Resolution 309 (A-06), which was submitted by the Medical Student Section and referred to the Board of Trustees, asks that our American Medical Association to:

1. Strongly encourage all medical schools to establish student health centers in order to provide adequate and timely medical and mental health care to their students.

2. Encourage medical schools to increase their student health center hours to include weekend coverage.

Student Health Centers at US Medical Schools

The 2004-2005 Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire, which was sent to all LCME-accredited medical schools and had a 100% response, included several questions about student health centers. In response to an item that asked whether there was a student health center located on the medical school campus or a contiguous university campus, 114 schools of the 125 LCME-accredited medical schools (91%) responded “yes.” Across the schools with student health centers, the hours of operation were as follows:

- Open week days only: 71 schools (62%)
- Open week days and some/all week day evenings: 12 schools (11%)
- Open week days/evenings and one or more weekend days: 22 schools (19%)
- Open some other hours: 9 schools (8%)

Accreditation Requirements Related to Access to Health Services

The LCME, as the accrediting body for medical education programs leading to the MD degree, has standards related to medical student access to health services.

- Medical students must have access to preventive and therapeutic health services (Standard MS-27)
- Health insurance must be available to all students and their dependents…. (Standard MS-28)
During accreditation reviews, medical schools must describe how health services and health insurance are made available. Students also are asked about their satisfaction with these services and about any logistical or other issues affecting their ability to access care. When the LCME determines that a school is not in compliance with one of these accreditation standards, a progress report must be submitted by the school within a short time demonstrating steps taken to remedy the problem.

Issues in Assuring Medical Student Access to Care

The Council on Medical Education strongly agrees that medical students should have access to adequate medical and mental health services in a timely manner. Meeting this need is, however, complex. The medical school may be located at a site distant from the university campus, which contains the student health center. In addition, at many medical schools students are not located in proximity to the medical school “main campus” during some phase of their training. There are many reasons that this occurs:

- The clinical affiliates of the medical school may be dispersed around the city, throughout the state, or even more broadly.
- The medical school may have a branch campus where students spend one or more years at a remote site.
- Students may be on elective rotations away from the medical school during the fourth year and at some other phase of the curriculum.

In these cases, it is not feasible to rely on a campus student health center as a site of care.

There are multiple issues to consider in designing a system that assures medical students have access to care. These can be grouped into categories.

Assuring that Payment is not a Barrier. As required in the LCME standard, provisions should be made for medical students to have health insurance available either from the medical school or from an external source. That insurance should allow students to have access to health services regardless of location. While a student health fee may be useful for services provided locally, it may not be sufficient for a student in a widely-dispersed educational program.

Assuring the Environment is Supportive of Medical Students Seeking Care. Medical students may ask for extended student health center hours because they are unwilling or not permitted to leave the classroom or clinical setting to seek care. It is important that the medical school create an environment where students are allowed and encouraged to tend to their own health.

Assuring that Students have Information About Where to Obtain Services. Medical students, regardless of whether they are located on the school’s main campus or at a distant site, should be provided with information about their options for obtaining medical and mental health services. This presupposes that the medical school has made arrangements with local health care providers for students to be accommodated.

Assuring that Sensitive Medical and Mental Health Services are Provided in a Confidential Manner, Without the Potential for Conflict of Interest. LCME accreditation standards specify that medical students should have access to psychiatric/psychological counseling and other sensitive health services from individuals who have no role in their academic evaluation or promotion (Standard MS-27A). Unless this is the case, students may be reluctant to seek needed services. It may be appropriate, therefore, for students to seek care outside the environment of the medical school if, for example, student health center staff also teach and evaluate medical students.
Strategies and Recommendations

Requesting medical schools to increase their student health center hours or to start a health center if one is not available will likely not, itself, solve the problem of medical student access to health services. This also may not be a cost-effective approach from the perspective of either the school or the student. A health center can be expensive to operate, especially for medical schools not located on or near the campus of their parent universities. Costs of expanded operations may be passed on to students in the form of higher student fees.

In contrast to focusing solely on the student health center, a more broad-based approach should be considered. This can most readily be done through the accreditation process.

Accreditation standards requiring that health insurance be available and that services not be provided by faculty who evaluate students already exist. The standard on access to preventive and therapeutic health services is, however, too general. To stimulate medical schools developing options appropriate for their own situations, the Council on Medical Education recommends that the LCME be requested to develop an annotation to this standard. The annotation should describe the elements of the system that should be in place to assure that students have access to health services. While annotations do not have the force of standards, they are explanatory descriptions of what it means to be in compliance with a particular standard. While changing an accreditation standard can take at least two years, annotations can be adopted and implemented much more rapidly. This approach does not preclude medical schools developing or expanding the hours of student health centers, but allows alternative approaches that achieve the same goal of assuring medical student access.

The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 309 (A-06) and that the remainder of this report be filed.

1. That our American Medical Association adopt the following statement as policy: Medical students should have timely access to needed preventive and therapeutic medical and mental health services at sites in reasonable proximity to where their education is occurring. (New HOD Policy)

2. That our AMA encourage the Liaison Committee on Medical Education (LCME) to develop an annotation to its standard on medical student access to preventive and therapeutic health services that includes a specification of the following:
   1. Medical students should have timely access to needed preventive and therapeutic medical and mental health services at sites in reasonable proximity to where their education is occurring.
   2. Medical students should have information about where and how to access health services at all locations where training occurs.
   3. Medical schools should have policies that permit students to be excused from class or clinical activities to seek needed care. (Directive to Take Action)

Fiscal Note:  No Significant Fiscal Impact