AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-25)

Final Report of Reference Committee C

Christopher Wee, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council On Medical Education Report 2 - International Applicants To U.S. Medical Schools (Resolution 301-A-24)

2. Council On Medical Education Report 3 - Unmatched Graduating Physicians (Resolution 306-A-24)

3. Council On Medical Education Report 7 - Designation Of Descendants Of Enslaved Africans In America (Resolution 218-A-24)

4. Resolution 311 - Transparency And Access To Medical Training Program

RECOMMENDED FOR ADOPTION AS AMENDED

5. Council on Medical Education Report 1 - Council on Medical Education Sunset Review of 2015 House of Delegates' Policies

6. Council On Medical Education Report 4 - Access To Restricted Health Services When Completing Physician Certification Exams (Res. 307-A-24)

7. *Council On Medical Education 5 - Disaffiliation From The Alpha Omega Alpha Honor Medical Society Due To Perpetuation Of Racial Inequities In Medicine (Res. 309-A-24)

8. *Council On Medical Education Report 6 - Reporting Of Total Attempts Of USMLE Step 1 and COMLEX-USA Level 1 Examinations (Res 315-A-24)

9. *Council On Medical Education Report 8 - Disaggregation Of Demographic Data For Individuals Of Federally Recognized Tribes (Res. 243-A-24)

10. *Resolution 304 - Addressing Professionalism Standards In Medical Training

11. *Resolution 305 - Curricular Structure Reform To Support Physician And Trainee Well-Being

12. Resolution 308 - Streamlining Annual Compliance Training Requirements For Physicians Reduce Burnout And Bolster Career Satisfaction In Trainees

13. *Resolution 309 - Increasing Education On Physician-Led Care

14. *Resolution 310 - Protections For Trainees Experiencing Retaliation In Medical Education

RECOMMENDED FOR ADOPTION IN LIEU OF

15. *Resolution 301 - Examining AMBS Processes For New Boards

RECOMMENDED FOR REFERRAL

16. *Resolution 303 - Support For The Establishment Of An Indigenous-Led Medical School In The United States

RECOMMENDED FOR NOT ADOPTION

17. Resolution 306 - Innovation And Reform Of Medical Education

18. Resolution 307 - Disclosure Of Individual Physician Volunteers Participation In Committee

RECOMMENDATION FOR REAFFIRMATION IN LIEU OF

19. Resolution 302 - AMA Study Of Lifestyle Medicine And Culinary Electives To Reduce Burnout and Bolster Career Satisfaction in Trainees

20. Resolution 312 - Selection Of IMG Residents Based On Merit

Amendments:
If you wish to propose an amendment to an item of business, click here: A25 HOD Amendment

**Your Reference Committee recommendation has changed from the Preliminary Report.*

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON MEDICAL EDUCATION REPORT 2 - INTERNATIONAL APPLICANTS TO U.S. MEDICAL SCHOOLS (RESOLUTION 301-A-24)

RECOMMENDATION:

Your Reference Committee recommends that Council on Medical Education Report 2 be adopted and the remainder of the report be filed.

That our AMA:

1. Supports all U.S. medical schools in (a) considering international applicants; (b) investigating additional financial aid opportunities, including scholarships, for international medical school applicants; and (c) re-evaluating their pre-payment requirements specific to international applicants.

2. Recognizes the federal government's current programs that allow for the entry of qualified international medical students into the U.S. and encourages the maintenance and/or improvement of such programs.

3. Supports relevant parties to include international medical students and applicants in data collection, philanthropy, and financial assistance programs.

The recommendations in Council on Medical Education Report 2 received overall supportive online testimony. One testimony, offered online and in person, sought to amend the third recommendation by addition, including the language "AMA Foundation". However, the AMAF testified online against this addition. Your Reference Committee considered this language but issued caution on the inclusion of private foundations and donors, given that philanthropies are independent with their own boards who set criteria for donations. Your Reference Committee believes the current language in the third recommendation is already inclusive of donors and philanthropies. Your Reference Committee appreciates the Council's work and recommends that CME 2-A-25 be adopted.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 3 - UNMATCHED GRADUATING PHYSICIANS (RESOLUTION 306-A-24)

RECOMMENDATION:

Your Reference Committee recommends that Council on Medical Education Report 3 be adopted and the remainder of the report be filed.

1) Encourage relevant parties to examine the root causes for physicians who do not secure entry into an accredited residency program by graduation and evaluate each of their efforts to address them including informing medical students and their advisers how to obtain GME training opportunities. Such parties include but are not limited to medical schools, residency programs, Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, National Resident Matching Program , Intealth, and Accreditation Council for Graduate Medical Education . (New HOD Policy)

2) Encourage relevant parties to evaluate opportunities that have successfully matched previously unmatched physicians into residency positions, so students can be better counselled on opportunities that improve their chances of matching into a residency program. (New HOD Policy)

3) Reaffirm AMA policies D-310.977 "National Resident Matching Program Reform" and H-200.954 "U.S. Physician Shortage." (Reaffirm HOD Policy)

The recommendations in Council on Medical Education Report 3 received largely supportive online testimony. One online testimony noted concern that the report did not explicitly discuss U.S. citizen IMGs; however, your Reference Committee noted that original Resolution 306-A-24 did not call for this delineation and believes the report recommendations are appropriate. In-person testimony offered suggestions for how to improve the body of the report, such as including opportunities at the state level, including state laws allowing unmatched U.S. medical graduates to practice under supervision. In addition, there was in-person testimony that many IMGs are unmatched and that even after the SOAP, there continue to be open residency positions, so root causes need to be identified. However, online and in-person testimony did not oppose the recommendations in the report. Therefore, your Reference Committee recommends that CME 3-A-25 be adopted.

(3) COUNCIL ON MEDICAL EDUCATION REPORT 7 - DESIGNATION OF DESCENDANTS OF ENSLAVED AFRICANS IN AMERICA (RESOLUTION 218-A-24)

RECOMMENDATION:

Your Reference Committee recommends that Council on Medical Education Report 7 be adopted and the remainder of the report be filed.

Our AMA acknowledges that anti-Black racism, including but not limited to direct experiences and/or family histories of slavery, results in significant and ongoing harm to Black people and communities. (New HOD Policy)

Our AMA will raise awareness of the Physician Data Initiative's work to disaggregate racial/ethnic identification categories on demographic forms and offer opportunities for individuals to self-identify. (New HOD Policy)

The recommendations in Council on Medical Education Report 7 received supportive online testimony and no opposition. One testimony suggested amending the first resolve to strike the word “direct” and replace it with “present-day”; however, your Reference Committee believes the original language reflects a broader perspective. In-person testimony supported your Reference Committee’s Preliminary Report recommendation. One in-person testimony indicated the author’s intention to put forth a future resolution on this complex issue, but did not oppose or offer amendments to the current report. Thus, your Reference Committee therefore recommends that CME 7-A-25 be adopted.

(4) RESOLUTION 311 - TRANSPARENCY AND ACCESS TO MEDICAL TRAINING PROGRAM

RECOMMENDATION:

Your Reference Committee recommends that Resolution 311 be <u>adopted</u>.

RESOLVED, that our American Medical Association supports transparency and access to information about medical training program unionization status (New HOD Policy); and be it further

RESOLVED, that our AMA creates and maintains an up-to-date unionization filter on FREIDA™ for trainees to make informed decisions during the Match. (Directive to Take Action)

Resolution 311 received universal supportive online and in-person testimony including from the Council on Medical Education. Your Reference Committee recommends that Resolution 311 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(5) COUNCIL ON MEDICAL EDUCATION REPORT 1 - COUNCIL ON MEDICAL EDUCATION SUNSET REVIEW OF 2015 HOUSE OF DELEGATES' POLICIES

RECOMMENDATION A:

Your Reference Committee recommends that Council on Medical Education Report 1 be amended by addition and deletion to read as follows:

H-295.953 Retain clauses (1), (2), (3), (4) – still relevant. ~~Rescind clause (3) - accomplished. Program is now defunct.~~

RECOMMENDATION B:

Your Reference Committee recommends that Council on Medical Education Report 1 be adopted as amended and the remainder of the report be 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 received online testimony seeking to amend the report in order to retain policy D-295.315 and clause 3 of policy H-295.953. Regarding policy D-295.315, your Reference Committee discussed that the AMA does not currently maintain a webpage for pre-medical students while other organizations including the AAMC provide ample information for pre-medical students that does not need to be duplicated by the AMA. Regarding policy H-295.953, it currently reads as follows:

1. The AMA strongly encourages the state medical associations to work in conjunction with medical schools to implement programs to educate medical students concerning legislative issues facing physicians and medical students.

2. Our AMA will advocate that political science classes which facilitate understanding of the legislative process be offered as an elective option in the medical school curriculum.

3. Our AMA will establish health policy and advocacy elective rotations based in Washington, DC for medical students, residents, and fellows.

4. Our AMA will support and encourage institutional, state, and specialty

organizations to offer health policy and advocacy opportunities for medical students, residents, and fellows.

The Council report sought to retain clauses 1, 2, and 4 but rescind clause 3 because the directive had been accomplished and the program became defunct. Testimony sought to retain clause 3. Further, this testimony sought to amend clause 3. However, your Reference Committee notes that the sunset mechanism in policy G-600.110 does not allow for policies in the sunset report to also be amended, except by the reviewing Council. We appreciate testimony that this program was valuable and this policy should be retained to allow for revival of the program. However, the proposed amendment cannot be considered as part of CME 1 as it is not germane to the original directive. It is the Reference Committee's understanding that offering an amendment to H-295.953 would have to be proposed in a new resolution. Your Reference Committee recommends that H-295.953 clause (3) be retained. In-person testimony was supportive of this action. Therefore, your Reference Committee recommends that CME 1-A-25 be adopted as amended.

(6) COUNCIL ON MEDICAL EDUCATION REPORT 4 - ACCESS TO RESTRICTED HEALTH SERVICES WHEN COMPLETING PHYSICIAN CERTIFICATION EXAMS (RES. 307-A-24)

RECOMMENDATION A:

Your Reference Committee recommends that the recommendation in Council on Medical Education Report 4 be amended by addition and deletion to read as follows:

1. That our AMA amend D-275.944 "Access to Reproductive Health Services When Completing Physician Certification Exams," by deletion and addition as follows:

2. ~~Our AMA will 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.~~

Our AMA ~~supports~~ advocates to relevant parties for the physical and psychological safety of board examination candidates when taking certification examinations through mechanisms such as exam relocation to nonrestrictive states, remote examination, and/or exemption processes to ensure the protection of all physicians.

RECOMMENDATION B:

Your Reference Committee recommends that Council on Medical Education Report 4 be adopted as amended and the remainder of the report be filed.

That our AMA amend D-275.944 "Access to Reproductive Health Services When Completing Physician Certification Exams," by deletion and addition as follows:

2. ~~Our AMA will 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.~~

Our AMA supports the physical and psychological safety of board examination candidates when taking certification examinations."

The recommendations in Council on Medical Education Report 4 received supportive online testimony; however, some testimony proposed amended language and/or new recommendations to strengthen the report. Proffered amendments encouraged the AMA to take a stronger position in urging boards to permit candidates to take exams remotely or in an alternative location in a protective state. Your Reference Committee is sensitive to the testimony provided by board applicants regarding their personal safety concerns. Your Reference Committee carefully reviewed the language offered and proposed an amendment that clearly articulated this point. In-person testimony unanimously supported these amendments. The Council on Medical Education provided in-person testimony in support of these amendments. Thus, your Reference Committee recommends that CME 4-A-25 be adopted as amended.

(7) *COUNCIL ON MEDICAL EDUCATION REPORT 5 - DISAFFILIATION FROM THE ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY DUE TO PERPETUATION OF RACIAL INEQUITIES IN MEDICINE (RES. 309-A-24)

RECOMMENDATION A:

Your Reference Committee recommends that Council on Medical Education Report 5 be amended by addition of a new recommendation to read as follows:

That our AMA study and report back at the 2030 Annual Meeting on the impact of efforts to increase representation of individuals historically underrepresented in medicine within Alpha Omega Alpha and Sigma Sigma Phi and assess whether institutional disaffiliation from these organizations should be considered based on the progress made.

RECOMMENDATION B:

Your Reference Committee recommends that Council on Medical Education Report 5 be adopted as amended and the remainder of the report be filed.

RECOMMENDATION C:

Your Reference Committee recommends a change in title to read as follows:

DISAFFILIATION FROM ~~THE ALPHA OMEGA ALPHA~~ HONOR MEDICAL ~~SOCIETY~~ SOCIETIES DUE TO PERPETUATION OF RACIAL INEQUITIES IN MEDICINE (RES. 309-A-24)

The Council on Medical Education recommends that AMA Policy D-310.945, "Mitigating Demographic and Socioeconomic Inequities in the Residency and Fellowship Selection Process," and AMA Policy D-295.317, "Competency Based Medical Education Across the Continuum of Education and Practice," be reaffirmed in lieu of Resolution 309-A-24 and the remainder of the report be filed.

The recommendations in Council on Medical Education Report 5 received generally supportive online testimony. One comment expressed concerns that the report did not fully address the issues in the original Resolution 309-A-24. During in-person testimony, testimony offered an amendment asking for report back on progress in five years; the Council on Medical Education testified in support of this amendment. Your Reference Committee also proposes a title change to reflect the amendment's call to study multiple

honor societies. Therefore, your Reference Committee recommends that CME 5-A-25 be adopted as amended.

(8) *COUNCIL ON MEDICAL EDUCATION REPORT 6 - REPORTING OF TOTAL ATTEMPTS OF USMLE STEP 1 AND COMLEX-USA LEVEL 1 EXAMINATIONS (RES 315-A-24)

RECOMMENDATION A:

Your Reference Committee recommends that the third recommendation of Council on Medical Education Report 6 be amended by addition and deletion to read as follows:

3) Encourage communication and transparency between residency programs and applicants ~~involving the rescheduling or~~ in regards to retaking ~~of~~ the USMLE® Step 1 ~~and~~ or COMLEX-USA® Level 1 exam.

RECOMMENDATION B:

Your Reference Committee recommends that Council on Medical Education Report 6 be adopted as amended and the remainder of the report be filed.

1) Encourage the National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME) to continue evaluating barriers for students related to testing centers (e.g., rescheduling, cost, etc.). (New HOD Policy)

2) Encourage medical schools to assist examinees in scheduling of USMLE® and COMLEX-USA® exams and consider opportunities for flexibility. (New HOD Policy)
3) Encourage communication and transparency between residency programs and applicants involving the rescheduling or retaking of the USMLE® Step 1 and COMLEX-USA® Level 1 exam. (New HOD Policy)

4) Reaffirm policies H-275.953 "The Grading Policy for Medical Licensure Examinations" and D-200.985 "Strategies for Enhancing Diversity in the Physician Workforce." (Reaffirm HOD Policy)

The recommendations in Council on Medical Education Report 6 received mixed but supportive testimony. One online testimony opposed the third recommendation and offered that it be amended with alternate language, noting that some applicants are fearful of disclosing such personal information during the residency application process. Another online testimony offered a new recommendation that encourages study of the impact of reporting of attempts on the selection process for residency/fellowship. In-person testimony again offered the same amendment to the third recommendation. However, your Reference Committee believes the original report language appropriately supports

holistic review of applications that includes giving important context to applicant exam performance. Your Reference Committee does agree with the Council on Medical Education that the word "rescheduling" be stricken from the third resolve since exam rescheduling is not reported by the examiners. Thus, your Reference Committee recommends that CME 6-A-25 be adopted as amended.

(9) *COUNCIL ON MEDICAL EDUCATION REPORT 8 - DISAGGREGATION OF DEMOGRAPHIC DATA FOR INDIVIDUALS OF FEDERALLY RECOGNIZED TRIBES (RES. 243-A-24)

RECOMMENDATION A:

Your Reference Committee recommends that the first recommendation of Council on Medical Education Report 8 be amended by addition and deletion to read as follows:

1. That AMA Policy H-460.884, "Indigenous Data Sovereignty," be amended by addition:

~~**4. Our AMA recognizes that data collection on tribal membership, including for medical education and workforce, should recognize and respect Tribal data sovereignty and include Tribal consultation. (Modify HOD Policy)**~~

4. Our AMA affirms that any collection or storage of tribal affiliation or Indigenous identity data must respect tribal data sovereignty and be guided by consultation with tribal leadership organizations and Indigenous-led institutions. (Modify HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Council on Medical Education Report 8 be amended by addition of a new recommendation to read as follows:

3. That our AMA affirm that tribal affiliation represents a distinct political and cultural status, not a racial category, and that, when shared by validating bodies, such information may carry relevance for understanding representation in medical education, access to federal health programs if part of a federally recognized tribe, and eligibility for specific workforce pathways.

RECOMMENDATION C:

Your Reference Committee recommends that Council on Medical Education Report 8 be amended by addition of a new recommendation to read as follows:

4. That our AMA support the ability of individuals to voluntarily self-identify their tribal affiliation on demographic forms used across the medical education continuum, and continue to work with the Association of American Medical Colleges (AAMC), the Accreditation Council for Graduate Medical Education (ACGME), and other relevant partners to explore the feasibility of accepting, storing, and responsibly stewarding such self-reported information within AMA systems, including Physician Professional Data, consistent with legal guidance and tribal data sovereignty principles, and identify opportunities to transparently share progress, barriers, and timelines related to these efforts, where appropriate.

RECOMMENDATION D:

Your Reference Committee recommends that Council on Medical Education Report 8 be amended by addition of a new recommendation to read as follows:

5. That our AMA engage with tribal leadership organizations, such as the Association of American Indian Physicians (AAIP), Indian Health Service (IHS), National Congress of American Indians (NCAI), and National Indian Health Board (NIHB), alongside American Indian and Alaska Native physicians and data sovereignty experts, to help inform AMA's internal policies, data use practices, and governance models related to tribal affiliation and American Indian and Alaska Native identity data.

RECOMMENDATION E:

Your Reference Committee recommends that Council on Medical Education Report 8 be adopted as amended and the remainder of the report be filed.

RECOMMENDATION F:

Your Reference Committee recommends a change in title to read as follows:

DISAGGREGATION OF DEMOGRAPHIC DATA FOR ~~INDIVIDUALS OF FEDERALLY RECOGNIZED TRIBES~~ INDIGENOUS INDIVIDUALS

The Council on Medical Education recommends that the following be adopted in lieu of Resolution 243-A-24, and that the remainder of this report be filed.

1. That AMA Policy H-460.884, "Indigenous Data Sovereignty," be amended by addition:

    4. Our AMA recognizes that data collection on tribal membership, including for medical education and workforce, should recognize and respect Tribal data sovereignty and include Tribal consultation. (Modify HOD Policy)

2. That our AMA reaffirm Policy H-350.981, "AMA Support of American Indian Health Career Opportunities." (Reaffirm HOD Policy)

The recommendations in Council on Medical Education Report 8 received generally supportive online testimony. During in-person hearing, one testimony offered several amendments; this testimony received unanimous support including from the Council on Medical Education. Testimony emphasized ongoing critical shortages within the American Indian and Alaska Native workforce, as well as the importance of accurate data and respect for tribal sovereignty. Your Reference Committee also supports these amendments and therefore recommends that CME 8-A-25 be adopted as amended with a change in title to remove "federally recognized".

(10) *RESOLUTION 304 - ADDRESSING PROFESSIONALISM STANDARDS IN MEDICAL TRAINING

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 304 be amended by addition and deletion to read as follows:

RESOLVED, that our ~~American Medical Association~~ AMA supports regular institutional review by appropriate entities such as~~, including review by~~ Diversity, Equity and Inclusion (DEI) offices~~ or other appropriate entities~~, of professionalism policies in medical school and residency programs, ensuring that they do not lead to discriminatory practices (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 304 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA ~~supports the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges (AAMC), and American Association of Colleges of Osteopathic Medicine (AACOM) to e~~stablish professionalism guidelines for residency programs and medical school~~s~~ ~~professionalism policies~~ that ~~encourage institutions to~~ include outline~~i~~ng actions that may constitute a violation (New HOD Policy); and be it further

RECOMMENDATION C:

Your Reference Committee recommends that the third resolve of Resolution 304 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA ~~advocates for AAMC, ACGME, and AACOM to~~ support~~s~~ measures that prevent medical schools and residency programs from ~~using~~ alleging professionalism violations as a means to stop ~~student~~ trainee advocacy measures that are consistent with the AMA Code of Medical Ethics. (Directive to Take Action)

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 304 be <u>adopted as amended</u>.

RESOLVED, that our American Medical Association supports regular institutional review, including review by Diversity, Equity and Inclusion (DEI) offices or other appropriate entities, of professionalism policies in medical school and residency programs, ensuring that they do not lead to discriminatory practices (New HOD Policy); and be it further

RESOLVED, that our AMA supports the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges (AAMC), and American Association of Colleges of Osteopathic Medicine (AACOM) to establish guidelines for residency programs and medical school professionalism policies that encourage institutions to outline actions that constitute a violation (New HOD Policy); and be it further

RESOLVED, that our AMA advocates for AAMC, ACGME, and AACOM to support measures that prevent medical schools and residency programs from using professionalism violations as a means to stop student advocacy measures. (Directive to Take Action)

Resolution 304 received supportive online testimony, but with differences in how it may be amended. The Council on Medical Education recommended amendments to each of the three resolves. Some online testimony supported the original language, while others supported the first and second resolves but offered amendments to the third resolve.

Regarding the first resolve, in-person testimony was mostly supportive of retaining language on Diversity, Equity and Inclusion (DEI) offices. Your Reference Committee continues to have concerns that were raised online in protection of medical schools and residency programs, given the President's executive order on DEI and subsequent changes to some state laws, but ultimately concurs with the in-person testimony. Your Reference Committee proposes amended language upon legal review that preserves the intent of the author.

The Council on Medical Education offered amended language to the second resolve online and at the live hearing to clarify for the HOD that while they support the development of guidelines, the three organizations listed in the second resolve are accrediting bodies. As accrediting bodies, they develop requirements but do not issue guidelines. Your Reference Committee agrees with sentiment of the Council's amended language of the second resolve but offered further amendments.

In the third resolve, your Reference Committee appreciates the proffered online amendment to change the word "student" to "trainee". Online and in-person testimony noted concern that the most extreme of actions that would truly violate professionalism standards should not be protected under the guise of "advocacy measures", and the AMA Code of Medical Ethics and its definition of professionalism should be the standard of behavior including advocacy. Your Reference Committee recommends adding language

that defines the boundary of advocacy behavior by physicians by applying the Code. Therefore, Your Reference Committee recommends that Resolution 304 be adopted as amended.

(11) *RESOLUTION 305 - CURRICULAR STRUCTURE REFORM TO SUPPORT PHYSICIAN AND TRAINEE WELL-BEING

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 305 be amended by addition and deletion to read as follows:

RESOLVED, that our ~~American Medical Association~~ AMA promote a systems approach to student well-being and support research into the impact (beneficial or deleterious) of various educational structures and processes, including but not limited to, the use of third-party resources and distance learning, upon learner well-being~~, and~~ self-efficacy, and the skills needed to become a practicing physician (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 305 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA discourage ~~physician, resident, fellow, and medical student~~ burnout prevention programs ~~which~~ that impose inflexible requirements, additional time burdens on physicians, residents, fellows, and medical students, mandatory assignments, or punitive measures, except where required by law (New HOD Policy); and be it further

RECOMMENDATION C:

Your Reference Committee recommends that the third resolve of Resolution 305 be deleted.

~~**RESOLVED, that our AMA support evidence-based burnout prevention programs that:**~~
~~**a) prioritize personal time for participants;**~~
~~**b) facilitate voluntary participation in activities relating to personal values, leisure, hobbies, group and peer engagement, and self-care; and**~~
~~**c) are integrated directly into medical school and residency program curricula, and;**~~
~~**d) provide multiple options to complete any expectations or activities flexibly (New HOD Policy);**~~
~~**and be it further**~~

RECOMMENDATION D:

Your Reference Committee recommends that the fourth resolve of Resolution 305 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA encourage funding entities and training programs to support the implementation of evidence-based evaluation strategies ~~in the ChangeMedEd Initiative~~ for the ongoing assessment and improvement of burnout prevention programs. (New HOD Policy)

RECOMMENDATION E:

Your Reference Committee recommends that Resolution 305 be amended by addition of a new resolve to read as follows:

RESOLVED, that our AMA support evidence-based burnout prevention programs that allow for voluntary participation, options to complete any expectations or activities flexibly, and recognize the importance of personal time for burnout prevention and wellbeing while maintaining the core pedagogy of medical training. (New HOD Policy)

RECOMMENDATION F:

Your Reference Committee recommends that Resolution 305 be adopted as amended.

RESOLVED, that our American Medical Association promote a systems approach to student well-being and support research into the impact (beneficial or deleterious) of various educational structures and processes, including but not limited to, the use of third-party resources and distance learning, upon learner well-being and self-efficacy (New HOD Policy); and be it further

RESOLVED, that our AMA discourage physician, resident/fellow, and medical student burnout prevention programs which impose inflexible requirements, mandatory assignments, or punitive measures, except where required by law (New HOD Policy); and be it further

RESOLVED, that our AMA support evidence-based burnout prevention programs that:

a) prioritize personal time for participants;
b) facilitate voluntary participation in activities relating to personal values, leisure, hobbies, group and peer engagement, and self-care; and
c) are integrated directly into medical school and residency program curricula, and;
d) provide multiple options to complete any expectations or activities flexibly (New HOD Policy); and be it further

RESOLVED, that our AMA support the implementation of evidence-based evaluation strategies in the ChangeMedEd Initiative for the ongoing assessment and improvement of burnout prevention programs. (New HOD Policy)

Resolution 305 received online testimony from the Council on Medical Education against adoption, while others supported adoption. Although supportive of the sentiment of the resolution, the Council testified that implementation of an evidence-based strategy that reduces burnout and increases wellness, but reduces the preparation, training, and readiness of the physician workforce could be problematic. They also highlighted the significant and ongoing work at the AMA - in both the ChangeMedEd initiative as well as the AMA's work on professional satisfaction that is designed to reduce burnout and increase well-being. During the live hearing, testimony offered amendments to the original resolution that was supported by the Council on Medical Education and others. There was no testimony opposing the amendments offered. Your Reference Committee is sensitive to concerns regarding physician and trainee well-being and therefore recommends that Resolution 305 be adopted as amended.

(12) RESOLUTION 308 - STREAMLINING ANNUAL COMPLIANCE TRAINING REQUIREMENTS FOR PHYSICIANS

RECOMMENDATION A:

Your Reference Committee recommends that the second resolve of Resolution 308 be amended by addition and deletion to read and follows:

RESOLVED, that our AMA collaborate with relevant ~~stakeholders~~ parties to explore options for fair compensation or continuing medical education (CME) credits for time spent on mandatory compliance training. (Directive to Take Action)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 308 be adopted as amended.

RESOLVED, that our American Medical Association advocate for the creation of reciprocity programs that allow physicians to receive credit for compliance training completed at one healthcare entity towards requirements at other facilities, provided the training meets specified standards (Directive to Take Action); and be it further

RESOLVED, that our AMA collaborate with relevant stakeholders to explore options for fair compensation or continuing medical education (CME) credits for time spent on mandatory compliance training. (Directive to Take Action)

Resolution 308 received supportive but mixed online testimony. While the Council on Medical Education recommended that policy H-300.944 be reaffirmed in lieu of this resolution, others supported adoption and opposed reaffirmation. Your Reference Committee is supportive of this resolution but recommended that the word “stakeholder” in the second resolve be changed to “parties”, as the term denotes ownership and commemorates land occupation. Your Reference Committee recommends that Resolution 308 be adopted as amended.

(13) *RESOLUTION 309 - INCREASING EDUCATION ON PHYSICIAN-LED CARE

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 309 be amended by addition and deletion to read as follows:

RESOLVED, that our ~~American Medical Association~~ AMA develop, ~~and~~ provide, expand upon, and promote the educational resources in the AMA GME Competency Education Program, as well as toolkits, ~~,~~ and workshops that residency programs can implement to teach residents about physician-led care, advocacy strategies, and how to effectively engage with health care policymakers and organizations (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 309 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA encourage residency programs to ~~include~~ promote opportunities for residents and trainees to engage in real-world advocacy efforts at the local, state, and national levels, in collaboration with state societies and other medical organizations. (New HOD Policy)

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 309 be adopted as amended.

RESOLVED, that our American Medical Association develop and provide educational resources, toolkits, and workshops that residency programs can implement to teach residents about physician-led care, advocacy strategies, and how to effectively engage with healthcare policymakers and organizations (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage residency programs to include opportunities for residents and trainees to engage in real-world advocacy efforts at the local, state, and national levels, in collaboration with state societies and other medical organizations. (New HOD Policy)

Resolution 309 received supportive but mixed online and in-person testimony. Some testimony supported the original language. The Council on Medical Education offered amended language of both resolves to emphasize the related work of the AMA. Other language offered amended language to the second resolve to address GME payments for advocacy skills training by the Center for Medicaid and Medicare Services (CMS). Additional testimony supported the Council's amendment. Your Reference Committee discussed the concerns associated with calling out a specific resource in AMA policy, and the unintended consequences of attempting to change current law and CMS regulations on Medicare GME payment. During the live hearing, testimony was given in opposition to

reaffirmation, supported the original resolution with the CME amendment or the original resolution. Your Reference Committee acknowledges both the current policy and offerings that support physicians leading interprofessional teams and is supportive of the intent of the resolution. Therefore, your Reference Committee recommends that Resolution 309 be adopted as amended.

(14) *RESOLUTION 310 - PROTECTIONS FOR TRAINEES EXPERIENCING RETALIATION IN MEDICAL EDUCATION

RECOMMENDATION A:

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~~ AMA supports efforts to protect residents, fellows, faculty, staff, and medical students from disciplinary actions taken by workplaces, institutions, and educational programs that discriminate against an individual based on their identity~~,~~ or beliefs ~~or advocacy~~ (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve Resolution 310 be amended by addition to read as follows:

RESOLVED, that our AMA supports that any disciplinary actions against residents, fellows, faculty, staff, and medical students, adhere to due process and use a standardized protocol, which barring patient and workplace safety concerns, may include multiple warnings, opportunities to halt actions in question prior to measures being taken, mediation by and appeals to a third party, especially before long-term suspension, dismissal, expulsion, or termination of contracts. (New HOD Policy)

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 310 be adopted as amended.

RECOMMENDATION D:

Your Reference Committee recommends a change in title to read as follows:

PROTECTIONS FOR TRAINEES, FACULTY, AND STAFF EXPERIENCING RETALIATION IN MEDICAL EDUCATION

RESOLVED, that our American Medical Association supports efforts to protect residents, fellows, and medical students from disciplinary actions taken by workplaces, institutions, and educational programs that discriminate against an individual based on their identity, beliefs or advocacy (New HOD Policy); and be it further

RESOLVED, that our AMA supports that any disciplinary actions against residents, fellows, and medical students, adhere to due process and use a standardized protocol, which barring patient and workplace safety concerns, may include multiple warnings, opportunities to halt actions in question prior to measures being taken, mediation by and appeals to a third party, especially before long-term suspension, dismissal, expulsion, or termination of contracts. (New HOD Policy)

Resolution 310 received supportive but mixed online testimony. Some testimony supported adoption. One testimony noted concerns about the lack of definition of the words “identity” and “beliefs” in the first resolve. The Council on Medical Education offered amended language to include “faculty” and “staff” in both resolves as well as the title. Other testimony supported the Council’s amendment. Your Reference Committee agreed with the Council’s rationale to safeguard not only trainees but also faculty and staff.

During the live hearing, the author and two others testified in support of the amended language in your Reference Committee’s Preliminary Report and emphasized the importance of protecting trainees and physicians who advocate for underserved communities. Testimony proposed additional amendments due to concerns regarding possible misuse of “advocacy” via harmful actions under the guise of advocacy; it also proposed additional language to delineate types of professional violations requiring more urgent attention. Other testimony opposed this additional language, indicating that even the suggested specifics were broad and subjective. Your Reference Committee concurred that the first resolve should focus on protecting individual identity and beliefs while removing “advocacy,” which may be overly broad. Your Reference Committee recommends that Resolution 310 be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(15) *RESOLUTION 301 - EXAMINING ABMS PROCESSES FOR NEW BOARDS

RECOMMENDATION:

Your Reference Committee recommends that Alternate Resolution 301 be adopted in lieu of Resolution 301 to read as follows:

RESOLVED, that our American Medical Association study and define principles for recognizing board certifying bodies which offer appropriate assessment of physician competence in balance with patient safety and promoting professional self-regulation, with report back to the HOD at annual 2026. (Directive to Take Action)

RESOLVED, that our American Medical Association supports the creation and recognition of practice competency certification mechanisms for physicians, when the oversight bodies for such certification meet established criteria (New HOD Policy); and be it further

RESOLVED, that our AMA Council on Medical Education examine ABMS processes for new boards to determine whether the ABCVM met the necessary requirements to be recognized as an independent board, with report back to the AMA Board of Trustees (BOT) and the AMA HOD. (Directive to Take Action)

Resolution 301 received mixed in-person testimony regarding the Reference Committee's Preliminary Report recommendation to refer for decision. Testimony addressed both support for the belief that board certification is paramount in professional self-governance and that the AMA should not interfere with the ABMS process. Testimony also addressed that that the issue of board certifying bodies had been examined in Council Report 4-I-23, "Recognizing Specialty Certifications for Physicians." The author offered in-person testimony with an amendment asking the AMA to "study and define principles for recognizing board certifying bodies which offer appropriate assessment of physician competence in balance with patient safety and promoting professional self-regulation," which was supported by the Council on Medical Education and others. Given the Council Chair is a participant in the ABMS' review process for new specialties, the Council testified that the second resolve has been accomplished. Your Reference Committee agrees with the Council that the issue of principles for recognizing board certifying bodies warrants further study beyond CME Report 4-I-23. Therefore, Your Reference Committee supports the amended language proffered by the authors and recommends that Alternate Resolution 301 be adopted in lieu of Resolution 301.

RECOMMENDED FOR REFERRAL

(16) *RESOLUTION 303 - SUPPORT FOR THE ESTABLISHMENT OF AN INDIGENOUS-LED MEDICAL SCHOOL IN THE UNITED STATES

RECOMMENDATION A:

Your Reference Committee recommends that the second resolve of Resolution 303 be referred.

RECOMMENDATION B:

Your Reference Committee recommends that the third resolve of Resolution 303 be referred.

RECOMMENDATION C:

Your Reference Committee recommends that the fourth resolve of Resolution 303 be referred.

RECOMMENDATION D:

Your Reference Committee recommends that the first resolve of Resolution 303 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA support efforts to establish ~~a fully accredited, allopathic,~~ Indigenous-governed medical schools in the United States, with ~~a~~ governance and leadership structures grounded in ~~T~~tribal sovereignty and cultural integrity, and guided by principles of accountability to Indigenous Nations, inclusion of Indigenous leadership, and alignment with community-defined values and priorities. (Directive to Take Action)

RECOMMENDATION E:

Your Reference Committee recommends that Resolution 303 be adopted as amended.

RECOMMENDATION F:

Your Reference Committee recommends a change in title to read as follows:

SUPPORT FOR THE ESTABLISHMENT OF ~~AN~~ INDIGENOUS-LED MEDICAL SCHOOLS IN THE UNITED STATES

RESOLVED, that our American Medical Association support efforts to establish a fully accredited, allopathic, Indigenous-governed medical school in the United States, with a governance and leadership structure grounded in Tribal sovereignty and cultural integrity, and guided by principles of accountability to Indigenous Nations, inclusion of Indigenous leadership, and alignment with community-defined values and priorities (Directive to Take Action); and be it further

RESOLVED, that our AMA work collaboratively with Tribal Nations, Indigenous-led organizations, academic institutions, and relevant governing bodies to explore the feasibility, infrastructure, and resource needs for such an institution (Directive to Take Action); and be it further

RESOLVED, that our AMA support initiatives to develop culturally centered medical curricula, recruit Indigenous faculty and leadership, and facilitate pathways to institutional accreditation that reflect the values and priorities of Tribal communities (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for funding and resource development, including through partnerships with academic, philanthropic, health system, and governmental stakeholders, to support sustainable development and operation of an Indigenous-led medical school. (Directive to Take Action)

Resolution 303 received mixed online testimony. The Council on Medical Education recommended reaffirmation of policies H-200.954, H-350.977, H-350.976, H-200.951, and H-295.897 in lieu of this resolution. One comment questioned why this resolution specified an “allopathic” school and not osteopathic. Testimony noted that there is an osteopathic medical school on tribal land (e.g., OSU COM at the Cherokee Nation). Some testimony suggested amending the first resolve to support any accredited medical school, whether allopathic or osteopathic. Another testimony shared information about the formation of the OSU COM and noted the challenges of ensuring tribal sovereignty and respecting differing tribal priorities. Your Reference Committee also considered that since the AMA jointly sponsors the LCME, which accredits medical schools, it has not played an advocacy or leadership role in founding specific medical schools as it could call into question the fairness and objectivity of the LCME accreditation process. Federal and legal implications were also discussed. During the live hearing, the author testified against referral and offered an amendment removing “allopathic” from the language. Others testified against referral and supported the amendment, emphasizing the urgent importance of an Indigenous medical school to improve access to education and health care for Indigenous communities. The Council on Medical Education and one other testimony expressed

conceptual support but cautioned about the complexities of these issues, including the need to prioritize tribal sovereignty. Your Reference Committee noted an absence of direct expression of support from tribes or tribal organizations for the resolution's proposal.

Your Reference Committee is sensitive to the urgent need to support action within medical education for the benefit of Indigenous communities, and simultaneously sensitive to the complex nuances of the AMA's role in this process, particularly in deference to tribal leadership and sovereignty. Due to the importance of this topic as well as its complexities, your Reference Committee recommends that the first resolve of Resolution 303 be adopted as amended to promote immediate support for efforts to establish Indigenous medical schools if appropriate, with the other three resolves referred for study to examine the priorities of Indigenous communities in medical education.

RECOMMENDED FOR NOT ADOPTION

(17) RESOLUTION 306 - INNOVATION AND REFORM OF MEDICAL EDUCATION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 306 be not adopted.

RESOLVED, that our American Medical Association collaborate with AMA's ChangeMedEd Initiative to study the following topics and report back with recommendations on ways to innovate the structure, content, and timing of medical education:

1. Expansion of three-year pathways and pathways prioritizing residency seats for students entering primary care, OBGYN, psychiatry, and practice in under-resourced, rural, and IHS areas;
2. Re-evaluation of premedical prerequisites for clinical readiness (including organic chemistry, calculus, and calculus-based physics versus high-school physics) and expectation of a bachelor's degree for medical school;
3. Medical school acceptance of prerequisite credit earned in high school or community college or via placement/test-out examinations, to prevent pressure to repeat coursework;
4. Options to shorten preclinical education to better reflect clinical readiness and emphasize clinical exposure, including external asynchronous study aids, placement/test-out examinations, and completion of preclinical education prior to medical school;
5. Possibility of merging the MCAT and USMLE Step 1/COMLEX Level 1;

Changes to standardized exams to better reflect clinical readiness, including adjusting frequency of questions based on their proportional relevance to clinical knowledge expected for a general medical degree, while still including content on less common concepts. (Directive to Take Action)

Resolution 306 received mixed online and in-person testimony. The Council on Medical Education testified against adoption and clarified that the ChangeMedEd Initiative is not in a position to conduct studies; rather, it supports institutions pursing innovation in medical education via grants. Such grants have funded significant investigations and innovations, which have been trialed at varying institutions and published. Other testimony supported adoption, suggested referral and supported non-adoption. Testimony expressed concerns regarding the specific proposals and lack of a unified rationale of the resolution, and the potential of negative unintended consequences of the proposals. Your Reference Committee appreciates that innovations and reforms in medical education are evolving and ongoing and understands the Council will be submitting reports to I-25 and beyond related to the future directions of medical education, per the directives adopted in

CME 2-I-24. Your Reference Committee appreciates the information provided by the Council and therefore recommends that Resolution 306 not be adopted.

(18) RESOLUTION 307 - DISCLOSURE OF INDIVIDUAL PHYSICIAN VOLUNTEERS PARTICIPATION IN COMMITTEE

RECOMMENDATION:

Your Reference Committee recommends that Resolution 307 be not adopted.

RESOLVED, that our American Medical Association adopt a policy that individual names of committee members' attendance, manner of voting or participation in the decision-making of the committee activity is considered confidential information and not disclosed to outside entities (other organizations, stakeholders and joint providers) (Directive to Take Action); and be it further

RESOLVED, that our AMA petition the ACCME to amend policies which require disclosure of physician participation in the planning and development of accredited continuing education for physicians. (Directive to Take Action)

Resolution 307 received online testimony in opposition and none in support. Online testimony pointed out that there may be a misunderstanding of the ACCME Standards and that there may be conflation of the requirements in "conflict of interest" with those rules governing joint accreditation or joint providership. Your Reference Committee noted that Resolution 307 may conflict with policy H-300.952 that supports the ACCME and its Standards. In-person testimony opposed the resolution and supported the Preliminary Report recommendation to not adopt. Thus, your Reference Committee recommends that Resolution 307 be not adopted.

RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(19) RESOLUTION 302 - AMA STUDY OF LIFESTYLE MEDICINE AND CULINARY ELECTIVES TO REDUCE BURNOUT AND BOLSTER CAREER SATISFACTION IN TRAINEES

RECOMMENDATION:

Your Reference Committee recommends that Policy H-425.972 be reaffirmed in lieu of Resolution 302.

RESOLVED, that our American Medical Association study the impact and outcomes of teaching elective and affordable culinary and lifestyle self-care skills to medical students, residents, and fellows to reduce burnout and bolster career satisfaction. (Directive to Take Action)

Resolution 302 received mixed online testimony. Some online testimony was supportive, while one suggested it not be adopted. The Council on Medical Education recommended reaffirmation of policy H-425.972 in lieu of the resolution, given it broadly covers the spirit of the resolution. Other testimony agreed with the Council. The author testified online with alternate language for 302 along with a change in title. Your Reference Committee considered both the original as well as the alternate language and discussed the difficulties of conducting such a study or survey when there is currently an absence of published data. In-person testimony from the author opposed reaffirmation, again offering the same alternate language; however, your Reference Committee believes it presumes a conclusion that has not yet been proven and still requires study. Other in-person testimony reinforced the lack of data to study as well as the already overcrowded medical curricula. Your Reference Committee concurs with the Council that policy H-425.972 addresses the resolution. Thus, your Reference Committee recommends that policy H-425.972 be reaffirmed in lieu of Resolution 302.

(20) RESOLUTION 312 - SELECTION OF IMG RESIDENTS BASED ON MERIT

RECOMMENDATION:

Your Reference Committee recommends that Policies D-255.991 and H-255.988 be reaffirmed in lieu of Resolution 312.

RESOLVED, that our American Medical Association collaborate with appropriate stakeholders to develop and disseminate educational resources for program directors and institutions on immigration policy updates that may impact resident recruitment and training and actively work to combat disinformation surrounding immigration policies. (Directive to Take Action)

Resolution 312 received supportive but mixed online testimony. Some testimony supported adoption. The Council on Medical Education suggested reaffirmation of policies D-255.991 and H-255.988 in lieu of this resolution. Your Reference Committee is sensitive to the timely concerns raised in the resolution as well as the great value that IMGs contribute to the workforce in the U.S. Your Reference Committee was informed that the AMA's Advocacy unit is actively engaged in monitoring and addressing issues related to IMGs. It is notable that currently there are numerous immigration policy changes that may affect IMGs. The Council on Medical Education noted Intealth (comprised of ECFMG and FAIMER) may be the most appropriate organization to develop and disseminate educational resources, and that current AMA policy is supportive of this organization and related collaboration.

During the live hearing, the author and others opposed reaffirmation. Testimony did not specify the nature of misinformation or disinformation surrounding immigration policy. Testimony emphasized that Intealth (comprised of ECFMG and FAIMER) deals with this topic subsequent to the Match but with limited focus prior to the Match, and that program directors may find additional information useful. The Council re-emphasized that AMA Advocacy is engaged in this important work already. Your Reference Committee discussed the unfortunate reality that currently immigration policy is in flux and it is difficult to provide certainty. Accurate communication to program directors and institutions on immigration policy would require communicating that a significant degree of uncertainty exists due to pending federal executive and judicial decisions, the current federal administration's priorities (such as via Executive Order 14161 and the recent presidential action implementing this by restricting immigration), and many instances of active litigation.

Your Reference Committee also recognizes that existing AMA policy does not solely rely on Intealth, but also supports ongoing AMA work in the areas of concern, including: "promote regular communication between the Department of Homeland Security and AMA IMG representatives to address and discuss existing and evolving issues related to the immigration and registration process required for International Medical Graduates" and "work through the appropriate channels to assist residency program directors, as a group or individually, to establish effective contacts with the State Department and the Department of Homeland Security, in order to prioritize and expedite the necessary procedures for qualified residency applicants to reduce the uncertainty associated with considering a non-citizen or permanent resident IMG for a residency position" (Visa Complications for IMGs in GME D-255.991). This work is of immense importance, and AMA is actively engaged per these policies. Your Reference Committee noted many program directors actively monitor immigration policy that may impact their applicants and residents. Our AMA is actively advocating for IMGs to enter training in the U.S. Unfortunately, your Reference Committee believes adopting this resolution will not alleviate the concerns of program directors in a genuinely concerning environment. Therefore, your Reference Committee recommends that policies D-255.991 and H-255.988 be reaffirmed in lieu of this resolution.

This concludes the report of Reference Committee C. I would like to thank Reference Committee members Alëna Balasanova, MD, Kylee Borger, MD, MPH, Matthew Burday, DO, Joshua Hartley, Debra Lupeika, MD, Douglas Martin, MD, and all those who testified before the Committee. I would also like to thank AMA staff persons Lena Drake, Tanya Lopez, Richard Pan, MD, MPH, and Amber Ryan for their assistance.

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