Introduced by: RFS Delegate

Subject: Sunset Mechanism 2008-2010 RFS Positions

At the 1985 Interim Meeting, the American Medical Association-Resident and Fellow Section (AMA-RFS) Assembly adopted a report entitled, “Sunset of AMA-RFS Policy.” This report established a mechanism to systematically review AMA-RFS actions ten years after their adoption and identify and rescind outmoded, irrelevant, duplicative, or inconsistent actions. These actions are and will continue to be catalogued in the AMA-RFS “Digest of Actions”. As of A-19, the amended IOPs specify that an informational report be prepared for review at the Interim Meeting, with final recommendations to be considered for action at the Annual Meeting.

Due to a change in standards of nomenclature in the updated IOPs, all resolutions archived in the Digest of Actions shall state “Our AMA-RFS” and shall henceforth be referred to as “internal position statements.” The appendix of this report contains a list of recommended actions regarding internal position statements last reviewed from the RFS 2008-2010 fiscal years, as well as other relevant or associated outdated positions. Positions considered outmoded, irrelevant, duplicative and inconsistent with more current positions will have specific recommendations. For each internal position statement under review, this sunset report recommends to: (1) rescind, (2) reaffirm, (3) reconcile with more recent actions, or (4) reaffirm with editorial changes, which constitutes a first order motion. A succinct justification for each recommendation will be provided. Due to the IOP change, all existing statements not up for review on the sunset calendar, or that do not require reconciliation, will be updated with editorial changes in the Digest of Actions, but will not be reset on the sunset calendar and are not included in the appendix of this report.

Each individual item may be extracted from the report to be discussed by the General Assembly, but only in the frame of adopting or not adopting the original recommendation as additional amendments will not be allowed from the floor. Any action that retains or updates an item resets the sunset timeline. Defeated sunset recommendations extend the item for one year, to be reconsidered in the next academic year. This allows time for new resolutions to be submitted this meeting to compensate for well-intentioned actions that should be rescinded because they are outmoded. Any new resolution must stand on its own independent of the sunset report.

This information was presented to the Assembly at the November 2019 Interim Meeting in the form of an informational report to allow ample time for delegates to consider these initial recommendations. Any concerns or objections from the informational report have been amended in this final version of the Sunset Report.

APPENDIX I
RECOMMENDED ACTIONS ON 2008-2010 RFS POSITIONS

Policy No.	Title	Text	Recommendation
10.002R	Amending Child Restraints Laws	That our AMA-RFS support federal legislation that increases law enforcement standards for child safety seat use in the U.S. and support state and federal legislation that updates child car seat violations from a secondary to a primary law. (Resolution 4, A-07)	Reaffirm with editorial changes.
20.001R	Global HIV/AIDS Prevention	That our AMA-RFS: (1) support continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives, or grantee pledges of opposition to prostitution, and (2), support ~~extend its support of~~ comprehensive family-life education to foreign aid programs, promoting abstinence as the best method to prevent sexually-transmitted disease transmission while ~~but~~ also discussing the role of condoms in disease prevention. (Late Resolution 5, A-08)	Reaffirm with editorial changes.
20.002R	Support of a National HIV/AIDS Strategy	That our AMA–RFS support the concept of a national HIV/AIDS strategy and that our AMA-RFS support the following guiding principles ~~as outlined by the Coalition for a National AIDS Strategy~~: (a) Improve prevention, care, and treatment outcomes through reliance on evidence-based programming; (b) Set ambitious and credible prevention, care, and treatment targets and require annual reporting on progress toward goals; (c) Identify clear priorities for action across federal agencies and assign responsibilities, timelines, and follow-through; (d) Include, as a primary focus, the prevention and treatment needs of African Americans and other communities of color, women of color, men who have sex with men (MSM) of all races and ethnicities, and other groups at elevated risk for HIV; (e) Address social, economic, and structural factors that increase vulnerability to HIV infection; (f) Promote a strengthened and more highly coordinated HIV prevention and treatment research effort; ~~and~~ (g) Involve many sectors in developing the Strategy, including government, business, community, civil rights organizations, faith-based groups, researchers, and people living with HIV/AIDS. ~~The resolution also asks that the AMA to~~ ; (h) W~~w~~ork with the White	Reconcile – The “Coalition for a National AIDS Strategy” is not commonly referenced in modern AIDS planning nor is this strategy easily searchable. The remainder of the policy is still valuable to retain for its guiding principles.

		House Office of National AIDS Policy, the Department of Health and Human Services Office of HIV/AIDS Policy, and other relevant bodies to develop, enact, and maintain a national HIV/AIDS strategy. (Resolution 4, A-09)	
20.003R	Review of AMA Policy on HIV-Infected Physicians	That our AMA-RFS strongly support proposed changes in the Council on Ethical and Judicial Affairs (CEJA) Opinion 4-A-99, *Physicians and Infectious Diseases and CEJA* and Opinion 5-A-99*, HIV-Infected Patients and Physicians*, which change the terminology regarding the level of risk of physician-to-patient transmission of bloodborne infections appropriate for restricting a physician's medical practice from "identified risk" to "significant risk". (Substitute Resolution 3, A-99) (Reaffirmed Report C, I-09)	Rescind – These changes have been made so this is now outdated policy.
20.004R	Bloodborne Pathogen Chemoprophylaxis for Medical Students and Residents	That (1) our AMA encourage OSHA to make the prophylaxis standard for HIV equivalent to that of HBV, (2) our AMA encourage the FDA to label saquinavir mesylate, ritonavir, nelfinavir, and indinavir sulfate which are currently labeled for HIV treatment, for HIV prophylaxis, and (3) our AMA-RFS ask the Liaison Committee for Medical Education to survey medical schools on their policies regarding chemoprophylactic treatment of students in the event of a possible exposure to a blood borne pathogen and report back to the RFS and the Medical Student Section. (Report L, A-97)(Reaffirmed Report D, I-16)	Rescind - This policy references out-of-date laws and practices. Generic policy supporting chemoprophylaxis for trainees could be useful for an internal position in a future resolution.
30.001R	Alcohol and Youth	That our AMA-RFS support: (1) ~~encourage~~ state medical societies ~~to~~ working with the appropriate agencies to develop a state-funded educational campaign to counteract pressures on young people to use alcohol and (2) working with the appropriate medical societies and agencies to draft legislation minimizing alcohol promotions, advertising, and other marketing strategies by the alcohol industry aimed at adolescents. (Substitute Resolution 9, A-01) [HOD Resolution 415, I-01]	Reaffirm with editorial changes.
40.001R	Midwifery Scope of Practice and Licensure	That our AMA-RFS support: (1) the development of model legislation regarding appropriate physician and regulatory oversight of midwifery practice, under the jurisdiction of either state nursing or medical boards; (2) ~~that our AMA continue to~~ monitor state legislation activities regarding the	Reaffirm with editorial changes.

		licensure and scope of practice of midwives; and (3) ~~and~~ that our AMA work with state medical societies and interested specialty societies to advocate in the interest of safeguarding maternal and neonatal health regarding the licensure and the scope of practice of midwives. (Resolution 5, A-08)	
40.002R	Mid-Level Practitioner Monitoring~~Tracking System~~	That our AMA-RFS support ~~AMA policy to promote and encourage~~ the tracking of ~~mid-level~~non-physician practitioners for the purpose of identifying and defining their role in underserved rural communities~~areas~~. (Resolution, I-94) (Reaffirmed Report F, A-05) (Reaffirmed Report E, A-16)	Reconcile - Changes made to clarify and simplify the intent of the original resolution as it is still relevant.
50.001R	Pediatric Suspected Intentional Trauma	That our AMA-RFS: (1) support comprehensive reporting and investigation of all cases of reasonably suspected child abuse and neglect using an inclusive and interdisciplinary method in accordance with state and federal laws; and (2) support the creation of a national standardized pediatric intentional trauma curriculum for medical students and residents. (Resolution 3, A-07)	Reaffirm with editorial changes.
50.002R	Home Sedation for Children Undergoing Outpatient Procedures	~~Recommended that a resolution be forwarded to the AMA-HOD at I-06 with the following resolved clauses:~~ That our AMA-RFS ~~study and examine the issue of sedating children outside of a monitored healthcare setting, and report back at the 2007 Annual Meeting; That our AMA work with interested specialty societies to develop comprehensive guidelines on the sedation of children outside of a monitored healthcare setting; That, until guidelines are established, our AMA discourage~~ oppose the administration of pre-procedural sedation to children outside of a monitored healthcare setting. (Report F, A-06) [See also: Resolutions 805, I-06] (Reaffirmed Report D, I-16)	Reconcile - This references a directive to action that was completed, but the policy has been amended to retain an internal position consistent with its original intent.
50.005R	Protection of Pre-school Children from Passive Smoking	That our AMA-RFS oppose the use of tobacco products of any kind in day care centers or other establishments where pre-school children attend for educational or child-care purposes. (Substitute Resolution 17, A-94) [See also: AMA Policy H-60.954] (Reaffirmed Report F, A-05) (Reaffirmed Report E, A-16)	Reaffirm with editorial changes.
50.006R	Childcare at AMA Meetings	~~That our AMA survey recent attendees of the AMA section meetings as well as the HOD on whether or not they have brought their children to AMA meetings~~	Reconcile - The initial request for a survey is outdated, but the rest of the policy should be retained

		~~and on the desire and need for onsite childcare and report back on these results at I-16; and t~~That our AMA-RFS: (1) support the AMA offering organized childcare services at all AMA national meetings; and (2) Hospitality Committee and other relevant stakeholders~~organizations~~ publicize family friendly activity information within each meetings respective host cities. (Report F, I-15)	with minor updates as this remains an ongoing topic of discussion within the AMA including at the current meeting in I-19 BOT Report 10.
80.003R	Reviewing the Effectiveness of Current Drug Policies	That our AMA-RFS (1) support the review of the effectiveness of current drug policies pertaining to illegal drug use; (2) support the review of the current availability of and access to evidence-based treatments for drug abuse and dependence; (3) support the review of ~~evaluate~~ the effectiveness of current medical training for primary care physicians in evaluating and treating drug abuse; and (4) monitor the work on this issue by both national and international organizations, including, but not limited to the National Institute of Drug Abuse, United Nations, WHO, UNODC, and UNAIDS. (Resolution 2, I-10)	Reaffirm with editorial changes.
90.001R	Emergency Preparedness	That 1) our AMA commend the physicians and other volunteers who demonstrated the true spirit of medicine during the September 11, 2001 terrorist attacks, (2) that our RFS support the AMA's development and maintenance of a physicians volunteer database, and (3) that our RFS support the AMA's effort to educate physicians on natural and man-made disaster related topics. (Substitute Resolution 1, I-01)	Rescind - Outdated policy that does not address ongoing issues in emergency preparedness.
100.001R	Code Status Requirements for Nursing Home Residents	~~Asked t~~That our AMA-RFS: (1) oppose any requirement that would allow a nursing home facility to require that a patient consent to a DNR order as a condition of admission unless that facility is limited to palliative care~~. Also asked that the AMA urge other medical agencies and associations to~~ (2) oppose any legislative or regulatory attempts that would allow a nursing home facility to require that a patient consent to a DNR order as a condition of admission unless that facility is limited to palliative care. (Substitute Resolution 8, I-97) (Reaffirmed Report C, I-07) [Also see AMA Policy H-140.945]	Reaffirm with editorial changes.
100.002R	~~Physician-Assisted Suicide~~Education on Medical Aid in	That our AMA-RFS support AMA's effort to provide national leadership through sponsorship of forums and dissemination	Reconcile - With the goal of retaining internal consistency of language

	Dying	of information regarding the ethical dilemma of medical aid in dyingphysician-assisted suicide and other end of life decisions. (Substitute Resolution 28, I-92) (Reaffirmed Report C, I-02) (Reaffirmed Report D, I-12)	within the RFS Digest of Actions and based on 100.005R, "Physician-Assisted Suicide" has been renamed "Medical Aid in Dying".
120.002R	Healthy Food Options for Shift Workers	That our AMA-RFS support encouragesing companies who have shift workers to explore making healthier food options available to workers during the evening and nighttime hours. (Report H, A-09)	Reaffirm with editorial changes.
120.003R	Support of Calorie Labeling in Restaurants	That our AMA-RFS support working with state medical associations, state restaurant associations, state departments of health, and other interested parties to promote the display ofcreate a method for displaying nutritional information on restaurant menus and menu boards for all food and beverage items. (Resolution 4, I-08)	Reconcile - The AMA adopted H-150.945 Nutrition Labeling and Nutritionally Improved Menu Offerings in Fast-Food and Other Chain Restaurants. Due to some states starting to display nutritional information, language has been slightly updated.
120.007R	Promoting Nutrition Education Among Healthcare Providers	That our AMA reaffirm H-465.988 Educational Strategies for Meeting Rural Health Physician Shortage. (Resolution 4, I-18)	Rescind - This is simply asking to renew an existing AMA policy and does not need to be in the RFS Digest of Actions.
130.001R	Opting Out of Health Information Exchanges	That our AMA include in its current ongoing study of health information exchanges, concern for potential risks to patient privacy and safeguards against compromise of patient information. (Resolution 3, I-11)	Rescind - This asks for a report that was addressed by "Data Ownership and Access to Clinical Data in Health Information Exchanges H-478.988".
130.002R	Marriage Equality to Reduce Health Care Disparities	That our AMA reaffirm H-65.973 Health Care Disparities in Same-Sex Partner Households; and that our AMA-RFS support ending the exclusion of same-sex couples from civil marriage in order to reduce health care disparities affecting those gay and lesbian individuals and couples, their families and their children. (Resolution 5, A-10)	Reaffirm with editorial changes.
130.003R	Medical Confidentiality of Sexual Orientation in the Military"Don't Ask, Don't Tell"	That our AMA-RFS encourage our AMA to work to have the US Military change the interpretation of the "Don't Ask, Don't Tell" policy to exempt anyoppose the use mention of sexual orientation, same sex marriage or domestic partnerships obtained in patient-physician, or other patient-health care provider communications from being the basis for dismissal from the US Military in order to not impede the patient-physician relationship and to improve the provision of good medical care to all of our service personnel. (Resolution 1, I-09)	Reconcile - "Don't ask, don't tell" is no longer active policy, but the principles behind this resolution are still relevant and are retained with an updated title.

130.004R	Access to Equivalent Benefits for~~dverse Effects of "Don't Ask, Don't Tell" on~~ Children and Other Dependents of Military Personnel with Same Sex Marriages	That our AMA-RFS ~~encourage our AMA to work to have our US military modify the "Don't Ask, Don't Tell" policy to provide~~ support US military personnel in legal same sex marriages having the ability to acknowledge these relationships and receiving~~to provide~~ equal death benefits and other benefits (including health care coverage) to the dependent children and spouses of legal same sex marriages as ~~now~~ provided to married US military personnel. (Resolution 2, I-09)	Reconcile - "Don't ask, don't tell" is no longer active policy, but the principles behind this resolution are still relevant and are retained with an updated title.
130.005R	Removing Barriers to Care for Transgender Patients	That our AMA-RFS: (1) support public and private health insurance coverage for treatment of gender identity and (2) oppose categorical exclusions of coverage for treatment of gender identity disorder when prescribed by a physician. (Resolution 1, I-07)	Reaffirm with editorial changes.
130.006R	Cost-Effectiveness of Medicaid Eligibility Criteria for the Chronically Ill	That our AMA examine the appropriateness and cost-effectiveness of "the spend down option" to meet Medicaid eligibility criteria in the broader context of Medicaid reform with a report back at I-02. (Substitute Resolution 6, A-01) [HOD Resolution 102, I-01]	Rescind - Based on I-02 CMS Report 1, there was no evidence that the Medicaid "spend-down" was inappropriate and was not cost-excessive.
130.008R	Early and Periodic Screening, Diagnosis, and Treatment	That our AMA-RFS support guaranteed Medicaid coverage of basic preventative services and treatment of diseases found on screening for children and adolescents including those covered by the Early and Periodic Screening, Diagnosis, and Treatment component.	Reaffirm - No year listed in Digest, so we recommend reaffirmation so that the resolution has a reset sunset calendar.
140.001R	~~President Barack Obama's~~ Health Care Reform Plan	That our AMA-RFS (1) continue to advocate for health system reform which makes health insurance coverage accessible for all U.S. citizens; (2) support ~~the proposal to~~ require~~e~~ing all children to have health insurance as a strategic priority; (3) advocate for sufficient federal subsidy or tax credit amounts so that all U.S. citizens can afford to purchase health insurance; (4) support the ~~proposed~~ requirement for private insurers that children up to age 26~~5~~ could continue family coverage through their parents' plan; (5) support working with the federal government to ensure that if federal programs are to be expanded, that proper checks and balances are in place to ensure that reimbursements reflect the actual cost of care and that patient access is not limited; and (6) support~~ensure~~ that under the National Health Insurance Exchange (or any similar proposed program) that	Reconcile - Updating for changes to the law and re-titling to retain relevance and broader applicability. Resolve (7) is a duplicate of Resolve (2) so it was deleted.

		participating insurers provide high quality, transparent services, and that their reimbursements reflect the actual cost of care~~; and (7) that our AMA support requiring all children to have health insurance as a strategic priority~~. (Report H, I-08)	
140.002R	Assessing the Health Care Proposals of the U.S. Presidential Candidates	That our AMA-RFS: (1) request that the AMA collect and disseminate details of the health care proposals of every declared candidate for U.S. President; and (2) that this resolution be forwarded to our AMA House of Delegates every four years prior to every Presidential election starting at I-19~~summarize the health care proposals of all candidates for U.S. President in a standardized format beginning at I-07~~. (Resolution 14, A-07)	Reconcile - This will be relevant to every Presidential election and is updated and retained.
140.003R	Health Care as a Right for All People~~Citizens of America~~	That our AMA-RFS assert that all people deserve access to quality, affordable, basic and preventative healthcare. (Substitute Resolution 11, A-07)	Reconcile - Amending the title to reflect the content of the resolution, which remains relevant.
140.004R	AMA-Health Care Delivery Task Force	That our AMA-RFS~~: (1)~~ support the create~~e~~ion of a multi-organizational task force of relevant stakeholders ~~involving groups including, but not limited to the AHA, DHHS, Families USA, Labor Unions, AARP, NFIP, etc. to research and meet in order to create a~~to develop consensus recommendations on a health care system or health care delivery principles that best serve the needs of the American public, ~~and (2) lead the discussion~~ using the goals and principles of the Health Access America as a starting point. (Substitute Resolution 28, A-97) (Reaffirmed Report C, I-07)	Reconcile to remove mention of specific organizations so that this remains relevant and broad. The principles of the “Health Access America” remain relevant as well.
150.001R	Promoting Prevention Strategies ~~in Waiting Rooms~~	That our AMA-RFS support the use of ~~encourage healthcare settings to place in their waiting rooms~~ interactive media promoting preventive health measures, empowering patients to become more proactive about their health. (Resolution 8, I-06) (Reaffirmed Report D, I-16)	Reconcile - The use of interactive media for patient education has broad applicability that can be applied beyond waiting rooms and retains the intention of the original resolution.
160.001R	Screening for Pre-Existing Conditions	That our AMA-RFS support health insurance coverage of pre-existing conditions with guaranteed issue within the context of an individual mandate, with community or modified community rating, in addition to guaranteed renewability. (Resolution 3, A-09)	Reaffirm with editorial changes.
160.004R	Use of Confidential Medical Information by Employers	That: (1) the RFS reaffirm its support for AMA Policy H-190.996, Employers’ Violation of Patient Privacy with Group Medical Insurance Claim Forms and (2)	Rescind. Policy is outmoded and directive is complete.

		the RFS Governing Council report back to the Assembly at I-99 on the AMA's advocacy efforts to safeguard patient confidentiality in employer self-insured plans. (Substitute Resolution 13, A-99) (Reaffirmed Report C, I-09)	
160.005R	Arbitration Agreements	That our AMA-RFS support ~~sponsor~~ legislation that would require third party payors to disclose any arbitration agreements to prospective clients prior to, or at the time of enrollment. (Substitute Resolution 26, A-97) (Reaffirmed Report C, I-07)	Reaffirm with editorial changes.
170.003R	National Committee to Evaluate Medical School Closings	That our AMA-RFS support working with appropriate agencies to develop recommendations regarding the number of graduates of U.S. medical schools consistent with appropriate workforce needs. (Substitute Resolution 9, I-97) (Reaffirmed Report C, I-07)	Reaffirm with editorial changes.
230.004R	Advocacy Regarding FICA Taxation for Housestaff	That our AMA-RFS support the AMA~~, through the RFS Governing Council, AMA Council on Medical Education, AMA Office of General Counsel and any other appropriate section or council,~~ studying the consequences of classifying housestaff as either employees or students for the purpose of FICA tax payment and take appropriate action (such as filing an amicus brief in Mayo) on this issue~~, and that our AMA report back at I-10 on any action taken on the issue of housestaff exemption from FICA tax payments~~. (Emergency Resolution 1, A-10)	Reconcile - While there's not enough information to strongly support or oppose housestaff designations as students or employees by tax status (no study directly addressed this), we can support a study and oppose taxation of federal student aid ("Taxation of Federal Student Aid H-305.962"). Furthermore, some of this issue is also addressed in "Securing Funding for Graduate Medical Education H-310.915"
230.005R	Eliminating Questions Regarding Marital Status, Childbearing and Dependent Children During the Residency and Fellowship Application Process	That our AMA and AMA-RFS: (1) oppose questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, and religion and (2) work with the ACGME, NRMP and other interested parties to eliminate questioning about marital and dependent status, SorS future plans for marriage or children, sexual orientation, and religion during the residency and fellowship application process. (Resolution 6, I-08)	Rescind – this has been achieved and codified by the NBME and ACGME.
230.006R	Defensive Medicine	~~Recommends t~~That our~~the~~ AMA-RFS: (1) affirm that defensive medicine exists in many forms that have variable and difficult to quantify economic consequences for patients, physicians, third-party payers, insurance providers and other parties involved in the delivery of health care; (2)~~That the AMA~~ affirm	Reaffirm with editorial changes.

		that defensive medicine in its many forms may result in adverse health effects on patients through exposure to unnecessary risk from tests and procedures as well as limited access to health care resources; and (3) supports~~that~~ the AMA continu~~eing~~ to work with other interested parties through legislative and public awareness activities to advocate for medical liability reform which would minimize the practice of defensive medicine. (Report F, A-08)	
230.010R	DACA in GME	That our AMA reaffirm Visa Complications for IMGs in GME D-255.991 and Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages D-350.986. (Resolution 5, I-18)	Rescind - This is a reaffirmation of HOD policy that is itself a reflection of 230.090R from the RFS.
240.001R	Telemedicine and Medical Licensure	That our AMA study how guidelines regulating medical licenses are affected by telemedicine and medical technological innovations that allow for physicians to practice outside their states of licensure. (Resolution 4, I-07)	Rescind - This is a complex issue that is no longer covered by this policy as the study has been done. **We would recommend that the RFS generate new policy more directly addressing the issue of interstate telemedicine.**
240.002R	Independent Regulation of Physician Licensing Exams	That our AMA-RFS support ~~advocate for~~ independent oversight of the creation, implementation and regulation of physician licensing exams, paying particular attention to conflicts of interest ~~created by bodies promulgating exams who then financially benefit from their administration. Asked that our AMA Board of Trustees study potential mechanisms of independent oversight regulation of the creation, implementation and regulation of physician licensing exams and that they report back at A-07. Asked that our AMA explore whether the NBME/FSMB/NBOMEs exclusive power to create licensure exams, validate them, and administer them, may represent a conflict of interest and/or a violation of anti-trust laws~~. (Resolution 1, I-06) (Reaffirmed Report D, I-16)	Reconcile - The original request report was written, so the resolution is amended to retain the original intent of appropriate oversight.
240.006R	Feedback from Licensing and Board Examinations	That our AMA encourage (1) the Federation of State Medical Boards and the National Board of Medical Examiners to provide examinees more detailed and specific performance feedback than currently provided, to allow examinees to	Rescind – this has been achieved.

		identify areas of deficit and to facilitate educational improvement, and (2) all specialty boards to provide examinees more detailed and specific performance feedback than currently provided to allow examinees to identify areas of deficit and to facilitate educational improvement. (Substitute Resolution 2, I-00) (Reaffirmed Report C, I-10)	
240.007R	Reporting Unqualified Residents	That the AMA-RFS support the recommendations in CME Report 8 (A-99), Alternatives to the Federation of State Medical Boards Recommendations on Licensure. (Report I, I-99) (Reaffirmed Report C, I-09)	Rescind - The report referenced is outdated with regards to more recent AMA-RFS positions.
240.008R	National Licensure for Physicians	That our AMA-RFS support the study of~~and report on~~ the feasibility and implications of national licensure for physicians. (Substitute Resolution 8, I-99) (Reaffirmed Report C, I-09)	Reaffirm with editorial changes. **We would recommend that the RFS generate new policy more directly addressing the issue of national licensure.**
240.009R	RFS Response to FSMB Recommendations on Licensure	That our AMA-RFS: (1) advocate that successful completion of one year of post-graduate training in an accredited residency program, as certified by the resident's program director, is sufficient to obtain an unrestricted medical license; (2) oppose state medical board oversight of medical students; ~~(3) support the efforts of the AMA Council on Medical Education to oppose the implementation of FSMB BD RPT 98-5 by state medical boards;~~ and (34) in conjunction with the AMA, provide state and local medical societies with supporting materials, including model state legislation, that promotes AMA~~RFS~~ policy concerning training requirements for unrestricted medical licensure. (Substitute Resolution 6, A-99) (Reaffirmed Report C, I-09)	Reconcile - Largely a reaffirmation, but reconciled to remove outdated policy and retain the remaining relevant positions.
240.014R	Psychotherapy for Medical Students and Residents	~~Recommended (1) t~~That the AMA-RFS: (1) support the distribution of~~seek updated information from each~~ state medical licensing board ~~on its~~ requirements for reporting mental health treatment or psychotherapy, and (2) oppose the use of knowledge of mental health treatment or psychotherapy to delay or prevent medical licensing~~that the RFS publish this information along with a reiteration of current AMA policy on reporting requirements for physicians who have received any form of psychiatric treatment in Code Blue and Resident Forum. This information can then be used by residents in conjunction with their state medical societies to effect regulatory change in the requirements~~	Reconcile - Simplified language to retain original intent of access to state medical board mental health treatment disclosures standards, expanded policy to be more consistent with current AMA-RFS positions opposing use of mental health treatment to prevent licensure, and removed references to outdated resources.

		~~for medical licensure~~. (Report C, I-92) (Reaffirmed Report C, I-02) (Reaffirmed Report D, I-16)	
250.001R	CMS, Medicaid, and Health Insurance Corporation Ranking Systems	That our AMA-RFS support ~~current~~ AMA efforts to evaluate and distribute information about individual health insurers~~, as exemplified by BOT Report 11 (A-08)~~. (Resolution 10, A-08)	Reconcile - To remove reference to a prior AMA Report.
250.002R	Carve-outs and Discrimination in Managed Mental Health Care	That our AMA-RFS support ~~work to encourage~~ payors ~~to e~~liminat~~e~~ing mental health and chemical dependency carve-outs so that benefits for mental health and chemical dependency are managed and administered like other health care services. (Resolution 5, I-00) (Reaffirmed Report C, I-10)	Reaffirm with editorial changes.
260.003R	NRMP All-In Policy	That our AMA-RFS does not support the current "All-In" policy for the Main Residency Match to the extent that it eliminates flexibility within the match process. Also asked that the AMA work with the NRMP, and other external bodies (1) to revise match policy, including the secondary match or scramble process to create more standardized rules for all candidates and (2) to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicants. (Report F, A-11)	Rescind - Based on Residency Match Systems and Timelines 260.019R we no longer broadly oppose an all-in Match and guard rails against a rapid change without careful thought and buy in are addressed in this newer RFS policy position.
250.004R	Protection of Residency Education	That our AMA-RFS oppose the role of external financial ~~support an educational campaign directed toward state and federal legislators to inform them of the importance of encouraging managed care's participation in graduate medical education and to inform them of the potential adverse consequences of managed care's~~ influence on residency education. (Substitute Resolution 3, A-95) (Reaffirmed Report C, I-05)	Reconcile - Retaining original intent while removing reference to a 1995 educational campaign effort to legislators.
260.006R	Competency-Based Learning Portfolios	That our AMA-RFS support the AMA ~~continue to~~ work~~ing~~ with the ACGME and other appropriate bodies to define the usefulness of learning portfolios and their role in medical education. (Report E, I-10)	Reconcile with editorial changes.
260.007R	Support of Access and Flexibility to Breast Feeding During Required National Medical Exams	That our AMA-RFS support: (1) the provision of additional time during all standardized medical certification and licensing examinations to allow for pumping or nursing a baby per American Academy of Pediatrics recommendations, (2) ~~as well as to~~ testing facilities provid~~e~~ing a secured, private, and sanitary location separate from lavatory facilities, and (3) that	Reconcile with editorial changes.

		testing locations with these facilities be designated and clearly identifiable at the time of exam registration. (Resolution 2, A-10)	
260.014R	Medical Student Training in Airway Management	That our AMA-RFS support ~~recommend~~ training in techniques and decision making in airway management of the unconscious patient for all medical students as part of their undergraduate medical education. (Substitute Resolution 1, I-97) (Reaffirmed Report C, I-07)	Reconcile with editorial changes.
260.016R	Providing Residency Applicants a Timely Response to Residency Application Outcome	That our AMA-RFS support: ~~amend HOD policy H-310.998 Residency Interview Schedules to read:~~ ~~H-310.998 Residency Interview Schedules~~ ~~The AMA encourages~~ (1) residency and fellowship programs ~~to~~ incorporate ing ~~in~~ interview dates increased flexibility, whenever possible, to accommodate applicants' schedules, (2)~~. The AMA encourages~~ the ACGME and other accrediting bodies to require programs to provide, by electronic or other means, representative contracts to applicants prior to the interview, and (3)~~. The AMA encourages~~ residency and fellowship programs ~~to~~ informing applicants in a timely manner confirming receipt of their application materials and timely notification of when an applicant is no longer under consideration for an interview. (Resolution 1, I-13) [HOD Resolution 302, A-14]	Reconcile - Removing reference to HOD policy that this resolution was trying to amend to retain the RFS position statement.
280.003R	Protecting Graduate Medical Education: Revisiting the All-Payer System	That our AMA-RFS support working together with other stakeholders to actively lobby the current Congress for legislation requiring all payers to contribute towards graduate medical education, while simultaneously continuing to lobby to protect Medicare and Medicaid Graduate Medical Education payments ~~and that our AMA report back on this issue at A-08~~. (Resolution 7, A-07)	Reaffirm with editorial changes.
280.004R	Securing Medicare GME Funding for Research and Outside Rotations	That our AMA-RFS: (1) support studying ~~current~~ funding mechanisms for residency training programs and potential funding limitations; (2) encourage research and extramural educational opportunities; and (3) oppose ~~work to change current DME (Direct Medical Education)~~ regulations and funding guidelines which may limit research and extramural educational	Reaffirm with editorial changes.

		opportunities during residency training. (Resolution 12, A-07)	
280.006R	Public Disclosure of Residency Revenue and Expenditures	That: (1) the RFS Governing Council study the feasibility of residency programs obtaining and disclosing revenues and expenditures related to residency training; (2) the RFS Governing Council report to the RFS Assembly at A-99 on current and proposed methodologies of Medicare GME funding; and (3) the RFS report to the Assembly on the feasibility of developing accounting techniques to report the annualized value of resident services. (Substitute Resolution 2, I-98) (Reaffirmed Report D, I-16)	Rescind - These are directives that were completed and the GME Finances Report occurred 20 years ago.
280.007R	Compensation for Teaching Physicians	That the AMA oppose the use of Medicare rules regarding reimbursement of teaching physicians for unsupervised services, by private payors and Medicaid unless the payor contributes to graduate medical education on a scale commensurate to Medicare's contribution to graduate medical education. (Report H, A-97)	Rescind - There is not a clear or actionable ask here and the relevant Medicare rules have changed since 1997.
280.009R	Second Residencies in Primary Care	That our AMA-RFS ask the AMA to seek reinstatement of full Medicare Direct Graduate Medical Education funding training institutions for residents who have completed the minimum years of training for first board eligibility and are seeking a residency in primary care or other shortage specialty, as defined by the Health Care Financing Administration (HCFA). (Substitute Resolution 20, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Rescind - Addressed in 280.014R
280.017R	Funding of Education and Research Under Prospective Payment Plans	That our AMA-RFS endorse: (1) the concept that research, development and education are intrinsic components of the "product" medical care and as such, their costs should fairly be assumed by private and public medical insurance programs, health care plans and industry; and (2) ~~AMA Resolution 108 (A-84) which asked that the AMA endorse such a policy and ask those~~ asking relevant groups to strive toward a better balance between immediate medical cost containment and long-term concern for medical excellence and progress. (Substitute Resolution 19, A-84) (Reaffirmed Report C, I-94) (Reaffirmed Report F, A-05) (Reaffirmed Report E, A-16)	Reconcile - To remove reference to a past AMA resolution.
281.003R	Expansion of Economic Hardship	That our AMA-RFS support~~include~~ language advocating for expansion of	Reconcile - Retitled to more appropriately reflect the

	Loan Deferment~~Eligibility Criterion for Economic Hardship Deferment 20/220 Pathway~~	eligibility for economic hardship deferment for residents and fellows to the greatest degree possible in advocacy activities ~~(Directive to Take Action)~~. (Resolution 2, A-08)	resolution.
281.004R	~~Reinstatement of Economic Hardship Loan Deferment~~Alternate Mechanisms for Addressing Medical Debt	That our AMA-RFS ~~actively work to reinstate the economic hardship deferment qualification criterion known as the "20/220 pathway," and~~ support alternate mechanisms that better address the financial needs of post-graduate trainees with educational debt. (Late Resolution 1, I-07)	Reconcile - Remove reference to 20/220 pathway, which is obsolete and retained position on educational debt. Retitled to reflect these changes.
281.005R	Loan Repayment Program Resource	That our AMA-RFS research, compile, and maintain a comprehensive resource to include a hyperlink list of all the loan repayment programs across the country; and that access to this resource be a member-only feature of the AMA website. (Late Resolution 1, A-06) (Reaffirmed Report D, I-16)	Rescind - Directive to action that is not relevant as this information is more widely available. If a database is desired, a new resolution should be submitted.
281.006R	Federal Student Loan Program Interest Rates	That our AMA-RFS~~: (1)~~ support~~analyze models of~~ federal student loan ~~and student~~ loan consolidation programs that ~~interest rate regulations (including fixed and variable rates) and make recommendations to~~ maximize their effectiveness in addressing medical education debt and patient access to health care~~; (2) utilize data from the study of federal loan and student loan consolidation program interest rate regulations to enhance its lobbying efforts toward the reauthorization of the Higher Education Act; and (3) provide a report to the AMA-HOD and RFS-HOD at A-05 regarding the reauthorization of the Higher Education Act at A-05; and (4) that our AMA-RFS forward this resolution immediately to the AMA at I-04~~. (Substitute Resolution 4, I-04) (Reaffirmed Report D, I-14) [Became HOD Resolution 729: Adopted I-04]	Reconcile - To retain intent of supporting specific types of loan consolidation programs while removing reference to past/outdated policy.
281.010R	Maintaining Financial Solvency During Residency Training	~~Recommended t~~That our AMA-RFS: (1) encourage resident physicians to work with hospitals and universities to examine the issue of student loan indebtedness and possible solutions including increased compensation packages; and (2) continue to work with the AMA to encourage resident physicians to inform legislators of the impact of financing graduate medical education on career choice, specialty choice, and practice location~~; and (3) report to the Assembly on the results of the survey of medical students being~~	Reconcile - To remove reference to remove reference to a past report.

		~~conducted by the AMA Division of Undergraduate Medical Education~~. (Report N, I-90) (Reaffirmed Report C, I-00) (Reaffirmed Report C, I-10)	
281.011R	Student Loan Deferment	That~~: (1)~~ the AMA-RFS support: ~~work with the AMA-MSS and other interested parties to~~ developing a grassroots campaign to educate federal legislators on the expanding burden of medical education debt in an effort to promote the need for extending deferment of student loans for post-graduate training; (2) ~~that~~ the AMA lobbying the federal government for legislation that will achieve deferment of medical school loans for the entire residency and fellowship period. (Substitute Resolution 14, A-99; Reaffirmed, Report C, I-09)	Reaffirm with editorial changes.
281.012R	Student Debt ~~and Post 1986 Tax Changes~~	That our AMA-RFS continue to recognize the seriousness of the problem of the expanding burden of medical education debt and elevate to a top legislative priority~~; That our AMA collaborate with other medical and professional associations to seek sponsorship and support passage of legislation consistent with current AMA policy that would return to the pre-1986 tax status for interest on education related debt~~. (Resolution 8, A-98) (Reaffirmed Report D, I-16)	Reconcile - To remove reference to a 1986 tax status that is no longer relevant.
281.016R	Direct Loan Consolidation Program	That the AMA-RFS ~~and our AMA~~ support ~~the Individual Education Account/D~~direct l~~L~~oan c~~C~~onsolidation p~~P~~rograms. (Resolution 9, A-95) [See also: AMA Policy H-305.948] (Reaffirmed Report C, I-05) (Reaffirmed Report E, A-16)	Reconcile - To remove reference to a specific program and provide general support for loan consolidation programs.
281.019R	Student Loan Deferment During Residency	That our AMA-RFS ~~prepare a detailed report on AMA activities regarding medical student loan deferment during residency and make recommendations for further policy for consideration at the 1989 Interim Meeting. (RFS Substitute Resolution 24, A-89) In response to Substitute Resolution 24, the AMA-RFS adopted as amended Report D which reviewed the issue, AMA policy, and federal legislation, and asked that the~~: (1) ~~AMA~~ support efforts to grant forbearance to residents who request it without penalties, additional costs, or restrictions, but not to the exclusion of deferment; and (2) ~~AMA actively~~ oppose legislative efforts to curtail or eliminate the classification of residents as students for purposes of loan deferment~~; and (3) AMA-RFS continue to inform resident physicians of any federal legislation~~	Rescind components of outdated policy referencing a directive to action from a A-89 resolution and inactionable items.

		~~pending on student loans and encourage residents to write their Congressmen and Senators~~. (Report D, I-89) (Reaffirmed Report C, I-99) [See also: AMA Policies H-305.965 and H-305.961] (Reaffirmed Report D, I-16)	
291.008R	Resident and Fellow Duty Hours and Quality of Training	That our AMA-RFS support ~~encourage~~ the Accreditation Council for Graduate Medical Education (ACGME) ~~to~~ not adopting the IOM report's call for protected sleep periods and for reducing the number of hours that residents can work without time for sleep to 16, until research shows improved patient care and safety; That our AMA encourage the ACGME to allow appropriate flexibility for different disciplines and different training levels within the current ACGME maximum duty hours standards; That our AMA work with other key stakeholders to continue to develop strategies for implementing optimal work schedules to improve resident education and patient safety in healthcare. (Emergency Resolution 2, A-10)	Reaffirm with editorial changes.
291.009R	Residents' and Fellows' Bill of Rights	That our AMA-RFS support: ~~adopt~~ a *Residents' and Fellows' Bill of Rights* that will serve as a testament to the organization's support for and commitment to the education and training of competent, conscientious residents and fellows by illuminating their rights and advocating for provisions that it believes all residents should be afforded, and that have not yet been designated as rights, and that residents and fellows have a right to: A. An education that fosters professional development, takes priority over service, and leads to independent practice. With regard to education, residents and fellows should expect: (1) A graduate medical education experience that facilitates their professional and ethical development, to include regularly scheduled didactics for which they are released from clinical duties. Service obligations should not interfere with educational opportunities and clinical education should be given priority over service obligations; (2) Faculty who devote sufficient time to the educational program to fulfill their teaching and supervisory responsibilities; (3) Adequate clerical and clinical support services that minimize the extraneous,	Reconcile to include text of Resident/Fellow Bill of Rights so that it is preserved within our Digest of Actions ("Residents' and Fellows' Bill of Rights H-310.912").

		time-consuming work that draws attention from patient care issues and offers no educational value; (4) 24-hour per day access to information resources to educate themselves further about appropriate patient care; and (5) Resources that will allow them to pursue scholarly activities to include financial support and education leave to attend professional meetings. B. Appropriate supervision by qualified faculty with progressive resident responsibility toward independent practice. With regard to supervision, residents and fellows should expect supervision by physicians and non-physicians who are adequately qualified and which allows them to assume progressive responsibility appropriate to their level of education, competence, and experience. It is neither feasible nor desirable to develop universally applicable and precise requirements for supervision of residents. C. Regular and timely feedback and evaluation based on valid assessments of resident performance. With regard to evaluation and assessment processes, residents and fellows should expect: (1) Timely and substantive evaluations during each rotation in which their competence is objectively assessed by faculty who have directly supervised their work; (2) To evaluate the faculty and the program confidentially and in writing at least once annually and expect that the training program will address deficiencies revealed by these evaluations in a timely fashion; (3) Access to their training file and to be made aware of the contents of their file on an annual basis; and (4) Training programs to complete primary verification/credentialing forms and recredentialing forms, apply all required signatures to the forms, and then have the forms permanently secured in their educational files at the completion of training or a period of training and, when requested by any organization involved in credentialing process, ensure the submission of those documents to the	

		requesting organization within thirty days of the request. D. A safe and supportive workplace with appropriate facilities. With regard to the workplace, residents and fellows should have access to: (1) A safe workplace that enables them to fulfill their clinical duties and educational obligations; (2) Secure, clean, and comfortable on-call rooms and parking facilities which are secure and well-lit; (3) Opportunities to participate on committees whose actions may affect their education, patient care, workplace, or contract. E. Adequate compensation and benefits that provide for resident well-being and health. (1) With regard to contracts, residents and fellows should receive: a. Information about the interviewing residency or fellowship program including a copy of the currently used contract clearly outlining the conditions for (re)appointment, details of remuneration, specific responsibilities including call obligations, and a detailed protocol for handling any grievance; and b. At least four months advance notice of contract non-renewal and the reason for non-renewal. (2) With regard to compensation, residents and fellows should receive: a. Compensation for time at orientation; and b. Salaries commensurate with their level of training and experience. Compensation should reflect cost of living differences based on local economic factors, such as housing, transportation, and energy costs (which affect the purchasing power of wages), and include appropriate adjustments for changes in the cost of living. (3) With Regard to Benefits, Residents and Fellows Must Be Fully Informed of and Should Receive: a. Quality and affordable comprehensive medical, mental health, dental, and vision care for residents and their families, as well as professional liability insurance and disability insurance to all residents for disabilities resulting from activities that	

		are part of the educational program; b. An institutional written policy on and education in the signs of excessive fatigue, clinical depression, substance abuse and dependence, and other physician impairment issues; c. Confidential access to mental health and substance abuse services; d. A guaranteed, predetermined amount of paid vacation leave, sick leave, family and medical leave and educational/professional leave during each year in their training program, the total amount of which should not be less than six weeks; e. Leave in compliance with the Family and Medical Leave Act; and f. The conditions under which sleeping quarters, meals and laundry or their equivalent are to be provided. F. Clinical and educational work hours that protect patient safety and facilitate resident well-being and education. With regard to clinical and educational work hours, residents and fellows should experience: (1) A reasonable work schedule that is in compliance with clinical and educational work hour requirements set forth by the ACGME; and (2) At-home call that is not so frequent or demanding such that rest periods are significantly diminished or that clinical and educational work hour requirements are effectively circumvented. ~~Refer to AMA Policy H-310.907, "Resident/Fellow Clinical and Educational Work Hours," for more information.~~ G. Due process in cases of allegations of misconduct or poor performance. With regard to the complaints and appeals process, residents and fellows should have the opportunity to defend themselves against any allegations presented against them by a patient, health professional, or training program in accordance with the due process guidelines established by the AMA. H. Access to and protection by institutional and accreditation authorities when reporting violations. With regard to reporting violations to the ACGME, residents and fellows should:	

		(1) Be informed by their program at the beginning of their training and again at each semi-annual review of the resources and processes available within the residency program for addressing resident concerns or complaints, including the program director, Residency Training Committee, and the designated institutional official; (2) Be able to file a formal complaint with the ACGME to address program violations of residency training requirements without fear of recrimination and with the guarantee of due process; and (3) Have the opportunity to address their concerns about the training program through confidential channels, including the ACGME concern process and/or the annual ACGME Resident Survey. ~~Also, that the *Residents' and Fellows' Bill of Rights* shall address 10 core themes spanning the aggregate of the graduate medical education experience (List of Rights attached as Addendum 1 to this document).~~ (Resolution 1, A-09)	
291.010R	Impact of Specialty Board Mandated Residency Completion Dates on Parental Leave During Residency	In order to accommodate leave protected by the federal Family and Medical Leave Act (FMLA), the AMA encourage all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year. (Resolution 2, A-09)	Rescind - Covered by 291.012R.
291.011R	Provision of Child Care by Residency and Fellowship Training Programs	That our AMA-RFS: (1) begin collecting more comprehensive data on the provision of child care services or stipends for child care by residency and fellowship programs using the Freida database and (2) evaluate the progress made in the provision of child care and different models being utilized by training programs. (Resolution 4, A-08)	Reaffirm with editorial changes.
291.012R	Loss of Status Following Family Medical Leave Act (FMLA) Qualified Leave During Residency Training	That our AMA-RFS: (1) oppose requiring residents to repeat a year of training when returning to work following a leave that qualifies under the federal Family Medical Leave Act; and (2) support~~urge~~ the American Board of Medical Specialties and its member boards ~~to~~ being in compliance with the Family Medical Leave Act and ~~to~~ retracting any policies that do not comply. (Resolution 2, I-07)	Reaffirm with editorial changes.
291.013R	Monitoring of At-Home Call	That our AMA-RFS: (1) oppose the use of at-home call if being used to	Reaffirm with editorial changes.

	Implementation by Residency Programs	circumvent the intent of current ACGME duty hour restrictions; (2) support working with the ACGME and other interested organizations to collect additional information on how residency programs nationwide are using at-home call rotations; (3) support working with the ACGME and other interested organizations to study the impact of at-home call on resident well-being, sleep patterns, and patient safety, commenting on issues such as, but not limited to, total hours worked, number of pages and phone calls received, and hours of continuous sleep; and (4) support working with the ACGME and other interested organizations to study and develop best practices for implementing at-home call in residency and fellowship programs. (Resolution 3, I-07)	
291.014R	Resident and Fellow Leave Policy	That our AMA reaffirm existing AMA and AMA-RFS policies on resident and fellow leave. [AMA and AMA-RFS policies reaffirmed in lieu of Res. 5, I-06; See AMA Policies H-420.966, H-420.961, H-420.987, H-420.967, and AMA-RFS Policies 310.581R, 310.590R, 310.594R, 310.599R, 310.799R] (Report E, A-07)	Rescind - This only asks for reaffirmation of HOD policies.
291.016R	Resident/Fellow Work and Learning Environment	That our: ~~(1)~~ AMA-RFS ask the AMA to (1) ~~ask the Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME) to reconsider the changes made in the Common Program Requirements for duty hours and the procedures for the approval exemptions at their meeting of February 11, 2003, and approve the original language and intent from June 2002 prior to the implementation of requirements on July 1, 2003; (2)~~ ~~AMA~~ study all options to address enforcement and compliance with the ACGME Duty Hour requirements ~~(JCAHO, legislation, private methods etc) with a report back to the House of Delegates at the A-04 meeting~~;(3) ~~AMA~~ study, develop, and promote a method of creating an environment for residents to safely report violations on resident duty hours without any repercussions; (4) ~~AMA~~ request an annual report to ACGME's Member Organizations from the ACGME, which includes the number of complaints received, the number not in compliance due to duty hours and working conditions and the action taken by ACGME, and that this report be indexed by specialty; (5) ~~AMA~~ continue to work with the	Reconcile - The Common Program Requirements and duty hours have changed and the update to the policy reflects the changes and capabilities of the RFS.

		ACGME to refine the duty hours standards, and work with ACGME and other appropriate entities to collect evidence on the impact of current standards in regards to patient and resident safety, resident education, and eliminating fatigue and sleep deprivation; (6) ~~AMA~~ support ~~the program module developed by the American Academy for Sleep Medicine to~~ educat~~e~~ing residency training programs on sleep deprivation and fatigue ~~that is scheduled to be ready for distribution by July 1, 2003; (7) AMA-RFS and the AMA-MSS continue working with groups such as the Committee of Interns (CIR) on collaborative efforts to see that duty hour reform is enforced and continue to work to improve working conditions for residents and fellows; (8) That our AMA conduct a 10-year survey to capture the attitudes and changes of residents on duty hours after the new ACGME guidelines to determine the effect on working conditions for residents and fellows;(9) That our AMA reaffirm policy H.310.928 and D. 310.999 by encouraging the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patient safety in order to find solutions to the problems.~~ (Report F, A-03) [HOD Resolution 322, A-03] (Reaffirmed Report D, I-13)	
291.017R	Resident/Fellow Work and Learning Environment	That our AMA-RFS continue to: (1) work with other national resident/student organizations to make current hours reform work; (2) explore other options to address compliance with the ACGME Duty Hour requirements including, but not limited to confidential and anonymous reporting and study enforcement alternatives to the current ACGME standards; (3) support the AMA Council on Legislation as the coordinating body in the continued creation of legislative and regulatory options; and (4) work with the AMA Council on Medical Education to address compliance with the ACGME Duty Hour requirements. (Report F adopted in lieu of Resolutions 4 and 5, I-02) (Reaffirmed Report D, I-12)	Rescind - Covered in 291.016R.
291.018R	Fellowship Salaries	That our AMA-RFS: (1) ~~study the current system of~~ support multiple avenues for fellowship funding and salaries ~~with a report at I-02~~, and (2) encourage the ACGME and the ABMS to collect	Reconcile - The RFS and the AMA are aware of the multitude of ways to finance GME and the RFS supports

		information on fellowship salaries from both accredited and nonaccredited programs to serve as a basis for the development of policy recommendations. (Report G, A-02) (Reaffirmed Report D, I-16)	all mechanisms to ensure that our physicians are well trained.
291.019R	Resident/Fellow Work and Learning Environment	That: (1) our AMA define resident duty hours as those scheduled hours associated with primary resident or fellowship responsibilities; (2) our AMA support a limit on resident duty hours of 84 hours per week averaged over a two-week period; (3) our AMA support on-call activities no more frequent than every third night and there be at least one consecutive 24 hour duty-free period day every seven days both averaged over a two-week period; (4) our AMA support a standard workday limit for resident physicians of 12 hours. Patient care assignments exceeding 14 hours are considered on-call activities; (5) our AMA support a limit on scheduled on-call assignments of 24 consecutive hours. On-call assignments exceeding 24 consecutive hours must end before 30 hours. The final 6 hours of this shift are for education, patient follow-up, and transfer of care. New patients and/or continuity clinics must not be assigned to the resident during this 6-hour period; (6) our AMA support the inclusion of home call hours in the total number of weekly scheduled duty hours if the resident on call can routinely expect to get a less than 5 consecutive hours of sleep; (7) our AMA support a limit on assignments in high intensity settings of 12 scheduled hours with flexibility for sign off activities; (8) our AMA support that limits on duty hours must not adversely impact the organized educational activities of the residency program; (9) our AMA ask the ACGME to establish new requirements for mandatory and protected education time in residency programs that constitutes no less than 10% of scheduled duty hours; (10) our AMA support that scheduled time providing patient care services of limited or no educational value be minimized; (11) our AMA ask the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) to create new resident work condition standards that require institutions to provide minimum ancillary staffing levels (e.g. 24 hour phlebotomy, transport services, etc.) at institutions	Rescind - Covered in 291.016R.

		that train physicians; (12) our AMA ask JCAHO to establish reporting mechanisms and sanctions that increase hospital accountability for violations of resident work condition standards; and (13) our AMA-RFS support the AMA Council on Legislation as the coordinating body in the creation of legislative and regulatory options. (Report F, A-02) (Reaffirmed Report D, I-12) [See also: CME Report 9, A-02]	
291.020R	Resident/Fellow Work and Learning Environment	That our AMA: (1) may draft original, modify existing, or oppose legislation and pursue any regulatory or administrative strategies when dealing with resident work hours and conditions, (2) work with organizations such as the Accreditation Council for Graduate Medical Education (ACGME), the Joint Commission, and other appropriate organizations, toward finding solutions to the problem of work hours and conditions which would strengthen current work hours enforcement mechanisms, and (3) encourage the Agency for Healthcare Research and Quality (AHRQ) to examine the link between resident work hours and patient safety and to explore possible solutions to the problem of work hours and conditions. That our AMA-RFS Governing Council report back the RFS Assembly at A-02. (Report F, I-01) (Reaffirmed Report D, I-12) [See also: AMA Policy H-310.928]	Rescind - Covered in 291.016R.
291.022R	Resident and Fellow Work Hours Reform 2001	That: (1) our RFS continue to make the improvement of hospital working conditions, including resident/fellow work hours, a top priority and report back at I-01 regarding the section's progress on this issue, (2) the RFS Governing Council work directly with other interested organizations using forums, workshops, and other methods to address the issue of hospital working conditions and resident/fellow hours, (3) our RFS ask the AMA to have the Council on Medical Education evaluate the scope of work hours violations by residency and fellowship programs and assess the ACGME's progress in curtailing these violations with a report at I-01, (4) our RFS ask the AMA to have the Council on Scientific Affairs work with other appropriate organizations to study the effect of resident/fellow sleep deprivation and fatigue on medical decision making, performance, and	Rescind - Covered in 291.021R.

		medical errors, (5) our RFS ask the AMA to have the Council on Legislation explore legislative strategies to enforce ACGME resident/fellow work hour standards and study the potential impact of state/federal legislation on work hours and teaching institutions with report back at I-01, (6) our RFS ask the AMA to have the Council on Medical Service study the feasibility of enforcement of resident/fellow work hour standards by state/federal regulatory agencies, and (7) our AMA Board of Trustees review recent activities by the AMA and other organizations related to resident and fellow working conditions reform and report back at 1-01. (Report F, A-01) (Reaffirmed Report D, I-16)	
291.023R	Intern and Resident Work Standards	That our AMA-RFS support: (1) ~~support the~~ various ACGME-RRC standards as a template for reasonable resident work conditions; (2) ~~encourage~~ the development of effective sanctions for violation of ACGME resident work standards; and (3) ~~encourage the ACGME to~~ publishing the list of programs with work hour violations in print and in electronic form~~; (4) publish the list of programs with work hour violations in print and in electronic form; and (5) that this resolution be forwarded to the I-2000 meeting of the AMA HOD~~. (Substitute Resolution 1, I-00) (Reaffirmed Report C, I-10)	Reconcile - Retaining original intent and removing reference to immediate forwarding.
291.026R	Supervision of Residents	That our AMA-RFS support ~~evaluate and advocate for the revision of the new HCFA rules concerning~~ Medicare reimbursement for teaching physicians to ensure: (1) more reasonable documentation requirements, (2) clarify and determine reasonable physical presence requirements, (3) expand the limited exception requirements for attending physician supervision to restore training for non-primary care residents at centers located in outpatient centers regardless of hospital affiliation. (Report F, A-97) (Reaffirmed Report D, I-16)	Reconcile to remove reference to HCFA rules as this is outdated. The remainder is still relevant.
291.027R	Extended Leave Policy for Residents	That our AMA-RFS support ~~ask the AMA to urge residency training programs, medical specialty boards and~~ the ACGME ~~to urge~~ and employers ~~to~~ provid~~e~~ing ~~for~~ extended leave of up to one year for resident physicians with extraordinary and long term personal or family medical tragedies without the loss of previously accepted residency training	Reaffirm with editorial changes.

		positions. (Substitute Resolution 11, A-97) (Reaffirmed Report C, I-07)	
291.028R	Misrepresentation of Degree of Supervision	That our AMA-RFS: (1) reaffirm support of appropriate supervision of residents and (2) support the AMA in its continued efforts to work with and monitor HCFA's implementation of the new Teaching Physician Guidelines. (Substitute Resolution 2, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Rescind - Covered by 291.026R.
291.030R	Resident Work Hours	Recommended that our AMA-RFS Governing Council continue to monitor resident working conditions, including working hours, and report back to the Assembly as appropriate. (Report G, I-95) [See also: AMA Policy H-310.957, H-310.979, H-310.981] (Reaffirmed Report C, I-05) (Reaffirmed Report E, A-16)	Rescind - Covered by numerous other policies.
291.036R	Strategies to Reduce Burnout in Medical Trainees	That AMA-RFS policy Intern and Resident Burnout 291.015R be reaffirmed. (Resolution 8, I-18)	Rescind - This is just a reaffirmation of RFS policy.
292.002R	Protection of Peer Review Evaluations During Litigation	That our AMA-RFS oppose the utilization of resident and fellow performance evaluations for any purpose other than providing educational feedback. And that our AMA-RFS specifically opposes utilization of any evaluations of resident and fellow performance during a litigation process. (Resolution 5, A-09)	Reaffirm.
292.003R	Appropriate Use of 360-Degree Resident Evaluations	That our AMA-RFS support working with the Accreditation Council on Graduate Medical Education to: (1) study mechanisms used by residency programs to evaluate resident performance in the ACGME six general competencies, including 360-degree evaluation tools. ~~,~~ aAnd (2) ~~that our AMA work with the ACGME on~~ develop~~ing~~ standards for the use of 360-degree evaluations, including a determination of their validity in resident assessment, and methods to ensure that the content of individual evaluations remains confidential and legally protected. (Resolution 4, I-09)	Reaffirm with editorial changes.
292.005R	Increasing Resident and Fellow Awareness of Local Representation	That our AMA-RFS support~~ask~~ the ACGME ~~to~~ requiring~~e~~ institutions to annually disseminate to all residents and fellows the current full-text institutional due process rules for residents and fellows and the current names and contact information of residents serving on hospital committees and the responsibilities of their respective committees. (Substitute Resolution 5, A-00) (Reaffirmed Report C, I-10)	Reaffirm with editorial changes.
292.006R	Due Process for Housestaff in All	That our AMA-RFS support proposed modifications to the ACGME Institutional	Rescind - Covered by 292.001R.

	Loss-of Employment Situations	Requirements that would expand the provision of a grievance process to situations including non-renewal of contract and other actions that would threaten the career of a resident physician. (Substitute Resolution 2, A-00) (Reaffirmed Report C, I-10)	
292.009R	Due Process Grievance Procedures, and Graduate Medical Education Reform	That: (1) The AMA-RFS periodically distribute information on due process and contract agreements as outlined by the ACGME, AMA, and AMA-RFS to residents via AMA-RFS publications e.g. UMember MattersU, UCode BlueU, and UResident ForumU. (2) The AMA distribute AMA's publication, Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures to Chairmen of residency training program's graduate medical education committees and housestaff associations. (Report E, A-92) (Reaffirmed Items 1 and 2, Report C, I-02) (Reaffirmed Report D, I-12) [See also: AMA Policy H-310.950]	Rescind - This has to do with distributing materials that are outdated, but **we strongly recommend the RFS develop internal position statements with regards to sexual harassment**.
292.010R	Due Process System for Residency Programs	That the AMA-RFS maintain the following principles for ~~develop and report on a model~~ due process ~~system~~ for residency programs:~~. In response, the AMA-RFS adopted Report C, which enumerated fifteen recommendations for residency programs on due process.~~ (1) A personal record of evaluation should be maintained for each resident which is accessible to the resident. (2) A resident should have the opportunity to challenge the accuracy of the information in his/her resident record. (3) At least annually, but preferably semi-annually, the program director and teaching staff should evaluate each resident's performance and provide each resident with this evaluation. (4) Each resident should expect to continue to the next level of training, unless he/she is given adequate notice and informed of reasons he/she may not so advance. (5) Residents should be involved in the development of recommendations on policy issues, involving education and patient care including the mechanism for evaluation or resident performance. (6) There should be policies and procedures that define the bodies responsible for evaluation of residents and the function and membership of such bodies. These policies and procedures should provide for timely and progressive verbal and	Reconcile to remove reference to a past report.

		written notification to the physician that his/her performance is in question, and provide an opportunity for the resident to learn why it has been questioned. (7) There should be participation by residents in all institutional bodies involved in the evaluation of residents. Consideration should also be given to including staff physicians closely involved in housestaff interactions. Those residents participating should have full voting rights. Representatives of the housestaff should be selected by members of the housestaff. (8) These policies and procedures should also provide that when a resident has been notified of an adverse action, he/she has adequate notice and opportunity to appear before a decision making body to respond to the charges and introduce his/her own rebuttal. Dismissal from the program, the replacing of the resident on probation or otherwise depriving the resident of the property rights to which he/she is entitled in order to continue in the program constitutes an adverse action. 9) The fundamental aspects of a fair hearing are: a listing of specific changes, adequate notice of the right to a hearing, the opportunity to present and to rebut the evidence, and the opportunity to present a defense. (10) A hearing should be conducted and a decision reported to the resident in a timely manner thereby minimizing interruption of the resident's training. (11) The resident should be permitted to be accompanied by another physician or advisor at the hearing of his/her choice. (12) A record of the hearing should be made and retained for review by interested parties who have obtained the written consent of the resident. (13) The policies and procedures should include an appeal mechanism within the institution. (14) All matter upon which the decision is based must be introduced into evidence at the proceeding before the hearing committee in the presence of the resident. An appeal of the decision of the hearing is limited to matters introduced at the hearing and made available to the resident. (15) Pending a final decision of the adverse action by the appellate body for the program, the resident should be permitted to continue in the training program except in the extraordinary case where patient safety	

		and well being would be in jeopardy in the hospital. (Report C, A-82) (Reaffirmed Report C, I-92) (Reaffirmed Report C, I-02) (Reaffirmed Report D, I-16)	
293.001R	Physician Scientist Benefit Equity	That our AMA-RFS support the concept that all resident and fellow physicians who function in a role as physician scientists are provided with benefits packages comparable to those provided to their peers in clinical residencies or fellowships ~~as detailed in AMA-RFS Policy 293.011R~~. (Resolution 1, A-07)	Reconcile - To remove reference to an RFS position.
293.004R	Housestaff Organizations	That our AMA-RFS (1) continue to support the development of independent housestaff associations as one option for resident and fellow physicians who wish to organize and advocate to improve or affect the quality of patient care~~; (2) be prepared to implement a national labor organization specifically for all eligible resident and fellow physicians at such time as the National Labor Relations Board determines that resident and fellow physicians are authorized to organize a bargaining unit under the National Labor Relations Act; and (3)~~(2) continue to vigorously support antitrust relief that would permit collective bargaining between groups of self-employed physicians and health plans/insurers/hospitals, and be prepared to implement a national labor organization for these physicians should antitrust relief occur. (Report F, A-99) (Reaffirmed Report C, I-09)	Reconcile - The legal restrictions were resolved almost 20 years ago for resident labor unions. CIR exists and is an option for residents. The RFS shall continue to support this option for residents.
293.006R	Collective Negotiations by Residents	That our AMA ask its representatives to the ACGME to continue their diligence in supporting inclusion of the following AMA proposed amended language into Section 1,B,3,e(1) of ACGME's Institutional Requirements: Section 1,B,3,e(1) Provision of an organization system for communication and resolution of resident concerns on all issues pertaining to resident educational programs, patient care and resident well being. Institutions must allow resident physicians the ability to form a resident organization and use it or other forums to facilitate regular assessment of resident concerns; (2) that the AMA approve a nationwide program offering supporting materials and telephone and on-site assistance to groups of residents seeking to form independent housestaff organizations advocating no actions	Rescind - Original intent was accomplished as a directive to action and the remainder is not feasible. **We would recommend new policy if specific collective bargaining language is desired.**

		resulting in withholding care; and (3) that the AMA study the potential affects on future resident demand for housestaff associations or unionizations should the NLRB rule that all residents are subject to legal protections under the NLRA and make recommendations as to ways in which the AMA can appropriately address those demands. (Report F, A-98)	
293.007R	Collective Negotiations by Residents	That: (1) our AMA-RFS endorse the principles adopted by the AMA Board of Trustees regarding changes in the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements regarding collective negotiation for residents; (2) that the AMA seek to amend the ACGME Institutional Requirements to include the following: a) prohibit a teaching institution from impeding any efforts by the residents to create a residency organization b) require teaching institutions to engage in good faith collective negotiations with resident organizations on issues of patient care and resident well-being c) forbid teaching institutions from retribution against individual residency for activity related to a resident organization; (3) that the AMA seek means to ensure enforcement of Institutional Requirements by ACGME; (4) that the AMA prepare an amicus brief for the National Labor Relations Board (NLRB) in support of the right of resident organizations to collectively negotiate with teaching institutions but opposed to actions that would withhold patient care; (5) that the AMA vigorously pursue legislation to amend the NLRB Act to create a special student-employee classification for residents that would grant resident organizations the ability to participate in binding collective negotiation without the ability to withhold medical care as a work action; (6) that the AMA provide sufficient resources through its Division of Representation to prepare resident organizational models and provide adequate staff support to resident as well as other physician groups seeking to form organizational entities. (Report F, I-97) (Reaffirmed Report D, I-16)	Rescind - the Amicus Brief was filed. Labor unions exist. Intent of resolution to be preserved in 293.004R.
293.008R	Exposure to Residency Contracts for First Year Residents	That our AMA-RFS support ~~ask~~ the Accreditation Council on Graduate Medical Education (ACGME) ~~to~~ requiring~~e~~ programs to provide	Reaffirm with editorial changes.

	Prior to Match Day	representative first year contracts to medical students interviewing for positions within their program prior to the submission of rank list. (Substitute Resolution 15, A-97) (Reaffirmed Report C, I-07)	
293.009R	Rules for Resident Negotiations	That our AMA-RFS support the development of ~~study~~ appropriate guidelines for addressing and negotiating contract and employment disputes which affect traineesresidents as a group. (Resolution 18, A-97) (Reaffirmed Report C, I-07)	Reaffirm with editorial changes.
294.005R	ACGME Allotted Time off for Health Care Advocacy and Policy Activities	That our AMA-RFS (1) advocate that ~~urge~~ the ACGME ~~to~~ acknowledge that "activities in organized medicine" facilitate competency in professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice; (2) ~~That our AMA~~ encourage all residency and fellowship programs to support their residents and fellows in their involvement in and pursuit of leadership in organized medicine; (3) ~~That our AMA~~ encourage the ACGME to adopt policy that every resident and fellow be allotted additional of time per year, beyond of scheduled vacation time, to be used for activities of organized medicine, including but not limited to, health care advocacy and health policy; (4) ~~That our AMA~~ support the study ~~the~~ of other barriers and possible options to overcome these barriers to resident and fellow involvement in of organized medicine, including but not limited to, health care advocacy and health policy. (Resolution 6, A-10)	Reaffirm with editorial changes.
294.006R	Knowledge of Medical Costs Among Residents and Fellows in Training	That our AMA-RFS support the integration of cost-effectiveness education into medical training, including how to analyze and apply cost-effectiveness data to medical decision-making; ~~That our AMA work with the ACGME and other appropriate bodies to incorporate cost-effectiveness education into medical training, including how to analyze and apply cost-effectiveness data to medical decision-making in residency and fellowship training programs.~~	Reaffirm with editorial changes.
294.007R	Evaluation of Increasing Residency Review Committee (RRC) Requirements	That our AMA study residency/fellowship documentation requirements for program accreditation and their impact on program directors and residents with	Reaffirm with editorial changes.

		recommendations for improvement. (Substitute Resolution 9, A-07)	
294.009R	Membership List Access	That the AMA-RFS Governing Council: (1) work with the AMA to facilitate expedited access by the state medical associations to the NRMP match list; and (2) explore additional mechanisms outside the NRMP match list to obtain new resident information for the AMA-RFS and individual state medical associations. (Substitute Late Resolution 7, I-04) (Reaffirmed Report D, I-14)	Rescind - Covered by 294.008R.
294.012R	Education and Regulation of Electrologists	That our AMA encourage the appropriate agencies to establish regulatory and practice guidelines for electrologic procedures including education in the prevention of disease transmission during hair removal procedures. (Substitute Resolution 1, A-97) (Reaffirmed Report C, I-07)	Rescind – no longer relevant.
295.002R	Protection Against delayed Residency Program Closure	That our AMA-RFS: (1) support~~encourage~~ medical specialty boards ~~to~~ adding delayed residency program closure to its list of exceptions to the continuity of care guidelines, expanding the definition of hardship to allow residents to transfer to another residency program for completion of board eligibility requirements, (2) support~~encourage~~ each Residency Review Committee ~~to~~ performing ~~a~~ timely emergency site visits to any residency program announcing delayed closure to ensure compliance with Accreditation Council for Graduate Medical Education (ACGME) established accreditation guidelines, and (3) support~~encourage~~ each Residency Review Committee ~~to~~ closely monitoring any residency program in delayed program closure to ensure continued compliance with the ACGME~~Accreditation Council for Graduate Medical Education~~ guidelines and ensuring~~e~~ appropriate sanctions are imposed, including possible immediate closure of~~f~~ the residency program, if these guidelines are transgressed~~, and (4) that the attached AMA Policy H-310.943 Closing of Residency Programs be Reaffirmed~~. (Amended Resolution 2, I-04) (Reaffirmed Report D, I-14) [See also: AMA Policy D-310.972]	Reconcile - Still very relevant in light of recent residency closures and removed reference of AMA policy for reaffirmation.
295.004R	Minimum Resident Benefits	That our AMA-RFS continue to monitor the revision of the "General Requirements" of the UEssentials of Accredited Residencies in Graduate Medical EducationU for significant	Reaffirm with editorial changes.

		changes in benefits language, and act on them as appropriate within current AMA-RFS actions and AMA policies. (Report I, I-89) (Reaffirmed Report C, I-99) (Reaffirmed Report C, I-09)	
295.005R	Displaced Residents	That our AMA-RFS ask the ACGME to streamline the process through which displaced residents can enter other residency programs. (Substitute Late Resolution 2, I-99) (Reaffirmed Report C, I-09)	Rescind. AMA adopted thorough and comprehensive policy which governs the RFS: H-310.943 Closing of Residency Programs.
295.006R	Enforcement of ACGME Requirements	That our AMA study and report back on methods the ACGME could use, in addition to probation and withdrawal of accreditation, to enforce its Institutional Requirements and RRC Program Requirements. (Substitute Resolution 11, A-99) (Reaffirmed Report C, I-09)	Rescind. Directed to AMA. AMA adopted thorough and comprehensive policy which governs the RFS: D-310.995 Enforcement of ACGME Requirements
296.001R	Evaluating Resident Transfers in and Out of Residency Programs	That our AMA-RFS study the issue of resident transfers between programs to better identify the scope of this issue. (Resolution 2, A-14)	Rescind - Directive completed with RFS Report E A-17.
330.001R	Practice Expense	That our AMA actively oppose and advocate against HCFA's using the SMS as the sole source of data form which the specialty specific practice expenses per hour is calculated and that the AMA support HCFA's utilizing data from specialty society sources where that data exists. (Emergency Resolution 2, A-98) (Reaffirmed Report D, I-16)	Rescind. Outmoded, as it's now known as CMS.
330.002R	Payment for Federally Mandated Emergency Care	That our AMA-RFS support ~~actively advocate to HCFA and the Congress that~~ an equitable adjustment to the medical physician fee schedule ~~be developed~~ to provide fair compensation to offset the additional professional and practice expenses required to comply with EMTALA.	Reconcile - To remove reference to HCFA and retain original intent.
330.003R	Effective Communication with HCFA	That our AMA-RFS Governing Council meet with the Health Care Financing Administration (HCFA) to discuss the Medicare guidelines governing reimbursement for resident supervision during residency training with a report back the AMA-RFS Assembly. (Substitute Resolution 6, I-97) (Reaffirmed Report C, I-07)	Rescind - The RFS governing council cannot do this.
340.003R	Patient Prescriptions	That our AMA-RFS support ~~work with relevant organizations to~~ improving~~e~~ prescription labeling for visually or otherwise impaired patients and ~~to~~ increasing~~e~~ awareness of available resources. (Late Resolution 1, A-08)	Reaffirm with editorial changes.
340.004R	Improving Transfer of Care	~~Improving Transfer of Care Communication: That our AMA-RFS~~	Reconcile - The policy language is out of date, but

	Communication	~~investigate models of effective, efficient transfer of care communication, taking into consideration the use of electronic medical records.~~ That our AMA-RFS support effective and efficient transfers of care that include both digital documentation and verbal communication.	the intent is still relevant. The substitute position statement is intended to address the intent of the original position statement while making sure it is relevant for the future.
380.004R	Scope of Practice of Mid-Level Providers	That our AMA-RFS oppose the independent practice of mid-level providers in the interest of patient safety and provider competency. (Resolution 3, A-10)	Rescind - Covered by 380.002R.
380.005R	Radiation Oncology is not an Ancillary Service	That our AMA 1) affirm that radiation therapy is not ancillary to any service; 2) that any designation of radiation therapy as an ancillary service is inaccurate; and 3) oppose any legal or other designation of Radiation therapy as an "in-office ancillary service." (Resolution 5, I-08)	Rescind - Outdated policy issue.
380.007R	AMA Policy on Physician Provider Information	That our AMA investigate: (1) the publication of physician information on internet websites; and (2) potential solutions to erroneous physician information contained on Internet websites. (Substitute Resolution 13, A-07)	Rescind - Completed directive to action.
380.010R	Loan Payback in Shortage Areas	That our AMA-RFS support a ~~utilize U.S. Senate Bill 288, House of Representatives Bill 324, and other legislative resources to achieve~~ federal income tax exemption for state and federal loan repayment programs designed to improve physician supply in underserved areas. (Substitute Resolution 8, A-99) (Reaffirmed Report C, I-09)	Reconcile - The RFS cannot unilaterally advocate to congress and the specific bill numbers change every session
380.013R	Physician Diversity	That our AMA-RFS support ~~AMA policies 350.988, 350.991, 350.993, and 350.995 which encourage~~ increased representation by minorities in medicine. (Substitute Resolution 7, A-98) (Reaffirmed Report D, I-16)	Reconcile - The intent of the policy is to be retained while removing specific policy numbers that have changed and will continue to change.
380.014R	"No Compete" Clauses in Residency and Fellowship Contracts	That our ~~AMA and the~~ AMA-RFS strongly oppose contractual restrictions on the future practice of residents by institutions sponsoring residency training. (Substitute Resolution 5, A-97) (Reaffirmed Report C, I-07)	Reaffirm with editorial changes
390.002R	Home Deliveries	That our AMA-RFS support ~~the recent American College of Obstetricians and Gynecologists (ACOG) statement~~ that ~~"~~the safest setting for labor, delivery, and the immediate post-partum period is in the hospital, or a birthing center within a hospital complex, that meets standards jointly outlined by the American	Reconcile - Updated to reflect a position statement without tying the position to a point in time recommendation by ACOG.

		Academy of Pediatrics (AAP) and ACOG, or in a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers." (Resolution 6, A-08)	
390.005R	Maternal/Fetal Conflict	That our AMA-RFS support the following statements: (1) Judicial intervention is inappropriate when a woman has made an informed refusal of a medical treatment designed to benefit her fetus. If an exceptional circumstance could be found in which a medical treatment poses an insignificant or no health risk to the woman, entails a minimal invasion of her bodily integrity, and would clearly prevent substantial and irreversible harm to her fetus, it might be appropriate for a physician to seek judicial intervention. However, the fundamental principle against compelled medical procedures should control in all cases which do not present such exceptional circumstances. (2) The physician's duty is to ensure that the pregnant woman makes an informed and thoughtful decision, not to dictate the woman's decision. (3) A physician should not be liable for honoring a pregnant woman's informed refusal of medical treatment designed to benefit the fetus. (4) Criminal sanctions or civil liability for harmful behavior by the pregnant woman toward her fetus are inappropriate. (5) Pregnant patients with substance use disorder ~~abusers~~ should be provided with rehabilitative treatment appropriate to their specific physiological and psychological needs. (Substitute Resolution 35, A-90) (Reaffirmed Report C, I-00) (Reaffirmed Report C, I-10) [See also: AMA Policy H-420.969]	Reaffirm with editorial changes.
400.001R	Criminalization of Providing Healthcare to Undocumented Residents	That our AMA-RFS: (1) opposes any policies, regulations or legislation that would criminalize or punish physicians and other health care providers for the act of giving medical care to patients who are undocumented immigrants; (2) opposes any policies, regulations, or legislation requiring physicians and other health care providers to collect and report data regarding an individual patient's legal resident status ~~reaffirm AMA Policy H-440.876~~; (~~2~~3) work with local and state medical societies to immediately, actively and publicly oppose any legislative proposals that would criminalize the provision of	Reconcile - This policy reconciles multiple RFS and AMA policies to ensure that the patient-physician relationship is protected no matter what and that the healthcare setting is not also considered an arm of law enforcement by our patients.

		healthcare to undocumented residents; and (~~3~~4) oppose proof of citizenship as a condition of providing healthcare. (Resolution 6, A-07)(Modified and Reaffirmed I-19)	
400.002R	Opposition of Central Data Collections of Physicians (in Particular Residents) Named in Malpractice Suits:	That our AMA-RFS ~~implement AMA Policy H-355.983 which~~ oppose~~s~~ the reporting to the National Practitioner Data Bank of residents named in any malpractice suits which occurred during the required activities of residency and fellowship training. (Substitute Resolution 13, A-97) (Reaffirmed Report C, I-07) (Modified and Reaffirmed I-19)	Reconcile
400.002R **[duplicate number]**	Primary Care Physician Liability Under Managed Care Contracts	That our AMA-RFS support strategies to minimize liability exposure of primary care physicians who are restricted in their treatment and referral decisions by the managed care plan in which they are participating. (Substitute Resolution 12, A-96) (Reaffirmed Report C, I-06)	Reaffirm. Needs new policy number.
400.003R	Informing Residents about the National Practitioner Data Bank	That our AMA-RFS support the ~~continue to~~ dissemination~~e~~ of information regarding the National Practitioner Data Bank ~~through its communications vehicles~~. (Substitute Resolution 17, I-90) (Reaffirmed Report C, I-00) (Reaffirmed Report C, I-10)	Reaffirm with editorial changes.
410.001R	Addressing Decreased Access to Mammography	That our AMA-RFS support accessibility to screening mammography and oppose the inappropriate application use of the U.S. Preventative Services Task Force (USPSTF) mammography recommendations to limit access to reimbursement for screening with mammography when a patient and physician believe this to be a beneficial test for the patient. (Resolution 4, A-10)	Reaffirm.
410.003R	Payment for Vaccines by Medicare	That our AMA-RFS advocate that ~~lobby for~~ Medicare ~~to~~ pay for both the cost of the vaccine and the cost of administration by physicians of all vaccines covered under Medicare Part D. (Late Resolution 2, A-08)	Reaffirm with editorial changes.
410.005R	Covering the Uninsured as AMA's Top Priority	That~~: (1)~~ the AMA-RFS support ~~the following resolution: RESOLVED, That the number one priority of the AMA be~~ health system reform that achieves reasonable health insurance for all Americans which emphasizes prevention, quality and safety in such a way that addresses the broken medical liability system and the flaws in Medicare and Medicaid and improves the physician practice environment~~, (2) That the resolution be forwarded to the House of Delegates at the 2006 Annual~~	Reconcile - Retained key policy position and removed the context of an AMA resolution and immediate forwarding.

		~~Meeting, and (3)That the remainder of this report be filed~~. (Report I, I-05) [See also: AMA Policy H-165.847] (Reaffirmed Report E, A-16)	
410.009R	Addressing Antibiotic Resistance	That our RFS support the recommendations in AMA Council on Scientific Affairs Report 3 (A-00), Combating Antibiotic resistance Via Physician Action and Education: AMA Activities. (Substitute Resolution 10, A-01) (Reaffirmed Report D, I-16)	Rescind - References supporting a 20-year-old report.
410.012R	Use of Bittering Agents as a Deterrent Against Ingestion of Potentially Toxic Household Products	That our AMA-RFS support any AMA efforts to encourage the use of bittering agents in household and other products which represent potential toxic hazards when ingested. (Substitute Resolution 19, I-89) (Reaffirmed Report C, I-99) (Reaffirmed Report C, I-09)	Reaffirm.
410.013R	Low Literacy as a Barrier to Healthcare	~~That: (1) our AMA-RFS support the recommendations outlined in the Council on Scientific Affairs Report 1 (A-98); and (2) our AMA develop and implement initiatives to raise awareness among residents and fellows, of limited patient literacy.~~ That our AMA-RFS: (1) recognizes that limited patient literacy is a barrier to effective medical diagnosis and treatment; (2) encourages the development of undergraduate, graduate, and continuing medical education programs that train physicians to communicate with patients who have limited literacy skills; (3) encourages the allocation of federal and private funds for research on health literacy; (Substitute Resolution 4, A-99) (Reaffirmed Report C, I-09)	Reconcile - The original position referenced a report that has subsequently been amended (1-99), modified and reaffirmed (A-09), and amended again (A-13). Furthermore, it references a council that has changed its name and scope since the report. Therefore, we recommend adopting elements of the policy pertinent to the RFS to support the spirit of the original position to ensure continued AMA-RFS positions on this topic.
410.017R	Public Health Care Benefits	That our AMA-RFS support ~~actively lobby federal and state governments to restore and~~ maint~~ea~~in~~e~~nce of funding for public health care benefits for all ~~legal~~ immigrants. (Substitute Resolution 2, I-97) (Reaffirmed Report C, I-07) [See also: AMA Policy H-440.903]	Reconcile - Updating language for internal position and including all immigrants to be more consistent with current/recent RFS positions.
410.018R	Danger of Car Phones	That our AMA support further study into the dangers of the use of car phones and their impact on road traffic safety. (Substitute Resolution 20, A-97) (Reaffirmed Report C, I-07)	Rescind - Outdated policy. **Could write a new policy for mobile phones and touch screens in cars if needed in the future.**
410.019R	Latex Alternatives	That our AMA-RFS strongly encourage health care facilities to provide non-latex alternatives alongside their latex counterparts in all areas of patient care.	Reaffirm with editorial changes.

		(Substitute Resolution 3, A-97) (Reaffirmed Report C, I-07)	
410.021R	Latex Allergy Warning	That our AMA-RFS support labeling on medical products specifying "contains latex," when applicable. (Substitute Resolution 6, A-96) (Reaffirmed Report C, I-06)	Reaffirm.
420.003R	The Study of the Federation	That our AMA-RFS support the goals of the Study of the Federation in order to strengthen patient advocacy, quality of care, and the profession of medicine. (Resolution 34, A-96) (Reaffirmed Report D, I-16)	Rescind - Outdated policy.
420.004R	Continued Support for the Agency for Health Care Policy and Research (AHCPR)	That our AMA-RFS ask the AMA to call on Congress and the President of the United States to support the AHCPR at stable or increased levels of funding, taking into account the additional financial burden imposed by the National Medical Expenditures Survey which is conducted at regular intervals. (Substitute Resolution 21, A-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Rescind - Outdated directive to action.
420.006R	Comprehensive Access to Safety Data from Clinical Trials	That our AMA-RFS support: (1) ~~urge~~ the FDA ~~to~~ investigating~~e~~ and developing means by which academic investigators can access original source safety data from industry-sponsored trials upon request; and (2) support the adoption of universal policy by medical journals requiring principal investigators to have independent access to all study data from industry-sponsored trials.	Reaffirm with editorial changes.
440.002R	Interoperability of Medical Devices	That our AMA-RFS ~~adopt the following statement on the Interoperability of Medical Devices: "The AMA~~ believes that (1) intercommunication and interoperability of electronic medical devices could lead to important advances in patient safety and patient care, and that the standards and protocols to allow such seamless intercommunication should be developed fully with these advances in mind;~~. The AMA also recognizes that, as in all technological advances,~~ (2) interoperability poses safety and medico legal challenges as well;~~. The~~ (3) the development of standards and production of interoperable equipment protocols should strike the proper balance to achieve maximum patient safety, efficiency, and outcome benefit.~~"~~ (Resolution 1, I-08)	Reconcile - The update to the policy reflects making the position internal and removes the quote to make the policy stand on its own.
460.002R	Tobacco Health Education and Advertising:	That our AMA-RFS ~~continue to use appropriate lobbying resources to~~ support programs of anti-tobacco health	Reaffirm with editorial changes.

		promotion and advertising. (Substitute Resolution 8, I-89) (Reaffirmed Report C, I-99) (Reaffirmed Report C, I-09) [See also: AMA Policy H-490.959]	
470.001R	~~Community Enforcement of~~ Restrictions on Adolescent Tobacco Sale~~Use~~	That our AMA-RFS~~: (1) inform its membership about 1-888-FDA-4KIDS, a toll-free phone number that allows the public to report sales of tobacco to minors and (2) continue to support enforcement of regulations on~~ oppose the sale of tobacco and nicotine products to minors. (Substitute Resolution 23, A-97) (Reaffirmed Report C, I-07)	Reconcile - The phone number is no longer accurate.
500.001R	AMA Physician Profile	~~(1)~~ That our AMA-RFS ask the AMA to ensure that the AMA Physician Profile and AMA Masterfile include the complete name of the training program ~~(i.e. "Program Name" as listed on the Accreditation Council for Graduate Medical Education (ACGME) website); (2) That our AMA ensure that the AMA Physician Profile and AMA Masterfile stop deleting from Physician Profiles and the Masterfile the name of the medical school or training program that is already listed and verified in the Physician Profile as it corresponds to the name of the institution at the time of the physician's graduation, and (3) That~~ and that if the AMA Physician Profile and AMA Masterfile need to be updated that it include the new updated name of a medical school or training program~~, this information be included~~ in addition to but not in place of the name of the medical school or training program at the time of the physician's graduation. (Late Resolution 3, A-08)	Reconcile - The policy was updated to reflect a simpler and more straightforward internal position statement that is flexible with changes in the future.
500.002R	AMA Physician Profile for Residents Transferring Programs	That our AMA-RFS support that the Physician Profile standard primary source verification confirming residency graduation states on the profile: "Completed Training: Program reports specialty training at this institution as Completed" for the program(s) from which a resident has graduated. (Late Resolution 4, A-08)	Reaffirm with editorial changes.
500.005R	Minimizing Unnecessary Mail	That our AMA-RFS support: (1) ~~offer to members~~ on applications and renewals for membership the ability to refuse any AMA periodicals they do not wish to receive as member benefits; (2) ~~offer to members~~ on applications and renewals for membership the ability to exclude their names from mailing lists that the AMA may provide to outside vendors or publishers; and (3) encourage~~e~~ing state,	Reaffirm with editorial changes.

		county, and medical specialty societies to establish similar mechanisms and policies. (Substitute Resolution 31, A-90) (Reaffirmed Report C, I-00) (Reaffirmed Report C, I-10)	
500.007R	Discounted Registration Fees for AMA and Federation Seminars	That our AMA-RFS advocate that (1) the AMA adjust all of its registration fees to encourage and permit participation by resident physician and medical student members; and (2) ~~urge~~ all federation associations ~~to~~ discount their registration fees for seminars to accommodate their resident physician and medical student membership. (Resolution 10, I-89) (Reaffirmed Report C, I-99) (Reaffirmed Report C, I-09) [See also: AMA Policy H-530.986]	**Reaffirm with editorial changes.**
510.001R	Resident Representation on the American Medical Political Action Committee Board of Trustees	That our AMA-RFS support the appointment of a resident member to the AMPAC Board of Directors. (Substitute Resolution 28, A-96) (Reaffirmed Report C, I-06)	Reaffirm.
520.001R	Residents in the AMA House of Delegates	That: (1) our AMA-RFS Governing Council include in the AMA-RFS Assembly handbook a semiannual report detailing information on AMA-RFS members sitting in the AMA House of Delegates including, but not limited to, name and state or specialty society representation; and (2) invite all resident members of the AMA House of Delegates to the AMA-RFS Assembly and caucuses. (Resolution 26, A-90) (Reaffirmed Report C, I-00) (Reaffirmed Report C, I-10)	Reaffirm.
530.002R	Definition of a Resident	That our AMA-RFS define a "resident" ~~change policy H-550.999, UDefinition of a ResidentU,~~ to include the following: (1) Members serving as their primary occupation in residencies approved by the ACGME or AOA; (2) Members serving as their primary occupation in fellowships approved as residencies by the ACGME or AOA; (3) Members serving fellowships in structured clinical training programs for periods of at least one year, to broaden competency in a specialized field, whether or not the program is affiliated with an approved residency training program; (4) Members serving, as their primary occupation, in a	Reconcile to retain an internal position defining a resident consistent with the AMA Bylaws.

		structured educational program to broaden competency in a specialized field, provided it is begun upon completion of medical school, residency, or fellowship training; (5) Members serving as active duty military and public health service residents who are required to provide service after their internship as general medical officers or flight surgeons before their return to complete a residency program~~; Also asked that the AMA change its bylaws (Section 7.10) to reflect this amended definition~~. (Report K, A-97) (Reaffirmed Report D, I-16)	
550.002R	Expanding Underrepresented Minority Voices in the AMA-RFS	That the AMA-RFS~~: 1) create bylaws to specifically and systematically outline how a minority physician organization may gain representation in the RFS national assembly; 2)~~ promote increased involvement in the AMA and AMA-RFS by underrepresented minorities by continuously researching the major underrepresented minority physician organizations with a focus on the level of involvement of resident and fellow members in each organization, on the percentage of AMA members in each organization, and on the level to which each minority physician organization desires to be involved with the AMA-RFS~~; 3) leadership work with the Specialty and Service Society (SSS) to determine the needed steps that minority physician organizations would have to take to become seated members of the AMA-HOD.~~	Reconcile - The reconciled position reflects the values of the RFS and our efforts to promote a diverse workforce within the scope of what the RFS can accomplish.
550.004R	AMA-RFS Leadership Handbook	That: (1) our AMA-RFS staff and Governing Council design a Leadership Handbook outlining the structure and function of the RFS, leadership positions, and state society contacts; (2) that our AMA-RFS encourage state, county, and specialty societies to develop similar materials; and (3) that our AMA-RFS make the Leadership Handbook available at the Annual and Interim Meetings and upon request. (Substitute Resolution 3, I-97) (Reaffirmed Report C, I-07)	Rescind/combine with 550.002R
550.005R	Centralized Resource for Listing Residency and Fellowship Vacancies	That our AMA-RFS work to create and maintain a centralized resource that lists available residency and fellowship vacancies for its membership. (Substitute Resolution 25, A-97) (Reaffirmed Report C, I-07)	Reaffirm.

550.007R	Fiscal Affairs of the Resident and Fellow Section	That the Governing Council to provide an annual fiscal report for the previous year at the Annual Meeting. (Substitute Resolution 18, A-78) (Reaffirmed Report C, I-88) (Reaffirmed Report C, I-98) (Reaffirmed Report D, I-16)	Rescind - 1978 policy asking for a fiscal report at every annual meeting that we do not do and is not relevant to the Section since the GC doesn't directly manage the RFS finances.
550.008R	2013-2016 Working Plan	Asked that: In the realm of National Meetings: (1) The RFS Governing Council should work with the AMA to encourage RFS participation between meetings and that: a) the RFS should continue to work to ensure that the MSS/RFS research poster symposia continues to be held at a national meeting, b) the RFS Governing Council will continue to work with staff to increase resident and fellow attendance at leadership training events, including the National Advocacy Conference and AMA leadership retreats; (2) The RFS Governing Council should continue to improve the process of election procedures to ensure adequacy, transparency and integrity of the results; (3) The RFS Governing Council should continue to work to improve content at national meetings that will be relevant to members and that will engage them in the core areas of AMA involvement, Advocacy, Public Health, Community Service, Legislative Policy, Leadership Development and Membership. In the realm of Advocacy: (4) The RFS should continue to make preserving and improving GME funding and addressing future physician workforce issues a key priority of our advocacy actions; (5) The RFS Governing Council should continue to annually identify key issues and mobilize the grassroots network to involve our section in advocating for RFS friendly positions on said issues and continue to educate the general assembly on these issues; (6) That the RFS should continue to work with other resident and fellow based organizations to ensure that the RFS serve as the national spokesperson for all resident and fellow centered issues including student debt, graduate medical education, medical licensure, and resident work hours.	Rescind.

		In the realm of Membership and Outreach: (7) The RFS and RFS Governing Council should investigate mechanisms to increase retention of members as they transition from one section to another, including: a) members transitioning from the MSS to RFS, b) members transitioning from the RFS to the YPS, and c) members transitioning out of IPM programs; (8) The RFS should continue to work with the MSS And the YPS to improve mentoring strategies and increase mentoring opportunities such as combined networking events, mentoring panels, combined working groups and specific events targeted by specialty, year, or location; (9) The RFS should continue to examine and improve the role of the regions within the RFS, which should include: a) current contact information for region leadership and their contact information available online for access by members; b) the current level of activity in each region and ways to increase involvement; c) the roles and responsibilities of the region leadership; d) novel ways to improve communication, foster leadership and increase membership; e) collaboration with MSS and YPS Sections, including joint region meetings and community service events; (10) The RFS Governing Council should work to establish local membership liaisons that will work directly with GME programs to reach out to residency programs and recruit members; (11) The RFS Should continue to work with AMA membership staff to assist with planning local membership recruitment programs and coordinate the involvement of local RFS leaders in said programs; and (12) RFS leaders should continue to encourage Section participants to introduce the Introduction to the Practice of Medicine program to their relevant academic and medical center faculty. In the realm of Communication: (13) The RFS and RVS Governing Council should work to establish online social media portals to encourage involvement in RFS activities and increase RFS awareness; (14) The RFS Governing Council should investigate methods to ensure there is effective communication with the region	

		leadership on a regular basis; (15) the RFS Governing Council should establish a mechanism to provide Governing Council updates and direct communication to our membership and work with AMA staff to ensure that these updates be disseminated to all RFS members; and (16) The RFS Governing Council should actively work to increase utilization of the RFS listserv and make it available to new members. In general, the Committee recommends that: (17) the RFS recommend that a Working Plan be developed by the Committee on Long Range Planning for the RFS Governing Council and approved by the assembly at least every 3 years. (Late Report H, I-13)	
560.003R	Resident Representation on Residency Review Committees	That our AMA consider appointing resident physicians to residency review committees currently without resident members by using its ex-officio positions on the committees. (Substitute Resolution 1, A-87) (Reaffirmed Report D, I-97) [See also: AMA Policy H-310.996] (Reaffirmed Report D, I-16)	Rescind - Outdated policy as residents are now included on these committees.
560.004R	Resident Representation on the Internal Medicine Residency Review Committee	That our AMA request all Residency Review Committees utilize peer-selected resident representatives to serve as voting members at all meetings of the committee for at least a one year term preceded by a six month term as an observer. (Substitute Resolution 2, A-98) (Reaffirmed Report D, I-16)	Rescind - Outdated policy as residents are now included on these committees.
560.005R	Peer-Nominated Representation on Institutional Councils and Committees	That our AMA-RFS: (1) encourage the ACGME to require that resident representatives on institutional GME Committees be peer-selected and (2) ~~study ways to ensure~~ advocate that the resident representatives on institutional GME Committees play a meaningful role at their institutions. (Substitute Resolution 9, I-99) (Reaffirmed Report C, I-09)	Reaffirm with editorial changes
570.002R	Communication between the AMA-RFS Governing Council and State Society Resident and Fellow Sections	That our AMA-RFS (1) establish a list of state and specialty society resident physicians section chairpersons; and (2) publish a list of state and specialty society resident physicians section chairpersons in the Annual and Interim Assembly meeting handbooks and proceedings. That our AMA-RFS Governing Council attempt to contact each state and specialty society resident physicians section chairperson prior to each AMA-RFS Assembly meeting.	Rescind - Combined with 550.004R.

		(Substitute Resolution 7, I-91) (Reaffirmed Report C, I-01) (Reaffirmed Report D, I-16)	
580.002R	Strategic Plan	AMA-RFS The following strategic plan for AMA- RFS was adopted for 2010-2011: In the realm of Membership: 1. The RFS should work with the MSS, membership staff, YPS, and County and State medical societies, to develop longitudinal membership drive initiatives that encompass all aspects of physician training from medical school graduation to completion of residency and fellowship training; 2. The AMA-RFS should ensure that there is an RFS-GC member and staff member who is in regular contact with the AMA membership staff and who will serve in an advisory role to the membership department in regards to the creation and implementation of RFS membership initiatives; 3. The AMA-RFS should work with the AMA membership staff to research and develop new membership incentives tailored to prospective RFS members In the realm of Advocacy: 4. The RFS will work with staff and local medical societies to secure additional funding and resources to increase resident activism at the National Advocacy Conference and Lobby Day; 5. The RFS continue to schedule RFS national lobby day concurrently with State and Specialty societies, while at the same time maintaining a direct interaction with the MSS during MSS lobby day; In the realm of Communication: 6. The AMA-RFS should publicize the RFS Facebook page, and utilize the Facebook page to create discussion and interaction among members; 7. The GC should appoint a member to serve as a moderator over the AMA-RFS website, Facebook page, and e-mail publications, who will be responsible to post information to the sites as well as moderate and/or create discussion topics;	Rescind - No longer relevant.

		8. The RFS Voice should be continued as a print mailing to RFS members, and the RFS should augment print mailings with an on-line newsletter over national and regional list-servs; 9. The RFS should work with the AMA to gather new and current members' e-mail addresses and maintain a members' e-mail database; In the realm of the RFS Regions: 1. The RFS should conduct a thorough examination of the role of the regions within the RFS including the function of the Regional Council, improved communication within the regions, and expansion of regional leadership; 1. The RFS should set the goal of planning with region leadership one to two local-regional events in centers of high concentration of physicians in training; In General the Committee recommends that: 1. The RFS GC report back to the RFS from time to time regarding the progress of each of these recommendations, with a first mandated report back at A-11; 1. The RFS mandate that a strategic plan should be developed for the section at least every 3 years. (Report F, A-10)	
580.004R	Demographics	That our AMA-RFS: ~~(1) determine~~ supports mechanisms to strengthen ties with Specialty Societies and improve logistical support for members involved through their Specialty Societies ~~(i.e. Region 8); (2) determine a system to apportion Specialty Society delegate and alternate delegate positions in the RFS assembly that accounts for the number of RFS members represented by Specialty Societies and ensures broad Specialty Society participation; (3) examine the ability of the Region structure to meet the stated goals of disseminating RFS information to local members, increasing RFS membership, and increasing involvement of RFS members at the regional and local level; and (4) that the RFS Governing Council report back to the RFS Assembly regarding the progress of the above recommendations by A-09.~~ (Report G, A-08)	Reconcile - The update reflects changes to the section that have been accomplished since 2009 and continue to support specialty society representation

580.008R	Communication of Meeting Materials Deadlines	That at each meeting of the AMA-RFS, the Governing Council provide detailed information about the dates of and hotel information for the next meeting in both printed form and on the AMA-RFS home page. (Resolution 7, I-00) (Reaffirmed Report C, I-10)	Rescind - Directive completed and included in IOP update.
580.009R	AMA-RFS External Resolutions	That our AMA-RFS include in the AMA-RFS delegate package and in the AMA-RFS Handbook information explaining the options for each resolution and the process for determining how resolutions are forwarded to either the AMA-RFS assembly and/or the AMA-HOD. (Substitute Resolution 5, I-97) (Reaffirmed Report C, I-07)	Reaffirm.
580.010R	Background Information on Resident and Fellow Section Resolutions:	That our AMA-RFS~~: (1)~~ require the authors of resolutions to provide pertinent references and relevant existing AMA policy on the issue~~ and (2) provide each delegate a copy of the reference committee materials at the beginning of each Assembly Meeting~~. (Substitute Resolution 9, A-97) (Reaffirmed Report C, I-07)	Reconcile - To remove outdated components.
580.015R	RFS Reference Committee Reports	That: (1) AMA-RFS members not on the reference committee not be admitted to its executive session unless invited; and (2) members of a reference committee write and/or review its report prior to the presentation of its findings to the AMA-RFS Assembly. (Resolution 7, A-80) (Reaffirmed Report C, I-90) (Reaffirmed Report C, I-00) (Reaffirmed Report C, I-10)	Reaffirm.
580.016R	GME Delegates	Recommended (1) that a system for establishing the number of, the selection process for, and the caucusing and seating arrangements of GME Delegates be outlined by the AMA-RFS Governing Council through collaboration with the CLRP as part of a “pilot project”; and (2) that a report be presented to the Assembly at I-12 but no later than A-13. (Report F, A-12)	Rescind - Report completed and resolution is outmoded.
580.017R	2013-2016 Working Plan	AMA-RFS In the Realm of National Meetings: 1. The RFS Governing Council should work with the AMA to encourage RFS participation in a second business meeting to occur after the annual between meetings and that: a. The RFS should continue to work to ensure that the MSS/RFS research poster symposia continues to be held at a national meeting;	Rescind - No longer relevant and much is covered in other working plans below.

		b. The RFS Governing Council will continue to work with staff to increase resident and fellow attendance at leadership training events, including the National Advocacy Conference and AMA leadership retreats; 2. The RFS Governing Council should continue to improve the process of election procedures to ensure adequacy, transparency and integrity of the results; 3. The RFS Governing Council should continue to work to improve content at national meetings that will be relevant to members and that will engage them in the core areas of AMA involvement, Advocacy, Public Health, Community Service, Legislative Policy, Leadership Development and Membership; In the realm of Advocacy: 1. The RFS should continue to make preserving and improving GME funding and addressing future physician workforce issues a key priority of our advocacy actions; 1. The RFS Governing Council should continue to annually identify key issues and mobilize the grassroots network to involve our section in advocating for RFS friendly positions on said issues and continue to educate the general assembly on these issues; 1. That the RFS should continue to work with other resident and fellow based organizations to ensure that the RFS serve as the national spokesperson for all resident and fellow centered issues including student debt, graduate medical education, medical licensure, and resident work hours. In the realm of Membership and Outreach: 1. The RFS and RFS Governing Council should investigate mechanisms to increase retention of members as they transition from one section to another including: a. Members transitioning from MSS to RFS; b. Members transitioning from the RFS to the YPS; c. Members transitioning out of IPM programs; 1. The RFS should continue to work with the MSS and the YPS to	

		improve mentoring strategies and increase mentoring opportunities such as combined networking events, mentoring panels, combined working groups and specific events targeted by specialty, year or location; 1. The RFS should continue to examine and improve the role of the regions within the RFS, which should include: a. Current contact information for region leadership and their contact information available online for access by members; b. The current level of activity in each region and ways to increase involvement; c. The roles and responsibilities of the region leadership; d. Novel ways to improve communication, foster leadership and increase membership; e. Collaboration with MSS and YPS Sections, including joint region meetings and community service events; 1. The RFS Governing Council should work to establish local membership liaisons that will work directly with GME programs to reach out to residency programs and recruit members; 1. The RFS should continue to work with AMA membership staff to assist with planning local membership recruitment programs and coordinate the involvement of local RFS leaders in said programs; 1. RFS leaders should continue to encourage Section participants to introduce the Introduction of the Practice of Medicine program to their relevant academic and medical center faculty; In the realm of Communication: 1. The RFS and RFS Governing Council should work to establish online social media portals to encourage involvement in RFS activities and increase RFS awareness; 1. The RFS Governing Council should investigate methods to ensure there is effective communication with the region leadership on a regular basis; 1. The RFS Governing Council should establish a mechanism to provide Governing Council updates and direct communication to our membership and work with AMA staff to ensure that these	

		updates be disseminated to all RFS members; 1. The RFS Governing Council should actively work to increase utilization of the RFS list-serve and make it available to new members; In general, the Committee recommends that: 1. The RFS recommend that a Working Plan be developed by the Committee on Long Range Planning for the RFS Governing Council and approved by the assembly at least every 3 years. (Late Report H, A-13)	
580.020R	Naming Conventions for AMA-RFS Policy/ Internal Operating Procedures Revision	That our AMA-RFS will form an ad-hoc committee broadly representing the membership of the Assembly for the purpose of reviewing and revising the AMA-RFS IOPs with a progress report at I-18. (Resolutions 1,17, A-18)	Rescind - Directive completed and included in IOP update.
590.001R	Update on the 50 State Membership Initiative	Update on the 50 State Membership Initiative: That our AMA-RFS will: 1. ~~Membership Committee work with AMA-RFS Staff to c~~Continuously update state and specialty society RFS information ~~as outlined in the Late Report 1~~ (A-09). 2. ~~Membership Committee work with AMA-RFS Staff to obtain the necessary information in order to utilize the flow chart model (see Supplement 1) for state RFS leadership contact information and also utilize this model in order to appoint RFS leadership where necessary and possible~~. Work to try and ensure a diverse representation of states, specialties, gender identity, sex, ethnicity, sexual orientation, and age within appointed position. 3. ~~Membership Committee provide updated informational reports of the Fifty State Resident and Fellow Membership Initiative at I-10 and A-11.~~ ~~4. Governing Council and the Membership Committee work with each state and specialty society RFS to increase membership and e~~Encourage increased participation and activity of its membership both at the state and national level. ~~5~~4. ~~Governing Council and the Membership Committee e~~Encourage and	Reconcile - The timeframe for the previous reports has passed, so statement 4 has been sunset, but most of the position still holds merit. The policy is updated to reflect that the RFS Governing Council may assign the responsibilities to themselves, staff, or committees other than the Membership Committee. Furthermore, language was updated to reflect the diversity of the section.

		assist with the formation of ~~RFS~~Resident and Fellow Sections (RFS) in those states that do not have a formally organized RFS but have an active and interested group of physicians in training ~~as recommended in Late Report 1~~ (A-09). (Report I, A-10)	
590.002R	Enhancement of Membership Retention During Educational Transitions	That our AMA develop systems to allow state medical associations access to medical student match data and membership information for the purpose of membership retention and outreach without breaching existing contractual obligations; That our AMA study means to improve communication between state medical associations and our AMA for purposes of membership, recruitment, and retention, particularly during times of transition between medical school, residency, and fellowship. (Resolution 7, A-10)	Rescind - Outdated and former directive to action
590.003R	Enhancing Involvement of New Meeting Attendees	That our RFS-CLRP develop specific criteria for the use of At-Large positions; That the RFS pilot the use of At-Large positions and a program to incorporate new attendees and non-voting members into existing positions, within the purview of our AMA-RFS IOPs as well as state and specialty society procedures, prior to the commencement of the meeting at I-10; That the RFS-CLRP report the results of the pilot at A-11 and the Assembly vote to determine if the pilot becomes permanent. (Report H, A-10)	Rescind - Outdated request and some of this is already done now.
590.004R	Developing a Mentoring Program for New AMA-RFS Attendees	That our AMA-RFS work to create a mentoring program to welcome new attendees to the section's meetings including, but not limited to, linking mentors and mentees of the same region to sit near each other during RFS business, apprising the mentee of evening social activities, and contacting the mentee before the subsequent meeting. (Report L, I-09)	Rescind – this has been superseded by newer strategic planning by AMA-RFS Governing Councils yearly.
590.005R	Expanding AMA Participation by Minority Scholar Award Winners	Expanding AMA Participation by Minority ~~Scholar Award Winners~~Physicians: That our AMA-RFS support increase~~e~~ing recruitment and retention of minority physicians including but not limited to current and future Minority Scholar A~~a~~ward winners ~~(including minority scholar award winners)~~ by developing ~~a~~ strategic plans for leadership development ~~and that our AMA-RFS report back on this issue at A-09.~~ (Resolution 8, A-08)	Reconcile - We attempted to update the policy to reflect the spirit of the policy while expanding the scope to cover values commonly envoked by the RFS.

590.009R	Facilitating a Smoother Transition ~~From~~Through the Medical Student Section (MSS)~~, to the~~ Resident and Fellow Section (RFS), and Young Physician Section (YPS)	That our AMA-RFS work with the MSS and the Young Physician Section (YPS) to implement methods to facilitate the transition between the sections. (Substitute Resolution 8, A-97) (Reaffirmed Report C, I-07)	Reaffirm with editorial changes including the title.

APPENDIX II
RFS DIGEST POSITIONS RESCINDED BY A-19 RFS REPORT B: INTERNAL OPERATING PROCEDURES RENEWAL

Policy No.	Title	Text	Recommendation
540.003R	Balloting Procedures	That our AMA-RFS study alternate procedures for balloting including, but not limited to: (1) coordinating with the MSS,OMSS, and any other AMA entities to use pre-existing AMA balloting equipment before HOD sessions; (2) developing or having outside vendors develop a unique computer program to handle AMA-RFS elections; (3) using an	Covered by RFS IOP Section V.G.

		existing Internet or non-Internet based ballot counting computer program; and implement such measures found to be most appropriate by Interim 2015. (Resolution 15, A-15)	
550.001R	Leadership positions within the AMA-RFS	RFS Internal Operating Procedures (IOPs) modified to clearly define and clarify the process for electing leaders of our AMA-RFS, including candidate eligibility (see amended IOPs). (Report G, A-09)	Covered by RFS IOP Section V.
550.009R	RFS Caucus Vote Mechanism	That following the conclusion of each House of Delegates meeting, not to exceed 30 days, our RFS Delegate and Alternate Delegate will provide a brief summary of ad hoc policy actions of the RFS Caucus as to allow related resolutions to be written with existing deadlines. (Resolution 6, A-17)	Covered by RFS IOP Section XIII.E.
560.001R	Standing Committees	That our AMA-RFS Governing Council shall annually appoint standing committees including, but not limited to, long range planning, public health, medical education, legislative awareness, membership and the poster symposium, composed of members of the Section to serve annual terms to further the mission of the Section; The Governing Council shall make an open solicitation of applications from the members of the section and shall select from among those who have applied; Should there be insufficient applications in order to adequately staff these committees, the Governing Council shall be empowered to make direct solicitations and appointments to the committees. (Report E, A-08)	Covered by RFS IOP Section XI.
560.002R	AMA-RFS Committee Reports	That our AMA-RFS representatives on all AMA committees be required to give either a formal written or verbal report twice a year, at the Interim and Annual meetings of the AMA-RFS, beginning with the A-03 meeting of the AMA-RFS. (Late Resolution 1, I-02) (Reaffirmed Report D, I-12) (Reaffirmed Report D, I-13)	Covered by RFS IOP Section XI.
560.006R	AMA-RFS Leadership Nominations and Appointments	That all persons nominated or appointed by the AMA-RFS for positions on AMA councils and committees or as representatives of the AMA-RFS to be resident physician members of the AMA. (Report I, I-98) (Reaffirmed Report D, I-16)	Covered by RFS IOP Section V.C, Section X.

560.007R	RFS Policy on Ad Hoc Committees and Task Forces	The AMA-RFS adopted Report J which set guidelines for the formation and conduct of AMA-RFS ad hoc committees and task forces. (Report J, I-85) (Reaffirmed Report C, I-95) (Reaffirmed, Report C, I-05) (Reaffirmed Report E, A-16)	Covered by RFS IOP Section XI.E.9.
570.001R	IOP Changes to Modify Governing Council Officer Position	Modifications to the AMA-RFS Internal Operating Procedures (IOP) were adopted to change the AMA-RFS Governing Council Membership and Outreach Officer Position to a Member-at-Large Position. This broadens the scope of the position. (Report F, A-09)	Covered by RFS IOP Section IV.A.
570.003R	Neutrality of Governing Council During Elections	That our AMA-RFS Governing Council members maintain a neutral status in elections by: (1) Not wearing campaign materials, except their own. (2) Not acting as campaign manager for any candidate. (3) Not endorsing candidates from the podium. (4) Not endorsing candidates as a council. (5) Not endorsing candidates through the use of one's Governing Council title. (6) Using discretion with respect to their personal endorsements. (Substitute Resolution 24, I-91) (Reaffirmed Report C, I-01) (Reaffirmed Report D, I-16)	Covered by RFS IOP Section V.D.1.h.
580.001R	Sectional Delegate Election Process	IOP changes were made to the Sectional Delegate Election Process in order to facilitate the HOD process and ensure maximum participation by elected section delegates and sectional alternate delegates (see updated IOP). (Report E, A-10)	Covered by RFS IOP Section V.I.3.
580.003R	Resolution and Report Submission Deadlines	The following IOP Changes were adopted: Resolutions or Reports that are submitted after the 42-day deadline but 7 days prior to the Assembly meeting are considered Late Resolutions; Resolutions submitted within 7 days of the meeting or after the meeting has been called to order are considered Emergency Resolutions. (Report E, A-09)	Covered by RFS IOP Section IX.I.3.
580.005R	Voting Mechanisms	That the voting system used in the RFS Sectional Delegate and Alternate Delegate elections be: an approval-based, plurality-at-large voting system in which the voter may select up to and including the number of candidate positions and a majority of votes is required. (Report H, A-08)	Covered by RFS IOP Section V.I.3.c.

580.005R [**duplicate number**]	Election Procedures for RFS Sectional Delegates and Alternate Delegates	That: (1) the RFS Governing Council study various voting mechanisms that consider geographic as well as specialty representation and report back at I-07; and (2) the RFS study how a regional structure could be utilized for conducting Sectional Delegate and Alternate Delegate elections in a fair and equitable manner and report back at I-07 with changes to the Internal Operating Procedures (IOP) as is appropriate. (Report F, A-07)	Covered by RFS IOP Section V.I.3.c.
580.006R	Election Procedures for RFS Sectional Delegates and Alternate Delegates	That: (1) the RFS Governing Council study various voting mechanisms that consider geographic as well as specialty representation and report back at I-07; and (2) the RFS study how a regional structure could be utilized for conducting Sectional Delegate and Alternate Delegate elections in a fair and equitable manner and report back at I-07 with changes to the Internal Operating Procedures (IOP) as is appropriate. (Report F, A-07)	Covered by RFS IOP Section IX.H.3.
580.007R	Specialty and Military Representation Count toward Quorum in the RFS Assembly	That: (1) the AMA-RFS change its quorum requirements to Twenty percent (20%) of the authorized representatives representing at least fifteen states and five national medical specialty organizations, military or federal agencies for the Business Meeting of the RFS and (2) that this resolution become effective as of the I-06 business meeting of the AMA-RFS. (Resolution 2, A-05) (Reaffirmed Report E, A-16)	Outdated.
580.014R	Absentee Ballots for AMA-RFS Positions	That our AMA-RFS Assembly accept no absentee ballots. (Resolution 8, A-85) (Reaffirmed Report C, I-95) (Reaffirmed Report C, I-05)	Covered by RFS IOP Section V.D.2.
580.018R	Interpretation of Governing Council Responsibilities Regarding Actions of the RFS Sectional Delegate Caucus	That our AMA-RFS Governing Council Report on ad hoc actions of the AMA-RFS Caucus identify the names and endorsing groups of all attending members of the Caucus. (Resolution 9, I-16)	Covered by RFS IOPSection XIII.E.4.
580.019R	AMA-RFS Sunset Mechanism Procedure	(1) That our AMA-RFS Governing Council present actionable sunset recommendations to RFS policy via a yearly report at our Annual Meeting; (2) That each adopted resolve or recommendation clause within an RFS policy shall be considered individually with regard to the sunsetting process;	Covered by RFS IOP Section IX.J.

		(3) That our AMA-RFS annually review ten-year-old RFS policies and recommend whether to (a) reaffirm the policy, (b) rescind the policy, (c) reconcile the policy with more recent and like policy, or (d) make editorial changes which maintain the original intent of the policy; (4) That each RFS sunset recommendation regarding RFS policy may be extracted from the Consent Calendar and handled individually by our Assembly, but may only be adopted or not adopted; (5) That an action of the RFS Assembly that retains or updates an existing RFS policy shall reset the sunset “clock,” making the reaffirmed RFS policy viable for ten additional years; (6) That defeated RFS sunset recommendations be reaffirmed for one year, to be readdressed via RFS Governing Council report or resolution from the RFS Assembly at or prior to the next RFS Annual Meeting; and (7) That nothing in this policy shall prohibit a report or resolution to sunset an RFS policy earlier than its ten-year horizon if it is no longer relevant, has been superseded by a more current RFS policy, or has been accomplished. (Report E, I-17)	
590.011R	Transition from Medical Student Section (MSS) to Resident and Fellow Section	Recommended that medical students (1) who have been accepted into residency training programs but wish to stay in MSS be awarded "Official Observer" status in the AMA-RFS; and (2) medical students accepted into a residency program beginning within six months and not registering in the MSS be allowed to credential as AMA-RFS delegates. (Report F, I-86) (Reaffirmed Report C, I-96) (Reaffirmed Report C, I-06) (Reaffirmed Report D, I-16)	Does not exist within AMA Bylaws.