

Academic Physicians Section (AMA-APS): Recommendations on AMA HOD items of business

June 7, 2021

#	Item	Title	Recommendation					
			Adopt	Amend	Refer	Reaffirm	Not adopt	No position

Reference Committee C

1.	CME 01	Council on Medical Education Sunset Review of 2011 House Policies	Adopt					
2.	CME 02	Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses (Resolution 311-A-19)	Adopt					
3.	CME 03	Optimizing Match Outcomes (Resolution 304-I-19)	Adopt					
4.	CME 04	Study Expediting Entry of Qualified IMG Physicians to US Medical Practice	Adopt					
5.	CME 05	Promising Practices Among Pathway Programs to Increase Diversity in Medicine	Adopt					

Reference Committee B

6.	Res 207	Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education						No position
			No position; not relevant to medical education					

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7.	Res 208	Increasing Residency Positions for Primary Care				Reaffirm		
			Reaffirm AMA Policy in lieu of adoption—in particular, H-200.949, “Principles of and Actions to Address Primary Care Workforce,” which addresses the first resolve, and, for the second resolve, D-305.967, “Preservation, Stability and Expansion of Full Funding for Graduate Medical Education,” along with Policy D-305.958, “Increasing Graduate Medical Education Positions as a Component to any Federal Health Care Reform.”					
8.	Res 226	Interest-Based Debt Burden on Medical Students and Residents		Amend				
			RESOLVED: That our AMA strongly advocate for the passage of legislation to allow borrowers medical students, residents and fellows who have educational loans to qualify for interest-free deferment on their student loans while serving in a medical or dental internship, residency, or fellowship program, as well as permitting the conversion of currently unsubsidized Stafford and Graduate Plus loans to interest free status for the duration of undergraduate and graduate medical education. (Directive to Take Action)					

Reference Committee C

9.	Res 301	Medical Education Debt Cancellation in the Face of a Physician Shortage During the COVID-19 Pandemic				Reaffirm		
			Reaffirm AMA Policy H-305.925 , “Principles of and Actions to Address Medical Education Costs and Student Debt,” in lieu of adoption.					
10.	Res 302	Non-Physician Post-Graduate Medical Training		Amend				
			Reaffirm AMA D-405.991, “Clarification of the Title ‘Doctor’ in the Hospital Environment” in lieu of the first two resolves; adopt the third resolve, and change “assure” to “advocate” in the fourth resolve, as the AMA does not have direct control over funding for postgraduate					

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			clinical training, and can only advocate for rather than assure dissemination of funding.					
11.	Res 303	Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Initiating a Process Enabling Them to Take the USMLE					Not adopt	
			<p>In line with Council on Medical Education testimony. It is the purview of the National Board of Medical Examiners (NBME) to decide on United States Medical Licensing Examination eligibility. If eligibility is based upon comparability and sufficiency of accreditation standards, such determination might best be made by the pertinent accrediting bodies for consideration by the NBME.</p> <p>In addition, the accrediting bodies named in the resolution (the LCME and CPME) receive and must maintain their status at the Federal level, through the US Department of Education, and each is responsible for accrediting their member schools.</p>					
12.	Res 304	Decreasing Financial Burdens on Residents and Fellows		Amend				
			<p>Adopt Resolves 1 and 5; reaffirm AMA Policy H-310.912 in lieu of Resolves 2 through 4; and amend H-310.912 to include the following:</p> <p>"8. Our AMA work with the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges (AAMC), and other relevant stakeholders to advocate that medical trainees not be required to pay for high cost or safety-related, specialty-specific equipment necessary to perform clinical duties."</p>					
13.	Res 305	Non-Physician Post-Graduate Medical Training		Amend				

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			In line with testimony by the Council on Medical Education to amend this item, with a few additional edits.					
			Delete the first resolve.					
			Reaffirm existing AMA Policy H-405.969, "Definition of a Physician," in lieu of the second resolve.					
			Revise the third resolve, to read as follows: RESOLVED, That our AMA study and report back, by the 2022 Annual Meeting, on curriculum, accreditation requirements, accrediting bodies, and supervising boards for graduate and postgraduate clinical training programs for non-physicians and the impact of such non-physician graduate clinical education on physician undergraduate and graduate medical education (Directive to Take Action); and be it further					
			As noted in APS testimony for Resolution 302, change "assure" to "advocate" in the fourth resolve, as the AMA does not have direct control over funding for postgraduate clinical training, and can only advocate for rather than assure dissemination of funding.					
			In Resolve 5, insert "or non-physicians" in the phrase "to notify the ACGME of proposed training programs for physicians or non-physicians."					
			Revise the seventh resolve, to read as follows: RESOLVED, That our AMA distribute and promote the Residents and Fellows' Bill of Rights through online publication and individually distribution to residency and fellowship training programs and encourage changes to institutional processes that embody these principles (Directive to Take Action); and be it further					
			In Resolve 8, insert "medicine" in the phrase "seek to possess the ability to practice					

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			medicine without physician supervision as it represents a conflict of interest."					
14.	Res 306	Establishing Minimum Standards for Parental Leave during Graduate Medical Education Training		Amend				
			<p>Amend Resolve 3 to read, "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>Also, as they encompass similar topics, we recommend that the Reference Committee consider 306 and 309 as a joint item.</p>					
15.	Res 307	Updating Current Wellness Policies and Improving Implementation	Adopt					
			<p>Even prior to pandemic physician, burnout/lack of wellness was at epidemic levels. As a result of COVID, resident burnout is also very prevalent. At the undergraduate level, nationwide med schools have implemented comprehensive Wellness Programs. We are supportive of this resolution, as more study/work and implementation of strategies and programs is needed to address and prevent burnout, and recommend its adoption</p>					
16.	Res 308	Rescind USMLE Step 2 CS and COMLEX Level 2 PE Examination Requirement for Medical Licensure				Reaffirm		
			<p>Reaffirm AMA Policy D-295.988, Clinical Skills Assessment During Medical School, in lieu of adoption.</p>					
17.	Res 309	Supporting GME Program Child Care Consideration During Residency Training	Adopt					
			<p>Original recommendation of referral changed to adopt during APS business meeting.</p>					

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			In addition to the current monitoring of this issue based on the previous resolution, the topic is timely and important enough to also ask the AMA to advocate for change now.					
18.	Res 310	Unreasonable Fees Charged and Inaccuracies by the American Board of Internal Medicine (ABIM)		Amend				
			<p>In line with the Council on Medical Education, amend to read as follows:</p> <p><u>RESOLVED</u>, That our American Medical Association work with the American Board of Medical Specialties Boards (ABMS), <u>to encourage member boards to reduce financial burdens for physicians holding multiple certificates, who are actively participating in continuing certification through an ABMS member board, by developing opportunities for reciprocity for certification requirements as well as consideration of reduced or waived fee structures.</u> <u>in general, and American Board of Internal Medicine (ABIM), specifically, to require the ABIM stop charging physicians with two or more board certifications, who participate in Maintenance of Certification (MOC) with a board other than the ABIM, a fee to accurately list their current board status in the ABIM Directory.</u> (Directive to Take Action).</p>					
19.	Res 311	Student Loan Forgiveness				Reaffirm		
			Reaffirm Policy H-305.925, "Principles of and Actions to Address Medical Education Costs and Student Debt," in lieu of adoption.					
20.	Res 312	AMA Support for Increased Funding for the American Board of Preventive Medicine (ABPM) Residency Programs		Amend				

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						<p>We are in favor of the overall intent of this item. Preventive Medicine programs are not generally funded in the traditional manner (CMS), and are therefore at risk for closure due to funding deficiencies. This is an important field of medicine that could use the AMA's advocacy work for funding from HRSA, CDC, etc. at the same time, we favor the amendments to Resolve 1 proposed by the Council on Medical Education:</p> <p>RESOLVED, that the AMA support and advocate for increased funding through the Health Resources and Services Administration (HRSA), National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), and other mechanisms for all residencies training physicians in the Preventive Medicine specialties of Aerospace Medicine, Occupational and Environmental Medicine and Public Health & General Preventive Medicine, and subspecialties including Undersea & Hyperbaric Medicine, Medical Toxicology, Clinical Informatics and Addiction Medicine and</p>		
21.	Res 313	Fatigue Mitigation Respite for Faculty and Residents		Amend				
						<p>In alignment with Council on Medical Education testimony to delete Resolve 1: "The nature and extent of the 'resources' that the AMA is asked to make available to institutions and physicians is ambiguous. Further, if this would consist of some sort of educational modules on the topic, it could have the unintended consequence of increasing fatigue and stress, as an additional demand on our already busy staff physicians and trainees."</p>		

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22.	Res 314	Standard Procedure for Accommodations in USMLE and NBME Exams		Amend				
			<p>In line with Council on Medical Education recommendations: Edit Resolve 1:</p> <p>RESOLVED: That our American Medical Association collaborate with the <u>National Board of Medical Examiners (NBME)</u> and <u>the National Board of Osteopathic Medical Examiners (NBOME)</u> medical licensing organizations to facilitate a timely accommodations application process (Directive to Take Action; and be it further</p> <p>Edit Resolve 2 through amendment by substitution, with the new language to read as follows:</p> <p>RESOLVED, That our AMA, in conjunction with the <u>National Board of Medical Examiners</u>, will recommend adherence to the Americans with Disabilities Act (ADA) <u>recommendations in section 36.309 that requires that documentation requested by a testing entity to evaluate a request for testing accommodations be both reasonable and limited to only the information needed to determine the nature of a candidate's disability and their need for the requested testing accommodations.</u></p>					
23.	Res 315	Representation of Dermatological Pathologies in Varying Skin Tones		Amend				
			<p>In line with the Council on Medical Education, amend by substitution:</p> <p>RESOLVED, That our American Medical Association encourage entities involved in undergraduate, graduate, and continuing medical education to include diverse patients, particularly those with</p>					

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						<u>darker skin tones, in textual descriptions, photographs, videos, and other educational and testing materials, including board examination questions, to ensure that medical students and physicians are well-equipped to accurately recognize and diagnose the broad spectrum of human disease manifestation across racially and ethnically minoritized and gender-diverse populations. (New HOD Policy)</u>		
24.	Res 316	Improving Support and Access for Medical Students with Disabilities		Amend				
						<p>For Resolve 1, we recommend revising to read as follows:</p> <p>D-295.929 – A STUDY TO EVALUATE BARRIERS TO MEDICAL EDUCATION FOR TRAINEES WITH DISABILITIES</p> <p>Our AMA will work with relevant stakeholders to study available data on: (1) medical students, residents and fellows with disabilities and consider revision of technical standards for medical education programs; and (2) medical students, residents and fellows with disabilities and challenges during medical education training and employment after training (Modify Current HOD Policy).</p> <p>and be it further</p> <p>RESOLVED, That our American Medical Association work with relative stakeholders to encourage medical education institutions to make their policies for inquiring about and obtaining accommodations related to disability transparent and easily accessible through multiple avenues including, but not limited to, online platforms. (Modify Current HOD Policy); and be it further</p> <p>For Resolve 2, we recommend revising to read as follows:</p> <p>D-90.991 – ADVOCACY FOR PHYSICIANS WITH DISABILITIES</p>		

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			<p>1. Our AMA will study and report back on eliminating stigmatization and enhancing inclusion of medical students, residents, fellows and physicians with disabilities including but not limited to: (a) enhancing representation of medical students, residents, fellows and physicians with disabilities within the AMA, and (b) examining support groups, education, legal resources and any other means to increase the inclusion of medical students, residents, fellows and physicians with disabilities in the AMA.</p> <p>2. Our AMA will identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable medical students, residents, fellows and physicians with disabilities to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration.</p> <p>3. Our AMA will provide education regarding legal rights related to accommodation and freedom from discrimination for medical students, residents, fellows, physicians, patients, and employees with disabilities. (Modify Current HOD Policy); and be it further</p> <p>We have no edits to Resolve 3.</p>					
25.	Res 317	Medical Honor Society Inequities and Reform	Adopt					
26.	Res 318	The Impact of Private Equity on Medical Training				Reaffirm		
27.	Res 319	The Effect of the COVID-19 Pandemic on Graduate Medical Education		Amend				
			RESOLVED, That our AMA work with the ACGME and other relevant stakeholders to					

