Resident and Fellow Section

Summary of Actions

41st Interim Business Meeting
November 9-11, 2017
Hawaii Convention Center
Honolulu, HI
American Medical Association-Resident and Fellow Section
Summary of Actions (I-17)

Actions taken by the Assembly are outlined below in three sections: I) RFS Resolutions and II) RFS Reports, III) RFS Resolutions and Reports Submitted to the HOD.

I. RFS RESOLUTIONS

<table>
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<tr>
<th>Resolution</th>
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<tbody>
<tr>
<td>Emergency Resolution 1: Support of Protesting Resident Physicians in Poland</td>
<td>Adopted as Amended</td>
<td>RESOLVED, That the AMA-RFS support the application of its ideals regarding the health of patients and the rights of physicians in training to all situations where inadequate health care systems and/or injustice exist regardless of national affiliation; and be it further RESOLVED, That our AMA-RFS ask the AMA to issue a statement on the issue of the Polish junior physician protests encouraging a good faith dialogue between junior physicians and members of the Polish government to achieve the mutually beneficial goals of adequate healthcare spending, a sufficient healthcare workforce and improved working conditions and pay for physicians in training; and be it further (Directive to Action) RESOLVED, That this resolution be immediately forwarded to the House of Delegates for consideration at the 2017 Interim Meeting (Directive to Action)</td>
<td>None; Internal RFS Policy</td>
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<tr>
<td>Late Resolution 1: Network Adequacy</td>
<td>Adopted as Amended</td>
<td>RESOLVED, That our AMA-RFS recognize network adequacy as a central element of access to care; and be it further RESOLVED, That our AMA-RFS recognize that network adequacy must include emergency and psychiatric care; and be it further RESOLVED, That our AMA-RFS work with interested sections and organizations to ensure that out-of-network policies do not limit access to care by creating undue financial and administrative burdens for patients and physicians.</td>
<td>None; Internal RFS Policy</td>
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<td>Resolution 1: Regulating Tattoo and Permanent Makeup Inks</td>
<td>Adopted as Amended</td>
<td>RESOLVED, That our AMA encourage the Food and Drug Administration (FDA) to adopt regulatory standards for tattoo and permanent makeup inks that include at minimum the disclosures expected for injectable drugs and cosmetics and mandate that this information be available to both the body licensed to perform the tattoo and to the person receiving the tattoo; and be it further RESOLVED, That our AMA study the safety of any chemical in tattoo and permanent makeup inks encourage the FDA to ban from tattoo and permanent makeup inks any chemical for which</td>
<td>None; Will be forwarded at HOD A-19</td>
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<td>Resolution 2: Prevention of Physician and Medical Student Suicide</td>
<td>Adopted as amended</td>
<td>RESOLVED, That our AMA request recommend that the Liaison Committee on Medical Education and Accreditation Council of Graduate Medical Education investigate conditions and circumstances at collect data on any medical school student, resident and fellow residency program that has experienced a suicide to identify patterns that could predict such events.</td>
<td>None; Will be forwarded at HOD A-19</td>
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<td>Resolution 3: Prevention of Credit Withholding in Residency Programs</td>
<td>Not Adopted</td>
<td>None.</td>
<td>None.</td>
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<td>Resolution 4: Resident Freedom to Take Specialty Board Examinations</td>
<td>Not Adopted.</td>
<td>None.</td>
<td>None.</td>
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| Resolution 5: The Intracranial Hemorrhage Anticoagulation Reversal (ICHAR) Initiative | Adopted as Amended | RESOLVED, That the AMA-RFS support initiatives and legislation in the US Congress to promote the use of anticoagulation reversal medications up to date with the most current nationally recognized, evidence based stroke guidelines for patients with intracranial hemorrhage.  
RESOLVED, That the AMA-RFS support initiatives and legislation in the US Congress adding requirements for stroke centers and high stroke volume hospitals to carry and use anticoagulation reversal agents or risk penalties determined by the appropriate supervising bodies.  
RESOLVED, That that the AMA support studying ways initiatives to improve and reduce the barriers to the use of anticoagulation reversal agents in emergency settings to reduce the occurrence, disability, and death associated with hemorrhagic stroke and other life-threatening clinical indications. | None; Will be forwarded at HOD A-19 |
| Resolution 6: Setting Boundaries for Extending Residents’ Training Beyond Traditional Residency Completion Dates | Reaffirmed Existing RFS policy 291.031R in lieu of adoption | None; Reaffirmed Internal RFS Policy | None; Reaffirmed Internal RFS Policy |
| Resolution 7: Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows | Adopted as Amended | RESOLVED, That our AMA strongly support the preservation of the incorporation of the clinical practice of pathology and laboratory medicine into integrated undergraduate and specialty tailored graduate medical education.  
RESOLVED, That our AMA study current standards within medical education regarding pathology and laboratory medicine to identify potential gaps in training in collaboration with other entities invested in medical education, provide educational resources, including guidelines for | None; Will be forwarded at HOD A-19 |
### Resolution 8: 
**Evaluation of Changes to Residency and Fellowship Application and Matching Processes**

**Adopted as Amended**

RESOLVED, That our AMA and AMA-RFS support proposed changes to residency and fellowship application requirements only when those changes have been evaluated by working groups which have students and residents as representatives, there is data which demonstrates that the proposed application components contribute to an accurate representation of the candidate, there is data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds, and the costs to medical students and residents are mitigated.

RESOLVED, That it asks that our AMA and AMA-RFS oppose the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application process until such time as the above conditions are met.

RESOLVED, That it also asks that our AMA and AMA-RFS continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program and other relevant stakeholders to improve the application process in an effort to accomplish these requirements.

RESOLVED, That our AMA and AMA-RFS

1. Support proposed changes to residency and fellowship application requirements only when
   a. Those changes have been evaluated by working groups which have students and residents as representatives
   b. There are data which demonstrates that the proposed application components contribute to an accurate representation of the candidate
   c. There are data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds
   d. The costs to medical students and residents are mitigated

Oppose the introduction of new and mandatory requirements that fundamentally alter...
the residency and fellowship application process until such time as the above conditions are met. Continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program and other relevant stakeholders to improve the application process in an effort to accomplish these requirements; and be it further

RESOLVED. That our AMA

1. Support proposed changes to residency and fellowship application requirements only when
   a. Those changes have been evaluated by working groups which have students and residents as representatives
   b. There are data which demonstrate that the proposed application components contribute to an accurate representation of the candidate
   c. There are data available to demonstrate that the new application requirements do not increase the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds
   d. The costs to medical students and residents are mitigated
   
Oppose the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application process until such time as the above conditions are met. Continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program and other relevant stakeholders to improve the application process in an effort to accomplish these requirements.

| Resolution 9: Preventing Automobile Heat Stroke Deaths | Not Adopted | None. |
| Resolution 10: Resident/Fellow Wages | Reaffirmed Existing RFS policy 291.002R in lieu of adoption | None; Reaffirmed Internal RFS Policy |
| Resolution 11: Residency Match Systems and Timelines | Adopted as Amended | None; Will be forwarded at HOD A-19 |
**Resolution 12: Improving Utility of Clinical Documentation**

Adopted as Amended

RESOLVED, That our AMA-RFS advocate that the appropriate regulatory institutions determine level of care and reimbursement based more on complexity of medical diagnoses and medical decision making rather than quantity of components in medical documentation.

None; Internal RFS Policy

**Resolution 13: Acute Care of Patients with Dementia in Hospitals**

Not adopted.

None.

**Resolution 14: Support for the Income-Driven Repayment Plans**

Adopted as Amended

RESOLVED, That our AMA-RFS collaborate with interested third party organizations to advocate for continued funding of programs including Income-Driven Repayment plans for the benefit of reducing medical student loan burden.

None; Will be forwarded at HOD 1-18

**Resolution 15: Support**

Adopted as Amended

RESOLVED, That our AMA advocate for promote

None; Will be

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This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder for official policy of the Association.
| Resolution 16: Protection of Funding for Full-Spectrum Women’s Health Services | Reaffirmed Existing RFS policy 390.009R in lieu of adoption | None; Reaffirmed Internal RFS Policy |

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<td>Report E: AMA-RFS Sunset Mechanism Procedure</td>
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prohibit a report or resolution to sunset an RFS policy earlier than its ten-year horizon if it is no longer relevant, has been superseded by a more current RFS policy, or has been accomplished; and be it further

RESOLVED, That 580.013R Sunset of AMA-RFS Policy be rescinded.

### III. HOD RESOLUTIONS AND REPORTS

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<th>Resolution/Report</th>
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<td>Resolution 201: Improving FDA Expedited Approval Pathways</td>
<td>Referred</td>
<td>None; Referred for study.</td>
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| Resolution 901: Universal Prescriber Access to Prescription Drug Monitoring Programs | Adopted as Alternate Resolution 901 | RESOLVED, That our AMA encourage primary and secondary schools to incorporate into health class curriculum the topic of balancing screen time with physical activity and sleep; (New HOD Policy) and be it further

RESOLVED, that our AMA encourage primary care physicians to assess pediatric patients and educate parents about amount of screen time, physical activity and sleep habits. (New HOD Policy) |
| Resolution 952: Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training | Adopted as Amended  | RESOLVED, That our American Medical Association: (1) 24 actively support the development and implementation of training regarding implicit bias, diversity and inclusion as a component of medical education in all medical schools and residency programs; (2) identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk according to race and ethnicity, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (3) support research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes according to race and ethnicity, in all at-risk populations. (Directive to Take Action) |