AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-23)

Report of Reference Committee C

Sarah Marsicek, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Council on Medical Education Report 04 – Recognizing Specialty Certifications for Physicians (Resolution 316-I-22)

2. Council on Medical Education Report 05 – Organizations to Represent the Interests of Resident and Fellow Trainees (Resolution 304-A-22)

RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

3. Resolution 306 – Increasing Practice Viability for Female Physicians through Increased Employer and Employee Awareness of Protected Leave Policies

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

4. Council on Medical Education Report 01 – Leave Policies for Medical Students and Physicians

5. Council on Medical Education Report 03 – Ensuring Equity in Interview Processes for Entry to Undergraduate and Graduate Medical Education

6. Resolution 301 – Clarification of AMA Policy D-310-948, “Protection of Resident and Fellow Training in the Case of Hospital or Training Program Closure”

7. Resolution 302 – Medical Student Reports of Disability-Related Mistreatment

8. Resolution 304 – Health Insurance Options for Medical Students

RECOMMENDED FOR REFERRAL

9. Resolution 307 - Re-evaluation of Scoring Criteria for Rural Communities in the National Health Service Corps Loan Repayment Program

RECOMMENDED FOR REFERRAL FOR DECISION

10. Resolution 305 – Addressing Burnout And Physician Shortages For Public Health

Amendments - If you wish to propose an amendment to an item of business, click here: Submit New Amendment

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON MEDICAL EDUCATION REPORT 4 – RECOGNIZING SPECIALTY CERTIFICATIONS FOR PHYSICIANS (RES 316-I-22)

RECOMMENDATION:

Your Reference Committee recommends the Recommendations in Council on Medical Education Report 4 be adopted and the remainder of the report be filed.

1. Encourage continued advocacy to federal and state legislatures, federal and state regulators, physician credentialing organizations, hospitals, and other interested parties to define physician board certification as the medical profession establishing specialty-specific standards for knowledge and skills, using an independent assessment process to determine the acquisition of knowledge and skills for initial certification and recertification. (Directive to Take Action)

2. Reaffirm the following policy: H-275.926, "Medical Specialty Board Certification Standards".

The recommendations in Council on Medical Education Report 4 received mostly supportive online and in-person testimony. The American Academy of Facial Plastic & Reconstructive Surgery suggested that the optional drafting note be preserved. The Reference Committee would note that drafting notes are advocacy tools and are not policy statements. Your Reference Committee recommends that Council on Medical Education Report 4 be adopted.

(2) COUNCIL ON MEDICAL EDUCATION REPORT 5 – ORGANIZATIONS TO REPRESENT THE INTERESTS OF RESIDENT AND FELLOW TRAINEES (RESOLUTION 304-A-22)

RECOMMENDATION:

Your Reference Committee recommends the Recommendations in Council on Medical Education Report 5 be adopted and the remainder of the report be filed.

1. That Our AMA will encourage the formation of peer-led resident/fellow organizations that can advocate for trainees' interests, as outlined by the AMA's Residents and Fellows' Bill of Rights, at sponsoring institutions. (New HOD Policy)

2. That Our AMA will encourage the development of a formal process for resident/fellow physicians to transfer to another graduate medical education program,

without penalty, when an employment situation is not sustainable for a trainee and/or program. (New HOD Policy)

3. That Our AMA will investigate promoting the current capacity of FREIDA™ to post open positions and adding the ability for FREIDA™ to facilitate the process of residents and fellows who wish to transfer programs. (Directive to Take Action)

4. That AMA Policy H-310.912, "Residents and Fellows' Bill of Rights," be amended by addition, to read as follows (Modify Current HOD Policy):

> "12. Our AMA will distribute and promote the Residents and Fellows' Bill of Rights online and individually to residency and fellowship training programs and encourage changes to institutional processes that embody these principles, including resident/fellow empowerment and peer-selected representation in institutional leadership.
>
> "13. Our AMA encourages development of accreditation standards and institutional policies designed to facilitate and protect residents/fellows who seek to exercise their rights."

The recommendations in Council on Medical Education Report 5 received limited but unanimously supportive online and in-person testimony. Your Reference Committee recommends adoption of this report and thanks the Council for its efforts.

RECOMMENDED FOR ADOPTION WITH CHANGE IN TITLE

(3) RESOLUTION 306 – INCREASING PRACTICE VIABILITY FOR FEMALE PHYSICIANS THROUGH INCREASED EMPLOYER AND EMPLOYEE AWARENESS OF PROTECTED LEAVE POLICIES

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 306 be <u>adopted</u>.

RECOMMENDATION B:

Your Reference Committee recommends the <u>title</u> of Resolution 306 be <u>changed</u> to read as follows:

INCREASING PRACTICE VIABILITY FOR ~~FEMALE~~ PHYSICIANS THROUGH INCREASED EMPLOYER AND EMPLOYEE AWARENESS OF PROTECTED LEAVE POLICIES.

RESOLVED, that our American Medical Association oppose any discrimination related to physicians taking protected leave during training and/or medical practice for medical, religious, and/or family reasons; and be it further.

RESOLVED, that our AMA will encourage relevant stakeholders to survey physicians and medical students who have taken family leave, in an effort to learn about the experiences of various demographic groups and identify potential disparities in career progression trends.

Resolution 306 received online and in-person testimony that largely supported this item. Testimony was received for a more inclusive title by deleting gender-specific language. Your Reference Committee agrees with changing the title and recommends Resolution 306 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

(4) COUNCIL ON MEDICAL EDUCATION REPORT 1 – LEAVE POLICIES FOR MEDICAL STUDENTS AND PHYSICIANS

RECOMMENDATION A:

Your Reference Committee recommends the third Recommendation of the Council on Medical Education Report 1 be amended by a deletion in the fifth clause of AMA Policy H-405-947 "Compassionate Leave for Medical Students and Physicians", as follows:

5. Our AMA ~~will study~~ supports the concept of equal compassionate leave for ~~bereavement due to~~ death or loss (e.g., pregnancy loss and other such events impacting fertility in a physician or their partner) as a benefit for physicians, medical students, ~~and physicians~~, medical trainees, and physician residents and fellows, regardless of gender or gender identity. (Modify Current HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends the Recommendations of the Council on Medical Education Report 1 be adopted as amended and the remainder of the report be filed.

1. That the fifth and fifteenth clauses of AMA Policy H-405.960, "Policies for Parental, Family and Medical Necessity Leave," be amended by addition and deletion, to read as follows:

5. Our AMA recommends that medical practices, departments, and training programs strive to provide 12 weeks of paid parental, family, and medical necessity leave in a 12-month period for their attending and trainee physicians as needed~~.~~, with the understanding that no parent be required to take a minimum leave.

15. In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages all specialties within the American Board of Medical Specialties (ABMS) to allow graduating residents to extend training ~~up to 12 weeks~~ after the traditional residency completion date while still maintaining board eligibility, ~~in that year~~ in the event of leave beyond six weeks. Our AMA encourages specialty boards to develop flexible policies for board certification for those physicians who take leave beyond the minimum of six weeks of family or medical leave (per ABMS policy) and whose residency programs are able to certify that residents meet appropriate competencies for program completion.

2. That AMA Policy H-405.960, "Policies for Parental, Family and Medical Necessity Leave," be amended by addition to read as follows:

19. Medical schools are encouraged to develop clear, equitable parental leave policies and determine how a 12-week parental, family, or medical leave may be incorporated with alternative, timely means of completing missed curriculum while still meeting competency requirements necessary to complete a medical degree.

3. That the first and fifth clauses of AMA Policy H-405.947, "Compassionate Leave for Medical Students and Physicians," be amended by addition and deletion with a change in title to read as follows:

Compassionate Leave for Physicians, Medical Students, Medical Trainees, and Physician Residents and Fellows ~~and Physicians~~

1. Our AMA urges:

(a) medical schools, and the ~~residency and fellowship training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices~~ Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation to incorporate and/or encourage development of compassionate leave policies ~~as part of the physician's standard benefit agreement~~. Such compassionate leave policies should consider inclusion of extensive travel and events impacting family planning, pregnancy, or fertility (including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption arrangement, or a failed surrogacy arrangement). These policies should determine how compassionate leave may be incorporated with alternative, timely means of achieving curricular goals when absent from curricular components and to meet competency requirements necessary to complete a medical degree;

(b) residency and fellowship training programs, their sponsoring institutions, and Accreditation Council for Graduate Medical Education to incorporate and/or encourage development of compassionate leave policies as part of the physician's standard benefit agreement. Such compassionate leave policies should consider appropriateness of coverage during extensive travel and events impacting family planning, pregnancy, or fertility (including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption arrangement, or a failed surrogacy arrangement). These policies should also include whether the leave is paid or unpaid, outline what obligations and absences must be made up, and determine how compassionate leave may be incorporated with alternative, timely means of achieving curricular goals when absent from curricular components and to meet competency requirements necessary to achieve independent practice and board eligibility for their specialty;

(c) medical group practices to incorporate and/or encourage development of compassionate leave policies as part of the physician's standard benefit agreement. Such compassionate leave policies should consider appropriateness of coverage during extensive travel and events impacting family planning, pregnancy, or fertility (including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a

failed adoption arrangement, or a failed surrogacy arrangement). These policies should also include whether the leave is paid or unpaid and what obligations and absences must be made up.

5. Our AMA ~~will study~~ supports the concept of equal compassionate leave for bereavement due to death or loss (e.g., pregnancy loss and other such events impacting fertility in a physician or their partner) as a benefit for physicians, medical students ~~and physicians~~, medical trainees, and physician residents and fellows, regardless of gender or gender identity.

4. That the fourth clause of AMA Policy H-405.960, "Policies for Parental, Family and Medical Necessity Leave," be rescinded, as having been fulfilled by this report.

~~4. Our AMA will study the impact on and feasibility of medical schools, residency programs, specialty boards, and medical group practices incorporating into their parental leave policies a 12-week minimum leave allowance, with the understanding that no parent be required to take a minimum leave.~~

5. That the second clause of AMA Policy H-405.947, "Compassionate Leave for Medical Students and Physicians," be rescinded, as having been fulfilled by this report.

~~2. Our AMA will study components of compassionate leave policies for medical students and physicians to include: a. whether cases requiring extensive travel qualify for additional days of leave and, if so, how many days; b. policy and duration of leave for an event impacting pregnancy or fertility including pregnancy loss, an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption arrangement, a failed surrogacy arrangement, or an event that impacts pregnancy or fertility; c. whether leave is paid or unpaid; d. whether obligations and time must be made up; and e. whether make-up time will be paid.~~

Council on Medical Education Report 2 received online and in-person testimony largely in support of this report. An amendment was offered to align with current Support Through Loss legislation. Another amendment was submitted to exclude vacation, sick time, research, and electives to be used as part of leave, but there was no other supportive testimony for this amendment. Your Reference Committee noted the broad agreement with the report which strikes a balance between providing leave for students, residents, and fellows, and ensuring they achieve competency upon completion of their training program. Your Reference Committee notes concerns that the second amendment offered would make significant changes to the report with potential unintended consequences. Therefore, your Reference Committee has included the first amendment and recommends the report be adopted as amended.

(5) COUNCIL ON MEDICAL EDUCATION REPORT 3 – ENSURING EQUITY IN INTERVIEW PROCESSES FOR ENTRY TO UNDERGRADUATE AND GRADUATE MEDICAL EDUCATION

RECOMMENDATION A:

Your Reference Committee recommends the third Recommendation in Council on Medical Education Report 3 be amended by addition, to read as follows:

That our AMA recommend that individual medical schools use the same interview format for all applicants to the same class at their institution to promote equity and fairness while allowing for accommodations for individuals with disabilities. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends the fourth Recommendation in Council on Medical Education Report 3 be amended by addition to read as follows:

That our AMA recommend that individual graduate medical education programs use the same interview format for all applicants to the same program to promote equity and fairness while allowing for accommodations for individuals with disabilities. (New HOD Policy)

RECOMMENDATION C:

Recommendations in Council on Medical Education Report 3 be adopted as amended and the remainder of the report be filed.

1. That our AMA encourage interested parties to study the impact of different interview formats on applicants, programs, and institutions. (Directive to Take Action)

2. That our AMA continue to monitor the impact of different interview formats for medical school and graduate medical education programs and their effect upon equity, access, monetary cost, and time burden along with the potential downstream effects upon on applicants, programs, and institutions. (New HOD Policy)

3. That our AMA recommend that medical schools use the same interview format for all applicants to the same class to promote equity and fairness. (New HOD Policy)

4. That our AMA recommend that graduate medical education programs use the same interview format for all applicants to the same program to promote equity and fairness. (New HOD Policy)

5. That AMA Policy D-295.303, "Support Hybrid Interview Techniques for Entry to Graduate Medical Education," be rescinded, as having been addressed through this report. (Rescind HOD Policy)

The recommendations in Council on Medical Education Report 3 received mostly supportive online and in-person testimony. Testimony suggested the third recommendation in the report be amended by addition of the adjective "individual" before "medical school", and the fourth recommendation be amended by addition of the adjective "individual" before "medical education programs" to clarify the intent that each medical school and graduate medical education program can chose which interview format they will use for their applicant class. In-person testimony also raised equity concerns for rural applicants and applicants who require disability accommodations. Your Reference Committee recognizes the multitude of equity issues that are impacted by decisions to have in-person or virtual interview techniques and recommends adoption by amendment.

(6) RESOLUTION 301 – CLARIFICATION OF AMA POLICY D-310-948 "PROTECTION OF RESIDENT AND FELLOW TRAINING IN THE CASE OF HOSPITAL OR TRAINING PROGRAM CLOSURE"

RECOMMENDATION A:

Your Reference Committee recommends the Resolution 301 be amended 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 and for-profit entities and their effect on medical education. (Modify Current HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 301 be adopted as amended.

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).

Resolution 301 received supportive online and in-person testimony on this item. While the author offered an amendment to strike "nonprofit" and add "for-profit", testimony explained the merits of monitoring issues, collecting data, and sharing information related to training

programs run by both nonprofit and for-profit entities. Testimony also noted that the word "corporate" was limiting and could be removed. Your Reference Committee concurs with the testimony and therefore recommends that Resolution 301 be adopted as amended.

(7) RESOLUTION 302 – MEDICAL STUDENT REPORTS OF DISABILITY-RELATED MISTREATMENT

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 302 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~will work with~~ encourage the Association of American Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM) and other relevant bodies to ~~encourage data collection of medical student~~ include questions on mistreatment based on disability, as defined by United States Americans with Disabilities Act, ~~as a protected category in internal and external mistreatment~~ in their surveys~~,~~ including the AAMC Medical School Graduation Questionnaire. (New HOD Policy)

RECOMMENDATION B:

Your Reference Committee recommends that Resolution 302 be amended by addition of a second resolve to read as follows:

RESOLVED, that our AMA encourages medical schools to cultivate learning environments that foster belonging for students with disabilities. (New HOD Policy)

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 302 be adopted as amended.

RESOLVED, that our American Medical Association will work with the Association of American Medical Colleges (AAMC) and other relevant bodies to encourage data collection of medical student mistreatment based on disability as a protected category in internal and external mistreatment surveys, including the AAMC Medical School Graduation Questionnaire.

Resolution 302 received supportive online and in-person testimony. While testimony called for the inclusion of residents, the Council on Medical Education noted the residents are employees and are thus covered by employment law. The Council offered amendments to clarify the original resolve and added a new resolve, which were supported by the

author. Additional amendments were offered to include asking questions on mistreatment based on disabilities in surveys, and further testimony offered a new resolve encouraging the National Board of Medical Examiners (NBME) to evaluate medical student requests for testing accommodations in compliance with the Americans with Disabilities Act. However, your Reference Committee noted that AMA Policy D-90.990 already addresses the issue with NBME. Also, your Reference Committee wanted to include both allopathic and osteopathic medical students in addressing this issue. Your Reference Committee appreciates the language offered in testimony to improve this important resolution. Your Reference Committee recommends that Resolution 302 be adopted as amended.

(8) RESOLUTION 304 – HEALTH INSURANCE OPTIONS FOR MEDICAL STUDENTS

RECOMMENDATION A:

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

RESOLVED, that our American Medical Association encourage ~~work with relevant parties to urge~~ medical schools to allow students and their families who qualify for and enroll in ~~a other~~ health insurance plans other than the institutionally offered health insurance plans, ~~with equal or greater coverage, including Medicaid, the Children's Health Insurance Program (CHIP), or Affordable Care Act (ACA) Marketplace health insurance plans~~, to be exempt from an otherwise mandatory student health insurance plan~~s~~ requirement, provided that the alternative plan has comparable care coverage and is accepted at the primary geographic locations of training. (New HOD Policy); and be it further

RECOMMENDATION B:

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

RESOLVED, that our AMA support the continuation of comprehensive medical insurance benefits for inactive students taking ~~a~~ an approved leave of absence during their time of degree completion and encourage medical schools to publicize their policies regarding the continuation of insurance benefits during leaves of absence. (New HOD Policy)

RECOMMENDATION C:

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

RESOLVED, that our American Medical Association work with relevant parties to urge medical schools to allow students and their families who qualify for and enroll in other health insurance with equal or greater coverage, including Medicaid, the Children's Health Insurance Program (CHIP), or Affordable Care Act (ACA) Marketplace health insurance plans, to be exempt from otherwise mandatory student health insurance plans; and be it further

RESOLVED, that our AMA support the continuation of comprehensive medical insurance benefits for students taking a leave of absence and encourage medical schools to publicize their policies regarding the continuation of insurance benefits during leaves of absence.

Resolution 304 received mostly supportive online and in-person testimony. It also received opposing testimony explaining that some health insurance coverage (such as Medicaid) does not travel from state to state. Some plans will not be in effect if a student has a rotation out of state or leaves for another reason - even if the student attends medical school in the same state as their own coverage. There was also concern about medical students applying for Medicaid in states other than where they attend medical school. Amendments were offered that addressed ensuring students have coverage in the primary locations where they are being trained. Your Reference Committee felt the phrase "comparable care coverage" better reflected the intent of the amendment proffered by the Council in the online forum. Your Reference Committee recommends Resolution 304 be adopted as amended.

RECOMMENDED FOR REFERRAL

(9) RESOLUTION 307 - RE-EVALUATION OF SCORING CRITERIA FOR RURAL COMMUNITIES IN THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

RECOMMENDATION:

Your Reference Committee recommends that Resolution 307 be referred.

RESOLVED, that our American Medical Association advocate, in partnership with other major medical associations at the federal level, for a comprehensive reevaluation and assessment of the effectiveness and equity of the Health Professional Shortage Area (HPSA) scoring criteria employed by the National Health Service Corps (NHSC) Loan Repayment Program with appropriate revisions to meet the physician workforce needs for the neediest rural communities and underserved areas. (Directive to Take Action)

In-person testimony was supportive of this item and cited concerns about bias in scoring. Testimony supported the need for a comprehensive reevaluation and assessment of the effectiveness and equity of the Health Professional Shortage Area (HPSA) scoring criteria. Testimony noted there is a Shortage Designation Modernization Project underway by the federal government and recommended referral. The Council on Medical Education agreed with referral. Your Reference Committee concurs and recommends that Resolution 307 be referred.

RECOMMENDED FOR REFERRAL FOR DECISION

(10) RESOLUTION 305 - ADDRESSING BURNOUT AND PHYSICIAN SHORTAGES FOR PUBLIC HEALTH

RECOMMENDATION:

Your Reference Committee recommends that Resolution 305 be referred for decision.

RESOLVED, that our American Medical Association (AMA) vigorously advocates for expanded training opportunities within residency programs, encompassing both preventive medicine residencies and public health physician training, in addition to advocating for increased funding and heightened federal support to address the repercussions of natural disasters; [New HOD Policy]; and be it further,

RESOLVED, that our AMA steadfastly supports the allocation of state and national funds aimed at fortifying the roles of public health physicians, including Public Health and General Preventive Medicine Residency programs in multiple federal Public Health agencies [New HOD Policy]; and be it further,

RESOLVED that our AMA unequivocally calls for the reinstatement of the CDC Preventive Medicine Residency program or Fellowship, as the CDC is the nation's premier public health agency.

Resolution 305 received significant supportive testimony online and in-person for public health and the need for more preventive medicine physicians. Your Reference Committee noted that the AMA has ample policy that addresses the topics in the first and second resolves, namely public health, preventive medicine and related residency programs to provide such training. Your Reference Committee noted that AMA policies D-295.327, D-305.974, D-305.964, H-440.982, D-440.922, H-440.965, and H-440.982 address the first and second resolves.

The author of the resolution provided impassioned testimony regarding the imperative nature of the third resolve given the CDC preventive medicine residency program is closing in July 2024. Testimony from the CDC indicated that this decision to close was driven by a decline in participants over the last several years as well as a shift in the landscape for accreditation for preventive medicine programs requiring more clinical training, which the CDC is unable to provide. The CDC noted plans to provide rotations for other residency programs. Your Reference Committee acknowledged that there is an underlying problem that would not be fixed by calling for reinstating the program. Additional testimony asked for referral. Recognizing the closure of a federal training program is a complex and urgent issue, your Reference Committee recommends that the resolution be referred for decision.

This concludes the report of Reference Committee C. I would like to thank my colleagues Kathleen Doo, MD, MHPE, Marygrace Elson, MD, MME, Saby Karuppiah, MD, MPH, Leif Knight, MD, Carlos Latorre, MD, MS, and David Whalen, MD, MPH. I would also like to thank AMA staff persons Amber Ryan, Tanya Lopez, Amanda Moutrage, and Richard Pan, MD, MPH, as well as all those who testified before this Committee.

Kathleen Doo, MD, MHPE
Society of Critical Care Medicine

Leif Knight, MD
Rhode Island

Marygrace Elson, MD, MME
American College of Obstetricians and Gynecologists

Carlos Latorre, MD, MS
Mississippi

Saby Karuppiah, MD, MPH
American Academy of Family Physicians

David Whalen, MD, MPH
Michigan

Sarah Marsicek, MD
American Academy of Pediatrics
Chair