



Resident and Fellow Section

Summary of Actions

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

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**American Medical Association-Resident and Fellow Section
Summary of Actions (I-19)**

Actions taken by the Assembly are outlined below in two sections: I) RFS Resolutions and II) RFS Reports

I. RFS RESOLUTIONS

Resolution	Action	Policy	HOD Action
Late Resolution 1 – Safe Supervision of Complex Radiation Oncology Therapeutic Procedures	Adopted	<p>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</p> <p>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</p> <p>RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at I-19.</p>	<p>Immediately forwarded;</p> <p>HOD Action: Res. 221 Adopted as Amended with Change in Title.</p>
Resolution 1 – Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure	Adopted as Amended	<p>RESOLVED, That our AMA study and provide recommendations on how the process of assisting orphaned trainees <u>residents and fellows</u> could be improved in the case of training hospital or training program closure, including:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. The direct or indirect classification of trainees <u>residents and fellows</u> 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; <u>and be it further</u> c. Transfer of full versus partial funding for <u>new training positions;</u> and be it further d. <u>Transfer of funding for orphaned trainees residents and fellows who switch specialties; and be it further</u> 	<p>Immediately forwarded;</p> <p>HOD Action: Res. 310 Adopted as Amended; new resolved clause added which was referred for decision.</p>

		<p>RESOLVED, That our AMA work with the Centers on Medicare and Medicaid Services (CMS) to establish regulations which protect trainees <u>residents and fellows</u> impacted by program or hospital closure which may include recommendations for:</p> <ol style="list-style-type: none"> 1. Notice <u>by the training hospital of filing intending to file for bankruptcy within 30 days</u>, to all <u>residents and fellows</u> 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 <u>residents and fellows</u> trainees to find and obtain alternative training positions which minimize undue financial and professional consequences, including but not limited to <u>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;</u> 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 <u>residents and fellows</u> for the duration of their training in the event of program closure at a training institution; and be it further 4. <u>Protections against the discrimination of orphaned residents and fellows consistent with H-295.969; and be it further</u> <p>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 <u>orphaned residencies residents and fellows</u> may be directly represented in proceedings surrounding the closure of a training hospital or program; and be it further</p>	
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		<p>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: develop a mechanism by which orphaned residents and fellows can obtain new training positions.</p> <ol style="list-style-type: none"> 1. <u>Develop a stepwise algorithm for designated institutional officials and program directors to assist residents and fellows with finding and obtaining alternative training positions; and</u> 2. <u>Create a centralized, regulated process for orphaned residents and fellows to obtain new training positions; and be it further</u> <p>RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at I-19.</p>	
Resolution 3 - Required Standard of Care Stroke Assessment Training and Certification for Acute Care Hospital-Based Physicians and Out-Of-Hospital Emergency Providers	Not Adopted	<p>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</p> <p>RESOLVED, That our AMA support inclusion of standard of care stroke recognition and assessment training during hospital on-boarding.</p>	None
Resolution 4 – Breast-Implant-Associated Anaplastic Large Cell Lymphoma Implant-Associated Anaplastic Large Cell Lymphoma	Adopted as Amended with Change in Title	RESOLVED, That our AMA support appropriate coverage of cancer diagnosis, treating surgery and other adjuvant <u>systemic</u> treatment options for breast implant-associated anaplastic large cell lymphoma.	None; will be forwarded to HOD at A-20
Resolution 5- Resident and Fellow Access to Fertility Preservation	Adopted as Amended	<p>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</p> <p>RESOLVED, That our AMA encourage <u>advocate</u> inclusion of insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered</p>	None; will be forwarded to HOD at A-20

		<p>through graduate medical education programs; and be it further</p> <p>RESOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation <u>and infertility treatment</u>, including the need to attend medical visits to complete the oocyte preservation process and to administer medications in a time-sensitive fashion.</p>	
Resolution 6- Establishing Minimum Standards for Parental Leave During Graduate Medical Education Training	Adopted as Amended	<p>RESOLVED, That our AMA <u>support current efforts by petition</u> the ACGME and the, American Board of Medical Specialties (ABMS), <u>and other relevant stakeholders</u> to develop and implement minimum requirements for parental leave <u>during residency and fellowship training and urge these bodies to adopt minimum requirements in accordance with policy H 405.960</u>; and be it further</p> <p><u>RESOLVED, That our AMA petition ACGME to recommend strategies to prevent undue burden on trainees related to parental leave.</u></p> <p>RESOLVED, That our AMA petition the ACGME and the, ABMS, <u>and other relevant stakeholders</u> to develop <u>specialty specific pathways for residents and fellows trainees</u> in good standing, who take maximum allowable parental leave, to complete their residency or fellowship training within the original time frame.</p>	None; will be forwarded to HOD at A-20
Resolution 7— Ensuring Consent for Educational Physical Exams on Anesthetized and Unconscious Patients	Adopted as Amended	<p>RESOLVED, That our AMA oppose performing educational physical exams on patients under anesthesia or on unconscious patients <u>that offer the patient no personal benefit and are performed solely for teaching purposes without prior explicit informed consent to do so</u>; and be it further</p> <p>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</p> <p><u>RESOLVED, That our AMA encourage institutions to align current practices with published guidelines, recommendations, and policies to ensure patients are educated on pelvic, genitourinary, and rectal exams that occur under anesthesia; and be it further</u></p>	None; will be forwarded to HOD at A-20

		<p><u>RESOLVED, That our AMA strongly oppose issuing blanket bans on student participation in educational physical exams; and be it further</u></p> <p>RESOLVED, That our AMA reaffirm policy H-320.951.</p>	
Resolution 8— Recognizing the Need to Move Beyond Employer-Sponsored Health Insurance	Adopted as amended	<p>RESOLVED, That our AMA-RFS 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</p> <p>RESOLVED, That our AMA-RFS 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.</p>	None; will be forwarded to HOD at A-20
Resolution 9—E-Cigarette and Vaping Associated Illness	Adopted as Amended	<p><u>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</u></p> <p>RESOLVED, That our AMA advocate for <u>creation and release of</u> 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</p> <p>RESOLVED, That our AMA supports banning flavored e-cigarettes products; and be it further</p> <p>RESOLVED, That this resolution be immediately forwarded to the House of Delegates at I-19.</p>	<p>Immediately Forwarded;</p> <p>HOD Action: Res. 820. Adopted with Change in Title</p>
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 <u>conduct</u> 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	<p>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.</p> <p><u>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.</u></p>	None; will be forwarded to HOD at A-20
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*Resolution 2 was withdrawn

II. RFS REPORTS

Report	RFS Action	Recommendation(s)	HOD Action
Report A—Matched Medical Students	Adopted as Amended (Rec. 4 added) and the remainder of the report be filed.	<p><u>Recommendation 1:</u></p> <p>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:</p> <p>V. Elections</p> <p>B. Eligibility. All members of the RFS are eligible for elected positions and endorsements. <u>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.</u> 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.</p> <p><u>Recommendation 2:</u></p> <p>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:</p>	None; will be forwarded to CCB for IOP change in Dec 2019

		<p>IX. Business Meeting</p> <p>A. Other Representatives to the Business Meeting.</p> <p>1. At-Large Representatives. Active RFS members of the AMA may be eligible to serve as at-large representatives to the Business Meeting.</p> <p>a. Apportionment. The number of representatives shall be 10% of the average number of registered RFS delegates and alternate delegates from the previous year.</p> <p>b. Criteria for the At-Large Delegate positions include the following:</p> <ol style="list-style-type: none"> 1. A candidate must be an AMA-RFS member <u>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.</u> 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. <p><u>Recommendation 3:</u></p> <p>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:</p> <p>IX. Business Meeting</p> <p>F. Participation.</p> <p>3. <u>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</u></p>	
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granted "Official Observer" status in the RFS Assembly.

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 themselves 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.

		<p>2. <u>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.</u></p> <p>3. <u>Only credentialed RFS members delegates present in the Business Meeting room may vote on items of business being considered.</u></p>	
<p>Report B—AMA Resident/Fellow Councilor Term Limits</p>	<p>Adopted and the remainder of the report be filed.</p>	<p><i>Recommendation 1:</i> That our AMA amend the AMA "Constitution and Bylaws" by addition and deletion to read as follows: 6.5 Council on Ethical and Judicial Affairs. 6.5.7 Term. 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 <u>23</u> 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. 6.5.8 Tenure. Members of the Council may serve only one term, except that the resident/fellow physician member <u>shall be eligible to serve for 3 terms</u> 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. 6.5.9 Vacancies. 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</p>	<p>None; will be forwarded to CCB for Bylaws change in Dec. 2019 → BOT</p>

		<p>Annual Meeting, on nomination by the President, for a 23-year term.</p> <p><u>Recommendation 2:</u> 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.</p> <p>6.6.3 Term.</p> <p>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.</p> <p>6.6.5 Vacancies.</p> <p>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.</p> <p><u>Recommendation 3:</u> That our AMA amend the AMA “Constitution and Bylaws” by addition and deletion to read as follows: 6.9 Term and Tenure - Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service, and Council on Science and Public Health.</p> <p>6.9.1 Term.</p> <p>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</p>	
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		<p>elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.</p> <p>6.9.3 Vacancies.</p> <p>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 <u>23</u>-year term.</p>	
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II. HOD RESOLUTIONS

Resolution/Report	HOD Action	Policy
<p>Resolution 221—Safe Supervision of Complex Radiation Oncology Therapeutic Procedures</p> <p>Safe Supervision Of Complex Radiation Oncology and Hyperbaric Oxygen Therapeutic Procedures</p>	<p>Adopted as amended with a Change in Title</p>	<p>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</p> <p>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.</p>
<p>Resolution 310—Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure</p>	<p>Adopted as amended, with a proposed fifth Resolve Referred for Decision</p>	<p>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:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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

		<p>fellow funding lines in the event of closure;</p> <ul style="list-style-type: none"> 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) <p>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:</p> <ol style="list-style-type: none"> 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) <p>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</p>
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		<p>and fellows may be directly represented in proceedings surrounding the closure of a training hospital or program (Directive to Take Action)</p> <p>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:</p> <p>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</p> <p>2) Create a centralized, regulated process for displaced orphaned residents and fellows to obtain new training positions;</p> <p>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)</p> <p>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)</p>
<p>Resolution 820—E-Cigarette and Vaping Related Illness</p> <p>Diagnostic Codes for E-Cigarette and Vaping Associated Illnesses</p>	<p>Adopted with Change in Title</p>	<p>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</p> <p>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.</p>
<p>Resolution 909—Decreasing the Use of Non-Prescription Oximetry Monitors for the Prevention of Sudden Unexplained Infant Death</p>	<p>Adopted as Amended</p> <p><i>(forwarded from A-19)</i></p>	<p>RESOLVED, That our American Medical Association oppose the sale and use of non-prescription oximetry monitors, to prevent sudden infant death.</p>
<p>BOT Report 3—Restriction on IMG Moonlighting</p>	<p>Adopted and the remainder of the report be filed.</p>	

