

DISCLAIMER

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AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-16)

Report of Reference Committee C

Martin D. Trichtinger, MD, Chair

1 Your Reference Committee recommends the following consent calendar for acceptance:

2
3 **RECOMMENDED FOR ADOPTION**

- 4
5 1. Resolution 303 – Primary Care and Mental Health Training in Residency
6 2. Resolution 310 – Maintenance of Certification and Insurance Plan Participation

7
8 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 9
10 3. Council on Medical Education Report 1 – Access to Confidential Health Services
11 for Medical Students and Physicians
12 4. Resolution 301 – Expanding the Treatment of Opiate Dependence Using
13 Medication-Assisted Treatment by Physicians in Residency Training Programs
14 5. Resolution 302 – Protecting the Rights of Breastfeeding Residents and Fellows
15 6. Resolution 304 – Improving Access to Care and Health Outcomes
16 7. Resolution 305 – Privacy, Personal Use and Funding of Mobile Devices
17 8. Resolution 306 – Formal Leadership Training During Medical Education
18 9. Resolution 307 – Inappropriate Uses of Maintenance of Certification
19 1. Resolution 311 – Prevent Maintenance of Certification Licensure and Hospital
20 Privileging Requirements
21 10. Resolution 309 – Development of Alternative Competency Assessment Models
22 11. Resolution 312 – Eliminating the Tax Liability for Payment of Student Loans

23
24 **RECOMMENDED FOR REFERRAL**

- 25
26 12. Resolution 308 – Promoting and Reaffirming Domestic Medical School Clerkship
27 Education

1 (1) RESOLUTION 303 - PRIMARY CARE AND MENTAL
2 HEALTH TRAINING IN RESIDENCY

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that Resolution 303 be adopted.

8
9 **HOD ACTION: Original language of the first and**
10 **second Resolves adopted as amended, to read as**
11 **follows:**

12
13 **RESOLVED, That our American Medical Association**
14 **advocate for the incorporation of**
15 **integrated services for general medical care, mental**
16 **health care, and substance use disorder care and**
17 **~~primary care services~~ into existing psychiatry,**
18 **addiction medicine and primary care training**
19 **programs' clinical settings (New HOD Policy); and**
20 **be it further**

21
22 **RESOLVED, That our AMA encourage graduate**
23 **medical education programs in primary**
24 **care, ~~and~~ psychiatry, and addiction**
25 **medicine residency training programs to create and**
26 **expand opportunities for residents and fellows to**
27 **obtain clinical experience working in an**
28 **integrated ~~mental~~ behavioral health and primary**
29 **care model, such as the collaborative care model**
30 **(New HOD Policy); and be it further**

31
32 Resolution 303 asks that our American Medical Association 1) advocate for the
33 incorporation of integrated mental health and primary care services into existing
34 psychiatry and primary care training programs' clinical settings; 2) encourage primary
35 care and psychiatry residency training programs to create and expand opportunities for
36 residents to obtain clinical experience working in an integrated mental health and
37 primary care model, such as the collaborative care model; and 3) advocate for
38 appropriate reimbursement to support the practice of integrated physical and mental
39 health care in clinical care settings.

40
41 Your Reference Committee heard overwhelming support for this resolution, which is
42 backed by an abundance of existing AMA policy. Testimony was offered regarding the
43 importance of integrated care models; the effects of appropriate reimbursement;
44 reduction of health care costs; and access to care for patients in underserved areas.
45 Statistics related to the overall number of Americans who experience mental illness in a
46 given year also gave weight to the already unanimous testimony. Your Reference
47 Committee therefore recommends that Resolution 303 be adopted.

1 (2) RESOLUTION 310 - MAINTENANCE OF
2 CERTIFICATION AND INSURANCE PLAN
3 PARTICIPATION
4

5 RECOMMENDATION:
6

7 Madam Speaker, your Reference Committee recommends
8 that Resolution 310 be adopted.
9

10 **HOD ACTION: Resolution 310 adopted.**
11
12

13 Resolution 310 asks that our American Medical Association increase its efforts to work
14 with the insurance industry to ensure that maintenance of certification does not become
15 a requirement for insurance panel participation.
16

17 Your Reference Committee heard unanimous testimony in support of this resolution. It
18 would be consistent with AMA policy to communicate with the insurance industry and
19 request that MOC not become a requirement for insurance panel participation. Policy H-
20 275.924 (15) states that "The MOC program should not be a mandated requirement for
21 licensure, credentialing, reimbursement, network participation, or employment."
22 Therefore, your Reference Committee recommends that Resolution 310 be adopted.
23

24 (3) COUNCIL ON MEDICAL EDUCATION REPORT 1 -
25 ACCESS TO CONFIDENTIAL HEALTH SERVICES FOR
26 MEDICAL STUDENTS AND PHYSICIANS
27

28 RECOMMENDATION A:
29

30 Madam Speaker, your Reference Committee recommends
31 that Recommendation 1 in Council on Medical Education
32 Report 1 be amended by addition and deletion, to read as
33 follows:
34

35 1. That our American Medical Association (AMA) ask the
36 Liaison Committee on Medical Education, Commission on
37 Osteopathic College Accreditation, American Osteopathic
38 Association, and Accreditation Council for Graduate
39 Medical Education to encourage medical schools and
40 residency/fellowship programs, respectively, to:
41

42 1) Provide or facilitate the immediate availability of urgent
43 and emergent access to low-cost, confidential health care,
44 including ~~and~~ mental health counseling services, that: a)
45 include appropriate follow-up; b) are outside the trainees'
46 grading and evaluation pathways; and c) are available
47 (based on patient preference and need for assurance of
48 confidentiality) in reasonable proximity to the
49 education/training site, at an external site, or through
50 telemedicine or other virtual, online means;

1 RECOMMENDATION B:
2

3 Madam Speaker, your Reference Committee recommends
4 that Recommendation 2 in Council on Medical Education
5 Report 1 be amended by addition, to read as follows:
6

7 2. That our AMA urge state medical boards to refrain from
8 asking applicants about past history of mental health
9 diagnosis or treatment, and only focus on current
10 impairment by mental illness, and to accept “safe haven”
11 non-reporting for physicians seeking licensure or
12 relicensure who are undergoing treatment for mental
13 health issues, to help ensure confidentiality of such
14 treatment for the individual physician while providing
15 assurance of patient safety. (New HOD Policy).
16

17 RECOMMENDATION C:
18

19 Madam Speaker, your Reference Committee recommends
20 that Council on Medical Education Report 1 be amended
21 by the addition of a seventh Recommendation, to read as
22 follows:

23 7. That our AMA encourage medical schools to create
24 mental health awareness and suicide prevention screening
25 programs that would: 1) be available to all medical
26 students on an opt-out basis, 2) ensure anonymity,
27 confidentiality, and protection from administrative action, 3)
28 provide proactive intervention for identified at-risk students
29 by mental health professionals, and 4) inform students and
30 faculty about personal mental health and risk factors that
31 may contribute to suicidal ideation. (Directive to Take
32 Action)
33

34 RECOMMENDATION D:
35

36 Madam Speaker, your Reference Committee recommends
37 that the recommendations in Council on Medical Education
38 Report 1 be adopted as amended and the remainder of the
39 report be filed.
40

41 **HOD ACTION: Recommendation 1 amended by**
42 **addition and deletion, to read as follows:**
43

44 **1. That our American Medical Association (AMA)**
45 **ask the Liaison Committee on Medical Education,**
46 **Commission on Osteopathic College Accreditation,**
47 **American Osteopathic Association, and**
48 **Accreditation Council for Graduate Medical**
49 **Education to encourage medical schools and**
50 **residency/fellowship programs, respectively, to:**

1 1) Provide or facilitate the immediate availability of
2 urgent and emergent access to low-cost,
3 confidential health care, including and mental
4 health and substance use disorder counseling
5 services, that: a) include appropriate follow-up; b)
6 are outside the trainees' grading and evaluation
7 pathways; and c) are available (based on patient
8 preference and need for assurance of
9 confidentiality) in reasonable proximity to the
10 education/training site, at an external site, or
11 through telemedicine or other virtual, online means;

12
13 Recommendation 2 amended by addition, to read as
14 follows:

15
16 2. That our AMA urge state medical boards
17 to refrain from asking applicants about past history
18 of mental health or substance use disorder
19 diagnosis or treatment, and only focus on current
20 impairment by mental illness or addiction, and to
21 accept "safe haven" non-reporting for physicians
22 seeking licensure or relicensure who are
23 undergoing treatment for mental health or addiction
24 issues, to help ensure confidentiality of such
25 treatment for the individual physician while
26 providing assurance of patient safety. (New HOD
27 Policy).

28
29 CME Report 1 amended by the addition of a seventh
30 Recommendation, to read as follows:

31
32 7. That our AMA encourage medical schools to
33 create mental health and substance abuse
34 awareness and suicide prevention screening
35 programs that would: 1) be available to all medical
36 students on an opt-out basis, 2) ensure anonymity,
37 confidentiality, and protection from administrative
38 action, 3) provide proactive intervention for
39 identified at-risk students by mental health
40 professionals, and 4) inform students and faculty
41 about personal mental health, substance use and
42 addiction, and other risk factors that may contribute
43 to suicidal ideation. (Directive to Take Action)
44

45 Council on Medical Education Report 1 asks 1) that our American Medical Association
46 (AMA) ask the Liaison Committee on Medical Education, Commission on Osteopathic
47 College Accreditation, American Osteopathic Association, and Accreditation Council for
48 Graduate Medical Education to encourage medical schools and residency/fellowship
49 programs, respectively, to: (1) Provide or facilitate the immediate availability of urgent
50 and emergent access to low-cost, confidential health care and mental health counseling

1 services that: a) include appropriate follow-up; b) are outside the trainees' grading and
2 evaluation pathways; and c) are available (based on patient preference and need for
3 assurance of confidentiality) in reasonable proximity to the education/training site, at an
4 external site, or through telemedicine or other virtual, online means; (2) Ensure that
5 residency/fellowship programs are abiding by all duty hour restrictions, as these
6 regulations exist in part to ensure the mental and physical health of trainees; (3)
7 Encourage and promote routine health screening among medical students and
8 resident/fellow physicians, and consider designating some segment of already-allocated
9 personal time off (if necessary, during scheduled work hours) specifically for routine
10 health screening and preventive services, including physical, mental, and dental care;
11 and (4) Remind trainees and practicing physicians to avail themselves of any needed
12 resources, both within and external to their institution, to provide for their mental and
13 physical health and well-being, as a component of their professional obligation to ensure
14 their own fitness for duty and the need to prioritize patient safety and quality of care by
15 ensuring appropriate self-care, not working when sick, and following generally accepted
16 guidelines for a healthy lifestyle.

17
18 2) That our AMA urge state medical boards to accept "safe haven" non-reporting for
19 physicians seeking licensure or relicensure who are undergoing treatment for mental
20 health issues, to help ensure confidentiality of such treatment for the individual physician
21 while providing assurance of patient safety.

22
23 3) That Policy H-345.973, "Mental Health Services for Medical Students and Resident
24 and Fellow Physicians," be amended by addition and deletion, as follows.

25 Medical and Mental Health Services for Medical Students and Resident and Fellow
26 Physicians

27 Our AMA promotes the availability of timely, confidential, accessible, and
28 affordable medical and mental health services for medical students and resident and
29 fellow physicians, to include needed diagnostic, preventive, and therapeutic
30 services. Information on where and how to access these services should be readily
31 available at all education/training sites, and these services should be provided at sites in
32 reasonable proximity to the sites where the education/training takes place.

33
34 4) That Policy H-295.872, "Expansion of Student Health Services," be rescinded, as it is
35 (in part) already reflected in current LCME standards and (in part) now incorporated into
36 Policy H-345.973, Mental Health Services for Medical Students and Resident and Fellow
37 Physicians.

38
39 5) That Policy D-405.992, "Physician Health and Wellness," and D-405.996, "Physician
40 Well-Being and Renewal," be rescinded, as these directives have been accomplished,
41 are superseded by other policy, or are no longer relevant.

42
43 6) That Policy D-405.983, "Medical Students and Residents as Patients," be rescinded,
44 as having been fulfilled by this report.

45
46 Your Reference Committee heard strong testimony in support of a well-written report by
47 the Council on Medical Education. It was noted that resident/fellow physicians all too
48 often forego their own health needs, due to their busy schedules and devotion to their
49 patients and their ongoing education. In addition, concern over potential future career
50 and medical licensure implications can inhibit attention to mental health needs. Such

1 inattention, over the long term, compounded by the many stresses of residency
2 education, can contribute to the development of mental health issues and physician
3 suicide. This report offers concrete steps to address these concerns. Friendly
4 amendments to enhance the report included a suggestion not to differentiate between
5 health services and mental health services (through insertion of “including,” rather than
6 “and”); revised language to ensure that state medical boards focus only on current
7 health impairment; and a new recommendation to urge a more proactive approach by
8 medical schools to create effective mental health awareness and suicide prevention
9 screening programs. Your Reference Committee believes these changes strengthen this
10 report, and urges adoption as amended.

11
12 (4) RESOLUTION 301 - EXPANDING THE TREATMENT OF
13 OPIATE DEPENDENCE USING MEDICATION-ASSISTED
14 TREATMENT BY PHYSICIANS IN RESIDENCY
15 TRAINING PROGRAMS

16
17 RECOMMENDATION A:

18
19 Madam Speaker, your Reference Committee recommends
20 that the first Resolve of Resolution 301 be amended by
21 deletion, to read as follows:

22
23 RESOLVED, That our American Medical Association
24 encourage the expansion of residency and fellowship
25 training opportunities to provide clinical experience in
26 the ~~medication-assisted~~ treatment of opioid use disorders,
27 under the supervision of an appropriately trained physician
28 (New HOD Policy); and be it further

29
30 RECOMMENDATION B:

31
32 Madam Speaker, your Reference Committee recommends
33 that the second Resolve of Resolution 301 be amended by
34 deletion, to read as follows:

35
36 RESOLVED, That our AMA support additional funding to
37 overcome the financial barriers that exist for trainees
38 seeking clinical experience in the ~~medication-assisted~~
39 treatment of opioid use disorders. (New HOD Policy)

40
41 RECOMMENDATION C:

42
43 Madam Speaker, your Reference Committee recommends
44 that Resolution 301 be adopted as amended.

45
46 RECOMMENDATION D:

47
48 Madam Speaker, your Reference Committee recommends
49 that the title of Resolution 301 be changed, to read as
50 follows:

1 IMPROVING RESIDENCY TRAINING IN THE
2 TREATMENT OF OPIOID DEPENDENCE
3

4 **HOD ACTION: Resolution 301 be adopted as amended with**
5 **a change in title.**
6

7 Resolution 301 asks that our American Medical Association 1) encourage the expansion
8 of residency and fellowship training opportunities to provide clinical experience in the
9 medication-assisted treatment of opioid use disorders, under the supervision of an
10 appropriately trained physician; and 2) support additional funding to overcome the
11 financial barriers that exist for trainees seeking clinical experience in the medication-
12 assisted treatment of opioid use disorders.
13

14 Your Reference Committee heard extensive testimony in support of this resolution,
15 which takes steps to help learners address the opioid epidemic in the United States in a
16 manner that encourages educational opportunities but does not impose curricular
17 mandates. Testimony also noted that this resolution is aligned with existing AMA policy,
18 which calls for increased funding for graduate medical education. It was proposed that
19 the resolution be broadened to include training opportunities for all types of addictive
20 disease, not only opioid use disorders, especially given a comparison of opioid-related
21 morbidity and mortality with alcohol- and tobacco-related morbidity and mortality. While
22 an important observation, substantial testimony guided your Reference Committee to the
23 conclusion that the intent of this resolution was specific to the opioid crisis, and that
24 maintaining this strict focus would better assist the AMA to reach related policy goals
25 and address specific financial barriers. Your Reference Committee did feel, however,
26 that removing the phrase “medication assisted” from both resolved clauses and the title
27 would strengthen the overall intent. Your Reference Committee therefore recommends
28 that Resolution 301 be adopted as amended.
29

30 (5) RESOLUTION 302 - PROTECTING THE RIGHTS OF
31 BREASTFEEDING RESIDENTS AND FELLOWS
32

33 RECOMMENDATION A:
34

35 Madam Speaker, your Reference Committee recommends
36 that the first Resolve of Resolution 302 be amended by
37 addition and deletion, to read as follows:
38

39 RESOLVED, That our American Medical Association work
40 with appropriate bodies, such as the Accreditation Council
41 for Graduate Medical Education (ACGME) and the Liaison
42 Committee on Medical Education (LCME),
43 to mandate include language in housestaff manuals or
44 similar policy references of all training programs on the
45 regarding protected times and locations for milk expression
46 and secure storage of breast milk (Directive to Take
47 Action)

1 RECOMMEDATION B:

2
3 Madam Speaker, your Reference Committee recommends
4 that the second Resolve of Resolution 302 be amended by
5 addition and deletion, to read as follows:
6

7 RESOLVED, That our AMA work with appropriate bodies,
8 such as the ~~ACGME~~ Liaison Committee for Medical
9 Education (LCME), Accreditation Council for Graduate
10 Medical Education (ACGME), and ~~the~~ Association of
11 American Medical Colleges (AAMC), to include language
12 related to the learning and work environments for breast-
13 feeding mothers in regular program reviews. (Directive to
14 Take Action)
15

16 RECOMMENDATION C:

17
18 Madam Speaker, your Reference Committee recommends
19 that Resolution 302 be adopted as amended.
20

21 RECOMMENDATION D:

22
23 Madam Speaker, your Reference Committee recommends
24 that the title of Resolution 302 be changed, to read as
25 follows:
26

27 PROTECTING TRAINEES' BREAST-FEEDING RIGHTS

28
29 **HOD ACTION: Resolution 302 adopted as amended with a**
30 **change in title.**
31

32 Resolution 302 asks that our American Medical Association 1) work with appropriate
33 bodies, such as the Accreditation Council for Graduate Medical Education (ACGME), to
34 mandate language in housestaff manuals or similar policy references of all training
35 programs on the protected time and locations for milk expression and storage of breast
36 milk; and 2) work with appropriate bodies, such as the ACGME and the Association of
37 American Medical Colleges, to include language related to the learning and work
38 environments for breast feeding mothers in regular program reviews.
39

40 Your Reference Committee heard universally strong support from multiple constituencies
41 for this Resolution, with the acknowledgment that it would be paradoxical for our AMA to
42 support protected time and locations for expression and storage of breast milk in the
43 general public and practicing physician population without corresponding support for
44 these rights for physician trainees. Testimony was heard that favored expanding the
45 language of this resolution to include all medical students, residents, fellows, and
46 practicing physicians. However, your Reference Committee felt that the intention of this
47 resolution was to give a voice to those in training who are less able to effect meaningful
48 change in their immediate work environments. For this reason, your Reference
49 Committee felt it was appropriate to add the Liaison Committee for Medical Education
50 (LCME) to both resolved clauses and extend the policy to all trainees, but not to address

1 the practicing physician population. A subsequent change to the title of the Resolution is
2 also therefore necessary. Additional testimony, felt to be constructive by your Reference
3 Committee, requested that the first resolve be clarified to specify the provision of secure
4 storage options for expressed breast milk. Your Reference Committee is acutely aware
5 that smaller practices with fewer resources and those in certain settings may struggle to
6 achieve these standards. However, your Reference Committee feels that it is the
7 obligation of each residency program to take breast-feeding trainees' needs into account
8 when scheduling rotations, ensuring these trainees are not forced to jeopardize their
9 training, their personal health, or the health of their children. For these reasons, your
10 Reference Committee recommends that Resolution 302 be adopted as amended.

11
12 (6) RESOLUTION 304 - IMPROVING ACCESS TO CARE
13 AND HEALTH OUTCOMES

14
15 RECOMMENDATION A:

16
17 Madam Speaker, your Reference Committee recommends
18 that Resolution 304 be amended by addition and deletion,
19 to read as follows:

20
21 RESOLVED, That our American Medical
22 Association ~~support~~ encourage training opportunities for
23 students and residents, as members of the physician-led
24 team, to learn cultural competency from community health
25 workers, when this exposure can be integrated into
26 existing rotation and service assignments. (New HOD
27 Policy)

28
29 RECOMMENDATION B:

30
31 Madam Speaker, your Reference Committee recommends
32 that Resolution 304 be adopted as amended.

33
34 RECOMMENDATION C:

35
36 Madam Speaker, your Reference Committee recommends
37 that the title of Resolution 304 be changed, to read as
38 follows:

39
40 IMPROVING CULTURAL COMPETENCY TRAINING
41 OPPORTUNITIES

42
43 **HOD ACTION: Resolution 304 be adopted as amended with**
44 **a change in title.**

45
46 Resolution 304 asks that our American Medical Association support training
47 opportunities for students and residents to learn cultural competency from community
48 health workers.

49

1 Your Reference Committee heard testimony in support for Resolution 304. The authors
2 of the resolution noted that this would expand existing AMA policy in support of these
3 workers in health care practice by supporting and recognizing the value of community
4 health workers as key educational adjuncts, as resident/fellow physicians learn about the
5 many ways that community dynamics contribute to (or detract from) an individual's
6 health and well-being. Recognizing the potential burden of the growing number of
7 requirements and educational mandates on both trainees and programs/teaching
8 hospitals, an amendment was proffered to ensure that such education be provided only
9 if it could be integrated into existing rotations. It was also noted that the importance of
10 the physician-led team should be emphasized, as reflected in existing AMA policy.
11 Finally, we believe that a title change is warranted, to ensure that this potential policy is
12 in accord with its contents. Accordingly, your Reference Committee recommends
13 adoption of Resolution 304 as amended.

14
15 (7) RESOLUTION 305 - PRIVACY, PERSONAL USE AND
16 FUNDING OF MOBILE DEVICES

17
18 RECOMMENDATION A:

19
20 Madam Speaker, your Reference Committee recommends
21 that first Resolve of Resolution 305 be amended by
22 addition and deletion, to read as follows:

23
24 RESOLVED, That our American Medical Association
25 encourage further research ~~in~~ integrating mobile devices
26 into clinical care, particularly to address challenges of
27 reducing work burden while maintaining clinical autonomy
28 for residents and fellows (New HOD Policy)

29
30 RECOMMENDATION B:

31
32 Madam Speaker, your Reference Committee recommends
33 that second Resolve of Resolution 305 be amended by
34 addition and deletion, to read as follows:

35
36 RESOLVED, That our AMA collaborate with the Liaison
37 Committee on Medical Education and Accreditation
38 Council for Graduate Medical Education to develop
39 germane policies, especially with consideration of potential
40 financial burden and personal privacy of trainees, to
41 ensure a more uniform regulation for use of mobile devices
42 in medical education and clinical training (Directive to Take
43 Action)

44
45 RECOMMENDATION C:

46
47 Madam Speaker, your Reference Committee recommends
48 that third Resolve of Resolution 305 be amended by
49 addition and deletion, to read as follows:

1 RESOLVED, That our AMA encourage medical schools
2 and residency programs to educate all trainees on proper
3 hygiene and professional guidelines ~~in~~ for using
4 personal mobile devices in clinical environments. (New
5 HOD Policy)

6
7 RECOMMENDATION D:

8
9 Madam Speaker, your Reference Committee recommends
10 that Resolution 305 be adopted as amended.

11
12 **HOD ACTION: Resolution 305 adopted as amended.**

13
14 Resolution 305 asks that our American Medical Association 1) encourage further
15 research in integrating mobile devices in clinical care, particularly to address challenges
16 of reducing work burden while maintain clinical autonomy for residents and fellows; 2)
17 collaborate with the Accreditation Council for Graduate Medical Education to develop
18 germane policies, especially with consideration of potential financial burden and
19 personal privacy of trainees, to ensure a more uniform regulation of mobile devices in
20 medical education and clinical training; and 3) encourage medical schools and residency
21 programs to educate all trainees on proper hygiene and professional guidelines in using
22 personal devices in clinical environment.

23
24 Your Reference Committee heard mixed testimony on this item, but all who testified,
25 both online and in person, agreed that the subject of this resolution is one of critical and
26 growing importance. Some sentiment was expressed for referral, but your Reference
27 Committee believes that our AMA is best served by passing policy immediately versus
28 waiting 12 to 18 months for drafting and development of a Board or Council report—
29 particularly in an area where change is constant and continuous. Furthermore, work on
30 this and related topics is ongoing by the AMA's Professional Satisfaction and Practice
31 Sustainability (PS2) strategic focus area. The authors noted the growing use of mobile
32 phones in health care settings, especially among resident/fellow physicians, and the
33 need for AMA policy in this regard. The resolution covers a number of key issues, both
34 technological and legal, including data privacy, infection control, costs, and
35 professionalism. This is a well-researched resolution, with numerous citations from the
36 literature on this topic. Going forward, investigation into the HIPAA implications of such
37 devices in clinical settings would be warranted; the AMA (through its PS2 focus area)
38 could help to support and/or encourage such work. Therefore, with the minor edits
39 shown, and the addition of the Liaison Committee on Medical Education in the second
40 resolve, your Reference Committee recommends adoption as amended.

41
42 (8) RESOLUTION 306 - FORMAL LEADERSHIP TRAINING
43 DURING MEDICAL EDUCATION

44
45 RECOMMENDATION A:

46
47 Madam Speaker, your Reference Committee recommends
48 that the first Resolve of Resolution 306 be amended by
49 substitution, to read as follows:

1 RESOLVED, That our American Medical Association
2 advocate for and support the creation of leadership
3 programs and curricula that emphasize experiential and
4 active learning models to include knowledge, skills and
5 management techniques integral to leading
6 interprofessional team care, in the spirit of the AMA's
7 Accelerating Change in Medical Education initiative.
8 (Directive to Take Action)
9

10 RECOMMENDATION B:

11
12 Madam Speaker, your Reference Committee recommends
13 that the second Resolve of Resolution 306 be amended by
14 deletion, to read as follows:

15
16 ~~RESOLVED, That our AMA advocate for and support the~~
17 ~~creation of programs and curricula to develop the~~
18 ~~leadership competencies and foundational skills for~~
19 ~~medical practitioners necessary to effectively understand~~
20 ~~and navigate current and future policy changes from the~~
21 ~~Center for Medicare and Medicaid Services, while~~
22 ~~continuing to maintain said practitioners fiduciary~~
23 ~~responsibility and high-quality patient care (Directive to~~
24 ~~Take Action); and be it further~~

25
26 RECOMMENDATION C:

27
28 Madam Speaker, your Reference Committee recommends
29 that the third Resolve of Resolution 306 be amended by
30 deletion, to read as follows:

31
32 RESOLVED, That our AMA advocate with the Liaison
33 Committee for Medical Education, Association of American
34 Medical Colleges and other governing bodies responsible
35 for the education of future physicians to implement
36 programs early in medical training to promote the
37 development of leadership capabilities, ~~so that all doctors~~
38 ~~obtain a minimum standard of leadership and management~~
39 ~~skills. (Directive to Take Action)~~

40
41 RECOMMENDATION D:

42
43 Madam Speaker, your Reference Committee recommends
44 that Resolution 306 be adopted as amended.

45
46 **HOD ACTION: Resolution 306 adopted as amended.**

47
48 Resolution 306 asks that our American Medical Association 1) advocate for and support
49 the creation of programs and curricula that emphasize experiential and active learning
50 models which are inclusive of leadership knowledge, skills and the qualities utilized in

1 the clinical setting through direct observation and which foster a shared learning
2 environment with the entire interdisciplinary care team; 2) advocate for and support the
3 creation of programs and curricula to develop the leadership competencies and
4 foundational skills for medical practitioners necessary to effectively understand and
5 navigate current and future policy changes from the Center for Medicare and Medicaid
6 Services, while continuing to maintain said practitioners fiduciary responsibility and high-
7 quality patient care; and 3) advocate with the Liaison Committee for Medical Education,
8 Association of American Medical Colleges and other governing bodies responsible for
9 the education of future physicians to implement programs early in medical training to
10 promote the development of leadership capabilities, so that all doctors obtain a minimum
11 standard of leadership and management skills.

12
13 Your Reference Committee heard wide-ranging testimony that was supportive of the
14 intent of the resolution. Consensus was heard regarding the importance of leadership
15 training, and it was agreed that introducing such training earlier in one's career, rather
16 than later, was a laudable and important goal. Leadership training was acknowledged to
17 be important for all learners regardless of ultimate career path. Testimony further
18 elucidated the connection between training that enhances leadership skills and the
19 AMA's strategic goal of modernizing medical education. Leadership skills were
20 recognized as a skill set that will be necessary to succeed in the health care
21 environment of the future. Testimony also noted the strong work the AMA is already
22 offering related to leadership via the Accelerating Change in Medical Education initiative,
23 programming offered by member sections, the AMA's Professional Satisfaction and
24 Practice Sustainability (PS2) initiative, and a partnership with the American Association
25 for Physician Leadership. Valid concerns were raised that while the intention of the
26 resolution is commendable, it could, as written, further promote siloed training. Different
27 models of leadership, including those utilized in other disciplines, hold promise for study
28 and potential adaptation by and for physicians. Partnerships with non-physicians also
29 will be imperative in these endeavors. Your Reference Committee agrees that the topic
30 of formal leadership training is important and timely, and believes that future resolutions
31 may wish to address leadership training for practicing physicians. However, this
32 resolution was understood to address training in medical education, where concerns and
33 competencies are quite different from those expected of practicing physicians.
34 Therefore, your Reference Committee recommends that Resolution 306 be adopted as
35 amended.

36
37 (9) RESOLUTION 307 - INAPPROPRIATE USES OF
38 MAINTENANCE OF CERTIFICATION
39 RESOLUTION 311 – PREVENT MAINTENANCE OF
40 CERTIFICATION LICENSURE AND HOSPITAL
41 PRIVILEGING REQUIREMENTS

42
43 RECOMMENDATION A:

44
45 Madam Speaker, your Reference Committee recommends
46 that the following resolution be adopted in lieu of
47 Resolutions 307 and 311.

48
49 RESTRICTIONS ON THE USE OF MAINTENANCE OF
50 CERTIFICATION

1 RESOLVED, That our American Medical Association,
2 through legislative, regulatory, and collaborative efforts,
3 work with interested state medical societies to advocate
4 that Maintenance of Certification not be a requirement for:
5 (1) medical staff membership, privileging, credentialing, or
6 recredentialing; (2) insurance panel participation; or (3)
7 state medical licensure. (Directive to Take Action)
8

9 RESOLVED, That our AMA amend Policy H-275.924,
10 "Maintenance of Certification," Bullet No. 15, by addition
11 and deletion, to read as follows:
12

13 15. The MOC program should not be a mandated
14 requirement for licensure,
15 credentialing, rec credentialing, privileging, reimbursement,
16 network participation, ~~or~~ employment, or insurance panel
17 participation. (Modify Current HOD Policy)
18

19 **HOD ACTION: Alternate resolution adopted in lieu**
20 **of Resolutions 307 and 311; Resolve 1 amended by**
21 **addition and deletion, to read as follows:**
22

23 **RESOLVED, That our American Medical**
24 **Association, through legislative, regulatory, ~~and~~ or**
25 **collaborative efforts, work with interested state**
26 **medical societies and other interested parties to**
27 **advocate by creating model state legislation and**
28 **model medical staff bylaws while advocating that**
29 **Maintenance of Certification not be a requirement**
30 **for: (1) medical staff membership, privileging,**
31 **credentialing, or rec credentialing; (2) insurance**
32 **panel participation; or (3) state medical licensure.**
33 **(Directive to Take Action)**
34

35 Resolution 307 asks that our American Medical Association, through legislative,
36 regulatory, and collaborative efforts, advocate that Maintenance of Certification not be a
37 requirement for: (1) medical staff membership, privileging, or credentialing; (2) insurance
38 panel participation; or (3) state medical licensure.
39

40 Resolution 311 asks that our American Medical Association, 1) consistent with Policy H-
41 275.924, vigorously advocate by legislation, regulation, or other appropriate activity to
42 prevent the use of maintenance of certification as a licensing requirement in any state;
43 and 2) amend Policy H-275.924, "Maintenance of Certification," Bullet No. 15, by
44 addition to read as follows:
45

46 15. The MOC program should not be a mandated requirement for licensure,
47 credentialing, hospital privileging, reimbursement, network participation or employment.

1 Your Reference Committee heard testimony in support of Resolutions 307 and 311. It
2 was noted that maintenance of certification (MOC) in its current form continues to be a
3 burden to some physicians participating in the program. Although some of the American
4 Board of Medical Specialties member boards are making considerable progress in
5 redesigning their MOC programs to make them relevant to practicing physicians and
6 their patients due to physician input, it was felt that participation should not be linked to
7 credentialing, licensing, and reimbursement processes as a general matter. During the
8 testimony, it was also noted that professional self-regulation should not involve
9 legislation and that it is inappropriate to ask hospitals and insurers to consider other
10 factors in place of MOC during their credentialing processes. The AMA has adopted
11 extensive policy on MOC and supports the intent of this program. In addition, your
12 Reference Committee believes that the primary concern in both of these resolutions—
13 that MOC not be a mandated requirement for state licensure, privileges, credentialing,
14 recertification, reimbursement, network participation/insurance panel participation, or
15 employment—could be satisfied by amending current AMA policy to add those
16 circumstances not currently listed in policy. For these reasons, your Reference
17 Committee carefully and deliberately considered this testimony and recommends
18 adoption of the proposed resolution in lieu of the original items.

19
20 (10) RESOLUTION 309 - DEVELOPMENT OF ALTERNATIVE
21 COMPETENCY ASSESSMENT MODELS

22
23 RECOMMENDATION A:

24
25 Madam Speaker, your Reference Committee recommends
26 that Resolution 309 be amended by addition and deletion,
27 to read as follows:

28
29 RESOLVED, That our American Medical Association
30 amend Policy H-275.936, Mechanisms to Measure
31 Physician Competency, by addition and deletion to read as
32 follows:

33
34 Our AMA (1) ~~continues to work~~ with the ~~American College~~
35 ~~of Graduate Medical Education~~, American Board of
36 ~~Medical Specialties~~, and other relevant organizations
37 ~~to develop~~ explore alternative and more
38 accurate evidence-based methods ~~to~~ of determining
39 ongoing clinical competency; (2) reviews and proposes
40 improvements for assuring continued physician
41 competence, including but not limited to performance
42 indicators, board certification and recertification,
43 professional experience, continuing medical education, and
44 teaching experience; and (2)(3) opposes the development
45 and/or use of "Medical Competency Examination" and
46 establishment of oversight boards for current state medical
47 boards as proposed in the fall 1998 Report on Professional
48 Licensure of the Pew Health Professions Commission, as
49 an additional measure of physician competency.

1 RECOMMENDATION B:

2
3 Madam Speaker, your Reference Committee recommends
4 that Resolution 309 be adopted as amended.

5
6 **HOD ACTION: Resolution 309 adopted as amended.**

7
8 Resolution 309 asks that our American Medical Association amend AMA Policy H-
9 275.936, Mechanisms to Measure Physician Competency, by addition and deletion to
10 read as follows:

11
12 Our AMA (1) works with the American College of Graduate Medical Education, American
13 Board of Medical Specialties, and other relevant organizations to develop alternative and
14 more accurate methods to determine ongoing clinical competency; (2) reviews and
15 proposes improvements for assuring continued physician competence, including but not
16 limited to performance indicators, board certification and recertification, professional
17 experience, continuing medical education, and teaching experience; and ~~(2)~~(3) opposes
18 the development and/or use of "Medical Competency Examination" and establishment of
19 oversight boards for current state medical boards as proposed in the fall 1998 Report on
20 Professional Licensure of the Pew Health Professions Commission, as an additional
21 measure of physician competency.

22
23 Your Reference Committee heard testimony in support of Resolution 309. There was
24 strong support for the Council on Medical Education's recommendation to amend the
25 first part of policy H-275.936 because the purview of the Accreditation Council for
26 Graduate Medical Education is limited to physicians in residency training, not to the
27 clinical competency of practicing physicians for certification and recertification. The
28 Council has ongoing work with the American Board of Medical Specialties relating to
29 competency assessment, which will continue with regular meetings with their leadership.
30 For example, a session with the leadership of the 24 ABMS member boards is being
31 planned for June 2017, to discuss innovative solutions to comply with Maintenance of
32 Certification Part IV (similar to the forum held on Part III in June of 2014). While our AMA
33 might explore existing and alternative methods for determining clinical competency, it is
34 not the AMA's role to develop such methods/models across multiple specialties and
35 subspecialties. For these reasons, your Reference Committee recommends that
36 Resolution 309 be adopted as amended.

37
38 (11) RESOLUTION 312 - ELIMINATING THE TAX LIABILITY
39 FOR PAYMENT OF STUDENT LOANS

40
41 RECOMMENDATION A:

42
43 Madam Speaker, your Reference Committee recommends
44 that Resolution 312 be amended by addition and deletion,
45 to read as follows:

46 RESOLVED, that our American Medical Association ~~work~~
47 ~~with the Internal Revenue Service to support eliminate~~ion
48 of the tax liability when ~~private~~ employers provide the
49 funds to repay student loans for physicians who agree to
50 work in an underserved area. (Directive to Take Action)

1 RECOMMENDATION B:
2

3 Madam Speaker, your Reference Committee recommends
4 that Resolution 312 be adopted as amended.
5

6 **HOD ACTION: Resolution 312 adopted as amended.**
7

8 Resolution 312 asks that our American Medical Association work with the Internal
9 Revenue Service to eliminate the tax liability when private employers provide the funds
10 to repay student loans for physicians who agree to work in an underserved area.
11

12 Your Reference Committee heard testimony in support of viable solutions to the growing
13 and onerous debt burden on medical students—a burden that continues to
14 increase. With medical students facing an average of more than \$170,000 in medical
15 school debt, this item offers a win-win, by offering a financial carrot in exchange for
16 vitally needed health care services in underserved areas—many of which cannot offer
17 competitive salaries in comparison to the more remunerative geographic areas of the
18 country. Two amendments were proffered: One, to remove the IRS, as that agency does
19 not have jurisdiction over setting tax regulations (that is the purview of Congress); and
20 two, to extend this to any loan forgiveness program—not just those at private institutions.
21 With these amendments, your Reference Committee urges adoption.
22

23 (12) RESOLUTION 308 - PROMOTING AND REAFFIRMING
24 DOMESTIC MEDICAL SCHOOL CLERKSHIP
25 EDUCATION
26

27 RECOMMENDATION:
28

29 Madam Speaker, your Reference Committee recommends
30 that Resolution 308 be referred.
31

32 **HOD ACTION: Resolution 308 referred.**
33

34 Resolution 308 asks that our American Medical Association 1) pursue legislative and/or
35 regulatory avenues that promote the regulation of the financial compensation which
36 medical schools can provide for clerkship positions in order to facilitate fair competition
37 amongst medical schools and prevent unnecessary increases in domestically-trained
38 medical student debt; 2) support the expansion of partnerships of foreign medical
39 schools with hospitals in regions which lack local medical schools in order to maximize
40 the cumulative clerkship experience for all students; and 3) reaffirm policies D-295.320,
41 D-295.931, and D-295.937.
42

43 Your Reference Committee heard unanimous testimony in support of referral of
44 Resolution 308. This is a complex issue, with numerous factors, ranging from state law
45 to physician workforce implications. The Council on Medical Education is well-suited to
46 develop an in-depth, nuanced solution, one that involves all key stakeholders and places
47 patient care and education needs at the forefront. To ensure an adequate opportunity for
48 the necessary review and data gathering phase, your Reference Committee would
49 recommend that this report be scheduled for the 2017 Interim Meeting (or later). We
50 therefore recommend that Resolution 308 be referred.

1 Madam Speaker, this concludes the report of Reference Committee C. I would like to
2 thank G. Hadley Callaway, MD; Michael Carius, MD; Louito Edje, MD; Jone Flanders,
3 DO; Katie Marsh; and Kevin McKinney, MD, and all those who testified before the
4 committee, as well as our AMA staff, including Catherine Welcher, Fred Lenhoff, Carrie
5 Radabaugh, and Alejandro Aparicio, MD.

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