CME Report 01  Competency of Senior Physicians
 Creates and encourages distribution of guiding principles for assessment of senior/late career physicians; namely, assessment of senior/late career physicians should be evidence-based, ethical, relevant, accountable, fair and equitable, transparent, supportive, and cost conscious. It also encourages appropriate organizations to create educational materials on the effect of age on physician practice.

CME Report 03  Developing Physician-Led Public Health / Population Health Capacity in Rural Communities
 Highlights mechanisms by which physicians can gain experience and expertise in public and population health, as well as highlighting the need for public and population health leaders based on changing demographics in our country. Reaffirms current AMA policies and asks that appropriate organizations highlight educational opportunities in public and population health to interested physicians, particularly those underrepresented in the field and in medicine.

CME Report 04  Reconciliation of AMA Policy on Primary Care Workforce
 Report consolidating existing AMA policies related to the primary care workforce. Eliminates redundant, outdated, and conflicting policy and instead recommends the adoption of new policy resulting from collating all prior policies.

CME Report 05  Reconciliation of AMA Policy on Medical Student Debt
 Review and reconciliation of multiple prior AMA policies concerning medical student debt, with a new collated policy proposed.

CME Report 06  Reconciliation of AMA Policy on Resident/Fellow Contracts and Duty Hours
 Review and reconciliation of multiple prior AMA policies concerning resident and fellow contracts and duty hours, with a new collated policy proposed.

951  Prevention of Physician and Medical Student Suicide
 AMA to ask the AAMC and ACGME to collect data on medical student, resident, and fellow suicides in hopes of identifying risk factors and patterns that can predict and prevent such events from occurring.

952  IMG Section Member Representation on Committees/Task Forces/Councils
 Asks that the AMA encourage the Educational Commission for Foreign Medical Graduates (ECFMG), which certifies IMGs to practice in the United States, to increase the number of IMGs sitting on their councils, committees, and/or task forces commensurate with the percentage of IMGs practicing in the US. According to the report, it appears that ECFMG currently only has one IMG on the organization’s Board of Trustees.

953  Support for the Income-Driven Repayment Plans
 Asks that the AMA advocate for continuation of federal programs, such as income-driven repayment (IBR), which aim to reduce the burden of medical school loans.

954  VHA GME Funding
 In light of the passage of the VHA Mission Act, which continues a costly Veterans Affairs program allowing vets to obtain community-based care if no VA-associated specialty provider is located within a certain distance, this resolution asks for preservation of VHA GME funding and asks that the AMA advocate for and continue to support expansion of VA-funded GME positions.

955  Equality for COMLEX and USMLE
Encourages all residency programs to accept both USMLE and COMPLEX scores when evaluating candidates for their institution, and asks appropriate organizations to educate resident program directors on the use of COMPLEX scores in evaluating applicants. Despite the recent ‘single accreditation system’ created for residencies, whereby ACGME- and AOA-accredited GME programs are accredited by one set of standards, current evidence shows that ACGME-accredited residency program directors are more comfortable evaluating a residency applicant using USMLE (MD student) scores than COMPLEX (DO student) scores. Accordingly, fewer residency program directors are using COMPLEX scores when evaluating applicants.

**Increasing Rural Rotations During Residency**
A dearth of residents end up practicing in rural locations in the United States, and this is thought to be partly due to a lack of medical training in rural locales. Therefore, this resolution asks that the AMA work with appropriate organizations to encourage rural physicians to serve as preceptors for residents, decrease regulations that would prevent residents from training in rural locations, and decrease burdensome paperwork requirements that may prevent rural preceptors from participating in residency training. Also asks that state and specialty societies as well as other organizations identify rural clinicians who could serve as preceptors to residents. Additionally, asks that the AMA study strategies for increasing rural training opportunities in residencies with a report back to the HoD.

**Board Certifying Bodies**
Asks the AMA to study existing certifying bodies that serve a similar role as the American Board of Medical Specialties (ABMS) and comment on their qualifications as an organization, as well as offering an opinion as to which organizations should be allowed to certify physicians in each state. Also asks that the AMA draft model state legislation that would allow states to utilize ABMS in addition to other certifying agencies for physician certification, and which would also decouple MOC as a requirement for board recertification. This would allow for competition between ABMS and other certifying organizations, thus potentially improving the cost for physicians and the quality of certifying services offered.

**Protect Physician-led Medical Education**
Asks that the AMA, through the ACGME and LCME, advocate that med students, residents, and fellows be trained by physicians and not primarily by non-physician members of the medical team. Also encourages the LCME and ACGME to educate medical students, residents, and fellows about their right to be trained by physicians, as well as actions that can be taken to report violations.

**Improve Physician Health Programs**
Amend existing AMA policy asking that Physician Health Programs (PHPs) function more independently of organizations that may result in conflicts of interest and thus negatively impact participating physicians. Also asks that PHPs allow participating physicians to access more than one type of treatment program when appropriate.

**RESOLUTIONS FOR DISCUSSION**

**National Health Service Corp**
Seeks to change National Health Service Corp (NHSC) eligibility criteria to include primary care physicians working in health professional shortage areas (HPSAs) as inpatient hospitalists, as the program currently only accepts primary care doctors working in outpatient ambulatory settings in HPSAs. The goal of the NHSC is to increase access to primary care, and while hospitalists provide a crucial role in the health system and community, inpatient hospital care likely does not fall within the scope of the NHSC’s mission.
Physician and Medical Student Mental Health and Suicide
Asks that the AMA create a new Physician and Medical Student Suicide Prevention Committee with the goal of addressing suicides and mental health disease in physicians and medical students. This committee would seek policy change addressing med student/physician burnout, career satisfaction, and the stigma of mental health issues. Importantly, it would also establish (either through the AMA or an outside organization) a 24/7/365 mental health hotline staffed by mental health professionals created specifically for physicians and physicians-in-training. The only thing I want our delegation to discuss is the AMA’s creation of the 24/7 hotline, the cost of and feasibility of such a project, and any data supporting the use of hotlines as a mechanism for suicide prevention.

Inadequate Residency Slots
Asks that the AMA seek to establish parity between the number of graduating medical students and the number of available residency positions nationwide, whereby an increase in medical school enrollment would be matched by a commensurate increase in residency positions. Also asks the AMA to advocate for increases in GME funding and loan repayment options for non-matched medical students. The second resolved is reaffirmation, while the first may have unintended consequences on the physician workforce in the setting of an existing physician shortage.