DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2025 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-25)

Final Report of Reference Committee C

Rose Berkun, MD, Chair

RECOMMENDED FOR ADOPTION

1. Council on Medical Education Report 1 - Additional Pathways for International Medical Graduates
2. Resolution 312 - Promoting the Equitable Evaluation of the Non-Research Domains in Trainee Selection

RECOMMENDED FOR ADOPTION AS AMENDED

3. Resolution 301 - Preventing Sleep Deprivation and Supporting Medical Student Wellness
4. Resolution 304 - Systemic Exclusion of IMGs from Residency Programs
5. Resolution 305 - Paid Sick Leave and Flexible Work Arrangements for Caregivers of Individuals with Special Needs, Chronic Illness, or Elderly Parents
6. Resolution 306 - Support for Paid Prenatal Leave
7. Resolution 307 - Integrating Artificial Intelligence (AI) Literacy into UME, GME, and CME
8. Resolution 308 - Enhancing the Pathway for Black Male Medical Students
9. Resolution 309 - Reasonable Workplace Accommodations for Residents and Fellows during Pregnancy
10. Resolution 310 - Remedying the Harms of AMA’s Role in the Flexner Report
11. Resolution 311 - Gender and URiM Disparities in Surgical Training Volume
12. Resolution 313 - Hardship for International Medical Graduates from Palestine

RECOMMENDED FOR ADOPTION

(1) COUNCIL ON MEDICAL EDUCATION REPORT 1 - ADDITIONAL PATHWAYS FOR INTERNATIONAL MEDICAL GRADUATES

RECOMMENDATION:

Your Reference Committee recommends that Council on Medical Education Report 1 be adopted.

The Council on Medical Education recommends that the following be adopted and the remainder of the report be filed.

1. That the first clause of AMA Policy D-255.971, "Alternative Pathways for International Medical Graduates," be rescinded as having been accomplished by this report. (Rescind AMA Policy)

HOD ACTION: CME 1 adopted and remainder of report filed.

The recommendations in Council on Medical Education Report 1 received supportive testimony in the Online Reference Committee (ORC). While one testimony favored annual updates to the HOD on this topic, your Reference Committee believes that this report satisfies the ask of the I-24 resolution. Your Reference Committee recommends that CME 1 be adopted.

(2) RESOLUTION 312 - PROMOTING THE EQUITABLE EVALUATION OF NON-RESEARCH DOMAINS IN TRAINEE SELECTION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 312 be adopted.

HOD ACTION: Resolution 312 adopted.

RESOLVED, that our American Medical Association support efforts and work with relevant parties to:

a) Improve the holistic and equitable consideration of research, advocacy, service, teaching, mentorship, and other non-research domains in medical school and residency/fellowship selection; and
b) Reduce the emphasis on research expectations for applicants; and

c) Improve medical school and residency/fellowship application services to allow applicants to comprehensively showcase the non-research domains that best align with their experiences and career goals. (Directive to Take Action)

Resolution 312 was not available in the ORC and only received in-person testimony. Testimony was supportive, emphasizing the importance of valuing applicant activities beyond peer-reviewed research publications, as well as the importance of not diluting high-quality research by overemphasizing it as a means to distinguish oneself in applications. Though individuals expressed varying application content preferences, minimal testimony expressed opposition to the resolution itself. Therefore, Your Reference Committee recommends that Resolution 312 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(3) RESOLUTION 301 - PREVENTING SLEEP DEPRIVATION AND SUPPORTING MEDICAL STUDENT WELLNESS

RECOMMENDATION A:

Your Reference Committee recommends that Resolution 301 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~support~~ encourage the LCME, COCA, AAMC, and AACOM to continue the development of guidelines for medical student work-hour limits, time off after a 24-hour shift, and work-hour guidelines.

RECOMMENDATION B:

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

HOD ACTION: Resolution 301 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association encourage the LCME, COCA, AAMC, and AACOM to continue the development of guidelines for medical student work-hour limits, time off after a 24-hour shift, and work-hour guidelines.

RESOLVED, that our American Medical Association support the development of national standards to act as the official guideline for medical student work-hour limits, time off after a 24-hour shift, and work-hour guidelines. (New HOD Policy)

Resolution 301 received mixed online testimony. The Council on Medical Education recommended this resolution be not adopted, explaining that current LCME and COCA requirements instruct medical schools to develop their own independent policies and this resolution is not the correct mechanism for advocacy. Other testimony was supportive of the resolution and offered amended language, including new language from the author. Your Reference Committee reviewed the proffered language and agrees it is appropriate to encourage ongoing work on guidelines, which differs from dictating specific policies. AAMC and AACOM were added to the proposed language as appropriate entities to develop guidelines in this area. Your Reference Committee therefore recommends that Resolution 301 be adopted as amended.

(4) RESOLUTION 304 - SYSTEMIC EXCLUSION OF IMGS FROM RESIDENCY PROGRAMS

RECOMMENDATION A:

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

RESOLVED, that our AMA ~~reaffirm~~ uphold its commitment to opposing discrimination against IMGs in all aspects of medical education and training;

RECOMMENDATION B:

Your Reference Committee recommends that the second and third resolves of Resolution 304 be deleted.

~~RESOLVED, that our AMA, through its Council on Medical Education, work with the Accreditation Council for Graduate Medical Education, the National Resident Matching Program, and Intealth to prohibit categorical exclusion of IMGs from residency applications; (Directive to Take Action); and be it further~~

~~RESOLVED, that our AMA, through its Council on Medical Education, advocate for mandatory transparency in residency program eligibility requirements, including IMG eligibility, published in a standardized and accessible format (Directive to Take Action).~~

RECOMMENDATION C:

Your Reference Committee recommends the addition of a new second resolve to read as follows:

RESOLVED, that our AMA will work with relevant parties to advocate for universal transparency of residency program eligibility requirements, including IMG eligibility and visa sponsorship policies, in electronic residency application systems and FREIDA™ to be published in a standardized, accessible format, to reduce unnecessary financial and emotional burdens on applicants;

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 304 be adopted as amended.

HOD ACTION: Resolution 304 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our AMA uphold its commitment to opposing discrimination against IMGs in all aspects of medical education and training; and be it further

RESOLVED, that our AMA will work with relevant parties to advocate for universal transparency of residency program eligibility requirements, including IMG eligibility and visa sponsorship policies, in electronic residency application systems and FREIDA™ to be published in a standardized, accessible format, to reduce unnecessary financial and emotional burdens on applicants.

RESOLVED, that our AMA reaffirm its commitment to opposing discrimination against IMGs in all aspects of medical education and training (Directive to Take Action); and be it

RESOLVED, that our AMA, through its Council on Medical Education, work with the Accreditation Council for Graduate Medical Education, the National Resident Matching Program, and Intealth to prohibit categorical exclusion of IMGs from residency applications; (Directive to Take Action); and be it further

RESOLVED, that our AMA, through its Council on Medical Education, advocate for mandatory transparency in residency program eligibility requirements, including IMG eligibility, published in a standardized and accessible format (Directive to Take Action).

Resolution 304 received mixed but favorable testimony. In the ORC, AMA staff provided AMA policies that could be considered for reaffirmation (H-255.988; D-310.977) in lieu of this resolution. The Council on Medical Education also recommended reaffirmation, citing H-255.988 and H-255.963, which was supported by another testimony. Others offered comments as well as amended language, emphasizing the critical importance of IMGs to the physician workforce, structural threats to IMGs, and gaps in policies suggested for reaffirmation.

In-person testimony favored a proposed alternate second resolve to replace the second and third resolves of the preliminary report. This alternate language, and testimony supportive of it, recognized that some programs are financially or logistically incapable of offering visa sponsorship, and focused on the vital importance of transparency in order to alleviate significant time and financial burdens on applicants and programs when IMGs unknowingly apply to programs that cannot consider them. Testimony also raised questions about lack of access to FREIDA™ for non-AMA members; therefore, language also includes reporting mechanisms other than FREIDA. Substantial testimony focused on the pros and cons of using the word “mandatory” regarding transparency. The Council on Medical Education and others noted that transparency, while vital, cannot realistically be mandated within the medical education community, as there is no mechanism to enforce it. Your Reference Committee also discussed the possibility that “mandatory” language could harm the process of work toward transparency by harming the AMA’s relationships and collaboration with the relevant parties. Your Reference Committee instead proffered “universal” language to reflect the spirit of the amendment: the goal of

full transparency within all residency application systems, as well as FREIDA when possible. Your Reference Committee recommends that Resolution 304 be adopted as amended.

(5) RESOLUTION 305 - PAID SICK LEAVE AND FLEXIBLE WORK ARRANGEMENTS FOR CAREGIVERS OF INDIVIDUALS WITH SPECIAL NEEDS, CHRONIC ILLNESS, OR ELDERLY PARENTS

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 305 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association amend H-420.979, "AMA Statement on Family, Medical, and Safe Leave," by addition as follows:

Our American Medical Association supports policies that provide employees with reasonable job security and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions, caregiving obligations, or reasons related to personal safety. Such policies should provide for reasonable periods of paid or unpaid:
1. Medical leave for the employee, including pregnancy, abortion, and stillbirth.
2. ~~Maternity and paternity~~ Parental leave for the employee.
3. Leave if medically appropriate to care for a member of the employee's ~~immediate~~ family, i.e., a spouse, children, ~~or elderly parents.~~ or other individual for whom the employee is the primary caregiver.
4. Leave for adoption or ~~for~~ foster care leading to adoption.
5. Safe leave provisions for those experiencing any instances of violence, including but not limited to intimate partner violence, sexual violence or coercion, and stalking.
6. Flexible work arrangements such as flexible work hours and the ability to work remotely~~.~~, without creating intolerable increases in the workloads of other physicians and students.

Such periods of leave may differ with respect to each of the foregoing classifications and may vary by categories of employers. Such policies should encourage voluntary programs by employers and may provide for appropriate legislation (with or without financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave

recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to achieve reasonable objectives recognizing the legitimate needs of employees and employers. Our AMA recognizes the positive impact of paid safe leave on public health outcomes and supports legislation that offers safe leave.

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 305 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA supports physicians ~~mothers~~ who are caregivers to alleviate physician burnout.

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 305 be adopted as amended.

RECOMMENDATION D:

Your Reference Committee recommends a change in title to read as follows:

PAID SICK LEAVE AND FLEXIBLE WORK ARRANGEMENTS FOR PHYSICIANS WHO ARE CAREGIVERS

HOD ACTION: Resolution 305 adopted as amended.

ADOPTED LANGUAGE:

PAID SICK LEAVE AND FLEXIBLE WORK ARRANGEMENTS FOR PHYSICIANS WHO ARE CAREGIVERS

RESOLVED, that our American Medical Association amend H-420.979, "AMA Statement on Family, Medical, and Safe Leave" to read as follows:

Our American Medical Association supports policies that provide employees with reasonable job security and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions, caregiving obligations, or reasons related to personal safety. Such policies should provide for reasonable periods of paid or unpaid:
1. Medical leave for the employee, including pregnancy, abortion, and stillbirth.
2. Parental leave for the employee.

3. Leave if medically appropriate to care for a member of the employee's family, i.e., a spouse, children, or other individual for whom the employee is the primary caregiver.
4. Leave for adoption or foster care leading to adoption.
5. Safe leave provisions for those experiencing any instances of violence, including but not limited to intimate partner violence, sexual violence or coercion, and stalking.
6. Flexible work arrangements such as flexible work hours and the ability to work remotely, without creating intolerable increases in the workloads of other physicians and students.

Such periods of leave may differ with respect to each of the foregoing classifications and may vary by categories of employers. Such policies should encourage voluntary programs by employers and may provide for appropriate legislation (with or without financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to achieve reasonable objectives recognizing the legitimate needs of employees and employers. Our AMA recognizes the positive impact of paid safe leave on public health outcomes and supports legislation that offers safe leave.

RESOLVED, that our AMA supports physicians who are caregivers to alleviate physician burnout.

RESOLVED, that our American Medical Association that our American Medical Association amend H-420.979, "AMA Statement on Family, Medical, and Safe Leave", by addition as follows:

Our American Medical Association supports policies that provide employees with reasonable job security and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions, caregiving obligations, or reasons related to personal safety. Such policies should provide for reasonable periods of paid or unpaid:

1. Medical leave for the employee, including pregnancy, abortion, and stillbirth.
2. Maternity and paternity leave for the employee.
3. Leave if medically appropriate to care for a member of the employee's immediate family, i.e., a spouse, ~~or~~ children, or elderly parents.
4. Leave for adoption or for foster care leading to adoption.
5. Safe leave provisions for those experiencing any instances of violence, including but not limited to intimate partner violence, sexual violence or coercion, and stalking.
6. Flexible work arrangements such as flexible work hours and the ability to work remotely.

Such periods of leave may differ with respect to each of the foregoing classifications and may vary with reasonable categories of employers. Such policies should encourage voluntary programs by employers and may provide for appropriate legislation (with or without financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to achieve reasonable objectives recognizing the legitimate needs of employees and employers.

Our AMA recognizes the positive impact of paid safe leave on public health outcomes and supports legislation that offers safe leave; and be it further

RESOLVED, that our AMA supports physician mothers who are caregivers to alleviate physician burnout.

Resolution 305 received mixed, but favorable online testimony. The Council on Medical Education offered amended language for the first resolve and suggested that the second resolve be not adopted. Most of the testimony favored adoption with amended language to make the policy more inclusive and consistent with AMA principles of equity. There was also testimony to request the word “elderly” be omitted since not all parents may be considered elderly. Reference Committee recommends that Resolution 305 be adopted as amended with a change in title.

(6) RESOLUTION 306 - SUPPORT FOR PAID PRENATAL LEAVE

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 306 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association supports policies that provide physician employees~~,~~ ~~particularly larger organizations and those with the capacity and resources,~~ with paid leave for routine prenatal care or any medical care related to pregnancy in addition to other existing forms of leave.

RECOMMENDATION B

Your Reference Committee recommends that the second resolve of Resolution 306 be deleted.

~~RESOLVED, that our AMA supports the creation of state sponsored programs that cover family and medical leave.~~

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 306 be adopted as amended.

RECOMMENDATION D:

Your Reference Committee recommends a change in title to read as follows:

SUPPORT FOR PAID LEAVE FOR PRENATAL CARE

HOD ACTION: Resolution 306 adopted as amended.

ADOPTED LANGUAGE:

SUPPORT FOR PAID LEAVE FOR PRENATAL CARE

RESOLVED, that our American Medical Association supports policies that provide physician employees with paid leave for routine prenatal care or any medical care related to pregnancy in addition to other existing forms of leave.

RESOLVED, that our American Medical Association supports policies that provide employees, particularly larger organizations and those with the capacity and resources, with paid leave for prenatal care or any medical care related to pregnancy in addition to other existing forms of leave; and be it further

RESOLVED, that our AMA supports the creation of state sponsored programs that cover family and medical leave.

Resolution 306 received mixed but favorable online testimony. While some testimony favored adoption as written, others offered comments and amended language for consideration. One testimony proffered an amended title that reads, “Support for Paid Leave for Prenatal Care.” Your Reference Committee agrees with the change in title. Your Reference Committee recommends that Resolution 306 be adopted as amended with a change in title.

(7) RESOLUTION 307 - INTEGRATING ARTIFICIAL INTELLIGENCE (AI) LITERACY INTO UME, GME, AND CME

RECOMMENDATION A:

Your Reference Committee recommends that the second resolve of Resolution 307 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA collaborate with ~~LCME and ACGME~~ medical organizations to recognize AI literacy elements ~~within accreditation and program requirements~~ where appropriate (Directive to Take Action);

RECOMMENDATION B:

Your Reference Committee recommends that the third resolve of Resolution 307 be amended by addition to read as follows:

RESOLVED, that our AMA support AI CME offerings to upskill the current workforce

RECOMMENDATION C:

Your Reference Committee recommends that the fourth resolve of Resolution 307 be adopted by addition and deletion to read as follows:

RESOLVED, that our AMA advocate for funding and faculty-development resources to implement and evaluate ~~such~~ AI training initiatives (Directive to Take Action);

RECOMMENDATION D:

Your Reference Committee recommends that the fifth resolve of Resolution 307 be deleted.

~~RESOLVED, that our AMA report back on progress, including uptake metrics, learner outcomes, and best practices for equitable implementation across diverse institutions.~~

RECOMMENDATION E:

Your Reference Committee recommends that Resolution 307 be adopted as amended.

RECOMMENDATION F:

Your Reference Committee recommends a change in title to read as follows:

INTEGRATING AUGMENTED INTELLIGENCE (AI) LITERACY INTO UME, GME, AND CME

HOD ACTION: Resolution 307 adopted as amended.

ADOPTED LANGUAGE:

INTEGRATING AUGMENTED INTELLIGENCE (AI) LITERACY INTO UME, GME, AND CME

RESOLVED, that our American Medical Association develop and disseminate model AI learning objectives and curricular toolkits aligned with existing AMA policy and AAMC principles; and be it further

RESOLVED, that our AMA collaborate with medical organizations to recognize AI literacy elements where appropriate; and be it further

RESOLVED, that our AMA support AI CME offerings to upskill the current workforce; and be it further

RESOLVED, that our AMA advocate for funding and faculty-development resources to implement and evaluate AI training initiatives.

RESOLVED, that our American Medical Association develop and disseminate model AI learning objectives and curricular toolkits aligned with existing AMA policy and AAMC principles; and be it further

RESOLVED, that our AMA collaborate with LCME and ACGME to recognize AI literacy elements within accreditation and program requirements where appropriate; and be it further

RESOLVED, that our AMA support CME offerings to upskill the current workforce; and be it further

RESOLVED, that our AMA advocate for funding and faculty-development resources to implement and evaluate such training initiatives; and be it further

RESOLVED, that our AMA report back on progress, including uptake metrics, learner outcomes, and best practices for equitable implementation across diverse institutions**.**

Resolution 307 received mixed but mostly favorable online testimony. One testimony favored not adoption, indicating that the resolution appears to seek a curriculum mandate. Several testimonies made reference to the work the AMA is presently doing in this space, including the recent establishment of the Center for Digital Health and AI. While some

testimony favored adoption, others offered amended language. The Council on Medical Education recommended the following actions: the first resolve be adopted; the second, third, and fourth resolves be amended; and the fifth resolve not be adopted. Other testimony concurred with the Council. Your Reference Committee acknowledges the term "augmented intelligence" (AI) as a conceptualization of artificial intelligence that focuses on AI's assistive role, emphasizing that its design enhances human intelligence rather than replaces it. Thus, your Reference Committee recommends that Resolution 307 be adopted as amended with a change in title.

(8) RESOLUTION 308 - ENHANCING THE PATHWAY FOR BLACK MALE MEDICAL STUDENTS

RECOMMENDATION A:

Your Reference Committee recommends that the fifth resolve of Resolution 308 be amended by addition to read as follows:

RESOLVED, that our AMA encourage collaboration between our AMA, medical schools, HBCUs, and community organizations to increase pathways for Black male students in medicine.

RECOMMENDATION B:

Your Reference Committee recommends that the second and third resolves of Resolution 308 be deleted.

RECOMMENDATION C:

Your Reference Committee recommends that policies H-305.925, D-200.982, D-200.980 and H-295.851 be reaffirmed.

RECOMMENDATION D:

Your Reference Committee recommends that Resolution 308 be adopted as amended.

HOD ACTION: Resolution 308 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that, consistent with applicable laws, our American Medical Association support the development and funding of comprehensive mentorship programs connecting Black male pre-medical students with physician mentors, guiding academic preparation, MCAT preparation, the medical school application process, and career development; and be it further

RESOLVED, that, consistent with applicable laws, our AMA support the development of leadership training programs for Black male physicians, equipping them with the skills and knowledge to assume leadership roles in academic medicine, healthcare administration, and public health; and be it further

RESOLVED, that our AMA encourage collaboration between our AMA, medical schools, HBCUs, and community organizations to increase pathways for Black male students in medicine.

Policies H-305.925, D-200.982, D-200.980 and H-295.851 be reaffirmed.

RESOLVED, that, consistent with applicable laws, our American Medical Association support the development and funding of comprehensive mentorship programs connecting Black male pre-medical students with physician mentors, guiding academic preparation, MCAT preparation, the medical school application process, and career development; and be it further

RESOLVED, that, consistent with applicable laws, our AMA promote the expansion of loan repayment programs specifically designed to incentivize physicians to practice in underserved communities, where Black male populations are often concentrated; and be it further

RESOLVED, that, consistent with applicable laws, our AMA develop faculty to promote unbiased assessment of the performance of medical learners to reduce disparities in medical school matriculation; and be it further

RESOLVED, that, consistent with applicable laws, our AMA support the development of leadership training programs for Black male physicians, equipping them with the skills and knowledge to assume leadership roles in academic medicine, healthcare administration, and public health; and be it further

RESOLVED, that our AMA encourage collaboration between our AMA, medical schools, HBCUs, and community organizations.

Resolution 308 received supportive online testimony. The Council on Medical Education was in favor of the first and fourth resolves, but not the fifth resolve, and suggested that policies be reaffirmed in lieu of the second and third resolves. One testimony concurred with the Council. Other testimony was supportive of adoption, including additional testimony from the author that stressed the value that Black men bring to the physician workforce. Your Reference Committee concurs with the Council on the first four resolves. Your Reference Committee supports retaining the fifth resolve, including the Council's added language to make the purpose of the collaboration clearer. Your Reference Committee recommends that Resolution 308 be adopted as amended.

(9) RESOLUTION 309 - REASONABLE WORKPLACE ACCOMMODATIONS FOR RESIDENTS AND FELLOWS DURING PREGNANCY

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 309 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association ~~work~~ advocate that ~~with~~ relevant ~~stakeholders~~ parties ~~to support the implementation of the following guidelines for all residency training programs:~~
~~a) Programs should~~ provide evidence-based accommodations for all pregnant physician trainees and physician staff~~, such as opting out of night shifts during the first and third trimesters and attending scheduled medical appointments,~~ and should implement them in such a way that they do not place an ~~increased~~ intolerable burden of work on other physician trainees and physician staff; and ~~b)~~ ~~Scheduling for pregnant physicians in the third trimester should prioritize rotations with easily cancellable/coverable shifts to~~ minimize departmental disruption in the event of medical necessity or early delivery; (Directive to Take Action) and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 309 be amended by addition to read as follows:

RESOLVED, that our AMA supports evidence-based policies and procedures which prioritize the safety and well-being of all pregnant physicians. (New HOD Policy)

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 309 be adopted as amended.

HOD ACTION: Resolution 309 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association advocate that relevant parties provide evidence-based accommodations for all pregnant physician trainees and physician staff and should implement them in such a way that they do not place an intolerable burden of work on other physician trainees and physician staff, and minimize departmental disruption in the event of medical necessity or early delivery; and be it further

RESOLVED, that our AMA supports evidence-based policies and procedures which prioritize the safety and well-being of all pregnant physicians.

RESOLVED, that our American Medical Association (AMA) work with relevant stakeholders to support the implementation of the following guidelines for all residency training programs:

a. Programs should provide evidence-based accommodations for pregnant trainees, such as opting out of night shifts during the first and third trimesters and attending scheduled medical appointments, and should implement them in such a way that they do not place an increased burden of work on other trainees; and
b. Scheduling for pregnant physicians in the third trimester should prioritize rotations with easily cancellable/coverable shifts to minimize departmental disruption in the event of medical necessity or early delivery; and be it further

RESOLVED, that our AMA supports evidence-based policies and procedures which prioritize the safety and well-being of pregnant physicians.

Resolution 309 received mixed testimony. Online testimony noted concerns about the over-prescriptive nature of the first resolve as well as concerns about exerting prioritization in the second resolve, while other testimony favored the resolution. In-person testimony was provided offering amendments by addition and deletion to address these concerns. Other testimony favored these amendments. Your Reference Committee also supports the amendments and offered additional amendments to each resolve to further clarify the intent of the testimony. Thus, your Reference Committee recommends that Resolution 309 be adopted as amended.

(10) RESOLUTION 310 - REMEDYING THE HARMS OF AMA'S ROLE IN THE FLEXNER REPORT

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 310 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association (AMA) partner with relevant public and private sector organizations and ~~community stakeholders~~ relevant parties to promote ~~make a transformative financial investment into~~ the opening of new medical schools and sustainability of existing medical schools affiliated with Historically Black Colleges & Universities (HBCUs), Tribal Colleges & Universities (TCUs), and other Minority Serving Institutions (MSIs)~~,~~ ~~remedying the harms of the 1910 Flexner Report in regards to the diversity of the physician workforce, and advancing population health equity~~ (Directive to Take Action); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 310 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA prioritize our organization's efforts to bolster diversity, equity, and inclusion across the medical education continuum, as part of our strategic commitments towards restorative justice to promote truth, reconciliation, and healing in medicine and medical education, and to address ~~remedying~~ the harms of the 1910 Flexner Report~~, diversifying the physician workforce, and advancing population health equity~~.

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 310 be adopted as amended.

RECOMMENDATION D:

Your Reference Committee recommends a change in title to read as follows:

ADDRESSING THE HARMS OF AMA'S ROLE IN THE FLEXNER REPORT

HOD ACTION: Alternate Resolution 310 adopted in lieu of 310.

ADOPTED LANGUAGE:

ADDRESSING THE HARMS OF AMA'S ROLE IN THE FLEXNER REPORT

RESOLVED, that our American Medical Association (AMA) partner with relevant public and private sector organizations and relevant parties to advance restorative efforts that address the harms of the 1910 Flexner Report by promoting and supporting the development, opening, and/or reopening of medical schools in historically marginalized and underserved communities, including those affiliated with Historically Black Colleges & Universities (HBCUs), Tribal Colleges & Universities (TCUs), and Minority-Serving Institutions (MSIs) through collaborative feasibility assessments, resource development partnerships, and community-guided planning processes, among others; and be it further

RESOLVED, that our AMA prioritize our organization's efforts to bolster diversity, equity, and inclusion across the medical education continuum, including but not limited to supporting structural pathways, culturally responsive curricula, and accountability mechanisms that strengthen recruitment, retention, and advancement of historically marginalized groups in medicine.

RESOLVED, that our American Medical Association (AMA) partner with relevant public and private sector organizations and community stakeholders to make a transformative financial investment into the opening of new medical schools and sustainability of existing medical schools affiliated with Historically Black Colleges & Universities (HBCUs), Tribal Colleges & Universities (TCUs), and other Minority Serving Institutions (MSIs), remedying the harms of the 1910 Flexner Report in regards to the diversity of the physician workforce, and advancing population health equity; and be it further

RESOLVED, that our AMA prioritize our organization's efforts to bolster diversity, equity, and inclusion across the medical education continuum, as part of our strategic commitments to remedying the harms of the 1910 Flexner Report, diversifying the physician workforce, and advancing population health equity.

Resolution 310 received mixed online and in-person testimony. The Council on Medical Education originally recommended this resolution not be adopted, explaining the first resolve would be a conflict of interest since the AMA is a co-sponsor of the LCME that accredits medical schools. Further, they expressed concern that the fiscal note would fall outside of the AMA's current strategic plan and budget. This concern was further amplified by the Board of Trustees who testified that the projected implementation costs, approximately in excess of $1B, exceed the organization's available financial resources. The Council on Medical Education proffered amended language to support the spirit of the resolution. Other testimony favored adoption of the original language. Your Reference Committee agrees with the spirit of this resolution, the recognition of harms cause by the AMA's role in the Flexner Report, as acknowledged in policy H-350.960, and the importance of action towards restorative justice. However, Your Reference Committee is also sensitive to the significant fiscal impact adoption of this resolution would have on the organization. Your Reference Committee believes the amended language proffered by the Council, with modifications, provides a pathway for AMA to continue making meaningful contributions towards the development of a diverse workforce that can meet the needs of the U.S. population while being fiscally solvent. Therefore, your Reference Committee recommends that Resolution 310 be adopted as amended.

(11) RESOLUTION 311 - GENDER AND URIM DISPARITIES IN SURGICAL TRAINING VOLUMES

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 311 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association recognizes gender- and underrepresented in medicine ~~URiM~~-based disparities in procedural and surgical case training volumes as an equity issue in graduate medical education, distinct from resident competency (New HOD Policy); and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 311 be deleted.

~~RESOLVED, that our AMA advocate for the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards to collect and publish aggregate, de-identified surgical case volume data stratified by gender and URiM status (Directive to Take Action); and be it further~~

RECOMMENDATION C:

Your Reference Committee recommends the addition of a new second resolve to read as follows:

RESOLVED, that our AMA encourage the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards to collect aggregate, de-identified procedural and surgical case volume data stratified by gender and underrepresented in medicine status, and to make these data available through a controlled-access process to institutional leaders and residency and fellowship programs (Directive to Take Action).

RECOMMENDATION D:

Your Reference Committee recommends that the third resolve of Resolution 311 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA encourage ~~advocate that surgical~~ residency and fellowship programs to implement ~~monitoring~~ mechanisms to promote equitable ~~procedure~~ procedural and surgical case allocation, while recognizing ~~reaffirming~~ that all graduates must meet established training requirements (Directive to Take Action); and be it further

RECOMMENDATION E:

Your Reference Committee recommends that the fourth resolve of Resolution 311 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA encourage ~~support~~ the development and dissemination of best practices to include~~—including~~ mentorship and ~~initiatives,~~ equitable ~~case~~ distribution systems~~, and supportive leave policies—~~to ensure fairness in procedural and surgical ~~operative~~ case experience across all ~~surgical~~ specialties (New HOD Policy)

RECOMMENDATION F:

Your Reference Committee recommends that Resolution 311 be adopted as amended.

RECOMMENDATION G:

Your Reference Committee recommends a change in title to read as follows:

GENDER AND UNDERREPRESENTED IN MEDICINE DISPARITIES IN PROCEDURAL AND SURGICAL TRAINING VOLUMES

HOD ACTION: Resolution 311 adopted as amended.

ADOPTED LANGUAGE:

GENDER AND UNDERREPRESENTED IN MEDICINE DISPARITIES IN PROCEDURAL AND SURGICAL TRAINING VOLUMES

RESOLVED, that our American Medical Association recognizes gender- and underrepresented in medicine-based disparities in procedural and surgical case training volumes as an equity issue in graduate medical education, distinct from resident competency; and be it further

RESOLVED, that our AMA encourage the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards to collect aggregate, de-identified procedural and surgical case volume data stratified by gender and underrepresented in medicine status, and to make these data available through a controlled-access process to institutional leaders and residency and fellowship programs; and be it further

RESOLVED, that our AMA encourage residency and fellowship programs to implement mechanisms to promote equitable procedural and surgical case allocation, while recognizing that all graduates must meet established training requirements; and be it further

RESOLVED, that our AMA encourage the development and dissemination of best practices to include mentorship and equitable ~~case~~ distribution systems to ensure fairness in procedural and surgical case experience across all specialties.

RESOLVED, that our American Medical Association recognize gender- and URiM-based disparities in surgical training volumes as an equity issue in graduate medical education, distinct from resident competency (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards to collect and publish aggregate, de-identified

surgical case volume data stratified by gender and URiM status (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that surgical residency and fellowship programs implement monitoring mechanisms to promote equitable case allocation, while reaffirming that all graduates meet established training requirements (Directive to Take Action); and be it further

RESOLVED, that our AMA support the development and dissemination of best practices—including mentorship initiatives, equitable case distribution systems, and supportive leave policies—to ensure fairness in operative experience across all surgical specialties (Directive to Take Action)

Resolution 311 received mixed, but favorable testimony. While some testimony supported adoption, others offered amended language. Some testimony suggested inclusion of "procedural" rather than only those performed during surgical training throughout the resolution; Your Reference Committee concurred. In-person testimony offered alternate language for the second resolve to address surgical case volume and others supported it. Your Reference Committee also supported the alternate second resolve. Further, Your Reference Committee offered amendments to the others three resolves as well as the title to clarify points raised. Thus, Your Reference Committee recommends that Resolution 311 be adopted as amended with a change in title.

(12) RESOLUTION 313 - HARDSHIP FOR INTERNATIONAL MEDICAL GRADUATES FROM PALESTINE

RECOMMENDATION A:

Your Reference Committee recommends that the first resolve of Resolution 313 be amended by addition and deletion to read as follows:

RESOLVED, that our American Medical Association advocate with relevant parties ~~stakeholders~~ that advise state medical boards to develop alternative pathways such as a hardship waiver for primary source verification of medical education for all licensing requirements for physicians who graduated from medical schools in regions of humanitarian crisis or conflict zones, including Palestine ~~until the current humanitarian crisis in Palestine is resolved~~; and be it further

RECOMMENDATION B:

Your Reference Committee recommends that the second resolve of Resolution 313 be amended by addition and deletion to read as follows:

RESOLVED, that our AMA advocate with relevant parties ~~stakeholders~~ to consider waiving the requirement that the Statement of Need for visa application come directly from a federal/central Ministry of Health office for physicians from regions of humanitarian crisis or conflict zones, including Palestinian physicians, who matched to residency or fellowship in the U.S. ~~until the resolution of the current humanitarian crisis in Palestine~~.

RECOMMENDATION C:

Your Reference Committee recommends that Resolution 313 be adopted as amended.

RECOMMENDATION D:

Your Reference Committee recommends a change in title to read as follows:

HARDSHIP FOR INTERNATIONAL MEDICAL GRADUATES IN HUMANITARIAN CRISIS OR CONFLICT ZONES

HOD ACTION: Resolution 313 referred.

RESOLVED, that our American Medical Association (AMA) advocate with relevant stakeholders that advise state medical boards to develop alternative pathways such as a hardship waiver for primary source verification of medical education for all licensing requirements for physicians who graduated from medical schools in Palestine until the current humanitarian crisis in Palestine is resolved; and be it further

RESOLVED, that our AMA advocate with relevant stakeholders to consider waiving the requirement that the Statement of Need for visa application come directly from a federal/central Ministry of Health office for Palestinian physicians who matched to the residency or fellowship in the U.S. until the resolution of the current humanitarian crisis in Palestine.

Resolution 313 was not available in the ORC and only received in-person testimony. Testimony was mixed, though all supported the spirit of the resolution and acknowledged the moral imperative to support those experiencing hardships from humanitarian crises. Some testimony noted existing policy, such as D-255.974, D-275.989, and a previous Council report, Challenges to Primary Source Verification of International Medical

Graduates Resulting from International Conflict, and advocated for either reaffirmation or amendment of policy to focus on humanitarian crises more generally rather than naming specific groups. One individual suggested referral, but other testimony did not support this. Additional testimony noted that AMA policy has precedent for naming specific groups, such as Ukraine in past policy, and emphasized the significant challenges experienced by Palestinian physicians, including the U.S. federal government's suspension of visas for Palestinians specifically.

Some testimony expressed concerns about varying definitions of Palestine, though Council on Medical Education testimony noted that the Educational Commission for Foreign Medical Graduates maintains a definition for Palestine relevant to their verification work. One amendment, supported by the resolution author, was offered to recognize hardships for Palestinian physicians while not limiting policy to this group. The Council noted that advocacy on these matters should not be limited by the end of an immediate humanitarian crisis, as even after crises are resolved, there may still be hardships with verification, or normal verification processes may resume even amidst crises. Your Reference Committee supports the spirit of this resolution and discussed balancing the immediate needs of this specific group with policy that stays evergreen in future situations. Your Reference Committee offered a change in title to align with this amendment. Your Reference Committee recommends that Resolution 313 be adopted as amended with a change in title.

This concludes the report of Reference Committee C. I would like to thank Reference Committee members Marygrace Elson, MD, MME, Amit Ghose, MD, Rohini Guin, Raymond Lorenzoni, MD, Debra Perina, MD, and Cliff Sullivan, MD; staff persons Lena Drake, Amber Ryan, MEd, and Tanya Lopez, MS; and all those who testified before the Committee.

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

Amit Ghose, MD
Michigan

Rohini Guin, MD PhD candidate
Regional Medical Student
Renaissance School of Medicine, Stony Brook University

Raymond Lorenzoni, MD
Connecticut

Debra Perina, MD
American College of Emergency Physicians

H. Clifford Sullivan III, MD
American Society for Clinical Pathology

Rose Berkun, MD
Florida
Chair