DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2022 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
(2022 Annual Meeting)

Report of Reference Committee [C]

David T. Walsworth, MD, Chair

RECOMMENDED FOR ADOPTION

1. Council on Medical Education Report 1 – Council on Medical Education Sunset Review of 2012 House Policies
2. Council on Medical Education Report 3 – Onsite and Subsidized Childcare for Medical Students, Residents and Fellows (Resolution 304-J-21, Resolve 3)
3. Resolution 310 – Support for Standardized Interpreter Training
4. Resolution 316 – Providing Transparent and Accurate Data Regarding Students and Faculty at Medical Schools
5. Resolution 322 – Standards in Cultural Humility Training Within Medical Education

RECOMMENDED FOR ADOPTION AS AMENDED

6. Council on Medical Education Report 2 – An Update on Continuing Board Certification
7. Council on Medical Education Report 4 – Protection of Terms Describing Physician Education and Practice (Resolution 305-J-21, Alternate Resolve 2) Resolution 329 – Use of the Terms "Residency" and "Fellowship" by Health Professionals Outside of Medicine
8. Council on Medical Education Report 5 – Education, Training, and Credentialing of Non-Physician Health Care Providers and Their Impact on Physician Education and Training (Resolution 305-J-21, Resolve 8)
9. Council on Medical Education Report 6 – Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows
10. Resolution 301 – Medical Education Debt Cancellation in the Face of a Physician Shortage During the COVID-19 Pandemic
11. Resolution 302 – Resident and Fellow Access to Fertility Preservation
12. Resolution 307 – Parental Leave and Planning Resources for Medical Students
13. Resolution 309 – Decreasing Bias in Evaluations of Medical Student Performance
14. Resolution 315 – Modifying Eligibility Criteria for the Association of American Medical Colleges' Financial Assistance Program
15. Resolution 319 – Senior Living Community Training for Medical Students and Residents
16. Resolution 321 – Improving and Standardizing Pregnancy and Lactation Accommodations for Medical Board Examinations
17. Resolution 323 – Cultural Leave for American Indian Trainees
18. Resolution 324 – Sexual Harassment Accreditation Standards for Medical Training Programs

19. Resolution 325 – Single Licensing Exam Series for Osteopathic and Allopathic Medical Students
20. Resolution 326 – Standardized Wellness Initiative Reporting
    Resolution 317 – Medical Student, Resident and Fellow Suicide Reporting
21. Resolution 327 – Leadership Training Must Become an Integral Part of Medical Education
22. Resolution 328 – Increasing Transparency of the Resident Physician Application Process

RECOMMENDED FOR REFERRAL

23. Resolution 304 – Accountable Organizations to Resident and Fellow Trainees
24. Resolution 305 – Reducing Overall Fees and Making Costs for Licensing, Exam Fees, Application Fees, etc., Equitable for IMGS
25. Resolution 306 – Creating a More Accurate Accounting of Medical Education Financial Costs
26. Resolution 314 – Support for Institutional Policies for Personal Days for Undergraduate Medical Students

RECOMMENDED FOR REFERRAL FOR DECISION

27. Resolution 308 – University Land Grant Status in Medical School Admissions

Resolutions handled via the Reaffirmation Consent Calendar:

Resolution 303 – Fatigue Mitigation Respite for Faculty and Residents
Resolution 311 – Discontinue State Licensure Requirement for COMLEX Level 2 PE
Resolution 312 – Reduce Financial Burden to Medical Students of Medical Licensure Examinations
Resolution 313 – Decreasing Medical Student Debt and Increasing Transparency in Cost of Medical School Attendance
Resolution 318 – CME for Preceptorship
Resolution 320 – Tuition Cost Transparency

Amendments
If you wish to propose an amendment to an item of business, click here:
Submit New Amendment

Recommended for Adoption

(1) COUNCIL ON MEDICAL EDUCATION REPORT 1 – COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW OF 2012 HOUSE POLICIES

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 report filed.

The Council on Medical Education recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed. (Directive to Take Action)

Your Reference Committee received limited yet supportive testimony on this item. Therefore, your Reference Committee recommends that the recommendations of Council on Medical Education Report 1 be adopted and the remainder of the report be filed.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 3 – ONSITE AND SUBSIDIZED CHILDCARE FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS (RESOLUTION 304-J-21, RESOLVE 3)

RECOMMENDATION:

Recommendations in Council on Medical Education Report 3 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Education Report 3 adopted and the remainder of report filed.

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 304-J-21, Resolve 3, and the remainder of this report be filed:

1. That our AMA recognize the unique childcare challenges faced by medical students, residents and fellows, which result from a combination of limited negotiating ability (given the matching process into residency), non-traditional work hours, extended or unpredictable shifts, and minimal autonomy in selecting their work schedules. (New HOD Policy)

2. That our AMA recognize the fiscal challenges faced by medical schools and graduate medical education institutions in providing onsite and/or subsidized childcare to students and employees, including residents and fellows. (New HOD Policy)

3. That our AMA encourage provision of onsite and/or subsidized childcare for medical students, residents, and fellows. (New HOD Policy)
4. That our AMA work with the Accreditation Council for Graduate Medical Education, Association of American Medical Colleges, and American Association of Colleges of Osteopathic Medicine to identify barriers to childcare for medical trainees and innovative methods and best practices for instituting on-site and/or subsidized childcare that meets the unique needs of medical students, residents, and fellows. (Directive to Take Action)

Your Reference Committee received unanimously supportive testimony for this item. Testimony referenced current models for onsite childcare and the benefit they have provided for residents and trainees. Therefore, your Reference Committee recommends that the recommendations in Council on Medical Education Report 3 be adopted and the remainder of the report be filed.

(3) RESOLUTION 310 – SUPPORT FOR STANDARDIZED INTERPRETER TRAINING

RECOMMENDATION:

Resolution 310 be <u>adopted</u>.

HOD ACTION: Resolution 310 <u>adopted.</u>

RESOLVED, That our American Medical Association recognize the importance of using medical interpreters as a means of improving quality of care provided to patients with Limited English Proficiency (LEP) including patients with sensory impairments (New HOD Policy); and

RESOLVED, That our AMA encourage physicians and physicians in training to improve interpreter-use skills and increase education through publicly available resources such as the American Association of Medical College's "Guidelines for Use of Medical Interpreter Services" (New HOD Policy); and be it further

RESOLVED, That our AMA work with the Commission for Medical Interpreter Education, National Hispanic Medical Association, National Council of Asian Pacific Islander Physicians, National Medical Association, Association of American Indian Physicians, and other relevant stakeholders to develop a cohesive Continuing Medical Education module offered through the AMA Ed Hub for physicians to effectively and appropriately use interpreter services to ensure optimal patient care. (Directive to Take Action)

Your Reference Committee received testimony that was unanimously in support of this item. Online testimony was proffered with a suggestion that the AMA work with stakeholders on a national accreditation system of educational programs for interpreters, with these services provided at no cost to physicians, and with immunity from litigation for

any physicians using these interpreters. Your Reference Committee believes that this language could have unintended legal consequences and would not be feasible to implement. It was also noted that the AMA is engaged with the Certification Commission for Healthcare Interpreters (CCHI); this relationship could provide an opportunity for implementation of this item. Therefore, your Reference Committee recommends that Resolution 310 be adopted as drafted.

(4) RESOLUTION 316 – PROVIDING TRANSPARENT AND ACCURATE DATA REGARDING STUDENTS AND FACULTY AT MEDICAL SCHOOLS

RECOMMENDATION:

Resolution 316 be <u>adopted</u>.

HOD ACTION: Resolution 316 <u>adopted</u>.

RESOLVED, That our American Medical Association work with the Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to encourage their respective accredited medical schools to make publicly available without charge transparent and accurately reported race and ethnicity demographic data regarding students and faculty. (Directive to Take Action)

Your Reference Committee received unanimous supportive testimony on this item. Therefore, your Reference Committee recommends that Resolution 316 be adopted.

(5) RESOLUTION 322 – STANDARDS IN CULTURAL HUMILITY TRAINING WITHIN MEDICAL EDUCATION

RECOMMENDATION:

Resolution 322 be <u>adopted</u>.

HOD ACTION: Resolution 322 <u>adopted</u>.

RESOLVED, That our AMA amend policy H-295.897, "Enhancing the Cultural Competence of Physicians," by addition to read as follows:

Enhancing the Cultural Competence of Physicians H-295.897
1. Our AMA continues to inform medical schools and residency program directors about activities and resources related to assisting physicians in providing culturally competent care to patients throughout their life span and encourage them to include the topic of culturally effective health care in their curricula.
2. Our AMA continues to support research into the need for and effectiveness of training in cultural competence <u>and cultural humility</u>, using existing mechanisms such as the annual medical education surveys.
3. Our AMA will assist physicians in obtaining information about and/or training in culturally effective health care through dissemination of currently available resources from the AMA and other relevant organizations.

4. Our AMA encourages training opportunities for students and residents, as members of the physician-led team, to learn cultural competency from community health workers, when this exposure can be integrated into existing rotation and service assignments.
5. Our AMA supports initiatives for medical schools to incorporate diversity in their Standardized Patient programs as a means of combining knowledge of health disparities and practice of cultural competence with clinical skills.
6. Our AMA will encourage the inclusion of peer-facilitated intergroup dialogue in medical education programs nationwide.
7. Our AMA supports the development of national standards for cultural humility training in the medical school curricula. (Modify Current HOD Policy)

Your Reference Committee received testimony that was unanimously supportive of adoption. Testimony indicated that proposed additions would strengthen existing policy. It was noted that cultural humility reflects self-evaluation and lifelong learning, and an attitude of change, versus cultural competence, which is more an endpoint (and thereby relatively limited in scope). The Council on Medical Education expressed support in the online testimony for research into the need for, and effectiveness of, training in cultural humility and acknowledged there is not an explicit curricular mandate in the additional language proffered. Therefore, your Reference Committee recommends that Resolution 322 be adopted.

Recommended for Adoption as Amended

(6) COUNCIL ON MEDICAL EDUCATION REPORT 2 – AN UPDATE ON CONTINUING BOARD CERTIFICATION

RECOMMENDATION A:

Recommendation 1 in Council on Medical Education Report 2 be amended by addition and deletion to read as follows:

1. (1), "Continue to monitor the evolution of Continuing Board Certification (CBC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a ~~yearly~~ report ~~to the House of Delegates~~ regarding the CBC process at the request of the House of Delegates or when deemed necessary~~, as determined~~ by the Council on Medical Education."

RECOMMENDATION B:

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

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

That our American Medical Association (AMA) amend Policy D-275.954 clauses 1, 22, and 38 by addition and deletion to read as follows:

1. (1), "Continue to monitor the evolution of Continuing Board Certification (CBC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a ~~yearly~~ report to the House of Delegates regarding the CBC process, when necessary, as determined by the Council on Medical Education."

2. (22), "Continue to participate in the Coalition for Physician Accountability, formerly known as the National Alliance for Physician Competence forums."

3. (38), "Our AMA, through its Council on Medical Education, will 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 and release 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." (Modify Current HOD Policy)

Your Reference Committee received supportive testimony on this item which thanked the Council on Medical Education for its efforts to keep the AMA apprised of Continuing Board Certification (CBC). Your Reference Committee is assured that the Council is well suited to determine the cadence for this report as it continues to monitor CBC, and also acknowledges the purview of the House of Delegates to request a report. Therefore, your Reference Committee recommends that the recommendations of Council on Medical Education Report 2 be adopted as amended and the remainder of the report be filed.

(7) COUNCIL ON MEDICAL EDUCATION REPORT 4 – PROTECTION OF TERMS DESCRIBING PHYSICIAN EDUCATION AND PRACTICE (RESOLUTION 305-J-21, ALTERNATE RESOLVE 2)

RESOLUTION 329 – USE OF THE TERMS "RESIDENCY" AND "FELLOWSHIP" BY HEALTH PROFESSIONALS OUTSIDE OF MEDICINE

RECOMMENDATION A:

Recommendation 1 in Council on Medical Education Report 4 be amended by addition and deletion to read as follows:

1. **That our AMA engage with academic institutions across the nation that develop educational programs for training of non-physicians in health care careers, and their associated professional organizations, to create alternative, clarifying nomenclature in place of "resident," "residency," "fellow," "fellowship" and "attending" and other related terms to reduce confusion ~~with~~ among the public. (Directive to Take Action)**

RECOMMENDATION B:

Recommendations in Council on Medical Education Report 4 be adopted as amended in lieu of Resolution 329 and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Education Report 4 adopted as amended in lieu of Resolution 329 and the remainder of the report filed.

Council on Medical Education Report 4:

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 305-J-21, Alternate Resolve 2, and the remainder of this report be filed:

1. That our AMA engage with academic institutions that develop educational programs for training of non-physicians in health care careers, and their associated professional organizations, to create alternative, clarifying nomenclature in place of "resident," "residency," "fellow," "fellowship" and "attending" and other related terms to reduce confusion with the public. (Directive to Take Action)

2. That AMA Policy H-275.925, "Protection of the Titles 'Doctor,' 'Resident' and 'Residency'" be amended by insertion and deletion as follows:

Our AMA: (1) will advocate that all health professionals in a clinical health care setting clearly and accurately ~~identify~~ communicate to patients and relevant others their qualifications, ~~and~~ degree(s) attained, and current training status within their training program; (2) ~~and~~ develop model state legislation for implementation to this effect; ~~and (2)~~ (3) supports state legislation that would make it a felony to misrepresent oneself as a physician (MD/DO)~~.~~; and (4) will expand efforts in educational campaigns that: a) address the differential education, training and licensure/certification requirements for non-physician health professionals versus physicians (MD/DO) and b) provide clarity regarding the role that physicians (MD/DO) play in providing patient care relative to other health professionals as it relates to nomenclature, qualifications, degrees attained and current training status. (Modify Current HOD Policy)

Resolution 329:

RESOLVED, That our American Medical Association hold a national discussion about the historical value and current nature of the terms "residency" and "fellowship" to describe physician postgraduate training and address the ramifications of nonphysician clinician groups using similar nomenclature that can confuse the general public. (Directive to Take Action)

Your Reference Committee received testimony in support of Council on Medical Education Report 4 and Resolution 329. Testimony recommended consistency on the use of "physician" versus "professional" as referenced in the Council on Ethical and Judicial Affairs Report 2-A-22 regarding Opinion 10.8 Collaborative Care, which was taken under advisement. Testimony from the author of Resolution 329 suggested amendment by addition to Recommendation 1 of Council on Medical Education Report 4 to include the language from its resolution, which asks our AMA to "hold a national discussion" on terms used to describe physician education, along with additional language regarding the significance of the terms (which was not offered in the original Resolution 329). Your Reference Committee acknowledged these amendments, which were supported by others in testimony and included language indicating that academic institutions across the country should engage in this discussion. Testimony also advocated that words matter and referred to current confusion among patients and health care professionals alike. It was also articulated that any national discussion regarding use of terminology to distinguish among health care professionals should include stakeholders beyond academic institutions and be inclusive of allied health professional organizations.

Therefore, your Reference Committee recommends that Council on Medical Education Report 4 be adopted as amended in lieu of Resolution 329 and that the remainder of the report be filed.

(8) COUNCIL ON MEDICAL EDUCATION REPORT 5 – EDUCATION, TRAINING, AND CREDENTIALING OF NON-PHYSICIAN HEALTH CARE PROVIDERS AND THEIR IMPACT ON PHYSICIAN EDUCATION AND TRAINING (RESOLUTION 305-J-21, RESOLVE 8)

RECOMMENDATION A:

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

4. That our AMA ~~encourage medical education~~ work with key regulatory bodies involved with physician education, accreditation, certification, licensing, and credentialing to a) increase transparency of the process by encouraging them to openly disclose how their board is composed and members are selected and b) review their conflict of interest and other policies related to non-physician health care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision. (Directive to Take Action)

RECOMMENDATION B:

Recommendations in Council on Medical Education Report 5 be adopted as amended and the remainder of the report be filed.

RECOMMENDATION C:

The title of Council on Medical Education Report 5 be changed, to read as follows:

EDUCATION, TRAINING, AND CREDENTIALING OF NON-PHYSICIAN HEALTH CARE PROFESSIONALS AND THEIR IMPACT ON PHYSICIAN EDUCATION AND TRAINING (RESOLUTION 305-J-21, RESOLVE 8)

HOD ACTION: Recommendations in Council on Medical Education Report 5 adopted as amended with a change in title.

EDUCATION, TRAINING, AND CREDENTIALING OF NON-PHYSICIAN HEALTH CARE PROFESSIONALS AND THEIR IMPACT ON PHYSICIAN EDUCATION AND TRAINING (RESOLUTION 305-J-21, RESOLVE 8)

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolve 8 of Resolution 305-J-21 and the remainder of this report be filed:

1. That our AMA support the concept that interprofessional education include a mechanism by which members of interdisciplinary teams learn about, with, and from each other; and that this education include learning about differences in the depth and breadth of their educational backgrounds, experiences, and knowledge and the impact these differences may have on patient care. (New HOD Policy)

2. That our AMA support a clear mechanism for medical school and appropriate institutional leaders to intervene when undergraduate and graduate medical education is being adversely impacted by undergraduate, graduate, and postgraduate clinical training programs of non-physicians. (New HOD Policy)

3. That Policies D-295.934, "Encouragement of Interprofessional Education Among Health Care Professions Students," and D-275.979, "Non-Physician 'Fellowship' Programs," be reaffirmed. (Reaffirm HOD Policy)

4. That our AMA encourage medical education regulatory bodies to review their conflict of interest and other policies related to non-physician health care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision. (Directive to Take Action)

5. That Policy D-275.949, "Non-Physician Postgraduate Medical Training," be rescinded, as having been accomplished by the writing of this report.

~~Our AMA will study and report back to the House of Delegates on curriculum, accreditation requirements, accrediting bodies, and supervising boards for undergraduate, graduate and postgraduate clinical training programs for non-physicians and the impact on undergraduate and graduate medical education.~~ (Rescind HOD Policy)

Your Reference Committee received unanimous supportive testimony for this item. Several amendments were offered including removal of the word "provider" in the title and replacing with "professional" to be more in line with AMA policy; this amendment was supported in further online testimony and your Reference Committee agrees. There was also testimony to support increasing transparency on how boards of organizations choose members and handle conflicts of interest; an amendment offered to recommendation 4 addresses this concern. Additional amendments received by your Reference Committee proposed edits to Policy H-235.970, "Conflict of Interest Issues Related to Physician Medical Board and Staff Leaders"; however, this policy was not analyzed in the body of the original report and therefore does not merit inclusion in our recommendations. Testimony also suggested creation of a definition of "conflict of interest," but this is beyond

the purview of your Reference Committee and the Council on Medical Education. Therefore, your Reference Committee recommends that Council on Medical Education Report 5 be adopted as amended with a change in title and that the remainder of the report be filed.

(9) COUNCIL ON MEDICAL EDUCATION REPORT 6 – CLINICAL APPLICATIONS OF PATHOLOGY AND LABORATORY MEDICINE FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS

RECOMMENDATION A:

Recommendations in Council on Medical Education Report 6 be amended by addition and deletion to read as follows:

~~(2) Our AMA will promote awareness of the Choosing Wisely initiative and encourage medical schools and their teaching hospitals to incorporate concepts from the campaign into their educational offerings.~~

(2) That our AMA work with relevant stakeholders, including specialty societies in the Federation of Medicine, such as the American Society for Clinical Pathology and College of American Pathologists, to promote educational resources regarding appropriate test ordering and interpretation. (Modify Current HOD Policy)

RECOMMENDATION B:

Recommendations in Council on Medical Education Report 6 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Medical Education Report 6 adopted as amended 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 our AMA modify Policy D-155.988, "Support for the Concepts of the Choosing Wisely Program," by addition to read as follows:

(1) Our AMA supports the concepts of the American Board of Internal Medicine Foundation's Choosing Wisely program.

(2) Our AMA will promote awareness of the Choosing Wisely initiative and encourage medical schools and their teaching hospitals to incorporate concepts from the campaign into their educational offerings. (Modify Current HOD Policy)

2. That our AMA rescind Policy D-295.930, "Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows," as having been fulfilled by this report. (Rescind HOD Policy)

Your Reference Committee heard testimony in support for this item. Testimony also indicated a need for further educational resources on appropriate test ordering and interpretation. Your Reference Committee appreciates the information shared regarding the Choosing Wisely program; however, most testimony stood in support of the Council's recommendations. An amendment was offered to add a new recommendation to increase the AMA's ability to work with relevant stakeholders on the development of such education resources. The Council was receptive to this addition. Your Reference Committee agrees with the addition and therefore recommends that Council on Medical Education Report 6 be adopted as amended and the remainder of the report be filed.

(10) RESOLUTION 301 – MEDICAL EDUCATION DEBT CANCELLATION IN THE FACE OF A PHYSICIAN SHORTAGE DURING THE COVID-19 PANDEMIC

RECOMMENDATION A:

Resolution 301 be <u>amended by deletion</u>, to read as follows:

RESOLVED, That our American Medical Association study the issue of medical education debt cancellation and consider the opportunities for integration of this into a broader solution addressing debt for all medical students and physicians ~~in training, and early career~~. (Directive to Take Action)

RECOMMENDATION B:

Resolution 301 be <u>adopted as amended</u>.

HOD ACTION: Resolution 301 <u>adopted as amended.</u>

RESOLVED, That our American Medical Association study the issue of medical education debt cancellation and consider the opportunities for integration of this into a broader solution addressing debt for all medical students, physicians in training, and early career physicians. (Directive to Take Action)

Your Reference Committee heard unanimous testimony in support of the AMA undertaking a study on this issue, including testimony from the Council on Medical Education. An amendment was offered to be inclusive of physicians who may benefit from debt cancellation and are no longer at the early stage of their career. Therefore, your Reference Committee recommends that Resolution 301 be adopted as amended.

(11) RESOLUTION 302 – RESIDENT AND FELLOW ACCESS TO FERTILITY PRESERVATION

RECOMMENDATION A:

The first Resolve of Resolution 302 be deleted:

~~**RESOLVED, That our American Medical Association support education for residents and fellows regarding the natural course of female fertility in relation to the timing of medical education, and the option of fertility preservation and infertility treatment (New HOD Policy); and be it further**~~

RECOMMENDATION B:

The second Resolve of Resolution 302 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA ~~advocate inclusion of~~ encourage insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs (Directive to Take Action); and be it further

RECOMMENDATION C:

The third Resolve of Resolution 302 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including but not limited to, the need to attend medical visits to complete the ~~oocyte~~ gamete preservation process and to administer medications in a time-sensitive fashion. (New HOD Policy)

RECOMMENDATION D:

Resolution 302 be adopted as amended.

HOD ACTION: Resolution 302 adopted as amended.

RESOLVED, That our American Medical Association support education for residents and fellows regarding the natural course of female fertility in relation to the timing of medical education, and the option of fertility preservation and infertility treatment (New HOD Policy); and be it further

RESOLVED, That our AMA advocate inclusion of insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and

fellows offered through graduate medical education programs (Directive to Take Action); and be it further

RESOLVED, That our AMA support the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including the need to attend medical visits to complete the oocyte preservation process and to administer medications in a time-sensitive fashion. (New HOD Policy)

Your Reference Committee heard testimony in support of Resolution 302. The Council on Medical Education suggested the first resolve not be adopted given the implications of such education on an already busy curriculum. Also, the Council suggested the third resolve not be adopted because ACGME Common Program Requirements VI.C.1.d)(1) provides adequate coverage for these medical appointments; your Reference Committee, however, received significant testimony in support of retaining this language. Further, the Council suggested a minor amendment to the second resolve to support the original intent while maintaining consistency with current AMA policy by not requiring or mandating that graduate medical education programs provide this benefit. Your Reference Committee therefore recommends that Resolution 302 be adopted as amended.

(12) RESOLUTION 307 – PARENTAL LEAVE AND PLANNING RESOURCES FOR MEDICAL STUDENTS

RECOMMENDATION A:

AMA Policy H-405.960 be amended by addition in lieu of the second Resolve to read as follows:

Our AMA encourages medical schools, residency programs, specialty boards, and medical group practices to incorporate into their parental leave policies a six-week minimum leave allowance, with the understanding that no parent should be required to take a minimum leave.

RECOMMENDATION B:

The third Resolve of Resolution 307 be deleted:

~~**RESOLVED, That our 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 (New HOD Policy); and be it further**~~

RECOMMENDATION C:

The fourth Resolve of Resolution 307 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA work with key stakeholders to advocate thatwith ~~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) do not discriminate ~~discriminating~~ against students who take family/parental leave (New HOD Policy); and be it further

RECOMMENDATION D:

Policy H-405.960(14) be reaffirmed in lieu of the fifth Resolve of Resolution 307.

RECOMMENDATION E:

Resolution 307 be adopted as amended.

HOD ACTION: Resolution 307 adopted as amended.

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 (New HOD Policy); and be it further

RESOLVED, That our 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 (New HOD Policy); and be it further

RESOLVED, That our 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 (New HOD Policy); and be it further

RESOLVED, That our 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 (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for medical schools to make resources and policies regarding family leave and parenthood transparent and openly accessible to prospective and current students. (Directive to Take Action)

Your Reference Committee received supportive testimony for the intent of this resolution. The Council on Medical Education recommended the following: adoption of the first resolve; amendment of AMA Policy H-405.960(4) in lieu of the second resolve to include

"medical schools" thereby achieving the author's stated goal; not adoption of the third resolve because most, if not all, medical schools already make a general schedule available for their curriculum and this resolved clause does not establish whether access to plans for the curriculum are a barrier to accessing parental leave services; amendment to the fourth resolve to include additional relevant stakeholders; and reaffirmation of Policy H-405.960(14) in lieu of the fifth resolve as it seeks to accomplish the same goal. Your Reference Committee recognizes that by amending AMA Policy H-405.960, it would essentially reaffirm the entire amended policy which eliminates the need to reaffirm it. Your Reference Committee appreciates the Council's thorough analysis of this resolution and therefore recommends that Resolution 307 be adopted as amended.

Policy Recommended for Reaffirmation:

> Policies for Parental, Family and Medical Necessity Leave H-405.960
>
> AMA adopts as policy the following guidelines for, and encourages the implementation of, Parental, Family and Medical Necessity Leave for Medical Students and Physicians:
> 1. Our AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of leave policies, including parental, family, and medical leave policies, as part of the physician's standard benefit agreement.
> 2. Recommended components of parental leave policies for medical students and physicians include: (a) duration of leave allowed before and after delivery; (b) category of leave credited; (c) whether leave is paid or unpaid; (d) whether provision is made for continuation of insurance benefits during leave, and who pays the premium; (e) whether sick leave and vacation time may be accrued from year to year or used in advance; (f) how much time must be made up in order to be considered board eligible; (g) whether make-up time will be paid; (h) whether schedule accommodations are allowed; and (i) leave policy for adoption.
> 3. AMA policy is expanded to include physicians in practice, reading as follows: (a) residency program directors and group practice administrators should review federal law concerning maternity leave for guidance in developing policies to assure that pregnant physicians are allowed the same sick leave or disability benefits as those physicians who are ill or disabled; (b) staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' workloads, particularly in residency programs; and (c) physicians should be able to return to their practices or training programs after taking parental leave without the loss of status.
> 4. Our AMA encourages residency programs, specialty boards, and medical group practices to incorporate into their parental leave policies a six-week minimum leave allowance, with the understanding that no parent should be required to take a minimum leave.
> 5. Residency program directors should review federal and state law for guidance in developing policies for parental, family, and medical leave.
> 6. Medical students and physicians who are unable to work because of pregnancy, childbirth, and other related medical conditions should be entitled to such leave

and other benefits on the same basis as other physicians who are temporarily unable to work for other medical reasons.

7. Residency programs should develop written policies on parental leave, family leave, and medical leave for physicians. Such written policies should include the following elements: (a) leave policy for birth or adoption; (b) duration of leave allowed before and after delivery; (c) category of leave credited (e.g., sick, vacation, parental, unpaid leave, short term disability); (d) whether leave is paid or unpaid; (e) whether provision is made for continuation of insurance benefits during leave and who pays for premiums; (f) whether sick leave and vacation time may be accrued from year to year or used in advance; (g) extended leave for resident physicians with extraordinary and long-term personal or family medical tragedies for periods of up to one year, without loss of previously accepted residency positions, for devastating conditions such as terminal illness, permanent disability, or complications of pregnancy that threaten maternal or fetal life; (h) how time can be made up in order for a resident physician to be considered board eligible; (i) what period of leave would result in a resident physician being required to complete an extra or delayed year of training; (j) whether time spent in making up a leave will be paid; and (k) whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules, and permanent part-time scheduling.

8. Our AMA endorses the concept of equal parental leave for birth and adoption as a benefit for resident physicians, medical students, and physicians in practice regardless of gender or gender identity.

9. Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs.

10. Physicians should be able to return to their practices or training programs after taking parental leave, family leave, or medical leave without the loss of status.

11. Residency program directors must assist residents in identifying their specific requirements (for example, the number of months to be made up) because of leave for eligibility for board certification and must notify residents on leave if they are in danger of falling below minimal requirements for board eligibility. Program directors must give these residents a complete list of requirements to be completed in order to retain board eligibility.

12. Our AMA encourages flexibility in residency training programs, incorporating parental leave and alternative schedules for pregnant house staff.

13. In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages 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.

14. These policies as above should be freely available online and in writing to all applicants to medical school, residency or fellowship.

(13) RESOLUTION 309 – DECREASING BIAS IN EVALUATIONS OF MEDICAL STUDENT PERFORMANCE

RECOMMENDATION A:

The first Resolve of Resolution 309 be <u>amended by addition and deletion</u>, to read as follows:

~~**RESOLVED, That our American Medical Association work with appropriate stakeholders, such as the Liaison Committee on Medical Education and the Commission on Osteopathic College Accreditation to support: 1) increased diversity and implementation of implicit bias training to individuals responsible for assessing medical students' performance, including the evaluation of professionalism and investigating and ruling upon disciplinary matters involving medical students; and 2) that all reviews of medical student professionalism and academic performance be conducted in a blinded manner when doing such does not interfere with appropriate scoring (Directive to Take Action); and be it further**~~

<u>RESOLVED, That our American Medical Association work with appropriate stakeholders to promote efforts to evaluate methods for decreasing the impact of bias in medical student performance evaluation as well as reducing the impact of bias in the review of disciplinary actions. (Directive to Take Action)</u>

RECOMMENDATION B:

The second Resolve of Resolution 309 be <u>referred</u>.

RECOMMENDATION C:

The remainder of Resolution 309 be <u>adopted as amended</u>.

HOD ACTION: First Resolve of Resolution 309 <u>amended by addition and deletion</u> and Second Resolve <u>referred</u>.

RESOLVED, That our American Medical Association work with appropriate stakeholders, such as the Liaison Committee on Medical Education and the Commission on Osteopathic College Accreditation to support: 1) increased diversity and implementation of implicit bias training to individuals responsible for assessing medical students' performance, including the evaluation of professionalism and investigating and ruling upon disciplinary matters involving medical students; and 2) that all reviews of medical student professionalism and academic performance be conducted in a blinded manner when doing such does not interfere with appropriate scoring (Directive to Take Action); and be it further

RESOLVED, That our AMA study the impact of two-interval clinical clerkship grading systems on residency application outcomes and clinical performance during residency. (Directive to Take Action)

Your Reference Committee received supportive testimony for this item. The Council on Medical Education recommended substitute language to allow the AMA to work with all appropriate stakeholders, as the organizations named in the resolution serve to accredit based upon adherence to broad-based policy recommendations rather than enforce any prescriptive standards. Also, the Council noted that the substitute language allows our AMA to evaluate mechanisms to reduce the impact of bias within the current landscape of medical education. The Council recommended deleting the second resolve given the difficulty in accessing the data needed to inform such a study. It was noted that work is underway via the Accelerating Change in Medical Education initiative looking at longitudinal tracking, as recently published in *Academic Medicine*. Your Reference Committee agrees with the rationale presented by the Council regarding the substitute language for the first resolve. Regarding the second resolve, your Reference Committee discussed the challenges faced by program directors, the delicate balance of wanting more data versus ensuring unbiased data, and concern for inequity in current grading models. Your Reference Committee felt that these concerns warrant study. Therefore, your Reference Committee recommends that Resolution 309 be adopted as amended and that the second resolve be referred.

(14) RESOLUTION 315 – MODIFYING ELIGIBILITY CRITERIA FOR THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES' FINANCIAL ASSISTANCE PROGRAM

RECOMMENDATION A:

Resolution 315 be amended by addition and deletion, to read as follows:

~~**RESOLVED, That our American Medical Association encourage the Association of American Medical Colleges to conduct a study of the financial impact of the current Fee Assistance Program policy to medical school applicants. (New HOD Policy)**~~

RESOLVED, That our AMA work with the Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, and other appropriate stakeholders to study process reforms that could help mitigate the high cost of applying to medical school for low-income applicants, including better targeting application fee waivers through broadened eligibility criteria. (New HOD Policy)

RECOMMENDATION B:

Resolution 315 be adopted as amended.

RECOMMENDATION C:

The title of Resolution 315 be changed, to read as follows:

MODIFYING FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR MEDICAL SCHOOL APPLICANTS

HOD ACTION: Resolution 315 adopted as amended with a change in title.
MODIFYING FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR MEDICAL SCHOOL APPLICANTS

RESOLVED, That our American Medical Association encourage the Association of American Medical Colleges to conduct a study of the financial impact of the current Fee Assistance Program policy to medical school applicants. (New HOD Policy)

Your Reference Committee received testimony in support of this item. The Council on Medical Education offered substitute language, such that the AMA work with appropriate stakeholders, including the Association of American Medical Colleges (AAMC) and American Association of Colleges of Osteopathic Medicine, to examine reforms to the financial assistance programs and other aspects of the medical school application process that might better ensure resources are targeted towards individuals struggling to afford the high costs of applying to medical school. The Council also acknowledged inclusion of the American Association of Colleges of Osteopathic Medicine Application Service Fee Waiver Program for osteopathic medical school applicants, alongside the AAMC program which was the focus of the original resolution. Your Reference Committee concurs with the Council and therefore recommends that substitute language be adopted as amended and that the title be changed to expand the scope of this resolution to incorporate both allopathic and osteopathic medical schools.

(15) RESOLUTION 319 – SENIOR LIVING COMMUNITY TRAINING FOR MEDICAL STUDENTS AND RESIDENTS

RECOMMENDATION A:

Resolution 319 be amended by addition and deletion, to read as follows:

~~**RESOLVED, That our American Medical Association advocate to require training of medical students and residents in senior living communities (to include nursing homes and assisted living facilities) during their primary care rotations (internal medicine, family medicine and geriatric medicine). (Directive to Take Action)**~~

RESOLVED, That our American Medical Association encourage development of opportunities for medical students and resident/fellow physicians to train in senior living communities (for example, nursing homes and assisted living facilities), as appropriate to the educational objectives of the program. (Directive to Take Action)

RECOMMENDTION B:

Resolution 319 be adopted as amended.

HOD ACTION: Resolution 319 adopted as amended.

RESOLVED, That our American Medical Association advocate to require training of medical students and residents in senior living communities (to include nursing homes and assisted living facilities) during their primary care rotations (internal medicine, family medicine and geriatric medicine). (Directive to Take Action)

Your Reference Committee received testimony in support of this item. Your Reference Committee acknowledged that such education and experience can benefit trainees as well as this growing patient population. Testimony noted concern that this resolution may be misconstrued as a curricular mandate, and that such education and experience may not prioritized for all specialties. Your Reference Committee appreciates this sensitivity and offers substitute language which may address the concerns while also upholding the spirit of the resolution. Your Reference Committee recommends that Resolution 319 be adopted as amended.

(16) RESOLUTION 321 – IMPROVING AND STANDARDIZING PREGNANCY AND LACTATION ACCOMMODATIONS FOR MEDICAL BOARD EXAMINATIONS

RECOMMENDATION A:

The first Resolve of Resolution 321 be amended by addition and deletion, to read as follows:

RESOLVED, That our American Medical Association support and advocate for the implementation of a minimum of 60 minutes of additional, scheduled break time for ~~medical students and residents who have pregnancy complications and/or lactation needs~~ all test takers who are pregnant and/or lactating ~~for~~ during all medical licensure and certification ~~NBME administered examinations, consistent with American Board of Internal Medicine accommodations~~ (New HOD Policy); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 321 be amended by addition and deletion, to read as follows:

RESOLVED, That our AMA support and advocate for the addition of pregnancy comfort aids, including but not limited to~~,~~ ginger teas, saltines, wastebaskets, and antiemetics, to any medical licensure or certification examination's ~~the~~ ~~USMLE~~ pre-approved list of Personal Item Exemptions (PIEs) permitted in the secure testing area for all test takers who are pregnant and/or lactating~~individuals~~. (New HOD Policy)

RECOMMENDATION C:

Resolution 321 be adopted as amended.

HOD ACTION: Resolution 321 adopted as amended.

RESOLVED, That our American Medical Association support and advocate for the implementation of 60 minutes of additional, scheduled break time for medical students and residents who have pregnancy complications and/or lactation needs for all NBME administered examinations, consistent with American Board of Internal Medicine accommodations (New HOD Policy); and be it further

RESOLVED, That our AMA support and advocate for the addition of pregnancy comfort aids, including but not limited to, ginger teas, saltines, wastebaskets, and antiemetics, to the USMLE pre-approved list of Personal Item Exemptions (PIEs) permitted in the secure testing area for pregnant individuals. (New HOD Policy)

Your Reference Committee received testimony that was largely supportive. The Council on Medical Education recommended amendments to the first resolve to include all medical licensure and certification examinations, and to emphasize that 60 minutes be the minimum amount of break time. Similar amendments were also offered to the second resolve. Therefore, your Reference Committee recommends that Resolution 321 be adopted as amended.

(17) RESOLUTION 323 – CULTURAL LEAVE FOR AMERICAN INDIAN TRAINEES

RECOMMENDATION A:

The first Resolve of Resolution 323 be amended by addition and deletion, to read as follows:

Eliminating Religious and Cultural Discrimination from Residency and Fellowship Programs and Medical Schools H-310.923

Our AMA encourages residency programs, fellowship programs, and medical schools to: (1) ~~make an effort to accommodate~~ allow ~~residents'~~ trainees to take leave and attend religious and cultural holidays and observances, ~~including those practiced by American Indians and Alaskan Natives,~~ provided that patient care and the rights of other ~~residents~~ trainees are not compromised; and (2) explicitly inform applicants and entrants about their policies and procedures related to accommodation for religious and cultural holidays and observances; (Modify Current HOD Policy), and be it further

RECOMMENDATION B:

The second Resolve of Resolution 323 be deleted:

~~**RESOLVED, That our AMA will work with the Association of American Indian Physicians, Association of Native American Medical Students, and other appropriate stakeholders to design model cultural leave policies for undergraduate and graduate medical education programs and healthcare employers. (Directive to Take Action)**~~

RECOMMENDATION C:

Resolution 323 be amended by addition of a new Resolve, to read as follows:

RESOLVED, Our AMA recognizes the importance of cultural identity in fostering trainee success and encourages residency programs, fellowship programs, and medical schools to accommodate cultural observances for trainees from American Indian, Alaska Native, and Native Hawaiian communities. (New HOD Policy)

RECOMMENDATION D:

Resolution 323 be adopted as amended.

HOD ACTION: Resolution 323 adopted as amended.

RESOLVED, That our AMA amend H-310.923, Eliminating Religious Discrimination from Residency Programs, by addition as follows:

Eliminating Religious and Cultural Discrimination from Residency and Fellowship Programs and Medical Schools H-310.923

Our AMA encourages residency programs, fellowship programs, and medical schools to:

(1) ~~make an effort to accommodate~~ Allow ~~residents'~~ trainees to take leave and attend religious and cultural holidays and observances, including those practiced by American Indians and Alaskan Natives, provided that patient care and the rights of other ~~residents~~ trainees are not compromised; and (2) explicitly inform applicants and entrants about their policies and procedures related to accommodation for religious and cultural holidays and observances; (Modify Current HOD Policy) and be it further

RESOLVED, That our AMA will work with the Association of American Indian Physicians, Association of Native American Medical Students, and other appropriate stakeholders to design model cultural leave policies for undergraduate and graduate medical education programs and employers. (Directive to Take Action)

Your Reference Committee received supportive testimony for this item. Amendments were proffered by the MSS Committee on American Indian Affairs (CAIA) and the Council on Medical Education to the first resolve to delete "including those practiced by American Indians and Alaskan Natives," as well as a substitute second resolve to recognize the political relationship between the United States and American Indian, Alaska Native, and Native Hawaiian communities and affirms greater institutional support for American Indian, Alaska Native, and Native Hawaiian trainees across the medical education continuum, so that these trainees may then go back and serve their communities through culturally responsive medical practice. Further testimony supported the amendments. Therefore, your Reference Committee recommends that Resolution 323 be adopted as amended.

(18) RESOLUTION 324 – SEXUAL HARASSMENT ACCREDITATION STANDARDS FOR MEDICAL TRAINING PROGRAMS

RECOMMENDATION A:

The first Resolve of Resolution 324 be <u>amended by addition and deletion</u>, to read as follows:

RESOLVED, That our AMA encourage ~~the LCME and ACGME~~ <u>key stakeholders</u> to create a standard for accreditation that includes sexual harassment training, policies, and repercussions for sexual harassment in undergraduate and graduate medical <u>education</u> programs; (Directive to Take Action) and be it further

RECOMMENDATION B:

The second Resolve of Resolution 324 be <u>amended by addition and deletion</u> to read as follows:

RESOLVED, That our AMA encourage ~~the LCME and ACGME~~ <u>key stakeholders</u> to assess: 1) medical trainees' perception of institutional culture regarding sexual harassment and preventative trainings and 2) sexual harassment prevalence, reporting, investigation of allegations, and Title IX resource utilization in order to recommend best practices. (Directive to Take Action)

RECOMMENDATION C:

Resolution 324 be <u>adopted as amended</u>.

RECOMMENDATION D:

The <u>title</u> of Resolution 324 be <u>changed</u>, to read as follows:

ACCREDITATION STANDARDS TO ADDRESS SEXUAL HARASSMENT IN MEDICAL TRAINING PROGRAMS

HOD ACTION: Resolution 324 <u>adopted as amended</u> with a change in title.
ACCREDITATION STANDARDS TO ADDRESS SEXUAL HARASSMENT IN MEDICAL TRAINING PROGRAMS

RESOLVED, That our AMA encourage the LCME and ACGME to create a standard for accreditation that includes sexual harassment training, policies, and repercussions for sexual harassment in undergraduate and graduate medical programs; (Directive to Take Action) and be it further

RESOLVED, That our AMA encourage the LCME and ACGME to assess: 1) medical trainees' perception of institutional culture regarding sexual harassment and preventative trainings and 2) sexual harassment prevalence, reporting, investigation of allegations, and Title IX resource utilization in order to recommend best practices. (Directive to Take Action)

Your Reference Committee received testimony that was supportive and acknowledges the importance of the provision and maintenance of a safe environment for all trainees. The Council on Medical Education referenced the policies and safeguards developed by the AMA, LCME, ACGME, AOA, and COCA at all levels of training throughout the educational continuum. While the Council recommended that AMA Policy H-295.955 be reaffirmed in lieu of this resolution, testimony noted that this policy is only focused on teachers and learners, which does not cover the full spectrum of sexual harassment. Minor edits are proffered to incorporate "key stakeholders," versus attempting to list the totality of relevant organizations for this issue, to provide flexibility for our AMA staff in operationalizing the asks of this item. Testimony also noted that the title may need to be reworded in light of potential misinterpretation. Your Reference Committee appreciates the sensitive nature of this resolution and therefore recommends that Resolution 324 be adopted as amended with a change in title.

(19) RESOLUTION 325 – SINGLE LICENSING EXAM SERIES FOR OSTEOPATHIC AND ALLOPATHIC MEDICAL STUDENTS

RECOMMENDATION A:

Resolution 325 be <u>amended by addition</u>, to read as follows:

RESOLVED, That our AMA <u>work with key stakeholders to</u> encourage the development of a single licensing examination series for all medical students attending a medical school accredited by the Liaison Committee on Medical Education (LCME) or the Commission on Osteopathic College Accreditation (COCA), with a

separate, additional osteopathic-specific subject test for osteopathic medical students. (Directive to Take Action)

RECOMMENDATION B:

Resolution 325 be <u>adopted as amended</u>.

HOD ACTION: Resolution 325 <u>adopted as amended</u>.

RESOLVED, That our AMA encourage the development of a single licensing examination series for all medical students attending a medical school accredited by the Liaison Committee on Medical Education (LCME) or the Commission on Osteopathic College Accreditation (COCA), with a separate, additional osteopathic-specific subject test for osteopathic medical students. (Directive to Take Action)

Your Reference Committee received online testimony that was largely supportive of this item, with the exception of the National Board of Osteopathic Medical Examiners (NBOME) and the American Osteopathic Association, both of which expressed opposition to adoption. The NBOME testimony noted differences in osteopathic versus allopathic education, called attention to perceived bias against DO versus MD graduates in residency program selection, and encouraged equitable and fair treatment of all applicants. Your Reference Committee considered concerns raised by members of the financial hardship placed upon osteopathic trainees that perceive a need to take both the USMLE and the COMLEX exams in order to be competitive among their peers seeking a residency program slot and the importance of assessing competencies related to Osteopathic Philosophy/Osteopathic Manipulative Medicine for osteopathic students. Your Reference Committee also believes that policies such as H-275.953, The Grading Policy for Medical Licensure Examinations, are helping to shift the culture of medical education, and this resolution builds upon that shift. Your Reference Committee agrees that these are real issues and appreciates the engagement of the NBOME, and believes that this resolution could provide opportunities to work with key stakeholders to develop new assessment tools that reduce cost burdens for osteopathic trainees and assess competencies related to their unique training. Therefore, your Reference Committee recommends that Resolution 325 be adopted as amended.

(20) RESOLUTION 326 – STANDARDIZED WELLNESS INITIATIVE REPORTING

RESOLUTION 317 – MEDICAL STUDENT, RESIDENT AND FELLOW SUICIDE REPORTING

RECOMMENDATION A:

Resolution 326 be <u>amended by addition and deletion</u>, to read as follows:

RESOLVED, That our AMA amend Study of Medical Student, Resident, and Physician Suicide D-345.983 as follows:

D-345.983 – STUDY OF MEDICAL STUDENT, RESIDENT, AND PHYSICIAN SUICIDE

Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; ~~and~~ (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and ~~addiction~~ substance use disorders, and attempted and completed suicide among physicians, residents, and medical students~~.~~; and (5) work with appropriate stakeholders to explore the viability of developing a standardized reporting mechanism for the collection of current wellness initiatives that institutions have in place to inform and promote meaningful mental health and wellness interventions in these populations. (Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 326 be adopted as amended in lieu of Resolution 317.

HOD ACTION: Resolution 326 adopted as amended in lieu of Resolution 317.

Resolution 326:

RESOLVED, That our AMA amend Study of Medical Student, Resident, and Physician Suicide D-345.983 as follows:

D-345.983 – STUDY OF MEDICAL STUDENT, RESIDENT, AND PHYSICIAN SUICIDE

Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; ~~and~~ (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and addiction, and suicide among physicians, residents, and medical students~~.~~; and (5) work with appropriate stakeholders to explore the viability of developing a standardized reporting mechanism for the collection of current wellness initiatives that institutions have in place to inform and promote meaningful mental health and wellness interventions in these populations. (Modify Current HOD Policy)

Resolution 317:

RESOLVED, That our American Medical Association amend Policy D-345.983 by addition to read as follows:

Study of Medical Student, Resident, and Physician Suicide D-345.983

Our AMA will: (1) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and confidentially maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies; (2) monitor progress by the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events; (3) support the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free mental health and substance use disorder services; ~~and~~ (4) collaborate with other stakeholders to study the incidence of and risk factors for depression, substance misuse and addiction, and suicide among physicians, residents, and medical students~~.~~ ; (5) work with appropriate stakeholders to develop a standardized reporting mechanism for the confidential collection of pertinent suicide information of trainees in medical schools, residency, and fellowship programs, along with current wellness initiatives, to inform and promote meaningful interventions at these institutions; and (6) create a publicly accessible database that stratifies medical institutions based on relative rate of trainee suicide over a period of time, in order to raise awareness and promote the implementation of initiatives to prevent medical trainee suicide, while maintaining confidentiality of the deceased. (Modify Current HOD Policy)

Your Reference Committee noted that both Resolutions 326 and 317 seek to amend the same policy in a similar fashion, with one focused on wellness promotion and the second on suicide prevention. Your Reference Committee received testimony in support of the spirit of both resolutions. While your Reference Committee acknowledged the intent of Resolution 317 and the need to address the troubling rise in suicide among medical students and resident/fellow physicians, some testimony expressed concern for the sensitivity and confidentiality of these data, the difficulty in obtaining accurate cause of death statistics, the use of the data, and the challenge of achieving a balance between respecting privacy while promoting action. In addition, concerns were voiced that the proposed new sixth clause of this resolution could inadvertently stigmatize mental health among students and trainees, discourage an institution from addressing these problems, and cause misperceptions as to that institution's commitment to an environment of wellness. Your Reference Committee believes that Resolution 326 accomplishes the overall goals of both resolutions without amplifying the concerns raised regarding Resolution 317. Testimony also supported consideration of suicide attempts. The Reference Committee noted that changes to language in The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition uses "substance use disorder" instead of "addiction"; therefore, your Reference Committee included an amendment to update AMA Policy D-345.983. In sum, your Reference Committee recommends that amended Resolution 326 be adopted in lieu of Resolution 317.

(21) RESOLUTION 327 – LEADERSHIP TRAINING MUST BECOME AN INTEGRAL PART OF MEDICAL EDUCATION

RECOMMENDATION A:

The first Resolve of Resolution 327 be <u>amended by deletion</u>, to read as follows:

RESOLVED, That our American Medical Association study the extent of the impact of AMA Policy D-295.316, "Management and Leadership for Physicians," on elective curriculum ~~and provide a report at the interim annual meeting~~ (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 327 be <u>amended by addition and deletion</u>, to read as follows:

RESOLVED, That our AMA <u>expand efforts to promote</u> ~~advocate for the implementation of concrete steps to incorporate leadership training as an integral part of the core curriculum of medical school education, post-~~ <u>the tenets of health systems science to prepare trainees for leadership roles and address prevalent challenges in the practice of medicine and public health</u>.

RECOMMENDATION C:

Resolution 327 be adopted as amended.

HOD ACTION: Resolution 327 adopted as amended.

RESOLVED, That our American Medical Association study the extent of the impact of AMA Policy D-295.316, "Management and Leadership for Physicians," on elective curriculum and provide a report at the interim meeting (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for the implementation of concrete steps to incorporate leadership training as an integral part of the core curriculum of medical school education, post-graduate training, and for practicing physicians.

Your Reference Committee received supportive testimony on the need for physician leaders and the development of necessary leadership and communication skills, which aligns with our AMA's work to inculcate health systems science throughout the medical education curriculum as part of its Accelerating Change in Medical Education initiative. Testimony was offered by the Council on Medical Education regarding the timing of the study called for in the resolution, given the policy backlog due to two years of virtual meetings, which limited items of business. Testimony also noted that study of this issue is important and should be prioritized above the second resolve. Following this study, your Reference Committee thought that consideration should be given to the implementation of the findings as related to leadership training across the professional continuum. Therefore, your Reference Committee recommends that Resolution 327 be adopted as amended.

(22) RESOLUTION 328 – INCREASING TRANSPARENCY OF THE RESIDENT PHYSICIAN APPLICATION PROCESS

RECOMMENDATION A:

Resolution 328 be amended by addition and deletion, to read as follows:

That our American Medical Association work with appropriate~~, and interested~~ stakeholders~~,~~ to study options for improving transparency in the resident application process. (Directive to Take Action)

RECOMMENDATION B:

Resolution 328 be adopted as amended.

HOD ACTION: Resolution 328 adopted as amended.

RESOLVED, That our American Medical Association, and interested stakeholders, study options for improving transparency in the resident application process. (Directive to Take Action)

Your Reference Committee received supportive testimony on Resolution 328, which seeks to lessen the growing burden on residency program personnel and applicants alike and increase the odds of a more holistic review process, which has the added benefit of improved diversity of entrants into graduate medical education and, ultimately, the physician workforce. Testimony raised concerns regarding the need to facilitate increased transparency and accountability for protecting the rights and well-being of resident and fellow trainees. A minor amendment was offered that supports the intent of the resolution. Therefore, your Reference Committee recommends that Resolution 328 be adopted as amended.

Recommended for Referral

(23) RESOLUTION 304 – ACCOUNTABLE ORGANIZATIONS TO RESIDENT AND FELLOW TRAINEES

RECOMMENDATION:

Resolution 304 be referred.

HOD ACTION: Resolution 304 referred.

RESOLVED, That our American Medical Association work with relevant stakeholders to: (1) determine which organizations or governmental entities are best suited for being permanently responsible for resident and fellow interests without conflicts of interests; (2) determine how organizations can be held accountable for fulfilling their duties to protect the rights and wellbeing of resident and fellow trainees as detailed in the Residents and Fellows' Bill of Rights; (3) determine methods of advocating for residents and fellows that are timely and effective without jeopardizing trainees' current and future employability; (4) study and report back by the 2023 Annual Meeting on how such an organization may be created, in the event that no organizations or entities are identified that meet the above criteria; and (5) determine transparent methods to communicate available residency positions to displaced residents. (Directive to Take Action)

Your Reference Committee received mixed testimony on this item. While the fourth resolve specifically asks for study, the Council on Medical Education recommended that the entire resolution be referred to properly address house staff representation as well as transparent methods for communicating available training positions to displaced trainees. The balance of testimony agreed as to the complexity of the issue and with referral for study. Additionally, your Reference Committee recommends that time for completion of a study should be determined by the Council on Medical Education. Therefore, your Reference Committee recommends that Resolution 304 be referred.

(24) RESOLUTION 305 – REDUCING OVERALL FEES AND MAKING COSTS FOR LICENSING, EXAM FEES, APPLICATION FEES, ETC., EQUITABLE FOR IMGS

RECOMMENDATION:

Resolution 305 be referred.

HOD ACTION: Resolution 305 referred.

RESOLVED, That our American Medical Association work with all relevant stakeholders to reduce application, exam, licensing fees and related financial burdens for international medical graduates (IMGs) to ensure cost equity with US MD and DO trainees (Directive to Take Action); and be it further

RESOLVED, That our AMA amend current policy H-255.966, "Abolish Discrimination in Licensure of IMGs," by addition to read as follows:

2. Our AMA will continue to work with the FSMB to encourage parity in licensure requirements, and associated costs, for all physicians, whether U.S. medical school graduates or international medical graduates. (Modify Current HOD Policy)

Your Reference Committee received testimony in support of this item. The Council on Medical Education noted concern that there may be an unintended consequence which could stimulate debate on the total costs of medical education, of which licensing fees constitute a small portion. The Council offered substitute language for the first resolve asking the AMA to study the most equitable approach to achieving parity between US MD and DO trainees and international medical graduates with regard to application, exam, licensing fees and related financial burdens; they also suggested the second resolve be not adopted. Your Reference Committee encourages the Council to consider the presence and nature of differential application and examination costs for US medical graduate and IMG applicants. Your Reference Committee appreciates the recognition of the need for study and therefore recommends that Resolution 305 be referred.

(25) RESOLUTION 306 – CREATING A MORE ACCURATE ACCOUNTING OF MEDICAL EDUCATION FINANCIAL COSTS

RECOMMENDATION:

Resolution 306 be referred.

HOD ACTION: Resolution 306 referred.

RESOLVED, That our American Medical Association study the costs of medical education, taking into account medical student tuition and accrued loan interest, to come up with a more accurate description of medical education financial costs. (Directive to Take Action)

Your Reference Committee received mixed testimony on this item. Testimony expressed concern that there would be numerous variables associated with medical student tuition and accrued loan interest and that the issue is more complex than it might initially appear. An amendment was offered to specify the intent of this resolution. The Council on Medical Education recommended that AMA Policy D-305.984 be reaffirmed in lieu of this resolution as it already addresses the purpose of Resolution 306. Your Reference Committee recognizes that the ability to absorb unexpected costs represents an underlying equity issue in medical education. There may be value in a study of models across different types of institutions and geographic areas (e.g., public versus private school, urban versus rural, and allopathic versus osteopathic). Therefore, your Reference Committee recommends that Resolution 306 be referred so that the totality of medical education financial costs to students can be studied.

(26) RESOLUTION 314 – SUPPORT FOR INSTITUTIONAL POLICIES FOR PERSONAL DAYS FOR UNDERGRADUATE MEDICAL STUDENTS

RECOMMENDATION:

Resolution 314 be referred.

HOD ACTION: Resolution 314 referred.

RESOLVED, That our American Medical Association encourage medical schools to accept flexible uses for excused absences from clinical clerkships (New HOD Policy); and be it further

RESOLVED, That our AMA support a clearly defined number of easily accessible personal days for medical students per academic year, which should be explained to students at the beginning of each academic year and a subset of which should be granted without requiring an explanation on the part of the students. (New HOD Policy)

Your Reference Committee received mixed testimony on this item. The Council on Medical Education recommended that AMA Policy D-310.968 be reaffirmed and amended in lieu of Resolution 314, such that the key elements of the first resolve be added to Policy D-310.968(3) and the second resolve be added as a new tenth clause of Policy D-310.968(10). Some testimony indicated support for this resolution, while others recommended referral for further study due to concerns that using excessive personal days during a given clerkship could have significant repercussions on the quality of education. While your Reference Committee supports use of personal days by medical students, it was noted that determining a defined number of personal days per academic year may be difficult given the variances across medical schools. Your Reference Committee appreciates the recommendation from the Council and therefore recommends that Resolution 314 be referred.

Recommended for Referral for Decision

(27) RESOLUTION 308 – UNIVERSITY LAND GRANT STATUS IN MEDICAL SCHOOL ADMISSIONS

RECOMMENDATION:

Resolution 308 be referred for decision.

HOD ACTION: Resolution 308 referred for decision.

RESOLVED, That our American Medical Association work with the Association of American Medical Colleges, Liaison Committee on Medical Education, Association of American Indian Physicians, and Association of Native American Medical Students to design and promulgate medical school admissions recommendations in line with the federal trust responsibility (Directive to Take Action); and be it further

RESOLVED, That our AMA amend Policy H-350.981, "AMA Support of American Indian Health Career Opportunities," by addition to read as follows:

AMA Support of American Indian Health Career Opportunities H-350.981

AMA policy on American Indian health career opportunities is as follows:

(1) Our AMA, and other national, state, specialty, and county medical societies recommend special programs for the recruitment and training of American Indians in health careers at all levels and urge that these be expanded.

(2) Our AMA support the inclusion of American Indians in established medical training programs in numbers adequate to meet their needs. Such training programs for American Indians should be operated for a sufficient period of time to ensure a continuous supply of physicians and other health professionals. These efforts should include, but are not limited to, priority consideration of applicants who self-identify as American Indian or Alaska Native and can provide some form of affiliation with an American Indian or Alaska Native tribe in the United States, and robust mentorship programs that support the successful advancement of these trainees.

(3) Our AMA utilize its resources to create a better awareness among physicians and other health providers of the special problems and needs of American Indians and that particular emphasis be placed on the need for stronger clinical exposure and a greater number of health professionals to work among the American Indian population.

(4) Our AMA continue to support the concept of American Indian self-determination as imperative to the success of American Indian programs, and recognize that enduring acceptable solutions to American Indian health problems can only result from program and project beneficiaries having initial and continued contributions in planning and program operations.

(5) Our AMA acknowledges long-standing federal precedent that membership or lineal descent from an enrolled member in a federally recognized tribe is distinct from racial identification as American Indian or Alaska Native and should be considered in medical school admissions even when restrictions on race-conscious admissions policies are in effect.

(6) Our AMA will engage with the Association of Native American Medical Students and Association of American Indian Physicians to design and disseminate American Indian and Alaska Native medical education curricula that prepares trainees to serve AI-AN communities. (Modify Current HOD Policy)

Your Reference Committee received testimony in support of this item. Amendments were offered to clarify and strengthen the resolution. The Council on Medical Education recommended that some of the clauses in this resolution be referred for decision due to concerns about legal implications related to the current status of both federal and state laws regarding affirmative action. It was noted that the correct term is “Alaska Native,” not “Alaskan,” and that COCA was missing from the first resolve. Amendments were offered by the Medical Student Section with clarifying language on the term “land grant” as it relates to the scope of the resolution. These amendments will be shared with our Board of Trustees as it deliberates this item and reaches a decision. Your Reference Committee acknowledged the sensitivities regarding this important matter and echoed the concerns cited by the Council. Therefore, your Reference Committee recommends referral for decision.

Mister Speaker, this concludes the report of Reference Committee C. I would like to thank Adrienne Adams, MD; Alec Calac; Michael Feldman, MD; David Lichtman, MD; John Moorhead, MD; Elizabeth Parker, MD; and all those who testified before the committee, as well as our AMA staff, including Amber Ryan, Fred Lenhoff, Tanya Lopez, and Kimberly Lomis, MD.

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