Resident and Fellow Section

Summary of Actions

47th Interim Business Meeting
November 11, 2022
Honolulu, HI

This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder for official policy of the Association.
American Medical Association-Resident and Fellow Section  
Summary of Actions (I-22)  

Actions taken by the Assembly are outlined below in two sections: I) RFS Reports and II) RFS Resolutions.

I. RFS REPORTS

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<tr>
<td>Report A—Analysis of Antitrust Legislation Regarding the AAMC, ACGME, NRMP, and other Relevant Associations or Organizations</td>
<td>Adopted as amended and the remainder of the report filed</td>
<td>1. That the following resolved clauses be adopted in lieu of the original resolution:</td>
<td>1(a) None. RFS Internal Position Statement.</td>
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<td>a) RESOLVED, That our AMA-RFS support efforts which seek to weaken the antitrust exemption for graduate medical education programs and the MATCH as stated in Section 207 of the Pension Funding Equity Act of 2004, such that evidence of anti-competitive actions against the NRMP be admissible in federal court; and be it further</td>
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<td>b) RESOLVED, That our AMA study with relevant stakeholders alternatives to the current residency and fellowship MATCH process which would be less restrictive on free market competition for applicants, to study alternative strategies for resident matching that ensure comparable efficiency and adequate market appreciation for medical residents.</td>
<td>1(b) Will send to HOD @ A-23</td>
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II. RFS RESOLUTIONS

<table>
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<tr>
<td>Resolution 1—Prohibition of Death Penalty for Persons with Serious Mental Illness</td>
<td>Adopted</td>
<td>RESOLVED, That our AMA-RFS support that defendants charged with capital crimes should not be sentenced to death or executed if, at the time of the offense, they had a mental disorder or disability that significantly impaired their capacity to appreciate the nature, consequences or wrongfulness of their conduct, to exercise rational judgment in relation to their conduct, or to conform their conduct to the requirements of the law.</td>
<td>None. Internal RFS Position Statement.</td>
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| Resolution 2—Increasing Female Representation in Oncology Clinical Trials  | Alternate Resolution 2 adopted in lieu of Resolution 2 | INCREASING MINORITY AND UNDERREPRESENTED GROUP PARTICIPATION IN CLINICAL RESEARCH  
RESOLVED, That our AMA amend H-460.911, Increasing Minority Participation in Clinical Research, by addition and deletion to read as follows: | None. Will send to HOD @ A-23 |
Increasing Minority and Underrepresented Group Participation in Clinical Research H-460.911

1. Our AMA advocates that:
   a. The Food and Drug Administration (FDA) and National Institutes of Health (NIH) conduct annual surveillance of clinical trials by gender, race, and ethnicity, including consideration of pediatric and elderly populations, to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be modeled after National Institute of Health guidelines on the inclusion of women and minority populations.
   b. The FDA have a page on its web site that details the prevalence of minorities and women in its clinical trials and its efforts to increase their enrollment and participation in this research; and
   c. Resources be provided to community level agencies that work with those minorities and underrepresented groups who are not proportionately represented in clinical trials to address issues of lack of access, distrust, and lack of patient awareness of the benefits of trials in their health care. These minorities include African Americans, Hispanics, Asians/Pacific Islanders/Native Hawaiians, and Native Americans.

2. Our AMA recommends the following activities to the FDA in order to ensure proportionate representation of minorities and underrepresented groups in clinical trials:
   a. Increased fiscal support for community outreach programs; e.g., culturally relevant community education, community leaders' support, and listening to community's needs;
   b. Increased outreach to female all physicians to encourage recruitment of minority and female patients from underrepresented groups in clinical trials;
   c. Continued minority physician education for all physicians and physicians-in-training on clinical trials, subject recruitment, subject safety, and possible expense reimbursements, and that this education encompass discussion of barriers that currently constrain appropriate recruitment of underrepresented groups and methods for increasing trial accessibility for patients;
   d. Support for the involvement of minority physicians in the development of partnerships between minority communities and research institutions; and
### Resolution 3—Medication Wastage
**Not Adopted**

RESOLVED, That our AMA-RFS acknowledge the role of reducing medical wastage in addressing drug shortages; and be it further

RESOLVED, That our AMA support the development and implementation of policies and procedures at a societal and institutional level to reduce the impact of wastage, including by optimizing utilization, while minimizing clinical impact; and be it further

RESOLVED, That our AMA commend ongoing efforts by societies across disciplines in advocating to reduce medical wastage.

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### Resolution 4—Supporting the Use of Renewable Energy in Healthcare
**Adopted as Amended**

RESOLVED, That our AMA-RFS advocate for disseminate a public statement highlighting the importance of healthcare systems' timely transition to renewable energy, including wind, solar, geothermal technology, biomass, and hydropower energy; and be it further

RESOLVED, That our AMA-RFS support implementations of policies and incentives that promote the healthcare sector's transition to renewable energy.

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### Resolution 5—Medical School Management of Unmatched Medical Students
**Adopted as Amended**

RESOLVED, That our AMA convene a task force of appropriate AMA councils, medical education organizations, licensing and credentialing boards, government bodies, impacted communities, and other relevant stakeholders to:

1. Study institutional and systemic factors associated with the unmatched medical graduate status, including, but not limited to:
   a) The GME bottleneck on training positions, including the balance of entry-level and categorical/advanced positions;
   b) New medical schools and the expansion of medical school class sizes;
   c) Race, geography, income, wealth, primary language, gender, religion, ability, and other structural factors;
   d) Student loan debt;
   e) Predatory business practices by medical schools, loan agencies, private equity, and

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other groups that prioritize profit over student success rates;

f) The context, history, and impact of past reports on the state of undergraduate medical education, including the Flexner Report;

g) The format and variations of institutional and medical organization guidance on best practices to successful matching;

2. Develop best practices for medical schools and medical organizations to support unmatched medical graduates, including, but not limited to:
   a) Tools to identify and remediate students at high risk for not matching into GME programs;
   b) Adequate data on student success rates (e.g., by specialty), and factors associated with success in matching;
   c) Medical school responsibilities to unmatched medical students and graduates;
   d) Outcomes-based tuition relief or reimbursement for unmatched students, wherein, unmatched students are returned some component of their tuition to ease the financial burden of being unable to practice clinical medicine;
   e) Transparent, equity-based solutions to address and ameliorate any inequities identified in the match process;
   f) Alternative, cost-neutral, graduate-level degrees with earlier graduation for students at high risk for not matching (e.g., Master of Medical Sciences);
   g) Career opportunities for unmatched U.S. seniors and US-IMGs, including, but not limited to, a streamlined portal for non-clinical positions, opportunities to transfer accrued educational credits to alternative advanced clinical degrees (e.g., NP or PA programs), and short-term clinical remediation programs with pathways to residency positions; and

3. Require transparency from stakeholders, including medical schools, about any actions taken based on the report of this task force, particularly with regard to the remediation of medical students.

Resolution 6—Support for GME Training in Reproductive Services

Adopted as Amended.

RESOLVED, That RFS internal position statement 294.017R, “Academic Freedom,” be amended by addition and deletion to read as follows:

R1: None. Internal RFS Position Statement
Academic Freedom

Access to Medication and Procedural Abortion Training

That our AMA-RFS: (1) support the opportunity for residents to learn medication and procedural abortion techniques; (2) oppose efforts by other persons, governments, or organizations to interfere with or restrict the availability of training in medication and procedural abortion; (3) in the event that medication and procedural abortion are limited or otherwise unavailable at a home institution, supports cost subsidization for trainees traveling out-of-state and/or to another program to have hands-on training in medication and procedural abortion.; and be it further

RESOLVED, That AMA policy H-295.923, "Medical Training and Termination of Pregnancy," be amended by addition and deletion to read as follows:

Medical Training and Termination of Pregnancy
1. Our AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.
2. Our AMA supports will advocate for the availability of abortion education and hands-on exposure to medication and procedural abortion procedures for termination of pregnancy, including medication abortions, for medical students and resident/fellow physicians and opposes efforts to interfere with or restrict the availability of this education and training.
3. In the event that medication and procedural abortion are limited or illegal in a home institution, our AMA supports pathways, including cost subsidization, to ensure trainees traveling to another program have hands-on training in medication and procedural abortion, and will advocate for legal protections for both trainees who cross state lines to receive education on reproductive health services, including medication and procedural abortion, as well as the institutions facilitating these opportunities.
4. Our AMA encourages the Accreditation Council for Graduate Medical Education to consistently enforce compliance with the standardization of abortion training opportunities as per the requirements set forth by the relevant...
Residency Review Committees Review Committee for Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists’ recommendations.; and be it further

RESOLVED, That our AMA reaffirm policies H-100.948 “Supporting Access to Mifepristone (Mifeprex)” and H-425.969 “Support for Access to Preventive and Reproductive Health Services”; and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the November 2022 Interim Meeting.

### III. HOD RESOLUTIONS AND REPORTS

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