REPORT OF THE SPEAKERS

Speakers’ Report I-18

Subject: Recommendations for Policy Reconciliation

Presented by: Susan R. Bailey, MD, and Bruce A. Scott, MD

Policy G-600.111, “Consolidation and Reconciliation of AMA Policy,” calls on your Speakers to “present one or more reconciliation reports for action by the House of Delegates relating to newly passed policies from recent meetings that caused one or more existing policies to be redundant and/or obsolete.”

Your Speakers present this report to deal with policies, or portions of policies, that are no longer relevant or that were affected by actions taken at the recent Annual Meeting. Suggestions on other policy statements that your Speakers might address should be sent to hod@ama-assn.org for possible action. Where changes to language will be made, additions are shown with underscore and deletions are shown with strikethrough.

RECOMMENDED RECONCILIATIONS

Obsolete references to be deleted from policies

Policy G-600.031 characterizes the roles and responsibilities of delegates and alternate delegates. The policy dates from 1999 and was most recently reaffirmed at the 2012 Annual Meeting. Your Speakers regard it as an important policy, but it includes a reference to a program that no longer exists. That clause will be deleted and a minor editorial change made.

G-600.031 Roles and Responsibilities of AMA Delegates and Alternate Delegates

(1) Members of the AMA House of Delegates serve as an important communications, policy, and membership link between the AMA and grassroots physicians. The delegate/alternate delegate is a key source of information on activities, programs, and policies of the AMA. The delegate/alternate delegate is also a direct contact for the individual member to communicate with and contribute to the formulation of AMA policy positions, the identification of situations that might be addressed through policy implementation efforts, and the implementation of AMA policies. Delegates and alternate delegates to the AMA are expected to foster a positive and useful two-way relationship between grassroots physicians and the AMA leadership. To fulfill these roles, AMA delegates and alternate delegates are expected to make themselves readily accessible to individual members by providing the AMA with their addresses, telephone numbers, and email addresses so that the AMA can make the information accessible to individual members through the AMA Web site and through other communication mechanisms.

(2) The roles and responsibilities of delegates and alternate delegates are as follows: (a) regularly communicate AMA policy, information, activities, and programs to constituents so he/she will be recognized as the representative of the AMA; (b) relate constituent views and...
suggestions, particularly those related to implementation of AMA policy positions, to the
appropriate AMA leadership, governing body, or executive staff; (c) advocate constituent
views within the House of Delegates or other governance unit, including the executive staff;
(d) attend and report highlights of House of Delegates meetings to constituents, for example,
at hospital medical staff, county, state, and specialty society meetings; (e) serve as an
advocate for patients to improve the health of the public and the health care system; (f)
cultivate promising leaders for all levels of organized medicine and help them gain leadership
positions; and (g) actively recruit new AMA members and help retain current members; and
(h) participate in the AMA Membership Outreach Program.

Directives to be rescinded in full

The following directives will be rescinded in full, as the requested studies have been completed and
presented to the House of Delegates.

that Provide Child Care Services,” directing our AMA to work with relevant entities to study
healthcare institutions to determine whether they provide childcare services and report on those
Institutions that Provide Child Care Services,” was presented to the House as an informational report
and was filed. Consequently, the policy will be rescinded.

D-215.987, “Studying Healthcare Institutions that Provide Child Care Services”

1. Our AMA will work with relevant entities to study healthcare institutions to determine
whether they provide childcare services. Survey elements should include the size of the
institutions in terms of the number of physicians, physicians-in-training, and medical
students, how these services are organized, and the various funding mechanisms.

2. Our AMA will report back to the House of Delegates at the 2018 Annual Meeting the results
of its study on models used to provide childcare services, how these services are organized,
and the various funding mechanisms. This report, which is presented for the information of
the House, provides background on child care services in health care and the implications of
access to child care for physicians, as well as results of a study conducted by the AMA and
other relevant research.

Policy D-315.976, “Ownership of Patient Data,” calling for a study on the use of patient information
by hospitals, was adopted at the 2017 Annual Meeting. The requested study was fulfilled by Board of
Trustees Report 21-A-18, “Ownership of Patient Data,” an informational report that noted our AMA’s
active engagement with the Department of Health and Human Services, the Office of the Inspector
General and the Office of the National Coordinator based on policies covering all aspects of patient
record maintenance, access and control. The policy will be rescinded.

D-315.976, “Ownership of Patient Data”

Our AMA will undertake a study of the use and misuse of patient information by hospitals,
corporations, insurance companies, or big pharma, including the impact on patient safety, quality
of care, and access to care when a patient’s data is withheld from his or her physician, with report
back at the 2018 Annual Meeting.

Also adopted at the 2017 Annual Meeting was Policy D-405.982, “Management of Physician and
Medical Student Stress,” which requested a report on various regulatory burdens placed on
physicians. Your Board of Trustees presented an informational report, BOT Report 36-A-18,
“Management of Physician and Medical Student Stress” that fulfilled the request. Therefore the
directive will be rescinded.

D-405.982, “Management of Physician and Medical Student Stress
Our AMA will produce a report on administrative and regulatory burdens placed on physicians,
residents and fellows, and medical students, and pursue strategies to reduce these burdens.

CHANGES IN TERMINOLOGY
The following policy statements were updated to comport with AMA style and usage in references to
continuing medical education credit for the AMA Physician’s Recognition Award. PolicyFinder now
employs an italic typeface and the trademark (™) symbol in references to *AMA PRA Category 1
Credit™* or *AMA PRA Category 2 Credit™*. The prior version of PolicyFinder did not allow these
features. We point this out primarily to alert members of the House to the correct usage. It also
happens that this year is the 50th Anniversary of the AMA Physician’s Recognition Award and Credit
System.

The affected policies are:
• H-275.924, “Maintenance of Certification”
• H-295.926, “Support for Development of Continuing Education Programs for Primary Care
  Physicians in Non-Academic Settings”
• H-300.955, “Restructuring of Continuing Medical Education Credits”
• H-300.974, “Unification of Continuing Education Credits”
• H-300.977, “Revisions to the Physician’s Recognition Award”

The changes outlined above do not reset the sunset clock and will be implemented when this report is
filed.