Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

1. Report A – Adopting a Neutral Stance on Medical Aid in Dying (MAID)
2. Resolution 3 – Early and Periodic Eye Exams for Adults
3. Resolution 10 – Amendment to AMA Policy on Healthcare System Reform Proposals

**RECOMMENDED FOR ADOPTION AS AMENDED**

5. Resolution 8 – Financial Transparency of the Revenue Generated by Trainees at Health Systems
6. Resolution 11 – Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being
7. Resolution 12 – Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine
8. Resolution 13 – Studying Avenues for Parity in Mental Health & Substance Use Coverage

**RECOMMENDED FOR ADOPTION IN LIEU OF**

9. Resolution 5 – Recognizing Moral Injury in Medicine as a Phenomenon Distinct from Burnout
10. Resolution 7 – Pregnancy and Parental Leave for Trainees

**RECOMMENDED FOR NOT ADOPTION**

11. Resolution 4 – Enhancing Dermatopathology Training for Pathology Residents
12. Resolution 6 – Improved Monitoring and Surveillance of Cadaveric Human Bone Tissue Products
13. Resolution 2 – AMA Policy D-275.948 Title Change and Creation of an AMA Task Force to Address Conflicts of Interest on Physician Boards

**RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

14. Resolution 9 – Decreasing Osteopathic Bias in Residency and Fellowship Applications
RECOMMENDED FOR ADOPTION

(1) REPORT A - ADOPTING A NEUTRAL STANCE ON MEDICAL AID IN DYING (MAID)

RECOMMENDATION:

Recommendations in Report A be adopted and the remainder of the report be filed.

Based on the report and recommendations prepared by the AMA-RFS Committee on Public Health, your AMA-RFS Governing Council recommends that the following be adopted and the remainder of the report be filed:

1. RESOLVED, that our RFS amend 100.006R, “Adopting a Neutral Stance on Medical Aid and Dying,” by deletion to read as follows:

“That our AMA-RFS support our AMA in adopting a neutral stance on medical aid in dying and respect the autonomy and right of self-determination of patients and physicians in this matter; and that our AMA-RFS study the benefits and risks of medical aid in dying, and how such aid might affect the quality of end-of-life care.”

Your Reference Committee heard unanimous support for the report proffered by the RFS Committee on Public Health, including from the Massachusetts Delegation and the RFS Committee on Legislation and Advocacy. We thank the Committee for their thoughtful review of the complex and controversial topic of Medical Aid in Dying. Therefore, your Reference Committee recommends that Report A be adopted and the remainder of the report be filed.

(2) RESOLUTION 3 – EARLY AND PERIODIC EYE EXAMS FOR ADULTS

RECOMMENDATION:

Resolution 3 be adopted.

RESOLVED, That our AMA amend policy H-25.990 “Eye Exams for the Elderly” by addition and deletion to read as follows:

Eye Exams for the Elderly and Adults H-25.990

Our AMA (1) encourages the development of programs and/or outreach efforts to support periodic eye examinations for elderly patients and adults who suffer from chronic systemic conditions that increase their likelihood of developing eye disease as well as a baseline eye examination for all adults aged 40 and above; and (2) encourages physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings; and (3) supports coverage benefits in public and private health plans for a baseline eye examination in adults aged 40 or above.
Your Reference Committee heard significant positive testimony on Resolution 3, including from three RFS Committees: Committee on Public Health, Committee on Legislation and Advocacy, and Justice, Equity, Diversity and Inclusion. While we understand the American Academy of Ophthalmology’s concern regarding the insertion of the third clause and the author’s consideration to make this internal policy, given the extent of support as written, your Reference Committee recommends Resolution 3 be adopted.

(3) RESOLUTION 10 – AMENDMENT TO AMA POLICY ON HEALTHCARE SYSTEM REFORM PROPOSALS

RECOMMENDATION:

Resolution 10 be adopted.

RESOLVED, That our AMA-RFS support removal of opposition to single-payer healthcare delivery systems from AMA policy, and instead support evaluation of all healthcare system reform proposals based on our stated principles as in AMA policy; and be it further

RESOLVED, That our AMA-RFS support a national unified financing healthcare system that meets the principles of freedom of choice, freedom and sustainability of practice, and universal access to quality care for patients.

Your Reference Committee heard significant supportive testimony from several RFS Standing Committees (Public Health, Justice, Equity, Diversity and Inclusion, and Legislation and Advocacy). The RFS Committee on Business and Economics felt that the second resolve clause merits a separate resolution and should be deleted. However, given the otherwise overwhelming support for the resolution, along with the compelling, supportive information provided for supporting a unified financing health care system, your Reference Committee recommends Resolution 10 be adopted.
RECOMMENDED FOR ADOPTION AS AMENDED

(4) RESOLUTION 1 – UPHOLDING PHYSICIAN AUTONOMY IN EVIDENCE-BASED OFF-LABEL PRESCRIBING AND CONDEMN PHARMACEUTICAL PRICE MANIPULATION

RECOMMENDATION A:

The First Resolve of Resolution 1 be amended by deletion to read as follows:

RESOLVED, That our AMA advocate for transparency, accountability, and fair pricing practices in pharmaceutical pricing, opposing differential pricing of medications manufactured by the same company with the same active ingredient, without clear clinical necessity, such as Wegovy and Ozempic; and be it further

RECOMMENDATION B:

The Third Resolve of Resolution 1 be deleted:

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at the 2023 Interim Meeting.

RECOMMENDATION C:


RECOMMENDATION D:

Resolution 1 be adopted as amended.

RESOLVED, That our AMA advocate for transparency, accountability, and fair pricing practices in pharmaceutical pricing, opposing differential pricing of medications manufactured by the same company with the same active ingredient, without clear clinical necessity, such as Wegovy and Ozempic; and be it further

RESOLVED, That our AMA condemn interference with a physicians’ ability to prescribe one medication over another with the same active ingredient, without risk of harassment, prosecution, or loss of their medical license, and calls on regulatory authorities to investigate and take appropriate action against such practices; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at the 2023 Interim Meeting.
Your Reference Committee heard limited testimony on Resolution 1. Multiple parties noted a concern about immediate forwarding without evidence presented as to timeliness and urgency. The RFS Committee on Legislation and Advocacy and an individual suggested striking the names of the medications in the first resolve clause to broaden the advocacy ask. Your Reference Committee had some concerns about this suggestion which would then make it applicable to over-the-counter medications such as acetaminophen, which we believe to be broader than what the authors intended but will leave it to the will of the Assembly to decide. Regarding the second resolve clause, your Reference Committee felt that the novelty hinged on "the same active ingredient," which is not explicitly stated in our policies, and therefore opted to keep this resolve and additionally reaffirm relevant HOD policies H-120.988 and H-110.987. Therefore, your Reference Committee recommends Resolution 1 be adopted as amended.

(5) RESOLUTION 8 – FINANCIAL TRANSPARENCY OF THE REVENUE GENERATED BY TRAINEES AT HEALTH SYSTEMS

RECOMMENDATION A:

The Second Resolve of Resolution 8 be deleted:

RESOLVED, That our AMA work with relevant stakeholders to require health systems to report revenue generated by care associated with resident and fellow physicians in the form of a publicly-accessible annual report.

RECOMMENDATION B:

Resolution 8 be adopted as amended.

RESOLVED, That our AMA advocate for increased transparency of revenue generated for health systems by resident and fellow physicians; and it be further

RESOLVED, That our AMA work with relevant stakeholders to require health systems to report revenue generated by care associated with resident and fellow physicians in the form of a publicly-accessible annual report.

Your Reference Committee heard generally supportive testimony on Resolution 8. This is a topic that has been discussed in the RFS as early as 1998 (280.006R Public Disclosure of Residency Revenue and Expenditures). Two RFS Committees recommended either amendment to, or opposition of, the second resolve clause, citing concern over whether it was the most effective or feasible way to achieve the purposes of the first resolve. Overall, your Reference Committee agrees that enhanced transparency and public reporting of audits will improve utilization of resources for trainees and ensure fair reimbursements and therefore recommends Resolution 8 be adopted as amended.
RESOLUTION 11 – TRANSFORMING THE USMLE STEP 3 EXAMINATION TO ALLEVIATE HOUSESTAFF FINANCIAL BURDEN, FACILITATE HIGH-QUALITY PATIENT CARE, AND PROMOTE HOUSESTAFF WELL-BEING

RECOMMENDATION A:

The First Resolve of Resolution 11 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA supports a transformation of changing the United States Medical Licensing Examination (USMLE) Step 3 from a numerically-scored examination to a pass/fail examination; and be it further

RECOMMENDATION B:

The Second Resolve of Resolution 11 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA supports a transformation of changing USMLE Step 3 from a two-day examination to a one-day examination; and be it further

RECOMMENDATION C:

Resolution 11 be amended by the addition of a new Fourth Resolve to read as follows:

RESOLVED, That our AMA advocates that residents taking the USMLE Step 3 exam be allowed days off to take the exam without having this time counted for PTO or vacation balance.

RECOMMENDATION D:

Resolution 11 be adopted as amended.

RESOLVED, That our AMA supports a transformation of the United States Medical Licensing Examination (USMLE) Step 3 from a numerically-scored examination to a pass/fail examination; and be it further

RESOLED, That our AMA supports a transformation of USMLE Step 3 from a two-day examination to a one-day examination; and be it further

RESOLVED, That our AMA supports the option to take USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) during medical school.

Your Reference Committee heard generally positive testimony on Resolution 11. Supportive testimony was received from the authors, Massachusetts Medical Society’s Resident/Fellow
Section, multiple individuals, and the RFS Committee on Medical Education. One individual opposed the first resolve clause. Some concern was expressed that expanding eligibility to take Step 3 during medical school could be a justification for residencies to not allow for time off to take the exam. Our former CME councilor offered an amendment specifically addressing this concern. Another individual pointed out that residents with disabilities often have accommodations to take the exam over 3-4 days and would also benefit from shortening the exam. An amendment was proposed to replace the term "transformation of" to "changing" and your Reference Committee agrees with this edit. Therefore, your Reference Committee recommends Resolution 11 be adopted as amended.

RESOLUTION 12 – DISAFFILIATION FROM THE ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY DUE TO PERPETUATION OF RACIAL INEQUITIES IN MEDICINE

RECOMMENDATION A:

The First Resolve of Resolution 12 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA recognizes that the Alpha Omega Alpha Honor Medical Society disproportionately benefits privileged trainees while discriminating against trainees of color; and be it further

RECOMMENDATION B:

Resolution 12 be amended by the addition of a new Third Resolve to read as follows:

RESOLVED, That our AMA recognizes that the Alpha Omega Alpha Honor Medical Society discriminates against trainees of color.

RECOMMENDATION C:

Resolution 12 be adopted as amended.

RESOLVED, That our AMA recognizes that the Alpha Omega Alpha Honor Medical Society disproportionately benefits privileged trainees while discriminating against trainees of color; and be it further

RESOLVED, That our AMA supports institutional disaffiliation from the Alpha Omega Alpha Honor Medical Society due to its perpetuation of racial inequities in medicine.

Your Reference Committee heard substantial support of Resolution 12, including from two RFS Committees and one other Section interested in cosponsoring. We thank the RFS Committee on Medical Education for their suggestion to amend the first resolve clause and add a separate third resolve, to ensure that both points in the original first resolve can stand on their own accord. There were some individual concerns as well as concerns from the Council on Medical Education that disaffiliation may be harmful to less popular/prestigious
institutions who may benefit from having members in the Alpha Omega Alpha Honor Medical Society (AOA), as well as the fact that many residents, fellows, and attendings obtain AOA membership for reasons outside of academic achievement. Your Reference Committee agrees with the proposed amendment and in order to continue to promote equity within medicine, recommends Resolution 12 be adopted as amended.

(8) RESOLUTION 13 – STUDYING AVENUES FOR PARITY IN MENTAL HEALTH & SUBSTANCE USE COVERAGE

RECOMMENDATION A:

Resolution 13 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA study the potential consequences to insurers for not complying with mental health and substance use parity laws, including but not limited to not being able to participate in state-delivered insurance plans.

RECOMMENDATION B:

Resolution 13 be adopted as amended.

RESOLVED, That our AMA study the potential consequences to insurers for not complying with mental health and substance use parity laws, including but not limited to not being able to participate in state-delivered insurance plans.

Your Reference Committee heard generally supportive testimony on Resolution 13, with the RFS Committee on Legislation and Advocacy offering an amendment to seek to clarify the authors' intention. Your Reference Committee agrees that while specific penalties such as not being able to participate in state-delivered insurance plans are potentially higher on the list of possibilities, the removal of any prescriptive example will allow for the most inclusive yet concise study possible. Therefore, your Reference Committee recommends Resolution 13 be adopted as amended.
RECOMMENDED FOR ADOPTION IN LIEU OF

(9) RESOLUTION 5 – RECOGNIZING MORAL INJURY IN MEDICINE AS A PHENOMENON DISTINCT FROM BURNOUT

RECOMMENDATION:

Alternate Resolution 5 be adopted in lieu of Resolution 5.

RESOLVED, That our AMA-RFS study ways to mitigate the effects of moral injury and/or burnout amongst medical students, residents, fellows, and other trainees in the US.

Your Reference Committee heard broad support for the spirit of Resolution 5. The most notable opposition was to the immediate forwarding clause, specifically in terms of meeting the timeliness and urgency threshold. Both AMA staff and your RFS member on the Council on Science & Public Health had concerns regarding the novelty of the resolution and whether current peer-reviewed literature supported these concerns. Our AMA has been at the forefront of advocating for systems-level solutions to burnout, including through the Joy in Medicine Health System Recognition Program, as well as studying contributors to burnout. For additional references of the work AMA is doing in this space, please refer to BOT-5:AMA Public Health Strategy: The Mental Health Crisis being presented at this meeting. Your Reference Committee agrees with testimony that an internal study looking specifically at trainees could produce more focused and comprehensive results, and/or a more relevant ask of the AMA if indicated. Therefore, your Reference Committee recommends that Alternate Resolution 5 be adopted in lieu of Resolution 5.

(10) RESOLUTION 7 – PREGNANCY AND PARENTAL LEAVE FOR TRAINEES

RECOMMENDATION:

Alternate Resolution 7 be adopted in lieu of Resolution 7.
PREGNANCY AND PARENTAL LEAVE FOR TRAINEES

RESOLVED, That our AMA-RFS study legal and policy mechanisms to promote and enforce reasonable workplace accommodations for residents and fellows during pregnancy; and be it further

RESOLVED, That our AMA-RFS study policy mechanisms to promote workplace accommodations such as the option to defer night shift work in the 1st or 3rd trimesters, less physically demanding rotations while in the 3rd trimester of pregnancy, and time off for scheduled medical appointments without having to use vacation time, elective blocks, or sick leave, which also do not create an undue burden on other trainees; and be it further

RESOLVED, That our AMA-RFS supports the provision of up to 12 weeks of fully paid parental leave for all resident and fellow trainees, that is separate from elective/research blocks, vacation or sick time; and be it further

RESOLVED, That our AMA-RFS supports the development of flexible policies for all trainees who take parental leave and whose residency programs are able to certify that they meet appropriate competencies for program completion to graduate and maintain board-eligibility in their expected time frame.

RESOLVED, That our AMA support reasonable accommodations during pregnancy, agreeably defined by the trainee and their program director; and be it further

RESOLVED, That our AMA encourage training programs to create a standard practical accommodation form to be filled out within the first trimester; and be it further

RESOLVED, That our AMA support that standard practical accommodations include the option to defer night shift work in the 1st or 3rd trimester, less physically demanding rotations while in the 3rd trimester of pregnancy, and time off for scheduled medical appointments without having to use vacation time, elective blocks, or sick leave; and be it further

RESOLVED, That our AMA amend Policies for Parental, Family and Medical Necessity Leave H-405.960 and Residents and Fellows' Bill of Rights H-310.912 to encourage residency and fellowship programs to allow trainees to take 12 weeks of fully paid parental leave (maternity and paternity leave) without having to use vacation time, elective blocks, or sick leave; and be it further

RESOLVED, That our AMA support the option for 12 weeks of parental leave (maternity and paternity leave) to be taken once during a given training program’s duration without delaying the ability to take board exams or graduation; and be it further
RESOLVED, That our AMA encourage the ACGME and other relevant accreditation bodies to have the same leave requirements in order to allow trainees to remain eligible to take their board exams and graduate in their expected timeframe; and be it further

RESOLVED, That our AMA Council on Medical Education create standardized policy language to act as a resource for program directors and trainees in the creation of program-specific policy to ensure fair and uniform treatment of trainees regarding parental leave and pregnant trainees.

Your Reference Committee heard robust testimony on Resolution 7, with tremendous support for the spirit of this resolution but also concerns regarding redundancy of existing policy and hesitations regarding some of the specific asks. Two individuals opposed the first resolve, one questioning its achievability and the other expressing concern that reasonable accommodations may better be defined by existing labor laws and a trainee’s OB/GYN rather than a program director. On closer examination of existing policy, H-405.960 “Policies for Parental, Family and Medical Necessity Leave,” the AMA encourages GME programs to have written policies outlining whether specific accommodations are provided for, but it does not explicitly state the position that accommodations should be provided.

Furthermore, a cursory review of the legal landscape on this topic finds that work accommodations during pregnancy does not actually fall under the American Disability Act, but rather under a patchwork of federal and state labor laws, of which it is unclear those that apply to medical trainees. Your Reference Committee agrees with the need for AMA to take a clear stance on providing workplace accommodations for trainees during pregnancy but recommends that the Section study the mechanisms to promote and enforce them. Based on negative testimony regarding the specific ask for pregnancy disclosure during the first trimester, your Reference Committee recommends deletion of the second resolve. Your Reference Committee also discussed that while trainees deserve the same accommodations during pregnancy as other workers, it should not come at the expense of other trainees and policies should be developed that promote the wellbeing of all.

Finally, your Reference Committee reviewed existing AMA policy H-405.960, H-310.912, and CME Report 1 which is under consideration at the I-23 HOD meeting. Your Reference Committee agrees with testimony that some aspects of the fourth, fifth and sixth resolves are redundant to existing policy. Existing policy clearly expresses support for all programs to “strive” to provide 12 weeks of parental leave, but it does not specify that this leave is separate from other forms of leave such as vacation or sick time. Existing policy also encourages specialty board accreditation bodies to have flexible policies to accommodate those who utilize parental leave to maintain board eligibility in the same year, and CME Report 1 offers additional amendments to this policy to account for the future possibility of competency-based rather than time-based program requirements. The CME report also explicitly states that they did not feel they were the appropriate body to develop standardized policy language as requested in the seventh resolve and your Reference Committee agrees with this sentiment. Turning these clauses into internal RFS position statements will allow our Section to speak on and potentially amend CME report 1 at this meeting. Therefore, your Reference Committee recommends that Alternate Resolution 7 be adopted in lieu of Resolution 7.
RECOMMENDED FOR NOT ADOPTION

(11) RESOLUTION 4 – ENHANCING DERMATOPATHOLOGY TRAINING FOR PATHOLOGY RESIDENTS

RECOMMENDATION:

Resolution 4 not be adopted.

RESOLVED, That our AMA advocate for the standardization of dermatopathology training across pathology residency programs in the US, ensuring comprehensive exposure and education; and be it further

RESOLVED, That our AMA work with the American Society of Dermatopathology and other relevant stakeholders to develop guidelines and resources that support this enhanced training initiative.

Your Reference Committee heard testimony in favor of the spirit of the resolution but with many concerns about its prescriptive nature and whether it is within the scope of the AMA to accomplish its asks. Both the Pathology and Dermatology Section Councils of the AMA additionally shared these concerns. While there is good intent behind standardizing the education received, your Reference Committee agrees with testimony that the ACGME or other subspecialty groups would be better locales to achieve the ends of this resolution. Therefore, your Reference Committee recommends Resolution 4 not be adopted.

(12) RESOLUTION 6 – IMPROVED MONITORING AND SURVEILLANCE OF CADAVERIC HUMAN BONE TISSUE PRODUCTS

RECOMMENDATION:

Resolution 6 not be adopted.

RESOLVED, Our AMA support the use of the FDAs risk mitigation strategies in all bone graft transplants; and be it further

RESOLVED, Our AMA support the inclusion of Mycobacterium tuberculosis (TB) testing and surveillance in the eligibility Determination for Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps); and be it further

RESOLVED, Our AMA support the change in TB testing and surveillance for HCT/Ps by submitting a letter on the issue to the FDA; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates at the 2023 Interim Meeting.

Your Reference Committee heard mixed testimony on Resolution 6, including from the American Academy of Orthopaedic Surgeons, the RFS Committee on Public Health and Massachusetts Medical Society’s Resident and Fellow Section. While most agreed with the
spirit of the resolution and the fact that it represents a valid concern, there was strong
consensus that the technical and FDA-focused nature of the resolution is outside the
purview of the AMA. Your Reference Committee commends the authors for taking on a
difficult topic, however, it agrees that this is a niche topic and outside the scope of the AMA.
Therefore, your Reference Committee recommends Resolution 6 not be adopted.

(13) RESOLUTION 2 – AMA POLICY D-275.948 TITLE CHANGE
AND CREATION OF AN AMA TASK FORCE TO ADDRESS
CONFLICTS OF INTEREST ON PHYSICIAN BOARDS

RECOMMENDATION:

Resolution 2 not be adopted.

RESOLVED, That our AMA change the title of policy D-275.948 by substitution to read as
follows:

Education, Training and Credentialing of Non-Physician Health Care Professionals and Their
Impact on Physician Education and Training Addressing Non-Physician Positions and
Participation on Physician Regulatory Boards and Bodies and Potential Conflicts of Interest
D-275.948; and be it further

RESOLVED, That our AMA work with relevant stakeholders and physician regulatory bodies
and boards involved in physician education, accreditation, certification, licensing and
credentialing to advocate for physician (MD or DO) led executive leadership on these
regulatory bodies and boards in order to be consistent with our “stop scope creep” advocacy
and prevent undermining physician confidence in these organizations; and be it further

RESOLVED, That our AMA create a task force with the mission to increase physician (MD or
DO) participation in, awareness of and opportunities in leadership positions on physician
regulatory bodies and boards through mechanisms including but not limited to mentorship
programs, leadership training programs, nominations, publicizing the opportunities to the
membership and creating a centralized list of required qualifications and methods to apply for
these positions.

Your Reference Committee received mixed testimony on Resolution 2. There was support
for the spirit of the resolution voiced from the authors, the Massachusetts Medical Society’s
Resident and Fellow Section and the RFS Committee on Medical Education. However, there
were concerns and outright opposition voiced from multiple individuals including our RFS
delegates, former delegates, and our CME councilor. The nature of the opposition was
largely based on the concern that the language does not represent a substantial difference
compared to the resolution adopted by the RFS Assembly at A-23 that was brought forward
and failed to advance in the House of Delegates. Other concerns included the specific
request for a “task force” which has a high fiscal note and has not been received well by the
House in the past. AMA staff provided input that both the Council on Medical Education and
various internal business units make extensive efforts to publicize and solicit nominations to
the medical standards organizations described in the resolution. They also pointed out that
the criteria as to who can serve in leadership positions on said boards is due to each
organization’s governance policy. For example, accreditation bodies like ACGME have
appointees from other stakeholder organizations who may be non-physicians, and many
others are now even expected to have public members serve on the board. Thus, it was noted that the issue is not necessarily that there aren’t enough interested, qualified physicians to serve on medical education organizations, but instead that internal governance policies often require non-physicians to be appointed. Lastly, your Reference Committee further reviewed current AMA policy and felt that H-405.953, “Participation of Physicians on Healthcare Organization Boards” additionally covered the asks of the resolution. Therefore, your Reference Committee recommends that Resolution 2 be not adopted.
RECOMMENDED FOR REAFFIRMATION IN LIEU OF

(14) RESOLUTION 9 – DECREASING OSTEOPATHIC BIAS IN RESIDENCY AND FELLOWSHIP APPLICATIONS

RECOMMENDATION:


RESOLVED, That our AMA work with the American Osteopathic Association (AOA) and other relevant stakeholders to advocate for the implementation of a system of equitable score input that reflects the equivalency of United States Medical Licensing Exam (USMLE) and Comprehensive Osteopathic Medical Licensing Exam of the United States (COMLEX-USA) examinations in residency and fellowship applications.

Your Reference Committee heard significant mixed testimony on Resolution 9. After reviewing online comments, AMA policy, and input from AMA staff, your Reference Committee believes that the ask of this resolution is accomplished through a reaffirmation of AMA Policy H-275.953 “The Grading Policy for Medical Licensure Examinations.” Your Reference Committee held a lengthy discussion regarding this topic and covered many points – namely that education about comparability and/or equivalency does not seem to be enough for many program directors, there is no data to suggest that it does, and that instead there needs to be a general culture shift to fix the bias. While your Reference Committee agrees the current practice is inadequate, when looking at existing policy in this space, this resolution appears redundant. Therefore, your Reference Committee recommends reaffirmation in lieu of Resolution 9. Further, your Reference Committee believes that by reaffirming HOD policy, the RFS will record its support of this policy in the RFS Digest of Actions and give our Section the ability to advocate on this topic in any other relevant HOD policy that may arise. Therefore, your Reference Committee recommends that AMA policy H-275.953, “The Grading Policy for Medical Licensure Examinations,” be reaffirmed in lieu of Resolution 9.
This concludes the report of the RFS Reference Committee. I would like to thank Jacob Altholz, MD, Rachel Ekaireb, MD, Ian Motie, MD, Sophia Spadafore, MD, and all those who testified before the Committee.

Karen Dionesotes, MD, MPH, Chair

Jacob Altholz, MD

Rachel Ekaireb, MD

Ian Motie, MD

Sophia Spadafore, MD