**DISCLAIMER**

**The following is a preliminary report of actions taken by the House of Delegates at its 2024 Annual 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 (A-24)

Report of Reference Committee C

Cheryl Hurd, MD, MA, Chair

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Your Reference Committee recommends the following consent calendar for acceptance:

## RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 31 - The Morrill Act and its Impact on the Diversity of the Physician Workforce

2. Council on Medical Education Report 01 - Council on Medical Education Sunset Review of 2014 House of Delegates' Policies

## RECOMMENDED FOR ADOPTION AS AMENDED

3. Council on Medical Education Report 02 - The Current Match Process and Alternatives

4. Resolution 304 - Spirituality in Medical Education and Practice

5. Resolution 305 - Public Service Loan Forgiveness Reform

6. Resolution 308 - Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being

7. Resolution 310 - Accountability & Transparency in GME Funding with Annual Report

8. Resolution 312 - AMA Collaboration with FSMB to Assist in Licensing Reentrant Physicians

9. Resolution 313 - CME for Rural Preceptorship

10. Resolution 314 - Reducing the Lifetime Earnings Gap in the U.S. with Similar Educational Attainment by Employing the Gainful Employment Rule

**RECOMMENDED FOR ADOPTION IN LIEU OF**

11. Resolution 307 - Access to Reproductive Health Services When Completing Physician Certification Exams

12. Resolution 319 - AMA Support of U.S. Pathway Programs

**RECOMMENDED FOR REFERRAL**

13. Resolution 301 - Fairness for International Medical Students

**RECOMMENDED FOR REFERRAL FOR DECISION**

14. Resolution 303 - Amend Policy D-275.948 Title “Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training”. Creation of an AMA Task Force to Address Conflicts of Interest on Physician Boards

**RECOMMENDED FOR NOT ADOPTION**

15. Resolution 306 - Unmatched Graduating Physicians

16. Resolution 315 - Cease Reporting of Total Attempts of USMLE STEP1 and COMLEX-USA Level 1 Examinations

17. Resolution 317 - Physician Participation in the Planning and Development of Accredited Continuing Education for Physicians

18. Resolution 318 - Variation in Board Certification and Licensure Requirements for Internationally-Trained Physicians and Access to Care

**RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

19. Resolution 302 - The Role of Maintenance of Certification

20. Resolution 309 - Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine

21. Resolution 316 - Reassessment of Continuing Board Certification Process

22. Resolution 320 - Anti-Racism Training for Medical Students and Medical Residents

Resolution handled via the Reaffirmation Consent Calendar:

Resolution 311 – Physician Participation in Healthcare Organizations

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

# RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 31 – THE MORRILL ACT AND ITS IMPACT ON THE DIVERSITY OF THE PHYSICIAN WORKFORCE

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Board of Trustees Report 31 be adopted and the remainder of the report be filed.**

**HOD ACTION: Recommendations in Board of Trustees Report 31 adopted and the remainder of the report filed.**

1. Amend AMA Support of American Indian Health Career Opportunities H-350.981 by addition to read:

(4) Our AMA will 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 to include training a workforce from and for these tribal nations.

(6) Our AMA acknowledges the significance of the Morrill Act of 1862, the resulting land-grant university system, and the federal trust responsibility related to tribal nations.

2. Amend AMA Support of American Indian Health Career Opportunities D-350.976 by deletion of clause (2) as having been accomplished by this report.

~~(2) study the historical and economic significance of the Morrill Act as it relates to its impact on diversity of the physician workforce.~~

3. Amend AMA Support of American Indian Health Career Opportunities D-350.976 by addition of a new clause to read:

Convene key parties, including but not limited to the Association of American Indian Physicians (AAIP) and American Indian/Alaska Native (AI/AN) tribes/entities such as Indian Health Service and National Indian Health Board, to discuss the representation of AI/AN physicians in medicine and promotion of effective practices in recruitment, matriculation, retention, and graduation of medical students.

4. Reaffirm the following policies:

a. Indian Health Service H-350.977
b. Underrepresented Student Access to US Medical Schools H-350.960
c. Strategies for Enhancing Diversity in the Physician Workforce H-200.951
d. Continued Support for Diversity in Medical Education D-295.963
e. AMA Support of American Indian Health Career Opportunities D-350.976

The recommendations in Board of Trustees Report 31-A-24 received supportive online testimony. Following the close of the online member forum, the report was reconsidered by the Board to add language to the body of the report to include information about AI/AN students at osteopathic medical schools; the recommendations of the report were not changed. Language was approved and the revised report was included in the Meeting Tote. The report received supportive in-person testimony. Your Reference Committee recommends that BOT 31-A-24 be adopted.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 1 - COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW OF 2014 HOUSE OF DELEGATES' POLICIES

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 1 be adopted and the remainder of the report be filed.**

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

The Council on Medical Education 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)

The recommendations in Council on Medical Education Report 1-A-24 did not receive any testimony. Your Reference Committee appreciates the Council's thorough review of these policies and recommends that CME 1-A-24 be adopted.

# RECOMMEND FOR ADOPTION AS AMENDED

(3) COUNCIL ON MEDICAL EDUCATION REPORT 2 - THE CURRENT MATCH PROCESS AND ALTERNATIVES

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that Council on Medical Education Report 2 be amended by addition to read as follows:**

**(20) Encourages the piloting of innovations to the residency application process with aims to reduce application numbers per applicant, focus applicants on programs with reciprocal interest, and maximize residency placement. With support from the medical education community, successful pilots should be expanded to enhance the standardized process;**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that 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 2 adopted as amended and the remainder of the report filed.**

1. AMA Policy D-310.977, "National Resident Matching Program Reform" be amended by addition to read as follows. Our AMA:

(20) Encourages the piloting of innovations to the residency application process with aims to reduce application numbers, focus applicants on programs with reciprocal interest, and maximize residency placement. With support from the medical education community, successful pilots should be expanded to enhance the standardized process;

(21) Continues to engage the National Resident Matching Program® (NRMP®) and other matching organizations on behalf of residents and medical students to further develop ongoing relationships, improve communications, and seek additional opportunities to collaborate including the submission of suitable nominees for their governing bodies as appropriate. (Modify Current HOD Policy)

2. Reaffirm AMA Policies H-310.900 "Resident and Fellow Physicians Seeking to Transfer GME Program" and H-310.912 "Residents and Fellows' Bill of Rights." (Reaffirm HOD Policy)

3. Rescind AMA policy D-310.944, "Study of the Current Match Process and Alternatives," as having been accomplished by this report. (Rescind HOD Policy)

The recommendations in Council on Medical Education Report 2-A-24 received supportive online and in-person testimony as well as online commentary from the National Resident Matching Program® (NRMP®). Testimony included two recommendations to amend by addition. One amendment suggested language clarifying the intention of reducing the number of applications "per applicant," rather than overall reduction of applications. This was unanimously supported. Another amendment suggested language promoting negotiation power, applicant preferences, and transparency, as well as changing "on behalf of residents and medical students" language to "including residents and medical students". The author and a Section Council testified against the latter amendment because, while the NRMP® oversees the Match, issues related to negotiations and preference signaling are outside of their purview, and transparency is already in clauses 4 and 19 of D-310.977. Your Reference Committee also noted that "on behalf of" language is intentional and appropriate, as medical students and residents are included within "our AMA" and noted the necessity of acting in unity as our AMA. Your Reference Committee appreciates the history and context provided in this report and recommends that CME 2-A-24 be adopted as amended.

(4) RESOLUTION 304 - SPIRITUALITY IN MEDICAL EDUCATION AND PRACTICE

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that the second clause of Resolution 304 be amended by addition and deletion to read as follows:**

**RESOLVED, that our American Medical Association amend Policy H-160.900 to read as follows:**

**~~Addressing~~ Patient Spirituality in ~~Medicine~~ Medical Education and Practice**

**(1) Our AMA recognizes the importance of individual patient spirituality and its impact on health and encourages patient access to spiritual care services.**

**~~(2) Our AMA encourages the availability of education about spiritual health, defined as meaning, purpose, and connectedness, in curricula in medical school, graduate medical education, and continuing physician professional development as an integral part of whole person care, which could include:~~**
**~~(a) assessing spiritual health as part of the history and physical;~~**
**~~(b) addressing treatment of spiritual distress by the clinician, with appropriate referral to spiritual care professionals;~~**
**~~(c) acknowledging patients' spiritual resources;~~**
**~~(d) developing compassionate listening skills;~~**

~~(e) ensuring ongoing follow-up of patients' spiritual health by clinicians as appropriate;~~
~~(f) describing respect for the spiritual, religious, existential, and cultural value of those they serve and understanding why it is important to not impose their own personal values and beliefs on those served; and~~
~~(g) self-reflection on one's own spirituality within professional development courses, especially as related to their vocation and wellbeing. (Modify Current HOD Policy)~~

**(2) That our AMA supports promotion of medical education curricula on spiritual health.**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that Resolution 304 be adopted as amended.**

**HOD ACTION: Resolution 304 adopted as amended.**

RESOLVED, that our American Medical Association amend Policy H-160.900 to read as follows:

~~Addressing~~ Patient Spirituality in ~~Medicine~~ Medical Education and Practice

(1) Our AMA recognizes the importance of individual patient spirituality and its impact on health and encourages patient access to spiritual care services.

(2) Our AMA encourages the availability of education about spiritual health, defined as meaning, purpose, and connectedness, in curricula in medical school, graduate medical education, and continuing physician professional development as an integral part of whole person care, which could include:

(a) assessing spiritual health as part of the history and physical;
(b) addressing treatment of spiritual distress by the clinician, with appropriate referral to spiritual care professionals;
(c) acknowledging patients' spiritual resources;
(d) developing compassionate listening skills;
(e) ensuring ongoing follow-up of patients' spiritual health by clinicians as appropriate;
(f) describing respect for the spiritual, religious, existential, and cultural value of those they serve and understanding why it is important to not impose their own personal values and beliefs on those served; and
(g) self-reflection on one's own spirituality within professional development courses, especially as related to their vocation and wellbeing. (Modify Current HOD Policy)

Resolution 304 received mixed online and in-person testimony. The Council on Medical Education expressed support for the concept but noted concern about the lack of

actionable steps in this resolution. To address the Council's concerns, the author offered an amendment that recommended the AMA promote a resource entitled "Spiritual Care Training for Doctors, Nurses, Chaplains, Social Workers, Psychologists—All Types of Practitioners Clinician Spiritual Care Education," which was developed and implemented since 2018 by the George Washington University Institute for Spirituality and Health's Interprofessional Spiritual Care Education Curriculum©. Further, the author recommended this resource be made available on the AMA Ed Hub™ or other appropriate place on the website. Testimony from the Council and others was supportive of this amendment. However, your Reference Committee noted concern about naming a specific curriculum in policy as opposed to the curricular topic. Therefore, your Reference Committee recommends that Resolution 304 be adopted as amended.

(5) RESOLUTION 305 - PUBLIC SERVICE LOAN FORGIVENESS REFORM

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that the Resolution 305 be amended by addition and deletion in the third subpoint of Policy H-350.977 to read as follows:**

**(3) Personnel ~~Manpower~~: (a) Compensation scales for Indian Health Service physicians be increased to a level competitive with other Federal agencies and nongovernmental service; (b) Consideration should be given to increased compensation for specialty and primary care service in remote areas; (c) In conjunction with improvement of Service facilities, efforts should be made to establish closer ties with teaching centers and other federal health agencies, thus increasing both the available staffing ~~manpower~~ and the level of professional expertise available for consultation; (d) Allied health professional staffing of Service facilities should be maintained at a level appropriate to the special needs of the population served without detracting from physician compensation; (e) Continuing education opportunities should be provided for those health professionals serving these communities, and especially those in remote areas, and, increased peer contact, both to maintain the quality of care and to avert professional isolation and burnout; and (f) Consideration should be given to a federal statement of policy supporting continuation of the Public Health Service to reduce the great uncertainty now felt by many career officers of the corps.**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that the Resolution 305 be amended by addition of an eighth subpoint to Policy H-350.977 to read as follows:**

**(8) Our AMA will call for an immediate change in the Public Service Loan Forgiveness Program to allow physicians to receive immediate, but incremental, loan forgiveness when they practice in an Indian Health Service, Tribal, or Urban Indian Health Program. (Modify Current HOD Policy)**

**RECOMMENDATION C:**

**Madam Speaker, Resolution 305 be amended by addition of a ninth subpoint to Policy H-350.977 to read as follows:**

**(9) Our AMA supports reform of the Indian Health Service (IHS) Loan Repayment Program eligibility for repayment with either a part-time or full-time employment commitment to IHS and Tribal Health Programs.**

**RECOMMENDATION D:**

**Madam Speaker, your Reference Committee recommends that Resolution 305 be adopted as amended.**

**HOD ACTION: Resolution 305 adopted as amended.**

RESOLVED, that our American Medical Association amend Indian Health Service H-350.977 by addition and deletion as follows:

Indian Health Service H-350.977

The policy of the AMA is to support efforts in Congress to enable the Indian Health Service to meet its obligation to bring American Indian health up to the general population level. The AMA specifically recommends:

(1) Indian Population: (a) In current education programs, and in the expansion of educational activities suggested below, special consideration be given to involving the American Indian and Alaska native population in training for the various health professions, in the expectation that such professionals, if provided with adequate professional resources, facilities, and income, will be more likely to serve the tribal areas permanently; (b) Exploration with American Indian leaders of the possibility of increased numbers of nonfederal American Indian health centers, under tribal

sponsorship, to expand the American Indian role in its own health care; (c) Increased involvement of private practitioners and facilities in American Indian care, through such mechanisms as agreements with tribal leaders or Indian Health Service contracts, as well as normal private practice relationships; and (d) Improvement in transportation to make access to existing private care easier for the American Indian population.
(2) Federal Facilities: Based on the distribution of the eligible population, transportation facilities and roads, and the availability of alternative nonfederal resources, the AMA recommends that those Indian Health Service facilities currently necessary for American Indian care be identified and that an immediate construction and modernization program be initiated to bring these facilities up to current standards of practice and accreditation.
(3) Personnel Manpower: (a) Compensation scales for Indian Health Service physicians be increased to a level competitive with other Federal agencies and nongovernmental service; (b) Consideration should be given to increased compensation for specialty and primary care service in remote areas; (c) In conjunction with improvement of Service facilities, efforts should be made to establish closer ties with teaching centers and other federal health agencies, thus increasing both the available staffing manpower and the level of professional expertise available for consultation; (d) Allied health professional staffing of Service facilities should be maintained at a level appropriate to the special needs of the population served without detracting from physician compensation; (e) Continuing education opportunities should be provided for those health professionals serving these communities, and especially those in remote areas, and, increased peer contact, both to maintain the quality of care and to avert professional isolation and burnout; and (f) Consideration should be given to a federal statement of policy supporting continuation of the Public Health Service to reduce the great uncertainty now felt by many career officers of the corps.

(4) Medical Societies: In those states where Indian Health Service facilities are located, and in counties containing or adjacent to Service facilities, that the appropriate medical societies should explore the possibility of increased formal liaison with local Indian Health Service physicians. Increased support from organized medicine for improvement of health care provided under their direction, including professional consultation and involvement in society activities should be pursued.

(5) Our AMA also support the removal of any requirement for competitive bidding in the Indian Health Service that compromises proper care for the American Indian population.

(6) Our AMA will advocate that the Indian Health Service (IHS) establish an Office of Academic Affiliations responsible for coordinating partnerships with LCME- and COCA-accredited medical schools and ACGME-accredited residency programs.

(7) Our AMA will encourage the development of funding streams to promote rotations and learning opportunities at Indian Health Service, Tribal, and Urban Indian Health Programs.

(8) Our AMA will call for an immediate change in the Public Service Loan Forgiveness Program to allow physicians to receive immediate loan forgiveness when they practice in an Indian Health Service, Tribal, or Urban Indian Health Program. (Modify Current HOD Policy)

Resolution 305 received supportive online and in-person testimony. A friendly amendment was offered to the third clause of Policy H-350.977 as the author intended to strike the word "manpower" that appears twice in the third clause. Other testimony cited concern for the immediacy proposed in the eighth clause, noting it could cause unintended consequences for the Public Service Loan Forgiveness program and Indian Health Service (IHS) (e.g., if a physician receives immediate forgiveness and then leaves the position) and offered an amendment to address this concern. The testimony also expressed concern of underfunding for IHS facilities and offered an amendment to address this concern. Hearing no opposition to the proposed amendments, your Reference Committee recommends adoption of the proposed amended language with a slight modification to align with the intent of improving access to care through IHS. Thus, your Reference Committee recommends that Resolution 305 be adopted as amended.

(6) RESOLUTION 308 - TRANSFORMING THE USMLE STEP 3 EXAMINATION TO ALLEVIATE HOUSESTAFF FINANCIAL BURDEN, FACILITATE HIGH-QUALITY PATIENT CARE, AND PROMOTE HOUSESTAFF WELL-BEING

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that Resolution 308 be amended by addition to read as follows:**

**RESOLVED, that our American Medical Association supports changing the United States Medical Licensing Examination (USMLE) Step 3 and Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Level 3 from a numerically-scored examination to a pass/fail examination (New HOD Policy); and be it further**

**RESOLVED, that our AMA supports changing USMLE Step 3 and COMLEX-USA Level 3 from a two-day examination to a one-day examination (New HOD Policy)**

**RESOLVED, that our AMA supports the option to take USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) or take COMLEX-USA Level 3 after passing Level 2-Cognitive Evaluation (CE) during medical school (New HOD Policy)**

**RESOLVED, that our AMA advocates that residents taking the USMLE Step 3 or COMLEX-USA Level 3 exam be allowed days off to take the exam without having this time counted for paid time off (PTO) or vacation balance. (Directive to Take Action)**
**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that Resolution 308 be adopted as amended.**

**HOD ACTION: Resolution 308 adopted as amended.**

RESOLVED, that our American Medical Association supports changing the United States Medical Licensing Examination (USMLE) Step 3 from a numerically-scored examination to a pass/fail examination (New HOD Policy); and be it further

RESOLVED, that our AMA supports changing USMLE Step 3 from a two-day examination to a one-day examination (New HOD Policy)

RESOLVED, that our AMA supports the option to take USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) during medical school (New HOD Policy)

RESOLVED, that our AMA advocates that residents taking the USMLE Step 3 exam be allowed days off to take the exam without having this time counted for PTO or vacation balance. (Directive to Take Action)

Resolution 308 received supportive online and in-person testimony as well as amendments from both the Council on Medical Education and one section to include the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Level 3. While testimony from the Federation of State Medical Boards opposed the first three resolves, supportive testimony noted the merits of all four resolves. Your Reference Committee concurs with the inclusion of COMLEX-USA in the resolves. Your Reference Committee therefore recommends that Resolution 308 be adopted as amended.

(7) RESOLUTION 310 - ACCOUNTABILITY & TRANSPARENCY IN GME FUNDING WITH ANNUAL REPORT

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that the first resolve of Resolution 310 be amended by addition and deletion to read as follows:**

**RESOLVED, that our American Medical Association ~~work with interested parties~~ ask federal agencies that fund graduate medical education (including but not limited to the ~~CMS, VA,~~**

**~~DOD,~~ Centers for Medicare and Medicaid Services, the Department of Veterans Affairs, the Department of Defense, the Health Resources and Services Administration, and others) to issue an annual report detailing the quantity of total GME funding for each year including how Direct GME ~~those~~ funds are allocated on a per resident or fellow basis, for ~~a minimum of~~ the previous ~~5~~ years ~~and be it further,~~**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that the second resolve of Resolution 310 be amended by deletion to read as follows:**

**RESOLVED, that our AMA reaffirm policy H-305.929 ~~(Last modified 2016)~~."**

**RECOMMENDATION C:**

**Madam Speaker, your Reference Committee recommends that Resolution 310 be adopted as amended.**

**HOD ACTION: Resolution 310 adopted as amended.**

RESOLVED, that our American Medical Association work with interested parties (including but not limited to the CMS, VA, DOD and others) to issue an annual report detailing the quantity of GME funding for each year including how those funds are allocated on a per resident or fellow basis, for a minimum of the previous 5 years (Directive to Take Action)

RESOLVED, that our AMA reaffirm policy H 305.929 (Last modified 2016). (Reaffirm HOD Policy)

Resolution 310 received supportive online and in-person testimony. The Council on Medical Education noted the challenges in being able to study this issue and offered an amendment to the first resolve to clarify the agencies best poised to author such a report to ensure more robust data. The author testified that the amendment offered by the Council is acceptable. Other testimony supported this amendment. Your Reference Committee concurs and recommends that Resolution 310 be adopted as amended.

(8) RESOLUTION 312 - AMA COLLABORATION WITH FSMB TO ASSIST IN LICENSING REENTRANT PHYSICIANS

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that Resolution 312 be amended by addition of a second Resolve to read as follows:**

**RESOLVED, that our AMA supports legislative and other efforts to help offset the direct costs to physicians of participating in re-entry processes.**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that Resolution 312 be adopted as amended.**

**HOD ACTION: Resolution 312 adopted as amended.**

RESOLVED, that our American Medical Association work with the FSMB, specialty and subspecialty societies, and other relevant stakeholders to study and develop evidence-based criteria for determining a physician's readiness to reenter practice and identify resources for the evaluation and retraining of physicians seeking to reenter active practice. (Directive to Take Action)

Resolution 312 received mixed online testimony and supportive in-person testimony, including the relevance of this resolution to reducing mental health stigma and supporting physicians with disabilities. One delegation opposed this resolution in online testimony but did not provide a rationale. The Federation of State Medical Boards also offered support for this resolution. One individual provided an amendment by addition of a second resolve supporting efforts to offset physicians' direct costs of re-entry. The authors were supportive of this amendment. All subsequent testimony was also supportive, citing prohibitive re-entry costs. Your Reference Committee appreciates the near-unanimous supportive testimony and recommends that Resolution 312 be adopted as amended.

(9) RESOLUTION 313 - CME FOR RURAL PRECEPTORSHIP

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that Resolution 313 be amended by addition and deletion of the first resolve to read as follows:**

**RESOLVED, that our American Medical Association along with the Council of Medical Education, formulate a "toolkit" to teach physicians who serve as preceptors, especially in rural and underserved areas, how to be better preceptors and the process on claiming AMA Category 1 credits for preparation and teaching medical students, residents, fellows, and other allied health**

**professional students training in Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, and ~~/~~Accreditation Council for Graduate Medical Education accredited institutions, thereby making them a more effective preceptor~~; and be it further~~**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that Resolution 313 be amended by deletion of the second and third resolves.**

**RECOMMENDATION C:**

**Madam Speaker, your Reference Committee recommends that Resolution 313 be adopted as amended.**

**RECOMMENDATION D:**

**Madam Speaker, your Reference Committee recommends that the title of Resolution 313 be changed to read as follows:**

**~~CME FOR RURAL~~ CONTINUING MEDICAL EDUCATION RESOURCES FOR PRECEPTORSHIP**

**HOD ACTION: Resolution 313 adopted as amended.**

RESOLVED, that our American Medical Association along with the Council of Medical Education, formulate a "toolkit" to teach physicians who serve as preceptors, especially in rural and underserved areas, how to be better preceptors and the process on claiming AMA Category 1 credits for preparation and teaching medical students, residents, fellows, and other allied health professional students training in Liaison Committee on Medical Education/Accreditation Council for Graduate Medical Education accredited institutions, thereby making them a more effective preceptor; and be it further

RESOLVED, that our AMA study formulating a plan, in collaboration with other interested bodies, to award AMA Category 1 credits to physicians who serve as preceptors in rural and underserved areas teaching medical students, residents, fellows, and other allied health professional students training in Liaison Committee on Medical Education/Accreditation Council for Graduate Medical Education accredited institutions thereby improving the rural healthcare workforce shortage; and be it further

RESOLVED, that our AMA devise a method of converting those credits awarded by other organizations into AMA recognized credits for the purpose of CME.

Resolution 313 received mixed online and in-person testimony. Your Reference Committee noted there may be confusion about the claiming of credit for precepting (all preceptorships including rural), which is addressed in the AMA PRA Booklet and related AMA resources. The Council testified that physicians can already earn *AMA PRA Category 1 Credit*™ for learning associated with teaching medical students and residents/fellows, including preceptorship, when certified as a continuing medical education (CME) activity by an accredited CME provider. Thus, study would not be necessary. Your Reference Committee observed that while the first two resolves focus on CME for preceptors, the third resolve addresses conversion of credits. Your Reference Committee noted there are three major CME credit systems for physicians, each representing its own standards for granting credit. As defined in Policy H-300.988, CME should be focused on learning. The author proposed amending their resolution to keep the first resolve, and strike the second and third resolve. Testimony was supportive of the author's amendment. Your Reference Committee agrees that information is needed to help physician preceptors better understand how to claim CME credit. Since the resolution calls upon LCME, your Reference Committee recommended adding the Commission on Osteopathic College Accreditation as well. Thus, your Reference Committee recommends that Resolution 313 be adopted as amended.

(10) RESOLUTION 314 - REDUCING THE LIFETIME EARNINGS GAP IN THE U.S. WITH SIMILAR EDUCATIONAL ATTAINMENT BY EMPLOYING THE GAINFUL EMPLOYMENT RULE

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that the first resolve of Resolution 314 be amended by addition and deletion to read as follows:**

**RESOLVED, that our American Medical Association promote awareness of the work of our AMA and American Association of Medical Colleges related to ~~collaborate with higher education authorities to research physician career outcomes and explore financial value transparency among higher educational institutional programs that grant professional and doctoral degrees beyond six years following graduation in light of the new~~ federal gainful employment regulations and transparency provisions ~~that will take effect July 1, 2024~~. (Directive to Take Action)**

**RECOMMENDATION B:**

**Madam Speaker, your Reference Committee recommends that Policy H-305.925 be reaffirmed in lieu of the second resolve.**

**RECOMMENDATION C:**

**Madam Speaker, your Reference Committee recommends that Resolution 314 be adopted as amended.**

**RECOMMENDATION D:**

**Madam Speaker, your Reference Committee recommends a change in title of Resolution 314 to read as follows:**

~~**REDUCING THE LIFETIME EARNINGS GAP IN THE U.S. WITH SIMILAR EDUCATIONAL ATTAINMENT BY EMPLOYING THE GAINFUL EMPLOYMENT RULE**~~

**PROMOTE AWARENESS OF FEDERAL GAINFUL EMPLOYMENT REGULATIONS AND TRANSPARENCY PROVISIONS**

**HOD ACTION: Resolution 314 adopted as amended.**

RESOLVED, that our American Medical Association collaborate with higher education authorities to research physician career outcomes and explore financial value transparency among higher educational institutional programs that grant professional and doctoral degrees beyond six years following graduation in light of the new gainful employment regulations and transparency provisions that will take effect July 1, 2024 (Directive to Take Action)

RESOLVED, that our AMA continue to work with key stakeholders and advocate for the resolution of the student loan crisis to protect physicians from unaffordable student debt and poor earning outcomes. (Directive to Take Action)

Resolution 314 received mixed online and in-person testimony. The Council on Medical Education's testimony noted that the Association of American Medical Colleges has been actively addressing gainful employment and related regulations, and the intent of the second resolve is represented in policy H-305.925.

Your Reference Committee recommends that the first resolve be amended to amplify awareness of ongoing efforts and to reaffirm policy H-305.925 in lieu of the second resolve. Thus, your Reference Committee recommends that Resolution 314 be adopted as amended.

## Recommended by Adoption In Lieu Of

(11) RESOLUTION 307 - ACCESS TO REPRODUCTIVE HEALTH SERVICES WHEN COMPLETING PHYSICIAN CERTIFICATION EXAMS

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Alternate Resolution 307 be adopted in lieu of Resolution 307 to read as follows:**

**RESOLVED that our American Medical Association encourage national specialty boards who hold in-person centralized mandatory exams for board certification to provide alternate options when those exams take place in states with laws banning or restricting abortion, gender-affirming care, or reproductive healthcare services such that travel to those states would present either a limitation in access to necessary medical care, or threat of civil or criminal penalty against the examinees and examiners.**

**RESOLVED that our American Medical Association study the impact of laws restricting reproductive healthcare and gender-affirming care on examinees and examiners of national specialty board exams and existing alternatives to in-person board examinations.**

**HOD ACTION: Alternate Resolution 307 adopted in lieu of Resolution 307.**

RESOLVED, that our American Medical Association encourage national specialty boards who hold in-person centralized mandatory exams for board certification to offer alternative methods of taking mandatory board certification examinations, such as virtual boards examinations, or to locate them outside of states that are in the process of banning or restricting or that have banned or restricted abortion, gender affirming care or reproductive healthcare services. (New HOD Policy)

Resolution 307 received supportive online and in-person testimony. The Council on Medical Education agreed with the concept and noted that while the issue is timely, it is also fraught with nuances that, as written, may have negative unintended consequences. The Council offered alternate language to uphold the intent of the resolution and address the points raised about risk to one's personal health when traveling to such states as well as one's legal risk as a physician when traveling to such states. Additional testimony favored the Council's alternate language and offered amendments to it, which the Council accepted as friendly. Your Reference Committee acknowledged this is a challenging, important, and urgent issue. Your Reference Committee believes the alternate language provided by the Council and others adequately summarizes the points raised in the

resolution and in testimony while also addressing the author's desire to establish AMA policy at this meeting and allowing the Council to study the issue further. Thus, your Reference Committee recommends that Alternate Resolution 307 be adopted in lieu of Resolution 307.

(12) RESOLUTION 319 - AMA SUPPORT OF U.S. PATHWAY PROGRAMS

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Alternate Resolution 319 be adopted in lieu of Resolution 319 to read as follows:**

**RESOLVED, that our American Medical Association supports development of pilot grant programs advised by a diverse body of AMA member physicians, trainees, staff, and allied organization representatives in medicine and public health (i.e., administration; grantee criteria and selection; periodic reporting) that will a) support existing and new pre-K-16 pathway, Science, Technology, Engineering, Math, and Medicine (STEMM), and pre-med programs; b) include program goals of scaling organizational grantees' ability to expand their reach among youth, increasing diversity in medicine, achieving health equity, and improving medical education; and c) convene a summit among pathway and STEMM programs regarding best practices, collaboration, and strategic planning.**

**HOD ACTION: Alternate Resolution 319 adopted in lieu of Resolution 319.**

RESOLVED, that our American Medical Association establish a grant program to support existing and new K-16 pathway, STEMM and pre-med programs whose goals include, scaling organizational grantees' ability to expand their reach among youth; increasing diversity in medicine; achieving health equity; improving medical education (Directive to Take Action)

RESOLVED, that our AMA establish a diverse advisory body comprised of AMA member physicians and trainees, staff, and allied organization representatives in medicine and public health to co-develop the grant program (i.e., administration; grantee criteria and selection; periodic reporting) (Directive to Take Action)

RESOLVED, that our AMA convene a summit among pathway and STEMM programs regarding best practices, collaboration and strategic planning. (Directive to Take Action)

Resolution 319 received supportive online and in-person testimony. The Council on Medical Education proposed alternate language to combine the asks into one resolve while also clarifying the duties of an advisory body and highlighting the importance of

scaling success. One delegation proposed an amendment to include “pre-“ in front of K-16 to emphasize the importance of early intervention. The authors and all subsequent testimony supported the alternate language with amendment. Your Reference Committee appreciates the unanimous support of efforts to bolster early pathways to medical education and improve patient care through diversity, and therefore recommends that Alternate Resolution 319 be adopted in lieu of Resolution 319.

# RECOMMENDED FOR REFERRAL

(13) RESOLUTION 301 - FAIRNESS FOR INTERNATIONAL MEDICAL STUDENTS

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Resolution 301 be referred.**

**HOD ACTION: Resolution 301 referred.**

RESOLVED, that our American Medical Association encourage additional medical schools to consider applications from and to admit international students to their programs alongside domestic students; and be it further

RESOLVED, that our AMA amend policy H-255.968 "Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools" by addition and deletion to read as follows; and be it further

Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools H-255.968

Our AMA:

1. supports the autonomy of medical schools to determine optimal tuition requirements for international students;
2. encourages medical schools and undergraduate institutions to fully inform international students interested in medical education in the US of the limited options available to them for tuition assistance;
3. supports the Association of American Medical Colleges (AAMC) in its efforts to increase transparency in the medical school application process for international students by including school policy on tuition requirements in the Medical School Admission Requirements (MSAR); ~~and~~
4. supports efforts to re-evaluate and minimize the use of pre-payment requirements specific to international medical students; and
5. encourages medical schools to explore alternative means of prepayment, such as a letter of credit, ~~for four years~~ for covering the costs of medical school.

RESOLVED, that our AMA advocate for increased scholarship and funding opportunities for international students accepted to or currently attending United States medical schools.

Resolution 301 received mixed online and in-person testimony. Your Reference Committee acknowledges the value of international students given the diversity and experience they bring to the U.S. health care system. The Council on Medical Education testimony noted the intent of the resolution may run in conflict with the federal visa process, whereby visa applicants must explain and provide documentation on how they

will pay for all educational, travel and living costs to a consular officer for student visa approval. Testimony noted that universities could provide a Form I-20 "Certificate of Eligibility for Nonimmigrant Student Status" without requiring tuition payment for the entirety of medical school. However, concern was also expressed about the potential impact on a school's Title IV federal financial aid funding for all students, should an international student be unable to fulfill their financial obligations and be in default. Testimony was offered to amend the resolution to include language to encourage schools to enroll in the Student and Exchange Visitor Program; however, additional testimony questioned whether a medical school may enroll independent of their parent institution. Other testimony recommended that the American Association of Colleges of Osteopathic Medicine be included. Testimony from the Council and several delegations recommended referral; however, the author felt that the proposed resolutions were sufficient as offered. Your Reference Committee appreciates the author's perspective but has concerns about the complexities raised in testimony. Referral would include examination of increased funding opportunities inclusive of scholarships for international students accepted to U.S. medical schools and land grant institution limitations. Thus, your Reference Committee recommends that Resolution 301 be referred so that the HOD may become better informed on this issue.

# RECOMMENDED FOR REFERRAL FOR DECISION

(14) RESOLUTION 303 - AMEND POLICY D-275.948 TITLE "EDUCATION, TRAINING AND CREDENTIALING OF NON-PHYSICIAN HEALTH CARE PROFESSIONALS AND THEIR IMPACT ON PHYSICIAN EDUCATION AND TRAINING". CREATION OF AN AMA TASK FORCE TO ADDRESS CONFLICTS OF INTEREST ON PHYSICIAN BOARDS.

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Resolution 303 be referred for decision.**

**HOD ACTION: Resolution 303 referred for decision.**

RESOLVED, that our American Medical Association amend the title of policy D-275.948 by substitution and deletion as follows:
~~Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training~~ Addressing Non-physician Positions and Participation on Physician Regulatory Boards and Bodies and Potential Conflicts of Interest D-275.948 (Modify Current HOD Policy)

RESOLVED, that our AMA work with relevant stakeholders and regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing to advocate for physician leadership of these regulatory bodies and boards in order to be consistent with the AMA Recovery Plan's efforts to fight scope creep, and prevent undermining physician confidence in these organizations (Directive to Take Action)

RESOLVED, that our AMA create a task force with the mission to increase physician awareness of and participation in leadership positions on regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing through mechanisms including but not limited to mentorship programs, leadership training programs, board nominations, publicizing the opportunities to the membership, and creating a centralized list of required qualifications and methods to apply for these positions. (Directive to Take Action)

Resolution 303 received mixed online and in-person testimony. The Council on Medical Education and the Board of Trustees testified to the vital relationships the AMA has with organizations who may be led by non-physicians at varying points in time. Both testified in favor of referral for decision. The Federation of State Medical Boards testified in opposition that licensing boards have public members who are equal members and can serve in leadership. Given those relationships are imperative to the work and credibility of the AMA, your Reference Committee expressed concern for the possibility of unintended consequences of this resolution. Thus, your Reference Committee recommends that

Resolution 303 be referred for decision to allow the Board of Trustees to determine the best path forward with this sensitive matter.

## RECOMMENDED FOR NOT ADOPTION

(15) RESOLUTION 306 - UNMATCHED GRADUATING PHYSICIANS

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Resolution 306 be not adopted.**

**HOD ACTION: Resolution 306 referred.**

RESOLVED, that our American Medical Association Board of Trustees study the role these unmatched physicians can play in providing care to our patients, their impact of lessening the impact of physician shortages, and provide recommendations on how to enroll these graduating physicians with a uniform title, privileges, geographic restrictions, and collaboration choices, and report to the House of Delegates at the next Interim meeting. (Directive to Take Action)

Resolution 306 received mixed online testimony including opposition from the Council on Medical Education, citing concerns about the multifactorial and nuanced problem of the physician shortage as well as variances in state laws related to non-physician providers. The Council also cited their report, "Addressing the Increasing Number of Unmatched Medical Students" (CME 3-A-16) resulting in Policy D-310.997 that "(15) encourages the Association of American Medical Colleges to work with U.S. medical schools to identify best practices, including career counseling, used by medical schools to facilitate successful matches for medical school seniors, and reduce the number who do not match." The Council also testified that alternate pathways are deeply problematic when it comes to patient safety and physician education as these pathways circumvent ACGME standards which are for the benefit of patient safety. These concerns were echoed by multiple delegations. These alternative pathways, which have already been studied by this Council, have great potential to undermine both the education and training of thousands of other physicians, and our AMA's current efforts to stop scope creep.

The purported impetus for many of these pathways is to ameliorate physician shortages, but this is once again very concerning as this effectively creates a two-tiered healthcare system where one set of patients have the potential to receive significantly lower quality care. Some delegations testified that legislation has been introduced to create alternative pathways to licensure in their states. One delegation testified that they are about to launch a bridge program that will provide a permit to unmatched medical graduates while still requiring them to reapply for residency and would like time to be able to report back on the outcomes of that program. Another delegation testified in opposition stating the average age of a physician in rural communities is 59 years, with one in three physicians planning to retire in the next five years, and that there are not sufficient mentors available for the unmatched medical graduates in rural areas resulting in subquality training of these unmatched medical graduates. Several individuals testified in opposition calling out the

existential threat to our system of education and risk of reducing the distinction between physicians and non-physician providers.

Your Reference Committee is sympathetic to the concerns raised during testimony and acknowledges that there are a myriad of reasons why medical graduates do not match, which are also referenced in report CME 3-A-21. Thus, your Reference Committee recommends that Resolution 306 be not adopted.

(16) RESOLUTION 315 - CEASE REPORTING OF TOTAL ATTEMPTS OF USMLE STEP1 AND COMLEX-USA LEVEL 1 EXAMINATIONS

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends Resolution 315 be not adopted.**

**HOD ACTION: Resolution 315 referred.**

RESOLVED, that our American Medical Association advocate that NBME and NBOME cease reporting the total number of attempts of the STEP1 and COMLEX-USA Level 1 examinations to residency and fellowship programs and licensure. (Directive to Take Action)

Resolution 315 received mixed online and in-person testimony as well as commentary from the National Board of Osteopathic Medical Examiners. Your Reference Committee heard testimony of personal stories related to failing USMLE Step 1 and is sensitive to reports of stress and the perceived possible impact on career advancement. However, many others testified about the importance of transparency, as the number of exam failures is often not used as a screening tool but rather informs holistic review and precision education, and determines residency program resource needs when supporting learners in their programs. In addition, due to evidence-based correlation of USMLE Step 1 with passing board exams, absence of remediation for residents could also impact residency program accreditation. Your Reference Committee also heard testimony regarding current state laws requiring the reporting of exam attempts. One section offered an amendment by addition to eliminate use of the number of attempts on licensure exams to impact licensure. Your Reference Committee heard concerns regarding public safety perceptions and scope of practice concerns when advocating for increased numbers of exam attempts. Your Reference Committee appreciates the perspectives offered on both sides of this issue and emphasizes that our AMA has existing policy, such as Policy D-200.985, recommending the use of holistic review processes, of which exam results are one of a constellation of information used in the review process. Your Reference Committee also expressed concerns of unintended consequences to minoritized groups where lack of attempts reported may lead to inappropriate assumptions of multiple failures or redirect bias to other areas. Your Reference Committee recommends that Resolution 315 not be adopted.

(17) RESOLUTION 317 - PHYSICIAN PARTICIPATION IN THE PLANNING AND DEVELOPMENT OF ACCREDITED CONTINUING EDUCATION FOR PHYSICIANS

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Resolution 317 be not adopted.**

**HOD ACTION: Resolution 317 not adopted.**

RESOLVED, that our American Medical Association petition the Accredited Continuing Medical Education to develop policies which require physician participation in the planning and development of accredited continuing education for physicians. (Directive to Take Action)

Resolution 317 received mixed online and in-person testimony. Supportive testimony emphasized scope of practice concerns, while opposing testimony noted unintended consequences such as enforcement challenges, requirements of increased documentation, and work by CME providers and physician faculty. The Council on Medical Education proposed an amendment changing language from “require” to “encourage,” and noted the occasional possibility where physician involvement may not be necessary or desirable. The authors opposed this amendment. Your Reference Committee acknowledged that the Accreditation Council for Continuing Medical Education already requires CME to align with appropriate physician competencies and noted examples where curricula developed by specialized non-physicians, such as PhDs, law enforcement, and other experts, proved to be useful for physicians. In these cases, this resolution could prevent physicians from obtaining CME credit for their learning. Your Reference Committee also discussed concerns that the language of the resolution may not necessarily ensure significant physician engagement beyond cursory approval, nor ensure quality content, and may disproportionately affect smaller-budget CME providers. Your Reference Committee strongly supports physician involvement in CME planning and development, but does not believe it should be a universal requirement. Thus, your Reference Committee recommends that Resolution 317 be not adopted.

(18) RESOLUTION 318 - VARIATION IN BOARD CERTIFICATION AND LICENSURE REQUIREMENTS FOR INTERNATIONALLY-TRAINED PHYSICIANS AND ACCESS TO CARE

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Resolution 318 be not adopted.**

**HOD ACTION: Resolution 318 not adopted.**

RESOLVED, that our American Medical Association work with the American Board of Medical Specialties to study the variation in board certification requirements for

internationally trained physicians as well as the impact this may have on physician practices and addressing physician shortages including the impact of these pathways on maintaining public assurance of a well-trained physician workforce (Directive to Take Action)

RESOLVED, that our AMA study the potential effects of increasing access to board certification for internationally-trained physicians on projected physician workforce shortages (Directive to Take Action)

RESOLVED, that our AMA work with the Federation of State Medical Boards to study the existing alternate pathways to licensure for physicians who have not completed an ACGME-accredited post-graduate training program and the positive and negative impacts of these pathways on addressing physician shortages. (Directive to Take Action)

Resolution 318 received opposing online testimony from the Council on Medical Education and received mixed in-person testimony. The Federation of State Medical Boards (FSMB) offered conceptual support of Resolve 3. The authors, one delegation, and an individual expressed support, while the Council noted a study is already underway by the recently formed Advisory Commission on Alternate Licensing Models, of which the AMA is an active member with FSMB, American Board of Medical Specialties, Accreditation Council for Graduate Medical Education and Intealth (formerly Educational Commission for Foreign Medical Graduates). One delegation concurred with the Council regarding the need for adequate time to allow for deliberation and emphasized medical education's responsibility to the public regarding ensuring high professional standards. One caucus proposed an amendment modifying language to generally state AMA's work with relevant organizations but sought a report back by I-24. Your Reference Committee appreciates the importance of these issues, particularly for IMGs as well as the physician workforce, and notes the AMA is a key member of the Advisory Commission, which is already conducting the desired work. Your Reference Committee was informed that this Advisory Commission is expected to release recommendations, guidance, and resources in approximately a year, and that a Council report at I-24 would not be informative as we wait for the Advisory Commission report. Thus, your Reference Committee recommends that Resolution 318 be not adopted.

## RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(19) RESOLUTION 302 - THE ROLE OF MAINTENANCE OF CERTIFICATION

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Policies D-275.954, H-275.924, and H-275.926 be reaffirmed in lieu of Resolution 302.**

**HOD ACTION: Policies D-275.954, H-275.924, and H-275.926 reaffirmed in lieu of Resolution 302.**

RESOLVED, that our American Medical Association adopt a policy that states that maintenance of certification requirements should not be duplicative of continuing medical education requirements and not be used to determine or dictate hospital privileges, insurance network credentialing, or hiring practices (New HOD Policy)

RESOLVED, that our AMA recognizes the importance of fostering competition in the market for board certification, allowing physicians to have the autonomy to choose the most suitable pathway for their individual learning and professional development needs (New HOD Policy)

RESOLVED, that our AMA undertake a comprehensive review of the available evidence concerning the impact of maintenance of certification on the quality and safety of patient care and report the findings of this investigation to its members and stakeholders, including policymakers and legislators, to inform future healthcare policy with a report back to the House of Delegates by Annual 2025 (Directive to Take Action)

Resolution 302 received mixed online and in-person testimony. The Council on Medical Education noted that Policies D-275.954, H-275.924, and H-275.926 address the points raised in this resolution. Your Reference Committee acknowledges the author's concerns regarding continuing board certification (CBC; formerly MOC) and appreciates the Council's ongoing monitoring of CBC and collaboration with related external organizations in order to participate in its evolution. The Council and others noted in testimony that MOC/CBC has been studied annually for many years, most recently at I-23. Your Reference Committee was informed that those reports are available on the Council's webpage as well as in the AMA's Council Report Finder search engine. Testimony also noted that AMA actively participated in the American Board of Medical Specialties (ABMS) Vision Commission, charged with reviewing continuing certification within the current context of the medical profession. In CME 2-I-23, the Council concluded that "in the event of significant changes to CBC impacting practicing physicians, the Council will consider initiating a report to the House of Delegates." Your Reference Committee agrees with the Council and therefore recommends that Policies D-275.954, H-275.924, and H-275.926 be reaffirmed in lieu of Resolution 302.

(20) RESOLUTION 309 - DISAFFILIATION FROM THE ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY DUE TO PERPETUATION OF RACIAL INEQUITIES IN MEDICINE

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Policy D-310.945 be reaffirmed in lieu of Resolution 309.**

**HOD ACTION: Resolution 309 referred.**

RESOLVED, that our American Medical Association recognizes that the Alpha Omega Alpha Honor Medical Society disproportionately benefits privileged trainees (New HOD Policy)

RESOLVED, that our AMA supports institutional disaffiliation from the Alpha Omega Alpha Honor Medical Society due to its perpetuation of racial inequities in medicine (New HOD Policy)

RESOLVED, that our AMA recognizes that the Alpha Omega Alpha Honor Medical Society perpetuates and accentuates discrimination against trainees of color that is inherent in medical training. (New HOD Policy)

Resolution 309 received mixed online and in-person testimony. Your Reference Committee heard passionate testimony about historical inequities exhibited by Alpha Omega Alpha (AOA) Honor Medical Society. An amendment was offered in the online testimony to add an osteopathic medical honor society to this resolution. Testimony also noted that such inequities may be a chapter level problem. The Council on Medical Education noted that the broader issue has been studied and addressed in its report CME 2-I-22, which considered the potential of bias fostered by several honor societies including AOA, resulting in policy D-310.945. The Council recommended this policy be reaffirmed in lieu of this resolution. One individual testified to AMA's own history of 132 years of discrimination that we have only recently begun to rectify and suggested a restorative justice informed approach to address past and current harms. Another individual testified that the AOA has recently secured new leadership six months ago and requested time for that leader to demonstrate AOA's commitment to diversity, equity and belonging.

Your Reference Committee is sensitive to the concerns raised by the author and others, but expressed unease with admonishing a specific organization rather than focusing on restorative justice, especially when the organization is demonstrating efforts towards correcting its past discriminatory actions. Further, your Reference Committee acknowledges our AMA's history of inequities which we have only recently begun to rectify. We have asked physicians and patients to extend grace to our AMA for our past wrongs; we should demonstrate this same grace to our colleagues who are also seeking to reform. Additionally, calling for disaffiliation from AOA could induce reputational risk to the AMA when amenable relationships are needed to encourage and assist such groups to collaborate with us to build a diverse physician workforce. Your Reference Committee notes that D-310.945 calls for equitable processes that foster reform, including the role of

honor societies. Therefore, your Reference Committee recommends that D-310.945 be reaffirmed in lieu of Resolution 309.

(21) RESOLUTION 316 - REASSESSMENT OF CONTINUING BOARD CERTIFICATION PROCESS

**RECOMMENDATION:**

**Madam Speaker, your Reference Committee recommends that Policies D-275.954 and H.275.924 be reaffirmed in lieu of Resolution 316.**

**HOD ACTION: Policies D-275.954 and H.275.924 reaffirmed in lieu of Resolution 316.**

RESOLVED, that our American Medical Association undertake a thorough review and analysis of the available literature, data, and evidence to re-examine and update the accepted standards for continuing board certification including policy H-275.926, Medical Specialty Board Certification Standards, so the standards reflect the best manner to assess physicians' knowledge and skills necessary to practice medicine. (Directive to Take Action)

Resolution 316 received mixed online and in-person testimony. The Council on Medical Education recommended that policies D-275.954 and H.275.924 be reaffirmed in lieu of this item since they address the intent of this resolution. The Council and others noted in testimony that MOC/CBC has been studied annually for many years, most recently at I-23. Your Reference Committee was informed that those reports are available on the Council's webpage as well as in the AMA's Council Report Finder search engine. In the Council's I-23 report, Update on Continuing Board Certification (CME 2-I-23), the Council concluded that "in the event of significant changes to CBC impacting practicing physicians, the Council will consider initiating a report to the House of Delegates." The author testified in favor of a more granular study of CBC. Your Reference Committee noted that Policy H-275.924 establishes AMA principles for continuing board certification (CBC, formerly MOC) and Policy D-275.954 elucidates in 40 clauses all the ways it will collaborate with key organizations, review the evolving literature, and inform the HOD. Other testimony supported reaffirmation in lieu of this resolution. Your Reference Committee agrees and therefore recommends that Policies D-275.954 and H.275.924 be reaffirmed in lieu of Resolution 316.

(22) RESOLUTION 320 - ANTI-RACISM TRAINING FOR MEDICAL STUDENTS AND MEDICAL RESIDENTS

**RECOMMENDATION A:**

**Madam Speaker, your Reference Committee recommends that Policy H-65.952 be reaffirmed in lieu of Resolution 320.**

**HOD ACTION: Policy H-65.952 reaffirmed in lieu of Resolution 320.**

RESOLVED, that our American Medical Association advocate that the Liaison Committee on Medical Education and Association of American Medical Colleges require, rather than encourage, anti-racism training for medical students and medical residents. (Directive to Take Action)

Resolution 320 was not posted in the online forum. There was mixed testimony during the live hearing. The Council on Medical Education noted that the AMA has a long-standing history of not supporting curricular mandates. There was unanimous support for medical students and medical residents receiving anti-racism training. There were significant concerns for the legal and professional consequences that may be experienced by academic physicians if anti-racism training became a requirement in schools where it is prohibited by law. The Council pointed out that it is not the purview of the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), the Liaison Committee on Medical Education (LCME), nor the Commission on Osteopathic College Accreditation (COCA), to "require" specific curriculum. Rather, the LCME and COCA promulgate standards for medical education programs to achieve and maintain accreditation. LCME Standard 7.6, Structural Competence, Cultural Competence, and Health Inequities and COCA Element 6.12: Diversity, Equity, and Inclusion Curriculum both address how schools may incorporate this education into the curriculum, where permitted by law.

Your Reference Committee is sympathetic to the concerns raised during the hearing. Additionally, your Reference Committee discussed how adoption of this resolution may negatively impact academic physicians, including those from historically excluded groups, who include anti-racism in the curriculum. This could negatively affect students, whose learning experiences may be impacted by loss of faculty. Your Reference Committee is sensitive to the concerns that physicians may experience personal, career, and legal risks which could further reduce the number of physicians from historically excluded groups in academic medicine to below its already suboptimal rate. Further, your Reference Committee is aware of the legal implications this resolution could have on some institutions, whereby the funding of medical education could be under threat if such curriculum were to be implemented. Your Reference Committee noted that the AMA has existing policy that is supportive of the intent of this resolution, such as Policy H-65.952. Additionally, the AMA, AAMC and AACOM provide curricular resources on anti-racism education. Thus, your Reference Committee recommends that Policy H-65.952 be reaffirmed in lieu of Resolution 320.

Madam Speaker, this concludes the report of Reference Committee C. I would like to thank members Christine Kim, MD, Kevin McKinney, MD, Rianna McNamee, Christopher Wee, MD, David Whalen, MD, Emily Volk, MD; staff persons Lena Drake, Tanya Lopez, Richard Pan, MD, and Amber Ryan; as well as all those who testified before the Committee.

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