Resident and Fellow Section

Summary of Actions

43rd Interim Business Meeting
November 14-16, 2019
Marriott Marquis
San Diego, CA
I. RFS RESOLUTIONS

<table>
<thead>
<tr>
<th>Resolution</th>
<th>Action</th>
<th>Policy</th>
<th>HOD Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Resolution 1 – Safe Supervision of Complex Radiation Oncology Therapeutic Procedures</td>
<td>Adopted</td>
<td>RESOLVED, That our AMA advocate that radiation therapy services should be exempted from the Hospital Outpatient Prospective Payment System (HOPPS) rule requiring only general supervision of hospital therapeutic services; and be it further RESOLVED, That our AMA advocate that direct supervision of radiation therapy services by a physician trained in radiation oncology should be required by the Centers for Medicare and Medicaid Services; and be it further RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at I-19.</td>
<td>Immediately forwarded; HOD Action: Res. 221 Adopted as Amended with Change in Title.</td>
</tr>
<tr>
<td>Resolution 1 – Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure</td>
<td>Adopted as Amended</td>
<td>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 redistributed, including but not limited to: a. The direct or indirect classification of trainee 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 trainee residents and fellows who switch specialties; and be it further</td>
<td>Immediately forwarded; HOD Action: Res. 310 Adopted as Amended; new resolved clause added which was referred for decision.</td>
</tr>
</tbody>
</table>
RESOLVED, That our AMA work with the Centers on 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 of filing intending to file for bankruptcy within 30 days, to all residents and fellows trainees primarily associated with the training hospital, as well as those 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 residents and fellows trainees to find and obtain alternative training positions which minimize undue financial and professional consequences, including but not limited to the 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 the discrimination of orphaned residents and fellows consistent with H-295.969; and be it further

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
<table>
<thead>
<tr>
<th>Resolution</th>
<th>Description</th>
<th>Result</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Required Standard of Care Stroke Assessment Training and Certification for Acute Care Hospital-Based Physicians and Out-Of-Hospital Emergency Providers</td>
<td>Not Adopted</td>
<td>RESOLVED, That our AMA 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; and be it further RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at I-19.</td>
</tr>
<tr>
<td>4</td>
<td>Breast-Implant-Associated Anaplastic Large Cell Lymphoma</td>
<td>Adopted as Amended with Change in Title</td>
<td>RESOLVED, That our AMA support appropriate coverage of cancer diagnosis, treating surgery and other adjuvant systemic treatment options for breast implant-associated anaplastic large cell lymphoma.</td>
</tr>
<tr>
<td>5</td>
<td>Resident and Fellow Access to Fertility Preservation</td>
<td>Adopted as Amended</td>
<td>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</td>
</tr>
<tr>
<td>Resolution 6- Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training</td>
<td>Adopted as Amended</td>
<td>RESOLVED, That our AMA support current efforts by petition the ACGME and the 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</td>
<td></td>
</tr>
<tr>
<td>Resolution 7— Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients</td>
<td>Adopted as Amended</td>
<td>RESOLVED, That our AMA oppose performing educational physical exams on patients under anesthesia or on unconscious patients that offer the patient no personal benefit and are performed solely for teaching purposes without prior explicit informed consent to do so; and be it further</td>
<td></td>
</tr>
</tbody>
</table>

This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder for official policy of the Association.
| Resolution 8—Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance | **Adopted as amended** | RESOLVED, That our AMA strongly oppose issuing blanket bans on student participation in educational physical exams; and be it further RESOLVED, That our AMA reaffirm policy H-320.951. | None; will be forwarded to HOD at A-20 |
| Resolution 9—E-Cigarette and Vaping Associated Illness | **Adopted as Amended** | RESOLVED, That our AMA strongly opposes issuing blanket bans on student participation in educational physical exams; and be it further RESOLVED, That our AMA reaffirm policy H-320.951. | None; will be forwarded to HOD at A-20 |
| Resolution 10—Removing Sex Designation from the Public Portion of the Birth Certificate | **Adopted** | RESOLVED, 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. | None; Internal Position Statement 300.006R |
| Resolution 11—Studying Physician Supervision of Allied Health Professionals Outside Their Fields of Graduate Medical Education | **Adopted as Amended** | 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. | None; will be forwarded to HOD at A-20 |
| Resolution 12— Updating Current Wellness Policies and Improving Implementation | Alternate Resolution 12 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. | None; will be forwarded to HOD at A-20 |

*Resolution 2 was withdrawn*

### II. RFS REPORTS

<table>
<thead>
<tr>
<th>Report</th>
<th>RFS Action</th>
<th>Recommendation(s)</th>
<th>HOD Action</th>
</tr>
</thead>
</table>
| Report A—Matched Medical Students | Adopted as Amended (Rec. 4 added) and the remainder of the report be filed. | **Recommendation 1:**  
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:  
**V. Elections**  
**B. Eligibility.** All members of the RFS are eligible for elected positions and endorsements. Medical students with AMA membership who have secured a residency position, signed a contract, and will be starting residency within 45 days of election may also be considered eligible for RFS elected positions. RFS members may not hold concurrent positions on the RFS Governing Council, Board of Trustees, or Councils with the exception of RFS Chair-Elect. All candidates must formally disclose to voters prior to the election any portion of their term during which they will not meet membership requirements.  
**Recommendation 2:**  
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: | None; will be forwarded to CCB for IOP change in Dec 2019 |
IX. Business Meeting

A. Other Representatives to the Business Meeting.

1. At-Large Representatives. Active RFS members of the AMA may be eligible to serve as at-large representatives to the Business Meeting.
   a. Apportionment. The number of representatives shall be 10% of the average number of registered RFS delegates and alternate delegates from the previous year.
   b. Criteria for the At-Large Delegate positions include the following:
      1. A candidate must be an AMA-RFS member or a medical student with AMA membership who has secured a residency position, signed a contract, and will be starting the aforementioned residency program within 45 days of the AMA Annual Meeting, and is not simultaneously credentialed in the Medical Student Section Assembly.
      2. A candidate must submit an application to the RFS Governing Council for consideration. In the event that all available At-Large positions are not filled by application to the Governing Council, these positions may be filled at the meeting (Annual or Interim) on a first-come, first served basis.

Recommendation 3:

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:

IX. Business Meeting

F. Participation.

3. All medical students with AMA membership who have secured a residency position, signed a contract, and will be starting the aforementioned residency program within 45 days of the AMA Annual Meeting, and are not RFS At-Large Delegates may be
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.

<table>
<thead>
<tr>
<th>Report B—AMA Resident/Fellow Councilor Term Limits</th>
<th>Adopted and the remainder of the report be filed.</th>
<th>Recommendation 1: That our AMA amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5 Council on Ethical and Judicial Affairs.</td>
<td>6.5.7 Term.</td>
<td>6.5.7.2 Except as provided in Bylaw 6.11, the resident/fellow physician member of the Council shall be elected for a term of 23 years provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.</td>
</tr>
<tr>
<td>6.5.8 Tenure.</td>
<td>Members of the Council may serve only one term, except that the resident/fellow physician member shall be eligible to serve for 3 terms and the medical student member shall be eligible to serve for 2 terms. A member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served at least half of the term.</td>
<td></td>
</tr>
<tr>
<td>6.5.9 Vacancies.</td>
<td>6.5.9.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at the next</td>
<td></td>
</tr>
</tbody>
</table>

None; will be forwarded to CCB for Bylaws change in Dec. 2019 → BOT
Recommendation 2:
That our AMA amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows:
6.6 Council on Long Range Planning and Development.

6.6.3 Term.
6.6.3.2 Resident/Fellow Physician Member. The resident/fellow physician member of the Council shall be appointed for a term of 23 years beginning at the conclusion of the Annual Meeting provided that if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which appointed except as provided in Bylaw 6.11, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.6.5 Vacancies.
6.6.5.2 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which appointed, the remainder of the term shall be deemed to have expired. The successor shall be appointed by the Speaker of the House of Delegates for a 23-year term.

Recommendation 3:
That our AMA amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows:

6.9.1 Term.
6.9.1.2 Resident/Fellow Physician Member. The resident/fellow physician member of these Councils shall be elected for a term of 23 years. Except as provided in Bylaw 6.11, if the resident/fellow physician member ceases to be a resident/fellow physician at any time prior to the expiration of the term for which
elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant. **Vacancies.**

**6.9.3.2 Resident/Fellow Physician Member.** If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 23-year term.

---

### II. HOD RESOLUTIONS

<table>
<thead>
<tr>
<th>Resolution/Report</th>
<th>HOD Action</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 221—Safe Supervision of Complex Radiation Oncology Therapeutic Procedures</td>
<td><strong>Adopted as amended with a Change in Title</strong></td>
<td>RESOLVED, That our American Medical Association advocate that radiation therapy services and hyperbaric oxygen services should be exempted from the Hospital Outpatient Prospective Payment System (HOPPS) rule requiring only general supervision of hospital therapeutic services; and be it further</td>
</tr>
<tr>
<td>Safe Supervision Of Complex Radiation Oncology and Hyperbaric Oxygen Therapeutic Procedures</td>
<td></td>
<td>RESOLVED, That our AMA advocate that direct supervision of hyperbaric oxygen therapy services by a physician trained in hyperbaric oxygen services should be required by the Centers for Medicare and Medicaid Services.</td>
</tr>
<tr>
<td>Resolution 310—Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure</td>
<td><strong>Adopted as amended, with a proposed fifth Resolve Referred for Decision</strong></td>
<td>RESOLVED, That our American Medical Association study and provide recommendations on how the process of assisting displaced 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 or secure an alternative training position; and 2. How the Centers for Medicare and Medicaid Services (CMS) and other additional or supplemental graduate medical education (GME) funding is re-distributed including but not limited to: a. The direct or indirect classification of residents and fellows as financial assets and the implications thereof; b. The transfer of training positions between institutions and the subsequent impact on resident and fellow properties.</td>
</tr>
</tbody>
</table>

---

*This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder for official policy of the Association.*
fellow funding lines in the event of closure;
c. The transfer of full versus partial funding for new training positions; and
d. The transfer of funding for displaced residents and fellows who switch specialties. (Directive to Take Action)

RESOLVED, That our AMA work with the Centers for Medicare and Medicaid Services (CMS) to establish regulations that protect 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 primarily associated with the training hospital, as well as those contractually matched at that training institution who may have not yet matriculated, of its intention to close, along with provision of reasonable and appropriate procedures to assist current and matched residents and fellows to find and obtain alternative training positions that 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

4. Protections against the discrimination of displaced residents and fellows consistent with H-295.969 (Directive to Take Action)

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, Centers for Medicare and Medicaid Services and other relevant stakeholders to identify a process by which displaced residents...
and fellows may be directly represented in proceedings surrounding the closure of a training hospital or program (Directive to Take Action)

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; and
2) Create a centralized, regulated process for displaced orphaned residents and fellows to obtain new training positions;
3) Develop pathways that ensure that closing and accepting institutions provide liability insurance coverage to residents, at no cost to residents. (Directive to Take Action)

RESOLVED, That our AMA urgently advocate to CMS or other appropriate sources of funding to ensure that liability tail coverage is provided for the 571 residents displaced by the closure of Hahnemann University Hospital, at no cost to the affected residents. (Directive to Take Action)

### Resolution 820—E-Cigarette and Vaping Related Illness

**Diagnostic Codes for E-Cigarette and Vaping Associated Illnesses**

<table>
<thead>
<tr>
<th>Resolution 820—E-Cigarette and Vaping Related Illness</th>
<th>Adopted with Change in Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 909—Decreasing the Use of Non-Prescription Oximetry Monitors for the Prevention of Sudden Unexplained Infant Death</td>
<td>Adopted as Amended</td>
</tr>
<tr>
<td>BOT Report 3—Restriction on IMG Moonlighting</td>
<td>Adopted and the remainder of the report be filed.</td>
</tr>
</tbody>
</table>

RESOLVED, That our AMA advocate for diagnostic coding systems including 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 ICD codes to include appropriate diagnosis codes for both the use of and toxicity related to e-cigarettes and vaping, including pulmonary toxicity.

RESOLVED, That our American Medical Association oppose the sale and use of non-prescription oximetry monitors, to prevent sudden infant death.