AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (I-19)

Reference Committee Report

Sophia Yang, MD, MS, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Report B—AMA Resident/Fellow Councilor Term Limits

2. Late Resolution 1—Safe Supervision of Complex Radiation Oncology Therapeutic Procedures

3. Resolution 10—Removing Sex Designation from the Public Portion of the Birth Certificate

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

4. Report A—Matched Medical Students

5. Resolution 1—Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure

6. Resolution 4—Breast Implant-Associated Anaplastic Large Cell Lymphoma

7. Resolution 5—Resident and Fellow Access to Fertility Preservation

8. Resolution 6—Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training

9. Resolution 7—Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients

10. Resolution 8—Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance

11. Resolution 9—E-Cigarette and Vaping Associated Illness

12. Resolution 11—Studying Physician Supervision of Allied Health Professionals Outside Their Fields of Graduate Medical Education

13. Resolution 12—Updating Current Wellness Policies and improving Implementation

RECOMMENDED FOR NOT ADOPTION

14. Resolution 3—Required Standard of Care Stroke Assessment Training and Certification for Acute Care Hospital-Based Physicians and Out-of-Hospital Emergency Providers

(1) REPORT B— AMA RESIDENT/FELLOW COUNCILOR TERM LIMITS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report B be adopted and the remainder of the report be filed.

RFS ACTION: Report B adopted and the remainder of the report be filed.

Report B recommends that our AMA amend the AMA "Constitution and Bylaws" by addition and deletion to shorten the resident and fellow term lengths on AMA Councils from three to two years. Further, it recommends providing a three-term service eligibility on the Council on Ethical and Judicial Affairs.

Your Reference Committee heard testimony explaining that current three-year term limits on resident and fellow Council positions disproportionately disadvantages residents with shorter training periods. While there was concern about effectiveness and longevity, especially depending on the nature of the Council, it was strongly countered by testimony supporting standing goals of the Resident and Fellow Section: promotion of leadership development, section involvement, member engagement and the increase of opportunity and participation across all specialties. Therefore, your Reference Committee recommends that Report B be adopted.

(2) LATE RESOLUTION 1— SAFE SUPERVISION OF COMPLEX RADIATION ONCOLOGY THERAPEUTIC PROCEDURES

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Late Resolution 1 be adopted.

RFS ACTION: Late Resolution 1 adopted.

Late Resolution 1 asks that the AMA advocate for the exemption of radiation therapy services from the Hospital Outpatient Prospective Payment System (HOPPS) rule which requires only general supervision of hospital therapeutic services. It further asks the AMA to advocate for the Centers for Medicare and Medicaid (CMS) to require the direct supervision of radiation therapy services by a physician trained in radiation oncology. Finally, it asks that this resolution be immediately forwarded to the AMA House of Delegates at I-19.

Your Reference Committee heard generally supportive testimony, especially regarding the potential risks to patient safety and prospective resident and fellow employment. Opposition was raised in regard to its urgency, but your Reference Committee believes the ask is sufficiently compelling and allows for AMA to build coalitions before the July

2020 proposed rule is released. Furthermore, while current AMA policy states that AMA will work with stakeholders to make general supervision, rather than direct supervision, the requirement for Medicare payment for most, but not all, outpatient therapeutic services, radiation therapy could be an exception and require direct supervision. Therefore, your Reference Committee recommends that Late Resolution 1 be adopted.

(3) RESOLUTION 10—REMOVING SEX DESIGNATION FROM THE PUBLIC PORTION OF THE BIRTH CERTIFICATE

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 10 be adopted.

RFS ACTION: Resolution 10 adopted.

Resolution 10 asks that our AMA-RFS advocate for the removal of "sex" as a designation on the public portion of the birth certificate, and that it be visible for medical and statistical use only.

Testimony was unanimously in support of this resolution and its effort to further existing AMA policies on eliminating health disparities and removing barriers to care. Therefore, your Reference Committee recommends that Resolution 10 be adopted.

(4) REPORT A—MATCHED MEDICAL STUDENTS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the recommendations in Report A be amended by addition to read as follows:

Recommendation 4:

Your AMA-RFS Governing Council recommends the following changes to the "American Medical Association Resident and Fellow Section Internal Operating Procedures" by addition as follows:

E. Credentialing. The names of the duly selected voting RFS Business Meeting Delegates and Alternate Delegates from each state and specialty society should be received, in writing, by the Director of Resident and Fellow Services of the AMA at least 45 days prior to the start of the Business Meeting. Prior to the start of business on each day of the Business Meeting, credentialing will take place, where each voting member must officially identify themself to the Credentials Committee as having been duly selected to represent their state society, specialty society, or branch of the armed services. Those being credentialed must be (i) members of the RFS or (ii) medical students with AMA membership who have secured a residency position, signed a contract, and will be starting residency within 45 days of the Business Meeting and have secured an endorsement from a representative organization.

1. Registered RFS members or medical students with AMA membership who have secured a residency position, signed a contract, and will be starting residency within 45 days whose clinical responsibilities and travel arrangements require them to arrive during a day's business but after the close of credentialing may, at least four weeks prior to the Business Meeting, petition the Governing Council to be allowed to credential late for the meeting. The decision to allow an RFS member to credential late will be made by majority vote of the Speaker, Vice Speaker, Delegate, Alternate Delegate, and Chair of the Rules Committee with such vote being communicated to the RFS member and the Credentialing Committee, in writing, at least two weeks prior to the start of the meeting.
2. Previously registered RFS members who miss credentialing due to unforeseeable travel delays may, on a case-by-case basis, be allowed to credential late for that day's business. This would be determined by a majority vote of the Speaker, Vice Speaker, and Chair of the Rules Committee, and communicated to the RFS member and the remainder of the Credentialing Committee.
3. Only credentialed RFS ~~members~~ delegates present in the Business Meeting room may vote on items of business being considered.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Report A be adopted as amended and the remainder of the Report be filed.

RFS ACTION: Report A adopted as amended and the remainder of the report be filed.

Report A addresses the fact that during the section-wide effort to update and consolidate the RFS Internal Operating Procedures (IOPs), 4th year matched medical students were inadvertently excluded from participation in the AMA-RFS Annual Meeting despite them becoming part of the core constituency of the RFS within a matter of weeks. It recommends revising language within certain sections of the IOPs to rectify the issue, including elections, at-large representation, and participation.

Your Reference Committee heard limited but favorable testimony with a friendly amendment from the authors to fully rectify the oversight in the first iteration of the IOP changes to allow for the credentialing of 4th year medical students that have matched and start residency within 45 days of the business meeting. Therefore, your Reference Committee recommends Report A be adopted as amended.

(5) RESOLUTION 1— PROTECTION OF RESIDENT AND FELLOW TRAINING IN THE CASE OF HOSPITAL OR TRAINING PROGRAM CLOSURE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA study and provide recommendations on how the process of assisting orphaned ~~trainees~~ residents and fellows could be improved in the case of training hospital or training program closure, including:

1) The current processes by which a displaced resident or fellow may seek and secure an alternative training position; and
2) How CMS and other additional or supplemental GME funding is re-distributed, including but not limited to:
    a. The direct or indirect classification of ~~trainees~~ residents and fellows as financial assets and the implications thereof; and
    b. Transfer of ~~full versus partial funding for~~ training positions between institutions and the subsequent impact on ~~trainee~~ resident and fellow funding lines in the event of closure; and ~~be it further~~
    c. Transfer of full versus partial funding for new training positions; and ~~be it further~~
    d. Transfer of funding for orphaned ~~trainees~~ residents and fellows who switch specialties; and be it further

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the second Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with the Centers for Medicare and Medicaid Services (CMS) to establish regulations which protect ~~trainees~~ residents and fellows impacted by program or hospital closure which may include recommendations for:

1) Notice by the training hospital, intending to file for bankruptcy within 30 days, to all residents and fellows ~~trainees~~ primarily associated with the training hospital, as well as those who contractually matched at that training institution who may not yet have matriculated, of its intention to close, along with provision of reasonable and appropriate procedures to assist current and matched ~~trainees~~ residents and fellows to find and obtain alternative training positions which minimize undue financial and professional consequences, including but not limited to maintenance of specialty choice, length of training, initial expected time of graduation, location and reallocation of funding, and coverage of tail medical malpractice insurance that would have been offered had the program or hospital not closed.

2) Revision of the current CMS guidelines that may prohibit transfer of funding prior to formal financial closure of a teaching institution.
3) Improved provisions regarding transfer of GME funding for displaced residents and fellows for the duration of their training in the event of program closure at a training institution; and be it further
4) Protections against discrimination of orphaned residents and fellows consistent with H-295.969.

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that the third Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, National Resident Matching Program, Educational Commission for Foreign Medical Graduates, the Centers for Medicare and Medicaid Services and other relevant stakeholders to identify a process by which ~~trainees in~~ orphaned ~~residencies~~ residents and fellows may be directly represented in proceedings surrounding the closure of a training hospital or program; and be it further

RECOMMENDATION D:

Mr. Speaker, your Reference Committee recommends that a new fourth Resolve be amended by addition to read as follows:

RESOLVED, That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, National Resident Matching Program, Educational Commission for Foreign Medical Graduates, the Centers for Medicare and Medicaid Services, and other relevant stakeholders to
1) Develop a stepwise algorithm for designated institutional officials and program directors to assist residents and fellows with finding and obtaining alternative training positions;
2) Create a centralized, regulated process for orphaned residents and fellows to obtain new training positions; and be if further

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RECOMMENDATION E:

Mr. Speaker, your Reference Committee recommends that Resolution 1 be adopted as amended.

RFS ACTION: Resolution 1 adopted as amended.

Resolution 1 asks that our AMA-RFS support that the AMA create a speaker-appointed task force to re-examine election rules and logistics including regarding social media, emails, mailers, receptions and parties, ability of candidates from smaller delegations to compete, balloting electronically, and timing within the meeting, and to report back

recommendations regarding election processes and procedures to accommodate improvements to allow delegates to focus their efforts and time on policy-making. It further asks that Resolution 1 be immediately forwarded to the House of Delegates at I-19.

Testimony was unanimously supportive and multiple friendly amendments were provided in order to further protect residents and fellows in the event of a hospital or training program closure. Concerns were raised about tail medical malpractice, but the above amendment addresses the issue. Additional testimony was offered noting other concerns that may arise during the closure of a residency or fellowship training program such as relocation difficulties, financial challenges and patient access medical records. While your Reference Committee believes these are concerning and important, it feels they would be better addressed in subsequent resolutions. Therefore, your Reference Committee recommends that Resolution 1 be adopted as amended.

(6) RESOLUTION 4—BREAST IMPLANT-ASSOCIATED ANAPLASTIC LARGE CELL LYMPHOMA

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Policy H-55.97 be adopted as amended in lieu of Resolution 4 to read as follows:

Our AMA: (1) believes that reconstruction of the breast for post-treatment rehabilitation of patients with in situ breast neoplasms, ~~or~~ invasive breast neoplasms, or breast implant associated cancers should be considered reconstructive surgery rather than aesthetic surgery; (2) supports education for physicians and breast cancer patients on breast reconstruction and its availability; (3) recommends that third party payers provide coverage and reimbursement for medically necessary breast cancer and breast implant associated cancer treatments including but not limited to prophylactic contralateral mastectomy and/or salpingo-oophorectomy; and (4) recognizes the validity of contralateral breast procedures needed for the achievement of symmetry in size and shape, and urges recognition of these ancillary procedures by Medicare and all other third parties for reimbursement when documentation of medical necessity is provided.

RFS ACTION: Resolution 4 adopted as amended with change in title.

Implant-Associated Anaplastic Large Cell Lymphoma

Resolution 4 is a resubmission from the 2019 RFS Annual Meeting. Resolution 4 asks our AMA to support appropriate coverage of cancer diagnosis, treating surgery and other adjuvant treatment options for breast implant associated anaplastic large cell lymphoma. The A-19 Reference Committee recommended not adopting the resolution due to existing policy H-55.973, stating that “third party payers provide coverage and reimbursement for medically necessary breast cancer treatments…” and felt that this

existing policy sufficiently covered the intent of this resolution as well as unforeseen new rare breast cancers.

Your Reference Committee heard clarifying testimony indicating that the intent was to address lymphoma in the breast tissue, not breast cancer, and therefore is not covered by the existing policy. Your Reference Committee heard limited but mixed testimony with support from the Society of Plastic Surgery but with concern about its limited scope. Your Reference committee understands the author's concerns and feels that amending the existing policy HOD policy H-55.97 to include any sequelae of breast surgery should adequately addresses and encompasses this issue.

(7) RESOLUTION 5—RESIDENT AND FELLOW ACCESS TO FERTILITY PRESERVATION

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the Resolution 5 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support education for residents and fellows regarding the natural course of female fertility in relation to the timing of medical education, and the option of fertility preservation and infertility treatment; and be it further

RESOLVED, That our AMA ~~encourage~~ advocate inclusion of insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs; and be it further

RESOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including the need to attend medical visits to complete the oocyte preservation process and to administer medications in a time-sensitive fashion.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that be adopted as amended.

RFS ACTION: Resolution 5 adopted as amended.

Resolution 5 asks our AMA to support education for residents and fellows regarding the natural course of female fertility and the option of fertility preservation. It additionally asks our AMA to encourage inclusion of insurance coverage for this option through GME programs as well as supporting the accommodation of those who elect to pursue such treatment.

Testimony was overwhelmingly supportive of the need to educate residents regarding infertility treatment and the options of fertility preservation. It was also noted that there is

precedent of companies providing similar benefits to their employees as well as specific examples of residency programs that already support this. Further testimony suggested the inclusion of medical students; however, resident insurance is covered as an employee benefit. Concern was also raised regarding potential undue pressure on residents and fellows to delay having a child while in training; however, your Reference Committee believes the benefits of coverage outweigh this risk.

(8) RESOLUTION 6—ESTABLISHING MINIMUM STANDARDS FOR PARENTAL LEAVE DURING GRADUATE MEDICAL EDUCATATION TRAINING

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first and second Resolves be amended by addition and deletion to read as follows:

RESOLVED, That our AMA support current efforts by the ACGME, American Board of Medical Specialties (ABMS), and other relevant stakeholders to develop and implement minimum requirements for parental leave during residency and fellowship training and urge these bodies to adopt minimum requirements in accordance with policy H 405.960; and be it further

Resolved, That our AMA petition ACGME to recommend strategies to prevent undue burden on trainees related to parental leave.

RESOLVED, That our AMA petition the ACGME and the, ABMS, and other relevant stakeholders to develop specialty specific pathways for residents and fellows trainees in good standing, who take maximum allowable parental leave, to complete their residency or fellowship training within the original time frame.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 6 be adopted as amended.

RFS ACTION: Resolution 6 adopted as amended.

Resolution 6 asks our AMA to petition ACGME and ABMS to develop and align minimum requirements for parental leave as well as pathways for trainees in good standing, who take maximum allowable parental leave to complete their residency or fellowship training within the original time frame.

Testimony was overwhelmingly supportive on Resolution 6. Concern was raised regarding minimum leave disparities across specialties and among non-accredited training programs. While testimony suggested holding trainees to the same time-off standards as is proffered to patients, your Reference Committee was unable to locate consistent, credible published guidelines. Your Reference Committee also wishes to

note that policy H-405.960 comprehensively addresses the issue of parental leave; however the author indicated the intent of this resolution is to generate impactful progress since no substantive change has been achieved. Your Reference Committee recommends asking for further action on existing policy H-405.960 and that Resolution 6 be adopted as amended.

(9) RESOLUTION 7—ENSURING CONSENT FOR EDUCATIONAL PHYSICAL EXAMS ON ANESTHETIZED AND UNCONSCIOUS PATIENTS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the first Resolve be amended by addition and deletion to read as follows:

RESOLVED, That our AMA supports physical exams under anesthesia that are 1) performed only by members of the patient care team, which may include learners 2) performed after obtaining informed consent, and 3) relevant to the procedure.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the second Resolve be amended by deletion to read as follows:

~~RESOLVED, That our AMA encourage institutions to review alignment of their current practices with published guidelines, recommendations, and policies with respect to informing patients about educational physical exams performed under anesthesia or when unconscious and obtaining explicit informed consent to do so; and be it further~~

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that a new fourth Resolve be amended by addition to read as follows:

RESOLVED, That our AMA strongly oppose issuing blanket bans on student participation in educational physical exams; and be it further

RECOMMENDATION D:

Mr. Speaker, your Reference Committee recommends that Resolution 7 be adopted as amended.

RFS ACTION: Resolution 7 adopted as amended.

Resolution 7 asks our AMA to oppose performing educational pelvic, genitourinary, or rectal exams on unconscious patients or those under anesthesia without prior explicit informed consent; to encourage institutions to review alignment with their current practices with published guidelines, recommendations and policies with respect to these exams; and reaffirm policy H-320.951.

Your Reference Committee heard limited mixed testimony regarding this resolution. While some was in support of the spirit of the resolution, there was concern voiced regarding the unintentional prohibition of examinations by medical students. Furthermore, specific concern was raised regarding recent laws and publicity around the issue of blanket bans being imposed in some hospitals. Amendments offered by these speakers and in the online forum were incorporated in the aforementioned recommendations. As such, your Reference Committee recommends that Resolution 7 be adopted as amended.

(10) RESOLUTION 8— RECOGNIZING THE NEED TO MOVE BEYOND EMPLOYER-SPONSORED HEALTH INSURANCE

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 8 be <u>amended by addition</u> to read as follows:

RESOLVED, That our AMA recognizes the importance of providing avenues for affordable health insurance coverage and health care access to patients who do not have employer-sponsored health insurance, or for whom employer-sponsored health insurance does not meet their needs; and be it further

RESOLVED, That our AMA recognizes that a significant and increasing proportion of patients are unable to meet their health insurance or health care access needs through employer-sponsored health insurance, and that these patients must be considered in the course of ongoing efforts to reform the healthcare system in pursuit of universal health insurance coverage and health care access.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that the Resolution 8 be <u>adopted as amended</u>.

RFS ACTION: Resolution 8 <u>adopted as amended</u>.

Resolution 8 asks our AMA to recognize the importance of providing avenues for affordable health insurance coverage and health care access to patients who do not have employer-sponsored health insurance or for whom it does not meet their needs. Additionally, it asks our to AMA consider these patients in the course of ongoing efforts to reform the healthcare system in pursuit of universal coverage and access.

Your Reference Committee heard limited testimony in favor of this resolution. Supportive testimony recognized the fact that employee-sponsored health insurance does not adequately cover a significant portion of the population. Testimony in opposition expressed that the AMA is already actively advocating on this issue to expand coverage via the Health Insurance Marketplace instituted by the Affordable Care Act. As such, your Reference Committee felt it was in the best interest of our AMA to refrain from inhibiting ongoing efforts and to instead amend this resolution as an RFS internal position statement.

(11) RESOLUTION 9— E-CIGARETTE AND VAPING ASSOCIATED ILLNESS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 9 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA advocate for diagnostic coding systems including the ICD codes to have a mechanism to release emergency codes for emergent diseases; and be it further

RESOLVED, That our AMA advocate for creation and release of ~~the addition of~~ ICD~~-10-CM~~ codes to include appropriate diagnosis codes for both the use of and toxicity related to e-cigarettes and vaping, including pulmonary toxicity; and be it further

~~RESOLVED, That our AMA supports banning flavored e-cigarettes products; and be it further~~

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at I-19.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 9 be adopted as amended.

RFS ACTION: Resolution 9 adopted as amended.

Resolution 9 asks that our AMA advocate for the addition of ICD-10-CM codes to include appropriate diagnosis codes for both the use of and toxicity related to e-cigarettes and vaping, including pulmonary toxicity, support banning flavored e-cigarette products and immediately forward it to the House of Delegates at I-19.

Your Reference Committee heard strong supportive testimony in favor of Resolution 9, including support from the American Academy of Family Physicians and the American Thoracic Society. Your Committee believes this is a very timely resolution as evidenced by several resolutions under consideration in the HOD at this meeting. However, it

wishes to note that none of them address coding making this a distinctive and relevant supplement to the discussion. An amendment was proffered to include ICD 11 in the ask since it is currently in process, however, your Reference Committee feels that for the sake of posterity it should be limited in scope to current ICD codes. Some testimony touched on the lack of code issuance for emergent diseases, and therefore an amendment was added to address the emergent release of new codes. Finally, existing AMA policy H-495.971 sufficiently addresses the ban on flavoring.

(12) RESOLUTION 11— STUDYING PHYSICIAN SUPERVISION OF ALLIED HEALTH PROFESSIONALS OUTSIDE OF THEIR FIELDS OF GRADUATE MEDICAL EDUCATION

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Resolution 11 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA conduct ~~support~~ a systematic study to collect and analyze publicly available physician supervision data from all sources to determine how many allied health professionals are being supervised by physicians in fields which are not a core part of those physicians' completed residencies and fellowships.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 11 adopted as amended.

RFS ACTION: Resolution 11 adopted as amended.

Resolution 11 asks our AMA to support a systematic study to collect and analyze publicly available physician supervision data from all sources to determine how many allied health professionals are being supervised by physicians in the field which are not a core part of those physicians' completed residencies and fellowships.

Your Reference Committee heard limited mixed testimony. A friendly amendment was offered to strengthen the resolution's ask from "support" to "conduct" and request a directive to action. Testimony also noted that studies already exist under H-35.966. Therefore, your Reference Committee recommends that Resolution 11 be adopted as amended.

(13) RESOLUTION 12—UPDATING CURRENT WELLNESS POLICIES AND IMPROVING IMPLEMENTATION

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that Alternate Resolution 12 be adopted in lieu of Resolution 12.

~~RESOLVED, that our AMA work in conjunction with ACGME to review recent data supporting burnout prevention and mitigation strategies and work with ACGME in the amendment of the current Common Program Requirements policy to more specifically define wellness strategies and support implementation of these data-supported burnout prevention and mitigation strategies.~~

RESOLVED, that our AMA work with the ACGME and other appropriate stakeholders in the creation of an evidence-based best practices reference to address trainee burnout prevention and mitigation.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Alternate Resolution 12 be adopted.

RFS ACTION: Alternate Resolution 12 Adopted in Lieu of Resolution 12.

Resolution 12 calls upon our AMA to work in conjunction with ACGME to review recent data supporting burnout prevention and mitigation strategies and on the amendment of the current Common Program Requirements policy to more specifically define wellness strategies and support implementation of these data-supported burnout prevention and mitigation strategies.

Your Reference Committee heard strong supportive testimony with concern regarding current and extensive AMA work and strategies to mitigate resident and fellow burnout as well as the fact that it doesn't address the systemic causes behind burnout; however, your Reference Committee felt that the latter was outside the scope of this resolution. The authors addressed the former in their proffered amendment by asking that our AMA work with ACGME and other relevant stakeholders to create evidence-based, tangible best practices. Therefore, your Reference Committee recommends that Alternate Resolution 12 be adopted in lieu of Resolution 12.

(14) RESOLUTION 3—REQUIRED STANDARD OF CARE STROKE ASSESSMENT TRAINING AND CERTIFICATION FOR ACUTE CARE HOSPITAL-BASED PHYSICIANS AND OUT-OF-HOSPITAL EMERGENCY PROVIDERS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 3 not be adopted.

RFS ACTION: Resolution 3 not adopted.

Resolution 3 asks our AMA to advocate for greater education of stroke recognition and standard of care stroke assessment scoring for acute care hospital-based physicians, including trainees, and out-of-hospital emergency medical providers to allow for rapid diagnosis and appropriate treatment of acute ischemic stroke. It further asks that our AMA support inclusion of standard of care stroke recognition and assessment training during hospital on-boarding.

Your Reference Committee heard extensive oppositional testimony on this resolution including objection on the grounds of CME's opposition to educational mandates, scope of practice, and subtle signs of stroke for which the NIHSS is not validated (i.e. pediatric patients or posterior circulation stroke). In addition, there was concern for adding merit badges for physicians already trained in stroke recognition and treatment regulated by their specialty board. Finally, it was noted that there the inherent lack of communication between the specialty societies that would be greatly affected by this mandate and as such, set a poor precedent for similar specialty-specific educational mandates proposed as in future resolutions.

Mr. Speaker, this concludes the Resident and Fellow Section Reference Committee Report. I would like to thank Gunjan Malhotra, MD, Karina Sanchez, MD, Benjamin Bush, MD, Jade Anderson, MD, and all those who testified before the Committee.

Sophia Yang, MD, MS, Chair

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Karina Sanchez, MD

Benjamin Bush, MD

Jade Anderson, MD