INTRODUCTION
Dear Resident & Fellow Colleagues,

I would like to personally welcome you to the 43rd Annual Meeting of the American Medical Association Resident and Fellow Section (RFS) in Chicago.

For your convenience here’s an overview of several relevant dates and resources that all AMA-RFS members should know about.

**Resolutions:** The deadline for resolutions was April 9. If you wish to submit a resolution, please follow the late resolution process outlined here. For further assistance with AMA policy or other aspects of your resolution, contact Rosa Karbowiak, Director at (312) 464-4748.

**Election(s):** At this meeting, we will hold elections for the following positions: Vice Chair, Speaker, Vice Speaker, Delegate, Alternate Delegate, and Member-At-Large. Please see election manual for details on credentialing and the candidates.

**Schedule:** To view the most current schedule, visit the AMA-RFS Annual Meeting site. Attendees should plan to arrive on Thursday, June 7 to take advantage of additional programming, including the Welcome Reception (see below).

**New attendee and general meeting orientation:** If you have questions, we have answers! I strongly encourage all first-time attendees to attend a meeting orientation from 6-7 p.m. on Thursday, June 7.

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**AMA-RFS Welcome Reception**

Network with your colleagues over drinks and hors d’oeuvres and experience how the AMA is transforming medicine through innovation! Experts will discuss exciting opportunities available to members to get involved through Health2047, the Integrated Health Model Initiative and the Physician Innovation Network.

8:30-11:00 p.m. on Thursday, June 7
AMA Plaza
330 N. Wabash Ave.
Chicago

**Education Sessions**
The AMA Sections and Specials Groups are offering several education programs open to all attendees across a series of topics on Saturday, June 9 from 8:30-noon. Learn more here.

**AMA House of Delegates opening session:** The AMA House of Delegates will convene its opening session, 2–6 p.m., Saturday, June 9, at the Grand Ballroom. If your plans allow, I encourage all members of the AMA-RFS assembly to attend.

If you have questions, please contact Rosa Karbowiak, Director at (312) 464-4748 or rfs@ama-assn.org.

I look forward to seeing you in Chicago!

Sincerely,

Matthew Lecuyer, MD
Chair, AMA-RFS Governing Council

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**AMA-RFS 2016–2017 Governing Council:**
Matthew Lecuyer, MD, Chair
Jordan Warchol, MD, MPH, Vice Chair
Stephanie Guarino, MD, Speaker
Scott Resnick, MD, Vice Speaker
Josh Lesko, MD, Delegate
Taylor DesRosiers George, MD, Alternate Delegate
Jason Hall, MD, JD, Member-At-Large
Colin Murphy, MD, Chair-Elect
Ryan Ribeira, MD, MPH, Member, Board of Trustees
**AMA-RFS Credentialing Information**

To vote in AMA-RFS elections and resolutions, **you must be credentialed by the AMA-RFS Credentials Committee.** Credentialing each day of the meeting is no longer required.

Qualtrics will be utilized for all elections at the Annual Meeting. **In order to vote, you must have a valid email address on file.**

Please follow these steps:

1. Pick up your name badge from the AMA-RFS Registration Desk located in the **Foyer of the Regency Ballroom D** on:
   - **Friday, June 8 from 6:45 - 7:30 a.m.;** or
   - **Saturday, June 9 from 6:30 - 7:15 a.m.**

   It is imperative to arrive on time in order to obtain a quorum. The line at the desk may be long, so be sure to get there as early as possible.

2. Proceed to the AMA-RFS credentialing desk located in Regency Ballroom D Foyer with your registration badge and verify your email address with the credentials committee. The credentials committee will hand you a sticker that you must place on your badge.

Credentialing will close on:
   - **Friday, June 8 at 7:30 a.m.**
   - **Saturday, June 9 at 7:15 a.m.**

*If you are not credentialed by the specified closing time, you will not be eligible to vote.*
# AMA Resident and Fellow Section

## 2018 Annual Meeting
Hyatt Regency Chicago | June 7 - 9

## Agenda
(All events and times are subject to change.)

| Thurs., June 7 |  
| 5– 6 p.m. | Rules Committee (orientation) | Skyway 272 |
| 5:30-6:00 p.m. | Region leadership & Chair/Chair-Elect meeting  
Matthew Lecuyer, MD, Chair  
Jordan Warchol, MD, Vice Chair  
Colin Murphy, MD, Chair-Elect | Columbus H |
| 6-7 p.m. | RFS meeting orientation  
Matthew Lecuyer, MD  
This orientation is for first and second time attendees. Come find out what this section and this meeting are all about! | Columbus H |
| 7-8 p.m. | Region Meetings  
Region Chairs to meet with first time attendees following orientation | Columbus H |
| 8:30 – 11:00 p.m. | Joint network reception (MSS/RFS/YPS)  
This is a great opportunity to network and make new RFS friends from across the country!  
*Space is limited!* | AMA HQ  
330 N. Wabash Avenue  
Chicago, IL 60611 |

| Fri., June 8 |  
| 6:30 a.m. | Credentials Committee (daily meeting) | Regency Ballroom D  
Foyer |
| 6:45 – 7:30 a.m. | RFS registration & Credentialing  
Balloting will be conducted via Qualtrics.  
*Credentialing will close promptly at 7:30 a.m.* |  
| 7:30 – 7:45 a.m. | Opening of business  
Stephanie Guarino, MD  
Scott Resnick, MD  
- Credentials Committee report (quorum)  
- Consideration of late resolutions (if necessary)  
- Rules Committee report (if necessary) | Regency Ballroom D |
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
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</table>
| 7:45-8:00 a.m. | Nominations for Vice Chair, Speaker, Delegate and Member-at-large    | Provide the names and endorsing societies of nominees to staff by 8:15 a.m.  
ALL candidates are responsible for verifying ballot with staff by 8:15 a.m. |
| 8:00 – 8:15 a.m. | State of the section address                                         | Matthew Lecuyer, MD Chair                                             |
| 8:15 – 9:15 a.m. | Candidate election and endorsement speeches                           | Candidate speeches will be limited to 3 minutes; Q&A will be limited to 2 minutes  
- Vice Chair  
- Speaker  
- Vice Speaker  
- Delegate  
- Alternate-Delegate  
- Member-at-large |
| 9:15 – 9:30 a.m. | Address from AMA President                                           | David D. Barbe, MD, MHA                                               |
| 9:30 – 10:00 a.m. | Council representative updates                                       |                                                                      |
| 10:00-10:15 a.m. | AMA Updates                                                          |                                                                      |
| 10:15 a.m. | Balloting opens for Vice Chair, Speaker, Delegate and Member at Large | Balloting will be conducted using Qualitrics.  
Balloting will not begin until the candidate speeches conclude.  
Balloting for these elections will close Saturday at 7:45 a.m. |
| 10:15 a.m. – 1:00 p.m. | Assembly meeting – Part 1 (Reference Committee hearing)              | This is your opportunity to provide testimony and discuss resolutions with your fellow residents and fellows as we help shape AMA Policy. |
| 12:30 p.m. | Lunch                                                                | Boxed lunches provided.                                               |
| 2:00 p.m. – TBD | Reference Committee deliberations (closed meeting – boxed lunches in room) | Stetson D                                                                 |
| 1:20-2:00 p.m. | Education session: How to negotiate your employment contract       | (sponsored by the Academic Physicians Section)                        |
| 1 – 2 p.m. | Standing Committee meetings                                          | Business and Economics: Regency Ballroom D  
Legislation and Advocacy: Hong Kong  
Long-range Planning: Regency Ballroom D  
Medical Education: Grand Ballroom B  
Membership: Regency Ballroom D  
Public Health: Regency Ballroom D  
Quality and Patient Safety: Regency Ballroom D  
Scientific Research: Regency Ballroom D |
| 2 – 3 p.m. | Region meetings                                                      | This is an opportunity to discuss resolutions and candidates with your region.  
Attendance is highly encouraged.  
- Region 1: Regency Ballroom D (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY)  
- Region 2: Grand Ballroom B (IL, IA, MN, MO, NE, ND, SD, WI)  
- Region 3: Regency Ballroom D (AR, KS, LA, MS, OK, TX)  
- Region 4: Regency Ballroom D (AL, FL, GA, NC, SC, TN)  
- Region 5: Hong Kong (IN, KY, MI, OH, WV)  
- Region 6: Regency Ballroom D (DE, DC, MD, PA, VA)  
- Region 7: Grand Ballroom B (CT, NY, ME, NH, MA, NJ, RI, VT)  
- Region 8: Regency Ballroom D (National Specialty Societies, Military, Other Federal Agencies, All other societies not otherwise named herewith) |
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<th>Time</th>
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<th>Location</th>
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<tr>
<td>3 – 4 p.m.</td>
<td>AMA-RFS sectional delegates/alternate delegate caucus</td>
<td>Hong Kong</td>
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<td>This meeting will start with orientation to the AMA House of Delegates (HOD) and communications training; required attendance for all first time delegates &amp; alternate delegates.</td>
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<td>5-7:10 p.m.</td>
<td>AMA Board of Trustees joint interviews</td>
<td>Columbus G</td>
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<td>APS, MSS, RFS, WPS, YPS</td>
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<td>Sat., June 9</td>
<td>6 a.m. Credentials Committee (daily meeting)</td>
<td>Regency Ballroom D Foyer</td>
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<td>6:30 – 7:15 a.m. AMA-RFS registration &amp; Credentialing</td>
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<td>Balloting will be conducted via Qualtrics.</td>
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<td>Credentialing will close promptly at 7:15 a.m.</td>
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<td>Ballots for Vice Speaker and Alternate Delegate will close promptly at 9:30 a.m.</td>
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<td>7:15 – 7:30 a.m. Opening of business</td>
<td>Regency Ballroom D</td>
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<td>Stephanie Guarino, MD</td>
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<td>Scott Resnick, MD</td>
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<td>7:30 – 7:45 a.m. AMA-RFS delegates’ update</td>
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<td>Joshua Lesko, MD</td>
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<td>Taylor George, MD</td>
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<td>7:45 – 8:15 a.m. Nominations for Vice Speaker and Alternate Delegate</td>
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<td>Unless otherwise requested, all unsuccessful candidates for Speaker and Delegate will automatically be nominated for Vice Speaker and Alternate Delegate respectively. Additional nominations may be made from the floor pursuant to the internal operating procedures. A motion is required to close nominations.</td>
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<td>Provide the names and endorsing societies of nominees to staff by 8:15 a.m.</td>
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<td>ALL candidates are responsible for verifying ballot with staff by 8:15 a.m.</td>
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<td>8:15-8:30 a.m. Board update</td>
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<td>Ryan Ribeira, MD</td>
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<td>8:30 – 10:30 a.m. Assembly meeting – Part 2 (Reference Committee report)</td>
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<td>9:30 a.m. Balloting for Vice Speaker and Alternate Delegate</td>
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<td>Runoffs will be announced as necessary.</td>
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<td>Balloting will close at 10:00 a.m.</td>
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<td>10:30 a.m. Close of AMA-RFS assembly meeting</td>
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<td>AMA-RFS resolutions due to HOD by 1:00pm</td>
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<td>8:30 a.m. – noon Joint Sections Education Session</td>
<td>Various Rooms</td>
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<td>12:30 – 1:30 p.m. AMA-RFS caucus</td>
<td>Comiskey</td>
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<td></td>
<td>Joshua Lesko, MD</td>
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<td>Taylor George, MD</td>
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<td></td>
<td>2 – 6 p.m. AMA House of Delegates (HOD) (Opening Session: rules of order, speeches, awards)</td>
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<td>The legislative and policy-making body is the HOD, composed of elected representatives from state and specialty societies. The HOD transacts all business of the association. This is your chance to see how resolutions submitted by AMA-RFS to HOD become official AMA policies.</td>
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<td>Sun., June 10</td>
<td>7 – 8 a.m. AMA-RFS caucus</td>
<td>Water Tower</td>
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<td>Joshua Lesko, MD</td>
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<td>Taylor George, MD</td>
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<td>8 – 8:30 a.m. AMA House of Delegates (Second opening session introduction of reports and resolutions, extraction of informational reports, Supplementary Report of the Committee on Rules and</td>
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| 8:30 a.m. – 12 p.m. | **AMA House of Delegates Reference Committee hearings**  
- Reference Committee A (Medical Service): Regency Ballroom A  
- Reference Committee C (Medical Education): Regency Ballroom C  
- Reference Committee E (Science and Technology): Regency Ballroom D  
- Reference Committee F (AMA Finance; AMA Governance): Grand Ballroom |              |
| 1:30 – 5 p.m.   | **AMA House of Delegates Reference Committee hearings**  
- Reference Committee CCB (Constitution & Bylaws): Regency Ballroom C  
- Reference Committee B (Legislation): Regency Ballroom B  
- Reference Committee D (Public Health): Regency Ballroom D  
- Reference Committee G (Medical Practice): Regency Ballroom A |              |
| 7 – 8 a.m.      | **AMA-RFS caucus**  
Joshua Lesko, MD  
Taylor George, MD | Gold Coast    |
| 8 – 11 a.m.     | **AMA House of Delegates education sessions**                       |              |
| 9:30–11 a.m.    | **Joint caucus (AMA-MSS, AMA-RFS, AMA-YPS)**  
Joshua Lesko, MD  
Taylor George, MD |              |
| 11 a.m. – 1:45 p.m. | **AMA House of Delegates caucuses**                        |              |
| 2 – 6 p.m.      | **AMA House of Delegates business session**                     |              |
| Tues., June 12  | **AMA-RFS caucus**  
Joshua Lesko, MD  
Taylor George, MD | Columbus G    |
| 7 – 8 a.m.      | **AMA House of Delegates business session**                     |              |
| Weds., June 13  | **AMA-RFS Caucus**  
Joshua Lesko, MD  
Taylor George, MD | Skyway 260    |
| 7-8 a.m.        | **AMA House of Delegates business session**                     |              |
| 8:00 a.m.-noon  | **AMA House of Delegates business session**                     |              |
LEADERSHIP STRUCTURE
<table>
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<tr>
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<th>Role</th>
<th>Specialty</th>
<th>Hospital/Institute</th>
<th>Email</th>
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<tr>
<td>Matthew E. Lecuyer, MD</td>
<td>Chair</td>
<td>Pediatric Emergency Medicine</td>
<td>Brown University/Hasbro Children’s Hospital</td>
<td><a href="mailto:Matt.Lecuyer.md@gmail.com">Matt.Lecuyer.md@gmail.com</a></td>
</tr>
<tr>
<td>Jordan Warchol, MD, MPH</td>
<td>Vice-Chair</td>
<td>Emergency Medicine</td>
<td>George Washington University</td>
<td><a href="mailto:JordanWarcholmd@gmail.com">JordanWarcholmd@gmail.com</a></td>
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<tr>
<td>Stephanie Guarino, MD</td>
<td>Speaker</td>
<td>Internal Medicine-Pediatrics, Pediatric Hematology/Oncology</td>
<td>Nemours/AI DuPont Hospital for Children</td>
<td><a href="mailto:StephaniehGuarino@gmail.com">StephaniehGuarino@gmail.com</a></td>
</tr>
<tr>
<td>Scott Resnick, MD</td>
<td>Vice-Speaker</td>
<td>Pediatrics</td>
<td>Boston Children’s Hospital</td>
<td><a href="mailto:Scott.E.Resnick@gmail.com">Scott.E.Resnick@gmail.com</a></td>
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<tr>
<td>Joshua Lesko, MD</td>
<td>Delegate</td>
<td>Emergency Medicine, Flight Surgery</td>
<td>Naval Aerospace Medical Institute</td>
<td><a href="mailto:Joshua.Lesko@gmail.com">Joshua.Lesko@gmail.com</a></td>
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<tr>
<td>Taylor DesRosiers George, MD</td>
<td>Alternate Delegate</td>
<td>Emergency Medicine</td>
<td><a href="mailto:Taylor.TD.George@gmail.com">Taylor.TD.George@gmail.com</a></td>
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<tr>
<td>Jason Hall, MD, JD</td>
<td>Member-At-Large</td>
<td>Anesthesiology</td>
<td><a href="mailto:Jason.D.Hall.md@gmail.com">Jason.D.Hall.md@gmail.com</a></td>
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</tr>
<tr>
<td>Colin Murphy, MD</td>
<td>Chair-Elect</td>
<td>Anatomic and Clinical Pathology</td>
<td><a href="mailto:MurphyC271@gmail.com">MurphyC271@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Ryan Ribeira, MD, MPH</td>
<td>Member, Board of Trustees</td>
<td>Emergency Medicine</td>
<td><a href="mailto:RJRibeira@gmail.com">RJRibeira@gmail.com</a></td>
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<tr>
<td>Willarda V. Edwards, MD, MBA</td>
<td>Member, Board of Trustees</td>
<td>Internal Medicine</td>
<td><a href="mailto:Willarda.Edwards@ama-assn.org">Willarda.Edwards@ama-assn.org</a></td>
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**Staff:**
- Rosa Karbowiak, MBA
  - Director
  - Email: Rosa.Karbowiak@ama-assn.org
  - Phone: 312-464-4748
### Resident 2017 Year End Membership Report

<table>
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<th>DIRECT STATES</th>
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## AMA Resident and Fellow Section Regions

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INFORMATIONAL REPORTS
The AMA-RFS is the largest organization of resident and fellow physicians in the United States. It was created by the AMA in 1974 to represent and advocate for resident and fellow physicians and to train young physician leaders. With the support of members, your Resident and Fellow Section fights to improve working conditions, reform America's health care system, improve medical education, and create tools to help resident and fellow physicians succeed both personally and professionally.

The RFS has representation and direct involvement in all levels of the AMA. Resident and fellow physicians are represented through their own democratically elected, policy-making body; the RFS Assembly which meets twice a year. For over 26 years, the RFS has set policies that have directly impacted national legislation and the policies of regulating bodies. The AMA-RFS policy process gives you the power to create change and is one of the most unique and powerful privileges of membership.

Membership in the RFS ensures your voice is heard, not only in the AMA House of Delegates and throughout the AMA, but also in the legislative, executive and judicial branches of the federal government.

Leadership Opportunities

In addition to creating policies, the RFS has many leadership opportunities for residents and fellows.

AMA-RFS Governing Council – There are 8 positions on the Governing Council including Chair, Vice-Chair, Speaker, Vice-Speaker, Delegate, Alternate Delegate, Member-at Large, and Board of Trustees Liaison.

Delegates to the RFS Assembly – Delegates are selected by state medical societies, national medical specialty societies or professional interest medical associations to represent their resident and fellow membership or are At-Large Delegates who have applied to represent the general AMA resident and fellow membership. These Delegates have full voting privileges in the RFS Assembly and vote to establish RFS policy.

Assembly Convention Committees – The RFS has several involvement opportunities for residents and fellows interested in being active at the Annual and Interim meetings including the Reference Committee, Credentials Committee, Rules Committee, and Logistics Committee. Convention Committees are vital to the operation of the Assembly.

Standing Committees – There are 8 Standing Committees: 1) Committee on Long Range Planning; 2) Committee on Medical Education; 3) Legislative Advocacy Committee; 4) Membership Committee; 5) Committee on Scientific Research; 6) Public Health Committee; 7)
Standing Committees are appointed by the RFS-GC and assist the GC in furthering the
mission of the Section.

Sectional Delegates – Sectional Delegates are elected by the RFS Assembly to represent the
Section, in addition to their designated state or specialty society in the HOD. The number of
Sectional Delegates is dependent on the total AMA resident and fellow membership; the
Section gets one Sectional Delegate per 2,000 members. The Sectional Delegates also
represent their sponsoring state or specialty society, and will often caucus with their societies.

Involvement

AMA Digital Communities
Turn to the AMA’s digital platform to connect with experts on emerging trends in health care,
discuss topics that matter to you and your peers and access moderated forums as well as
AMA-curated expertise.

AMA Doctors Back to School program
Physicians and medical students visit schools and community organizations across the
country to encourage children from underrepresented minority groups to consider a career in
medicine.

AMA-FDA Internship Program
The FDA’s Professional Affairs and Stakeholder Engagement Staff (PASES) offers an
exclusive four-week elective rotation for AMA medical student, resident and fellowship trainee
members to provide a focal point for advocacy and to enhance two-way communication and
collaboration on issues concerning drug development.

AMPAC Campaign School
This multi-day program provides physicians with an understanding of how campaigns function
and decisions are made. Accepted applicants receive a stipend to attend a weeklong
“candidate” or “campaign manager” workshop in Washington D.C.

Junior Doctors Network (JDN)
Save the Date: Monday, October 9, 2017 at AMA Headquarters Conference Center.
A portion of the World Medical Association (WMA) meeting is designed for medical
residents/fellows and young physicians who are members of the Junior Doctors Network. The
WMA is an organization of leaders from national medical associations representing 112
countries and 8 million physicians around the world.

Resources

The following are some of the many resources and benefits available to you as one of more
than 35,000 members of the AMA-RFS:

TEDMED
TEDMED, the health and medicine edition of the famous TED conference, is now open to
AMA members! Access videos up-to one month after the conference (until December 3, 2017).

MACRA Resources - With physicians facing the most significant changes in Medicare in a
generation, the AMA offers several online tools to help physicians through pending payment
and delivery changes
AMA-RFS Facebook Page - Stay informed of all advocacy initiatives, awards, grants, internships, and leadership opportunities and discuss important issues affecting residents and fellows with your colleagues across the nation.

AMA Wire - Read up on issues that are important to residents and fellows.

Career Planning Resource - AMA’s exclusive resource dedicated to helping you succeed personally and professionally as you manage the demands of training and today’s evolving practice environment. This online tool offers information, insights and practical guidance covering important career stages on your radar right now: resident life and life in practice; drill into five hot topics relevant to all residents: wellness and preventing burnout, financial management, licensure education, disability insurance and planning, and coding documentation and requirements.

FREIDA Online - A database with over 8,400 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education and ABMS Board-approved combined specialty programs.

Residency Vacancies - Locate programs seeking residents & fellows and employers seeking physicians.

Residency Work Environment - Learn about duty hour guidelines, reporting duty hour violations, Graduate Medical Education funding, resident income and debt relief, physician recruiter practices and much more.

JAMA CareerCenter® - A valuable resource for physician job seekers. One of the great benefits of membership is full access to physician career opportunities, news and information relevant to the entire spectrum of medical practice. You’ll find job postings from virtually every specialty practice setting and region in the United States.

Visit the AMA-RFS Contracting page for tools to help you negotiate the best contract possible. Resources include: Model employment agreements that provide thorough descriptions of basic contract terms typically found in agreements, as well as in-depth explanations of the significance of such provisions and language that benefits the physician employee.

AMA STEPS Forward™ - These practice improvement strategies provide you with an in-depth look at how practices are implementing solutions to the challenges of today’s evolving health care environment. This online resource will familiarize you with some of the ways physicians are improving practice efficiencies, patient experience and enhancing their professional satisfaction.

Health Workforce Mapper – This tool illustrates the distribution of physicians and non-physician clinicians by specialty, state, county, or metropolitan areas. This resource provides a useful visual tool to demonstrate to law- or policy-makers the geographic distribution of the healthcare workforce in a given state or nationally, to assist them in making appropriate, evidence-based decisions.

Public Health Resources - Covers a variety of important topics, including health disparities, disaster response, obesity assessment and management, infectious disease, adolescent health, dementia, geriatrics, etc.

Economic Impact Study – This study, completed in conjunction with state medical associations, shows how physicians helped boost the economy across the nation.
Email newsletter publications - Get news and information that helps you succeed as a medical student, resident and physician. Stay up to date with the latest news impacting health care and medicine to stay on the pulse of issues that matter to physicians and patients alike.

Awards & recognition - learn how the AMA recognizes physicians, residents and medical students who exemplify medicine’s highest values.

Affinity Programs - Get AMA negotiated discounts on products and services. Check back on occasions since the AMA is continuing to expand these offerings.

If you have questions or would like additional information, please contact the members of the RFS Governing Council or RFS staff at (312) 464-5024.
Subject: AMA-RFS Advocacy Issues Highlights

Introduced by: RFS Governing Council
                Matthew Lecuyer, MD, Chair

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Key Resources

AMA MACRA Center
Access the MACRA Center resources on Medicare payment and delivery changes [here].

Patients before Politics
Get updates on Medicaid and other safety net programs, including ways for physicians and patients to take action, at the Patients before Politics website [here].

Advocacy Resource Center (ARC)
The American Medical Association Advocacy Resource Center is a tireless advocate for physicians and their patients in coordination with state and national medical specialty societies. Explore ARC resources [here].

Health Workforce Mapper
The interactive AMA Health Workforce Mapper illustrates the geographic distribution of the physician workforce and layers of patient health, demographic and health policy data. AMA members can view a [comprehensive version of the tool] and directly download data.

Physicians Impact on the Economy
The AMA Economic Impact Study quantifies that impact and underscores that physicians are vital economic drivers in local communities, contributing to better health care and a more productive society. Learn more [here].

Federal and State Correspondence Finder
Learn about the AMA's state legislative and regulatory priorities, including recent advocacy achievements. Search correspondence [here].

Physicians' Grassroots Network
Join the AMA's Physicians' Grassroots Network and receive timely updates, contact Congress and make a difference in the outcome of legislation. Learn more about ways to take action [here].

AMA Advocacy Update
A bi-weekly newsletter that offers exclusive advocacy news and information on key national and state issues. Stay connected year-round. View the current issue and previous issues.

DACA Update
AMA advocates that "Dreamers" bolster physician workforce, should be allowed to stay
An estimated 5,400 previously ineligible physicians could be introduced into the U.S. health system over the coming decades through a DACA-like legislative fix. AMA Executive Vice
President and CEO James L. Madara, MD noted there is already a shortage of 8,200 primary care physicians—according to the Health Resources and Services Administration—and that the Association of American Medical Colleges has projected the total physician shortage could grow to as many as 94,700 doctors by 2025. Read the full letter here.

**FDA Update**
**FDA announces efforts to increase generic drug competition**
As part of the FDA's forthcoming Drug Competition Action Plan, FDA Commissioner Scott Gottlieb, MD intends to target anti-competitive actions of brand manufacturers when those companies engage activities that create obstacles to generic access. Read more here.

**Opioid Epidemic Update**
**AMA launches opioid education microsite**
As part of its continued advocacy efforts to help reverse the nation's opioid epidemic, the AMA last week launched a microsite focused on providing physicians with state- and specialty-specific education and training resources. The microsite, www.end-opioid-epidemic.org, includes nearly 300 education and training resources across three major categories. Click here for the [AMA opioid microsite](#).

**Regulatory Update**
**Dashboard tracks CMS moves toward regulatory relief**
The Centers for Medicare and Medicaid Services (CMS) included several ideas for easing physician administrative burdens in its proposals for the second year of the Medicare Quality Payment Program (QPP) and the 2018 Medicare Physician Fee Schedule. The AMA is tracking these measures. Find the dashboard here.

**Non-Discrimination Policy Update**
**AMA urges HHS Office of Civil Rights to retain sex-nondiscrimination policies**
Following reports that the Trump administration may be revising its sex non-discrimination policies, the AMA has urged the HHS Office of Civil Rights (OCR) to retain its current policy of interpreting sex discrimination to include discrimination based on gender identity and sex stereotypes. Read the full letter here.
The American Medical Association-Resident and Fellow Section (AMA-RFS) Governing Council provides a fiscal affairs report to the Assembly at each Annual Meeting. The preparation of this report is in response to AMA-RFS Resolution 18 (A-78), reaffirmed at the 1998 and 2008 Interim Meetings. This report is presented for the information of the Assembly.

The AMA-RFS budget is subject to the same planning and monitoring process as other units within the AMA, and must receive final approval from the AMA's Board of Trustees. The AMA fiscal year begins January 1 and ends December 31.

The RFS budget is divided into five program budgets: Assembly Meetings, Governing Council, Research Symposium, Grants, and Staff. The total AMA-RFS operating budget is approximately $259,978 for 2018.

The total program budget for the RFS Governing Council and Assembly is $156,428 (not including staff compensation costs). This is approximately 60% of the budget and provides for the meeting expenses of the two Assembly meetings and three Governing Council meetings. The Research Symposium budget is $91,050 which is approximately 35% of the budget. Expenses covered include meeting room rental, equipment such as audio-visual, production of meeting material, postage and freight for meeting materials, supplies, travel, lodging, meals and speakers.

The AMA-RFS program budget also includes $2,000 to cover sponsored grants, awards and internships, federation relation and outreach, and participation on special councils and committees.
Informational Report
(I-17)

Introduced by: RFS Delegate and Alternate Delegate

Subject: Summary of ad hoc RFS Caucus Actions

Referred to: Reference Committee

Introduction
At the 2014 Resident and Fellow Section (RFS) Interim Meeting, Resolution 2 – Allowing the AMA-RFS Delegation to the HOD to Act as a Representative Body was adopted as follows:

RESOLVED, That the AMA-RFS Delegation to the AMA-HOD be allowed, after a 2/3 plus 1 majority vote of the Delegation (that can be called by any member of the delegation) to take vocal action on a resolution before the AMA-HOD that is outside the bounds of current AMA-RFS policy; and be it further

RESOLVED, That in such instances where the AMA-RFS Delegation takes action outside the bound of the AMA-RFS policy compendium such action will be reported to the AMA-RFS Assembly at its next meeting in the form of a report by the AMA-RFS Delegate that details the resolution in questions, the action taken, motivation for taking such action, and suggestions of specific AMA-RFS policy on the issue in question that the AMA-RFS Delegation believes should be adopted by the AMA-RFS Assembly.

At the 2015 RFS Annual Meeting, the RFS Assembly adopted Report B – AMA-RFS Caucus Structure and Function. This resulted in Section X. RFS Caucus of the AMA House of Delegates being added to the RFS Internal Operating Procedures (IOPs). This report is the result of Section X.C.1. Reporting of Caucus Actions, which states:

The RFS Delegate and Alternate shall be responsible for authorizing a report of actions taken, which shall be presented to the RFS Assembly at the next national meeting. This report will list the resolved clauses of all AMA HOD resolutions for which the RFS took a position, and will specifically identify those resolutions for which the RFS Caucus took a position that was not grounded in existing internal policy. It will also detail the action taken, motivation for taking such action, and suggestions for new AMA-RFS policy on the issue in question.

At the 2017 RFS Annual Meeting, the RFS Assembly adopted policy 550.009R, which states:

550.009R RFS Caucus Vote Mechanism: That following the conclusion of each House of Delegates meeting, not to exceed 30 days, our RFS Delegate and Alternate Delegate will provide a brief summary of ad hoc policy actions of the RFS Caucus as to allow related resolutions to be written with existing deadlines. (Resolution 6, A-17)
Accordingly, this summary is presented in order to provide information pertaining to the actions of the RFS Caucus at the 2017 Annual Meeting of the AMA American Medical Association (AMA) House of Delegates (HOD) including suggestions for internal RFS policy in order to satisfy the newly adopted policy and to provide the Assembly with sufficient notice to draft resolutions for submission at the upcoming 2017 RFS Interim Meeting. A

Background
RFS sectional delegates are elected by the RFS assembly to represent the interests of residents and fellows. As resident and fellow representation has grown, and the pace of healthcare policy change in the US has increased, the RFS Caucus has increasingly found itself in situations where the HOD is debating a question of great importance and relevance to physicians in training, and yet because of a lack of existing RFS policy specifically addressing the issue, they have no clear directive. GC Report B from I-15 ameliorated this issue by proposing a system wherein the RFS Caucus adheres strictly to RFS internal policy when applicable, but which allows it to speak on important resolutions not touched on in internal policy with the approval of a 2/3rds majority of an appropriately sized quorum of sectional delegates. The purpose of this report has been to detail all actions of the assembly with additional attention paid to caucus votes on items without previous RFS policy.

Summary of Items Requiring RFS Caucus Vote

Resolution 115: Out of Network Care
RESOLVED, that our AMA supports network adequacy as a central element of providing access to care. This include coverage for emergency or otherwise unexpected out-of-network care.

Rationale: The AMA RFS caucus believes in the central tenant of the above resolved, in that strong networks are vital to the success of adequate care. Modified language was proposed and supported, that stated, “That our RFS support network adequacy as a central element of access to care. This should include coverage for emergency or otherwise unexpected out-of-network care.”

Caucus Vote: Support

Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created, as the topic is relevant and will likely continue to be a health care issue.

Resolution 9: Commercial Exploitation and Human Trafficking of Minors
RESOLVED, That our American Medical Association support the development of laws and policies that utilize a public health framework to address the commercial sexual exploitation and sex trafficking of minors by promoting care and services for victims instead of arrest and prosecution. (New HOD Policy)

Rationale: The AMA RFS caucus is sensitive to public health issues, and every year, this body sees numerous resolutions promoting the health and safety of our patients. This resolution is consistent and in line with our current policies. These individuals are often victims of
circumstances beyond our control and it is important we stand up for them and not criminalize minors who are sexually exploited.

Caucus Vote: **Support**

Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created, as the topic is relevant and will likely continue to be a health care issue. However, we believe a resolution addressing human trafficking generally is better suited for the RFS.

**Immediately Forwarded MSS 018: Patient and Physician Rights Regarding Immigration Status**

RESOLVED, That our AMA supports protections that prohibit U.S. Immigration and Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies from utilizing information from medical records to pursue immigration enforcement actions against patients who are undocumented.

RESOLVED, That Resolution 15 be immediately transmitted to the House of Delegates at its 2017 Annual Meeting.

Rationale: The AMA RFS caucus strongly believes in the privacy and protection of patients’ medical records. The doctor patient relationship remains sovereign because of our continued efforts to defend it, and we will continue to treat any threat in similar fashion. Allowing access as described above, regardless of the reason, represents a dangerous precedent that must not be allowed to occur.

Caucus Vote: **Support**

Existing relevant RFS policy: The AMA-RFS has current policy 300.003R, which opposes external access of a patient's medical record without a valid legal justification or patient approval. As it stands, the protection of confidentiality of information included in a patient's medical record has been upheld, and allowing law enforcement entities access would set a dangerous precedent and threaten the trust inherent in the doctor patient relationship.

Existing RFS Policy: 300.003R Protecting Patient Privacy Against Federal Judicial Intrusion: That our AMA oppose intrusions on the physician-patient relationship and oppose any requests by outside bodies for confidential patient medical records without a valid legal justification or without appropriate patient authorization. (Substitute Resolution 6, A-04) (Reaffirmed Report D, I-14) [See also: AMA HOD Resolution 232, adopted, A-04]

**Immediately Forwarded MSS 524: Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis**

RESOLVED, That our AMA work with state and local health departments to achieve the legalization and implementation of facilities that provide a supervised framework and
enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services.

RESOLVED, that this be immediately forwarded to the AMA HOD.

Rationale: The AMA RFS has existing policy in support of needle exchange programs (policy 70.001R) which supports the central idea of the above resolution. The above resolution looked to achieve a further step by asking for the legalization and implementation of programs, with liability protections for those working at the facilities. This resolution covered a gap in our existing RFS policy in addressing protections for those working or volunteering in these facilities, hence supporting this resolution was a natural extension from our existing policy.

Caucus vote: Support

Existing relevant RFS policy: No current RFS resolution on liability and protection, however current policy does exist to address needle exchanges.

Existing Policy: 70.001R Needle Exchange Programs: Asked that the AMA encourage governmental funding of needle exchange programs that provide the opportunity to participate in a drug rehabilitation program. (Substitute Resolution 4, A-96) (Reaffirmed Report C, I-06)

70.002R Harm Reduction Strategies for Patients at Risk of Opioid Overdose: Asked that our AMA: (1) advocate for the appropriate education of at-risk patients and their caregivers in the signs and symptoms of opioid overdose; and (2) study appropriate treatments and risk mitigation methods for patients at risk for opioid overdose. (Resolution 4, A-12)

Immediately Forwarded YPS 16: Consideration of the Health and Welfare of U.S. Minor Children in Deportation Proceedings against their Undocumented Parents

RESOLVED, That our American Medical Association support that the mental health, physical well-being, and welfare of U.S. citizen minors should be taken into consideration in determining whether undocumented parents of U.S. citizen minors may be detained or deported (New HOD Policy); and be it further.

RESOLVED, That our AMA work with local and state medical 1 societies and other relevant stakeholders to address the importance of considering the health and welfare of U.S. citizen minors in cases where the parents of those minors are in danger of detention or deportation. (Directive to Take Action)

Rationale: The AMA RFS caucus is sensitive to public health issues, and every year, this body sees numerous resolutions promoting the health and safety of our patients. This resolution is consistent and in line with our current policies as they pertain to physical and mental health. While the RFS does not have specific existing policy on the above topic, the above resolution seems like a natural progression to our existing policy compendium. These individuals are often engaged in circumstances beyond our control and it is important we stand up for them by not only providing adequate health care, but ensuring their social situations lend towards health as well.
Caucus vote: Support

Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created with respect to the first resolve, as the topic is relevant and will likely continue to be a health care issue.

Immediately Forwarded YPS 128: Protecting Patients’ Access to Emergency Services
RESOLVED, that the AMA should work with state insurance regulators, insurance companies and other stakeholders to immediately take action to halt the implementation of policies that violate the “prudent layperson” standard of determining when to seek emergency care.

Rationale: Our AMA RFS believes in the underlying tenant of the above resolution, that emergency care should be accessible to all those in need and unnecessary or discriminatory barriers should not be built around access and health. A “prudent layperson” is defined as one who possesses an average knowledge of medicine, and the standard establishes the criteria that insurance coverage is based not on end diagnosis, but on whether a prudent layperson consider their situation to be emergent in nature. Stripping this standard away would place many patients in compromising situations, where they may not have their visits covered by insurance, or may be disincentivized from seeking care in the first place. This goes against many of our RFS core values, hence why our caucus voted to support the above resolution.

Caucus vote: Support

Existing relevant RFS policy: No relevant existing RFS policy.

Need for RFS Policy: This is an area where RFS policy could be created, as the topic is relevant and will likely continue to be a health care issue.

Conclusion
The flexibility afforded to the caucus by GC Report B allowed for the RFS voice to be heard on topics outside the scope of our formal RFS Digest of Actions. This summary now provides the RFS Assembly a sufficient amount of time to draft and submit resolutions on the recommended subject areas mentioned in this report. If a topic is narrow in scope, we recommend submitting an RFS resolution broader in scope to indicate that the RFS supports this area and to provide the RFS the flexibility to support these broader topics in HOD. Generating broader RFS policy also avoids the problem of duplicating AMA policy with the RFS Digest of Actions, as the RFS is governed by adopted AMA policy.
To: Jordan Warchol, MD
From: Jessica Deslauriers, MD
Date: May 30, 2018
Subject: ACGME Council of Review Committee Residents

Accomplishments

- 30 resident-led Back to Bedside projects received grant funding from the ACGME to find innovative ways to promote meaning in work through improved engagement with patients. These projects seek to combat burnout through increased joy and meaningful time with patient in the physician training environment. Be inspired! See highlights from current Back to Bedside projects here: http://www.acgme.org/Residents-and-Fellows/Back-to-Bedside/Back-to-Bedside-Project-Highlights

- The Council is working with the ACGME’s Chief Resident Training Program to develop a longitudinal leadership curriculum and self-directed leadership learning modules. The goal of this curriculum is to develop physician leaders through self-study, reflection, formative feedback and assessment. The curriculum and modules will be piloted with chief residents this year with the goal for future dissemination to all interested residents and fellows.

Key Insights

- The CRCR created the Back to Bedside initiative to find innovative ways to decrease burnout and increase meaning in work.

- The CRCR and ACGME are developing a curriculum to improve leadership training in graduate medical education.
Since the last meeting of the AMA Resident and Fellow Section, the Council on Long Range Planning and Development (CLRPD) met in Honolulu, HI in November 2017 and in Chicago, IL in March 2018. Topics included improving health outcomes, accelerating medical education, physician satisfaction and practice sustainability, and artificial/augmented intelligence in medicine. Our discussions focused on the following topics:

- In November:
  - Council met with Dr. Kyu Rhee, Chief Health Officer of IBM Watson and Dr. Bill Kassler, to discuss AI in medicine
  - Drs. Kobler and Edwards, our BOT liaisons and Dr. Barbe visited the Council and provided Board updates
  - AMA Chief Experience Officer presented the new campaign of “Members Move Medicine”

- In March:
  - Dr. Kobler gave a BOT update, including AMA advocacy efforts, Accelerating Change in Medical Education, and other AMA projects
  - The Council received an update on the AMA Strategic Plan
  - The Council heard from the Education Center, who CLRPD has partnered regarding the translation of Health Care Trends into learning modules
  - The Council discussed topics for future areas of focus including upcoming changes to the healthcare delivery system
  - Reviewed stakeholder input process

The Council will reconvene in June 2018 prior to the start of the House of Delegates in Chicago, IL.

Sincerely,

Matthew Lecuyer, MD
To: Jordan Warchol, MD
From: Jacques Ambrose, MD
Date: 5/25/18
Subject: LGBTQ Advisory Committee

Accomplishments

• What new insights can we share with residents and fellows that will help them learn about the committee’s work?

I have been working with the AC to draft specific issue briefs for co-branding by the AMA and GLMA on important LGBTQ health related issues to inform state medical society and others in public policy:

1) access to public facilities
2) transgender care
3) conversion therapy

I am the primary author for the conversation therapy among LGBTQ population issue brief, which will be geared toward examining evidence-based policy consensus among national medical organizations and the current AMA policy. Our goal would be to provide tool kits and talking points for members and local chapters to advocate on upcoming germane legislations in their own state.

• How can the committee’s work positively change the perception of the AMA from residents and fellows?

During their meeting, the BOT also approved the recommendation of the LGBTQ Advisory Committee to assemble expertise from AMA staff and members to create a work group that will address next steps toward implementing AMA policy D-295.312, such as:

1. Identify educational content on medical spectrum of gender identity (e.g., gender dysphoria / disorders of sex development, transgender health, mental health, gender affirmation surgeries, etc.);
2. Identify means and channels within the organization to deliver the content;
3. determine “appropriate medical organizations and community based organizations” for collaboration;
4. Select members of the medical community to target (AMA members and non-members);
   and
5. Explore methods to educate the public.

The BOT also adopted the LGBTQ Advisory Committee’s recommendation that our AMA should participate in the Human Rights Campaign’s (HRC) annual Corporate Equality Index (CEI) beginning with the 2019 survey. Our AMA’s participation would serve as an opportunity to conduct a self-assessment by participating in the CEI survey to determine how our Association fairs against America’s largest and successful employers.
• How will the committee’s work yield a behavioral change among the RFS?: e.g. generate interest in membership, promote resources, increase attendance at a meeting, etc.

One of my goals for the AC was to reconnect AMA members with the core inspiration of their work: their patients and communities. In addition to improving knowledge of clinical care for the LGBTQ vulnerable population, we have been working to develop a more concrete plan for anyone new to advocacy to express their political voice appropriately via the policy briefs. We hope to encourage more participation in local advocacy efforts facilitated by state medical associations. In addition, we are introspectively examining AMA’s own policies and encourage growth and equity to reflect our overall mission statements.

Key Insights

• Are there any projects/initiatives that will have an impact on residents and fellows?

At the June 2018 AMA Annual Meeting, the Advisory Committee will host its LGBTQ and Allies Caucus and Reception on Friday, June 8 at 5:00 p.m. in Plaza B. All are welcome! The program begins at 5:30 p.m. and will feature a panel discussion, “Getting to 100: Success Stories for the HRC Healthcare Equality Index.” Panelists will share insights from their respective organizations that each earned the coveted score of 100 on the Human Rights Campaign’s Corporate and Healthcare Equality Indexes, which are the national LGBTQ benchmarking tools that evaluate nearly 2,700 corporations, law firms, hospitals and health systems annually to measure how their policies and practices relate to the equity and inclusion of their LGBTQ patients and employees.

From 12:15 p.m. to 1:45 p.m. on Saturday, June 9 in the Hong Kong meeting room, all Annual Meeting attendees (physicians, medical students, delegates, staff, and their guests) who are concerned about improving LGBT health and eliminating disparities among sexual and gender minorities are encouraged to attend the LGBTQ Health Section Council meeting and HOD Handbook Review. Members of the LGBTQ Advisory Committee, as well as members of GLMA: Health Professionals for LGBT Equality will participate.

Later this year, LGBTQ AC members will represent the AMA at the following events:
- Midwest LGBTQ Health Symposium, Sep. 14-15, Chicago, IL
- GLMA Annual Meeting, Oct. 10-13, Las Vegas, NV

• Are there any issues/concerns that we should be aware of, including communication with your GC liaison?

It would be helpful to have established schedules of check-in for the GC liaison to each committee to better improve collaborations and communications: perhaps, twice per semester, 1 month before and after each interim and annual meeting.

• What additional resources could support you and the Committee?

Please see above
The NBME Annual Meeting took place March 22-23, 2018 in Philadelphia, PA

Themes from the NBME President Peter J. Katsufrakis, MD, MBA remarks:
- Diversification
- NBME organizational culture
- Societal engagement

This year’s Annual Meeting Theme was Innovation:
- Expanding range of assessment
  - Non-cognitive assessment
  - Teamwork/trans professional assessment
- Natural language processing (NLP) to score Step 2 CS
- Support for Test Material Development

Accomplishments in 2017
- Infrastructure investments
  - Test development and delivery
  - Customer relationship management
  - NBME brand
- 10 innovation targets identified

NICE conference- NBME Invitational Conference for Educators took place in May 2018, over 200 registrants
- Inaugural event
- For two faculty members from each MD and DO medical School in the US
- Two tracks: item writing and clinical skills

Dr. Tracey Henry was a co-presenter and facilitated a break out session at the Annual Meeting on Innovative Strategies in Promoting Diversity and Inclusion in the NBME and in Medicine
- Some uncovered themes to promoting D&I:
  - Themes- Mentoring, diversity inventories/questionnaires for attributes not apparent by looking at someone, setting institutional metrics/benchmarks, expand unconscious bias training, uncover and addressing individual biases

As also an appointed member of the Diversity and Inclusion Task Force, Dr. Henry most recently met for a conference call March 30, 2017.
The Task force are working with the Management Committee’s Patient Characteristic Task Force on the role of patient characteristics in NBME assessment exams and how to recognize and avoid bias in test items.

Accomplishments

- The annual meeting of the NBME is usually informative but in the action points of the meeting both of your representative talk about the voice of AMA-RFS when the topic was relevant.

- The board meeting committee provides updates on all the program and project that the organization is doing to all its constituents. In our 2018 annual meeting, we discussed the following topics: 1. Expanding the validity of USMLE scores to 10 years (instead of the actual 7 years) 2. USMLE: project on making mandatory an exam prior to step 2 CS. 3. USMLE: strict rules due to violation of agreement for the step 2 CS. 4. Student and resident communication plan: During the meeting, establish a marketing and communication plan to inform the students, resident and NBME’s user about these new changes and other NBME products. 4. NBME-U: an online collection of lessons for individuals interested in learning a range of topics relevant to high quality assessment (more info at http://www.nbme.org/), specifically in the new modules on faculty development. Anyone interest in pursuing a career on licensing and assessment NBME and FSMB are willing to support just contact us. As AMA-RFS, our voice was heard in all the topics and some changes including a new communication plan for resident will be established. NBME and USMLE are very happy that the younger generation are caring about these new issues and providing feedback on time of everything that is important. AS your representatives, we directly follow all your recommendations that are approve in our business meeting.

- How will the committee’s work yield a behavioral change among the RFS?: e.g. generate interest in membership, promote resources, increase attendance at a meeting, etc.
  - This committee can generate a new area of interest in medicine that is assessment and licensing. As I mentioned above, any resident and fellow that want to pursue a career on these two areas NBME is willing to foster that through internships and through courses. We can promote this among our colleagues and let us know so we can let the executive committee members the interest of our membership on this career pathways.

Key Insights

- Are there any projects/initiatives that will have an impact on residents and fellows?
  - During this year the focus of NBME is projecting a positive view to its constituent and resident and fellows can make comment. There was not direct-action item that will affect the RFS at this point.
Accomplishments

- What new insights can we share with residents and fellows that will help them learn about the committee’s work?

The ACGME Board of Directors is a free-standing Board comprised of over 30 members from various aspects of medicine as well as the general public. One of the main priorities of the Board of Directors is to ensure that residents and fellows remain focused on learning medicine and to avoid burn out and provide those in GME ways to deal with the stressors of being in training and in practice.

- How can the committee’s work positively change the perception of the AMA from residents and fellows? N/A

- How will the committee’s work yield a behavioral change among the RFS?: e.g. generate interest in membership, promote resources, increase attendance at a meeting, etc.
  
  o Please see below

Key Insights

- Are there any projects/initiatives that will have an impact on residents and fellows?
  Back to Bedside:
  
  http://www.acgme.org/Residents-and-Fellows/Get-Involved

- Are there any issues/concerns that we should be aware of, including communication with your GC liaison? No

- What additional resources could support you and the Committee?

  Not Applicable
RULES OF ORDER AND PROCEDURES
Rules of Order: Debate Process

- A voting member or credentialed alternate voting member who wishes to speak on an issue pertaining to a particular resolution or report during the reference committee hearing should approach a microphone.
- Once at the microphone, the voting member who wishes to speak should wait to be recognized, address the governing council speaker and give his or her name and affiliation before speaking on the issue.
- No one shall speak more than once on a single issue or separate motion until all who wish to speak have been heard, and no more than twice, without permission of the governing council speaker or upon a majority vote.
- Debate on an issue must be completed before another issue can be introduced.
- Debate is limited to 3 minutes per speaker. This limitation may be waived only by permission of the governing council speaker or a two-thirds vote.
- Overall debate on any single issue is limited to no more than 15 minutes, provided both sides have been represented, unless given permission by the governing council speaker or a two-thirds vote.
- Any amendments more than 3 words long must be presented to the secretary, in writing, before being discussed at the meeting.
- Voting shall be by voice and/or a showing of hands. However, if a vote is unclear, the governing council speaker or a voting member can call for a “division” and votes will be counted.

Effective April 1993
Revised January 2017
American Medical Association Resident and Fellow Section

Internal Operating Procedures*

I. Name

The name of this organization shall be the Resident and Fellow Section of the American Medical Association (AMA-RFS). This is a special section for resident and fellow physician members of the AMA as set forth in the AMA Bylaws 7.1.

II. Purpose and Principles

The purpose of the RFS shall be to provide resident and fellow participation in the activities of the AMA through adherence to the following principles:

A. To provide a direct means for members of the RFS to participate in the activities, including policy-making, of the AMA.

B. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.

C. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.

D. To promote AMA membership growth.

E. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.

F. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

G. To promote the AMA Code of Medical Ethics among its resident and fellow members as well as the graduate medical education community.

H. To ensure that from the match through fellowship graduation, residents and fellows are treated fairly, regardless of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, or age and given the full opportunity to receive graduate medical education.

*Last revision: April 2016
III. Membership

Membership shall be limited to resident and fellow members of the AMA. Eligibility for resident and fellow membership is outlined in AMA Bylaws 7.1.1.

IV. Officers

A. Designations. The officers of the RFS shall be the 8 Governing Council members: Chair, Vice Chair, Delegate, Alternate Delegate, Speaker, Vice Speaker, Member at-Large, and Chair-elect/Immediate Past Chair (each serving 6 months). The Chair-elect/Immediate Past Chair shall be ex-officio, non-voting members of the Governing Council.

B. Authority. The Governing Council shall direct the programs and activities of the RFS. During the interval between meetings of the AMA House of Delegates and the RFS, the Governing Council shall act on behalf of the RFS in formulating decisions related to the development, administration, and implementation of RFS activities, programs, goals, and objectives. The Governing Council shall be guided by policy passed by the Assembly. The RFS shall be notified at least quarterly of actions taken by the Governing Council on its behalf.

C. Governing Council Eligibility. All members of the Governing Council must be resident and fellow members of the AMA or fourth-year medical students who have matched into a residency program. Any resident and fellow member of the AMA is eligible for a position on the RFS Governing Council. Eligible candidates must be AMA members prior to campaigning or running.

D. Duties and Privileges. The Governing Council shall direct the programs and activities of the RFS including the creation of RFS committees, subject to the approval of such programs and activities, when required, by the Board of Trustees or House of Delegates of the AMA. Each Governing Councilor is required to prepare in writing and communicate orally to his or her successor a description of his or her activities and where he or she sees the position going.

1. Chair. The Chair shall:

   a. Preside at all meetings of the Governing Council, and otherwise represent the RFS when appropriate.

   b. Preside at Assembly meetings if the Speaker and Vice Speaker positions are vacant, until such time that a successor may be elected.
c. Be the primary spokesperson for the RFS both inside the AMA and to outside organizations.

d. Have primary responsibility over setting the annual agenda.

2. Vice Chair. The Vice-Chair shall:

a. Preside at meetings of the Governing Council in the absence of the Chair or at the discretion of the Chair.

b. Assist the Chair in the performance of his or her duties, in particular with implementation of the annual agenda.

c. Have primary responsibility over coordinating internal operations of the RFS such as communication with Councilors, committees, the AMPAC Board member and all advocacy related issues including Lobby Day.

3. Delegate. The Delegate shall:

a. Represent in the AMA House of Delegates members of the Association who are residents and fellows.

b. Be responsible for reviewing all resolutions going forward from the RFS to the AMA HOD and summarize the actions of the HOD as they pertain to the RFS and send a summary of pertinent HOD actions to all RFS members.

c. Oversee which resolutions shall be forwarded to the House of Delegates. Decisions that differ from those of the Assembly must be ratified by the Assembly no later than the following meeting of the Assembly.

4. Alternate Delegate. The Alternate Delegate shall assist the Delegate in the duties of the Delegate and shall rise to the position of Delegate should the position fall vacant.

5. Member at-Large. The Member at-Large shall:

a. Coordinate the membership retention activities of the Governing Council.

b. Communicate involvement opportunities, AMA member benefits and other opportunities to current or potential resident and fellow members.
c. Work to coordinate medical student outreach programs to encourage continued involvement in the AMA as they transition from medical school to residency.

d. Assume a collaborative relationship with residents and fellows that have been appointed by the RFS to various Councils and Committees both internally and externally.

e. Foster the development of Resident and Fellow Sections in states where none exist and encourage them to send representatives to the AMA-RFS business meetings.

f. Serve as the Governing Council liaison to the membership standing committee.

6. Chair-elect. The Chair-elect shall:

a. Assist the other officers in the discharge of their duties.

b. Undertake to study the position of Chair in preparation of assuming this role.

c. With the assistance of the Chair, compose an agenda for his or her year of service prior to assuming the position of Chair.

7. Speaker. The Speaker shall:

a. With input from the Governing Council and AMA staff, create the agenda for the Annual and Interim meetings of the RFS Assembly. Ultimate decisions regarding meeting planning shall be those of the Speakers; however, the Speakers may be overruled by a 2/3 majority vote of the Governing Council.

b. Preside over the business meetings of the RFS Assembly in an impartial manner, organize and conduct them in accordance with the current parliamentary procedure authority as chosen by the AMA House of Delegates.

c. Provide for oversight and enforcement of the Campaign Rules, including responsibility for investigation of alleged infractions and reporting of actual infractions to the Assembly prior to balloting.

d. Organize and lead an orientation for new delegates and alternates at each Assembly meeting.
e. Work with the Governing Council in instructing the Convention Committees regarding their duties prior to each Assembly Meeting.

f. Refer resolutions and reports submitted for consideration at RFS Assembly business meetings to reference committees.

g. Prepare a document summarizing parliamentary procedure used in Assembly business meetings to be published in the RFS agenda book that is mailed to each Assembly representative prior to Assembly meetings.

h. Review the RFS Digest of Actions for consistency with Assembly action prior to its annual update and distribution.

i. In conjunction with the Vice Speaker, be the primary voice for the interests of the RFS Assembly on the RFS Governing Council.

8. Vice Speaker. The Vice Speaker shall:

a. Preside at meetings of the RFS Assembly during the absence of or at the request of the Speaker.

b. Assist the Speaker in the performance of his or her duties.

c. In conjunction with the Speaker, be the primary voice for the interests of the RFS Assembly on the RFS Governing Council.

d. With assistance from staff, coordinate the AMA-RFS Poster Competition.

E. Terms.

1. Chair-elect/Chair/Immediate Past Chair. Individual elected as Chair-elect shall serve a two-year term which will include 6 months as Chair-elect, one full year as Chair, and 6 months as Immediate Past Chair, beginning at the conclusion of the Interim meeting at which he or she was elected.

2. Delegate, Alternate Delegate, Member at-Large, Speaker, Vice Speaker and Vice-Chair. The remaining officers shall serve one-year terms, beginning at the conclusion of the Annual meeting at which they were elected and ending at the conclusion of the next Annual meeting of the AMA.

3. Term Limits. Any combination of service in Governing Council positions other than Chair-elect/Chair and Delegate shall be limited to 2 one-year terms. The Chair-elect/Chair, Delegate and Speaker may serve a
maximum of 2 years total in addition to 2 previous one-year terms in other Governing Council positions. Half-year positions to fill unexpired terms shall not count for the purpose of term limit calculations. The above limits shall be waived if they would result in a position being left vacant.

F. Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next Business Meeting of the Resident and Fellow Section. The new members shall be elected for the remainder of the unexpired term by the representatives to the Business Meeting.

1. Temporary Appointment. If a vacancy on the Governing Council occurs more than thirty (30) days prior to the next Business Meeting, the Governing Council may appoint a resident/fellow physician member of the AMA to fill the vacancy until the next Business Meeting of the Resident and Fellow Section when an election shall be held pursuant to rules adopted by the Resident and Fellow Section.

V. Elections to Governing Council

A. Time of Election. The Chair-elect of the Governing Council shall be elected by the RFS Assembly at the Interim Meeting for a two-year term, which will include 6 months as Chair-elect, one full year as Chair, and 6 months as Immediate Past Chair. The six remaining Governing Council members shall be elected by the RFS Assembly at the Annual Meeting of the Section. The Governing Council shall set the day and hour of such elections and shall give the resident and fellow members of the AMA ample notification.

B. Nominations. Nominations for the Governing Council positions shall be received in advance of the Annual Meeting (Chair-elect Interim Meeting), pursuant to the rules of the RFS. The Presiding Officer shall allot time for further nominations to be made from the floor of the Business Meeting.

C. Eligibility.

1. All members of the RFS, including fourth year medical students who have matched into a residency program, shall be eligible for election to the Governing Council.

2. Any Governing Council member wishing to be a candidate for a position whose term overlaps with the one he or she is currently serving, must resign his or her current position. Such resignation should be announced prior to the submission deadline for the Governing Council position for which he or she wishes to be a candidate. An election to fill the announced vacancy shall occur at the next meeting of the Assembly; however, the vacancy shall not take effect until the conclusion of that meeting. Should there be no candidates for a given Governing Council
position, resignation shall be allowed until the close of nominations on the floor of the Assembly.

3. Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.11 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If the officer or member ceases to meet the membership requirements of the RFS within 90 days prior to an Annual Meeting, the officer or member shall be permitted to continue to serve in office until the completion of the Annual Meeting.

D. Campaigns. Each candidate shall observe the following Campaign Rules:

1. Candidates may distribute only the following campaign materials:
   a. Buttons (less than 2 inches in greatest dimension).
   b. Stickers.
   c. Pins.
   e. No trinkets, posters, candy, pens, or other items may be displayed or distributed.

2. Candidates are encouraged to have their curriculum vitae (CV) of no more than 3 single sided pages and personal statement of no more than one side of a page included in the AMA-RFS Agenda Book.

3. At the Assembly Meeting, distribution of CV’s and personal statements will be limited to the back table of the Assembly room. It is the candidate's responsibility to make his or her materials available at the back table.

4. Candidates should be prudent and courteous regarding the number and content of advance mailings by themselves or constituent associations, specialty organizations, or other organizations on their behalf.

5. Candidates should be prudent and courteous regarding the number and content of electronic messages sent prior to the election.

6. Candidates are forbidden from using RFS listservs for messages regarding their campaign without express permission from the Speaker.
7. Candidates should use prudence in the number and length of phone calls made prior to the election.

8. Receptions and/or hospitality must not be used for promotion of a candidate(s).

9. Candidates are encouraged to fully participate in candidate interviews and question and answer sessions during the Assembly Meeting.

10. Groups (such as Regions or Caucuses) inviting candidates need to make available equal time for all candidates. If a group is unable to reasonably accommodate all candidates, no candidates shall be allowed to address the group. This rule shall not apply to a candidate addressing his or her own region.

11. Alleged infractions including but not limited to the Campaign Rules stated above should be reported in writing to the AMA-RFS Speaker or Vice Speaker who shall be responsible for their investigation. The AMA-RFS Speaker or Vice Speaker will report substantiated infractions to the Assembly prior to balloting. The Assembly should strongly consider any such announcement when voting for candidates.

E. **Voter Eligibility.** All credentialed RFS Assembly Delegates and Alternate Assembly Delegates shall be eligible to vote.

F. **Method of Election.** Where there is no contest, a majority vote without ballot may elect. All other elections shall be by ballot.

1. Voting Periods. There shall be one voting period at the Interim Meeting for the selection of the Chair-elect. There shall be one voting period at the Annual Meeting for the selection of the Vice Chair, Delegate, Speaker and Member At-Large Officer. An additional balloting period will be held for the elections of Alternate Delegate and Vice Speaker.

2. First Ballot.

   a. At the Interim Meeting, one ballot shall be used by the voter to elect with one vote for the position of Chair-elect.

   b. At the Annual Meeting, individual ballots for each position shall be used by the voter to elect with one vote for each of the 5 positions: the Vice Chair, Delegate, Speaker and Member At-Large Officer.

   c. A legal ballot shall list all candidates with their credentials in alphabetical order. The voter shall have one vote for each position.
Ballots shall be prepared and distributed by the Credentials Committee.

d. A ballot shall not be counted if there is more than one vote for any office on that ballot.

e. The candidate who receives a majority of legal votes cast for a given office shall be elected to that office.

As per RFS Internal Operating Procedures V.F.5.b, there shall be a runoff ballot between the 2 highest vote getters in the event that no one candidate receives a majority of legal votes cast for a given office.

3. Election of Alternate Delegate. After the election of the Delegate, all unsuccessful candidates who were nominated for the office of Delegate and who choose to be a candidate for Alternate Delegate will be placed on a ballot for the election of the Alternate Delegate. Additionally, any candidate who was nominated for the office of Alternate Delegate shall also be placed on the same ballot. Each voting Representative to the Business Meeting who is present at the meeting may cast a written ballot for the election of the Alternate Delegate from among those so nominated. Election to the office of Alternate Delegate requires a majority of the legal votes cast.

4. Election of Vice Speaker. After the election of the Speaker, all unsuccessful candidates who were nominated for the office of Speaker and who choose to be a candidate for Vice Speaker will be placed on a ballot for the election of the Vice Speaker. Additionally any candidate who was nominated for the office of Vice Speaker shall also be placed on the same ballot. Each voting Representative to the Business Meeting who is present at the meeting may cast a written ballot for the election of the Vice Speaker from among those so nominated. Election to the office of Vice Speaker requires a majority of the legal votes cast.

5. Processing.

a. All ballots will be returned to designated ballot boxes at a designated and fixed location in the Assembly hall. When each ballot is returned to the ballot box by a credentialed delegate, another ballot will be given to that delegate, by a member of the Credentials Committee to be used in any known necessary subsequent elections. The boxes will be monitored during the voting period by the Rules Committee.
b. No ballots will be cast after the expiration of each voting period; the ballot boxes will be collected by the members of the Rules Committee. The Rules Committee and the boxes will be sequestered in a private and secret location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. In the elections for the Governing Council, the candidate for each position who has received a majority of the votes cast shall be elected. If no nominee for a given position receives a majority of the votes cast, than the two candidates with the most votes will be placed on a subsequent ballot with all other candidates removed, and a subsequent vote shall take place. Following this vote, the candidate who receives a majority of legal votes cast shall be elected.

c. Upon completion of the tabulation, the Chair of the Rules Committee will validate the election results by determining that each ballot is official, that the number of ballots cast is equal to or less than the number distributed and will then certify the results of the election in writing. He or she will then immediately forward these results to the Assembly's presiding officer.

d. Upon receipt of the Rules Committee's election results and verification, the presiding officer will announce the results to the Assembly.

e. Upon completion of all elections, the Assembly's presiding officer will certify in writing the results of these elections and announce to the Assembly the final and official results of these elections. Vote totals shall remain confidential and shall not be announced. Candidates may ask for and receive vote totals in confidence. Discretion is encouraged.

6. Appeals.

a. Appeals of the election process and results must be made in writing to the Assembly's presiding officer no later than one hour after the official announcement of the final results.

b. Any appeal of the process of ballot(s) distribution (as outlined in RFS Internal Operating Procedures V.E.2) will be considered by the Rules Committee. Consideration of such appeals and merits of said appeals will be determined in whatever manner the committee deems necessary. The results of the committee's recommendations must be forwarded in writing by the Committee Chair to the Assembly's presiding officer.
c. Any appeal of the process of ballot election, tabulation and announcement of results (as outlined in RFS Internal Operating Procedures V.E.7.a) shall be considered by the Rules Committee in the same manner as outlined in RFS Internal Operating Procedures V.E.7.a.

d. No one who is a candidate in the election being appealed may participate in the appeals process.

e. The Assembly's presiding officer and the preceding Governing Council at the Annual Meeting or the present Governing Council at the Interim Meeting will consider the appeals reports from the committee(s) dealing with the matter. Final decision on the election results will be the jurisdiction of the Governing Council as described above.

VI. RFS Sectional Delegates

A. Apportionment. The RFS is entitled to delegate and alternate delegate representation based on AMA Bylaw 2.4.2. This bylaw allots one delegate and one alternate delegate for each 2000 resident and fellow members of the AMA as recorded on December 31 of each year.

B. Eligibility.

1. All candidates for RFS Sectional Delegate or Alternate Delegate must be resident and fellow members of the AMA prior to campaigning or running for the position. Any resident and fellow member of the AMA is eligible to be nominated to be an RFS Sectional Delegate or Alternate Delegate. In order to enter his or her materials into the RFS handbook, a resident or fellow must obtain written endorsement from his or her constituent society or specialty organization prior to the posted deadline for printing handbook election materials. A candidate may be nominated from the floor of the Assembly as described in RFS Internal Operating Procedures V.B., but must subsequently obtain the endorsement of his or her constituent society or specialty organization within 30 days of his or her election. Should an elected RFS Sectional Delegate or Alternate Delegate not obtain endorsement within the allotted time, his or her election shall be null and void and the position shall be considered vacant.

2. Once candidates announce their endorsement, the endorsing constituent society or specialty organization may not be changed until a written statement of endorsement from the new endorsing society is provided to the RFS Governing Council. Each candidate is also required to provide a written
statement detailing how the candidate plans to ensure his or her attendance at the required meetings.

3. Cessation of Eligibility. If any Sectional Delegate or Alternate Delegate ceases to meet the membership requirements of AMA Bylaw 7.1.1 prior to the expiration of the term for which elected, the term of such Delegate shall terminate and the position shall be declared vacant. If the Delegate ceases to meet the membership requirements of the RFS within 90 days prior to an Annual Meeting, the Delegate shall be permitted to continue to serve in office until the completion of the Annual Meeting.

C. Duties and Privileges. RFS Sectional Delegates and Alternate Delegates shall be subject to the privileges and duties of all AMA delegates as outlined in the AMA Bylaws. They shall caucus with their endorsing society as well as assist the RFS Delegate and Alternate in representing the Resident and Fellow members of the AMA in the House of Delegates. RFS Sectional Delegates and Alternates shall not speak on behalf of the AMA-RFS unless first permitted to by the RFS Delegate or Alternate. They shall also be responsible for reporting back to the resident and fellow section of their state or specialty endorsing society regarding the activities of the AMA House of Delegates.

D. Seating. RFS Sectional Delegates shall be seated with their endorsing state or specialty society. In the case where a RFS Sectional Delegate has been endorsed by both his or her state and specialty society, he or she must choose, prior to his or her election, with which delegation he or she wishes to be seated. In the case of a vacant delegate seat, the RFS Delegate will appoint a RFS Sectional Alternate Delegate to fill that seat, taking into consideration the Sectional Delegate’s state/region of the country and/or his or her specialty. The RFS Sectional Alternate Delegate will sit with the Sectional Delegate’s endorsing society and vote with that endorsing society in place of the Sectional Delegate.

E. Limitations. There shall be a limit of one Sectional Delegate and one Sectional Alternate Delegate per state or specialty society. This limitation is intended to allow more than one candidate from a given state to be delegate so long as all those beyond the first shall be endorsed by and seated with his or her specialty delegation. This limitation is also intended to allow more than one candidate from a given specialty to be delegate so long as all those beyond the first shall be endorsed by and seated with his or her state delegation. It is highly encouraged that the membership takes into consideration geographic regions and specialties in order to encourage a broad representation of RFS Sectional Delegates in the AMA House of Delegates. These aforementioned limits shall be waived should their enforcement create vacancies in the position of Sectional Delegate or Alternate Delegate. None of these limits shall be construed to limit the number of residents or fellows who can be endorsed by any given state or specialty society.
F. **Term of Sectional Delegates.** The normal term shall commence with the close of
the House of Delegates meeting that immediately follows his or her election and
shall end at the close of the following Interim meeting of the House of Delegates.

G. **Elections of Sectional Delegates.**

1. **Time of Election.** The Sectional Delegates shall be elected at the Interim
Meeting for a one-year term. The Governing Council shall set the day and
hour of such elections and shall give the resident and fellow members of
the Association ample notification.

2. **Nominations.** Nominations for Sectional Delegate shall be received in
advance of the Interim Meeting, pursuant to the rules of the RFS. The
Speaker shall allot time for further nominations to be made from the floor
of the Business Meeting.

3. **Campaigns.** Each candidate shall be subject to the campaign rules in RFS
Internal Operating Procedures V.D.

4. **Voter Eligibility.** A voter shall be defined as the RFS Assembly Delegate
or Alternate Delegate who is credentialed at the time of the vote.

5. **Method of Election.** The voting system to be used in the RFS Sectional
Delegate and Alternate Delegate elections will be an approval-based,
plurality-at-large voting system.

   a. **Voting Periods.** The voting period for Sectional Delegates shall
   occur at the Interim Meeting at a time scheduled by the Speaker.

      i. **Balloting.** All nominees for the office of Sectional Delegate
      shall be listed on a single ballot with their endorsing society.
      The ballot will contain clear voting instructions with a brief
      explanation of ballot counting procedures. The voter must vote
      for exactly as many candidates as there are open positions.
      Ballots will be counted and delegates selected based on an
      approval-based, plurality-at-large voting system. Only
      nominees receiving a simple majority of the legal votes cast
      shall be elected. Ballots must be certified by the Speaker no
      more than 24 hours and no less than 1 hour prior to the election.
      The Speaker will allow all nominees to view the ballot and
      request changes to the ballot prior to the time of certification.
      Once the ballot is certified, no changes may be made.
      Candidates who receive written endorsement from their
      endorsing constituent association or specialty society prior to
      the election and provide a written statement detailing how they
      plan to ensure their attendance at the required meetings, will
have their names highlighted to clearly indicate that all of their endorsing materials were received prior to the election.

ii. Limitations. If there is more than one nominee from an endorsing state or specialty society, then only the nominee from that endorsing society who has a majority and who has the most votes shall be elected. All other nominees from that society shall be eliminated from the remaining counting of ballots. This process will continue throughout the counting of ballots to ensure that there is only one RFS Sectional Delegate per endorsing state and specialty society.

iii. Unfilled Seats/Runoff Elections. If there are unfilled Sectional Delegate seats after the election, a runoff election will be held between the remaining candidates receiving the most votes, with the exact number of candidates participating in the runoff to be determined by the formula $2n$, inclusive of ties, where $n$ equals the number of seats up for election, or the total number of remaining candidates, whichever is less. During the runoff election, the candidate(s) who receive(s) the highest number of votes, with a majority of legal votes cast, shall be elected. If any runoff election results in no seats being filled (due to no candidate achieving a majority), the candidate receiving the lowest number of votes shall be eliminated from balloting for the subsequent runoff election. This process will continue until all Sectional Delegate and Alternate Delegate seats are filled. If unfilled seats remain after elections are completed, one additional Sectional Delegate and Alternate Delegate per endorsing state/specialty society will be allowed in a subsequent balloting period. This process will continue through as many counting rounds as needed until all Sectional Delegate and Alternate Delegate seats are filled.

H. **Elections of Sectional Alternate Delegates.** Criteria and election procedures for Sectional Alternate Delegates shall be identical to those for Sectional Delegates except that the voting period shall follow the one for Sectional Delegates. All candidates for Sectional Delegate shall be eligible for Sectional Alternate Delegate.

I. **Vacancies.**

1. All delegate vacancies should be filled at the discretion of the Governing Council from among elected alternate delegates. If possible, the replacement delegate(s) should be selected from among alternate
delegates who are from the same society as the delegate that they are
replacing.

2. Alternate Delegate vacancies should be solicited by the Governing
Council via nominations open to all RFS members, and the Governing
Council should select replacement Alternate Delegates from among those
nominees through a majority vote of all Governing Council members
present.

VII. Endorsement of Resident and Fellow Trustee

Ideally at least one resident or fellow member of AMA shall be endorsed by the RFS Assembly
to serve as a member of the Board of Trustees. The AMA-RFS Assembly may endorse a resident
or fellow member at the Interim Meeting to be a candidate for a single term. The Assembly may
choose not to endorse any candidate for the position of Trustee.

A. Candidates. Resident and fellows seeking endorsement for the Resident/Fellow
position on the AMA Board of Trustees must submit an application, curriculum
vitae, and statement of interest by the deadline determined by the Governing
Council. Incumbent residents seeking reelection may enter the endorsement
process if they wish to be re-endorsed. No nominations will be taken from the
floor during the Assembly’s business meeting.

B. Speeches. Candidates are allowed to address the Assembly in a manner to be
designated by the Speaker. The Speaker shall also design an opportunity for the
candidates to respond to questions in front of the general Assembly. The
candidates shall be made aware of the format and timing of the address and
questions no fewer than 30 days prior to the meeting of the general Assembly.

C. Campaign. Refer to RFS Internal Operating Procedures V.D. for the Code for
Campaigning applicable to the Trustee election.

D. Endorsement Process.

1. Time. The endorsement of the Resident and Fellow Trustee shall occur
during the voting period at the Interim Assembly Meeting of the AMA-
RFS. The Governing Council shall set the day and time. Candidates may
also be endorsed during the Annual meeting by rules outlined below.

2. Method of Endorsement. Where there is only one candidate, endorsement
may be by affirmation. When there are multiple candidates, a motion to
endorse more than one candidate shall be in order. Endorsements shall be
by ballot. Votes shall be cast by approval balloting, such that any
candidate whom the delegate deems worthy of endorsement should be
marked affirmatively by that delegate. There shall be no ranking, and it
should be made clear that marking a second candidate in no way jeopardizes the chances of a first candidate to be endorsed.

3. Processing. No ballots will be cast after the expiration of the voting period. The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the boxes will be sequestered in a private location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. Counting shall proceed by counting the number of affirmative votes for each candidate. Every candidate who receives an affirmative vote from greater than 50% of those who cast legal ballots shall be endorsed.

4. Validating. Upon completion of the tabulation, the Chair of the Rules Committee will validate the election results by determining that each ballot is official, that the number of ballots cast is equal to or less than the number distributed and will then certify the results in writing. He or she will then immediately forward these results to the Assembly's presiding officer. Upon receipt of the Rules Committee's election results and verification, the presiding officer will announce the results to the Assembly.

5. Late Endorsement. A candidate may ask for endorsement by the Assembly at the annual meeting of the Assembly. This is subject to the same rules described above and additionally requires a 2/3 vote of the Assembly for endorsement. In the case of an individual seeking late endorsement, any individual who has already been endorsed for the position shall be allotted equal time before the Assembly and shall have his or her materials reprinted in the Assembly handbook upon request.

E. Appeals. See RFS Internal Operating Procedures V.F.6.

F. Report to Assembly. The resident or fellow member of the BOT shall submit a written and oral report of the Board’s activities to the Assembly biannually. This report will communicate Board Actions related to the concerns of the RFS and will provide the RFS with directives on behalf of the BOT.

VIII. Endorsement of Candidates for Elected AMA Councils

Ideally at least one eligible candidate for each resident/fellow position on elected AMA councils shall be endorsed by the RFS Assembly. These councils are: Council on Medical Service, Council on Medical Education, Council on Constitution and Bylaws, and Council on Science and Public Health. In order to be eligible for endorsement, a candidate must be an AMA member, be a resident or fellow during their term, and formally disclose to voters prior to the endorsement...
election any portion of their term during which they will not be a resident or fellow. The AMA-RFS Assembly may endorse any, all, or none of the considered eligible candidates.

A. Candidates. Resident and fellows seeking endorsement for the resident position on an AMA Council must submit an application, curriculum vitae, and statement of interest by the deadline determined by the Governing Council in order to be listed in the Assembly handbook. Incumbent residents seeking reelection may enter the endorsement process if they wish to be re-endorsed.

B. Speeches. Candidates are allowed to address the Assembly in a manner to be designated by the Speaker. The candidates shall be made aware of the format and timing of the address no fewer than 30 days prior to the meeting of the general Assembly.

C. Campaign. Refer to Section RFS Internal Operating Procedures V.D. for the Code for Campaigning applicable to the Trustee election.

D. Endorsement Process.

1. Time. The endorsement of the resident and fellow candidates for council shall occur during the voting period at the Interim Assembly Meeting of the AMA-RFS. The Governing Council shall set the day and time. Candidates may also be endorsed during the Annual meeting by rules outlined below.

2. Method of Endorsement. Where there is only one candidate for a given council, endorsement may be by affirmation. When there are multiple candidates, a motion to endorse more than one candidate shall be in order. Endorsements shall be by ballot. There shall be a separate ballot for each Council. Votes shall be cast by approval balloting, such that any candidate whom the delegate deems worthy of endorsement should be marked affirmatively by that delegate. There shall be no ranking, and it should be made clear that marking a second candidate in no way jeopardizes the chances of a first candidate to be endorsed.

3. Processing. No ballots will be cast after the expiration of the voting period. The ballot boxes will be collected by members of the Rules Committee. The Rules Committee and the boxes will be sequestered in a private location. At this time the Chair of the Rules Committee will open the ballot box and the Rules Committee will then count the ballots and tabulate the results. Counting shall proceed by counting the number of affirmative votes for each candidate. Every candidate who receives an affirmative vote from greater than 50% of those who cast legal ballots shall be endorsed.
4. Late Endorsement. A candidate may ask for endorsement by the Assembly at the annual meeting of the Assembly. This is subject to the same rules described above and additionally requires a 2/3 vote of the Assembly for endorsement. In the case of an individual seeking late endorsement, any individual who has already been endorsed for the position shall be allotted equal time before the Assembly and shall have his or her materials reprinted in the Assembly handbook upon request.

E. Appeals. See RFS Internal Operating Procedures V.F.6.

F. Report to Assembly. The Resident or Fellow member of a council shall submit a written report of the Council’s activities to the Assembly biannually. This report will communicate Council Actions related to the concerns of the RFS.

IX. RFS Assembly Meeting

There shall be an Assembly meeting of resident and fellow members of the AMA-RFS held on a day prior to each meeting of the AMA House of Delegates.

A. Call to the Meeting. Ninety days prior to the meeting, notice shall be sent to all resident and fellows and resident and fellow organizations detailing the time, place, credentialing process, resolution mechanisms, election procedures, and education programs for the meeting.

B. Representatives to the Business Meeting from Organizations represented in the House of Delegates. The Business Meeting shall include representatives from constituent associations, Federal Services, national medical specialty societies, and professional interest medical associations represented in the House of Delegates.

1. Apportionment. The apportionment of each constituent association, Federal Service, national medical specialty society and professional interest medical associations is one representative for each 100, or fraction thereof, members of the Resident and Fellow Section who are members of the constituent association, Federal Service, national medical specialty society or professional interest medical association.

2. Effective Date. In January of each year, the AMA shall notify each constituent association, Federal Service, national medical specialty society and each professional interest medical association of the number of seats to which it is entitled. Such apportionment shall take effect on the following January 1 and remain effective for one year.
C. Other Representatives to the Business Meeting.

1. At-Large Representatives. Active resident/fellow physician members of the AMA may be eligible to serve as at-large representatives to the Resident and Fellow Section Business Meeting.

   a. Apportionment. The number of representatives shall be 10% of the average number of registered RFS delegates and alternate delegates from the previous year.

   b. Criteria for the At-Large Delegate positions include the following:
      A. All seats are self-funded;
      B. A candidate must be an AMA-RFS member;
      C. A candidate must submit an application to the RFS Governing Council for consideration; In the event that all available At-Large Positions are not filled by application to the Governing Council, these positions may be filled at the meeting (Annual or Interim) on a first-come, first served, basis.
      D. A candidate will be able to select whether to serve in this position for one meeting (Interim or Annual) or for an academic year;
      E. There are no term limits for these positions but candidates must reapply after each year;
      F. All vacant positions after Interim will be offered for Annual;
      G. Reasons for applying should include one of the following:
         i. First time attendee; or
         ii. Relocation due to a transition period; or
         iii. State or Specialty does not send representatives to the RFS Assembly or does not have an RFS Section; or
         iv. Candidate is a direct AMA member

2. National Resident and Fellow Organizations.

   a. Apportionment. Each national resident and fellow organization that has been approved for representation in the RFS Assembly may select one representative and one alternate representative.

   b. Criteria for Eligibility. National medical resident and fellow organizations that meet the following criteria may be considered for representation in the AMA Resident and Fellow Section Business Meeting:

      i. The organization must be national in scope.
ii. The organization must be composed solely of residents or fellows.

iii. Membership in the organization must be available to all residents or fellows, without discrimination.

iv. The purposes and objectives of the organization must be consistent with the AMA's purposes and objectives.

v. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

c. Procedure. The organization must submit a written application containing sufficient information to establish that the organization meets the criteria described above. The application ideally should also include the following:

i. The organization's charter, constitution, bylaws and code of medical ethics.

ii. A list of the sources of the organization's financial support, other than the dues of its members.

iii. A list or description of all of the organization's affiliations.

iv. Such additional information as may be requested.

The Governing Council shall review the application. If it recommends that the organization be granted representation in the Resident and Fellow Section Business Meeting, the recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the organization may be represented in the Resident and Fellow Section Business Meeting.

d. Biennial Review Process. Each national resident and fellow organization represented in the Resident and Fellow Section Business Meeting must reconfirm biennially that it continues to meet the criteria for eligibility by submitting such information and documentation as may be required by the Governing Council.

e. Rights and Responsibilities. Representatives of national resident and fellow organizations in the Resident and Fellow Section Business Meeting shall have the following rights and responsibilities:
i. Full voting rights in the Business Meeting, except the right to vote in any elections, at the conclusion of a two-year probationary period with regular attendance.

ii. Presenting its policies and opinions in the Business Meeting.

iii. Reporting on the actions of the AMA Resident and Fellow Section.

iv. Cooperate in enhancing the AMA Resident and Fellow Section membership.

v. Ineligible for election to any office in the AMA Resident and Fellow Section.

f. Discontinuance of Representation. The Governing Council may recommend discontinuance of the representation by a national resident and fellow organization on the basis that the organization fails to meet the above criteria and responsibilities, or has failed to attend the Business Meeting of the AMA Resident and Fellow Section. The recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the representation of the national resident and fellow organization in the AMA Resident and Fellow Section Business Meeting shall be discontinued.

3. Official Observer. National resident and fellow organizations may apply to the AMA-RFS Governing Council for official observer status in the RFS Assembly. Applicants and official observers must demonstrate compliance with guidelines for official observers adopted by the AMA-RFS Assembly, and the Governing Council shall make a recommendation to the AMA-RFS Assembly concerning the application. The AMA-RFS Assembly will make the final determination on the conferring or continuation of official observer status. Organizations with official observer status are invited to send one representative to observe the actions of the Assembly at all meetings of the RFS Assembly. Official observers have the right to speak and debate on the floor of the Assembly upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

D. Purposes of the Meeting. The purposes of the meeting shall be:

1. To hear such reports as may be appropriate.
To elect, at the Assembly meeting prior to the Annual meeting of the Association, the voting members of the Governing Council of the Resident and Fellow Section. To elect, at the Assembly meeting prior to the Interim meeting of the Association, the Chair-elect of the Governing Council of the Resident and Fellow Section, and to endorse the Resident and Fellow Trustee and councilor candidates.

To adopt resolutions for submission to the House of Delegates of the AMA.

To conduct such other business as may properly come before the meeting.

To provide programming to educate and provide value for members.

**E. Credentialing.** The name of the duly selected voting Assembly Delegates and Alternate Assembly Delegates from each state and specialty society should be received by the Director of Resident and Fellow Services of the AMA no later than 35 days prior to the assembly meeting in writing. On the day of the opening of the Assembly Meeting, credentialing will take place, where voting members must officially identify themselves to the Credentials Committee as having been duly selected to represent their state, specialty society or branch of the armed services.

**F. Participation.**

1. Only duly selected Assembly Delegates and Alternate Assembly Delegates to the assembly meeting shall have the right to vote, but the meeting floor, and right to testify, shall be open to all residents and fellow members of the AMA. The Presiding Officer of the Assembly may grant a non-RFS member the privilege of the floor.

2. The Immediate Past Chair of the AMA-RFS Governing Council, if he or she is no longer a resident or a fellow, shall have the same "speaking" privileges, excluding the privilege to make a motion, in the business meeting of the RFS Assembly as any other member of the Governing Council.

**G. Procedure.**

1. Agenda. At least 21 days prior to the Assembly meetings, the agenda shall be sent to Assembly Delegates and Alternate Assembly Delegates. The order of business will be set by the Speakers prior to the meeting. The Assembly at any time may change the order of business by a majority vote.
2. Rules of Order. The Assembly meeting shall be conducted pursuant to the established rules of procedure submitted by the Speakers and adopted by the Assembly. The Rules of Order that govern the AMA House of Delegates shall govern the Assembly meeting of the RFS in all matters not outlined in the adopted rules of procedure mentioned above.

3. Quorum. Twenty percent of the registered Delegates shall constitute a quorum so long as at least 15 different states and 5 national medical specialty associations, military or federal agencies are represented.

H. Resolutions. Any resident and fellow member may submit resolutions.

1. All resolutions submitted by resident and fellows must be received in the AMA Department of Resident and Fellow Services 42 days prior to the Assembly meeting to be included in the Resident and Fellow Section agenda. They will be made available on the AMA website, and are debatable on the floor of the RFS Assembly.

2. Late Resolutions. Resolutions that are submitted after the 42-day deadline but 7 days prior to the Assembly meeting being called to order shall require a two-thirds vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether or not they should be considered as business. Late resolutions approved for consideration shall be referred to a reference committee, and handled in the same manner as those resolutions introduced before the 42-day deadline.

3. Emergency Resolutions. Resolutions that are submitted within 7 days of the meeting or after the meeting has been called to order shall require a three-fourths vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether or not they should be considered for business. Emergency resolutions approved for consideration shall be debated on the floor of the Assembly without referral to a reference committee.

4. All resolutions approved for consideration as business shall require a simple majority vote of the Assembly for adoption except those amending the IOP, which require a two-thirds vote as specified in RFS Internal Operating Procedures XIII.

5. Resolutions introduced by the Governing Council into the AMA Delegate's handbook shall be in the name of the RFS Delegate. Such resolutions may only be submitted when there is two-thirds approval by all voting members of the Governing Council. They shall be considered by the RFS Assembly as a first priority of business, and if not adopted or if
6. Resolutions that are AMA policy proposals shall be submitted to the AMA House of Delegates in the name of the RFS at the first meeting to which they could be submitted in an appropriate and timely fashion following the closing of the AMA House of Delegates that is associated with the RFS Assembly at which they were approved unless otherwise specified by the RFS Assembly.

I. Convention Committees. The convention committees shall be, unless otherwise specified, appointed by the Governing Council. These committees are to expedite the conduct of business at each meeting of the RFS Assembly.

1. Credentials Committee. A 3- to 9- member Credentials Committee shall be composed, ideally, of one member per region as defined in RFS Internal Operating Procedures X.B and one Chair. The Committee shall be responsible for consideration of all matters relating to the registration and certification of delegates including credentialing delegates for business meetings, verifying a quorum is present, and distributing ballots for elections.

2. Logistics Committee. A Logistics Committee shall be composed of 3 to 5 At-Large members. The Committee shall be responsible for aiding the Assembly in performing those tasks to make the business of the Assembly most readily available to the Assembly. This shall include, but not be limited to, aiding with the use of computers to project amendments and actions for the Assembly’s viewing, and for an Assembly delegate’s ease.

3. Rules Committee. A Rules Committee shall be composed of 5 at-large members. The committee shall review late and emergency resolutions and make recommendations to the RFS Assembly on whether or not to consider them as business of the Assembly. The Rules Committee shall also be familiar with the Rules of Order such that they can assist residents throughout the business meeting. The Rules Committee shall also collect and tabulate ballots for RFS elections, and count hand votes during the business meeting as requested by the Speakers.

4. Reference Committees. The number and membership of reference committees appointed for each RFS Assembly meeting will be determined by the Speakers prior to each meeting. Each reference committee shall be composed of five members and one alternate unless, in the judgment of the Speakers, circumstances warrant an adjustment in the number of members on one or more reference committees. Each committee shall conduct an open hearing on items of business referred to it (resolutions and reports), and make recommendations to the Assembly for disposition
of its items of business through the preparation of reference committee reports for consideration by the RFS Assembly.

5. Hospitality Committee. A Hospitality Committee shall be composed of at least 3 members. This committee shall have the responsibility of aiding the Speakers and Governing Council in providing an as member-friendly experience as possible for attendees of the conference.

X. RFS Caucus of the AMA House of Delegates

A. RFS Caucus Structure.

1. The RFS sectional and alternate delegates, together with the RFS Delegate and Alternate, form the RFS Caucus.

2. The RFS Delegate and RFS Alternate Delegate should be considered the chair and vice chair of the caucus respectively and their responsibilities in those positions include, but are not limited to:

   a. Overseeing debate, discussion, and voting that occurs within the caucus, or designating a member of the caucus to fulfill this role if they are unable to perform it themselves.

   b. Assigning sectional and alternate delegates to reference committees.

   c. Speaking on behalf of the RFS in reference committee hearings and the HOD, or delegating the responsibility to speak on behalf of the RFS to other members of the section.

   d. Developing general RFS strategy for passing or defeating resolutions.

   e. Coordinating and negotiating with the leadership of other groups within the HOD.

3. Other resident and fellow delegates to the AMA HOD, including residents or fellows appointed to their state or specialty delegations, are not considered members of the caucus. They are encouraged to take part in RFS Caucus meetings and participate in discussions. If willing, they may still be assigned to speak on behalf of the RFS by the RFS Delegates.

B. Determining RFS Caucus Positions on AMA HOD Resolutions.
1. Determining RFS Caucus Positions on AMA HOD Resolutions

2. A quorum of at least 50% of voting members must participate for a vote to be valid.

3. In the AMA HOD, the RFS Caucus must take positions on resolutions that are consistent with the existing policy of the RFS as defined in the RFS Digest of Actions whenever possible.

4. In areas where relevant RFS policy exists, but the interpretation is uncertain, a majority vote of a quorum of delegates will determine the caucus’s interpretation.

5. When a resolution is before the AMA HOD for which RFS policy does not exist, any member of the RFS Caucus may move that the RFS take a position on the resolution. Such a movement requires a second by another caucus member and a 2/3rds majority vote to pass.

6. Positions set using the procedures described in section B.5 are valid for the duration of that meeting only, and do not apply to future interim or annual meetings.

C. Reporting of Caucus Actions

1. The RFS Delegate and Alternate shall be responsible for authorizing a report of actions taken, which shall be presented to the RFS Assembly at the next national meeting. This report will list the resolved clauses of all AMA HOD resolutions for which the RFS took a position, and will specifically identify those resolutions for which the RFS Caucus took a position that was not grounded in existing internal policy. It will also detail the action taken, motivation for taking such action, and suggestions for new AMA-RFS policy on the issue in question.

XI. Regions

A. Purpose and Function.

1. The Regions shall exist to foster and promote AMA-RFS activities and membership on a regional level. The Regions shall function as a means of dissemination of RFS information, of recruitment to the RFS and of opportunity for involvement and leadership for RFS members regionally.

2. If any Regional Chair ceases to meet the membership requirements of AMA Bylaw 7.11 prior to the expiration of the term for which elected, the term of
such Regional Chair shall terminate and the position shall be declared vacant. If the Regional Chair ceases to meet the membership requirements of the RFS within 90 days prior to an Annual Meeting, the Region Chair shall be permitted to continue to serve in office until the completion of the Annual Meeting.

B. Regions Defined.


2. Region 2: Illinois, Iowa, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin

3. Region 3: Arkansas, Kansas, Louisiana, Mississippi, Oklahoma, Texas

4. Region 4: Alabama, Florida, Georgia, North Carolina, South Carolina, Tennessee

5. Region 5: Indiana, Kentucky, Michigan, Ohio, West Virginia

6. Region 6: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia


8. Region 8: National Specialty Societies, Military and Other Federal Agencies, All other societies not otherwise named herein.

C. Regional Governance.

1. Each Region shall be encouraged to author its own regional Internal Operating Procedures (IOP) that outline its mechanism of operation and governance. Any such Regional IOP shall supersede the procedures outlined within this section below, provided the regional IOP includes a Chair and has membership criteria identical to those written below or as otherwise approved by the RFS Governing Council.

2. Each Region shall abide by the operating procedures in this section unless they have adopted independent internal operating procedures:

   a. Membership.
i. A Person shall be considered a member of Region VIII if he or she is:
   a) A Resident or Fellow member of the AMA.
   b) A member of a national specialty medical society or is serving in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, the Department of Veterans Affairs or other Federal agencies.

ii. A Person shall be considered a member of a Geographic Region (1-7) if he or she is:
   a) A Resident or Fellow member of the AMA.
   b) Serving in approved training programs or fellowship in a State in that Region, or, as his or her primary occupation, serving in a structured educational program begun immediately upon completion of medical school, residency or fellowship training in a State in that Region.

iii. Should any individual be a potential member of multiple regions due to educational, military, geographic and or specialty status, they must at the time of credentialing, identify their Regional affiliation. Neither an Assembly Delegate nor Assembly Alternate Delegate shall be a voting member for more than one region nor shall they be allowed to change their regional affiliation during a single year as defined as the beginning of an Annual meeting of the RFS Assembly until the opening of the following Annual meeting of the RFS Assembly. An individual shall be allowed to change affiliations from one geographic Region to another if they have moved from a residency or fellowship in one Region to one in another.

b. Regional Governance. Each Region shall, at each RFS Assembly Annual meeting, elect a Chair to serve a one-year term that begins at the conclusion of the concurrent meeting of the AMA House of Delegates (HOD) and that ends at the conclusion of the following meeting of the AMA-HOD. Election shall be by majority vote of AMA-RFS Assembly Delegates and Assembly
Alternate Delegates who are members of that Region. There shall be no votes by proxy.

c. Regional Activities.

i. Regions shall be encouraged to caucus on:

a) Reports/Resolutions.

b) Candidates (Including conducting AMA-RFS GC Candidate interviews).

c) Issues of importance to programs within the Region.

D. Regional Chairs.

1. Within their respective regions, Regional Chairs are responsible for the following:

a. Informing state leaders of current RFS events.

b. Increasing RFS membership.

c. Soliciting ideas of how to improve RFS activities.

d. Mobilizing RFS members for important AMA activities.

e. Promoting cooperation between local and national RFS leaders.

f. Developing new methods of how to increase resident/fellow participation in the RFS.

g. Coordinating and presiding over Regional Meetings.

2. At the Interim and Annual Meetings, the Regional Chairs are required to submit a short report of membership, legislative awareness, and leadership promotion activities to their respective regions and the RFS Governing Council.

3. Regional Chairs will also have an open invitation to all General Sessions of the AMA-RFS Governing Council and shall be invited to additional leadership events at the discretion of the AMA-RFS GC Chair.
E. Regional Council.

1. Purpose and Function. The Regional Council is designed to foster and promote strategic relationships between the RFS Governing Council, Regions, leaders of state and specialty society resident sections, and local residency/fellowship programs.

2. Membership. The Regional Council is comprised of eight regional chairs and the Member At-Large Officer from the RFS Governing Council, who shall serve as chair of the Regional Council.

3. Meetings. The Regional Council shall meet at least quarterly either in person or by teleconference in order to conduct the business of the Council.

XI. Appointments

It will be the responsibility of the RFS Governing Council to make appointments of the resident and fellow members of non-elected AMA Councils for confirmation by the AMA Board of Trustees or President-Elect as appropriate, and to other bodies of the Association when requested. It is also the responsibility of the Governing Council to make recommendations for resident and fellow representation to bodies such as the Residency Review Committees, National Board of Medical Examiners, National Residency Matching Program, and others after the Governing Council has solicited applications from interested resident and fellows.

A. Resident and Fellow Representation on AMA Councils.

1. At least one resident or fellow shall be recommended by the RFS Governing Council to the AMA president-elect for consideration for appointment to the Resident and Fellow seat on the Council on Ethical and Judicial Affairs.

2. At least one resident or fellow shall be recommended by the RFS Governing Council to the AMA Board of Trustees for consideration for appointment to the Resident and Fellow seat on the Council on Legislation.

3. At least one resident or fellow shall be recommended by the RFS Governing Council to the AMA Board of Trustees for consideration for appointment to the Resident and Fellow seat on the Council on Long Range Planning and Development.

4. At least one resident or fellow shall be recommended by the RFS Governing Council to the AMA Board of Trustees for consideration for
appointment to the Resident and Fellow seat on the Liaison Committee on Medical Education (an AMA/AAMC joint committee).

5. Terms. Residents and Fellows appointed to councils shall be in accordance with the AMA Bylaws. If the resident and fellow member of a Council ceases to be enrolled in an approved program for reason other than graduation, their service on the Council shall thereupon terminate and the position shall be declared vacant. If the resident or fellow ceases to be enrolled in an approved program due to graduation of that program, they may continue to hold their post for up to 90 days or until the completion of their term whichever comes first.

B. Standing Committees of the Resident and Fellow Section. The Governing Council shall annually appoint standing committees including, but not limited to, long range planning, public health, medical education, legislative awareness, membership and the poster symposium, composed of members of the Section to serve annual terms to further the mission of the Section. The Governing Council shall make an open solicitation of applications from the members of the section and shall select from among those who have applied. Should there be insufficient applications in order to adequately staff these committees, the Governing Council shall be empowered to make direct solicitations and appointments to the committees.

XII. Miscellaneous

A. Parliamentary Authority. The parliamentary authority of the AMA House of Delegates governs this organization in all parliamentary situations that are not provided for in the law or in the AMA Bylaws or adopted rules of the Resident and Fellow Section.

B. Financial Responsibility. Funding the RFS Governing Council is appropriated by the AMA. A listing of all meetings attended by each member of the Governing Council and members of AMA Councils, Committees, and Panels, along with an account of pertinent actions taken will be sent to RFS members semiannually.

XIII. Amendments

These Internal Operating Procedures may be amended by language proposed by the RFS Governing Council with the approval of two-thirds of the members of the Resident and Fellow Section Assembly present and voting. Where the Assembly instructs the Governing Council to script IOP changes, the language shall be submitted at the following Assembly meeting, unless otherwise specified, shall be considered at the business meeting and shall be effective immediately upon approval by two-thirds of the Assembly present and voting, unless a different time frame is so specified and approved by a simple majority when proposed. Amendments to
the Internal Operating Procedures may be contingent upon corresponding changes to the AMA Bylaws.
Late resolutions should be avoided whenever possible. The introduction of timely resolutions allows Assembly members time to research background information and AMA policy and prepare testimony either for or against a resolution. In addition, it gives Reference Committee members an opportunity to study background information in order to make an informed recommendation on the disposition of a resolution to the Assembly.

The submission of late resolutions was eliminated in 1989, due to the high referral/not adopt rate of resolutions that were introduced at the AMA-RFS Assembly Meetings. At the last two meetings prior to the elimination of late resolutions, seven of the eight late resolutions were not adopted or were referred to the Governing Council mainly due to a lack of basic factual information for both the Assembly and the Reference Committee members. The procedure for emergency resolutions was not eliminated.

However, the Assembly and Governing Council felt a need to have a mechanism to admit resolutions that have a legitimate reason for being late, while attempting to maintain an atmosphere of informed discussion of such resolutions. The following mechanisms must be used to introduce late and emergency resolutions.

For purposes of these rules, the following definitions will apply:

**LATE RESOLUTIONS** - Resolutions that are submitted after the 42-day deadline but at least 7 days prior to the Assembly meeting being called to order shall require a two-thirds vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether or not they should be considered as business. Late resolutions approved for consideration shall be referred to a reference committee, and handled in the same manner as those resolutions introduced before the 42-day deadline.

**EMERGENCY RESOLUTIONS** - Resolutions that are submitted within 7 days of the meeting or after the meeting has been called to order shall require a three-fourths vote of the Assembly to be debatable on the floor. The Rules Committee shall make recommendations to the Assembly on whether or not they should be considered for business. Emergency resolutions approved for consideration shall be debated on the floor of the Assembly without referral to a reference committee.

**PROCEDURES**

Late Resolutions
Late resolutions must be accompanied by a written statement addressing the following points:
- the timeliness/urgency of the resolution
- the importance of the resolution to the resident community
- why the resolution is being presented late

Copies of the resolutions will be available for members of the Assembly. In accordance with Parliamentary Procedure, limited debate will be allowed on acceptance of the resolutions only. Debate will not be allowed on the content of any of the resolutions. The author of each resolution will be given the opportunity to address the Assembly for one minute on the reasons to accept the resolution. Following
this limited debate, the Assembly should judge the merits of accepting the resolution on the three criteria listed above. The Assembly will then vote on whether to accept each resolution. A majority vote is required for acceptance.

Emergency Resolutions
The Rules Committee shall make recommendations to the Assembly on whether or not they should be considered for business. Emergency resolutions approved for consideration shall be debated on the floor of the Assembly without referral to a reference committee.

To accept an emergency resolution, the Assembly must suspend the AMA-RFS Rules of Order, which requires a three-fourths vote. To accept an emergency resolution it must be a true "emergency" issue which was not previously known to the Assembly and which must be dealt with immediately in order to have an impact. The mechanism for accepting these types of resolutions must be extremely difficult to prevent abuse of this system, and to ensure that only issues that are important and timely are heard by the Assembly.
### BASIC RULES

<table>
<thead>
<tr>
<th>Order of precedence</th>
<th>Can interrupt?</th>
<th>Requires a second?</th>
<th>Debatable?</th>
<th>Amendable?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRIVILEGED MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>SUBSIDIARY MOTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>5. Close debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>6. Limit or Extend debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>7. Postpone to a certain time</td>
<td>No</td>
<td>Yes</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Yes</td>
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<td><strong>MAIN MOTIONS</strong></td>
<td></td>
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<td>10. a. The main motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>b. Specific main motions</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Amend a previous action</td>
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<td>Yes</td>
<td>Yes</td>
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<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Recall from committee</td>
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<td>Yes</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
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<td>Reconsider</td>
<td>Yes&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Yes</td>
<td>Yes&lt;sup&gt;2&lt;/sup&gt;</td>
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<tr>
<td>Rescind</td>
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### INCIDENTAL

<table>
<thead>
<tr>
<th>No order of precedence</th>
<th>Can interrupt?</th>
<th>Requires a second?</th>
<th>Debatable?</th>
<th>Amendable?</th>
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<tbody>
<tr>
<td><strong>MOTIONS</strong></td>
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<tr>
<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Suspend the rules</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Consider informally</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>REQUESTS</strong></td>
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<td></td>
</tr>
<tr>
<td>Point of order</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Inquiries</td>
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<td>No</td>
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<td>No</td>
</tr>
<tr>
<td>Withdraw a motion</td>
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<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Division of question</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Division of assembly</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<sup>1</sup> Motions are in order only if no motion higher on the list is pending. Thus if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.

<sup>2</sup> Restricted.

<sup>3</sup> Is not debatable when applied to an undefeatable motion.

<sup>4</sup> A member may interrupt the proceedings but not a speaker.
Important Points About Amendments

1. A primary amendment amends the pending motion and must be germane (closely related) to the main motion.

2. A secondary amendment amends the primary amendment and must be germane to the primary amendment.

3. There may be only one primary and one secondary amendment pending at the same time to the same motion.

4. A motion to amend by substitution is a motion to strike out a paragraph or a main motion of only one sentence, and to insert a different paragraph or main motion.

5. An amendment by substitution is a primary amendment.

6. The paragraph to be struck out is opened to amendment first by any of the three methods of amending: to insert or to add; to strike out; or to strike out and insert. The paragraph to be inserted is then opened to amendment by any of the three methods of amending. These are secondary amendments and only one can be proposed at a time.

7. If the motion to substitute is adopted, the substitute motion replaces the main motion, thereby becoming the main motion. It may then be amended only by adding (at the end) wording which does not change the intent. Furthermore, the substituted motion now “the main motion as amended”, must be put to a vote in order to secure final approval by the members.

8. If the motion to substitute is not adopted, it is given no further consideration and debate returns to the original main motion (as or as not amended).

Prepared by Avis McDonald, PRP
How AMA Sets Policy

Input into the Meetings of the AMA House of Delegates

Resolutions
From Delegates
Representing:

- State Societies
- Specialty Societies
- Veteran’s Admin
- Army
- Navy
- Air Force
- US Public Health Service
- Resident and Fellow Section
- Medical Student Section
- Section on Medical Schools
- Organized Medical Staff Section
- Young Physicians Section
- International Medical Graduates Section
- Minority Affairs Section

House Of Delegates

State and specialty societies are entitled to one voting Delegate and one Alternate per thousand AMA members and fraction thereof. The RFS and other Sections are entitled to one Delegate and one Alternate each, and the RFS is also entitled to one Sectional Delegate and one Alternate per thousand AMA members and fraction thereof.

Ad Hoc Comm. of House of Delegates

Council on Ethical & Judicial Affairs*

Reports from AMA Councils on:

- Constitution & Bylaws
- Legislation*
- Long-Range Plan. & Dev.*
- Medical Service
- Science & Public Health
- Medical Education

# Reference Committees which consider resolutions and make recommendations to the House.

* Appointed by the Board of Trustees.
Policy Development Process

1. **Resolutions from Assembly Participants**
2. **Rules of Order are adopted, and reports and resolutions become official business of the Assembly, they are then referred to the committee**
   - Residents present testimony at Reference Committee Hearings
   - Reference Committee makes recommendations for action to the Assembly
   - **AMA Resident and Fellow Section Assembly Votes**
   - **AMA-RFS Governing Council**
   - If appropriate, Resolution is implemented by RFS
   - If appropriate, Resolution is submitted to AMA-HOD

3. **Reports from RFS Governing Council**
   - **Adopt**
   - **Adopt as Amended**
   - **Not Adopt**
   - **File**
   - **Refer**
   - **Refer For Decision**

   - **Becomes AMA-RFS Policy**
   - **AMA-RFS Governing Council studies and reports back to Assembly**
   - **AMA-RFS Governing Council studies and takes appropriate action**
MAP
Hyatt Regency Chicago
151 East Wacker Drive
Chicago, IL 60601

GOLD LEVEL – East and West Tower
Hyatt Regency Chicago
151 East Wacker Drive
Chicago, IL 60601

GREEN LEVEL – East and West Tower
MISCELLANEOUS
## AMA-RFS-YPS Riverside Chat - Disruptive Innovation
AMA HQ 47th Floor - 330 N. Wabash Ave, Chicago, IL 60611
Thursday, June 7th from 8:30 p.m. to 11:00 p.m.

### Events in Chicago

- **Ribfest Chicago**  
  Starting Friday, June 8 from 5:00 p.m. to 10:00 p.m.; Saturday and Sunday, noon-10p.m.  
  4000 N Lincoln Ave. Free ($5.00 Suggested Donation at the Gate).

- **Chicago Blues Festival**  
  Starting Friday, June 8, 5-10 p.m. through Sunday, June 10 from 11:00 a.m. - 10:00 p.m (SAT/SUN).  
  Millennium Park. Free.

- **Midsommarfest**  
  [http://www.andersonville.org/events/midsommarfest/](http://www.andersonville.org/events/midsommarfest/)  
  Starting Friday June 8 from 5:00p.m. - 10:00 p.m.; Saturday-Sunday 11:00a.m. - 10 p.m.  
  5200 N Clark St. Free ($10 donation suggested at gate)

- **Wells Street Art Festival**  
  [https://www.wellsstreetartfest.us](https://www.wellsstreetartfest.us)  
  Saturday-Sunday June 9th & 10th from 10:00 am – 10:00 pm.  
  $7 suggested donation

- **Chicago River Kayaking**  
  Monday-Friday from 9 a.m. to 5 p.m.; Saturday-Sunday from 9 a.m. to 6 p.m.  
  Hourly Rental: $30 per person (Single or Tandem)

- **Live on the Lake!**  
  Music and dance series in the Miller Lite Beer Garden at Navy Pier Friday June 8 from 5:30 p.m. - 11:30 pm; Saturday 2:00 p.m. - 11:30 p.m.; Sunday 2:00 p.m. - 8:00 p.m. Free.

- **Fireworks over Navy Pier**  
  Starting at 10:15p.m. on Saturday June 9th. Free.  
  600 E. Grand Avenue, Chicago, IL 60611

### Dining in Chicago

Dining in Chicago: Please call to make reservations!
Au Cheval – Call Ahead!
800 W Randolph St, Chicago, IL 60607 - (312) 929-4580
http://auchevalchicago.com/

Blue Frog Cantina
676 N. LaSalle, Chicago, IL 60654 - (312) 943-8900
http://www.bluefrogbarandgrill.com/

Café Ba-Ba-Reeba!
2024 N Halsted St, Chicago, IL 60614 - (773) 235-4039
http://www.cafebabareeba.com/

Hub 51
51 W. Hubbard St, Chicago, IL 60654 - (312) 828-0051
http://hub51chicago.com/

Little Goat
820 W. Randolph Street, Chicago, IL 60607 - (312) 888-3455
http://littlegoatchicago.com/

Public House
400 N. State Street, Chicago, IL 60654 - (312) 265-1240
http://www.publichousechicago.com/

Quartino Ristorante
626 N. State Street, Chicago, IL 60654 - (312) 698-5000
http://www.quartinochicago.com

Lounges: Please call to make reservations!

J Parker Rooftop
Lincoln Hotel - 1816 N Clark St, Chicago, IL 60614 - (312) 254-4747
Open: Mon-Thu 5pm-1am; Fri 1pm-2am; Sat 11:30am-2am; Sun 11:30am-1am

Crimson Lounge
Hotel Sax - 333 N. Dearborn Street, Chicago, IL 60654 - (312) 923 2473
Open: Mon-Thu 4pm-2am; Fri-Sat 4pm-3am

Vertigo Sky Lounge
2 W. Erie Street, Chicago, IL 60654 - (312) 202-6060
Open: Mon-Wed 4pm-11pm, Thu-Fri 4pm-2am, Sat 5pm-3am, Sun 2pm-11pm

ROOF on the Wit
201 North State Street Chicago, IL 60601 - (312) 239-9501
Open: Mon & Tues: 4pm - 12am; Wed & Thurs: 4pm - 2am; Fri & Sat: 2pm- 2am

✓ General Event Guides
To find other events around Chicago, please visit: http://www.choosechicago.com/things-to-do

✓ Local Transportation Information
Uber and Lyft are readily available throughout the city of Chicago
Chicago Transit Authority (CTA): Exact fare must be paid in cash or by Ventra card. Basic fare for trains and buses are $2.25.

- $5.00 one-time Ventra Card purchase fee is immediately refunded as transit value upon registration using the Ventra App. Ventra App also provides up-to-date schedule information.

- Google Maps mobile application provides routes with departure times.

- Metered Taxi: $3.25 base fare. $1.80 for each additional mile, $0.20 for every 36 seconds of time elapsed. There is an extra $1.00 charge for the first additional passenger aged 13 through 64 years old, and $.50 for each additional passenger.
CONGRESSIONAL CHECK-UP

A Guide to Physician Advocacy
Make Your Voice Heard

As a physician, resident or medical student it’s imperative members of Congress hear from you while they create, debate and enact health care legislation. The decisions made about how to govern the U.S. health care system impact everyone, yet no one is more qualified to help guide these decisions than those who deliver quality care to patients.

Members of Congress depend on subject matter experts, like you, to create effective legislation that helps their constituents. Since there are few issues that affect constituents more intimately than health care, the need for physicians to explain and advocate for patient-centered policies is paramount. However, it takes thoughtful, deliberate engagement with Congress to successfully advance your positions.

Want to have your voice heard? The American Medical Association (AMA) created this guide to help physicians, residents and medical students navigate and cultivate relationships on Capitol Hill. Within this guide, you’ll find information about:

- Where to reach members of Congress.
- How to effectively communicate with members of Congress.
- What resources the AMA has available to support your efforts.
Reach Lawmakers Where They Are

There are several ways to reach your members of Congress, and it’s important to understand each avenue to determine which option best suits your goals.

**In-Person Visits**
Meeting with a member of Congress or their congressional staff is a very effective way to discuss specific issues or legislative priorities. Remember it may be difficult to meet with members because, as a public servant, their time is not entirely their own and they may have several conflicting obligations. However, meeting with a member’s staff who specializes in your area of interest, such as the health legislative assistant, can be just as productive and can start a dialogue with the member.

Careful planning and having clear goals for the meeting are key to conducting a successful in-person visit. Specifically, we suggest that you:

- Contact the member’s scheduler and request to meet directly with the health legislative assistant and the member, if available.
- Explain the purpose for the meeting, including what one to two issues you want to discuss, and whom you represent.
- Arrive on-time and be patient if the member is late, cannot attend or if the meeting gets interrupted.
- Prepare an agenda to help the conversation stay on topic and rehearse with your fellow attendees.
- Bring visual-aids and other collateral to leave behind that illustrate your key points simply and succinctly.
- Outline how you or the group you represent can assist the member and their staff achieve common goals.
- Ask for a commitment when it’s appropriate to do so (i.e. cosponsoring legislation, voting yes or no).
- Know the counter-arguments, anticipate questions or potential pushback and prepare thoughtful, compelling responses.
- Follow-up after the meeting by writing an email or letter that thanks the member and/or staff for their time, recaps agenda items and reiterates any requests.
- Update the AMA, your state medical society and/or your specialty society about your experience.
Phone Calls
Phone calls are an effective way to voice your concerns, and can be particularly powerful in the days or hours leading up to important votes. Although you will rarely speak to your member directly on the phone, the congressional staffer should know the member’s position on particular issues and will relay your concerns to the member.

Remember, members have multiple offices and it can be useful to call both their Capitol Hill office where their legislative staff experts work, as well as local offices to reinforce your concerns. If you don’t know a member’s phone number, call the AMA’s Physicians Grassroots Network at (800) 833-6354 to connect with their Washington, D.C. office directly.

Emails and Letters
Written communications are most effective early in the legislative process and provide the best opportunity for you to frame future interactions. Reading feedback from constituents is something many members of Congress prioritize, and most offices keep weekly, and in some cases daily, counts of feedback they receive on particular issues.

AMA provides action alerts for specific issues to help you get the writing process started. However, written correspondences have more impact if they include personal stories and original thoughts. We suggest using our action alerts to help organize your thoughts, but edit them accordingly to insert your own voice, tone and personal anecdotes.

If you send a letter via postal service, be sure to write it on personal or business stationary. If you don’t have printed stationary, type your name and address at the end of the letter and sign above your contact information. This will eliminate any doubt about who you are and how to reach you.

Please be advised that while hand written letters are often more persuasive, due to security screenings, it may take weeks for an office to receive your letter and respond.

Social Media
The advent and popularity of social media has transformed how constituents connect with their members of Congress and revolutionized how we think about digital advocacy. Through platforms like Twitter and Facebook, you can directly reach every U.S. Representative and Senator instantly. When people leverage this unfettered access with specific, consistent messages or direct calls to action about a time-sensitive issue or upcoming vote, it can yield powerful results. Be sure to indicate whether you are a constituent and update your profile to follow your elected officials. Also, while members of Congress are on recess, engage with them on social media as they are more likely to be personally using their accounts.

To stay attuned, we suggest following the below social media accounts and sharing content that resonates with you and your network.
Effective Methods for Communicating with Congress

The goals of communicating with members of Congress are to present the best arguments in favor of your position, and ask for their consideration in a respectful and deliberate manner.

To effectively communicate with Congress, we recommend the following:

**UNDERSTAND THE LEGISLATIVE PROCESS.**
Members have much more influence over legislation within their committees and subcommittees of jurisdiction because it’s these subgroups that often lead the process for drafting and vetting large pieces of legislation. Your AMA Advocacy staff can guide you on which committees are most important on any given issue.

**IDENTIFY ONE OR TWO TOPICS OF INTEREST.**
If you want to discuss your ideas about expanding access to health care, don’t get sidetracked with a conversation about taxes or other unrelated issues. Sticking to the point will keep the conversation focused and productive.

**USE YOUR PERSONAL STORIES.**
As a leader in the medical community, your experience provides excellent, humanizing evidence to support the basis of your arguments and sharing these perspectives will help build trust.

**CONNECT POTENTIAL IMPACTS TO PEOPLE.**
U.S. Representatives are up for election every two years and Senators every six, meaning they depend on the support of their constituents and care deeply about how a law will impact communities they represent, so help them connect the dots.

**BE RESPECTFUL AND HONEST.**
Put yourself in the shoes of your member, how do you prefer to interact with people who want to convince you to see things from their perspective?

**FOCUS ON THE SPECIFIC LEGISLATIVE ISSUES.**
Keep financial or political support out of the conversation. Threats of retaliation or *quid pro quos* are counterproductive to the goals of communicating with Congress, not to mention illegal, and will make building a relationship an uphill battle, if not impossible.

**OFFER YOUR EXPERTISE.**
Introduce yourself to the member of Congress and their staff. Offer yourself as a resource to provide perspective on health care ideas and issues that matter to your member. Rather than always asking something from your legislator, building a two-way relationship can have a meaningful and lasting impact.

It may take time and patience to achieve meaningful results from your interactions with Congress so it’s a good idea to connect with your members early in the legislative process and establish a rapport with their congressional staff. The sooner you’re able to start a dialogue, the more valuable your input will be as they navigate turning ideas into laws.
AMA as Your Grassroots Partner

The AMA has several programs specifically designed to help you communicate with your members of Congress and other elected officials. We encourage you to explore the below resources for more information.

Physicians Grassroots Network (PGN)
The PGN is a group of physicians, residents and students across the country committed to strengthening the medical profession’s voice in Washington. It amplifies their voices, works with legislators and medical professionals to discover solutions, and influences legislation through grassroots communication efforts. Learn more about the PGN by visiting physiciansgrassrootsnetwork.org.

Very Influential Physician Program (VIP program)
We designed the VIP program to help physician advocates like you effectively leverage your existing relationships or build new ones with members of Congress and their staff. VIPs are leaders in advancing patient-centered health care policies. Being a VIP gets you access to exclusive newsletters, updates and advocacy webinars specifically tailored for the VIP program. Learn more about the program and how to become a VIP by visiting physiciansgrassrootsnetwork.org/vip.

Patients Action Network (PAN)
The PAN enables a growing base of patients to mobilize on important health care issues. Started in 2004 as a response to legislative issues that we feared would harm the patient-physician relationship and restrict patients’ access to health care, the PAN now consists of more than 1.4 million patient advocates. Empower your patients by encouraging them to join, and learn more by visiting patientsactionnetwork.com.

Physicians Grassroots Network Hotline
Call the AMA’s Physicians Grassroots Network Hotline at (800) 833-6354 to connect to your members of Congress.

Find Us on Twitter and Facebook
Follow AMA’s social media accounts and share content that resonates with you and your network:

AMA
The AMA’s official social media pages.

@AmerMedicalAssn
@AmericanMedicalAssociation

PATIENTS ACTION NETWORK
Community of patients advocating for access to quality care and protecting the patient-physician relationship.

@PatientAction
@PatientsActionNetwork

PHYSICIANS GRASSROOTS NETWORK
Community of physicians committed to strengthening the medical profession’s voice in Washington.

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AMPAC
The bipartisan political action committee of the American Medical Association.

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American Medical Association
25 Massachusetts Ave, NW
Suite 600
Washington, DC 20001
(202) 789-7400

physiciansgrassrootsnetwork.com
LGBTQ and allies caucus: Reception and meeting

5 p.m. (Reception)
5:30 p.m. (Program)
Friday, June 8
Plaza B
Hyatt Regency Chicago

Hosted by the American Medical Association Advisory Committee on LGBTQ Issues (Scott Chaiet, MD, MBA, chair)

Panel discussion
Success stories: Scoring 100 on the HRC health care and corporate equality indexes

Panelists will share insights from their respective organizations that outline how each group earned the coveted score of “100” on the Human Rights Campaign (HRC) health care and corporate equality indexes. This survey is the national LGBTQ benchmarking tool and it evaluates nearly 2,700 corporations, law firms, hospitals, and health systems annually to measure how their policies and practices relate to the equity and inclusion of their LGBTQ patients and employees.

Erick A. Eiting, MD, MPH, MMM (moderator)
Representative, AMA Young Physicians Section
Member, AMA Advisory Committee on LGBTQ Issues
Director, emergency medicine, Mt. Sinai Beth Israel, New York

Joshua M. Cohen, MD, MPH
Global therapeutic area lead, migraine and headache
Teva Pharmaceuticals, Pennsylvania

Oscar Iván Zambrano, MBA, MPH
Business development
Co-chair, Diversity & Inclusion, and LGBTQ ombudsman
Advocate Health – Chicago City Region

Jennifer Leininger, MEd
Program manager
Gender and Sex Development Program
Ann & Robert H. Lurie Children’s Hospital, Chicago
Join us for an important keynote: “Gun violence in America—a public health crisis”

Part of the American Medical Association Minority Affairs Section (MAS) reception and business meeting

5:30 p.m. (Reception)

6–7:30 p.m. (Keynote and business meeting)

Friday, June 8
Columbus K/L
Hyatt Regency Chicago

Keynote speaker
Joseph V. Sakran, MD, MPA, MPH
Director, Emergency General Surgery
Assistant Professor of Surgery
Associate Chief, Division of Acute Care Surgery
Johns Hopkins Medicine, Baltimore

The business meeting agenda will also include:

• AMA-MAS Chair’s Report 2017–2018 | Frank Clark, MD
  – Strategic planning update
  – Committees on Workforce Diversity and Minority Health Policy

• AMA Improving Health Outcomes report on initiative to control blood pressure among African American men | LaMar Hasbrouck, MD, MPH

• AMA-MAS Delegate’s report on AMA House of Delegates resolutions and reports | Dionne Hart, MD

• AMA-MAS Governing Council officer ratification

All AMA members are welcome to attend the reception, keynote and business meeting for the AMA-MAS.
# 2018 AMA Annual Meeting educational programming

**Friday, June 8**

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Value-based care: Understanding models of risk</td>
<td>9 a.m.–noon</td>
<td>Crystal A</td>
<td>Learn to differentiate five risk models, the infrastructure needed to succeed, and pros and cons of each.</td>
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<tr>
<td>Teamwork, communication and patient safety: Elements of medical staff leadership in patient care</td>
<td>9:30–10:30 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Learn to foster a culture of accountability and openness within your medical staff and make a lasting impact on the effectiveness of your team and the quality of care.</td>
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<tr>
<td>Exploring the cutting edge of gene therapy in medicine</td>
<td>10–11 a.m.</td>
<td>Acapulco</td>
<td>Explore the topic of gene therapy and discuss the important scientific and ethical considerations when using this technology for therapeutic purpose.</td>
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<tr>
<td>Blockchain in health care: Hype or here to stay?</td>
<td>10:45–11:45 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Join the AMA-OMSS to learn more about this emerging technology and how it will transform the way that you care for your patients.</td>
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<tr>
<td>A day in the life of me: Tackling prejudice against providers</td>
<td>11 a.m.–noon</td>
<td>Acapulco</td>
<td>Explore the prevalence of patient and institutional bias against providers in medicine, identify what groups are most likely to face discrimination and highlight the need for awareness.</td>
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<tr>
<td>How to negotiate your employment contract</td>
<td>1:20–2 p.m.</td>
<td>Columbus I/J</td>
<td>Learn how to negotiate—or renegotiate—your employment contract and mentor medical students and resident/fellow physicians as they begin to explore their career options and enter into practice.</td>
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<tr>
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<td>After the smoke clears: Provider well-being after mass casualty incidents</td>
<td>1:30–2:30 p.m.</td>
<td>Acapulco</td>
<td>Join the discussion about provider care and well-being when traumatic events occur.</td>
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<tr>
<td>Understanding CMS’s new BPCI Advanced model</td>
<td>1:30–3 p.m.</td>
<td>Crystal A</td>
<td>Learn key components of the Centers for Medicare &amp; Medicaid Innovation’s (CMMI) new BPCI Advanced model from Steven Farmer, MD, CMMI. Approved for 1.5 AMA PRA Category 1 Credits™</td>
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<td><strong>Saturday, June 9</strong></td>
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<td>Improving health outcomes for vulnerable patient populations</td>
<td>8:30–9:30 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Discover how various health determinants inform structural interventions to improve health behaviors and outcomes among elderly, LGBTQ and incarcerated patient populations. Approved for 1.0 AMA PRA Category 1 Credit™</td>
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<tr>
<td>#MeToo: Sexual harassment and discrimination in medicine</td>
<td>9:45–10:45 a.m.</td>
<td>Crystal Ballroom B</td>
<td>Learn how these issues affect patient care and how to reduce unconscious bias and inappropriate behavior in the workplace. Approved for 1.0 AMA PRA Category 1 Credits™</td>
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<tr>
<td>From disruption to reform: Learn to spark change and move medicine forward</td>
<td>10:45 a.m.–noon</td>
<td>Columbus C/D</td>
<td>With just a few key strategies, you have the power to influence the future of medicine. Learn about today’s most pressing issues and how to take smart action. Approved for 1.25 AMA PRA Category 1 Credits™</td>
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<td>Health care change agents: Traditional and non-traditional players fuel the fire</td>
<td>11 a.m.–noon</td>
<td>Crystal Ballroom C</td>
<td>Learn to identify trends of the non-traditional and emerging players entering the health care space and evaluate the potential pros and cons. Approved for 1.0 AMA PRA Category 1 Credit™</td>
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<tr>
<td>Small changes, big results: Innovations in patient-centered technology</td>
<td>11 a.m.–noon</td>
<td>Regency ABC</td>
<td>This session will examine key technological advances in patient care and highlight what physicians need to consider when implementing new technologies in their practice. Approved for 1.0 AMA PRA Category 1 Credit™</td>
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<tr>
<td>How to successfully transition out of medicine and into retirement</td>
<td>Noon–1:30 p.m.</td>
<td>Columbus K/L</td>
<td>This session will focus on a planning process that supports a gradual transition away from medical practice while recognizing the value of experienced late-career physicians. Approved for 1.5 AMA PRA Category 1 Credits™</td>
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The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Medical Association designates each live activity for the maximum number of AMA PRA Category 1 Credits™ reflected with each session. Physicians should claim only the credit commensurate with the extent of their participation in the activity.