

REFERENCE COMMITTEE C (*Medical Education*)
SUMMARY REPORT FOR THE NEW ENGLAND DELEGATION
Prepared by: Michael Carius, MD

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| CONSENT CALENDAR FOR APPROVAL |
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- CME 01** ***Council on Medical Education Sunset Review of 2008 House of Delegates Policies***
Several (many) House Policies and Directives recommended for sunseting or retention.
- CME 02** ***Update on Maintenance of Certification and Osteopathic Continuous Certification***
Excellent summary of the changes in Continuing Certification (formerly MOC) that are being made by the ABMS Member Boards. The AMA Council on Medical Education continues to be actively engaged with the ABMS and its Member Boards in advocating for positive changes for diplomates.
- CME 03** ***Expanding UME Without Concurrent GME Expansion***
This report points out that there are some 4500 GME positions in excess of the number of current US Medical School graduates (although many of these are currently taken by FMG's), but recommends that more positions be made available in the future to keep up with the anticipated demand.
- CME 04** ***Evaluation of Clinical Documentation Training***
With the increasing reliance on EHR's, this report recommends that more training in EHR documentation be made available for medical students and residents, along with effective feedback mechanisms.
- CME 06** ***Mental Health Disclosures on Physician Licensing Applications***
This report makes the common sense recommendation that disclosure of past mental health history not be requested by state licensing boards, but rather only current mental health issues that might impact on patient care or present a public danger.
- 301** ***Protecting Medical Trainees from Hazardous Exposure***
This addresses medical student and physician exposure to hazardous materials and requests education about this topic, along with requests to the ACGME and LCME to allow students and physicians to excuse themselves from exposure to these materials.
- 302** ***For-Profit Medical Schools or Colleges***
This requests that the AMA study issues related to medical education programs offered at for-profit medical schools. Timely and appropriate.
- 303** ***Fellowship Start Date***
This requests that the AMA survey physicians who have enjoyed a Fellowship start date of August 1 (vice the standard July 1) to further evaluate the benefits and drawbacks of this option. Seems very reasonable.
- 304** ***Persons With Intellectual and Developmental Disabilities Designated as a Medically Underserved Population***
This requests that the AMA advocate to HRSA MUP status for IDD (patients with Intellectual or Developmental Disabilities) and advocates for inclusion in medical curricula. Although not meeting the traditional definition of a MUP, this makes sense.
- 306** ***Sex and Gender Based Medicine***
This requests that the AMA work with the LCME for inclusion of sex-based differences within the mandated curricular content for medical school accreditation. Timely.
- 307** ***Healthcare Finance in the Medical School Curriculum***
This requests that the AMA study the extent to which medical schools and residency programs teach topics of healthcare finance and medical economics and that the AMA make a formal suggestion to the LCME encouraging same. Sorely needed.
- 311** ***Opioid Education for New Trainees***
Requests AMA to work with ACGME to establish opioid education guidelines for physicians in training. Seems appropriate given the current crisis.

- 313 ***Financial Literacy for Medical Students and Residents***
Somewhat similar to 307, amends AMA policy to advocate for financial literacy in medical schools and residency programs. Needed.
- 314 ***Board Certification Changes Impact Access to Addiction Medicine Specialists***
Requests AMA to work with ABAM and ABMS to accept ABAM certification as equivalent to ABMS certification for purposes of qualifying for ABMS Addiction Medicine sub-board certification and MOC program. Reasonable.
- 315 ***Peer-Facilitated Intergroup Dialogue***
Requests AMA to work with AMA Council on Med Ed and Academic Physicians Section to encourage ACGME, LCME, COA, AAMC, ACCME to include peer-facilitated intergroup dialogue in medical education programs. Listen.
- 317 ***Emerging Technologies (Robotics and AI) in Medical School Education***
Requests AMA encourage medical schools evaluate and update curriculum to increase students' exposure to emerging technologies, such as robotics and artificial intelligence and computational resources such as cloud computing services. Reasonable.
- 318 ***AMA Convene Stakeholders to Transition USMLE to Pass / Fail Scoring***
Requests AMA to convene appropriate stakeholders to study transitioning the USMLE to a pass/fail scoring system for several reasons. Reasonable to investigate.

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| RESOLUTIONS FOR DISCUSSION |
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- 305 ***Standardization of Medical Licensing Time Limits Across States***
Requests AMA amend policy to urge state medical and osteopathic licensing boards to adopt a time limit of no less than 10 years for completion of a licensing examination sequence for either USMLE or COMLEX. The Whereases are confusing. Is this a problem that needs fixing? Listen.
- 308 ***Foreign Trained IMGs Obtaining a U.S. License Without U.S. Residency***
Requests AMA accept as policy that IMG's who have completed residency programs in their own countries and have passed the USMLE I, II, and III should be eligible for a license to practice medicine without additional residency training in the US. Are there standards for foreign residency programs, such as the ACGME? Listen.
- 309 ***Foreign Trained IMGs Competency-Based Specialty Exam Without U.S. Residency***
Requests AMA work with ACGME, AAMC, and ABMS to advocate that IMG's who have completed residency programs in their own countries should be eligible to take the specialties exam without being required to complete additional residency training in the US. ABMS Certification eligibility is linked with ACGME approval of residency training programs. Listen.
- 310 ***U.S. Institutions With Restricted Medical Licensure***
Requests AMA work with OMSS and other stakeholders to prevent hospitals from restricting practice of medicine only to American board certified physicians and with the FSMB to grant unrestricted licensure for those who have practiced at least 10 years in US academic institutions under institutional or faculty temporary licensure. AMA policy appears to address these issues. Listen.
- 312 ***Suicide Awareness Training***
Requests AMA to work with LCME to encourage inclusion of formalized suicide awareness training in curriculum of all accredited medical schools. Certainly is an important topic, but query its necessary inclusion in a curriculum.
- 316 ***End "Part 4 Improvement in Medical Practice" Requirement for ABMS MOC***
Requests AMA call for an end to the mandatory ABMS Part 4 IMP MOC requirement. Many ABMS Boards have linked this process successfully to the Portfolio Project and to Specialty Society Registries. The CME is currently studying this topic. Listen.