

REFERENCE COMMITTEE C – (Medical Education)
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
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Please list two questions for the Candidate Interviews based on the topics represented within your reference committee?

1. Please share your ideas for addressing the medical student debt crisis.
2. Please tell us how you may propose to improve mental health care for medical students & house officers.

RESOLUTIONS FOR DISCUSSION

CME Report 0 3

Standardizing the Residency Match System and Timeline

1. That our AMA encourage appropriate stakeholders to explore options to decrease the burden upon medical students who must apply to separate preliminary PGY-1 and categorical PGY-2 positions.
2. That our AMA work with the Accreditation Council for Graduate Medical Education to encourage programs with PGY-2 positions in the National Resident Matching Program (NRMP) to create local PGY-1 positions that will enable coordinated applications and interviews for medical students. (Directive to Take Action)
3. That our AMA encourage the NRMP to design a process that will allow competency-based 2 student graduation and off-cycle entry into residency programs. (Directive to Take Action)
4. That our AMA encourage the NRMP, the San Francisco Match, the American Urological Association, the Electronic Residency Application Service, and other stakeholders to reduce 6 barriers for medical students, residents, and physicians applying to match into training programs, and to ensure that all applicants have access to robust, informative statistics to assist in decision-making.

CME Report 0 4

Augmented Intelligence in Medical Education

1. That our American Medical Association (AMA) encourage accrediting and licensing bodies to study how AI should be most appropriately addressed in accrediting and licensing standards.
2. That our AMA encourage medical specialty societies and boards to consider production of specialty-specific educational modules related to AI
3. That our AMA encourage research regarding the effectiveness of AI instruction in medical education on learning and clinical outcomes.
4. Etc, Include use of data training across the continuum of education

CME Report 0 6

Study of Medical Student, Resident, and Physician Suicide

1. That our American Medical Association (AMA) explore the viability and cost-effectiveness of regularly collecting National Death Index (NDI) data and maintaining manner of death information for physicians, residents, and medical students listed as deceased in the AMA Physician Masterfile for long-term studies. (Directive to Take Action)
2. That our AMA monitor progress by the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education (ACGME) to collect data on medical student and resident/fellow suicides to identify patterns that could predict such events. (Directive to Take Action)
3. That our AMA supports the education of faculty members, residents and medical students in the recognition of the signs and symptoms of burnout and depression and supports access to free, confidential, and immediately available stigma-free behavioral health services. (Directive to Take Action)
4. That our AMA collaborate with other stakeholders to study the incidence of suicide among physicians, residents, and medical students. (Directive to Take Action)

323 (TX)

Improving Access to Care in Medically Underserved Areas Through Project ECHO and the Child Psychiatry Access Project Model

1. RESOLVED, That our American Medical Association promote greater awareness and implementation of the Project ECHO (Extension for Community Healthcare Outcomes) and Child Psychiatry Access Project models among academic health centers and community-based primary care physicians (Directive to Take Action); and be it further
2. RESOLVED, That our AMA work with stakeholders to identify and mitigate barriers to broader implementation of these models in the United States (Directive to Take Action); and be it further

3. **RESOLVED**, That our AMA monitor whether health care payers offer additional payment or incentive payments for physicians who engage in clinical practice improvement activities as a result of their participation in programs such as Project ECHO and the Child Psychiatry Access Project; and if confirmed, promote awareness of these benefits among physicians. (Directive to Take Action)

312 (IMGs) Unmatched Medical Graduates to Address the Shortage of Primary Care Physicians

1. our American Medical Association advocate for the state medical boards to accept medical graduates who have passed USMLE Steps 1 and 2 as their criterion for limited license, thus using the existing physician workforce of trained and certified physicians in the primary care field and allowing them to get some credit towards their residency training as is being contemplated in Utah
2. our AMA work with regulatory, licensing, medical, and educational entities dealing with physician workforce issues: the American Board of Medical Specialties, the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education, Accreditation Council for Graduate Medical Education (ACGME), the Federation of State Medical Boards, and the National Medical Association work together to integrate unmatched physicians in the primary care workforce in order to address the projected physician shortage.

314 (RFS) Evaluation of Changes to Residency and Fellowship Application and Matching Processes

1. our American Medical Association support proposed changes to residency and fellowship application requirements only when (a) those changes have been evaluated by working groups which have students and residents as representatives; (b) there are data which demonstrates that the proposed application components contribute to an accurate representation of the candidate; (c) there are data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds; and (4) the costs to medical students and residents are mitigated
2. our AMA oppose the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application process until such time as the above conditions are met
3. our AMA continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program and other relevant stakeholders to improve the application process in an effort to accomplish these requirements

317 (RFS) A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities

our American Medical Association work with relevant stakeholders to study available data on medical trainees with disabilities and consider revision of technical standards for medical education programs

319# Adding Pipeline Program Participation Questions to Medical School Applications

1. our American Medical Association collaborate with the Association of American Medical Colleges (AAMC) and other stakeholders to coalesce the data to create a question for the AAMC electronic medical school application to allow applicants to identify previous pipeline program participation to determine the effectiveness of pipeline programs those who are underrepresented in medicine in their decisions to pursue careers in medicine
2. our AMA develop a plan to analyze the data once this question is implemented with input from key stakeholders, including AAMC, the Accreditation Council for Graduate Medical Education, and interested medical societies and premed pipeline programs.

320# Opioid Education in Medical Schools

our American Medical Association work with the Liaison Committee on Medical Education to include formalized opioid and related substance use disorder training using an evidence-based multidisciplinary approach in the curriculum of accredited medical schools.

322# Support for the Study of the Timing and Causes for Leave of Absence and Withdrawal from United States Medical Schools

our American Medical Association support the study of factors surrounding leaves of absence and withdrawal from allopathic and osteopathic medical education programs, including the timing of and reasons for these actions, as well as the sociodemographic information of the students involved.

CONSENT CALENDAR FOR DENIAL

302 The Climate Change Lecture for US Medical Schools
(Am. Assoc. of PH MDs)

Our AMA recommend 1 hour lecture on climate change science be required in medical and osteopathic schools, prepare a prototype PowerPoint slide presentation & present this resolution to the World Medical Association

CONSENT CALENDAR FOR APPROVAL

BOT Report 2 5 All Payer Graduate Medical Education Funding

Encourages the Secretary of the U.S. Department of Health and Human Services to coordinate with federal agencies that fund GME training to identify and collect information needed to effectively evaluate how hospitals, health systems, and health centers with residency programs are utilizing these financial resources to meet the nation's health care workforce needs.

CME Report 0 1 Council on Medical Education Sunset Review of 2009 House Policies
Standard annual report on sunseting policies

CME Report 0 2 Update on Maintenance of Certification and Osteopathic Continuous Certification
Annual required report; calls on AMA to pursue opportunities to implement the recommendations of the Continuing Board Certification: Vision for the Future Commission and AMA policies related to continuing board certification, and replace MOC with Continuing Board Certification in all AMA Policies

Joint Report 0 1 CME/CSAPH Joint Report Protecting Medical Trainees from Hazardous Exposure
Minimize hazardous exposure, use OSHA guidelines for students and trainees, same as faculty and staff

301 American Board of Medical Specialties Advertising
(VA, AACU, LA, MS)
our American Medical Association oppose the use of any physician fees, dues, etc., for any advertising by the American Board of Medical Specialties or any of their component boards to the general public.

303 (CA) Graduate Medical Education and the Corporate Practice of Medicine

1. our American Medical Association recognize and support that the environment for education of residents and fellows must be free of the conflict of interest created between corporate-owned lay entities' fiduciary responsibility to shareholders and the educational mission of residency or fellowship training programs
2. our AMA support that the Accreditation Council for Graduate Medical Education require that graduate medical education programs must be established in compliance with all state laws, including prohibitions on the corporate practice of medicine, as a condition of accreditation

304 (CA) Tracking Outcomes and Supporting Best Practices of Health Care Career Pipeline Programs

1. our American Medical Association support the publication of a white paper chronicling health care career pipeline programs across the nation aimed at increasing the number programs and promoting leadership development of underrepresented minority health care professionals in medicine and the biomedical sciences, with a focus on assisting such programs by identifying best practices and tracking participant outcomes
2. our AMA work with various stakeholders, including medical and allied health professional societies, established biomedical science pipeline programs and other appropriate entities, to establish best practices for the sustainability and success of health care career pipeline programs.

305 (IL) Lack of Support for Maintenance of Certification

1. our American Medical Association urge all American Board of Medical Specialties (ABMS) Boards to phase out the use of mandated, periodic, pass/fail, point-in-time examinations, and Quality Improvement/Practice Improvement components of the Maintenance of Certification process, and replace them with more longitudinal and formative assessment strategies that provide feedback for continuous learning and improvement and support a physician's commitment to ongoing professional development
2. our AMA encourage all ABMS Boards to adopt and immediately begin the process of implementing the following recommendation from the Continuing Board Certification Vision For the Future Commission Final

Report: “Continuing certification must change to incorporate longitudinal and other innovative formative assessment strategies that support learning, identify knowledge and skills gaps, and help diplomates stay current. The ABMS Boards must offer an alternative to burdensome highly-secure, point-in-time examinations of knowledge.”

306 (IL) Interest Rates and Medical Education
Reaffirm existing policy on student loans

307 (NY) Mental Health Services for Medical Students
our American Medical Association recommend that the Association of American Medical Colleges strengthen their recommendations to all medical schools that medical schools provide confidential in-house mental health services at no cost to students, without billing health insurance, and that they set up programs to educate both students and staff about burnout, depression, and suicide.

308 (NY) MOC Moratorium

1. immediate end to high stakes exam and quality improvement component of MOC
2. retain CME and professionalism components
3. petition ABMS to restore certification status for all diplomates who have lost certification status solely because they have not complied with MOC requirements

309 (NY) Promoting Addiction Medicine During a Time of Crisis

1. our American Medical Association endorse and support the incorporation of addiction medicine science into medical student education and residency training
2. transmit this resolution to LCME, the Commission on Osteopathic College Accreditation, the American Osteopathic Association and the Accreditation Council for Graduate Medical Education

310 (NY) Mental Health Care for Medical Students

1. our American Medical Association encourage all medical schools to assign a mental health provider to every incoming medical student
2. our AMA encourage all medical schools to provide an easy way for medical students to select a different provider at any time
3. our AMA encourage all medical schools to require each student’s mental health professional or related staff to contact the student once per semester to ask if the student would like to meet with their mental health professional, unless the student already has an appointment to do so or has asked not to be contacted with regards to mental health appointments
4. our AMA encourage all medical schools to provide an easy process for students to initiate treatment with school mental health professionals at no cost to the student or professional from the mental health community at affordable cost to the student, and without undue bureaucratic burden

311 (IMGs) Grandfathering Qualified Applicants Practicing in U.S. Institutions with Restricted Medical Licensure
our American Medical Association work with the Federation of State Medical Boards, the Organized Medical Staff Section and other stakeholders to advocate for state medical boards to support the licensure to practice medicine by physicians who have demonstrated they possess the educational background and technical skills and who are practicing in the U.S. health care system.

313 (RFS) Clinical Applications of Pathology and Laboratory Medicine for Medical Students, Residents and Fellows
our American Medical Association study current standards within medical 31 education regarding pathology and laboratory medicine to identify potential gaps in training.

315 (RFS) Scholarly Activity by Resident and Fellow Physicians

1. our American Medical Association define resident and fellow scholarly activity as any rigorous, skill-building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer reviewed publications, national leadership positions within health policy organizations, local quality improvement projects, curriculum development, or any activity which would satisfy faculty requirements for scholarly activity

2. our AMA work with partner organizations to ensure that residents and fellows are able to fulfill scholarly activity requirements with any rigorous, skill-building experience approved by their program director that involves the discovery, integration, application, or teaching of knowledge, including but not limited to peer-reviewed publications, national leadership positions within health policy organizations, local quality improvement projects, curriculum development, or any activity which would satisfy faculty requirements for scholarly activity.

316 (SPS)

Medical Student Debt

our American Medical Association formulate a task force to look at undergraduate medical education training as it relates to specialty choice and develop new polices and novel approaches to prevent debt from influencing primary care specialty choice.

318 (IA)

Rural Health Physician Workforce Disparities

our American Medical Association undertake a study of issues regarding rural physician workforce shortages, including federal payment policy issues, and other causes and potential remedies to alleviate rural physician workforce shortages

321#

Physician Health Program Accountability, Consistency, and Excellence in Provision of Service to the Medical Profession

our American Medical Association amend policy D-405.990, “Educating Physicians About Physician Health Programs,” by addition to read as follows: Educating Physicians About Physician Health Programs and Advocating for Standards D-405.990

and add: and 5) Our AMA will continue to work with and support FSPHP efforts already underway to design and implement the physician health program review process, Performance Enhancement and Effectiveness Review (PEER™), to improve accountability, consistency and excellence among its state member PHPs. The AMA will partner with the FSPHP to help advocate for additional national sponsors for this project; 6) Our AMA will continue to work with the FSPHP and other appropriate stakeholders on issues of affordability, cost effectiveness, and diversity of treatment options.

Contained in the Handbook addendum