International Medical Graduates Section
2017 Annual Meeting Summary of Actions
Hyatt Regency - Chicago

**IMG Section (IMGS) Authored Reports/Resolutions**

Reference Committee C

1. Resolution 306 – U.S. International Medical Graduates in Physician Workforce

   Resolution 306 asked that the American Medical Association work with the Educational Commission on Foreign Medical Graduates (ECFMG) to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Residency Matching Program (NRMP) and are therefore unable to get a residency or practice medicine. (Directive to Take Action)

   **HOD Action:** *Adopted as amended.*

   RESOLVED, That our American Medical Association work with encourage the Educational Commission on for Foreign Medical Graduates (ECFMG) and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Resident Matching Program (NRMP) and are therefore unable to get a residency or practice medicine. (Directive to Take Action)

2. Resolution 307 – Formal Business and Practice Management Training During Medical Education

   Resolution 307 asked: That our American Medical Association encourage the Liaison Committee for Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC) and other entities responsible for medical education to advocate for and support the creation of a more standardized process and approach for training and education in business and practice management skills for medical practitioners across the continuum of medical school, residency, fellowship and independent practice (Directive to Take Action); and

   That our AMA encourage LCME, ACGME, AAMC and other entities responsible for the education of future physicians, to provide educational resources and programs on business administration and practice management in their medical education curriculum. (Directive to Take Action)

Other HOD Reports & Resolutions of Interest

3. Resolution 007 - Healthcare as a Human Right

Resolution 007 asked 1) that our American Medical Association recognize that a basic level of medical care is a fundamental human right (New HOD Policy);

2) that our AMA support the United Nations’ Universal Declaration of Human Rights and its encompassing International Bill of Human Rights as guiding principles fundamental to the betterment of public health (New HOD Policy); and

3) that our AMA advocate for the United States to remain a member state in the World Health Organization. (New HOD Policy)

HOD Action: Resolution 007 referred.

4. Resolution 225 - Truth in Advertising

Resolution 225 asked that our American Medical Association support clarity and truth in advertising by requiring physicians to fully disclose board certification status, medical license restrictions as permitted by law, residency and fellowship status, particularly with vulnerable patients such as those treated in confined settings such as locked mental health institutions and correctional settings and encourage restricting the use of the title "doctor" in closed settings to only medical doctors. (New HOD Policy)

HOD Action: Policy H-405.969 reaffirmed in lieu of Resolution 225.

5. Resolution 313 - Study of Declining Native American Medical Student Enrollment

Resolution 313 asked that our American Medical Association partner with key stakeholders (including but not limited to the Association of American Medical Colleges, Association of American Indian Physicians, Association of Native American Medical Students, We Are Healers, and the Indian Health Service) to study and report back by July 2018 on why enrollment in medical school for Native Americans is declining in spite of an overall substantial increase in medical school enrollment, and lastly to propose remedies to solve the problems identified in the AMA study. (Directive to Take Action)

HOD Action: Resolution 313 adopted.

6. Resolution 314 - Educating a Diverse Physician Workforce
Resolution 314 asked: 1) that our American Medical Association develop an internal education program for its members on the issues and possibilities involved in creating a diverse physician population (Directive to Take Action);

2) that our AMA provide on-line educational materials for its membership that address cultural, racial and religious issues in patient care (Directive to Take Action);

3) that our AMA create and support programs that introduce elementary through high school students, especially those from under-represented minority groups, to healthcare careers (Directive to Take Action);

4) that our AMA create and support pipeline programs and encourage support services for URM college students that will support them as they move through college, medical school and residency programs (Directive to Take Action);

5) that our AMA recommend that medical school admissions committees use holistic evaluation of admission applicants, taking into account the diversity of preparation and the variety of talents that applicants bring to their education (New HOD Policy);

6) that our AMA advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to race and ethnicity collected from Electronic Residency Application Service (ERAS) applications through the National Residency Matching Program (NRMP) (New HOD Policy); and

7) that our AMA continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities. (Directive to Take Action).

**HOD Action: Resolution 314 adopted as amended.**

RESOLVED, That our AMA provide on-line educational materials for its membership that address cultural, racial and religious issues in patient care diversity issues in patient care including, but not limited to, culture, religion, race and ethnicity (Directive to Take Action);

RESOLVED, That our AMA create and support programs that introduce elementary through high school students, especially those from under-represented minority that are underrepresented in medicine (URM) groups, to healthcare careers (Directive to Take Action);

RESOLVED, That our AMA recommend that medical school admissions committees use holistic evaluation
assessments, taking that take of admission applicants into account the diversity of preparation and the variety of talents that applicants bring to their education (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to race and ethnicity URM status collected from Electronic Residency Application Service (ERAS) applications through the National Residency Matching Program (NRMP) (New HOD Policy); and be it further

RESOLVED, That our AMA continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities. (Directive to Take Action)

7. Resolution 516 - In-flight Emergencies

Resolution 516 asked: 1) that our American Medical Association support and advocate for a requirement that all U.S. based commercial carriers consult with the Air Transport Medicine Committee Aerospace Medical Association every six months to determine the minimal medical equipment that should be available on domestics and international commercial flights and provide easy access to that information to passengers in order to aid in responding to likely emergencies such as adding naloxone to target potential opioid overdoses and a glucometer given the increase prevalence of diabetes (New HOD Policy);

2) that our AMA support and advocate for a requirement that medical supplies, equipment, and medications available for an inflight medical emergency are standardized based upon the size and mission of the aircraft across all domestic and international commercial US based airlines with careful consideration of flight crew training requirements (New HOD Policy);

3) that our AMA support and advocate for a requirement that flight crews will no longer be required to verify a medical professional's credentials before allowing that person to assist with an inflight medical emergency (New HOD Policy);

4) that our AMA support and advocate for a requirement that US based commercial carriers develop an online process for health providers to become credentialed in advance of a flight in order to respond to an inflight emergency (New HOD Policy); and

5) that our AMA offer medical trainees and physicians medical education courses to prepare for addressing in-flight emergencies during its meetings and/or by strongly
encouraging its affiliated state and local branches to offer similar education courses.
(Directive to Take Action)

**HOD Action:** Policies H-45.978, H-45.982, and H-9 45.979 reaffirmed in lieu of Resolves 1, 2, and 4 of Resolution 516. Resolves 3 and 5 of Resolution 516 referred.

8. Resolution 517 - Choline Supplementation in Prenatal Vitamins

Resolution 517 asked that our American Medical Association support and advocate for an increase of choline in all prenatal vitamins to 450 mg/day. (New HOD Policy)

**HOD Action:** Resolution 517 adopted as amended.

9. Resolution 304 – Support of Equal Standards for Foreign Medical Schools Seeking Title IV Funding (MSS)

Resolution 304 asked that our American Medical Association support the application of the existing requirements for foreign medical schools seeking Title IV Funding to those schools which are currently exempt from these requirements, thus creating equal standards for all foreign medical schools seeking Title IV Funding. (New HOD Policy)

**HOD Action:** Resolution 304 adopted.

10. Resolution 308 – Immigration Reform Impacts on International Medical Graduate Training and Patient Access (Various specialties)
Resolution 311 – Support of International Medical Graduates (Wisconsin)
Resolution 312 – Support of International Medical Graduates and Students (New York)
Resolution 317 – Immigration (Michigan)
Resolution 321 – Continued Support of H-1B Visa Programs for International Medical Graduates (Minnesota)
Resolution 325 – Ensure an Effective H-1B Visa Program to Protect Patient Access to Care (American College of Rheumatology)
Resolution 326 – Supporting International Medical Graduate and Students (AMA Young Physicians Section)

Resolution 308 asked: 1) That our AMA advocate for the timely processing of visas for physicians to fill residency and fellowship training spots; 2) That our AMA study the current impact of immigration reform efforts on residency and fellowship training programs, physician supply, and timely access of patients to healthcare throughout the US; and 3) That our AMA report back to the House of Delegates by the 2017 Interim Meeting such study findings, including appropriate proposals to advocate on behalf of international medical graduate physicians and their patients.
Resolution 311 asked 1) That our AMA recognize the unique contributions and affirm our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine; and 2) That our AMA oppose changes to immigration policies for international and foreign-born medical graduates and students that use country of origin to restrict visa procurement and ability to travel outside of the U.S. and return with a visa.

Resolution 312 asked 1) That our AMA oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion; and 2) That our AMA oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.

Resolution 317 asked that our AMA lobby the US Congress and other appropriate U.S. government officials to exempt physicians from any current or future ban or suspension impacting immigration or the issuance of a J1 Visa or H1-B Visa.

Resolution 321 asked that our AMA urge the Trump Administration to immediately reinstate premium processing of H-1B visas for physicians to prevent any negative impact on patient care in underserved communities.

Resolution 325 asked that our AMA proactively work with appropriate officials to secure an exemption of medical professionals from the suspension of and any future modifications to the H-1B visa program, in order to allow for efficient entry of international physicians into the United States.

Resolution 326 asked that our AMA 1) oppose laws and regulations that would broadly deny entry or re-entry to the United States by persons based on their country of origin and/or religion who currently have legal visas, including permanent resident status (green card) and student visas, and oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.

**HOD ACTION: The following resolution adopted in lieu of Resolutions 308, 311, 312, 317, 321, 325, and 326 with a change in title.**

**IMPACT OF IMMIGRATION BARRIERS ON THE NATION’S HEALTH**

RESOLVED, That our American Medical Association (AMA) recognize the valuable contributions and affirm our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine (New HOD Policy); and be it
RESOLVED, That our AMA oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion (New HOD Policy); and be it further

RESOLVED, That our AMA oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice (New HOD Policy); and be it further

RESOLVED, That our AMA work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S. (Directive to Take Action); and be it further

RESOLVED, That our AMA update the House of 17 Delegates by the 2017 Interim Meeting on the impact of immigration barriers on the physician workforce. (Directive to Take Action)

11. CLRPD Report 2 – Demographic Characteristics of the House of Delegates and AMA Leadership

CLRPD Report 2 is an informational report on the House of Delegates which is provided on an annual basis which includes information on age, gender, race/ethnicity, education, life stage, present employment and self-designated practice specialties.

**HOD ACTION: CLRPD Informational Report 2 filed.**

CME Report 4 was in response to Policy D-350.986 {Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages which directed the AMA to study the issue of Deferred Action Childhood Arrivals – eligible medical students, residents and physicians and consider the opportunities for their participation in the physician profession and report its findings to the Housed of Delegates.

**HOD ACTION:** CME Informational Report 4 filed.

13. CME Report 5 - Options for Unmatched Medical Students

CME Report 5 outlines a number of key points related to unmatched medical students including the long-term stability of match rates and common reasons for an unsuccessful match, options for students who do not match, the special match concerns of DOs and IMGs and tools, initiatives from medical schools and medical organizations (including the AMA) that are essential to ensuring an effective, efficient, and equitable match process that balances the interests of applicants and programs and provides rational, strategic decision making by all parties.

**HOD ACTION:** CME Informational Report 5 filed.

14. CME Report 6 – Standardizing the Allopathic Residency Match System & Timeline

The Council of Medical Education recommended that the following recommendations be adopted in lieu of Resolution 310-A-16 and the remainder of this report be filed.

1. That our American Medical Association (AMA) support the movement toward a unified and standardized residency application and match system for all non-military residencies. (New HOD Policy)
2. That our AMA encourage the Association of University Professors of Ophthalmology, the American Urological Association, and other appropriate stakeholders to move ophthalmology and urology to the National Resident Matching Program. (Directive to Take Action)
3. That our AMA encourage the National Resident Matching Program to develop a process by which sequential matches could occur for those specialties that require a preliminary year of training, allowing a match to the GY2 position, followed later in the year by a match to a GY1 position, thus reducing application and travel costs for applicants. (Directive to Take Action)

**HOD ACTION:** Original Recommendation 1 of Council on Medical Education Report 6 adopted; Recommendations 2 and 3 referred.