



**INTERNATIONAL MEDICAL GRADUATES SECTION  
2019 ANNUAL MEETING SUMMARY OF ACTIONS  
HYATT REGENCY - CHICAGO**

**IMG SECTION (IMGS) AUTHORED RESOLUTIONS**

**I. Reference Committee B**

A. Resolution 509 – Addressing Depression to Prevent Suicide Epidemic

Resolution 509 asked: 1) that our American Medical Association collaborate with the Centers for Disease Control, the National Institute of Health and other stakeholders to increase public awareness about symptoms, early signs, preventive and readily available therapeutic measures including antidepressants to address depression and suicide; (Directive to Take Action) and

2) that our AMA work with the Centers for Disease Control, the National Institute of Health and encourage other specialty and state medical societies to work with their members to address the epidemic of depression and anxiety disorder and help to prevent death by suicide by promoting services to screen, diagnose and treat depression. (Directive to Take Action)

**HOD Action: Reaffirmation of AMA policy in lieu of Resolution 509.**

**II. Reference Committee C**

A. Resolution 311 – Grandfathering Qualified Applicants Practicing in U.S. Institutions with Restricted Medical Licensure

Resolution 311 asked 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)

**HOD Action: Resolution 311 referred.**

B. Resolution 312 – Unmatched Medical Graduates to Address the Shortage of Primary Care Physicians

Resolution 312 asked: 1) 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

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. (Directive to Take Action)

**HOD Action: Resolution 312 withdrawn.**

### **III. HOUSE OF DELEGATES REPORTS/RESOLUTIONS**

- A. Board of Trustees Report 25 – All Payer Graduate Medical Education Funding Board of Trustees Report 25 recommended 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:
  1. 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)

**HOD Action: Board of Trustees Report 25 adopted.**

- B. CME Report 1 – Council on Medical Education Sunset Review of 2009 House Policies

CME Report 1 recommended 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..

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

### C. CME Report 3 - Standardizing the Residency Match System and Timeline

CME Report 3 asked: 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.

**HOD Action: Council on Medical Education Report 3 adopted as amended.**

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~~

### D. CME Report 4 – Augmented Intelligence in Medical Education

CME Report asked: 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.

**HOD Action: CME Report 4 adopted as amended.**

**E. CME Report 5 – Accelerating Change in Medical Education Consortium Outcomes**

CME Report 5 provided a detailed description of the activities and outcomes of the ACE initiative. Impacts on students, faculty members, member institutions, health systems, the general medical education community, patients, and the reputation of the AMA are described. Future directions to advance our AMA's role as a catalyst for medical education innovation were also outlined in this report.

**HOD Action: CME Report 5 filed.**

**F. CME Report 6 – Study of Medical Student, Resident and Physician Suicide (considered with Resolution 307 – Mental Health Services for Medical Students and Resolution 310 – Mental Health Care for Medical Students**

CME Report 6 asked: 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.

**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 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 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 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)

G. CLRDP Report 1 – Demographic Characteristics of the House of Delegates and AMA Leadership

CLRDP Report 1 was an informational report that addressed the demographic characteristics of members in the House of Delegates.

**HOD Action: CLRDP Report 1 filed.**

H. Resolution 009 – References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment

Resolution 009 asked that our AMA undertake a study to identify all discrimination and harassment references in AMA policies and the code of ethics, noting when the language is consistent and when it is not, and research language and terms used by other national organizations and the federal government in their policies on discrimination and harassment. The resolution asks that the preliminary study results be presented to the Minority Affairs Section, the Women's Physician Section, and the Advisory Committee on LGBTQ Issues to reach consensus on optimal language to protect vulnerable populations including racial and ethnic minorities, sexual and gender minorities, and women, from discrimination and harassment. The resolution asks for a report with the study results and recommendations within 18 months.

**HOD Action: Resolution 009 adopted.**

I. Resolution 233 – GME Cap Flexibility

Resolution 233 asked: 1) the AMA to advocate for the Centers for Medicare and Medicaid Services (CMS) to adopt the concept of "Cap-Flexibility" and allow new and current Graduate Medical Education teaching institutions to extend their cap-building window for up to an additional five years beyond the current window (for a total of up to ten years), giving priority to primary care residencies (Directive to Take Action); and 2) that the AMA advocate for CMS to provide funding to hospitals and/or universities prior to the arrival of any residents, removing the clause where "Medicare funding does not begin until the first resident is 'on-duty' at the hospital." (Directive to Take Action)

**HOD Action: Policy D-305.967 adopted as amended in lieu of Resolution 233.**

Stability and Expansion of Full Funding for  
Graduate Medical Education D-305.967

Our AMA will advocate to the Centers for Medicare & Medicaid Services ~~for flexibility beyond the current maximum of five years for the Medicare graduate medical education cap-setting deadline for new residency programs in underserved areas and/or economically depressed areas to adopt the concept of "Cap-Flexibility" and allow new and current Graduate Medical Education teaching institutions to extend their cap-building window for up to an additional five years beyond the current window (for a total of up to ten years), giving priority to new residency programs in underserved areas and/or economically depressed areas.~~

J. Resolution 303 – Graduate Medical Education and the Corporate Practice of Medicine

Resolution 303 asked: 1) That the 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.

**HOD Action: Resolution 303 adopted as amended.**

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' a training site's~~ fiduciary responsibility to shareholders and the educational mission of residency or fellowship training programs (New HOD Policy); and be it further

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)

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)

K. Resolution 314 – Evaluation of Changes to Residency and Fellowship Application and Matching Processes

Resolution 314 asked: 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.

**HOD Action: Resolution 314 adopted as amended.**

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 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 (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~~

L. Resolution 317 – A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities

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

**HOD Action: Resolution 317 adopted as amended.**

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)

M. Resolution 318 – Rural Health Physician Workforce Disparities

Resolution 318 asked the AMA to 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.

**HOD Action: Resolution 318 adopted as amended.**

N. Resolution 613 – Language Proficiency Data of Physicians in the AMA Masterfile (*Minority Affairs Section*)

Resolution 613 asked our AMA to initiate collection of self-reported physician language proficiency data in the Masterfile by asking physicians with the validated six-point adapted ILR-scale to indicate their level of proficiency for each language besides English in the healthcare settings.

**HOD Action: Resolution 613 referred.**

O. Resolution 614 – Racial and Ethnic Identity Demographic Collection by the AMA

Resolution 614 asked the AMA to develop a plan, with input from the Minority Affairs Section and the Chief Health Equity Officer, to consistently include racial and ethnic minority demographic information for physicians and medical students.

**HOD Action: Resolution 614 adopted as amended.**