

Academic Physicians Section (AMA-APS): Proposed actions on AMA HOD items

As of: 11/4/2020 7:27 AM

#	Item	Title	Consent Calendar			Discussion				
			Adopt	Not adopt	No position	Adopt	Amend	Refer	Reaffirm	Not adopt

Reference Committee C

(full text of all items at <https://www.ama-assn.org/system/files/2020-10/nov20-refcomm-c.pdf>)

1.	CME 01	An Update on Continuing Board Certification (Resolutions 301-A-19 and 308-A-19)	Adopt																	
			1. That our American Medical Association (AMA), through its Council on Medical Education, continue to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development of new, integrated standards for continuing certification programs by 2020 that will address the Commission's recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency. (New HOD Policy)																	
2.	CME 02	Graduate Medical Education and the Corporate Practice of Medicine	Adopt																	
			1. That Policy H-310.904, "Graduate Medical Education and the Corporate Practice of Medicine," be amended by addition and deletion to read as follows: "Our AMA: ... (3) will <u>study continue to monitor</u> issues, including waiver of due process requirements, created by corporate-owned lay entity control of graduate medical education sites." (Modify Current HOD Policy) 2. That our AMA reaffirm Policy H-310-904 (2), "Graduate Medical Education and the Corporate Practice of Medicine." (Reaffirm HOD Policy)																	
3.	CME 03	Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure	Adopt																	
			1. That our AMA rescind Policy H-310.943 (2), "Closing of Residency Programs," as having been fulfilled by this report. (Rescind HOD Policy) 2. That our AMA ask the Centers for Medicare & Medicaid Services (CMS) to stipulate in its regulations that residency slots are not assets that belong to the teaching institution. (Directive to Take Action) 3. That our AMA encourage the Association of American Medical Colleges (AAMC) and National Resident Matching Program (NRMP) to develop a process similar to the Supplemental Offer and Acceptance Program (SOAP) that could be used in the event of a sudden teaching institution or program closure. (Directive to Take Action) 4. That our AMA encourage the Accreditation Council for Graduate Medical Education (ACGME) to specify in its Institutional Requirements that sponsoring institutions are to provide residents and residency applicants information regarding the financial health of the institution, such as its credit rating, or if it has recently been part of an acquisition or merger. (Directive to Take Action) 5. That our AMA encourage the Association of American Medical Colleges (AAMC) and the Accreditation Council for Graduate Medical Education (ACGME) to coordinate and collaborate on the communication with sponsoring institutions, residency programs, and resident physicians in the event of a sudden institution or program closure to minimize confusion, reduce misinformation, and increase clarity. (Directive to Take Action)																	

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			<p>training and urge these bodies to adopt minimum requirements in accordance with AMA Policy H-405.960 (New HOD Policy); and be it further</p> <p>RESOLVED, That our AMA petition the ACGME to recommend strategies to prevent undue burden on trainees related to parental leave (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA petition the ACGME, ABMS, and other relevant stakeholders to develop specialty specific pathways for residents and fellows in good standing, who take maximum allowable parental leave, to complete their training within the original time frame. (Directive to Take Action)</p> <p>Delete Resolve 2, as strategies may significantly vary between specialties according to training requirements</p>							
8.	Res 305	Parental Leave & Planning Resources for Medical Students							Reaffirm	
			<p>RESOLVED, that our American Medical Association encourage medical schools to create comprehensive informative resources that promote a culture that is supportive of their students who are parents, including information and policies on parental leave and relevant make up work, options to preserve fertility, breastfeeding, accommodations during pregnancy, and resources for childcare that span the institution and the surrounding area; and be it further</p> <p>RESOLVED, that the AMA encourage medical schools to give students a minimum of 6 weeks of parental leave without academic or disciplinary penalties that would delay anticipated graduation based on time of matriculation; and be it further</p> <p>RESOLVED, that the AMA encourage that medical schools formulate, and make readily available, plans for each year of schooling such that parental leave may be flexibly incorporated into the curriculum; and be it further</p> <p>RESOLVED, that the AMA urge medical schools to adopt policy that will prevent parties involved in medical training (including but not limited to residency programs, administration, fellowships, away rotations, physician evaluators, and research opportunities) from discriminating against students who take family/parental leave; and be it further</p> <p>RESOLVED, that the AMA advocate for medical schools to make resources and policies regarding family leave and parenthood transparent and openly accessible to prospective and current students.</p> <p>Reaffirm Policy H-405.960</p>							
9.	Res 306	Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for expedited action by the American Medical Association					Amend			
			Agree with language proposed by the Council on Medical Education:							

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			<p>Resolve 1, revise as follows:</p> <p style="padding-left: 40px;">That our American Medical Association take immediate, expedited action to encourage the NBME, FSMB and NBOME COCA to eliminate centralized clinical skills examinations used as a part of state licensure, including the USMLE Step 2 CS Exam and the COMLEX Level 2 PE Exam</p> <p>Resolve 2, reaffirm policy D-295.988, "Clinical Skills Assessment During Medical School," in lieu of.</p> <p style="padding-left: 40px;">RESOLVED, That our AMA advocate that a replacement examination process be administered within the medical schools that verifies each medical student's competence in key clinical skills required to be a physician (Directive to Take Action); and be it further</p> <p>Resolve 3, revise as shown below; it is outside the AMA's purview to preserve a pathway for clinical skills testing of international medical graduates or to advocate for specific contractual arrangements.:</p> <p style="padding-left: 40px;"><u>That our AMA, in collaboration with ECFMG, advocate for an appropriate pathway for international medical graduates to demonstrate clinical skills competency equivalent examination process as those offered at US medical schools be made available on a contract basis to foreign medical graduates.</u></p> <p>Resolves 4 and 5, adopt as written.</p> <p style="padding-left: 40px;">RESOLVED, That our AMA strongly encourage all state delegations in the AMA House of Delegates and other interested member organizations of the AMA to engage their respective state medical licensing boards, the Federation of State Medical Boards, their medical schools and other interested credentialing bodies to encourage the elimination of these centralized, costly and low-value exams (Directive to Take Action); and be it further</p> <p style="padding-left: 40px;">RESOLVED, That our AMA advocate that any replacement examination mechanisms be instituted immediately in lieu of resuming existing USMLE Step 2-CS and COMLEX Level 2-PE examinations when the COVID-19 restrictions subside. (Directive to Take Action)</p>							
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10.	Res 307	USMLE Step Examination Failures During the COVID-19 Pandemic					Amend			
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			<p>Insert substitute Resolve 1, to read as follows:</p> <p><u>RESOLVED, That our AMA advocate to the National Board of Medical Examiners and National Board of Osteopathic Medical Examiners that students at allopathic and osteopathic schools of medicine, respectively, who were scheduled between March 1, 2020 and May 31, 2021 to sit for the United States Medical Licensing Examination Step 1 or Step 2 Clinical Skills Examinations, or the Level 1 or 2 Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), be allowed the opportunity to be re-examined one time at no additional charge to the student, if they failed one of these examinations.</u></p>							
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			<p>Delete existing Resolves 1 through 4:</p> <p>RESOLVED, That our AMA advocate to the NBME that students at allopathic schools of medicine who failed the USMLE Step 1 Examination or the USMLE Step 2-CK Examination that was scheduled between March 1, 2020 and September 30, 2020 be allowed the opportunity to be re-examined one time at no additional examination fee charged to the student. (Directive to Take Action); and be it further</p> <p>RESOLVED, That our American Medical Association ask that the various state and territorial medical boards, through outreach to the National Board of Medical Examiners (NBME) and Federation of State Medical Boards (FSMB), not require students who failed any USMLE Step 1 or USMLE Step 2-CK examination, between March 1 and September 30, 2020 to reveal this information to state medical licensure boards during the processes of obtaining or renewing state licensure. (Directive to Take Action)</p> <p>RESOLVED, That our AMA advocate to the National Board of Medical Examiners (NBME) and Federation of State Medical Boards (FSMB) that such failures not count toward the total number of exam attempts by a potential licensee. (Directive to Take Action)</p> <p>RESOLVED, That our AMA advocate to hospital accreditation organizations such as, but not limited to, The Joint Commission and American Hospital Association, that those who have failed any USMLE Step 1 or USMLE Step 2-CK examination between March 1 and September 30, 2020 not be required to disclose this information to hospital boards and other accrediting bodies that determine a physician's fitness to practice at or admit patients to hospitals in the United States. (Directive to Take Action).</p>								
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11.	Res 308	ECFMG 2024 Accreditation Requirement for World Federation for Medical Education (WFME) Recognition					Amend			
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			<p>Agree with language proposed by the Council on Medical Education:</p> <p>RESOLVED, That our American Medical Association work with <u>encourage</u> the state and specialty medical associations and other stakeholders to <u>become familiar with</u> apprise them of the <u>mandatory ECFMG requirement that International Medical Schools must be accredited by the World Federation of Medical Education prior to 2024, in order for their students to be eligible for participation in graduate medical education programs in the United states, and alert the state and specialty medical associations and other stakeholders to the foreseeable shortage of IMG physicians in underserved populations and primary health care settings so they can be prepared with alternative options</u> (Directive to Take Action); and be it further</p> <p>RESOLVED, that our AMA work with <u>encourage</u> the Federation of State Medical Boards and ECFMG to develop more robust communication channels with participating medical schools and explore reasons for the low rate of accreditation and possible ways to address those barriers in <u>advise them of the 2024 deadline in meeting World Federation of Medical Education accreditation requirements.</u> (Directive to Take Action)</p>								
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12.	Res 309	Preserve and Increase Graduate Medical Education Funding <i>(not available on Online Member Forum)</i>							Reaffirm		
			<p>RESOLVED, That our AMA work with the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, and other interested stakeholders to encourage the U.S. Government Accountability Office to oppose and refrain from further consideration of the diversion of direct and indirect graduate medical education funding to non-physicians. (Directive to Take Action)</p> <p>Agree with Council on Medical Education position to reaffirm AMA Policy H-310.916, "Funding to Support Training of the Health Care Workforce," in lieu of.</p> <p>Policy H-310.916 reads:</p> <ol style="list-style-type: none"> Our American Medical Association will insist that any new GME funding to support graduate medical education positions be available only to Accreditation Council for Graduate Medical Education (ACGME) and/or American Osteopathic Association (AOA) accredited residency programs, and believes that funding made available to support the training of health care providers not be made at the expense of ACGME and/or AOA accredited residency programs. Our AMA strongly advocates that: (A) there be no decreases in the current funding of MD and DO graduate medical education while there is a concurrent increase in funding of graduate medical education (GME) in other professions; and (B) there be at least proportional increases in the current funding of MD and DO graduate medical education similar to increases in funding of GME in other professions. 								

Reference Committee D

(full text of all items at <https://www.ama-assn.org/system/files/2020-10/nov20-refcomm-d.pdf>)

13.	Res 401	Fatigue Mitigation Respite for Faculty and Residents							Reaffirm		
			<p>RESOLVED, That our American Medical Association advocate for legislation and policies that support fatigue mitigation programs, which include, but are not limited to, a quiet place to rest or funding for alternative transport and return to work for vehicle recovery at a later time for all medical staff who feel unsafe driving due to fatigue after working overnight or extended shifts. (Directive to Take Action)</p> <p>Agree with Council on Medical Education position to reaffirm AMA Policy H-301-907 and H-12-958.</p>								
14.	Res 406	Face Masking in Hospitals during Flu Season					Amend				
			<p>The APS Governing Council is proposing the following revisions:</p>								

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			<p>RESOLVED, That our American Medical Association formally ask encourage The Joint Commission and other hospital accreditation organizations recognized by major insurers to stipulate <u>via their standards and requirements</u> that all hospitals require hospital employees, physicians, patients, and visitors to wear a facial mask that completely covers the mouth and nose while within hospital walls <u>each year between October 1 and the following March 31</u> (unless they are consuming food while “socially distanced,” or unless they are patients in their own rooms while “socially distanced”) (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA encourage publication of commentaries <u>in scientific journals and other publications (including the JAMA Network journals) supportive in support of such regulations and standards in scientific journals and other publications</u> the stipulation that all hospitals require hospital employees, physicians, patients, and visitors to wear a facial mask that completely covers the mouth and nose while within hospital walls each year between October 1 and the following March 31 (unless they are consuming food while “socially distanced,” or unless they are patients in their own rooms while “socially distanced”) (Directive to Take Action); and be it further</p> <p>RESOLVED, That our AMA study the comparative disease-reduction effectiveness of various types of masks (N-95 masks versus “surgical” masks versus <u>other types of simple cloth facial coverings, such as simple cloth masks</u>), toward potentially refining or making more specific any future mandates for facial coverings for persons while in-hospital as a visitor, patient or health care worker. (Directive to Take Action)</p>								
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Informational report

(full text of all informational items at <https://www.ama-assn.org/system/files/2020-10/nov20-infoforeports.pdf>)

15.	CME 04	Preparedness for Pandemics Across the Medical Education Continuum
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