

REFERENCE COMMITTEE C (Medical Education)
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
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<i>CONSENT CALENDAR FOR APPROVAL</i>

- CME 02 Healthcare Finance in the Medical School Curriculum - CME Report 2-I-19 (Re: Resolution 307-A-18) – consent calendar **acceptance**.** This report is in response to concerns that medical students and residents in training are insufficiently prepared to understand not only the consequences of their own debt, but also the impact on the economics of health care as it pertains to their practices and their patients’ wallets. The original resolution asked for information regarding which allopathic schools were teaching to this subject, how and where in the curriculum it was accomplished, and made suggestions for curricular changes and LCME monitoring. This report modified previous resolution positions to step back from specifically instructing Deans exactly how to do this as it was felt inconsistent with AMA avoidance of direct interference in the “how,” but emphasized the “why.”
- CME 03 Standardization of Medical Licensing Time Limits Across States – CME Report 3-I-19 (Re: Resolution 305-A-18) – consent calendar **acceptance**.** The resolution stated that AMA Policy H-275.978, “Medical Licensure,” should be amended by addition to read as follows “The AMA... (23) urges the state medical and osteopathic licensing boards which maintain a time limit on complete licensing examination sequences to adopt a time limit of no less than 10 years for completion of a licensing examination sequence for either USMLE or COMLEX.” Of note, many states have no time limits. Others have time limits varying from 7 years to 10 years, with some allowing longer time for MD/PhD candidates. The report does not find a link between length of time to complete requirements and competency. The report also feels that uniformity across state lines would allow easier physician movement. In the report the CME is NOT recommending states with no deadlines start to have them – but look for uniformity among those which do, and stresses the need to make time exceptions for physicians with life-altering events that may preclude finishing the exams in the allotted timeframe.
- CME 04 Board Certification Changes Impact Access to Addiction Medicine Specialists - CME Report 4-I-19 (Resolution 314-A-18) – consent calendar **acceptance**.** The resolution stated that “Our American Medical Association [should] work with the American Board of Addiction Medicine (ABAM) and American Board of Medical Specialties (ABMS) to accept ABAM board certification as equivalent to any other ABMS-recognized Member Board specialty as a requirement to enroll in the transitional maintenance of certification program and to qualify for the ABMS Addiction Medicine board certification examination.” The report reviews the urgent need for such specialists, current mechanisms for certification, and what has already been done to accomplish the goals of the resolution. There has been considerable movement to meld the ABAM and ABMS/ABPM (American Board of Preventive Medicine) pathways to certification, and in fact multiple options are offered before 2021, when the ABAM will expire its own pathway. Beginning in 2022, a 12 month minimum addiction Fellowship will be required. Evidently all concerned do not share my worry that requiring the Fellowship as soon as taking the exam in 2022 is a bit fast. Would not want this to disrupt the pipeline for any duration. The report concludes that ‘Our American Medical Association (AMA) recognize the American Board of Preventive Medicine (ABPM) for developing and providing pathways for all qualified physicians to obtain ABMS-approved certification in the new ABPM subspecialty of addiction medicine, in order to improve access to care for patients with substance use disorder. (Directive to Take Action) and that “Our AMA rescind Policy H-300.962 (3) “Recognition of Those Who Practice Addiction Medicine,” since the ABPM certification examination in addiction medicine is now offered. (Rescind HOD Policy)

Veterans Health Administration Funding of Graduate Medical Education CME Report 6-I-19 (Re: Resolution 954-I-18) - Consent calendar **acceptance.**

The AMA House of Delegates adopted Resolves 1 and 2; these were appended to Policy D-18 510.990, "Fixing the VA Physician Shortage with Physicians." Resolve 3, which was referred, is the topic of this report. Resolve 3 was that "[our AMA] oppose service obligations linked to VHA GME residency or fellowship positions, particularly for resident physicians rotating through the VA for only a portion of their GME training." The report reviews the support from the BA system for those in the GME system, pointing out that in almost all, VA rotations are a part of another program, which is responsible for the overwhelming bulk of the Resident's education and training. There are currently some mechanisms with a "quid pro quo" of service for debt reduction. As a result, rather than the resolution's blanket opposition of all service obligations through the VA system, the Council on Medical Education suggests that the following recommendations be adopted in lieu of Resolution 954-I-18 and the remainder of this report be filed: 1. That our AMA support postgraduate medical education service obligations through any program where the expectation for service is explicitly delineated in the contract with the trainee. (New HOD Policy), and 2. That our American Medical Association (AMA) oppose the blanket imposition of service obligations through any program where physician trainees rotate through the facility as one of many sites for their training. (New HOD Policy)

- 301 Engaging Stakeholders for Establishment of a Two-Interval, or Pass/Fail, Grading System of Non-Clinical Curriculum in U.S. Medical Schools (MSS) – consent calendar **approval**.** This is pre-clinical only, is already a fact in many medical schools, grades contribute to stress, and the data suggest that the grades here are not necessary (based upon national exams).
- 302 Strengthening Standards for LGBTQ Medical Education (MSS) - consent calendar **approval**.** The referenced material state that medical students did not feel prepared with their current level of instruction on this topic, but felt so after additional education. The request is to extend the LGBTQ education down into the basic sciences and have the LCE/AOA/ACGME stress not only this but periodic reassessment of the adequacy of the instruction on this topic. The only concerns are a) the concept of directing Deans specifically about their curricula and b) the fact that there is always competition for time within the medical school curriculum (whenever some topic gets more time, another topic loses time). The subliminal question is whether the current 4 years of medical school is sufficient for everything we feel that the students should get before graduation, and whether certain topics (e.g. biochemistry) should be undergraduate requirements for admission to medical school.
- 303 Investigation of Existing Application Barriers for Osteopathic Medical Students Applying for Away Rotations (MSS) - consent calendar **approval**.** In general, I think that we all agree that the playing field should be level. The concern here is that the AMA already has stated policy which should level the playing field (H 295.876) so if the field is in fact not level, a) is it universal or focal, b) is it only financial or are there other criteria leading to the disequilibrium, and c) if (b2), what and why?
- 305 Ensuring Access to Safe and Quality Care for our Veterans (YPS) - consent calendar **approval**.** Supporting our Veterans is something to which all physicians should be dedicated. Other than minor subject/verb disagreement, this is a sound proposal. My only question is, are the referenced modules (Talent Management System 2.0) pertaining to Veteran's Health Care freely available to all? If not, why not? We should not have to reinvent the wheel. This should be part of the Resolves, in my opinion.
- 306 Financial Burden of USMLE Step 2 CS on Medical Students (IN) - consent calendar **approval**.** The USMLE exam should be local, not far enough away that students have to incur outrageous additional expenses to take them. Plus, the cost of the exam itself needs to come down.
- 308 Study Expediting Entry of Qualified IMG Physicians to US Medical Practice (NED) - consent calendar **approval**.** Our own resolution and very timely.

RESOLUTIONS FOR DISCUSSION

- 304 Issues with the Match, The National Residency Matching Program (IN) - consent calendar **listen to the discussion**.** Problems with the Match are known, and anything which leads to a) failure of all to Match anywhere, or b) waiting a year to reapply if the SOAP (second tier match for those who did not match the first time) must be addressed. However, there are statements made without reference that..."fees charged to go through the Match process [are] costs ranging from \$85 up to thousands of dollars...". If so, the variability needs to be explained. If this includes the students' trips and travel for interviews, then the "whereas" is poorly and misleadingly worded. The resolves are in part vague (i.e., the AMA should redouble its efforts to promote an increase in residency program positions in the US). Some others are more direct. I believe after discussion in Reference Committee, the Resolution will be amended to be more accurate and more focused. NED could work on making some helpful amendments to the current resolution as written.
- 307 Implementation of Financial Education Curriculum for Students and Physicians in Training - consent calendar **listen to the discussion**.** At first blush, providing financial education to people taking on a lot of debt seems a "no brainer." However, in addition to some grammatical errors which should be corrected, once again this is looking at adding to the medical school curriculum. What is this going to replace? Rather than going after all medical school curricula, perhaps a series of one hour downloadable webinars from the AMA could be made available, for students to review at their own time. Given the exigencies of debt, I suspect that, assuming they know about the website, medical students and physicians in training will avail themselves of it. In addition, much of this was addressed in CME report 02, which probably came out after the resolution was submitted.
- 309 Follow up on Abnormal medical Test Findings – consent calendar **listen to discussion**.** This resolution reviews problems with communications of test results in a timely fashion. The resolves ask for the AMA to adopt more timely, evidence based guidelines for communications of such information and work with state and specialty medical societies for continuing education of development of professional guidelines for communication. Question – is this the correct venue for approaching this problem? I want to hear more about the specifics of "why" before we mandate the "how" of fixing it.