DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2019 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-19)

Report of Reference Committee C

Nicole D. Riddle, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 25 – All Payer Graduate Medical Education Funding
2. Council on Medical Education Report 1 – Council on Medical Education Sunset Review of 2009 House Policies
3. Council on Medical Education Report 2 – Update on Maintenance of Certification and Osteopathic Continuous Certification (Resolution 316-A-18)
4. Resolution 321 – Physician Health Program Accountability, Consistency, and Excellence in Provision of Service to the Medical Profession
5. Resolution 323 – Improving Access to Care in Medically Underserved Areas Through Project ECHO and the Child Psychiatry Access Project Model
6. Resolution 324 - Residency and Fellowship Program Director, Assistant/Associate Program Director, and Core Faculty Protected Time and Salary Reimbursement

RECOMMENDED FOR ADOPTION AS AMENDED

7. Council on Medical Education Report 3 – Standardizing the Residency Match System and Timeline (CME Report 6-A-17)
8. Council on Medical Education Report 4 – Augmented Intelligence in Medical Education (Resolution 317-A-18)
9. Council on Medical Education Report 6 – Study of Medical Student, Resident, and Physician Suicide (Resolution 959-I-18)
   Resolution 307 – Mental Health Services for Medical Students
   Resolution 310 – Mental Health Care for Medical Students
10. Council on Medical Education/Council on Science and Public Health Report 01 – Protecting Medical Trainees from Hazardous Exposure (Resolution 301-A-18)
11. Resolution 302 – The Climate Change Lecture for US Medical Schools
12. Resolution 303 – Graduate Medical Education and the Corporate Practice of Medicine
13. Resolution 304 – Tracking Outcomes and Supporting Best Practices of Health Care Career Pipeline Programs
14. Resolution 313 – Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows

15. Resolution 314 – Evaluation of Changes to Residency and Fellowship Application and Matching Processes
16. Resolution 315 – Scholarly Activity by Resident and Fellow Physicians
17. Resolution 316 – Medical Student Debt
18. Resolution 317 – A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities
19. Resolution 318 – Rural Health Physician Workforce Disparities
20. Resolution 319 – Adding Pipeline Program Participation Questions to Medical School Applications
21. Resolution 322 – Support for the Study of the Timing and Causes for Leave of Absence and Withdrawal from United States Medical Schools

RECOMMENDED FOR REFERRAL

22. Resolution 308 – Maintenance of Certification Moratorium
23. Resolution 311 – Grandfathering Qualified Applicants Practicing in U.S. Institutions with Restricted Medical Licensure

RECOMMENDED FOR NOT ADOPTION

24. Resolution 301 – American Board of Medical Specialties Advertising
25. Resolution 312 – Unmatched Medical Graduates to Address the Shortage of Primary Care Physicians

Existing policy was reaffirmed in lieu of the following resolutions via the Reaffirmation Consent Calendar:

Resolution 305 – Lack of Support for Maintenance of Certification
Resolution 306 – Interest Rates and Medical Education
Resolution 309 – Promoting Addiction Medicine During a Time of Crisis
Resolution 320 – Opioid Education in Medical Schools

(1) BOARD OF TRUSTEES REPORT 25 – ALL PAYER GRADUATE MEDICAL EDUCATION FUNDING

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 25 be adopted and the remainder of the report be filed.

HOD ACTION: Board of Trustees Report 25 adopted and the remainder of the report filed.

Board of Trustees Report 25 recommends: 1. That our AMA amend Policy D-305.967, "The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education," with the addition of a new clause to read as follows, and that the remainder of the report be filed: Our AMA encourages the Secretary of the U.S. Department of Health and Human Services to coordinate with federal agencies that fund GME training to identify and collect information needed to effectively evaluate how hospitals, health systems, and health centers with residency programs are utilizing these financial resources to meet the nation's health care workforce needs. This includes information on payment amounts by the type of training programs supported, resident training costs and revenue generation, output or outcomes related to health workforce planning (i.e., percentage of primary care residents that went on to practice in rural or medically underserved areas), and measures related to resident competency and educational quality offered by GME training programs. 2. That our AMA rescind section 33 of Policy D-305.967, which directed the AMA to conduct the study herein.

Your Reference Committee heard testimony uniformly in favor of the Board of Trustees report, which seeks to encourage government funders to identify and collect the data needed to evaluate how institutions with residency programs are utilizing government financial resources to meet the nation's health care workforce needs. This is viewed as critical information to determine the true cost of residency programs and ensure sufficient funding for residency education. Therefore, your Reference Committee recommends that Board of Trustees Report 25 be adopted.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 1 – COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW OF 2009 HOUSE POLICIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Medical Education Report 1 be adopted and the remainder of the report be filed.

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

Council on Medical Education Report 1 recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

Your Reference Committee heard limited testimony in favor of the report. Therefore, your Reference Committee recommends that Council on Medical Education Report 1 be adopted.

(3) COUNCIL ON MEDICAL EDUCATION REPORT 2 – UPDATE ON MAINTENANCE OF CERTIFICATION AND OSTEOPATHIC CONTINUOUS CERTIFICATION (RESOLUTION 316-A-18)

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Medical Education Report 1 be adopted and the remainder of the report be filed.

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

Council on Medical Education Report 2 asks: 1. That our American Medical Association (AMA), through its Council on Medical Education, continue to work with the American Board of Medical Specialties (ABMS), ABMS Committee on Continuing Certification (3C), and ABMS Stakeholder Council to pursue opportunities to implement the recommendations of the Continuing Board Certification: Vision for the Future Commission and AMA policies related to continuing board certification. 2. That our AMA, to be consistent with terminology now used by the American Board of Medical Specialties, amend the following policies by addition and deletion to read as follows: Policy H-275.924, Amend the title to read, "~~Maintenance of~~ Continuing Board Certification" (AMA Principles on ~~Maintenance of~~ Continuing Board Certification), and replace the terms "Maintenance of Certification" and "MOC" with "Continuing Board Certification" and "CBC" throughout the policy, as shown in Appendix H. Policy D-275.954, Amend the title to read, "~~Maintenance of Certification and Osteopathic Continuous Certification~~Continuing Board Certification," and replace the terms "Maintenance of Certification" and "MOC" with "Continuing Board Certification" and "CBC" throughout the policy, as shown in Appendix H. 3. That our AMA rescind Policy D-275.954 (37), "Maintenance of Certification and Osteopathic Continuous Certification," that asks the AMA to "Through its Council on Medical Education, continue to be actively engaged in following the work of the ABMS Continuing Board Certification: Vision for the Future Commission," as this has been accomplished. 4. That our AMA rescind Policy D-275.954 (38), which asks our AMA to "Submit commentary to the American Board of Medical Specialties (ABMS) Continuing Board Certification: Vision for the Future initiative, asking that junior diplomates be given equal opportunity to serve on ABMS and its member boards," as this has been accomplished. 5. That our AMA rescind Policy D-

275.954 (39) "Maintenance of Certification and Osteopathic Continuous Certification," as this has been accomplished through this report.

Your Reference Committee heard testimony in support of the Council's comprehensive annual report to the HOD. During testimony, it was noted that the Council's efforts in working with the American Board of Medical Specialties (ABMS) and its member boards are improving the process for diplomates in many specialties by, for example, offering shorter, more frequent examinations as well as the high-stakes, point-in-time examination to provide a pluralistic approach for all diplomates. The Council on Medical Education continues to be actively engaged in following the recommendations of "Continuing Board Certification: Vision for the Future Commission," which was established to modernize continuing board certification and engage physicians, the public, and key stakeholders in a collaborative process. The ABMS and ABMS member boards, in collaboration with professional organizations and other stakeholders, will prioritize these recommendations and develop the strategies and infrastructure to implement them. A summary of the Commission's recommendations is provided in Council on Medical Education Report 2. Therefore, your Reference Committee recommends that the report be adopted.

(4) RESOLUTION 321 – PHYSICIAN HEALTH PROGRAM ACCOUNTABILITY, CONSISTENCY, AND EXCELLENCE IN PROVISION OF SERVICE TO THE MEDICAL PROFESSION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 321 be <u>adopted</u>.

HOD ACTION: Resolution 321 <u>adopted</u>.

Resolution 321 asks: That our AMA amend policy D-405.990, "Educating Physicians About Physician Health Programs," by addition and deletion to read as follows: Educating Physicians About Physician Health Programs <u>and Advocating for Standards</u> D-405.990 1) Our AMA will work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory; 2) Our AMA will continue to collaborate with relevant organizations on activities that address physician health and wellness; 3) Our AMA will, in conjunction with the FSPHP, develop state legislative guidelines addressing the design and implementation of physician health programs; ~~and~~ 4) Our AMA will work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training; <u>and 5) Our AMA will continue to work with and support FSPHP efforts already underway to design and implement the physician health program review process, Performance Enhancement and Effectiveness Review (PEER™), to improve</u>

accountability, consistency and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project; 6) Our AMA will continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options.

Your Reference Committee reviewed nearly unanimous online and in-person testimony in support of Resolution 321. Testimony noted that the Physician Health Program (PHP) model encourages physicians to proactively seek and receive the confidential health care services they need. The Federation of State Physician Health Programs, with the support of key stakeholder organizations, is developing a Performance Enhancement and Effectiveness Review (PEER™) Program and a Provider Accreditation Program. The PEER program will create and manage an on-site review process of PHPs across the United States and Canada, validate current PHP practices, and identify areas that will benefit from improvements. During testimony it was noted that Resolution 321 is aligned with the AMA's Professional Satisfaction and Practice Sustainability strategic arc, and that the AMA is well positioned to prioritize advocacy efforts that have potential impact on the physician workforce and access to care. Therefore, your Reference Committee recommends that Resolution 321 be adopted.

(5) RESOLUTION 323 – IMPROVING ACCESS TO CARE IN MEDICALLY UNDERSERVED AREAS THROUGH PROJECT ECHO AND THE CHILD PSYCHIATRY ACCESS PROJECT MODEL

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 323 be adopted.

HOD ACTION: Resolution 323 adopted.

Resolution 323 asks: 1. That our AMA promote greater awareness and implementation of the Project ECHO (Extension for Community Healthcare Outcomes) and Child Psychiatry Access Project models among academic health centers and community-based primary care physicians; 2. That our AMA work with stakeholders to identify and mitigate barriers to broader implementation of these models in the United States; and 3. That our AMA monitor whether health care payers offer additional payment or incentive payments for physicians who engage in clinical practice improvement activities as a result of their participation in programs such as Project ECHO and the Child Psychiatry Access Project; and if confirmed, promote awareness of these benefits among physicians.

Your Reference Committee heard testimony uniformly in support of this resolution. Programs such as Project ECHO and the Child Psychiatry Access Project, which promote collaboration between academic health centers and community-based primary care physicians, have made significant impacts. Awareness of such programs should be promoted, and barriers to their broader implementation should be identified and

addressed. In addition, payment for participation in these activities should be monitored. Therefore, your Reference Committee recommends that Resolution 323 be adopted.

(6) RESOLUTION 324 – RESIDENCY AND FELLOWSHIP PROGRAM DIRECTOR, ASSISTANT/ASSOCIATE PROGRAM DIRECTOR, AND CORE FACULTY PROTECTED TIME AND SALARY REIMBURSEMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 324 be adopted.

HOD ACTION: Resolution 324 adopted.

Resolution 324 asks: That our American Medical Association work with the Accreditation Council for Graduate Medical Education (ACGME) and other relevant stakeholders to amend the ACGME Common Program Requirements to allow flexibility in the specialty-specific ACGME program requirements enabling specialties to require salary reimbursement or "protected time" for resident and fellow education by "core faculty," program directors, and assistant/associate program directors. (Directive to Action)

Your Reference Committee heard strong support for Resolution 324. Testimony noted that this concept is important and that institutions should support faculty for their time spent teaching. It was also noted that other organizations, such as the American College of Physicians, have similar policy. Therefore, your Reference Committee recommends that Resolution 324 be adopted.

(7) COUNCIL ON MEDICAL EDUCATION REPORT 3 – STANDARDIZING THE RESIDENCY MATCH SYSTEM AND TIMELINE (CME REPORT 6-A-17)

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Recommendation 4 in Council on Medical Education Report 3 be amended by addition, to read as follows:

4. That our AMA encourage the NRMP, the San Francisco Match, the American Urological Association, the Electronic Residency Application Service, and other stakeholders to reduce barriers for medical students, residents, and physicians applying to match into training programs, including barriers to "couples matching," and to ensure that all applicants have access to robust, informative statistics to assist in decision-making. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 3 be amended by the addition of a fifth Recommendation, to read as follows:

5. That our AMA encourage the NRMP, San Francisco Match, American Urological Association, Electronic Residency Application Service, and other stakeholders to collect and publish data on a) the impact of separate matches on the personal and professional lives of medical students and b) the impact on medical students who are unable to successfully "couples match" with their significant others due to staggered entry into residency, utilization of unlinked match services, or other causes. (Directive to Take Action)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Medical Education Report 3 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Council on Medical Education Report 3 adopted as amended and the remainder of the report filed.

Recommendation 2 amended by addition:

2. That our AMA work with the Accreditation Council for Graduate Medical Education to encourage programs with PGY-2 positions in the National Resident Matching Program (NRMP) with insufficient availability of local PGY-1 positions to create local PGY-1 positions that will enable coordinated applications and interviews for medical students;

Recommendation 3 deleted:

~~**3. That our AMA encourage the NRMP to design a process that will allow competency-based student graduation and off-cycle entry into residency programs; and**~~

Council on Medical Education Report 3 asks: 1. That our AMA encourage appropriate stakeholders to explore options to decrease the burden upon medical students who must apply to separate preliminary PGY-1 and categorical PGY-2 positions; 2. That our AMA work with the Accreditation Council for Graduate Medical Education to encourage

programs with PGY-2 positions in the National Resident Matching Program (NRMP) to create local PGY-1 positions that will enable coordinated applications and interviews for medical students; 3. That our AMA encourage the NRMP to design a process that will allow competency-based student graduation and off-cycle entry into residency programs; and 4. That our AMA encourage the NRMP, the San Francisco Match, the American Urological Association, the Electronic Residency Application Service, and other stakeholders to reduce barriers for medical students, residents, and physicians applying to match into training programs, and to ensure that all applicants have access to robust, informative statistics to assist in decision-making.

Your Reference Committee heard testimony applauding the work of the Council on Medical Education concerning this challenging topic, to help ensure a residency matching process that is student-centered and eases the burdens and stresses of this critical career transition. Particular attention, however, was directed towards the issue of "couples matching," and the need for continued data collection and analysis on this and related concerns, including the impact of separate matches on medical students lives and livelihoods. Accordingly, your Reference Committee proffers the amended language shown above, and recommends that Council on Medical Education Report 3 be adopted as amended.

(8) COUNCIL ON MEDICAL EDUCATION REPORT 4 – AUGMENTED INTELLIGENCE IN MEDICAL EDUCATION (RESOLUTION 317-A-18)

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 4 be amended by the addition of a new sixth Recommendation, to read as follows:

6. That our AMA encourage the study of how differences in institutional access to AI may impact disparities in education for students at schools with fewer resources and less access to AI technologies. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 4 be amended by the addition of a new eighth Recommendation, to read as follows:

8. That our AMA encourage the study of how disparities in AI educational resources may impact health care disparities for patients in communities with fewer resources and less access to AI technologies. (Directive to Take Action)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 4 be amended by the addition of a new eleventh Recommendation, to read as follows:

11. That our AMA encourage close collaboration with and oversight by practicing physicians in the development of AI applications. (Directive to Take Action)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Medical Education Report 4 (with existing items 6, 7, and 8 of the Report renumbered as 7, 9, and 10) be adopted as amended and the remainder of the report be filed.

HOD ACTION: Council on Medical Education Report 4 (with existing items 6, 7, and 8 of the Report renumbered as 7, 9, and 10) adopted as amended and the remainder of the report filed.

Council on Medical Education Report 4 asks: 1. That our AMA encourage accrediting and licensing bodies to study how AI should be most appropriately addressed in accrediting and licensing standards; 2. That our AMA encourage medical specialty societies and boards to consider production of specialty-specific educational modules related to AI; 3. That our AMA encourage research regarding the effectiveness of AI instruction in medical education on learning and clinical outcomes; 4. That our AMA encourage institutions and programs to be deliberative in the determination of when AI-assisted technologies should be taught, including consideration of established evidence-based treatments, and including consideration regarding what other curricula may need to be eliminated in order to accommodate new training modules; 5. That our AMA encourage stakeholders to provide educational materials to help learners guard against inadvertent dissemination of bias that may be inherent in AI systems; 6. That our AMA encourage enhanced training across the continuum of medical education regarding assessment, understanding, and application of data in the care of patients; 7. That our AMA encourage institutional leaders and academic deans to proactively accelerate the inclusion of nonclinicians, such as data scientists and engineers, onto their faculty rosters in order to assist learners in their understanding and use of AI; and 8. That Policy D-295.328, “Promoting Physician Lifelong Learning,” be reaffirmed.

Your Reference Committee reviewed testimony uniformly in favor of Council on Medical Education Report 4. This report summarizes existing AMA policy related to AI, provides definitions of related terms, reviews current efforts related to AI in medical education, and provides additional policy to be incorporated by the AMA. While testimony was supportive of the report itself, testimony also called for additional policy related to AI and

disparities as well as AI and clinician oversight of its development and implementation. Your Reference Committee agreed, and this testimony was incorporated into three additional recommendations. Therefore, your Reference Committee recommends that Council on Medical Education Report 4 be adopted as amended.

(9) COUNCIL ON MEDICAL EDUCATION REPORT 6 – STUDY OF MEDICAL STUDENT, RESIDENT, AND PHYSICIAN SUICIDE (RESOLUTION 959-I-18)

RESOLUTION 307 – MENTAL HEALTH SERVICES FOR MEDICAL STUDENTS

RESOLUTION 310 – MENTAL HEALTH CARE FOR MEDICAL STUDENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Recommendation 1 in Council on Medical Education Report 6 be amended by addition, to read as follows:

1. That our American Medical Association (AMA) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Recommendation 3 in Council on Medical Education Report 6 be amended by addition and deletion, to read as follows:

3. That our AMA supports the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free ~~behavioral~~ mental health and substance use disorder services. (Directive to Take Action)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Recommendation 4 in Council on Medical Education Report 6 be amended by addition, to read as follows:

4. That our AMA collaborate with other stakeholders to study the incidence of and risk factors for depression and suicide among physicians, residents, and medical students. (Directive to Take Action)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Medical Education Report 6 be adopted as amended in lieu of Resolutions 307 and 310 and the remainder of the report be filed.

HOD ACTION: Council on Medical Education Report 6 adopted as amended in lieu of Resolutions 307 and 310 and the remainder of the report filed.

Recommendation 4 amended by addition:

4. That our AMA collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and addiction, and suicide among physicians, residents, and medical students. (Directive to Take Action)

Council on Medical Education Report 6 asks: 1. That our AMA explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; 2. That our AMA monitor progress by the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; 3. That our AMA supports the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free behavioral health services; 4. That our AMA collaborate with other stakeholders to study the incidence of suicide among physicians, residents, and medical students; and 5. That Policy D-345.984, "Study of Medical Student, Resident, and Physician Suicide," be rescinded, as having been fulfilled by this report and through requests for action by the Liaison Committee on Medical Education and ACGME.

Resolution 307 asks: That our AMA recommend that the Association of American Medical Colleges strengthen their recommendations to all medical schools that medical schools provide confidential in-house mental health services at no cost to students, without billing health insurance, and that they set up programs to educate both students and staff about burnout, depression, and suicide.

Resolution 310 asks: 1. That our AMA encourage all medical schools to assign a mental health provider to every incoming medical student; 2. That our AMA encourage all medical schools to provide an easy way for medical students to select a different provider at any time; 3. That our AMA encourage all medical schools to require each student's mental health professional or related staff to contact the student once per semester to ask if the student would like to meet with their mental health professional, unless the student already has an appointment to do so or has asked not to be contacted with regards to mental health appointments; and 4. That our AMA encourage all medical schools to provide an easy process for students to initiate treatment with school mental health professionals at no cost to the student or professional from the mental health community at affordable cost to the student, and without undue bureaucratic burden.

Your Reference Committee reviewed unanimous online and in-person testimony in support of Council on Medical Education Report 6. Testimony noted that this report recognizes the serious matter of medical student, resident, and physician burnout, depression, and suicide, and notes increased rates compared to age and education matched peers in the general population. There was also support for the AMA's plans to conduct a pilot study to evaluate the reliability of the National Death Index as a tool for long-term study of medical student and physician suicide. In addition, it was noted that continued partnerships with organizations such as the ACGME and AAMC to support provider mental health benefits medical students, residents, physicians, and patients. There was also strong support for Resolution 307. However, it was felt that Recommendation 3 in CME Report 6 was very similar and consistent with the intent of Resolution 307. Testimony was also supportive of the intent of Resolution 310. However, the recommendations appeared to be prescriptive and created a potentially intrusive situation in the medical student's life unless the student asks not to be contacted. Furthermore, testimony noted that the recommendations in Resolution 310 were already covered in CME Report 6. Therefore, your Reference Committee recommends that Council on Medical Education Report 6 be adopted in lieu of Resolutions 307 and 310.

(10) COUNCIL ON MEDICAL EDUCATION / COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT 1 – PROTECTING MEDICAL TRAINEES FROM HAZARDOUS EXPOSURE (RESOLUTION 301-A-18)

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Recommendation 3 of Council on Medical Education / Council on Science and Public Health Report 1 be <u>amended by addition,</u> to read as follows:

3. That our AMA recommend a) that medical school policies on hazardous exposure include options to limit hazardous agent exposure in a manner that does not impact students' ability to successfully complete their training, and b) that medical school policies on continuity of educational requirements toward degree completion

address leaves of absence or temporary reassignments when a pregnant trainee wishes to minimize the risks of hazardous exposures that may affect ~~her~~ the trainee's and/or fetus' personal health status.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Medical Education/Council on Science and Public Health Report 1 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Council on Medical Education/Council on Science and Public Health Report 1 adopted as amended and the remainder of the report filed.

Council on Medical Education/Council on Science and Public Health Report 1 asks:
1. That our American Medical Association (AMA) amend Policy H-295.939, "OSHA Regulations for Students," by addition and deletion, to read as follows: H-295.939, "~~OSHA Regulations for Students~~ Protecting Medical Trainees from Hazardous Exposure" Our AMA will ~~The AMA, working in conjunction with its Medical School Section, to~~ encourage~~s~~ all health care-related educational institutions to apply the ~~existing~~ Occupational Safety and Health Administration (OSHA) Blood Borne Pathogen ~~S~~standards and OSHA hazardous exposure regulations, including communication requirements, equally to employees, students, and residents/fellows~~students~~. 2. That our AMA recommend that the Accreditation Council for Graduate Medical Education revise the common program requirements to require education and subsequent demonstration of competence regarding potential exposure to hazardous agents relevant to specific specialties, including but not limited to: appropriate handling of hazardous agents, potential risks of exposure to hazardous agents, situational avoidance of hazardous agents, and appropriate responses when exposure to hazardous material may have occurred in the workplace/training site. 3. That our AMA recommend a) that medical school policies on hazardous exposure include options to limit hazardous agent exposure in a manner that does not impact students' ability to successfully complete their training, and b) that medical school policies on continuity of educational requirements toward degree completion address leaves of absence or temporary reassignments when a pregnant trainee wishes to minimize the risks of hazardous exposures that may affect her personal health status. 4. That our AMA recommend that medical schools and health care settings with medical learners be vigilant in updating educational material and protective measures regarding hazardous agent exposure of its learners and make this information readily available to students, faculty, and staff. 5. That our AMA recommend that medical schools and other sponsors of health professions education programs ensure that their students and trainees meet the same requirements for education regarding hazardous materials and potential exposures as faculty and staff.

Your Reference Committee reviewed testimony online and in-person in overwhelming support of the report. Therefore, your Reference Committee recommends that Council on Medical Education/Council on Science and Public Health Report 1 be amended and adopted with the addition as shown.

(11) RESOLUTION 302 – THE CLIMATE CHANGE LECTURE FOR US MEDICAL SCHOOLS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the following alternate resolution be adopted in lieu of Resolution 302.

CLIMATE CHANGE EDUCATION ACROSS THE MEDICAL EDUCATION CONTINUUM

RESOLVED, That our American Medical Association (AMA) support teaching on climate change in undergraduate, graduate, and continuing medical education such that trainees and practicing physicians acquire a basic knowledge of the science of climate change, can describe the risks that climate change poses to human health, and counsel patients on how to protect themselves from the health risks posed by climate change (Directive to Take Action); and be it further

RESOLVED, That our AMA make available a prototype presentation and lecture notes on the intersection of climate change and health for use in undergraduate, graduate, and continuing medical education. (Directive to Take Action); and be it further

RESOLVED, That our AMA communicate this policy to the appropriate accrediting organizations such as the Commission on Osteopathic College Accreditation and the Liaison Committee on Medical Education (Directive to Take Action).

HOD ACTION: Alternate resolution adopted in lieu of Resolution 302.

Resolution 302 asks: 1. That our AMA recommend that one hour of teaching on climate change, "The Climate Change Lecture," be required for all medical students before graduation with the M.D. or D.O. degree as a minimum standard, with more than one hour of teaching encouraged for medical schools that so choose; 2. That our AMA recommend that the goals of "The Climate Change Lecture" be for medical students

upon graduation to have a basic knowledge of the science of climate change, to be able to describe the risks that climate change poses to human health, and be prepared to advise patients how to protect themselves from the health risks posed by climate change; 3. That our AMA recommend that medical schools be exempted from the requirement of "The Climate Change Lecture" that have already implemented pedagogy on this topic that amounts to an hour or more of required learning on climate change and health for medical students; 4. That our AMA prepare a prototype PowerPoint slide presentation and lecture notes for "The Climate Change Lecture," which could be used by medical schools, or schools may create their own lecture, video or online course to fulfill the requirements of "The Climate Change Lecture"; 5. That our AMA write to the Commission on Osteopathic College Accreditation (COCA) which is the accrediting organization for schools offering the D.O. degree in the United States; to the Liaison Committee on Medical Education (LCME), which is the accrediting organization for schools offering the M.D. degree in the United States (including for the Uniformed Services University of the Health Sciences); and to the LCME representative from the AMA Medical Student Section, to recommend that "The Climate Change Lecture," using AMA's prototype PowerPoint presentation and notes, or other formats, become a requirement for all M.D. and D.O. degrees for United States medical schools beginning with 2021 graduates; and 6. That our AMA delegation to the World Medical Association present a similar resolution to the World Medical Association recommending the concept of the "The Climate Change Lecture" for medical schools worldwide.

Your Reference Committee heard significant testimony on this resolution. There was support for education on a topic as timely and important as climate change and its impacts on human health, but, as the AMA does not favor curricular mandates (because they are too prescriptive to allow for the autonomy of individual medical schools to innovate on such topics), the resolution was rewritten by the original authors. Testimony on this updated version was generally in support of its revisions, with a request to encompass the continuum of medical education. Your Reference Committee agrees and has incorporated graduate and continuing medical education into the rewritten resolution and changed the title to reflect its expanded scope. Therefore, your Reference Committee recommends that the alternate resolution be adopted in lieu of Resolution 302.

(12) RESOLUTION 303 – GRADUATE MEDICAL EDUCATION AND THE CORPORATE PRACTICE OF MEDICINE

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 303 be <u>amended by addition and deletion</u>, to read as follows:

RESOLVED, That our American Medical Association recognize and support that the environment for education of residents and fellows must be free of the conflict of interest created between ~~corporate-owned lay entities'~~ <u>a training site's</u> fiduciary responsibility to shareholders and

the educational mission of residency or fellowship training programs (New HOD Policy); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that second Resolve of Resolution 303 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA ~~support~~ encourage ~~that~~ the Accreditation Council for Graduate Medical Education (ACGME) to update its "Principles to Guide the Relationship between Graduate Medical Education, Industry, and Other Funding Sources for Programs and Sponsoring Institutions Accredited by the ACGME" to include corporate-owned lay entity funding sources. ~~require that graduate medical education programs must be established in compliance with all state laws, including prohibitions on the corporate practice of medicine, as a condition of accreditation~~. (New HOD Policy)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 303 be amended by addition of a new third Resolve, to read as follows:

RESOLVED, That our AMA study issues, including waiver of due process requirements, created by corporate-owned lay entity control of graduate medical education sites. (Directive to Take Action)

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that Resolution 303 be adopted as amended.

HOD ACTION: Resolution 303 adopted as amended.

Resolution 303 asks: 1. That our AMA recognize and support that the environment for education of residents and fellows must be free of the conflict of interest created between corporate-owned lay entities' fiduciary responsibility to shareholders and the educational mission of residency or fellowship training programs; and 2. That our AMA support that the Accreditation Council for Graduate Medical Education require that graduate medical education programs must be established in compliance with all state laws, including prohibitions on the corporate practice of medicine, as a condition of accreditation.

Your Reference Committee heard testimony in favor of this item, particularly in light of the need for expanded graduate medical education slots to help meet the growing workforce demands of the nation. As a country of innovation and new ideas, the United States is a natural laboratory for the development of corporate-funded sponsorships in medical education. That said, the unintended consequences of a potentially pernicious influence in medical education and interference in training by corporate interests highlight the need for hypervigilance by the house of medicine. Ensuring high standards in education for our next generation of physicians was indeed one of the founding principles of the AMA in 1847. Towards this end, testimony was shared that this resolution was not worded strongly enough: For example, corporations that administer residency programs may require trainees to waive their contractual rights to due process, which could lead to unfair termination. This issue requires continued attention and study. Accordingly, your Reference Committee proposes the language shown in the new third Resolve. In addition, we agree (as did the majority of testimony) with edits to the original item as proposed by the Council on Medical Education, to include all training sites where there is a fiduciary responsibility to shareholders. In addition, as the Council noted, the ACGME has an existing position statement on the relationship between GME and various funding sources, so your Reference Committee recommended this language be updated to include these newer programs with shareholder interests, and that Resolution 303 be adopted as amended.

(13) RESOLUTION 304 – TRACKING OUTCOMES AND SUPPORTING BEST PRACTICES OF HEALTH CARE CAREER PIPELINE PROGRAMS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the first Resolve of Resolution 304 be amended by addition, to read as follows:

1. That our AMA support the publication of a white paper chronicling health care career pipeline programs (also known as pathway programs) across the nation aimed at increasing the number of programs and promoting leadership development of underrepresented minority health care professionals in medicine and the biomedical sciences, with a focus on assisting such programs by identifying best practices and tracking participant outcomes;

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 304 be adopted as amended.

HOD ACTION: Resolution 304 adopted as amended.

Resolution 304 asks: 1. That our AMA support the publication of a white paper chronicling health care career pipeline programs across the nation aimed at increasing the number programs and promoting leadership development of underrepresented minority health care professionals in medicine and the biomedical sciences, with a focus on assisting such programs by identifying best practices and tracking participant outcomes; and 2. That our AMA work with various stakeholders, including medical and allied health professional societies, established biomedical science pipeline programs and other appropriate entities, to establish best practices for the sustainability and success of health care career pipeline programs.

Your Reference Committee reviewed online and in-person testimony in overwhelming support of this resolution. Testimony addressed the contribution that pipeline programs (also known as pathway programs) have made towards increasing diversity among underrepresented groups in medicine such as women and racial and ethnic minorities. Therefore, your Reference Committee recommends that Resolution 304 be adopted as amended.

(14) RESOLUTION 313 – CLINICAL APPLICATIONS OF PATHOLOGY AND LABORATORY MEDICINE FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 313 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association study current ~~standards~~ practices within medical education regarding the clinical use of pathology and laboratory medicine information to identify potential gaps in training in the principles of decision making and the utilization of quantitative evidence. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 313 be adopted as amended.

HOD ACTION: Resolution 313 adopted as amended.

Resolution 313 asks: That our AMA study current standards within medical education regarding pathology and laboratory medicine to identify potential gaps in training.

Your Reference Committee heard mixed testimony on this item, ranging from adoption to not adoption. The Council on Medical Education, for example, testified that this issue is undeniably important but is within the purview of the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education, rather than the

AMA. Other testimony noted that inappropriate use and interpretation of laboratory and other diagnostic tests can lead to shortfalls in patient safety, harm to patients, and malpractice claims. The need for students and trainees to learn effective stewardship of health care resources was cited as well. This issue goes beyond those in the pathology field to encompass all physicians; indeed, as noted in testimony, approximately three of every four medical decisions derive from lab tests, and the dramatic increase in the number of tests underscore the need for at least minimal training in the medical education continuum and a better understanding of evidence-based medicine across the continuum. Your Reference Committee believes its proposed edits address these concerns and clarify some prior confusion on the resolution's intent, and therefore recommends adoption as amended.

(15) RESOLUTION 314 – EVALUATION OF CHANGES TO RESIDENCY AND FELLOWSHIP APPLICATION AND MATCHING PROCESSES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that first Resolve of Resolution 314 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association ~~support~~ oppose ~~proposed~~ changes to residency and fellowship application requirements ~~only when~~ unless (a) those changes have been evaluated by working groups which have students and residents as representatives; (b) there are data which demonstrate~~s~~ 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; and (d) the costs to medical students and residents are mitigated (New HOD Policy): and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 314 be amended by deletion of the second Resolve, to read as follows:

~~RESOLVED, That our AMA 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 (New HOD Policy); and be it further~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 314 be adopted as amended.

HOD ACTION: Resolution 314 adopted as amended.

Resolution 314 asks: 1. That our AMA 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; and (d) the costs to medical students and residents are mitigated; 2. That our AMA 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; and 3. That our AMA 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.

Your Reference Committee heard testimony that the test implementation of the standardized video interview (SVI) in emergency medicine residency program applications has raised issues of its validity and lack of fairness to applicants, for example, from underrepresented minority populations or those who speak English as a second language. Medical students should not be subject to additional bias in an already stressful application process. Edits to the first Resolve was proffered, to incorporate the spirit of the second Resolve and remove the word “implicit,” thereby expanding the scope of any bias to be addressed through the proposed policy. Finally, your Reference Committee believes that the second Resolve should be deleted and recommends that Resolution 314 be adopted as amended.

(16) RESOLUTION 315 – SCHOLARLY ACTIVITY BY RESIDENT AND FELLOW PHYSICIANS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 315 be amended by addition and deletion of the first Resolve, to read as follows:

RESOLVED, That our American Medical Association a) define resident and fellow scholarly activity as any rigorous, skill-building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer-reviewed publications, ~~national~~ leadership

positions within health policy organizations, local quality improvement projects, curriculum development, or any activity which would satisfy faculty requirements for scholarly activity, and b) encourage partner organizations to utilize the inclusion of this definition to ensure that residents and fellows are able to fulfill scholarly activity requirements. (New HOD Policy~~); and be it further~~

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that second Resolve of Resolution 315 be amended by deletion, to read as follows:

~~RESOLVED, That our AMA work with partner organizations to ensure that residents and fellows are able to fulfill scholarly activity requirements with any rigorous, skill-building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer-reviewed publications, national leadership positions within health policy organizations, local quality improvement projects, curriculum development, or any activity which would satisfy faculty requirements for scholarly activity. (Directive to Take Action)~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 315 be adopted as amended.

HOD ACTION: Resolution 315 adopted as amended.

Resolution 315 asks: 1. That our AMA define resident and fellow scholarly activity as any rigorous, skill-building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer-reviewed publications, national leadership positions within health policy organizations, local quality improvement projects, curriculum development, or any activity which would satisfy faculty requirements for scholarly activity; and 2. That our AMA work with partner organizations to ensure that residents and fellows are able to fulfill scholarly activity requirements with any rigorous, skill-building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer-reviewed publications, national leadership positions within health policy organizations, local quality improvement projects, curriculum development, or any activity which would satisfy faculty requirements for scholarly activity.

Your Reference Committee reviewed testimony online and in-person that was mixed but overwhelmingly supportive of this resolution. Testimony supported developing a broader definition of scholarly activity to allow for expansion of the scope of learning, while acknowledging the range of academic rigor involved in health policy analysis. It was also suggested to examine the intersection of scholarly activity and changes and improvement in medical education, as evidenced by the work of Accelerating Change in Medical Education consortium. The Reference Committee noted that Resolves one and two reiterated the same language; to make the item easier to comprehend, we have merged both Resolves into one to capture the essence and intent of this item. Therefore, your Reference Committee recommends that Resolution 315 be adopted as amended.

(17) RESOLUTION 316 – MEDICAL STUDENT DEBT

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 316 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association formulate a task force to look at undergraduate medical education training as it relates to ~~specialty~~ career choice, and develop new polices and novel approaches to prevent debt from influencing ~~primary care~~ specialty and subspecialty choice. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 316 be adopted as amended.

HOD ACTION: Resolution 316 adopted as amended.

Resolution 316 asks: That our AMA formulate a task force to look at undergraduate medical education training as it relates to specialty choice, and develop new polices and novel approaches to prevent debt from influencing primary care specialty choice.

Your Reference Committee heard significant testimony that was generally supportive of this resolution. Education debt continues to be a significant burden on medical students, residents, and physicians and influences all aspects of life. In response to testimony about how education debt impacts all fields, not just primary care, the resolution was amended. Therefore, your Reference Committee recommends that Resolution 316 be adopted as amended.

(18) RESOLUTION 317 – A STUDY TO EVALUATE BARRIERS TO MEDICAL EDUCATION FOR TRAINEES WITH DISABILITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 317 be amended by addition of a new second Resolve, to read as follows:

RESOLVED, That our AMA work with relevant stakeholders to study available data on medical graduates with disabilities and challenges to employment after training. (Directive to Take Action)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 317 be adopted as amended.

HOD ACTION: Resolution 317 adopted as amended.

Resolution 317 asks: That our AMA work with relevant stakeholders to study available data on medical trainees with disabilities and consider revision of technical standards for medical education programs.

Your Reference Committee reviewed strong online and in-person testimony in support of Resolution 317. During testimony it was noted that this request for a study aligns with the Americans with Disabilities Act of 1990 and existing AMA policy. In addition, there was strong support for a study that collects data on medical trainees with disabilities, enumerates the various obstacles the trainees face, describes how a variety of medical schools have overcome those obstacles (best practices), and reviews potential revision of technical standards for medical education. Testimony also recommended that the study include available data on medical graduates with disabilities and challenges to employment after training. Therefore, your Reference Committee recommends that Resolution 317 be adopted as amended.

(19) RESOLUTION 318 – RURAL HEALTH PHYSICIAN WORKFORCE DISPARITIES

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 318 be amended by addition, to read as follows:

That our AMA undertake a study of issues regarding rural physician workforce shortages, including federal payment

policy issues, and other causes and potential remedies (such as telehealth) to alleviate rural physician workforce shortages.

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 318 be adopted as amended.

HOD ACTION: Resolution 318 be adopted as amended.

Resolution 318 asks: That our AMA undertake a study of issues regarding rural physician workforce shortages, including federal payment policy issues, and other causes and potential remedies to alleviate rural physician workforce shortages.

Your Reference Committee reviewed testimony online and in-person in overwhelming support of this issue. AMA has clear policy that looks toward correcting the methodology used by the Centers for Medicare & Medicaid Services (CMS) in determining payment rates, but much of the policy addresses Practice Expense (PE) differences in rent costs. Lacking is the inclusion of the costs necessary for physician recruitment and retention and the effect of these costs on overall practice expense realities. This resolution looks to incorporate these data in a study to evaluate the overall effects that these trends produce, and the possibility that improvements in fee schedules may result, thus assisting in addressing physician shortages. Additionally, the Council on Medical Education has a report in progress related to this issue and will look to include material on this matter in that report. Testimony suggested the addition of "telemedicine and telehealth"; your Reference Committee would proposed use of the broader term "telehealth," in that telemedicine is encompassed within telehealth. Testimony also addressed the need to alleviate payment to rural physicians without negatively impacting payment to other regions. Therefore, your Reference Committee recommends that Resolution 318 be adopted as amended.

(20) RESOLUTION 319 – ADDING PIPELINE PROGRAM PARTICIPATION QUESTIONS TO MEDICAL SCHOOL APPLICATIONS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that first Resolve of Resolution 319 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA ~~collaborate~~ work with the Association of American Medical Colleges (AAMC) and other stakeholders ~~to coalesce the data~~ to create a question for the AAMC electronic medical school application to identify previous pipeline program (also known as pathway program) participation and create a

plan to analyze the data in order ~~allow applicants to identify previous pipeline program participation~~ to determine the effectiveness of pipeline programs ~~those who are underrepresented in medicine in their decisions to pursue careers in medicine~~. (and be it further)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 319 be amended by deletion of the second Resolve, to read as follows:

~~RESOLVED, That our AMA develop a plan to analyze the data once this question is implemented with input from key stakeholders, including AAMC, the Accreditation Council for Graduate Medical Education, and interested medical societies and premed pipeline programs. (Directive to Take Action)~~

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 319 be adopted as amended.

HOD ACTION: Resolution 319 adopted as amended.

Resolution 319 asks: 1. That our AMA collaborate with the Association of American Medical Colleges (AAMC) and other stakeholders to coalesce the data to create a question for the AAMC electronic medical school application to allow applicants to identify previous pipeline program participation to determine the effectiveness of pipeline programs those who are underrepresented in medicine in their decisions to pursue careers in medicine; and 2. That our AMA develop a plan to analyze the data once this question is implemented with input from key stakeholders, including AAMC, the Accreditation Council for Graduate Medical Education, and interested medical societies and premed pipeline programs.

Your Reference Committee reviewed testimony online and in-person in overwhelming support of this resolution. Testimony requested the consideration of the use of pathway programs in addition to pipeline programs due to different uses of the term pipeline regionally. Additionally, testimony requested that the second resolve be struck completely because it presumptively depends on the availability of future data, which would be necessary in order to stand as an independent policy statement. Therefore, your Reference Committee recommends that Resolution 319 be adopted as amended.

(21) RESOLUTION 322 – SUPPORT FOR THE STUDY OF THE TIMING AND CAUSES FOR LEAVE OF ABSENCE AND WITHDRAWAL FROM UNITED STATES MEDICAL SCHOOLS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 322 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA support the study of factors surrounding leaves of absence and withdrawal from allopathic and osteopathic medical undergraduate and graduate education programs, including the timing of and reasons for these actions, as well as the sociodemographic information of the students involved~~.~~ (New HOD Policy); and be it further

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 322 be amended by addition of a second Resolve, to read as follows:

RESOLVED, that our AMA encourage the Association of American Medical Colleges and the American Association of Colleges of Osteopathic Medicine to support the study of factors surrounding leaves of absence and withdrawal from allopathic and osteopathic medical undergraduate and graduate education programs, including the timing of and reasons for these actions, as well as the sociodemographic information of the students involved (New HOD Policy).

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 322 be adopted as amended.

RECOMMENDATION D:

Madam Speaker, your Reference Committee recommends that the title of Resolution 322 be changed, to read as follows:

SUPPORT FOR THE STUDY OF THE TIMING AND CAUSES FOR LEAVE OF ABSENCE AND WITHDRAWAL FROM UNITED STATES ALLOPATHIC AND OSTEOPATHIC MEDICAL UNDERGRADUATE AND GRADUATE EDUCATION PROGRAMS

HOD ACTION: Resolution 322 <u>adopted as amended with a change in title</u>.

Resolution 322 asks: That our AMA support the study of factors surrounding leaves of absence and withdrawal from allopathic and osteopathic medical education programs, including the timing of and reasons for these actions, as well as the sociodemographic information of the students involved.

Your Reference Committee reviewed testimony online and in-person in overwhelming support of this resolution. Testimony reflected that many felt this policy could help inform potential medical school applicants, current students and medical school administrators. It was requested that gender be included, and your Reference Committee felt the term sociodemographic was inclusive of gender. Therefore, your Reference Committee recommends that Resolution 322 be adopted as amended.

(22) RESOLUTION 308 – MAINTENANCE OF CERTIFICATION MORATORIUM

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 308 be <u>referred</u>.

HOD ACTION: Resolution 308 <u>referred</u>.

Resolution 308 asks: 1. That our AMA call for an immediate end to the high stakes examination components as well as an end to the Quality Initiative (QI)/Practice Improvement (PI) components of Maintenance of Certification (MOC); 2. That our AMA call for retention of continuing medical education (CME) and professionalism components (how physicians carry out their responsibilities safely and ethically) of MOC only; and 3. That our AMA petition the American Board of Medical Specialties for the restoration of certification status for all diplomates who have lost certification status solely because they have not complied with MOC requirements.

Your Reference Committee reviewed mixed online and in-person testimony on this resolution. Testimony noted that continuing certification has become another element that contributes to stress and burnout, and that many physicians find elements of Continuous Certification/Maintenance of Certification problematic. However, the Council on Medical Education is currently studying the issues raised in this resolution. In addition, the ABMS has convened a Stakeholders Council to address the recommendations of the recently released report of the “Continuing Board Certification: Vision for the Future Commission” that may address some of these concerns. The AMA also has representation on the ABMS Continuing Certification Committee, which monitors and approves alternative models within the existing components of Continuing Certification and is considering how to integrate the assessment of standards into everyday practice activities. A thorough review and analysis of the issues raised in this

item is needed. Therefore, your Reference Committee recommends that Resolution 308 be referred with a report back to the House of Delegates at the A-20 meeting.

(23) RESOLUTION 311 – GRANDFATHERING QUALIFIED APPLICANTS PRACTICING IN U.S. INSTITUTIONS WITH RESTRICTED MEDICAL LICENSURE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 311 be referred.

HOD ACTION: Resolution 311 referred.

Resolution 311 asks: That our AMA work with the Federation of State Medical Boards, the Organized Medical Staff Section and other stakeholders to advocate for state medical boards to support the licensure to practice medicine by physicians who have demonstrated they possess the educational background and technical skills and who are practicing in the U.S. health care system.

Your Reference Committee heard mixed testimony that was largely in favor of referral, due to the complexity of this issue. Testimony from an international medical graduate academic physician who has trained many residents and fellows in the United States, but who is ineligible to obtain a medical license, reflected the impetus for this item. A physician from Florida testified how that state continues to grapple with the issue of physician immigrants from Cuba and other foreign countries who do not meet state licensure requirements yet seek to find a way in which to put their (often considerable) skills to work in their new country in service to patients and society. This issue merits additional study by the Council on Medical Education, which welcomes the referral, as do the authors of the resolution. Therefore, your Reference Committee recommends that Resolution 311 be referred.

(24) RESOLUTION 301 – AMERICAN BOARD OF MEDICAL SPECIALTIES ADVERTISING

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 301 not be adopted.

HOD ACTION: Resolution 301 referred.

Resolution 301 asks: That our AMA oppose the use of any physician fees, dues, etc., for any advertising by the American Board of Medical Specialties or any of their component boards to the general public.

Your Reference Committee reviewed mixed online and in-person testimony regarding Resolution 301, which noted the existence of public information and advertising campaigns used to inform patients about the value of board certification. Testimony noted that hospitals, insurance companies, malpractice insurers, and others often require board certification for a physician to practice medicine and that physicians are essentially required to maintain active certification and pay yearly fees to their specialty boards. While the AMA maintains robust policy on MOC, including policy related to the cost of development and administration of the MOC components and transparency of finances of the ABMS and its member boards, this policy does not attempt to exert control over ABMS policies and procedures. In addition, this resolution is not consistent with AMA policy that supports informing the public about the value of board certification. Therefore, your Reference Committee recommends that Resolution 301 not be adopted.

(25) RESOLUTION 312 – UNMATCHED MEDICAL GRADUATES TO ADDRESS THE SHORTAGE OF PRIMARY CARE PHYSICIANS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 312 not be adopted.

HOD ACTION: Resolution 312 not adopted.

Resolution 312 asks: 1. That our AMA advocate for the state medical boards to accept medical graduates who have passed USMLE Steps 1 and 2 as their criterion for limited license, thus using the existing physician workforce of trained and certified physicians in the primary care field and allowing them to get some credit towards their residency training as is being contemplated in Utah; and 2. That our AMA work with regulatory, licensing, medical, and educational entities dealing with physician workforce issues: the American Board of Medical Specialties, the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education, Accreditation Council for Graduate Medical Education (ACGME), the Federation of State Medical Boards, and the National Medical Association work together to integrate unmatched physicians in the primary care workforce in order to address the projected physician shortage.

Your Reference Committee heard, after further consideration, that the sponsors decided to withdraw Resolution 312 from consideration. Therefore, Your Reference Committee recommends that Resolution 312 not be adopted.

Madam Speaker, this concludes the report of Reference Committee C. I would like to thank Ricardo Correa, MD; Albert M. Kwan, MD; George M. Lange, MD; Elizabeth U. Parker, MD; Richard Pieters, Jr, MD; Charles W. Van Way, III, MD; and all those who testified before the committee, as well as our AMA staff, including Catherine Welcher, Fred Lenhoff, Tanya Lopez, and Alejandro Aparicio, MD.

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