Reference Committee F

1. Resolution 601 - Physician Burnout And Wellness Challenges
   Resolution 604 - Physician and Physician Assistant Safety Net
   Resolution 605 – Identification and Reduction of Physician Demoralization

Resolution 601 asked the AMA to advocate for health care organizations and state and county medical societies, to develop a wellness plan to prevent and combat physician burnout and improve physician wellness.

Resolution 604 asked AMA to study a safety net, such as a national hotline, that all United States physicians and physician assistants can call when in a suicidal crisis. Such safety net services would be provided by doctorate level mental health clinicians experienced in treating physicians and funded by such entities as foundations, hospital systems, medical clinics, and donations from physicians and physician assistants.

Resolution 605 asked AMA to recognize physician demoralization as a consequence of externally imposed occupational stresses, including but not limited to EHR-related and administrative burdens imposed by health systems or by regulatory agencies, as a problem among medical staffs. Resolution 605 also calls upon our AMA to advocate that hospitals be required by accrediting organizations to confidentially survey physicians to identify factors that may lead to physician demoralization.

Resolution 605 further asked AMA to develop guidance to help hospitals and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff wellness.

HOD Action: Resolutions 601, 604, and 605 referred with report back at the 2018 Annual Meeting.
Reference Committee K

1. Resolution 955 – Minimization of Bias In the Electronic Residency Application Service Residency Application

RESOLVED, That our American Medical Association advocate for the formation of an encourage the Association of American Medical Colleges (AAMC) and its Electronic Residency Application Service (ERAS) Residency Application Bias Minimization Advisory Committee to develop steps to minimize bias in the ERAS and the examine the role of bias in residency training selection process. (Directive to Take Action); and be it further

HOD Action: Adopted as amended.

2. Resolution 956 – House Physicians Category

Resolution 956 asked the American Medical Association work with state legislators and other regulatory organizations to develop the category of “House Physicians” to help address the anticipated physician need and shortfall of available practitioners in underserved areas of the United States.

There was strong testimony in opposition to this resolution.

HOD Action: Resolution 956 not adopted.

Other House of Delegates Reports & Resolutions of Interest

3. Council on Medical Education Report 1 – Promoting and Reaffirming Domestic Medical School Clerkship Education

Council on Medical Education Report 1, in response to Resolution 308-I-16, considers concerns that have been raised about the availability of clinical clerkship training sites due to continuing increases in the enrollment of U.S. allopathic and osteopathic medical schools and in the absolute numbers of U.S. medical schools—as well as the growing number of foreign medical schools that seek to place their students in clerkships in U.S. institutions. The Council on Medical Education recommends that the following recommendations be adopted in lieu of Resolution 308-I-16 and the remainder of the report be filed:

That our American Medical Association (AMA):
   1) Work with the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, and other interested stakeholders to encourage local and state governments and the federal government, as well as private sector philanthropies, to provide additional funding to support: a) infrastructure and faculty development and capacity for medical school
expansion; and b) delivery of clinical clerkships and other educational experiences. (Directive to Take Action)

2) Encourage clinical clerkship sites for medical education (to include medical schools and teaching hospitals) to collaborate with local, state, and regional partners to create additional clinical education sites and resources for students. (Directive to Take Action)

3) Advocate for federal and state legislation/regulations to:
   a. Oppose any extraordinary compensation granted to clinical clerkship sites that would displace or otherwise limit the education/training opportunities for medical students in clinical rotations enrolled in medical school programs accredited by the Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA);
   b. Ensure that priority for clinical clerkship slots be given first to students of LCME- or COCA-accredited medical school programs; and
   c. Require that any institution that accepts students for clinical placements ensure that all such students are trained in programs that meet requirements for educational quality, curriculum, clinical experiences and attending supervision that are equivalent to those of programs accredited by the LCME and COCA. (Directive to Take Action) Encourage relevant stakeholders to study whether the “public service community benefit” commitment and corporate purposes of not for profit, tax exempt hospitals impose any legal and/or ethical obligations for granting priority access for teaching purposes to medical students from medical schools in their service area communities and, if so, advocate for the development of appropriate regulations at the state level. (Directive to Take Action)

4) Work with interested state and specialty medical associations to pursue legislation that ensures the quality and availability of medical student clerkship positions for U.S. medical students. (Directive to Take Action) 2. Our AMA supports the practice of U.S. teaching hospitals and foreign medical schools entering into appropriate relationships directed toward providing clinical educational experiences for advanced medical students who have completed the equivalent of U.S. core clinical clerkships. Policies governing the accreditation of U.S. medical education programs specify that core clinical training be provided by the parent medical school; consequently, the AMA strongly objects to the practice of substituting clinical experiences provided by U.S. institutions for core clinical curriculum of foreign medical schools. Moreover, it strongly disapproves of the placement of medical students in teaching hospitals and other clinical sites that lack appropriate educational resources and experience for supervised teaching of clinical medicine, especially when the presence of visiting students would disadvantage the institution’s own students educationally and/or financially
and negatively affect the quality of the educational program and/or safety of patients receiving care at these sites. (New HOD Policy)

5) Our AMA supports agreements for clerkship rotations, where permissible, for U.S. citizen international medical students between foreign medical schools and teaching hospitals in regions that are medically underserved and/or that lack medical schools and clinical sites for training medical students, to maximize the cumulative clerkship experience for all students and to expose these students to the possibility of medical practice in these areas. (New HOD Policy)

6) U.S. citizens should have access to factual information on the requirements for licensure and for reciprocity in the various U.S. medical licensing jurisdictions, prerequisites for entry into graduate medical education programs, and other relevant factors that should be considered before deciding to undertake the study of medicine in schools not accredited by the LCME or COCA. (New HOD Policy)

7) Existing requirements for foreign medical schools seeking Title IV Funding should be applied to those schools that are currently exempt from these requirements, thus creating equal standards for all foreign medical schools seeking Title IV Funding. (New HOD Policy)

8) That Policies H-255.988 (6, 23, and 25), H-255.998, H-295.995 (30, 31), D-295.320, 37 D-295.931, and D-295.937 be rescinded, as described in Appendix C to this report. (Rescind HOD Policy)

HOD Action: Council on Medical Education Report 1 adopted and the remainder of the report filed.

Reference Committee on Amendments to Constitution and Bylaws

4. Resolution 006 – Physicians’ Freedom of Speech – Minority Affairs Section

Resolution 006 addresses a physician’s First Amendment right to free speech. This relates to physicians being disciplined or terminated by their employers for expressing their personal views on their social media accounts. This resolution asks the AMA to encourage the Council on Ethical and Judicial Affairs to amend Ethical Opinion 1.2.10, “Political Actions by Physicians” by adding in language that physicians should indicate that they are expressing their constitutionally guaranteed personal views, and not that of their employers, and that physicians should be allowed to express their personal opinions without being subjected to disciplinary actions or termination.

HOD Action: Resolution 006 referred.