

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its November 2020 Special Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (November 2020 Meeting)

Report of Reference Committee C

David T. Walsworth, MD, Chair

RECOMMENDED FOR ADOPTION

1. Council on Medical Education Report 1 – An Update on Continuing Board Certification (Resolutions 301-A-19 and 308-A-19)
2. Council on Medical Education Report 2 – Graduate Medical Education and the Corporate Practice of Medicine

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

3. Council on Medical Education Report 3 – Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure
4. Resolution 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
5. Resolution 309 – Preserve and Increase Graduate Medical Education Funding

RECOMMENDED FOR ADOPTION IN LIEU OF

6. Resolution 307 – USMLE Step Examination Failures During the COVID-19 Pandemic

[Click here to submit an amendment.](#)

RECOMMENDED FOR ADOPTION

- (1) COUNCIL ON MEDICAL EDUCATION REPORT 1 – AN
UPDATE ON CONTINUING BOARD CERTIFICATION
(RESOLUTIONS 301-A-19 AND 308-A-19)

RECOMMENDATION:

**Recommendations in Council on Medical Education
Report 1 be adopted and the remainder of the report be
filed.**

**HOD ACTION: Recommendations in Council on Medical
Education Report 1 adopted and the remainder of the
report filed.**

The Council on Medical Education therefore recommends that the following
recommendation be adopted in lieu of Resolutions 301-A-19 and 308-A-19 and the
remainder of the report be filed.

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)

Your Reference Committee heard testimony in support of the Council on Medical
Education's comprehensive report to the House of Delegates. The Council reminded
delegates that this report is issued annually; strengthening of this report can be considered
in the next iteration. Online testimony noted appreciation for the useful information
contained in the report such as the increase in specialty board alternatives to the high-
stakes 10-year exam; the expanded list of activities that meet the Improvement in Medical
Practice (IMP) requirements; and the useful bibliography of recent studies describing new
assessment models and IMP activities. The Council continues to actively follow the
recommendations of the ABMS "Continuing Board Certification: Vision for the Future
Commission." The Council is committed to ensuring that continuing board certification
supports physicians' ongoing learning and practice improvement and will continue to
identify and suggest improvements to CBC programs. Your Reference Committee
recommends that the report be adopted.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 2 –
GRADUATE MEDICAL EDUCATION AND THE
CORPORATE PRACTICE OF MEDICINE

RECOMMENDATION:

**Recommendations in Council on Medical Education
Report 2 be adopted and the remainder of the report be
filed.**

**HOD ACTION: Recommendations in Council on Medical
Education Report 2 adopted and the remainder of the
report filed.**

The Council on Medical Education therefore recommends that the following
recommendations be adopted and the remainder of this report be filed:

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 ~~study~~ continue to monitor 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)

Your Reference Committee heard testimony in favor of adoption, in light of the growing
influence of corporate interests in medical education and practice, along with the need for
our AMA to continue to monitor this trend and take appropriate actions, as needed.
Testimony noted that, in the probable absence of additional federal support for graduate
medical education programs, it is likely that private entities will continue to increase their
support for residency training. It was also noted that the fiscal note of \$1,000 may be
insufficient for a problem of this scope; our AMA may need to invest additional resources
on this issue. As no negative testimony was heard, your Reference Committee accordingly
recommends that Council on Medical Education Report 2 be adopted.

**RECOMMENDED FOR ADOPTION AS AMENDED OR
SUBSTITUTED**

- (3) COUNCIL ON MEDICAL EDUCATION REPORT 3 –
PROTECTION OF RESIDENT AND FELLOW TRAINING
IN THE CASE OF HOSPITAL OR TRAINING PROGRAM
CLOSURE

RECOMMENDATION A:

Recommendation 3 in Council on Medical Education
Report 3 be amended by addition, to read as follows:

3. That our AMA encourage the Association of
American Medical Colleges (AAMC), American
Association of Colleges of Osteopathic Medicine
(AACOM), 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)

RECOMMENDATION B:

Recommendation 4 in Council on Medical Education
Report 3 be amended by addition and deletion, to read
as follows:

~~4. That our AMA study the mechanisms for, and the
consequences of, 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)~~

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)

1 **RECOMMENDATION C:**

2
3 **Recommendation 5 in Council on Medical Education**
4 **Report 3 be amended by addition and deletion, to read**
5 **as follows:**

6
7 **5. That our AMA work with ~~encourage~~ the Association**
8 **of American Medical Colleges (AAMC), American**
9 **Association of Colleges of Osteopathic Medicine**
10 **(AACOM), and the Accreditation Council for Graduate**
11 **Medical Education (ACGME), and relevant state and**
12 **specialty societies to coordinate and collaborate on the**
13 **communication with sponsoring institutions, residency**
14 **programs, and resident physicians in the event of a**
15 **sudden institution or program closure to minimize**
16 **confusion, reduce misinformation, and increase clarity.**
17 **(Directive to Take Action)**

18
19 **RECOMMENDATION D:**

20
21 **Council on Medical Education Report 3 be amended by**
22 **the addition of a seventh Recommendation, to read as**
23 **follows:**

24
25 **7. That our AMA continue to work with the Accreditation**
26 **Council for Graduate Medical Education (ACGME) to**
27 **monitor issues related to training programs run by**
28 **corporate entities and the effect on medical education.**
29 **(Directive to Take Action)**

30
31 **RECOMMENDATION E:**

32
33 **Recommendations in Council on Medical Education**
34 **Report 3 be adopted as amended and the remainder of**
35 **the report be filed.**

36
37 **HOD ACTION: Recommendations 3 and 5 in Council on**
38 **Medical Education Report 3 adopted as amended,**
39 **Recommendation 1, 2, 4 and 6 adopted, Additional**
40 **Recommendation 7 adopted, and the remainder of the**
41 **report filed.**

42
43 The Council on Medical Education therefore recommends that the following
44 recommendations be adopted and the remainder of this report be filed:
45 1. That our AMA rescind Policy H-310.943 (2), "Closing of Residency Programs," as
46 having been fulfilled by this report. (Rescind HOD Policy)

1 2. That our AMA ask the Centers for Medicare & Medicaid Services (CMS) to stipulate in
2 its regulations that residency slots are not assets that belong to the teaching institution.
3 (Directive to Take Action)

4 3. That our AMA encourage the Association of American Medical Colleges (AAMC) and
5 National Resident Matching Program (NRMP) to develop a process similar to the
6 Supplemental Offer and Acceptance Program (SOAP) that could be used in the event of
7 a sudden teaching institution or program closure. (Directive to Take Action)

8 4. That our AMA encourage the Accreditation Council for Graduate Medical Education
9 (ACGME) to specify in its Institutional Requirements that sponsoring institutions are to
10 provide residents and residency applicants information regarding the financial health of
11 the institution, such as its credit rating, or if it has recently been part of an acquisition or
12 merger. (Directive to Take Action)

13 5. That our AMA encourage the Association of American Medical Colleges (AAMC) and
14 the Accreditation Council for Graduate Medical Education (ACGME) to coordinate and
15 collaborate on the communication with sponsoring institutions, residency programs, and
16 resident physicians in the event of a sudden institution or program closure to minimize
17 confusion, reduce misinformation, and increase clarity. (Directive to Take Action)

18 6. That our AMA encourage the Accreditation Council for Graduate Medical Education
19 (ACGME) to revise its Institutional Requirements, under section IV.E., Professional
20 Liability Insurance, to state that sponsoring institutions must create and maintain a fund
21 that will ensure professional liability coverage for residents in the event of an institution or
22 program closure. (Directive to Take Action)

23
24 Your Reference Committee heard testimony in unanimous support of Council on Medical
25 Education Report 3, specifically, the second, third, and fifth recommendations. Online
26 testimony and speakers noted support for expanding options and streamlining the
27 approval of residency slots as well as highlighting the need to support international
28 medical graduates, who may be unduly affected by closures due to their immigrant visa
29 status. There was concern expressed regarding potential negative consequences for
30 safety net hospitals to recruit talent if they are required to disclose their financial standing,
31 and it was noted that such disclosure would not provide a comprehensive understanding
32 regarding an institution's fiscal stability. It was also suggested that hospitals have a
33 fiduciary responsibility as stewards of a public resource. Due to the complexity of issues
34 surrounding the fourth recommendation, your Reference Committee felt additional study
35 was needed regarding evaluation of the fiscal stability of a training program. The
36 Reference Committee heard testimony regarding a concern that corporate entities were
37 attempting to profit from the closure of residency/fellowship programs, and recommends
38 addition of a seventh recommendation to monitor the situation. Therefore, your Reference
39 Committee encourages that Council on Medical Education Report 3 be adopted as
40 amended.

- (4) RESOLUTION 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

RECOMMENDATION A:

The First Resolve of Resolution 306 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association take immediate, expedited action to encourage the National Board of Medical Examiners (NBME), Federation of State Medical Boards (FSMB), and National Board of Osteopathic Medical Examiners (NBOME) COCA to eliminate centralized clinical skills examinations used as a part of state licensure, including the USMLE Step 2 ~~CS~~ Clinical Skills Exam and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2 - Performance Evaluation PE Exam (Directive to Take Action); and be it further

RECOMMENDATION B:

Policy D-295.988 (2) be reaffirmed in lieu of the Second Resolve of Resolution 306.

RECOMMENDATION C:

The Third Resolve of Resolution 306 be amended by addition and deletion, to read as follows:

That our AMA, in collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG), advocate for an equivalent, equitable, and timely pathway for international medical graduates to demonstrate clinical skills competency examination process as those offered at US medical schools be made available on a contract basis to foreign medical graduates. (Directive to Take Action); and be it further

RECOMMENDATION D:

Resolution 306 be adopted as amended.

HOD ACTION: Resolution 306 adopted as amended.

1
2 RESOLVED, That our American Medical Association take immediate, expedited action to
3 encourage the NBME, FSMB and COCA to eliminate centralized clinical skills
4 examinations used as a part of state licensure, including the USMLE Step 2 CS Exam and
5 the COMLEX Level 2 PE Exam (Directive to Take Action); and be it further

6
7 RESOLVED, That our AMA advocate that a replacement examination process be
8 administered within the medical schools that verifies each medical student's competence
9 in key clinical skills required to be a physician (Directive to Take Action); and be it further

10
11 RESOLVED, That our AMA advocate for an equivalent examination process as those
12 offered at US medical schools be made available on a contract basis to foreign medical
13 graduates (Directive to Take Action); and be it further

14
15 RESOLVED, That our AMA strongly encourage all state delegations in the AMA House of
16 Delegates and other interested member organizations of the AMA to engage their
17 respective state medical licensing boards, the Federation of State Medical Boards, their
18 medical schools and other interested credentialing bodies to encourage the elimination of
19 these centralized, costly and low-value exams (Directive to Take Action); and be it further

20
21 RESOLVED, That our AMA advocate that any replacement examination mechanisms be
22 instituted immediately in lieu of resuming existing USMLE Step 2-CS and COMLEX Level
23 2-PE examinations when the COVID-19 restrictions subside. (Directive to Take Action)

24
25 Your Reference Committee reviewed mostly supportive testimony on Resolution 306,
26 which calls for the retirement of the National Board of Medical Examiners Step 2 Clinical
27 Skills (CS) Exam for U.S. medical graduates. Online testimony from the Federation of
28 State Medical Boards did express that the Step 2 CS examination is needed by state
29 licensing boards as an "external audit" of physicians' skills for independent, unsupervised
30 practice. However, speakers who testified in support of the resolution expressed that the
31 exam has an extremely high pass rate and has not identified any serious deficiencies in
32 students' education and training used to justify the expenditure of resources needed to
33 take the exam. Additionally, there was testimony to support the rigorous evaluations of
34 medical schools by relevant bodies as an appropriate alternative to examination of
35 physicians' skills. Therefore, your Reference Committee encourages that Resolution 304
36 be adopted as amended.

37
38 Policy recommended for reaffirmation:

39 D-295.988, "Clinical Skills Assessment During Medical School"

40
41 2. Our AMA will work with the Federation of State Medical Boards, National Board
42 of Medical Examiners, state medical societies, state medical boards, and other key
43 stakeholders to pursue the transition from and replacement for the current United
44 States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS)
45 examination and the Comprehensive Osteopathic Medical Licensing Examination
46 (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a
47 Liaison Committee on Medical Education-accredited or Commission on

Osteopathic College Accreditation-accredited medical school-administered, clinical skills examination.

(5) RESOLUTION 309 – PRESERVE AND INCREASE
GRADUATE MEDICAL EDUCATION FUNDING

RECOMMENDATION A:

Resolution 309 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work with advocate to appropriate federal agencies the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, and other interested relevant stakeholders to encourage the U.S. Government Accountability Office to oppose and refrain from further consideration of the diversion of direct and indirect funding away from ACGME-accredited graduate medical education funding programs to non-physicians. (Directive to Take Action)

RECOMMENDATION B:

Resolution 309 be adopted as amended.

HOD ACTION: Resolution 309 adopted as amended.

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)

Your Reference Committee heard testimony in unanimous support of this resolution, which noted urgent concern regarding the Government Accountability Office (GAO) report in late 2019, [“Views on Expanding Medicare Graduate Medical Education Funding to Nurse Practitioners and Physician Assistants.”](#) Your Reference Committee was informed that the AMA was interviewed for this report, the only physician-focused organization interviewed by the GAO, and advocated strongly against any diversion of funds from GME to nonphysician training. Testimony highlighted great concern regarding scope of practice and differentials in training and pay. Your Reference Committee thanks the Council on Medical Education for pointing out that this resolution aligns with AMA Policy H-310.916, “Funding to Support Training of the Health Care Workforce”; however, testimony indicated that while this policy is potent, the AMA needs to do more to act upon it. Your Reference Committee incorporated an amendment to strengthen the original resolution and clarified that funding should not be diverted from ACGME-accredited residency programs for MDs and DOs.

1
2 While your Reference Committee considered an amendment related to defining the terms
3 “trainee,” “resident,” “physician,” and “nurse practitioner,” and encouraging study of the
4 educational and accreditation structure of non-physician residency education, it was
5 decided that these amendments were not germane to the original resolution and distracted
6 from the important goal of preventing the diversion of federal GME dollars from ACGME-
7 accredited residency programs. Given the present concerns facing GME funding, your
8 Reference Committee recommends that Resolution 309 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

- (6) RESOLUTION 307 – USMLE STEP EXAMINATION
FAILURES DURING THE COVID-19 PANDEMIC

RECOMMENDATION A:

Alternative Resolution 307 be adopted in lieu of Resolution 307, to read as follows:

RESOLVED, That our AMA advocate to the National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME) that students at allopathic and osteopathic schools of medicine and residents in accredited residency programs in the United States scheduled between March 1, 2020 and May 31, 2021 to sit for any examination step/level in the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) sequence be allowed the opportunity to be re-examined, if they failed one of these examinations, one time at no additional charge to the student or resident. (Directive to Take Action)

RECOMMENDATION B:

The title of Resolution 307 be changed, to read as follows:

**USMLE AND COMLEX EXAMINATION FAILURES
DURING THE COVID-19 PANDEMIC**

HOD ACTION: Alternate Resolution 307 adopted with change in title.

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

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); and be it further

1
2 RESOLVED, That our AMA advocate to the National Board of Medical Examiners (NBME)
3 and Federation of State Medical Boards (FSMB) that such failures not count toward the
4 total number of exam attempts by a potential licensee. (Directive to Take Action); and be
5 it further
6

7 RESOLVED, That our AMA advocate to hospital accreditation organizations such as, but
8 not limited to, The Joint Commission and American Hospital Association, that those who
9 have failed any USMLE Step 1 or USMLE Step 2-CK examination between March 1 and
10 September 30, 2020 not be required to disclose this information to hospital boards and
11 other accrediting bodies that determine a physician's fitness to practice at or admit patients
12 to hospitals in the United States. (Directive to Take Action).
13

14 Your Reference Committee heard favorable testimony on this important topic, as our
15 medical students and trainees face ongoing challenges and disruptions to testing and
16 advancement through medical education during the pandemic. The Academic Physicians
17 Section, as cosponsor of this item (along with its delegate, the original author), developed
18 the proposed substitute language during its meeting, in close collaboration with other key
19 stakeholders, including the Council on Medical Education. Some testimony was in
20 opposition to adoption or recommended referral for further study, due to a lack of concrete
21 data as to the pandemic's effects on test takers. Testimony from the Federation of State
22 Medical Boards was against adoption, in that, as the legal entities empowered to license
23 physicians for medical practice in the U.S., the United States Medical Licensing
24 Examination cannot withhold relevant information on the examination history of individuals
25 pertinent to the decision to issue a full, unrestricted medical license. This testimony,
26 however, is germane to the Second Resolve of the original item, which is not reflected in
27 the amended item. The new language proposed above provides financial relief to those
28 students (and resident physicians as well, as now reflected in the revision), who, due to
29 the significant disruptions in exam study and administration schedules brought on by the
30 pandemic, failed the examinations. Although students and resident/fellow physicians have
31 experienced varying levels of disruption from the pandemic depending on their geographic
32 location, this resolution would allow those who were most affected some respite. There
33 was some sentiment expressed in testimony for offering complimentary reexaminations to
34 all students/residents, not just those who failed. Your Reference Committee carefully
35 considered this concept but believes that opening this door could have unintended
36 consequences, including potential displacement from examination slots of the very
37 individuals who were the resolution's original focus. As the AMA does not have policy
38 regarding the impact of the pandemic on medical education, your Reference Committee
39 believes this first step is a needed action, and therefore recommends that Alternative
40 Resolution 307 be adopted in lieu of Resolution 307.

1 Mister Speaker, this concludes the report of Reference Committee C. I would like to thank
2 Henry L. Dorkin, MD, Haidn Foster, Tracey L. Henry, MD, MPH, MS, Ray Hsiao, MD,
3 Gunjan Malhotra, MD, John Ratliff, MD, and all those who testified before the committee,
4 as well as our AMA staff, Amber Ryan, Fred Lenhoff, Tanya Lopez, and Alejandro
5 Aparicio, MD.

Henry L. Dorkin, MD
Massachusetts Medical Society

Ray Hsiao, MD
American Psychiatric Association

Haidn Foster, Medical Student
Ohio State Medical Association

Gunjan Malhotra, MD
American College of Radiology

Tracey L. Henry, MD, MPH, MS
American College of Physicians

John K. Ratliff, MD
Congress of Neurological Surgeons

David T. Walsworth, MD
Michigan State Medical Society
Chair