

Reference Committee C (Medical Education)		
Item of Business	Recommendation(s)/Resolve Clause(s)	Consensus Position
CME Report 02: Healthcare Finance in the Medical School Curriculum	<p>That our American Medical Association (AMA) amend Policy H-295.924, "Future Directions for Socioeconomic Education," by addition and deletion to read as follows:</p> <p>"The AMA: (1) asks medical schools and residencies to encourage that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review/quality assurance, is included in the curriculum; (2) asks medical schools <u>and residencies</u> to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented in didactic sessions and reinforced during clinical experiences, in both inpatient and ambulatory care settings, at educationally appropriate times during undergraduate and graduate medical education; and (3) will encourage representatives to the Liaison Committee on Medical Education (LCME) to ensure that survey teams pay close attention during the accreditation process to the degree to which 'socioeconomic' subjects are covered in the medical curriculum." (Modify Current HOD Policy)</p> <p>Fiscal Note: \$500</p>	Support

CME Report 03: Standardization of Medical Licensing Time Limits Across States	<p>1. That our American Medical Association (AMA) urge the state medical and osteopathic boards that maintain a time limit for completing licensing examination sequences for either USMLE or COMLEX to adopt a time limit of no less than 10 years for completion of the licensing exams to allow sufficient time for individuals who are pursuing combined degrees (e.g, MD/PhD). (New HOD Policy)</p> <p>2. That our AMA urge that state medical and osteopathic licensing boards with time limits for completing the licensing examination sequence provide for exceptions that may involve personal health/family circumstances. (New HOD Policy)</p> <p>3. That our AMA encourage uniformity in the time limit for completing the licensing examination sequence across states, allowing for improved inter-state mobility for physicians. (New HOD Policy)</p> <p>Fiscal Note: \$1,000</p>	Support
CME Report 04: Board Certification Changes Impact Access to Addiction Medicine Specialists	<p>1. That our American Medical Association (AMA) recognize the American Board of Preventive Medicine (ABPM) for developing and providing pathways for all qualified physicians to obtain ABMS-approved certification in the new ABPM subspecialty of addiction medicine, in order to improve access to care for patients with substance use disorder. (Directive to Take Action)</p> <p>2. That our AMA rescind Policy H-300.962 (3) "Recognition of Those Who Practice Addiction Medicine," since the ABPM certification examination in addiction medicine is now offered. (Rescind HOD Policy)</p> <p>Fiscal Note: \$500</p>	Support
CME Report 06: Veterans Health Administration Funding of Graduate Medical Education	<p>1. That our AMA support postgraduate medical education service obligations through any program where the expectation for service is explicitly delineated in the contract with the trainee. (New HOD Policy)</p> <p>2. That our American Medical Association (AMA) oppose the blanket imposition of service obligations through any program where physician trainees rotate through the facility as one of many sites for their training. (New HOD Policy)</p> <p>Fiscal Note: \$500</p>	Monitor

<p>Resolution 301: Engaging Stakeholders for Establishment of a Two-Interval, or Pass/Fail, Grading System of Non-Clinical Curriculum in U.S. Medical Schools</p> <p>MSS</p>	<p>RESOLVED, That our American Medical Association amend Policy H-295.866 by addition and deletion to read as follows:</p> <p>Supporting Two-Interval Grading Systems for Medical Education, H-295.866</p> <p>Our AMA <u>will work with stakeholders to encourage the establishment of</u> acknowledges the benefits of a two-interval grading system in medical colleges and universities in the United States for the non-clinical curriculum. (Modify Current HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Monitor</p>
<p>Resolution 302: Strengthening Standards for LGBTQ Medical Education</p> <p>MSS</p>	<p>RESOLVED, That our AMA amend policy H-295.878, "Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Health Issues in Medical Education," by addition and deletion to read as follows:</p> <p>Eliminating Health Disparities – Promoting Awareness and Education of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Health Issues, H-295.878</p> <p>Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, Transgender and Queer communities; and (3) encourages the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include Lesbian, Gay, Bisexual, Transgender and Queer health issues in the <u>basic science, clinical care, and cultural competency curriculum curricula</u> for both undergraduate and graduate medical education; and (4) encourages the Liaison Committee on Medical Education (LCME), American Osteopathic Association (AOA), and Accreditation Council for Graduate Medical Education (ACGME) to <u>periodically</u> reassess the current status of curricula for medical student and residency education addressing the needs of pediatric and adolescent Lesbian, Gay, Bisexual, Transgender and Queer patients. (Modify Current HOD Policy)</p>	<p>Monitor</p>

	Fiscal Note: Minimal - less than \$1,000	
Resolution 303: Investigation of Existing Application Barriers for Osteopathic Medical Students Applying for Away Rotations MSS	<p>RESOLVED, That our American Medical Association work with relevant stakeholders to explore reasons behind application barriers that result in discrimination against osteopathic medical students when applying to elective visiting clinical rotations, and generate a report with the findings by the 2020 Interim Meeting. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	Active Support
Resolution 304: Issues with the Match, the National Residency Matching Program (NRMP) Indiana	<p>RESOLVED, That our American Medical Association redouble its efforts to promote an increase in residency program positions in the U.S. (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA assign an appropriate AMA committee or committees to:</p> <ul style="list-style-type: none"> - Study the issue of why residency positions have not kept pace with the changing physician supply and investigate what novel residency programs have been successful across the country in expanding positions both traditionally and nontraditionally. - Seek to determine what causes a failure to match and better understand what strategies are most effective in increasing the chances of a successful match, especially after a prior failure. The committee(s) would rely upon the BNRMP (Board of the National Residency Matching Program) to provide some of this information through surveys, questionnaires and other means. Valid data would be valuable to medical students who seek to improve their chances of success in The Match. - Report back to the AMA HOD with findings and recommendations (Directive to Take Action); and be it further <p>RESOLVED, Because SOAP (Supplemental Offer and Acceptance Program) failed to adequately serve some physicians seeking to match this year, that our AMA support the option to allow individuals participating in one future Match at no cost (Directive to Take Action); and be it further</p>	Active Refer

	<p>RESOLVED, That in order to understand the cost of The Match and identify possible savings, our AMA encourage the Board of the National Residency Matching Program to:</p> <ol style="list-style-type: none">1. Conduct an independent and fully transparent audit of SOAP (Supplemental Offer and Acceptance Program) to identify opportunities for savings, with the goal of lowering the financial burden on medical students and new physicians2. Actively promote success for those participating in The Match by better explaining and identifying those issues that interfere with the successful match and to offer strategies to mitigate those issues. This information can be disseminated through the program website and through services such as its “Help” and “Q&A” links, and also through the AMA. (Directive to Take Action) <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	
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<p>^Resolution 305: Ensuring Access to Safe and Quality Care for our Veterans (YPS)</p>	<p>RESOLVED, That our American Medical Association amend AMA Policy H-510.986, "Ensuring Access to Care for our Veterans," by addition to read as follows:</p> <p>Ensuring Access to <u>Safe and Quality Care</u> for our Veterans H-510.986</p> <ol style="list-style-type: none"> 1. Our AMA encourages all physicians to participate, when needed, in the health care of veterans. 2. Our AMA supports providing full health benefits to eligible United States Veterans to ensure that they can access the Medical care they need outside the Veterans Administration in a timely manner. 3. Our AMA will advocate strongly: a) that the President of the United States take immediate action to provide timely access to health care for eligible veterans utilizing the healthcare sector outside the Veterans Administration until the Veterans Administration can provide health care in a timely fashion; and b) that Congress act rapidly to enact a bipartisan long term solution for timely access to entitled care for eligible veterans. 4. Our AMA recommends that in order to expedite access, state and local medical societies create a registry of doctors offering to see our veterans and that the registry be made available to the veterans in their community and the local Veterans Administration. 5. <u>Our AMA supports access to similar clinical educational resources for all health care professionals involved in the care of veterans as those provided by the U.S. Department of Veterans Affairs to their employees with the goal of providing better care for all veterans.</u> 6. Our AMA will strongly advocate that the Veterans Health Administration and Congress develop and implement necessary resources, protocols, and accountability to ensure the Veterans Health Administration recruits, hires and retains physicians and other health care professionals to deliver the <p>safe, effective and high-quality care that our veterans have been promised and are owed. (Modify HOD Policy)</p> <p>Fiscal Note: Minimal - less than \$1,000</p>	<p>Active Support</p>
<p>Resolution 306: Financial Burden of USMLE Step 2 CS on Medical Students Indiana</p>	<p>RESOLVED, That our American Medical Association work with the Federation of State Medical Boards/United States Medical Licensing Examination (USMLE) to reduce the cost of the USMLE Step 2 CS exam and allow medical students to take this exam locally to defray unnecessary expenses. (Directive to Take Action)</p> <p>Fiscal Note: Modest - between \$1,000 - \$5,000</p>	<p>Monitor</p>

Resolution 307: Implementation of Financial Education Curriculum for Medical Students and Physicians in Training IMGS	RESOLVED, That our American Medical Association work with relevant stakeholders to study the development of a curriculum during medical school and residency/fellowship training to educate them about the financial and business aspect of medicine. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Support
Resolution 308: Study Expediting Entry of Qualified IMG Physicians to US Medical Practice New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)	RESOLVED, That our American Medical Association study and make recommendations for the best means for evaluating, credentialing and expediting entry of competently trained international medical graduate (IMG) physicians of all specialties into medical practice in the USA. (Directive to Take Action) Fiscal Note: Modest - between \$1,000 - \$5,000	Support
**Resoluion 309: Follow-up on Abnormal Medical Test Findings Georgia	RESOLVED, That our American Medical Association advocate for the adoption of evidence based guidelines on the process for communication and follow-up of abnormal medical test findings to promote better patient outcomes (Directive to Take Action); and be it further RESOLVED, That our AMA work with appropriate state and specialty medical societies to enhance opportunities for continuing education regarding professional guidelines and other clinical resources to enhance the process for communication and follow-up of abnormal medical test findings to promote better patient outcomes. (Directive to Take Action) Fiscal Note: Not yet determined	Monitor

^~ AMA-YPS Authored Resolution

* - Handbook Addendum

** - Sunday Tote

