

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION (A-25)

Report of Reference Committee

Sophia Spadafore, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2 **RECOMMENDED FOR ADOPTION**

3

4 1. Report C – Adoption of Missing Policies Identified by A-24 Report E into the RFS
5 Position Compendium

6

7 2. Report E – Financial Transparency of the Revenue Generated by Trainees at Health
8 Systems

9

10 3. Resolution 2 – Addressing Professionalism Standards in Medical Training

11

12 4. Resolution 5 – Resident and Fellow Section Policy in Support of Alignment of AMA
13 Policy as it Relates to Native American and Alaska Native Healthcare

14

15 5. Resolution 6 – Trialing a Co-Sponsorship Mechanism for RFS

16

17 6. Resolution 7 – Use of Inclusive Language in AMA Policy

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19 7. Resolution 9 – Fair Pricing in Healthcare

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21 **RECOMMENDED FOR ADOPTION AS AMENDED**

22

23 8. Report B – Revisions to RFS Internal Operating Procedures

24

25 9. Report D – Reasonable Workplace Accommodations for Residents and Fellows
26 During Pregnancy

27

28 10. Resolution 1 – Remedy the Harms of AMA's Role in the Flexner Report

29

30 11. Resolution 3 – Distribution of Residency Slots Commensurate with Shortages

31

32 12. Resolution 4 – Reducing the Harmful Impacts of Immigration Status on Health

33

34 **RECOMMENDED FOR REFERRAL**

35

36 13. Resolution 8 – Ranked Choice Voting

37

1 RECOMMENDED FOR ADOPTION 2

3 (1) REPORT C - ADOPTION OF MISSING POLICIES
4 IDENTIFIED BY A-24 REPORT E INTO THE RFS POSITION
5 COMPENDIUM

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7 RECOMMENDATION:

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9 Recommendation in Report C be adopted and the
10 remainder of the report be filed.

11
12 RFS ACTION: Report C adopted and the remainder of the report filed.

13
14 Recommendation:

15 1. That the AMA-RFS adopt the actions recommended in Appendix A and reflect such actions
16 in the RFS Policy Compendium.

17
18 Your Reference Committee recommends Report C be adopted. The Committee received only
19 positive comments from RFS members including the GC regarding this report. The JEDI
20 Committee provided testimony in support with the suggestion that the Reference Committee
21 recommend that the RFS Position Compendium be reviewed and reorganized in order to
22 facilitate easier access to our equity-related policy, and that this review be performed by the
23 JEDI Standing Committee. It was noted that a resolved clause instructing this action would
24 generate a GC Report which would then be assigned to an ad-hoc committee. However, the
25 GC has the power to initiate such a report independently and assign it to the JEDI Committee,
26 if that is desired, and such a project was not the focus or intent of this report. Editorial changes
27 were made to correct grammatical errors, but no substantive amendments were made by the
28 Reference Committee. Therefore, your Reference Committee recommends Report C be
29 adopted and the remainder of the report be filed.

30
31 (2) REPORT E – FINANCIAL TRANSPARENCY OF THE
32 REVENUE GENERATED BY TRAINEES AT HEALTH
33 SYSTEMS

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35 RECOMMENDATION:

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37 Recommendation in Report E be adopted and the
38 remainder of the report be filed.

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40 RFS ACTION: Report E adopted and the remainder of the report filed.

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42 Recommendation:

43 Based on the report prepared by the AMA-RFS Committee on Business and Economics, your
44 RFS Governing Council recommends the following:

45
46 1. The RFS Committee on Business and Economics continue to review relevant data and
47 welcomes continued comments from the Resident and Fellow Section Assembly; and
48 2. The Committee submits an actionable report to the Resident and Fellow Section Assembly
49 at the 2025 RFS Interim Meeting.

1
2 Your Reference Committee recommends that Report E be adopted. This report asks for an
3 extension for the final report to be completed and filed, and no objection was heard.
4

5 (3) RESOLUTION 2 – ADDRESSING PROFESSIONALISM
6 STANDARDS IN MEDICAL TRAINING
7

8 **RECOMMENDATION:**
9

10 **Resolution 2 be adopted.**
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12 **RFS ACTION: Resolution 2 adopted.**
13

14 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
15 supports regular institutional review, including review by diversity, equity, and inclusion offices
16 or other appropriate entities, of professionalism policies in medical school and residency and
17 fellowship programs, ensuring that they do not lead to discriminatory practices; and be it
18 further

19 RESOLVED, that our AMA-RFS supports the AMA in supporting the Accreditation Council for
20 Graduate Medical Education (ACGME), the Association of American Medical Colleges
21 (AAMC), and American Association of Colleges of Osteopathic Medicine (AACOM) to
22 establish guidelines for residency programs and medical school professionalism policies that
23 encourage institutions to outline actions that constitute a violation; and be it further

24 RESOLVED, that our AMA-RFS support our AMA in advocating for AAMC, ACGME, and
25 AACOM to support measures that prevent medical schools and residency programs from
26 using professionalism violations as a means to stop trainee advocacy measures.
27

28 Your Reference Committee recommends that Resolution 2 be adopted. Your Committee
29 received unanimous support for this resolution. Comments received from the RFS Delegates
30 revealed that a duplicate resolution is being considered for business in the HOD at the 2025
31 Annual Meeting. One comment suggested amendments to strengthen the resolution,
32 however, given the preponderance of support as written and the potential benefit of having an
33 identical internal RFS position statement to support an HOD resolution, your Reference
34 Committee recommends Resolution 2 be adopted.
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36 (4) RESOLUTION 5 – RESIDENT AND FELLOW SECTION
37 POLICY IN SUPPORT OF ALIGNMENT OF AMA POLICY AS
38 IT RELATES TO NATIVE AMERICAN AND ALASKA NATIVE
39 HEALTHCARE
40

41 **RECOMMENDATION:**
42

43 **Resolution 5 be adopted.**
44

45 **RFS ACTION: Resolution 5 adopted.**
46

47 RESOLVED, that our AMA-RFS supports health policy and advocacy which further:
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- 1 1. The interests and priorities of Indian Health Service and Tribal and Urban Indian Health
- 2 Programs and their constituent Tribal governments, health, and advocacy organizations,
- 3 where applicable.
- 4 2. The promotion of Indigenous representation in medicine through recruitment and retention
- 5 of students and trainees.
- 6 3. Indigenous self-determination, especially as it relates to data sovereignty and Tribal
- 7 Institutional Review Board oversight regarding research studies that include American Indian
- 8 and Alaska Native participants; and be it further

9

10 RESOLVED, that our AMA-RFS recognizes that many of the health disparities faced by

11 American Indian and Alaska Native people are the result of discrimination and harmful actions

12 taken by American medicine and recognizes the importance of prioritizing policy and

13 advocacy intended to repair those past and ongoing harms.

14

15 Your Reference Committee recommends that Resolution 5 be adopted. Only positive

16 testimony was heard from multiple groups within the RFS, and this resolution is in alignment

17 with our RFS strategic plan. Of note, a resolution has been presented to the HOD for the 2025

18 Annual Meeting, which directly asks for an Advisory Committee on Tribal Affairs. Therefore,

19 your Reference Committee recommends Resolution 5 be adopted.

20

21 (5) **RESOLUTION 6 – TRIALING A CO-SPONSORSHIP**

22 **MECHANISM FOR RFS**

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24 **RECOMMENDATION:**

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26 **Resolution 6 be adopted.**

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28 **RFS ACTION: Resolution 6 adopted.**

29

30 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)

31 formally trial a co-sponsorship mechanism for the 2025 Interim Meeting and 2026 Annual

32 Meeting with thorough evaluations of the utility of the process, usage of this mechanism and

33 possible improvements of the mechanism after each meeting; and be it further

34

35 RESOLVED, that after the 2026 Annual Meeting our AMA-RFS shall consider whether to

36 retain, change, or dispose of this co-sponsorship mechanism, and be it further

37

38 RESOLVED, that our 2025-2026 AMA-RFS Section Delegate and Section Alternate Delegate,

39 with input from the RFS Delegation and Section as appropriate, shall design a trial co-

40 sponsorship mechanism for the AMA-RFS that adheres to principles of transparency,

41 timeliness, democratic decision-making, and close alignment with existing AMA-RFS position

42 statements.

43

44 Your Reference Committee recommends that Resolution 6 be adopted. Only positive

45 unanimous testimony was heard. Therefore, your Reference Committee recommends

46 Resolution 6 be adopted.

1 (6) RESOLUTION 7 – USE OF INCLUSIVE LANGUAGE IN AMA
2 POLICY

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4 **RECOMMENDATION:**

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6 **Resolution 7 be adopted.**

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8 **RFS ACTION: Resolution 7 adopted.**

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10 RESOLVED, that our AMA-RFS support our AMA, in consultation with relevant parties,
11 including the AMA Center for Health Equity, in amending existing policies to ensure the use
12 of the most updated, inclusive, equitable, respectful, destigmatized, and person-first language
13 and use such language in all future AMA policies and amendments; and be it further

14
15 RESOLVED, that our AMA-RFS support our AMA, in consultation with relevant parties,
16 including the AMA Center for Health Equity, in identifying other types of outdated language in
17 AMA policies and devise a timely mechanism for editorial changes, including both one-time
18 updates and a protocol for editorial changes to language at the HOD Reference Committee
19 recommendation stage and whenever a policy is amended, modified, appended, reaffirmed,
20 or reviewed for sunset; and report back to the House of Delegates.

21
22 Your Reference Committee recommends that Resolution 7 be adopted. Testimony was
23 strongly and unanimously in support of this resolution, which will additionally be considered
24 by the HOD at the 2025 Annual Meeting. Therefore, your Reference Committee recommends
25 Resolution 7 be adopted.

26
27 (7) RESOLUTION 9 – FAIR PRICING IN HEALTHCARE

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29 **RECOMMENDATION:**

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31 **Resolution 9 be adopted.**

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33 **RFS ACTION: Resolution 9 adopted.**

34
35 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
36 study the implications of legally prohibiting price negotiations or discounts between a provider
37 or facility and payer and requiring that all providers and facilities offer the same price for the
38 same service to all payers; and be it further

39
40 RESOLVED, that our AMA-RFS study the implications of legally requiring health insurance
41 payers to offer the same coverage plan to every employer and individual.

42
43 Your Reference Committee recommends that Resolution 9 be adopted. The Committee heard
44 mostly supportive testimony, and while there was no opposition there were concerns raised
45 that a study may not be needed or that the RFS may not be the correct body to study this
46 issue. Specifically, some individuals noted that there did not appear to be enough evidence
47 for a comprehensive report. However, it was suggested that this study could be the initial step,
48 with recommendations from such a study eventually being taken to the HOD. Therefore, your
49 Reference Committee recommends Resolution 9 be adopted.

1 RECOMMENDED FOR ADOPTION AS AMENDED

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3 (8) REPORT B – REVISIONS TO RFS INTERNAL OPERATING
4 PROCEDURES

5 **RECOMMENDATION A:**

6 **Section V.G.4.d be amended by deletion to read as follows:**

7 **They will be permitted to obtain an endorsement within a**
8 **time frame set by the RFS Delegate and Alternate Delegate**
9 **in concordance with guidance from RFS Staff and the**
10 **House of Delegates office. ~~This timeframe will be at least~~**
11 **~~30 days from the election date.~~ The position shall be**
12 **considered vacant if an endorsement is not obtained within**
13 **this window.**

14 **RECOMMENDATION B:**

15 **Section V.G.6.d be amended by addition and deletion to**
16 **read as follows:**

17 **~~Vote totals shall remain confidential and shall not be~~**
18 **~~announced. Candidates may ask for and receive vote totals~~**
19 **~~in confidence. Discretion is encouraged. Vote totals will not~~**
20 **~~be routinely publicly announced. Any member of the RFS~~**
21 **~~assembly, including candidates, may ask for and receive~~**
22 **~~vote totals in confidence.~~**

23 **RECOMMENDATION C:**

24 **Report B be adopted as amended and the remainder of the**
25 **report be filed.**

26 **RFS ACTION: Report B adopted as amended and the remainder of the**
27 **report filed.**

28 **Recommendations:**

29 1. That Report B be adopted and the remainder of the report by filed; and
30 2. That the terminology for RFS Business Meeting representatives, as designated by AMA
31 Bylaws 7.1.3 and 7.1.4, will be made consistent throughout these IOPs as RFS Assembly
32 Delegates and appropriate editorial changes will be made throughout.

33 Your Reference Committee recommends Report B be adopted as amended and the
34 remainder of the report filed. The Committee received positive testimony with some discussion
35 of possible amendments. Massachusetts RFS testified in support of the report overall. Your
36 reference committee thanks the IOP committee and the RFS Governing Council for the robust
37 discussion and work that went into this report.

1 The GC provided testimony in support with some suggested amendments to Sections
2 V.D.2.a.iv., V.G.1., V.G.4.d., V.G.4.e., V.G.6., and VIII.E., to which the IOP Committee
3 responded. There were no additional comments on these amendments or recommendations.
4 For clarity, each of the proposed amendments by the GC, even those not in the proffered
5 report, will be discussed one at a time:

- 6 • Section V.D.2.a.iv - The GC recommended addition of a specific timeframe to interview
7 individuals under investigation of an election infraction. The IOP Committee felt this
8 would be too prescriptive and not allow for any necessary flexibility and pointed out
9 that the GC is able to set expectations prior to each election, as they already do with
10 the campaign time period. Your Reference Committee recommends Section
11 V.D.2.a.iv. be adopted as proposed by the IOP Committee.
- 12 • Section V.G.1. - The GC proffered an amendment that allowed elected RFS Sectional
13 Delegates, elected RFS Sectional Alternate Delegates, RFS Councilors, and RFS
14 Governing Council members to automatically be credentialed to vote in the RFS
15 Assembly meeting. The IOP Committee pointed out that this would de-prioritize local
16 representation and diversity within the RFS assembly and could further localize power
17 within only a few RFS members. Your Reference Committee affirms that ensuring
18 equity in representation is a priority of the RFS and recommends that Section V.G.1.
19 be adopted as proposed by the IOP Committee.
- 20 • Section V.G.4.d. - The GC recommended removing the time frame of "at least 30 days
21 from the election date" to allow flexibility to respond to unpredictable scenarios due to
22 introduction of the new Emergency Assistance Program (EAP), which the IOP
23 Committee supported. Your Reference Committee therefore recommends
24 amendment of Section V.G.4.d.
- 25 • Section V.G.4.e. - Your GC recommended this Section be deleted, as these positions
26 have not been filled without suspending these bylaws in the past few years. The IOP
27 Committee pointed out that the inability to abide by these limits in recent years does
28 not mean that they would be irrelevant in coming years, and that they protect broad
29 representation within the RFS. Your Reference Committee discussed that there
30 already exists a mechanism to suspend the endorsement limits if following them would
31 create vacancies, which is outlined in these IOPs. In order to allow these IOPs to be
32 robust and long-standing, your Reference Committee recommends Section V.G.4.e.
33 be adopted as proposed by the IOP Committee.
- 34 • Section V.G.6. - Your GC requested guidance on distributing election vote totals, to
35 not leave it entirely up to the Speakers' discretion. The IOP Committee stands by its
36 report as written, and felt there may be instances where vote sharing may be
37 necessary, requiring removal of the blanket statement. The Reference Committee
38 discussed the need for transparency in elections, especially as any individual can call
39 for a re-vote, while also balancing the need for discretion, and therefore recommends
40 that Section V.G.6. be adopted as amended.
- 41 • Section VIII.E - The GC recommended striking this section due to redundancy. The
42 IOP Committee noted that there is novel language and ideas present, such as
43 addressing sectional alternate delegates. Therefore, your Reference Committee
44 recommends Section VIII.E be adopted as proposed by the IOP Committee.

45 Therefore, your Reference Committee recommends Report B be adopted as amended and
46 the remainder of the report be filed.

1 (9) REPORT D – REASONABLE WORKPLACE
2 ACCOMMODATIONS FOR RESIDENTS AND FELLOWS
3 DURING PREGNANCY

4
5 **RECOMMENDATION A:**

6
7 **The First Recommendation of Report D be amended by**
8 **addition and deletion to read as follows:**

9
10 **1) That our American Medical Association (AMA) will work**
11 **with relevant stakeholders to support the implementation**
12 **of the following guidelines for all residency and fellowship**
13 **training programs:**

14 **a. Programs should provide evidence-based**
15 **accommodations for pregnant trainees, such as opting out**
16 **of night shifts during the first and third trimesters and**
17 **attending scheduled medical appointments, and should**
18 **implement them in such a way that they do not place an**
19 **increased burden of work on other trainees; and**

20 **a. First and third trimester pregnant trainees will have the**
21 **option to opt out of night shifts.**

22 **b. Pregnant physicians should be given options to take**
23 **time off for scheduled medical appointments without**
24 **having to use vacation time, elective blocks, or sick leave,**
25 **which also do not create an undue burden on other**
26 **trainees.**

27 **bc. Scheduling for pregnant physicians in the third**
28 **trimester should prioritize rotations with easily**
29 **cancellable/coverable shifts to minimize departmental**
30 **disruption in the event of medical necessity or early**
31 **delivery; and**

32
33 **RECOMMENDATION C:**

34
35 **Report D be adopted as amended and the remainder of the**
36 **report be filed.**

37
38 **RFS ACTION: Report D adopted as amended and the remainder of the**
39 **report filed.**

40
41 **Recommendations:**
42 Based on the report prepared by the AMA-RFS Committee on Legislation and Advocacy, your
43 RFS Governing Council recommends the following:

44
45 **1) That our American Medical Association (AMA) will work with relevant stakeholders to**
46 **support the implementation of the following guidelines for all residency training programs:**

47 **a) First-trimester pregnant physicians and third-trimester pregnant residents will have the**
48 **option to opt out of night shifts.**

49 **b) Pregnant physicians should be given time off for scheduled medical appointments**
50 **without having to use vacation time, elective blocks, or sick leave, which also do not**

- create an undue burden on other trainees.
- c) Scheduling for pregnant physicians in the third trimester should prioritize rotations with easily cancellable/coverable shifts to minimize departmental disruption in the event of medical necessity or early delivery; and

2) That our AMA supports evidence-based policies and procedures which prioritize the safety and well-being of pregnant physicians.

9 Your Reference Committee recommends that Report D be adopted as amended and the
10 remainder of the report be filed. We appreciate the Committee's hard work on this report and
11 raising the important implications of workplace hours and environments on pregnant trainees.
12 Mixed testimony was heard, with unanimous support for accommodations for pregnant
13 trainees, but with concerns raised about programs placing additional work requirements on
14 other trainees as a consequence. AMA staff also noted that "undue burden" has a legal
15 definition that is difficult to achieve and thus would not provide the intended protections for
16 trainees. We also wish to highlight that there is a robust evidence base surrounding the
17 impacts of scheduling on pregnancy, including: Kader M, Bigert C, Andersson T, Selander J,
18 Bodin T, Skröder H, Härmä M, Albin M, Gustavsson P. Shift and night work during pregnancy
19 and preterm birth-a cohort study of Swedish health care employees. *Int J Epidemiol.* 2022 Jan
20 6;50(6):1864-1874. doi: 10.1093/ije/dyab135. Epub 2021 Jul 1. PMID: 34999871; PMCID:
21 PMC8743126. Your Reference Committee heard impactful testimony on the need to provide
22 accommodations for pregnant trainees, while also not creating increased responsibility and
23 working hours for their co-residents. As such, to capture the will of the assembly based on
24 testimony given, your Reference Committee recommends Report D be adopted as amended
25 and the remainder of the report be filed.

(10) RESOLUTION 1 – REMEDYING THE HARMS OF AMA'S ROLE IN THE FLEXNER REPORT

RECOMMENDATION A:

Resolution 1 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association (AMA) partner with relevant public and private sector organizations and community stakeholders to make a transformative financial investment into the opening of new medical schools and sustainability of existing medical schools affiliated with Historically Black Colleges & Universities (HBCUs), Tribal Colleges & Universities (TCUs), and other Minority Serving Institutions (MSIs), remedying the harms of the 1910 Flexner Report in regards to the diversity of the physician workforce, and advancing population health equity; and be it further

1 **RESOLVED, that our AMA continue to sustain and enhance**
2 ~~our organization's existing~~ prioritize our organization's
3 **efforts to bolster diversity, equity, and inclusion across the**
4 **medical education continuum, as part of our strategic**
5 **commitments to remedying the harms of the 1910 Flexner**
6 **Report, diversifying the physician workforce, and**
7 **advancing population health equity.**

8
9 **RECOMMENDATION B:**

10
11 **Resolution 1 be adopted as amended.**

12
13 **RFS ACTION: Resolution 1 adopted as amended.**

14
15 RESOLVED, that our American Medical Association (AMA) partner with relevant public and
16 private sector organizations and community stakeholders to make a transformative financial
17 investment into the opening of new medical schools and sustainability of existing medical
18 schools affiliated with Historically Black Colleges & Universities (HBCUs), Tribal Colleges &
19 Universities (TCUs), and other Minority Serving Institutions (MSIs); and be it further

20
21 RESOLVED, that our AMA continue to sustain and enhance our organization's existing efforts
22 to bolster diversity, equity, and inclusion across the medical education continuum, as part of
23 our strategic commitments to remedying the harms of the 1910 Flexner Report, diversifying
24 the physician workforce, and advancing population health equity.

25
26 Your Reference Committee recommends Resolution 1 be adopted as amended. Comments
27 overall reflect a strong consensus on the necessity of addressing inequities within the
28 physician workforce and advancing health equity.

29
30 In the First Resolve, there is support for a "transformative financial investment" to remedy the
31 harms of the AMA's role in funding the 1910 Flexner Report, particularly its impact on the
32 diversity of the physician workforce. While concerns about the potential high fiscal note were
33 raised, the core intent to address historic harms and broaden health equity efforts aligns with
34 and builds upon existing AMA policies. Your Reference Committee appreciates comments
35 surrounding the impact of the Flexner Report, in that it had transformative effects on physician
36 training, while also causing significant historical harms that have continued to impact the
37 physician workforce today. As such, Your Reference Committee recommends amending the
38 First Resolve to specifically highlight the harms and consequences of the Report.

39
40 There was considerable debate on the Second Resolve. While the intent was to be a direct
41 mandate for sustained advocacy in the current climate, others viewed it as potentially
42 redundant with existing policy and lacking clear, actionable intervention. Your Reference
43 committee agrees and offers an amendment to address the desire for a concrete call to action.
44 Therefore, your Reference Committee recommends Resolution 5 be adopted as amended.

45
46 (11) **RESOLUTION 3 – DISTRIBUTION OF RESIDENCY SLOTS**
47 **COMMENSURATE WITH SHORTAGES**

48

1
2 **RECOMMENDATION A:**
3

4 **Resolution 3 be amended by addition to read as follows:**
5

6 **RESOLVED**, that our American Medical Association
7 Resident and Fellow Section (AMA-RFS) support
8 preferential distribution of new residency slots and federal
9 funding to general internal medicine, family medicine,
10 preventive medicine, pediatrics, obstetrics and
11 gynecology, and psychiatry, commensurate with their
12 relative need and expected shortages.
13

14 **RECOMMENDATION B:**
15

16 **Resolution 3 be adopted as amended.**
17

18 **RFS ACTION: Resolution 3 referred.**
19

20 **RESOLVED**, that our AMA-RFS support preferential distribution of new residency slots to
21 general internal medicine, family medicine, preventive medicine, pediatrics, obstetrics and
22 gynecology, and psychiatry, commensurate with their relative need and expected shortages.
23

24 Your Reference Committee recommends that Resolution 3 be adopted as amended. Your
25 Committee heard mixed testimony on this resolution, with arguments in support and concerns
26 raised about the mechanism employed by this resolution to solve a problem all members
27 agreed exists. The RFS Section Delegates noted there is currently a duplicate resolution being
28 considered in the HOD at the 2025 Annual Meeting, and as written this resolution would
29 remain an internal RFS position statement and allow our Section to show support for that
30 resolution in the House. Your Reference Committee agrees with the amendment proffered to
31 address concerns raised by an individual about how preventative medicine residencies are
32 funded. Therefore, your Reference Committee recommends Resolution 3 be adopted as
33 amended.
34

35 (12) **RESOLUTION 4 – REDUCING THE HARMFUL IMPACTS OF
36 IMMIGRATION STATUS ON HEALTH**
37

38 **RECOMMENDATION A:**
39

40 **Resolution 4 be amended by addition to read
41 as follows:**
42

43 **RESOLVED**, that our American Medical Association
44 Resident and Fellow Section (AMA-RFS) supports
45 protecting the human right to seek asylum; and be it further
46

1 RESOLVED, that our **AMA-RFS** supports pathways to
2 citizenship for undocumented immigrants who entered the
3 U.S. as minors, including Deferred Action for Childhood
4 Arrivals (DACA) recipients and Dreamers; and be it further
5

6 RESOLVED, that our **AMA-RFS** supports family
7 reunification pathways for children and adult immigrants
8 from other countries if their parent/guardian, spouse, or
9 child/dependent has documented status in the United
10 States; and be it further

11 RESOLVED, that our **AMA-RFS** supports deferral of
12 deportation (and if applicable, employment authorization,
13 driver's licenses, and identification documents) for people
14 with disabilities and significantly limiting chronic illness,
15 people who work in healthcare and social care, and
16 relatives of people with documented or DACA status, and
17 people without violent felonies; and be it further
18

19 RESOLVED, that our **AMA-RFS** supports federal and state
20 efforts to remove immigration enforcement from
21 workplaces and employment consideration, including the
22 removal of E-Verify mandates.

23 **RECOMMENDATION B:**

24 **Resolution 4 be adopted as amended.**

25 **RFS ACTION: Resolution 4 adopted as amended.**

26 RESOLVED, that our American Medical Association (AMA) supports protecting the human
27 right to seek asylum; and be it further

28 RESOLVED, that our AMA supports pathways to citizenship for undocumented immigrants
29 who entered the U.S. as minors, including Deferred Action for Childhood Arrivals (DACA)
30 recipients and Dreamers; and be it further

31 RESOLVED, that our AMA supports family reunification pathways for children and adult
32 immigrants from other countries if their parent/guardian, spouse, or child/dependent has
33 documented status in the United States; and be it further

34 RESOLVED, that our AMA supports deferral of deportation (and if applicable, employment
35 authorization, driver's licenses, and identification documents) for people with disabilities and
36 significantly limiting chronic illness, people who work in healthcare and social care, and
37 relatives of people with documented or DACA status, and people without violent felonies; and
38 be it further

39 RESOLVED, that our AMA supports federal and state efforts to remove immigration
40 enforcement from workplaces and employment consideration, including the removal of E-
41 Verify mandates.

1 Your Reference Committee recommends that Resolution 4 be adopted as amended.
2 Unanimous support was received for this resolution. The RFS Section Delegates noted there
3 is a duplicate resolution being considered in the HOD at the 2025 Annual Meeting, and if
4 amended to be internal RFS position statements, it will allow our Section to show support for
5 that resolution in the House. Further, an additional editorial amendment is made in the Fourth
6 Resolve for clarity. Finally, your Reference Committee received staff feedback from the Center
7 for Health Equity to provide additional policies for citation and suggested that existing policies
8 may be updated, amended, or merged to reflect the proposed resolved clauses. However,
9 since this is an internal resolution to support a current item of HOD business, these changes
10 were not implemented but were forwarded to the RFS Delegate for their use. Therefore, your
11 Reference Committee recommends that Resolution 4 be adopted as amended.

1 RECOMMENDED FOR REFERRAL

2
3 (13) RESOLUTION 8 – RANKED CHOICE VOTING

4
5 **RECOMMENDATION:**

6
7 **Resolution 8 be referred.**

8
9 **RFS ACTION: Resolution 8 adopted as amended.**

10
11 RESOLVED, that our American Medical Association Resident and Fellow Section (AMA-RFS)
12 implement ranked choice voting for its Governing Council elections and for endorsement of
13 candidates for resident and fellow seats on elected AMA Councils; and be it further

14
15 RESOLVED, that our AMA-RFS will update its Internal Operating Procedures (IOPs) to reflect
16 the use of Ranked Choice Voting; and be it further

17
18 ~~RESOLVED, that our AMA-RFS will consider passage of this resolution as support of the
language changes needed for changes to the RFS IOPs in order to expedite that process
given other current changes to our IOPs being approved by the Assembly, resulting in sunset
of this specific clause once accomplished; and be it further~~

22
23 RESOLVED, that our AMA-RFS supports the use of ranked choice voting in elections
24 conducted by the AMA House of Delegates.

26 Your Reference Committee recommends that Resolution 8 be referred. Testimony was
27 limited, in that the only testimony received on this item was provided by the authors. Your
28 Committee notes that ranked choice voting (RCV) has already been implemented by the MSS,
29 however staff received information that caused significant concern about how this would affect
30 the efficiency of RFS elections. With current resources, RCV may not be able to be automated,
31 and hand-tallying votes could extend the length of elections. There was also concern raised
32 about how it would function for endorsements, as the RFS IOPs currently indicate that “no
33 endorsement” must remain an option if no candidate receives a majority. Further, there was
34 concern about governance, with the Committee agreeing that the RFS assembly must have
35 an opportunity to review IOP changes before they are adopted. Given the limited testimony
36 received and unanswered questions that have arisen, your Committee believes that the
37 Section would benefit from an internal study that utilizes the resources of the Governing
38 Council and RFS staff. Such a study would help present a more comprehensive analysis on
39 RCV implementation and its potential unintended consequences. Therefore, your Reference
40 Committee recommends that Resolution 8 be referred.

1 This concludes the report of the RFS Reference Committee. I would like to thank Samantha
2 Beck, MD, Helene Nepomuceno, MD, Whitney Stuard Sambhariya, MD, PhD, Karthik Sarma,
3 MD, PhD, Elana Sitnik, MD, Abbigayle Willgruber, MD, and all those who testified before the
4 Committee.

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