WHEREAS, Report 1 of the Council on Medical Education at I-22 was titled, “The Impact of Private Equity on Medical Training” and addressed a multitude of topics focused on how private equity, and by extension, for-profit entities impact medical education; and

WHEREAS, one recommendation in this report was to amend AMA Policy D-310-948 “Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure” by addition to expand the current policy to broaden the scope and work of medical education organizations to collect data and information about the impact of corporate entities on medical education; and

WHEREAS, after passage of the policy by the House of Delegates, an unintentional error in the language of the amended policy was identified by the Council on Medical Education that materially changes the intent of the recommendation such that the word “non-profit” was used when the correct term should be “for-profit” as the subject of the actions provided in the policy; and

WHEREAS, it is important that policies within the AMA policy compendium be accurate with regards to their intent; therefore be it

RESOLVED, that our American Medical Association amend Policy D-310.948 “Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure” by addition and deletion to read as follows:

Our AMA: (6) will continue to work with ACGME, interested specialty societies, and others to monitor issues, collect data, and share information related to training programs run by corporate and nonprofit for-profit entities and their effect on medical education. (Modify HOD Policy)

Fiscal Note: Minimal - less than $1,000

Received: 9/19/23
RELEVANT AMA POLICY

Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure D-310.948

Our AMA will:
1. ask the Centers for Medicare & Medicaid Services (CMS) to stipulate in its regulations that residency slots are not assets that belong to the teaching institution;
2. encourage the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), and National Resident Matching Program (NRMP) to develop a process similar to the Supplemental Offer and Acceptance Program (SOAP) that could be used in the event of a sudden teaching institution or program closure;
3. encourage the Accreditation Council for Graduate Medical Education (ACGME) to specify in its Institutional Requirements that sponsoring institutions are to provide residents and residency applicants information regarding the financial health of the institution, such as its credit rating, or if it has recently been part of an acquisition or merger;
4. work with AAMC, AACOM, ACGME, and relevant state and specialty societies to coordinate and collaborate on the communication with sponsoring institutions, residency programs, and resident physicians in the event of a sudden institution or program closure to minimize confusion, reduce misinformation, and increase clarity;
5. encourage ACGME to revise its Institutional Requirements, under section IV.E., Professional Liability Insurance, to state that sponsoring institutions must create and maintain a fund that will ensure professional liability coverage for residents in the event of an institution or program closure; and
6. continue to work with ACGME, interested specialty societies, and others to monitor issues, collect data, and share information related to training programs run by corporate and nonprofit entities and their effect on medical education.

Policy Timeline