Handbook Review: HOD Reference Committee C (Medical Education)

Full text at https://www.ama-assn.org/system/files/2019-05/a19-refcomm-c.pdf. Recommended positions should be considered preliminary until ratified.
Recommended positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	AMA-WPS recommended position
BOT Report 25: All Payer Graduate Medical Education Funding	1. The Board recommends 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. (Modify Current HOD Policy) 2. That our AMA rescind section 33 of Policy D-305.967, which directed the AMA to conduct the study herein. (Rescind AMA Policy) Fiscal Note: Less than $500	Support
CME Report 1: Council on Medical Education Sunset Review of 2009 House Policies	The Council on Medical Education 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. (Directive to Take Action) Fiscal Note: $1,000.	Support
CME Report 2: Update on Maintenance of Certification and Osteopathic Continuous Certification (Resolution 316-A-18)	The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 316-A-18 and the remainder of the report be filed. 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. (Directive to Take Action)	Support

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	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. (Modify Current HOD Policy) 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. (Rescind HOD Policy) 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. (Rescind HOD Policy) 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. (Rescind HOD Policy) Fiscal Note: $2,500.	
CME Report 3: Standardizing the Residency Match System and Timeline (CME Report 6-A-17)	The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 316-A-18 and the remainder of the report be filed.	**Active Support**

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	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. (Directive to Take Action) 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. (Directive to Take Action) 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. (Directive to Take Action) 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. (Directive to Take Action) Fiscal note: $1,000.	
CME Report 4: Augmented Intelligence in Medical Education (Resolution 317-A-18)	The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 317-A-18 and the remainder of the report be filed: 1. That our American Medical Association (AMA) encourage accrediting and licensing bodies to study how AI should be most appropriately addressed in accrediting and licensing standards. (Directive to Take Action) 2. That our AMA encourage medical specialty societies and boards to consider production of specialty-specific educational modules related to AI. (Directive to Take Action) 3. That our AMA encourage research regarding the effectiveness of AI instruction in medical education on learning and clinical outcomes. (Directive to Take Action) 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	Support

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	regarding what other curricula may need to be eliminated in order to accommodate new training modules. (Directive to Take Action) 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. (Directive to Take Action) 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. (Directive to Take Action) 7. That our AMA encourage institutional leaders and academic deans to proactively accelerate the inclusion of non-clinicians, such as data scientists and engineers, onto their faculty rosters in order to assist learners in their understanding and use of AI. (Directive to Take Action) 8. That Policy D-295.328, "Promoting Physician Lifelong Learning," be reaffirmed. (Reaffirm HOD Policy) Fiscal note: $1,000.	
CME Report 6: Study of Medical Student, Resident, and Physician Suicide (Resolution 959-I-18)	SUMMARY AND RECOMMENDATIONS The routine occurrence of burnout, depression, and suicide in physicians, residents/fellows, and medical students warrants continued study. Several recommendations have been offered to collect data on the actual incidence of physician and physician-in-training suicide. The Council on Medical Education therefore recommends the following recommendations be adopted in lieu of Resolution 959-I-18 and the remainder of this report be filed. 1. That our American Medical Association (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. (Directive to Take Action) 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	**Active Support**

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	on medical student and resident/fellow suicides to identify patterns that could predict such events. (Directive to Take Action) 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. (Directive to Take Action) 4. That our AMA collaborate with other stakeholders to study the incidence of suicide among physicians, residents, and medical students. (Directive to Take Action) 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. (Rescind HOD Policy) Fiscal Note: $81,500.	
CME/CSAPH Report 1: Protecting Medical Trainees from Hazardous Exposure Protecting Medical Trainees from Hazardous Exposure (Resolution 301-A-18)	RECOMMENDATIONS 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~~standard~~s~~ and OSHA hazardous exposure regulations, including communication requirements, equally to employees, students, and residents/fellows~~students~~. (Modify Current HOD Policy) 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	Support

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	hazardous material may have occurred in the workplace/training site. (New HOD Policy) 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. (New HOD Policy) 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. (New HOD Policy) 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. (New HOD Policy) Fiscal Note: $500	
Resolution 301: American Board of Medical Specialties Advertising Introduced by: Virginia, American Association of Clinical Urologists, Louisiana, Mississippi	RESOLVED, That our American Medical Association 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. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	Support
Resolution 302: The Climate Change Lecture for US Medical Schools Introduced by: American Association of Public Health Physicians	RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further RESOLVED, 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	Monitor

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	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 (Directive to Take Action); and be it further RESOLVED, 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 (Directive to Take Action); and be it further RESOLVED, 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" (Directive to Take Action); and be it further RESOLVED, 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 (Directive to Take Action); and be it further RESOLVED, 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. (Directive to Take Action) Fiscal Note: Estimated cost to implement this resolution is $50,000.	
Resolution 303: Graduate Medical Education and the Corporate Practice of Medicine Introduced by: California	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' fiduciary responsibility to shareholders and the educational mission of residency or fellowship training programs (New HOD Policy); and be it further	Support

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	RESOLVED, 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. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	
Resolution 304: Tracking Outcomes and Supporting Best Practices of Health Care Career Pipeline Programs Introduced by: California	RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further RESOLVED, 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. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	**Active Support**
Resolution 305: Lack of Support for Maintenance of Certification Introduced by: Illinois	RESOLVED, That our American Medical Association urge all American Board of Medical Specialties (ABMS) Boards to phase out the use of mandated, periodic, pass/fail, point-in-time examinations, and Quality Improvement/Practice Improvement components of the Maintenance of Certification process, and replace them with more longitudinal and formative assessment strategies that provide feedback for continuous learning and improvement and support a physician's commitment to ongoing professional development (Directive to Take Action); and be it further RESOLVED, That our AMA encourage all ABMS Boards to adopt and immediately begin the process of implementing the following recommendation from the Continuing Board Certification Vision For the Future Commission Final Report: "Continuing certification must change to incorporate longitudinal and other innovative formative assessment strategies that support learning, identify knowledge and skills gaps, and help diplomates stay current. The ABMS Boards must offer an alternative to burdensome highly-secure, point-in-time examinations of knowledge." (Directive to Take Action) Fiscal Note: Minimal - less than $1,000.	Monitor

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Resolution 306: Interest Rates and Medical Education Introduced by: Illinois	RESOLVED, That our American Medical Association reaffirm Policy H-305.925, "Principles of and Actions to Address Medical Education Costs and Student Debt." (Reaffirm HOD Policy) Fiscal Note: Minimal - less than $1,000.	Support
Resolution 307: Mental Health Services for Medical Students Introduced by: New York	RESOLVED, That our American Medical Association 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. (Directive to Take Action) Fiscal Note: Minimal - less than $1,000.	Support
Resolution 308: Maintenance of Certification Moratorium Introduced by: New York	RESOLVED, That our American Medical Association 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) (Directive to Take Action); and be it further RESOLVED, 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 (Directive to Take Action); and be it further RESOLVED, 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. (Directive to Take Action) Fiscal Note: Minimal - less than $1,000.	Monitor
Resolution 309: Promoting Addiction Medicine During a Time of Crisis Introduced by: New York	RESOLVED, That our American Medical Association endorse and support the incorporation of addiction medicine science into medical student education and residency training (New HOD Policy); and be it further RESOLVED, That our AMA transmit this resolution to the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, the American Osteopathic Association and the Accreditation Council for Graduate Medical Education (ACGME). (Directive to Take Action) Fiscal Note: Minimal - less than $1,000.	Support

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Resolution 310: Mental Health Care for Medical Students Introduced by: New York	RESOLVED, That our American Medical Association encourage all medical schools to assign a mental health provider to every incoming medical student (New HOD Policy); and be it further RESOLVED, That our AMA encourage all medical schools to provide an easy way for medical students to select a different provider at any time (New HOD Policy); and be it further RESOLVED, 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 (New HOD Policy); and be it further RESOLVED, 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. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	Monitor
Resolution 311: Grandfathering Qualified Applicants Practicing in U.S. Institutions with Restricted Medical Licensure Introduced by: International Medical Graduates Section	RESOLVED, That the American Medical Association 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. Healthcare system. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000	Monitor
Resolution 312: Unmatched Medical Graduates to Address the Shortage of Primary Care Physicians Introduced by: International Medical Graduates Section	RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further RESOLVED, 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	Monitor

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	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. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000	
Resolution 313: Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association study current standards within medical education regarding pathology and laboratory medicine to identify potential gaps in training. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support
Resolution 314: Evaluation of Changes to Residency and Fellowship Application and Matching Processes Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association 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 (4) the costs to medical students and residents are mitigated (New HOD Policy): and be it further 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 RESOLVED, 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. (Directive to Take Action) Fiscal Note: Minimal - less than $1,000.	Support

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Resolution 315: Scholarly Activity by Resident and Fellow Physicians Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association 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 (New HOD Policy); and be it further 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) Fiscal Note: Modest - between $1,000 - $5,000.	Support
Resolution 316: Medical Student Debt Introduced by: Senior Physicians Section	RESOLVED, That our American Medical Association 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. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support
Resolution 317: A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities Introduced by: Resident and Fellow Section	RESOLVED, That our American Medical Association work with relevant stakeholders to study available data on medical trainees with disabilities and consider revision of technical standards for medical education programs. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support
Resolution 318: Rural Health Physician Workforce Disparities Introduced by: Iowa	RESOLVED, That our American Medical Association 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. (Directive to Take Action) Fiscal Note: Modest - between $1,000 - $5,000.	Support

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*Resolution 319: Adding Pipeline Program Participation Questions to Medical School Applications Introduced by: Minority Affairs Section	RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further 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) Fiscal Note: Modest - between $1,000 - $5,000.	Monitor
*Resolution 320: Opioid Education in Medical Schools Introduced by: Michigan	RESOLVED, That our American Medical Association work with the Liaison Committee on Medical Education to include formalized opioid and related substance use disorder training using an evidence-based multidisciplinary approach in the curriculum of accredited medical schools. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000.	Support
*Resolution 321: Physician Health Program Accountability, Consistency, and Excellence in Provision of Service to the Medical Profession Introduced by: Michigan, North Carolina	RESOLVED, That our American Medical Association amend policy D-405.990, "Educating Physicians About Physician Health Programs," by addition to read as follows: Educating Physicians About Physician Health Programs and Advocating for Standards 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	Monitor

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	training; 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 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. (Modify Current HOD Policy) Fiscal Note: Minimal - less than $1,000.	
*Resolution 322: Support for the Study of the Timing and Causes for Leave of Absence and Withdrawal from United States Medical Schools Introduced by: Medical Student Section	RESOLVED, That our American Medical Association 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. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	Monitor

*Included in the Handbook Addendum

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