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

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 2-A-14

Subject: Council on Medical Education Sunset Review of 2004 House Policies

Presented by: Jeffrey P. Gold, MD, Chair

Referred to: Reference Committee C
(Kesavan Kutty, MD, Chair)

At its 1984 Interim Meeting, the House of Delegates established a sunset mechanism for House policies (Policy G-600.110). 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 2012 Annual Meeting, the House amended Policy G-600.110, which now reads as follows:

1. As the House of Delegates adopts policies, a maximum ten-year time horizon shall exist. A policy will typically sunset after ten years unless action is taken by the House of Delegates to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset "clock," making the reaffirmed or amended policy viable for another 10 years.

2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA Councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House of Delegates identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) Retain the policy; (ii) Sunset the policy; (iii) Retain part of the policy; or (iv) Reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing Council shall provide a succinct, but cogent justification (f) The Speakers shall determine the best way for the House of Delegates to handle the sunset reports.

3. Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its 10-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.

4. The AMA Councils and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as

the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices.

5. The most recent policy shall be deemed to supersede contradictory past AMA policies.

6. Sunset policies will be retained in the AMA historical archives.

The Council on Medical Education's recommendations on the disposition of the 2004 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 and the remainder of this report be filed. (Directive to Take Action)

APPENDIX –
RECOMMENDED ACTIONS ON 2004 AND OTHER RELATED HOUSE OF DELEGATES' POLICIES

Policy Number	*Title*	*Recommended Action*
HOUSE OF DELEGATES POLICIES		
H-40.979	Reserve Physicians In-Training	Still relevant; rescind and integrate into H-40.983.
H-40.983	Active and Reserve Physicians	Retain, still relevant; revise to integrate H-40.979, as follows: 1) Change title to Active and Reserve Physicians and Physicians In-Training; 2) Add a new item, to read: "(3) Our AMA supports the position that, at the time of national emergency, residents and fellows called to support their country in military service should be placed, when possible, in positions consistent with their specialty and level of training."
H-255.993	Evaluation of Foreign Medical Schools	Rescind; this is already reflected in H-255.988, "Report of the Ad Hoc Committee on Foreign Medical Graduates," which reads, in part, "(4) The AMA continues to support cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada."
H-255.995	International Medical Graduates	Retain; still relevant.
H-275.929	Additions to United States Medical Licensure Examination and Comprehensive Osteopathic Medical Licensure Examination	Retain; still relevant.
H-275.930	Opposition to Clinical Skills Examinations for Physician Medical Relicensure	Retain; still relevant.
H-275.945	Self-Incriminating Questions on Applications for Licensure and Specialty Boards	Retain; still relevant.
H-275.953	The Grading Policy for Medical Licensure Examinations	Retain; still relevant.
H-275.970	Licensure Confidentiality	Retain; still relevant.
H-275.988	Identifying Persons with Illegally Obtained Medical Degrees	Retain; still relevant.
H-295.880	Service Learning in Medical Education	Retain; still relevant.
H-295.911	Medical Student Education on Termination of Pregnancy Issues	Still relevant; rescind and integrate into related Policy H-295.923.

H-295.923	Medical Training and Termination of Pregnancy	Retain; still relevant; edit to include H-295.911, as follows: "The AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, ~~and about~~ the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy, although observation of, attendance at, or any direct or indirect participation in an abortion should not be required."
H-295.925	Restriction of Medical Staff Appointments	Still relevant; rescind and append to H-295.929, "Faculty/Staff Appointments at More Than One Medical School," to read as follows: "The AMA encourages medical schools that currently do not permit volunteer faculty members to hold appointments at more than one medical school to review this policy, to ensure that it is in the best interests of medical education and program integrity. Nonsalaried faculty members of medical schools should be allowed to hold concurrent appointments at more than one medical school as long as the individual physician agrees to carry out all responsibilities assigned by each medical school."
H-295.942	Providing Dental and Vision Insurance to Medical Students and Resident Physicians	Retain, still relevant; the title is more specific than the actual content of the policy, however, so revise to read as follows: "~~Providing Dental and Vision~~ Insurance Coverage ~~to~~ for Medical Students and Resident Physicians"
H-295.983	Extramural Clerkships and Early Career Decisions	Retain; still relevant.
H-295.985	Humanism in Graduate Medical Education	Retain; still relevant.
H-295.989	Computer and Information Systems in Medical Education	Rescind; no longer relevant.
H-300.954	Reduced Fees for Retired Physicians to Attend Continuing Medical Education Courses	Still relevant; rescind and append to D-300.994, "Reduced Continuing Medical Education (CME) Fees for Retired Physicians," to read as follows: "Our AMA ~~will~~ supports reduced registration

		fees for retired physicians at all continuing medical education (CME) programs and encourages CME providers to consider a reduced fee policy for retired physicians."
H-300.956	Practice Management Training	Rescind; still relevant, but reflected in greater detail in H-295.864, "Systems-Based Practice Education for Medical Students and Resident/Fellow Physicians" and in H-295.924, "Future Directions for Socioeconomic Education."
H-300.957	Promoting Primary Care Services Through Continuing Medical Education	Retain; still relevant.
H-305.931	State Support of Public Medical School Education	Rescind. Section 1 of the policy is no longer relevant; there are no such legislative efforts pending or anticipated; section 2 of the policy is already reflected in other AMA policy in support of loan repayment programs.
H-305.950	Fairness in Publication of Names of Loan Defaulters	Still relevant; rescind and append to H-305.982, "Student Loan Repayment Defaults," to read as follows: "The AMA encourages the HHS Inspector General to pursue all legal avenues within his jurisdiction to withhold Medicare and Medicaid reimbursements, research grant awards, and salaries or stipends from physicians who have defaulted on repayments of student loans, unless a physician can prove hardship. The AMA opposes the selective publication of names of defaulters on federally funded student loans." Note: From FY 1978 through FY 1998, the Federal Health Education Assistance Loan (HEAL) Program insured loans made by participating lenders to eligible graduate students in schools of medicine, osteopathy, and other health fields. Recipients could refinance their HEAL loans from FY 1994 through FY 2004. A list of defaulted borrowers is posted on the HRSA website.
H-305.986	Student Loan Consolidation	Rescind; already reflected in other AMA policy, such as D-305.978, "Mechanisms to Reduce Medical Student Debt," and D-305.970, "Proposed Revisions to AMA Policy on Medical Student Debt." In addition, the organization referred to in

		the policy (the Student Loan Marketing Association) is now Sallie Mae.
H-310.989	Information on Shared Residency Positions	Still relevant; rescind and append to H-310.990, as shown below.
H-310.990	Support of Shared Schedule Residency Positions	Retain with edits, as shown: "H-310.990 ~~Support of~~ Shared ~~Schedule~~ Residency Positions: The AMA supports the concept of shared ~~schedule~~ residency positions and the continued collection and publication of data on these positions, and encourages residency program directors to offer such positions where feasible."
H-365.994	Funding of Educational Resource Centers Program	Rescind; policy no longer needed. This federal program, founded in 1977, is still in existence and offers a significant number of opportunities nationwide: cdc.gov/niosh/oep/centers.html
H-420.984	Paternity Leave	Rescind; still relevant, but covered in more detail in H-310.912, "Residents and Fellows' Bill of Rights," and H-310.999, "Guidelines for Housestaff Contracts or Agreements."
HOUSE OF DELEGATES' DIRECTIVES		
D-275.979	Non-Physician "Fellowship" Programs	Retain; still relevant.
D-275.981	Potential Impact of the USMLE Step 2 CS and COMLEX-PE on Undergraduate and Graduate Medical Education	Retain in part, as follows: "Our AMA will: (1) continue to closely monitor ~~the implementation of~~ the USMLE Step 2 CS and the COMLEX-USA Level 2-PE, collecting data on initial and final pass rates, delays in students starting residency training due to scheduling of examinations, economic impact on students, and the potential impact of ethnicity on passing rates~~; (2) inform residency program directors of the potential impact of the implementation of the USMLE Step 2 CS and the COMLEX-USA Level 2-PE by distributing copies of this report to all program directors;~~ and (~~3~~2) encourage residency program directors to proactively evaluate their access to resources needed to assist resident physicians who have not passed these examinations to remediate."
D-295.958	Support of Business of Medicine Education for Medical Students	Rescind; still relevant, but reflected in greater detail in H-295.864, "Systems-Based Practice Education for Medical Students and Resident/Fellow

		Physicians," H-295.924, "Future Directions for Socioeconomic Education," and E-9.0652, "Physician Stewardship of Health Care Resources."
D-295.998	Teaching Professionalism Across the Continuum of Medical Education	Rescind; this is still relevant, but reflected in D-295.983, "Fostering Professionalism During Medical School and Residency Training," which reads, in part: "(1) Our AMA, in consultation with other relevant medical organizations and associations, will work to develop a framework for fostering professionalism during medical school and residency training . . . ." and "(2) Our AMA, along with other interested groups, will continue to study the clinical training environment to identify the best methods and practices used by medical schools and residency programs to fostering the development of professionalism."
D-300.988	Implications of the "Stark II" Regulations for Continuing Medical Education	Retain; still relevant.
D-300.989	Developing a Standardized Letter of Agreement for Use by Accredited CME Programs When Requesting Commercial Support	Rescind; no longer needed. Also, the Accreditation Council for Continuing Medical Education website can be used by providers if desired: accme.org/news-publications/publications/tools/sample-written-agreement-commercial-support.
D-305.977	Deductibility of Medical Student Loan Interest	Retain; still relevant; the Medical Student Section points to this goal in its advocacy materials on the subject of student debt: ama-assn.org/resources/doc/mss/student-debt-mss-advocacy.pdf.
D-305.982	Long Term Solutions to Medical Student Debt	Rescind; already accomplished; also, reflected in D-305.975, "Long-Term Solutions to Medical Student Debt."
D-310.979	International Medical Graduate Application for National Resident Matching Program	Rescind; directive accomplished.
D-310.980	Increase in ACGME Fees	Retain; still relevant.
D-310.982	Protecting the Privacy of Physician Information Held by the ACGME	Retain; still relevant.
D-310.983	Measure Effectiveness of AMA Anti-Discrimination Policy	Rescind; reflected in D-255.982, "Oppose Discrimination in Residency Selection Based on International Medical Graduate Status" and H-255.988, "Report of the Ad Hoc Committee on Foreign Medical Graduates."

H-40.979 Reserve Physicians In-Training
Our AMA supports the position that, at the time of national emergency, residents and fellows called to support their country in military service should be placed, when possible, in positions consistent with their specialty and level of training. (Res. 67, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CME Rep. 2, I-04)

H-40.983 Active and Reserve Physicians
(1) Our AMA requests the Residency Review Committees and Specialty Boards to develop flexible policies to ensure that (a) resident physicians and fellows who are members of the active or reserve components of the uniformed services of the United States retain their academic and training status within their respective training programs during periods of reserve activation or active duty with the uniformed services; and (b) active duty or deployment time with the uniformed services during a residency or fellowship should be credited toward the usual training period for eligibility for matriculation and Board examinations when the trainee's experiences have been educationally appropriate. (2) Our AMA strongly encourages state licensing boards to waive requirements for continuing medical education credits for physicians during periods of reserve or national guard activation or active duty with the uniformed services. (Res. 187, I-90; Modified: Sunset Report, I-00; Reaffirmed: CME Rep. 2, I-04)

H-255.993 Evaluation of Foreign Medical Schools
The AMA continues to support the efforts of appropriate organizations to gather information that will assist state licensing authorities in evaluating foreign medical schools. (Sub. Res. 56, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-255.995 International Medical Graduates
The AMA believes that reduced requirements for licensure should not be applied under any circumstances to graduates of foreign medical schools. (Res. 23, A-82; Reaffirmed: CLRPD Rep. A, I-92; Modified: CME Rep. 5, A-04)

H-275.929 Additions to United States Medical Licensure Examination and Comprehensive Osteopathic Medical Licensure Examination
Our AMA opposes additions to the United States Medical Licensing Examination and Comprehensive Osteopathic Medical Licensure Examination that lack predictive validity for future performance as a physician. (Res. 308, A-04)

H-275.930 Opposition to Clinical Skills Examinations for Physician Medical Relicensure
Our AMA: (1) opposes clinical skills examinations for the purpose of physician medical relicensure; (2) reaffirms its support for continuous quality improvement of practicing physicians, and supports research into methods to improve clinical practice, including practice guidelines; and (3) continues to support the implementation of quality improvement through local professional, non-governmental oversight. (Res. 307, A-04)

H-275.945 Self-Incriminating Questions on Applications for Licensure and Specialty Boards
The AMA will: (1) encourage the Federation of State Medical Boards and its constituent members to develop uniform definitions and nomenclature for use in licensing and disciplinary proceedings to better facilitate the sharing of information; (2) seek clarification of the application of the Americans with Disabilities Act to the actions of medical licensing and medical specialty boards; and (3) until the applicability and scope of the Americans with Disabilities Act are clarified, will encourage the American Board of Medical Specialties and the Federation of State Medical Boards and their constituent members to advise physicians of the rationale behind inquiries on mental

illness, substance abuse or physical disabilities in materials used in the licensure, reregistration, and certification processes when such questions are asked. (BOT Rep. 1, I-933; CME Rep. 10 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-275.953 The Grading Policy for Medical Licensure Examinations
(1) The AMA's representatives to the ACGME are instructed to promote the principle that selection of residents should be based on a broad variety of evaluative criteria, and to propose that the ACGME General Requirements state clearly that residency program directors must not use NBME or USMLE ranked passing scores as a screening criterion for residency selection. (2) The AMA adopts the following policy on NBME or USMLE examination scoring: (a) Students receive "pass/fail" scores as soon as they are available. (If students fail the examinations, they may request their numerical scores immediately.) (b) Numerical scores are reported to the state licensing authorities upon request by the applicant for licensure. At this time, the applicant may request a copy of his or her numerical scores. (c) Scores are reported in pass/fail format for each student to the medical school. The school also receives a frequency distribution of numerical scores for the aggregate of their students. (CME Rep. G, I-90; Reaffirmed by Res. 310, A-98; Reaffirmed: CME Rep. 3, A-04)

H-275.970 Licensure Confidentiality
The AMA (1) encourages specialty boards, hospitals, and other organizations involved in credentialing, as well as state licensing boards, to take all necessary steps to assure the confidentiality of information contained on application forms for credentials; (2) encourages boards to include in application forms only requests for information that can reasonably be related to medical practice; (3) encourages state licensing boards to exclude from license application forms information that refers to psychoanalysis, counseling, or psychotherapy required or undertaken as part of medical training; (4) encourages state medical societies and specialty societies to join with the AMA in efforts to change statutes and regulations to provide needed confidentiality for information collected by licensing boards; and (5) encourages state licensing boards to require that, if an applicant has had psychiatric treatment, the physician who has provided the treatment submit to the board an official statement that the applicant's current state of health does not interfere with his or her ability to practice medicine. (CME Rep. B, A-88; Reaffirmed: BOT Rep. 1, I-933; CME Rep. 10 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-275.988 Identifying Persons with Illegally Obtained Medical Degrees
The AMA supports appropriate efforts of private and governmental agencies in identification of persons possessing illegally obtained medical degrees. (Res. 43, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-295.880 Service Learning in Medical Education
Our AMA will support the concept of service learning as a key component in medical school and residency curricula, and that these experiences should include student and resident collaboration with a community partner to improve the health of the population. (Res. 321, A-04)

H-295.911 Medical Student Education on Termination of Pregnancy Issues
The AMA encourages education on termination of pregnancy issues so that medical students receive a satisfactory knowledge of the medical, ethical, legal and psychological principles associated with termination of pregnancy, although observation of, attendance at, or any direct or indirect participation in an abortion should not be required. (Res. 304, I-96; Reaffirmed: CME Rep. 2, A-06)

H-295.923 Medical Training and Termination of Pregnancy
The AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services and about the medical and public health importance of access to safe termination of pregnancy. (Res. 315, I-94; Reaffirmed: CME Rep. 2, A-04)

H-295.925 Restriction of Medical Staff Appointments
AMA policy states that nonsalaried faculty members of medical schools be able to hold concurrent appointments at more than one medical school as long as the individual physician agrees to carry out all responsibilities assigned by each medical school. (Sub. Res. 812, A-94; Reaffirmed: CME Rep. 2, A-04)

H-295.942 Providing Dental and Vision Insurance to Medical Students and Resident Physicians
The AMA urges (1) all medical schools to pay for or offer affordable policy options and, assuming the rates are appropriate, require enrollment in disability insurance plans by all medical students; (2) all residency programs to pay for or offer affordable policy options for disability insurance, and strongly encourage the enrollment of all residents in such plans; (3) medical schools and residency training programs to pay for or offer comprehensive and affordable health insurance coverage, including but not limited to medical, dental, and vision care, to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance; (4) carriers offering disability insurance to: (a) offer a range of disability policies for medical students and residents that provide sufficient monthly disability benefits to defray any educational loan repayments, other living expenses, and an amount sufficient to continue payment for health insurance providing the minimum benefits recommended by the AMA for employer-provided health insurance; and (b) include in all such policies a rollover provision allowing continuation of student disability coverage into the residency period without medical underwriting. (5) Our AMA: (a) actively encourages medical schools, residency programs, and fellowship programs to provide access to portable group health and disability insurance, including human immunodeficiency virus positive indemnity insurance, for all medical students and resident and fellow physicians; (b) will work with the ACGME and the LCME, and other interested state medical societies or specialty organizations, to develop strategies and policies to ensure access to the provision of portable health and disability insurance coverage, including human immunodeficiency virus positive indemnity insurance, for all medical students, resident and fellow physicians; and (c) will prepare informational material designed to inform medical students and residents concerning the need for both disability and health insurance and describing the available coverage and characteristics of such insurance. (BOT Rep. W, I-91; Reaffirmed: BOT Rep. 14, I-93; Appended: Res. 311, I-98; Modified: Res. 306, A-04)

H-295.983 Extramural Clerkships and Early Career Decisions
The AMA (1) recognizes the essential role of the medical school faculty in the determination of the core clinical education of medical students; and (2) opposes resident recruitment practices which would interfere with scheduled core clinical clerkships at the student's medical school. (Res. 77, I-84; CLRPD Rep. 3 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-295.985 Humanism in Graduate Medical Education
The AMA encourages medical schools and teaching hospitals to strengthen educational programs for undergraduates and resident physicians in recognizing and meeting the emotional needs of patients and their families. (Sub. Res. 154, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-295.989 Computer and Information Systems in Medical Education
The AMA believes that, within the limits of its resources, including both finances and skilled personnel, each medical school should determine the methodology for, and the extent of the incorporation of, computer-based technology in its educational program. (CME Rep. B, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-300.954 Reduced Fees for Retired Physicians to Attend Continuing Medical Education Courses
Our AMA encourages all providers of continuing medical education to consider a reduced fee policy for retired physicians. (Res. 319, A-96; Reaffirmation I-01; Reaffirmed: BOT Rep. 17, A-04)

H-300.956 Practice Management Training
The AMA continues to develop and encourage the use by medical schools and residency programs of curricula on medical practice management and the efficient and economical use of time and resources. (Res. 308, A-94; Reaffirmed: CME Rep. 2, A-04)

H-300.957 Promoting Primary Care Services Through Continuing Medical Education
The AMA urges accredited continuing medical education sponsors to promote and establish continuing medical education courses in performing, prescribing, interpreting and reinforcing primary care services. (Res. 311, A-94; Reaffirmed: CME Rep. 2, A-04)

H-305.931 State Support of Public Medical School Education
Our AMA (1) opposes any legislation that would require graduates of public medical schools to agree to practice in a particular locale as a condition of matriculation; and (2) strongly endorses and supports voluntary programs involving loan repayment, discounted tuition, or a tuition waiver for medical students who voluntarily agree to practice in particular locales or underserved areas. (Res. 708, I-04)

H-305.950 Fairness in Publication of Names of Loan Defaulters
The AMA opposes the selective publication of names of defaulters on federally funded student loans. (Res. 309, A-94; Reaffirmed: CME Rep. 2, A-04)

H-305.986 Student Loan Consolidation
The AMA supports the availability of opportunities for student loan consolidation, for example, through the Student Loan Marketing Association or a similar organization. (Res. 163, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed and Modified: CME Rep. 2, A-04)

H-310.989 Information on Shared Residency Positions
The AMA supports the continued collection and publication of data on shared schedule positions. (Sub. Res. 38, I-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed and Modified: CME Rep. 2, A-04)

H-310.990 Support of Shared Schedule Residency Positions
The AMA supports the concept of shared schedule residency positions and encourages residency program directors to offer such positions where feasible. (Res. 81, I-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed: CME Rep. 2, A-04)

H-365.994 Funding of Educational Resource Centers Program
The AMA supports adequate federal funding for the NIOSH's Education and Research Centers program, as an appropriate means to help ensure that a sufficient number of physicians trained in

occupational medicine will be available to meet future needs. (BOT Rep. O, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed and Modified: CME Rep. 2, A-04)

H-420.984 Paternity Leave
The AMA supports the requirement by the Accreditation Council for Graduate Medical Education (ACGME) for maternity and paternity leave guidelines. (Sub. Res. 88, I-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed and Modified: CME Rep. 2, A-04)

D-275.979 Non-Physician "Fellowship" Programs
Our AMA will (1) in collaboration with state and specialty societies, develop and disseminate informational materials directed at the public, state licensing boards, policymakers at the state and national levels, and payers about the educational preparation of physicians, including the meaning of fellowship training, as compared with the preparation of other health professionals; and (2) continue to work collaboratively with the Federation to ensure that decisions made at the state and national levels on scope of practice issues are informed by accurate information and reflect the best interests of patients. (CME Rep. 4, I-04)

D-275.981 Potential Impact of the USMLE Step 2 CS and COMLEX-PE on Undergraduate and Graduate Medical Education
Our AMA will: (1) continue to closely monitor the implementation of the USMLE Step 2 CS and the COMLEX-USA Level 2-PE, collecting data on initial and final pass rates, delays in students starting residency training due to scheduling of examinations, economic impact on students, and the potential impact of ethnicity on passing rates; (2) inform residency program directors of the potential impact of the implementation of the USMLE Step 2 CS and the COMLEX-USA Level 2-PE by distributing copies of this report to all program directors; and (3) encourage residency program directors to proactively evaluate their access to resources needed to assist resident physicians who have not passed these examinations to remediate. (CME Rep. 4, A-04)

D-295.958 Support of Business of Medicine Education for Medical Students
Our AMA will encourage all US medical schools to provide students with a basic foundation in medical business, drawing upon curricular domains referenced in Undergraduate Medical Education for the 21st Century (UME-21), in order to assist students in fulfilling their professional obligation to patients and society in an efficient, ethical, and cost-effective manner. (Res. 305, A-04)

D-295.998 Teaching Professionalism Across the Continuum of Medical Education
Our AMA, through its relevant Councils and Sections, will develop plans and strategies for enhancing the teaching and learning of professionalism as part of medical education. (Res. 318, I-98; Reaffirmed: CME Report 2, A-08; Reaffirmation I-09)

D-300.988 Implications of the "Stark II" Regulations for Continuing Medical Education
Our AMA will (1) request that the Centers for Medicare & Medicaid Services develop an explicit exception within the regulations for Section 1877 of the Social Security Act (Stark law) that permits physician compensation without financial limit in the form of continuing medical education that is offered for the purpose of ensuring quality patient care; and (2) monitor the impact of the Section 1877 (Stark II) regulations on the ability of health care institutions to provide continuing medical education to their medical staffs. (CME Rep. 6, I-04)

D-300.989 Developing a Standardized Letter of Agreement for Use by Accredited CME Programs When Requesting Commercial Support
Our AMA will work with the Accreditation Council for Continuing Medical Education to develop a standardized letter of agreement to be used by all accredited providers when requesting commercial support and the use of the standardized letter of agreement will be incorporated into the accreditation Essentials. (Res. 318, A-04)

D-305.977 Deductibility of Medical Student Loan Interest
Our AMA will work toward 100% tax deductibility of medical student loan interest on federal and state income tax returns. (Res. 705, I-04)

D-305.982 Long Term Solutions to Medical Student Debt
Our AMA will: (1) explore membership in the American Council on Education and/or the Committee for Education Financing, in order to build our ties to the higher education community and report back by the 2004 Annual Meeting; (2) more aggressively publicize existing work done through the Coalition for Student Loan Fairness; (3) study and report back at the 2004 Interim Meeting on potential new sources of Graduate Medical Education funding and ways to increase resident salaries; (4) study and report back at the 2004 Interim Meeting on feasible strategies for creating new and/or expanded loan programs specifically for the health professions; (5) study and report back at the 2005 Annual Meeting on the feasibility of earmarking federal funds to undergraduate medical education for the purpose of reducing medical school tuition at public and private universities; (6) study and report back at the 2004 Interim Meeting on the need for non-primary-care physicians in underserved areas, with a focus on showing how the National Health Service Corps and similar loan repayment programs could feasibly be expanded to cover specialties beyond primary care; and (7) study and report back at the 2005 Annual Meeting on appropriate methods for calculating the value of the clinical work performed by medical students and taking such calculations into account when determining the cost of educating a medical student. (Res. 848, I-03; Reaffirmation I-06)

D-310.979 International Medical Graduate Application for National Resident Matching Program
Our AMA will ask the Electronic Resident Application Service to review the pricing structure for applicants applying to numerous residency sites and specialties. (Res. 315, A-04)

D-310.980 Increase in ACGME Fees
Our AMA will work with the Accreditation Council for Graduate Medical Education to limit the increase of the ACGME fees. (Res. 311, A-04)

D-310.982 Protecting the Privacy of Physician Information Held by the ACGME
Our AMA will request the Accreditation Council for Graduate Medical Education and any other organization with a similar case and procedure log for resident physicians to (1) develop and implement a system to remove or sufficiently protect identifying data from individual physicians' data logs; and (2) adopt a policy not to disseminate any data specific to individual physicians without the written consent of the physician. (Res. 301, A-04)

D-310.983 Measure Effectiveness of AMA Anti-Discrimination Policy
Our AMA will continue to collect data on international medical graduate participation in graduate medical education, monitor trends, and disseminate the findings widely, for example, through publication in the annual Medical Education Issue of the Journal of the American Medical Association. (CME Rep. 7, A-04)