

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

Report of Rules Committee

1 Your Rules Committee recommends the following consent calendar for acceptance:
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3 **RECOMMENDED TO CONSIDER FOR BUSINESS**
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- 5 1. Late Resolution 1 – Preserving LCME and ACGME Accreditation Standards on
6 Diversity, Equity, and Inclusion

(1) LATE RESOLUTION 1 – PRESERVING LCME AND
ACGME ACCREDITATION STANDARDS ON DIVERSITY,
EQUITY, AND INCLUSION

RECOMMENDATION:

Late Resolution 1 be considered for business.

RESOLVED, that our American Medical Association (AMA) oppose any federal actions or executive orders that threaten the ability of accreditation bodies, including the Accreditation Council for Graduate Medical Education (ACGME) and Liaison Committee on Medical Education (LCME), to enforce appropriate diversity, equity, and inclusion standards; and be it further; and be it further

RESOLVED, that our AMA advocate to relevant federal agencies and officials emphasizing the necessity and legality of ACGME and LCME accreditation standards focused on diversity, equity, and inclusion for the betterment of patient care and public health; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2025 Annual Meeting.

Your Rules Committee recommends that Late Resolution 1 be considered for business. The authors articulate well that the timing of the Executive Order occurred after the resolution deadline, therefore necessitating a late resolution. Further, the resolution is important to the resident and fellow community since diversity, equity, and inclusion (DEI) standards are fundamental to training culturally competent physicians who reflect and understand the populations they serve. We also agree that weakening or removing these standards will have a negative impact on medical training quality, resident education, and patient care. Finally, the ask of this resolution is in line with current AMA policy, which strongly supports DEI initiatives in medical education, recognizing that a diverse physician workforce improves patient outcomes, reduces health disparities, and enhances medical education quality. Therefore, your Rules Committee believes that there is sufficient need and explanation for the late submission and recommends that Late Resolution 1 be considered for business.

1 Mister Speaker, this concludes the Report of the Rules Committee. We would like to
2 thank the author for providing thorough background information and reasoning to the
3 Committee.
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8 Rosalynn Conic, MD, PhD, MPH, Chair
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Pauline Huynh, MD, Vice-Chair

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12 Daniel Pfeifle, MD
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Daniel Resnick, DO, MBA

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Nikita Sood, MD