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

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 2-A-10

Subject: Council on Medical Education Sunset Review of 2000 House of Delegates Policies and Directives

Presented by: Susan Rudd Bailey, MD, Chair

Referred to: Reference Committee C (Floyd A. Buras, Jr., MD, Chair)

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

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

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

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

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

The Council on Medical Education's recommendations on the disposition of the 2000 House policies that were assigned to it are included in the Appendix to this report.

RECOMMENDATION

The Council on Medical Education recommends that the House of Delegates policies that are listed in the Appendix to this report be acted upon in the manner indicated, with the exception of D-383.996, and the remainder of this report be filed.

APPENDIX - RECOMMENDED ACTIONS ON 2000 HOUSE OF DELEGATES POLICIES

Policy Number	*Title*	*Recommended Action and Rationale*
HOUSE OF DELEGATES POLICIES		
H-150.996	Nutrition Courses in Medicine	Retain. The policy is still relevant.
H-200.959	Support for the Funding of the National Health Service Corps	Retain. The policy is still relevant.
H-200.984	National Health Service Corps Reauthorization	Retain. The policy is still relevant.
H-200.989	National Health Service Corps	Retain. The policy is still relevant.
H-215.985	Child Care in Hospitals	Retain. The policy is still relevant.
H-215.987	Elimination of Hospital Medical Library	Retain in part. #1 is still relevant. Recommend deletion of #2 – the federal requirement that hospitals maintain a medical library was eliminated in the mid 1980's. That status is unlikely to change as current technology allows information to be made readily accessible without a dedicated library.
H-220.996	Private Patients and the Responsibility of the Attending Physician in a Teaching Hospital Setting	Retain. The policy is still relevant.
H-255.978	Unfair Discrimination Against International Medical Graduates	Retain. The policy is still relevant.
H-255.987	Foreign Medical Graduates	Retain. The policy is still relevant.
H-255.992	Discrimination Against Physicians	Retain. The policy is still relevant.
H-255.999	Final Report of the Ad Hoc Committee on Foreign Medical Graduate Affairs	Retain in part to read as follows: Our AMA (1) ~~For the next three years,~~ ~~s~~Supports actively seeking qualified ~~foreign~~ international medical graduates for nomination or appointment to all the councils of the AMA. (2) Supports the development of a special effort to recruit ~~FMGs~~ IMGs ~~to~~ for AMA membership. (3) Encourages state medical societies to make an effort to include qualified foreign-trained physicians among their nominees for medical licensing boards. (4) Supports considering appointing a qualified ~~FMG~~ IMG as one of its

H-255.999	Final Report of the Ad Hoc Committee on Foreign Medical Graduate Affairs	representatives to the ECFMG Board of Trustees. (5) Encourages state, county and specialty medical organizations to make a special effort to encourage membership and participation by ~~FMGs~~ IMGs. (6) Continues its policy that U.S. medical schools offer admission with advanced standing, within the capabilities determined by each institution, to ~~foreign~~ international medical students who satisfy the requirements of the institution for matriculation. Rescind #7 because of the dissolution of the Fifth Pathway program as of June 30, 2009. (~~8~~ 7) Continues to provide U.S. students who are considering attendance at an ~~foreign~~ international medical school with information enabling them to assess the difficulties and consequences associated with matriculation in a foreign medical school. (~~9~~ 8) Encourages medical schools to develop special programs for ~~foreign physicians~~ IMGs entering the United States as exchange visitors. These programs should be designed to meet the needs of the ~~nations~~ country and culture from which the physicians come, as well as the needs of the physicians. (~~10~~ 9) Commends and supports the American specialty boards for their interest in evaluating oral examinations and in developing techniques aimed at enhancing the reliability and validity of oral examinations. (~~11~~ 10) Commends and supports the Federation of State Medical Boards, its several member boards and the ECFMG in their willingness to adjust their administrative procedures in processing ~~FMG~~ IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state. (~~12~~ 11) Regularly appoint an AMA member, who is an international medical graduate, as one of its representatives to the Educational Commission for Foreign Medical Graduates Board of Trustees.

H-275.955	Physician Licensure Legislation	Retain. The policy is still relevant.
H-275.957	Changing the Grading Policy for Medical Licensure Examinations	Retain. The policy is still relevant.
H-275.958	Discouraging the Use of Licensing Exams for Internal Promotion in Medical Schools	Retain. The policy is still relevant.
H-275.959	Cognitive Exams	Retain. The policy is still relevant.
H-275.960	Postgraduate Training Requirements for Obtaining Permanent Medical Licensure	Rescind. The policy is not specific and provides no clear guidance. None of the state licensing boards require more than three years of GME, and that's not particularly lengthy, by today's standards. The real concern (reflected in another policy) is the discrepancy between US grads and IMGs: Eliminating Disparities in Licensure for IMG Physicians (D-275.966): Our AMA will advocate and assist the state medical societies to seek legislative action eliminating any disparity in the years of graduate medical education training required for full and unrestricted licensure between IMG and LCME graduates.
H-275.962	Proposed Single Examination for Licensure	Retain in part. Delete recommendation 6, as it is superseded by H-275.934.
H-275.997	Licensure by Specialty	Retain. The policy is still relevant.
H-280.998	Resident Medical Training in Nursing Homes for Geriatric Patients	Retain. The policy is still relevant. Geriatric training is much-needed today (even more so than in the 1980s, 1990s, and 2000s).
H-295.886	Progress in Medical Education: Evaluation of Medical Students' and Resident Physicians' Professional Behavior	Retain. The policy is still relevant.
H-295.956	Educational Grants for Innovative Programs in Undergraduate and Residency Training for Primary Care Careers	Retain. The policy is still relevant. Revise for accuracy: The Bureau of Health Manpower has changed to the Bureau of Health Professions.
H-295.957	Use of Animals in Medical Education	Retain. The policy is still relevant.

H-295.959	Departments of Family Practice in all LCME Approved Medical Schools	Retain. The policy is still relevant.
H-295.960	Broadly Based Clinical Experience and Clinical Proficiency Standards	Retain. The policy is still relevant.
H-295.965	Medical Student Abuse	Rescind. LCME Standards MS-31-A, and MS-32, are now in place to require all medical schools to monitor and address all abuse. Each year, students report on medical school abuse on the AAMC Graduation Questionnaire. [MS-31-A: Medical schools must ensure that the learning environment for medical students promotes the development of explicit and appropriate professional attributes (attitudes, behaviors, and identity) in their medical students".] [MS-32: Each medical school must define and publicize the standards of conduct for the teacher-learner relationship, and develop written policies for addressing violations of those standards.]
H-295.966	Medical School Honor Codes	Retain. The policy is still relevant.
H-295.968	Training Physicians for the 21st Century	Retain. The policy is still relevant.
H-295.996	Psychological Testing Without Informed Consent	Retain. The policy is still relevant.
H-295.998	Due Process	Retain. The policy is still relevant.
H-300.976	Unification of Education Credits	Retain. The policy is still relevant, but recommend changing the word "hours" to "credits" to reflect current terminology.
H-300.979	National Accreditation of Continuing Medical Education Products	Rescind. The ACCME has developed and adopted Markers of Equivalency with the goal of achieving uniformity in accreditation of national and intrastate accredited CME providers.
H-300.994	Support of Voluntary Continuing Medical Education	Retain. The policy is still relevant.
H-300.996	Reaffirmation of Support for Continuing Medical Education	Retain. The policy is still relevant.

H-300.997	"Medical Education" Travel	Retain. The policy is still relevant.
H-300.998	Continuing Medical Education	Retain. The policy is still relevant.
H-300.999	Proficiency in Advanced Cardiac Life Support	Retain. The policy is still relevant.
H-305.961	Student Loan Deferment	Rescind in favor of H-305.928. The Higher Education Act has been reauthorized twice (at least) since the resolution was originally adopted. H-305.928 is a more modern and consolidated expression of AMA policy related to student debt.
H-305.969	Financial Information Requirements for Independent Medical Students	Retain. The policy is still relevant.
H-305.980	Student Loan Repayment Grace Period	Retain. The policy is still relevant.
H-305.999	Financial Aid to Medical Students	Retain in part to read as follows: Our AMA urges physicians to contribute to the AMA Foundation for support of medical education and provision of scholarships ~~and loans~~ to medical students ~~at reasonable rates~~. The AMA Foundation currently does not make loans to medical students.
H-310.963	Residency/Fellowship Working Hours and Supervision	Retain in part to read as follows: It is the policy of the AMA: (1) to continue to work with the Accreditation Council for Graduate Medical Education to implement AMA policy for residency work hours reform; and (2) to use existing policy as a guideline in working with state medical societies <u>and medical specialties</u> to obtain modification, if needed, of pending and future legislation on <u>Or changes to</u> total residency work hours, conditions and supervision. Certain states (e.g., New York) have different duty hours standards. In addition, based on reactions to the IOM duty hours report expressed at the ACGME's June 2009 congress, it would be appropriate to add "and medical specialties," as certain fields may seek to develop either more or less stringent regulations than those of the ACGME.

H-310.966	Residency Interview Costs	Retain in part to read as follows (as this Department of Education policy still stands): It is the policy of the AMA to ~~take all steps possible to reverse the U.S. Department of Education interpretation of current law so that medical students are again allowed to use Title IV aid for residency interview costs~~ pursue changes to federal legislation or regulation, specifically to the Higher Education Act, to include an allowance for residency interview costs for fourth-year medical students in the cost of attendance definition for medical education. The U.S. Department of Education "interpretation of current law" to which AMA policy H-310.966 refers technically does not prohibit the use of federal educational loans administered under Title IV of the Higher Education Act to pay for residency interview costs. Instead, existing federal regulations disallow the inclusion of residency interview costs in the cost of attendance definition for medical schools, thereby prohibiting fourth-year medical students from borrowing *additional* Title IV monies to expressly cover residency interview costs. The recommended language clarifies the problem with existing federal regulations and restates the AMA's ultimate desired outcome with respect to these regulations.
H-310.968	Opposition to Centralized Postgraduate Medical Education	Retain. The policy is still relevant.
H-310.969	First Postgraduate Year	Rescind. All obstetrics-gynecology programs are accredited for four years of graduate medical education, with no “internship” year. This issue is specifically addressed by every specialty’s residency review committee and the Accreditation Council for Graduate Medical Education.
H-310.970	Mandatory Helicopter Flight for Emergency Medical Residents in Training	Retain. The policy is still relevant.
H-310.972	Residency Review Committee Representation and Requirements	Retain. The policy is still relevant.

H-360.991	Alleviating the Nursing Crisis by Restructuring Nursing Education	The Council needs to especially review this policy. The following comments were sent by AMA Staff: "I think that this policy needs very close attention in that the nursing education environment has dramatically changed since the policy was first adopted. Does the CME still believe that this is the optimal method by which the nursing crisis can be alleviated? Even within the nursing community there's considerable disagreement about how to best address the nursing crisis. I think the emphasis in the policy probably needs to stress high-quality education focused on nursing care throughout the educational continuum rather than shifting credits or allowing for non-traditional education, both of which may be necessary, but I'm not sure they're sufficient. Moreover, learning in a team-based environment should also be stressed. In other words, from advocacy's perspective, this policy does not appear to address the full range of current nursing issues or needs. So, while I think we definitely need policy here, I don't think this policy does the trick." Based on Mr. Blaney-Koen's comments, we recommend that the policy be rescinded.
H-383.998	Impact of NLRB Ruling in the Boston Medical Center Case	Retain. The policy is still relevant.
H-405.965	Essentials for Approval of Examining Boards in Medical Specialties	Retain. The policy is still relevant.
H-405.981	Professional Autonomy	Retain. The policy is still relevant.
H-405.983	American Board of Medical Specialties – Yellow Pages Listings	Rescind. The contract for the Yellow Pages Program was transferred to the Telephone Marketing Program, Inc. (now TMP Worldwide) in 1992. The following year, it renamed the ABMS Public Education Program.
H-405.984	Physician and Public Attitudes on Medicine as a Career	Retain. The policy is still relevant.
H-405.985	Truthful Specialty Information	Retain. The policy is still relevant.
H-405.987	Identification of Board Certified Physicians	Retain. The policy is still relevant.
H-420.967	Maternity Leave Policies	Retain. The policy is still relevant.
H-420.996	Maternity Leave for Housestaff	Retain. The policy is still relevant.

DIRECTIVES TO TAKE ACTION		
D-35.999	Non-Physicians' Expanded Scope of Practice (Laboratory Testing and Test Interpretation)	Retain. The directive is still relevant.
D-160.995	Physician and Nonphysician Licensure and Scope of Practice	Retain. The directive is still relevant.
D-255.996	ECFMG Representation	Retain. The directive is still relevant.
D-255.997	Alternate Licensure Protocols for IMGs	Retain. The directive is still relevant.
D-295.984	Progress in Medical Education: Evaluation of Medical Students' and Resident Physicians' Professional Behavior	Retain. The actions are ongoing through ITME.
D-295.985	Impact of Managed Care on Medical Education	Rescind. CME Report 4 (A-01) fulfilled this directive.
D-295.986	Evaluating the Impact of Hospital Mergers on Clinical Education for Medical Students and Resident Physicians	Retain. The directive is still relevant.
D-300.999	Registration of Accredited CME Sponsors	Retain. The directive is still relevant.
D-305.992	Accounting for GME Funding	Retain. The directive is still relevant.
D-305.994	Postgraduate Medical Education Reimbursement	Retain. The directive is still relevant.
D-305.995	Physician Workforce Planning and Physician Retraining	Retain. The directive is still relevant.
D-310.994	Intern and Resident Work Standards	Retain in part - directives #1 and #2. Rescind #3 as the event has already occurred.
D-310.995	Enforcement of ACGME Requirements	Retain. The directive is still relevant. Although the ACGME has made great progress during the last decade, the philosophy underlying this directive is still relevant.
D-383.996	Impact of the NLRP Ruling in the Boston Medical Center Case	Retain. The directive is still relevant.

H-150.996 Nutrition Courses in Medicine
Our AMA recommends the teaching of adequate nutrition courses in elementary and high schools and that the LCME work toward enhancement of the teaching of nutrition in medical schools.
(Sub. Res. 66, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

H-200.959 Support for the Funding of the National Health Service Corps
The AMA supports the continuation of funding to the National Health Service Corps at least at the level originally appropriated in 1995.
(Res. 241, A-95; Reaffirmed: CME Rep. 2, I-00)

H-200.984 National Health Service Corps Reauthorization
It is the policy of the AMA: (1) to support legislative efforts to revitalize and reauthorize the NHSC; and (2) to undertake efforts to assure that such legislation include increased funding for recruitment and retention efforts and adequate funding for both the loan repayment and scholarship programs.
(Res. 120, A-90; Reaffirmed: Sunset Report and CME Rep. 2, I-00)

H-200.989 National Health Service Corps
The AMA believes that since a sufficient need for physician manpower is expected to continue to exist in certain areas of the U.S., continuation of assistance from the NHSC is justified. As long as this need continues, the AMA does not think it would be appropriate to deprive residents of certain areas of the U.S. of necessary medical services by diverting NHSC physicians to other countries.
(CMS Rep. F, A-86; Reaffirmed: Sunset Report, I-96; Reaffirmed: CME Rep. 2, I-00)

H-215.985 Child Care in Hospitals
Our AMA: (1) strongly encourages hospitals to establish and support child care facilities; (2) encourages that priority be given to children of those in training and that services be structured to take their needs into consideration; (3) supports informing the AHA, hospital medical staffs, and residency program directors of these policies; and (4) supports studying the elements of quality child care and availability of child care on a 24-hour basis.
(BOT Rep. J, I-90; Reaffirmed: Sunset Report, I-00)

H-215.987 Elimination of Hospital Medical Library
It is the policy of the AMA (1) through appropriate councils, to review current trends in scientific journal publishing and pricing and lend its support to efforts which will maintain Health Sciences Libraries at a level which ensures adequate learning resources for the present and future; and (2) to oppose the decision to eliminate the requirement that hospitals maintain a medical library to be eligible for federal funding.
(Sub. Res. 24, A-90; Reaffirmed: Sunset Report, I-00)

H-220.996 Private Patients and the Responsibility of the Attending Physician in a Teaching Hospital Setting
Our AMA opposes mandatory delegation of diagnosis and treatment of private patients primarily to housestaff physicians in teaching hospitals and recommends that (1) refusal to delegate care of private patients to housestaff not be grounds for reduction or termination of privileges; (2) the patient's own private physician be responsible for his care; and (3) JCAHO assure that accreditation standards maintain the right of free choice by patients to have care provided by his own physician.
(Sub. Res. 131, A-76; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

H-255.978 Unfair Discrimination Against International Medical Graduates
It is the policy of the AMA to take appropriate action, legal or legislative, against implementation of Section 4752(d) of the OBRA of 1990 that requires international medical graduates, in order to obtain a Medicaid UPlN number, to have held a license in one or more states continuously since 1958, or pass the Foreign Medical Graduate Examination in Medical Sciences (FMGEMS), or pass the Educational Commission for Foreign Medical Graduates (ECFMG) Examination, or be certified by ECFMG.
(Res. 123, I-90; Reaffirmation A-00)

H-255.987 Foreign Medical Graduates
Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.
(Res. 56, A-86; Reaffirmed: Sunset Report, I-96; Reaffirmation A-00)

H-255.992 Discrimination Against Physicians
Our AMA: (1) believes that the quality of a physician's medical education is an appropriate consideration in the recruitment and licensure of physicians and discrimination against physicians on the basis of the country in which they completed their medical education is inappropriate; and (2) affirms that the residency application process should be free of discrimination, including discrimination arising from the electronic submission of applications.
(Sub. Res. 44, A-85; Reaffirmed: CLRPD Rep. 2, I-95; Appended: Sub. Res. 305 and Reaffirmation A-00)

H-255.999 Final Report of the Ad Hoc Committee on Foreign Medical Graduate Affairs
Our AMA (1) For the next three years, supports actively seeking qualified foreign medical graduates for nomination or appointment to councils of the AMA.
(2) Supports the development of a special effort to recruit FMGs to AMA membership.
(3) Encourages state medical societies to make an effort to include qualified foreign-trained physicians among their nominees for medical licensing boards.
(4) Supports considering appointing a qualified FMG as one of its representatives to the ECFMG Board of Trustees.
(5) Encourages state, county and specialty medical organizations to make a special effort to encourage membership and participation by FMGs.
(6) Continues its policy that U.S. medical schools offer admission with advanced standing, within the capabilities determined by each institution, to foreign medical students who satisfy the requirements of the institution for matriculation.
(7) Continues the policy that U.S. medical schools, within the capabilities determined by each school, sponsor one year of supervised clinical experience for foreign medical students in accordance with the criteria established for such programs by the Council on Medical Education ("Fifth Pathway"). Supports the idea of a study recently authorized by the House of Delegates to evaluate the effectiveness of these programs.
(8) Continues to provide U.S. students who are considering attendance at a foreign medical school with information enabling them to assess the difficulties and consequences associated with matriculation in a foreign medical school.
(9) Encourages medical schools to develop special programs for foreign physicians entering the United States as exchange visitors. These programs should be designed to meet the needs of the nations from which the physicians come, as well as the needs of the physicians.

(10) Commends and supports the American specialty boards for their interest in evaluating oral examinations and in developing techniques aimed at enhancing the reliability and validity of oral examinations.
(11) Commends and supports the Federation of State Boards, its several member boards and the ECFMG in their willingness to adjust their administrative procedures in processing FMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.
(12) Regularly appoint an AMA member, who is an international medical graduate, as one of its representatives to the Educational Commission for Foreign Medical Graduates Board of Trustees.
(BOT Rep. G, I-79; Reaffirmed: CLRPD Rep. C, A-90; Appended: Res. 304, A-00)

H-275.955 Physician Licensure Legislation
Our AMA (1) reaffirms its policies opposing discrimination against physicians on the basis of being a graduate of a foreign medical school and supports state and territory responsibility for admitting physicians to practice; and (2) reaffirms earlier policy urging licensing jurisdictions to adopt laws and rules facilitating the movement of physicians between states, to move toward uniformity in requirements for the endorsement of licenses to practice medicine, and to base endorsement of medical licenses on an assessment of competence rather than on passing a written examination of cognitive knowledge.
(CME Rep. B, A-90; Reaffirmation A-00)

H-275.957 Changing the Grading Policy for Medical Licensure Examinations
Our AMA is concerned about the potential for inappropriate use of numerical scores of licensing examinations, particularly as a significant criterion in appointment to residency training programs. Past studies show some residency programs inappropriately use USMLE examination scores in screening their applicants. Our AMA supports the development of mechanisms to ensure confidentiality of the results of licensure exams, and that these results are used only in an appropriate fashion.
(BOT Rep. GGG, A-90; Reaffirmed: Sunset Report, I-00)

H-275.958 Discouraging the Use of Licensing Exams for Internal Promotion in Medical Schools
It is the policy of the AMA to use its representatives on key national medical education committees to encourage the discontinuation of the use of the USMLE Step 1 Exam as a requirement for the promotion of medical students to the clinical phase.
(Res. 289, A-90; Reaffirmed: Sunset Report, I-00)

H-275.959 Cognitive Exams
It is the policy of the AMA to oppose the use of cognitive exams as the major means of evaluating a physician's clinical competence.
(Sub. Res. 205, A-90; Modified: Sunset Report, I-00)

H-275.960 Postgraduate Training Requirements for Obtaining Permanent Medical Licensure
Our AMA continues to oppose lengthy residency training requirements for licensure.
(CME Rep. A, I-89; Reaffirmed: Sunset Report, A-00)

H-275.962 Proposed Single Examination for Licensure
Our AMA: (1) endorses the concept of a single examination for medical licensure;
(2) urges the NBME and the FSMB to place responsibility for developing Steps I and II of the new single examination for licensure with the faculty of U.S. medical schools working through the NBME;
(3) continues its vigorous support of the LCME and its accreditation of medical schools and supports monitoring the impact of a single examination on the effectiveness of the LCME;
(4) urges the NBME and the FSMB to establish a high standard for passing the examination,
(5) strongly recommends and supports actively pursuing efforts to assure that the standard for passing be criterion-based; that is, that passing the examination indicate a degree of knowledge acceptable for practicing medicine; and
(6) urges that appointing graduates of LCME accredited medical schools to accredited residency training not be dependent on their passing Steps I and II or the single examination for licensure.
(CME Rep. B, I-89; Reaffirmed: Sunset Report, A-00)

H-275.997 Licensure by Specialty
Experience with licensure by specialty is too limited to determine what the long-range effects will be in the provision of timely, safe and comprehensive medical care. However, the AMA does not consider licensure by specialty to be desirable even in unusual cases.
(CME Rep. F, A-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

H-280.998 Resident Medical Training in Nursing Homes for Geriatric Patients
Our AMA endorses the concept of affiliation between nursing home facilities for geriatric patients and resident training programs for the development of clinical experience in such facilities where feasible.
(Sub. Res. 12, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

H-295.886 Progress in Medical Education: Evaluation of Medical Students' and Resident Physicians' Professional Behavior
AMA policy is that the educational programs for medical students and resident physicians must include an evaluation of professional behavior, carried out at regular intervals and employing methods shown to be valuable in adding to the information that can be obtained from observational reports. An ideal system would utilize multiple evaluation formats and would build upon educational experiences that are already in place. The results of such evaluations should be used both for timely feedback and appropriate interventions for medical students and resident physicians aimed at improving their performance and for summative decisions about progression in training.
(CME Rep. 3, I-00)

H-295.956 Educational Grants for Innovative Programs in Undergraduate and Residency Training for Primary Care Careers
Our AMA encourages the Bureau of Health Manpower to establish a series of grants for innovative pilot programs that change the current approaches to medical education at the undergraduate/graduate level in the primary care area which can be evaluated for their effectiveness in increasing the number of students choosing primary care careers.
(Res. 173, I-90; Reaffirmed: Sunset Report, I-00)

H-295.957 Use of Animals in Medical Education
Our AMA has adopted the following guidelines on the use of animals in medical school curricula and continuing medical education courses:
(1) Where appropriate, medical school faculty should consider using non-animal models in education activities; when animals are used in the curriculum, education goals should be clearly stipulated.
(2) Each medical school should disseminate a policy statement to students before matriculation regarding their participation in educational experiences involving animals.
(3) All educational experiences involving animals should have the approval of the institutional Animal Care and Use Committee.
(4) Involved faculty should discuss with students the learning objectives of any educational experience that utilizes animals, and faculty should remain available throughout the laboratory exercise for advice and guidance on the conduct of the educational experience.
(5) All educational experiences involving animals should be carried out in a humane manner without inflicting pain on the animal. This includes the appropriate use of anesthetic and analgesic drugs.
(6) At the conclusion of study, animals should be euthanized in the manner described by the American Veterinary Medical Association.
(CSA Rep. A, I-90; Reaffirmed: Sunset Report, I-00)

H-295.959 Departments of Family Practice in all LCME Approved Medical Schools
Our AMA urges the LCME to strongly encourage every medical school without a Department of Family Practice to develop one.
(Res. 59, I-90; Reaffirmed: Sunset Report, I-00)

H-295.960 Broadly Based Clinical Experience and Clinical Proficiency Standards
It is the policy of the AMA: (1) to direct its representatives on the LCME to continue to monitor the educational content of the final year of educational programs accredited by the LCME so that the standards, and their application to accredited programs, will provide a broad clinical experience; and (2) to reaffirm existing policy that the first year of graduate medical education should provide the resident physician with a broad clinical experience.
(CME Rep. H, A-90; Reaffirmed: Sunset Report, I-00)

H-295.965 Medical Student Abuse
It is the policy of the AMA that the AMA, in cooperation with other appropriate agencies such as the LCME and the AAMC, define medical student abuse, study the pervasiveness of medical student abuse in U.S. medical schools and develop model guidelines to address abuse.
(Res. 290, A-90; Modified: Sunset Report, I-00)

H-295.966 Medical School Honor Codes
Our AMA urges the LCME to facilitate the development of honor codes by medical schools.
(CME Rep. D, A-90; Reaffirmed: Sunset Report, I-00)

H-295.968 Training Physicians for the 21st Century
Our AMA approves the concept of undertaking focused studies of medical education, with the participation of other appropriate organizations, at such time as adequate funding can be obtained.
(CME Rep. D, I-89; Reaffirmed: Sunset Report, A-00)

H-295.996 Psychological Testing Without Informed Consent
Our AMA urges medical schools to (1) undertake student psychological or personality tests only after review and approval of the research proposal in customary fashion by the institutional committee responsible for human research and to obtain written consent in such a manner that the student who does not wish to participate does not feel embarrassed or threatened; and (2) maintain records of such studies in the most strict and secure manner so that their use is confined to the purpose(s) for which consent was obtained. The results of such tests on individual students should not be incorporated into the individual's school file nor used for any purpose which could be misconstrued as possibly affecting the individual's professional career.
(CME Rep. B, I-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

H-295.998 Due Process
(1) Our AMA reaffirms its 1974 approval of the policy adopted by the Liaison Committee on Medical Education, which states: "A medical school should develop and publicize to its faculty and students a clear definition of its procedures for the evaluation, advancement, and graduation of students. Principles of fairness and 'due process' must apply when considering actions of the faculty or administration which will adversely affect the student to deprive him of his valuable rights."
(2) In addition, to clarify and protect the rights of medical students, the AMA recommends that: (a) Each school develop and publish in its catalog, student handbook or similar publication the institutional policies and procedures both for evaluation of academic performance (promotion, graduation, dismissal, probation, remedial work, and the like) and for nonacademic disciplinary decisions. (b) These policies and procedures should define the responsible bodies and their function and membership, provide for timely progressive verbal and written notification to the student that his/her academic/nonacademic performance is in question, and provide an opportunity for the student to learn why it has been questioned. (c) These policies and procedures should also ensure that when a student has been notified of recommendations by the responsible committee for nonadvancement or dismissal, he/she has adequate notice and the opportunity to appear before the decision-making body to respond to the data submitted and introduce his/her own data. (d) The student should be allowed to be accompanied by a student or faculty advisor. (e) The policies and procedures should include an appeal mechanism within the medical school. (f) The student should be allowed to continue in the academic program during the proceedings unless extraordinary circumstances exist, such as physical threat to others.
(CME Rep. D, A-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: Sunset Report, A-00)

H-300.976 Unification of Education Credits
It is the policy of the AMA to develop, in cooperation with national specialty organizations and state medical associations, uniform nationwide standards for continuing medical education hours recognized by all medical associations and specialty societies.
(Res. 102, I-90; Reaffirmed: Sunset Report, I-00)

H-300.979 National Accreditation of Continuing Medical Education Providers
Our AMA urges the ACCME to reduce its arbitrary and unfair distinction between national and intrastate providers of continuing medical education, while retaining the authority of state medical associations as intrastate accreditors.
(Res. 188, A-89; Reaffirmed: Sunset Report, A-00)

H-300.994 Support of Voluntary Continuing Medical Education
Our AMA supports individual physician responsibility for self-education.
(Res. 138, A-80; Reaffirmed: CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

H-300.996 Reaffirmation of Support for Continuing Medical Education
Our AMA supports investing funds in effective self-instructional educational programs that are within the budget and are potentially self supportive.
(Sub. Res. 122, A-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: Sunset Report, A-00)

H-300.997 "Medical Education" Travel
Our AMA (1) deplores excessive charges for continuing medical education programs which exploit physicians or distort the real purposes of education programs; (2) encourages state society accrediting agencies to consider the impact of the cost of the accreditation process on program charges; and (3) supports making a concentrated effort to acquaint physicians with programs that will help them meet their particular educational needs at a reasonable cost.
(Sub. Res. 84, A-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: Sunset Report, A-00)

H-300.998 Continuing Medical Education
Our AMA continues to encourage physicians to voluntarily participate in continuing medical education.
(Sub. Res. 13, A-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: Sunset Report, A-00)

H-300.999 Proficiency in Advanced Cardiac Life Support
Our AMA believes that all licensed physicians should become proficient (1) in basic CPR; and (2) in advanced cardiac life support commensurate with their responsibilities in critical care areas.
(Sub. Res. 44, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

H-305.961 Student Loan Deferment
It is the policy of the AMA (1) to undertake an immediate major campaign to prevent further erosion of Higher Education Act provisions regarding student loan deferment and forbearance for physicians in training; (2) to seek the direct assistance of all appropriate organizations, including state and local medical societies and auxiliaries, national medical specialty societies, medical school deans and faculty, residency training program directors, and housestaff associations to galvanize support to maintain at least the current loan deferment and forbearance allowances for physicians in training; (3) to continue efforts to persuade Congress to extend deferment of repayment of educational program loans until the completion of residency training and to allow up to ten years of forbearance of such educational loans; and (4) to provide as soon as possible all factual information, such as medical student default rates, mean and median levels of student loans and average resident incomes to assist component societies in effective legislative efforts.
(Sub. Res. 230, I-91; Reaffirmed: CME Rep. 2, I-00)

H-305.969 Financial Information Requirements for Independent Medical Students
Our AMA urges the HHS to abolish its requirement that independent students submit parental financial information when applying for financial assistance, consistent with the current policy of the Department of Education.
(Sub. Res. 250, A-89; Reaffirmed: Sunset Report, A-00)

H-305.980 Student Loan Repayment Grace Period
The AMA supports giving consideration to grace periods in renewals of federal loan programs and attempting to secure the most favorable repayment terms.
(CME Rep. I, A-86; Reaffirmed: Sunset Report, I-96; Reaffirmed: CME Rep. 2, I-00)

H-305.999 Financial Aid to Medical Students
Our AMA urges physicians to contribute to the AMA Foundation for support of medical education and provision of scholarships and loans to medical students at reasonable rates.
(Res. 6, A-70; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00)

H-310.963 Residency/Fellowship Working Hours and Supervision
It is the policy of the AMA (1) to continue to work with the Accreditation Council for Graduate Medical Education to implement AMA policy for residency work hours reform; and (2) to use existing policy as a guideline in working with state medical societies to obtain modification, if needed, of pending and future legislation on total residency work hours, conditions and supervision.
(Sub. Res. 191, I-90; Reaffirmed: Sunset Report, I-00)

H-310.966 Residency Interview Costs
It is the policy of the AMA to take all steps possible to reverse the U.S. Department of Education interpretation of current law so that medical students are again allowed to use Title IV aid for residency interview costs.
(Res. 265, A-90; Reaffirmed: Sunset Report, I-00)

H-310.968 Opposition to Centralized Postgraduate Medical Education
Our AMA (1) continues to support a pluralistic system of postgraduate medical education for house officer training; and (2) opposes the mandatory centralization of postgraduate medical training under the auspices of the nation's medical schools.
(Res. 69, I-89; Reaffirmed: Sunset Report, A-00)

H-310.969 First Postgraduate Year
Our AMA believes that policy statements urging that all residents complete one year of a program in internal medicine, pediatrics, general surgery, family practice, or a transitional year before entering residency programs for other specialties should be modified by the addition of obstetrics and gynecology to those residency programs which offer a broad clinical experience.
(Sub. Res. 33, I-89; Reaffirmed: Sunset Report, A-00)

H-310.970 Mandatory Helicopter Flight for Emergency Medical Residents in Training
Our AMA urges residency training programs that require helicopter transport as a mandatory part of their residency to notify applicants of that policy prior to and during the interview process.
(Res. 239, A-89; Reaffirmed: Sunset Report, A-00)

H-310.972 Residency Review Committee Representation and Requirements
Our AMA (1) supports obtaining community practitioners representation on the Residency Review Committees (RRC); and (2) urges RRC members to be mindful of the concerns of community hospital residency programs in addressing residency program requirements and to become more representative of community hospital residency programs.
(Res. 219, A-89; Reaffirmed: Sunset Report, A-00)

H-360.991 Alleviating the Nursing Crisis by Restructuring Nursing Education
Our AMA (1) suggests that the nursing crisis could be alleviated, in part, if nursing education programs were structured to allow the entry-level individual an opportunity for work-study advancement from the level of the nursing aide to the level of the doctorally prepared nurse, and that occupational opportunities could best be achieved by easier transfer of educational credits from one school to another and from one level of nursing to another; and (2) supports asking the American Nurses' Association and other national group to consider supporting this policy.
(Res. 65, I-89; Reaffirmed: Sunset Report, A-00)

H-383.998 Impact of the NLRB Ruling in the Boston Medical Center Case
Our AMA strongly advocates for the separation of academic issues from terms of employment in determining negotiable items for labor organizations representing resident physicians and that those organizations should adhere to the AMA's Principles of Medical Ethics which prohibits such organizations or any of its members from engaging in any strike by the withholding of essential medical services from patients.
(CME Rep. 7, A-00)

H-405.965 Essentials for Approval of Examining Boards in Medical Specialties
The AMA endorses the eleventh revision of the Essentials for the Approval of Examining Boards in Medical Specialties (as presented in CME Report 5, A-00).
(CME Rep. 5, A-00)

H-405.981 Professional Autonomy
It is the policy of the AMA to study avenues for strengthening self-regulatory and disciplinary activities of the AMA and state and county medical societies regarding the practice of medicine.
(Res. 21, I-90; Reaffirmed: Sunset Report, I-00)

H-405.983 American Board of Medical Specialties - Yellow Pages Listings
Our AMA urges the ABMS to abandon the entrepreneurial endeavor of placing display advertisements in the major Yellow Pages telephone directories where board certified specialists are located, and insists that truth in advertising demands that the ABMS state to all callers that their display listings may not represent a complete listing of all board certified specialists.
(Res. 187, I-89; Reaffirmed: Sunset Report, A-00)

H-405.984 Physician and Public Attitudes on Medicine as a Career
Our AMA (1) supports continuation of its many efforts to address issues, such as professional liability and excessive regulation and interference by third parties, which contribute to the professional dissatisfaction expressed by some physicians;
(2) supports continuation of its efforts to communicate to students, from elementary through college level, the rewards of a career in medicine, emphasizing the positive aspects of a career in medicine;
(3) supports utilizing the Association's communications resources to make the 40 percent of the physician population who are dissatisfied with medicine as a career aware of the impact they are having on the career decisions of potential medical students and the implications that this has for the future of medicine; and
(4) encourages the majority of physicians who feel positive about their career, and who understand that the profession is both challenging and rewarding, to aggressively convey, on a personal basis, their thoughts on the attributes of medicine as a career to students, the media, and other interested parties.
(CLRPD Rep. D, I-89; Reaffirmed: Sunset Report, A-00)

H-405.985 Truthful Specialty Information
Our AMA: (1) reaffirms its policy that: (a) individual character, training, competence, experience and judgment be the criteria for granting privileges in hospitals; (b) physicians representing several specialties can and should be permitted to perform the same procedures if they meet these criteria; (c) a physician who acquires new skills as a result of additional education or training should be given individual evaluation and the same consideration as a new physician applying for privileges; and (2) believes that advertising by physicians should comply with ethical opinion 5.02 of the Council of Ethical and Judicial Affairs.
(Sub. Res. 11, I-89; Reaffirmed: Sunset Report, A-00)

H-405.987 Identification of Board Certified Physicians
Our AMA urges physicians to identify themselves by stating the full name of their certifying board.
(Res. 99, A-89; Reaffirmed: Sunset Report, A-00)

H-420.967 Maternity Leave Policies
Over the past decade, the medical community has made significant progress in responding to the unique needs of women medical students and physicians, including the issue of maternity leave. The continuation and enhancement of these efforts should be encouraged. Therefore,
(1) The AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of written maternity leave policies as part of the physician's standard benefit agreement.
(2) AMA policy regarding recommended components of maternity leave policies for physicians, as specified in Policy 420.987 is expanded to include physicians in practice, reading as follows: (a) Residency program directors and group practice administrators should review federal law concerning maternity leave for guidance in developing policies to assure that pregnant physicians are allowed the same sick leave or disability benefits as those physicians who are ill or disabled; (b) Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' work loads, particularly in residency programs; and (c) Physicians should be able to return to their practices or training programs after taking maternity leave without the loss of status.
(3) Our AMA encourages residency programs, specialty boards, and medical group practices to incorporate into their maternity leave policies a six-week minimum leave allowance, with the understanding that no woman should be required to take a minimum leave.
(BOT Rep. HH, I-90; Modified: Sunset Report, I-00)

H-420.996 Maternity Leave for Housestaff
Our AMA encourages flexibility in residency training programs, incorporating maternity leave and alternative schedules for pregnant housestaff.
(Sub. Res. 89, I-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: Sunset Report, A-00)

Directives

D-35.999 Non Physicians' Expanded Scope of Practice (Laboratory Testing and Test Interpretation)
Our AMA, through appropriate legislative and regulatory efforts, seeks to: (1) ensure that diagnostic laboratory testing should only be performed by those individuals who possess appropriate clinical education and training, under the supervision of licensed physicians (MD/DO); and (2) limit laboratory test ordering and interpretation of test results solely to licensed physicians (MD/DO) and licensed dentists (DDS/DMD).
(Sub. Res. 307, A-00)

D-160.995 Physician and Nonphysician Licensure and Scope of Practice
Our AMA will: (1) continue to support the activities of the Advocacy Resource Center in providing advice and assistance to specialty and state medical societies concerning scope of practice issues to include the collection, summarization and wide dissemination of data on the training and the scope of practice of physicians (MDs and DOs) and nonphysician groups and that our AMA make these issues a legislative/advocacy priority;
(2) endorse current and future funding of research to identify the most cost effective, high-quality methods to deliver care to patients, including methods of multidisciplinary care;
(3) review and report to the House of Delegates on a periodic basis on such data that may become available in the future on the quality of care provided by physician and nonphysician groups; and
(4) encourage the Association of American Medical Colleges to undertake a study of medical practice in a multidisciplinary environment and the educational infrastructure and processes necessary to ensure the preparation of physicians (MDs and DOs) for such practice using the expertise of the Council on Medical Education and the Council on Medical Service and report back at the June 2002 meeting of the House of Delegates.
(CME Rep. 1, I-00)

D-255.996 ECFMG Representation
Our AMA will strongly encourage the ECFMG to regularly appoint an international medical graduate as one of the at-large members on its Board of Trustees.
(Res. 304, A-00)

D-255.997 Alternate Licensure Protocols for IMGs
Our AMA will actively support the Florida Medical Association in pursuing legislation that would require the Florida Department of Health to prevent and negate separate criteria for International Medical Graduates to become licensed as Florida physicians.
(Res. 311, A-00)

D-295.984 Progress in Medical Education: Evaluation of Medical Students' and Resident Physicians' Professional Behavior
Our AMA will: (1)encourage research and collect information on methods for evaluating the objectives related to professional behavior, and share this information with the medical education community; and (2) offer to work with other organizations, such as the Association of American Medical Colleges, the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, the Federation of State Medical Boards, and the American Board of Medical Specialties, to develop methods and strategies for the evaluation of professional behavior.
(CME Rep. 3, I-00)

D-295.985 Impact of Managed Care on Medical Education
Our AMA, through appropriate in-house committees and other agencies, will study the impact of managed care on medical education and academic centers and present a report at the 2001 Annual Meeting.
(Res. 309, A-00)

D-295.986 Evaluating the Impact of Hospital Mergers on Clinical Education for Medical Students and Resident Physicians
Our AMA will study the impact of hospital mergers on access to clinical educational opportunities for medical students and resident physicians.
(Res. 310, A-00)

D-300.999 Registration of Accredited CME Sponsors
Our AMA will continue cooperative efforts to assure that accredited sponsors of continuing medical education adhere to AMA Physician's Recognition Award (PRA) policy when designating AMA PRA credit.
(CME Rep. 4, A-00)

D-305.992 Accounting for GME Funding
Our AMA will encourage: (1) department chairs and residency program directors to learn effective use of the information that is currently available on Medicare funding accounting of GME at the level of individual hospitals to assure appropriate support for their training programs, and publicize sources for this information, including placing links on our AMA web site; and (2) hospital administrators to share with residency program directors and department chairs, accounting and budgeting information on the disbursement of Medicare education funding within the hospital to ensure the appropriate use of those funds for Graduate Medical Education.
(Sub. Res. 302, I-00)

D-305.994 Postgraduate Medical Education Reimbursement
Our AMA: (1) will study the formula for funding graduate medical education that is used by Medicare, and make recommendations to ensure that all sites where resident physicians are trained are included in the funding formula; and (2) policies related to the mechanisms for the funding of graduate medical education be reviewed and, if appropriate, be consolidated.
(Sub. Res. 301, A-00)

D-305.995 Physician Workforce Planning and Physician Retraining
(1) Our AMA will raise the awareness of groups using the model of adjusting entry-level residency positions to control the physician workforce of the substantial effect of retraining and changes in choice of specialty training on the number of filled entry-level positions.
(2) Our AMA will collect data on access to health care by specialty and geographic location to assist in ongoing workforce planning initiatives.
(3) A new model for workforce planning be developed to address the needs of the public for access to health care and the subsequent impact on the needs of teaching institutions to maintain the quality of their educational programs in considering the number of entry-level residency positions.
(CME Rep. 2, A-00)

D-310.994 Intern and Resident Work Standards
Our AMA: (1) will support the various standards of Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committees as a template for reasonable resident work conditions, pending further data; (2) will stress the consideration of patterns and trends of program violations of ACGME requirements, and affirm the recommendations of Council on Medical Education Report 3, A-00, that recommended various alternatives to enforce compliance with requirements, including the shortening of the cycle for review of programs that receive unfavorable Institutional Reviews; and (3) through its Council on Medical Education, will work with the American Academy of Sleep Medicine to convene a meeting during 2001 on the evidence available about the effect of chronic fatigue and acute sleep deprivation on medical education and physician performance and prepare a consensus statement on areas for further research and effective mechanisms to address identified concerns.
(Sub. Res. 306, I-00)

D-310.995 Enforcement of ACGME Requirements
(1) The ACGME be asked to distribute the alternatives suggested in this report to each of the Residency Review Committees (RRC) and the Institutional Review Committee for their consideration and comment as mechanisms to enforce compliance with requirements.
(2) Our AMA representatives be requested to ask the ACGME and the RRCs to discuss mechanisms included in this report to enhance the enforcement of Institutional and Program Requirements without increasing the risk of the withdrawal of accreditation.
(3) Our AMA representatives be requested to ask the ACGME and the RRCs to determine any additional information regarding program evaluations that can be added to the ACGME web site and that they encourage the ACGME to simplify that web site to facilitate the retrieval of information.
(4) Our AMA, through the Medical Student Section and the Resident and Fellow Section, will provide medical students and residents a guide to interpreting the ACGME Web site as it relates to the various levels of accreditation and the length of the survey cycle.
(CME Rep. 3, A-00)

D-383.996 Impact of the NLRB Ruling in the Boston Medical Center Case
Our AMA: (1) representatives to the ACGME be encouraged to ask the ACGME to review the Institutional Requirements and make recommendations for revisions to address issues related to the potential for resident physicians to be members of labor organizations. This is particularly important as it relates to the section on Resident Support, Benefits, and Conditions of Employment; and (2) through the Division of Graduate Medical Education, the Resident and Fellow Section, and the Private Sector Advocacy Group develop a system to inform resident physicians, housestaff organizations, and employers regarding best practices in labor organizations and negotiations.
(CME Rep. 7, A-00)