or specialties with workforce shortages.” (Amend HOD Policy)

3) That our AMA encourage state medical licensing boards, the FSMB, and other credentialing entities to accept Educational Commission for Foreign Medical Graduates certification as proof of primary source verification of an IMG’s international medical education credentials;

13. **Resolution 301 – Due Process in Medical Licensure** – Resolution 301, introduced by the American College of Emergency Physicians and Colorado, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont Delegations, asked that 1) when a state medical board conducts an investigation or inquiry of a licensee applicant’s quality of care, that the standard of care be determined by physician(s) from the same specialty as the licensee applicant; and 2) that when a state medical board conducts an investigation or inquiry regarding quality of care by a medical licensee or licensee applicant, that the physician be given: (1) a minimum of 30 days to respond to inquiries or requests from a state medical board, (2) prompt board decisions on all pending matters, (3) sworn expert review by a physician of the same specialty, (4) a list of witnesses providing expert review, and (5) exculpatory expert reports, should they exist.

The resolution was submitted to ensure more fairness in state medical board decisions about a physician’s quality of care. However, because of the complexity of the issue as presented in the Reference Committee testimony, the Reference Committee recommended referral for study.

HOD ACTION: Resolution 301 referred.

14. **Resolution 310 – Global Health Education** - Resolution 310, introduced by the Medical Student Section, asked that our AMA 1) Recognize the importance of global health education for medical students; and 2) Encourage medical schools to include global health learning opportunities in their medical education curricula.

Reference Committee testimony was favorable, but also revealed concern about mandating the specific curriculum of global health education is the role of the LCME and the individual school’s faculty.

HOD ACTION: Resolution 310 referred.

15. **Resolution 315 – Increasing Funding for Graduate Medical Education** – Resolution 315, introduced by the New York Delegation, asked:

- 1) That our American Medical Association encourage both public and private payers to contribute to graduate medical education (GME) funding, through, for example, expansion of government grant opportunities similar to the Primary Care Residency Expansion program;
- (2) That our AMA encourage adjusting GME funding to account for the need of an expanded workforce; and
- 3) That our AMA advocate for transparency in the funding of residency programs and for how those programs, in turn, use allotted funding (Directive to Take Action); and be it further and that That our AMA work toward the removal of caps on the number of Medicare-funded residency programs and physicians therein.

HOD ACTION: Reaffirmed AMA HOD Policies:

H-305.929 Proposed Revisions to AMA Policy on the Financing of Medical Education Programs; D-305.967 The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education; and D-305.992 Accounting for Graduate Medical Education Funding in lieu of Resolution 315.

16. **Resolution 319 – Interstate Licensing of Telehealth Services** - Resolution 319, introduced by the American Academy of Pediatrics, asked that our AMA encourage the development of arrangements between state medical licensing boards designed to facilitate the utilization of telemedicine services to allow patients in underserved areas (including both urban and rural areas) to access appropriate care from sites that may be located in another state, as long as the care is provided in a manner consistent with, and supportive of, the patient and family-centered medical home.

HOD ACTION: Reaffirmed AMA HOD Policy, H-480.974, Evolving Impact of Telemedicine, in lieu of Resolution 319.

17. **Resolution 324 – Federal Barriers to Increasing J-1 Visa Primary Care Physicians** –Resolution 324, introduced by the Arizona Delegation, asks that our AMA work towards regulation and/or legislation to allow J-1 Visa primary care physicians, who are limited to serving in medically underserved areas, to continue to care for their patients who require hospitalization in the closest appropriate medical facility which may not be in the underserved area.

HOD ACTION: Resolution 324 adopted as amended with title change.

Patient Care and Physicians in the U.S. on Visas

RESOLVED, That our American Medical Association work towards regulation and/or legislation to allow ~~J-1 visa primary care physicians~~, physicians on H-1B visas for their J-1 visa waiver, who are limited to serving in medically underserved areas, to continue to care for their patients who require hospitalization in the closest appropriate medical facility which may not be in the underserved area. (Directive to Take Action)

18. **Resolution 401 – Mental Health Care in Underrepresented Ethnic Populations** – Resolution 401 asked that our American Medical Association support public health campaigns and partnerships between county departments of mental health and underserved ethnic communities that include: (1) outreach and education programs that include partnerships among community leaders, organizations and patient advocacy groups to reduce stigma and increase access; (2) culturally sensitive approaches to mental health care delivery to reduce mistrust of the mental health system; (3) early intervention mental health programs; (4) a shared public health campaign with local medical and nursing schools; and (5) collaboration with other government and community stakeholders to share best practices. (Directive to Take Action)

HOD ACTION: Reaffirmed AMA HOD Policies, D-350.995 Reducing Racial and Ethnic Disparities in Health Care; H-345.981 Access to Mental Health Services in lieu of Resolution 401.

19. **Resolution 403 – Reducing Maternal Mortality Rates (MAC)** – Resolution 403 introduced by the Minority Affairs Consortium, asked: (1) that our AMA work with the CDC, HHS, state and county health departments to decrease maternal mortality rates in the U.S.; and (2) that our AMA encourage and promote to all state and county health departments to develop a maternal mortality surveillance system.

HOD ACTION: Resolution 403 adopted.

20. **Resolution 404 – American Indian/Alaskan Native Adolescent Suicide (MAC)** – Resolution 404, introduced by the Minority Affairs Consortium asked:

(1) That our American Medical Association provide active testimony in Congress for prevention and intervention resources to be directed towards American Indian/Alaska Native communities;

(2) That our AMA encourage significant funding to be allocated to research the causes, prevention, and intervention with community analysis on American Indian/Alaska Native adolescent suicide and make these findings widely available; and

(3) That our AMA lobby Congress for appropriations and other resources be made available for the restoration of American Indian/Alaska Native family and community health.

HOD ACTION: Substitute Resolution 404 adopted.

**AMERICAN INDIAN/ ALASKA NATIVE
ADOLESCENT SUICIDE**

RESOLVED, That our American Medical Association provide active testimony in Congress for suicide prevention and intervention resources to be directed towards American Indian/Alaska Native communities (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage significant funding to be allocated to research the causes, prevention, and intervention regarding American Indian/Alaska Native adolescent suicide and make these findings widely available. (Directive to Take Action); and be it further

RESOLVED, That our AMA lobby the Senate Committee on Indian Affairs on the important issue of American Indian/Alaska Native adolescent suicide. (Directive to take Action)

21. Resolution 405 – HIV Education in Minority Populations (MAC) - Resolution 405, introduced by the Minority Affairs Consortium, asked:

1) That our American Medical Association increase its efforts to educate minority populations regarding the risk of HIV infection across all age groups, socioeconomic class, and sexual orientation thereby preventing the spread of infection, increase early testing, and decrease the spread of this epidemic; and

2) That our AMA partner with public and private organizations dedicated to public health education and preventive medicine to decrease the incidence of HIV infection and increase early intervention efforts.

HOD ACTION: Reaffirmed AMA HOD Policy H-20.904 HIV/AIDS Education and Training in lieu of Resolution 405.

22. Resolution 416 – AMA Encouragement of State Medical Societies to Form Committees to Eliminate Health Care Disparities - Resolution 416, introduced by the New York Delegation asked: (1) that our AMA urge the state medical

RESOLVED, That our American Medical Association urge ~~the state~~ medical societies that are not yet members of the ~~AMA~~ Commission to ~~Eliminate~~ End Health Care Disparities to join the Commission (Directive to Take Action); and be it further

RESOLVED, That our AMA strongly encourage all ~~state~~ medical societies to form a Standing Committee to Eliminate Health Care Disparities. (Directive to Take Action)

HOD ACTION: Resolution 416 adopted as amended.

23. **Resolution 421 – Domestic Disaster Relief Funding (MAC)** – Resolution 421 introduced by the Minority Affairs Consortium, asked: 1) That our AMA lobby congress to 1) reassess its policy for expedited release of funding to disaster areas; 2) define areas of disaster with disproportionate indirect and direct consequences of disaster as “public health emergencies” and 3) explore a separate, less bureaucratic process for providing funding and resources to these areas in an effort to reduce morbidity and mortality post-disaster; and

2) That our AMA lobby actively for the recommendations outlined in the AMA/APHA Linkages Leadership Summit⁶ including: 1) appropriate funding and protection of public health and health care systems as critical infrastructures for responding to day-to-day emergencies and mass causality events; 2) full integration and interoperable public health and health care disaster preparedness and response systems at all government levels; 3) adequate legal protection in a disaster for public health and healthcare responders and 4) incorporation of disaster preparedness and response competency-based education and training in undergraduate, graduate, post-graduate, and continuing education programs.

HOD ACTION: Resolution 421 adopted.