DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2016 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-16)

Report of Reference Committee C

Martin D. Trichtinger, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

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

RECOMMENDED FOR ADOPTION AS AMENDED

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

2.

RECOMMENDED FOR REFERRAL

12. Resolution 308 – Promoting and Reaffirming Domestic Medical School Clerkship Education

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

RECOMMENDATION:

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

HOD ACTION: Original language of the first and second Resolves adopted as amended, to read as follows:

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

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

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

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

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

RECOMMENDATION:

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

HOD ACTION: Resolution 310 adopted.

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

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

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

HOD ACTION: Recommendation 1 amended by addition and deletion, to read as follows:

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

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

Recommendation 2 amended by addition, to read as follows:

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

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

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

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

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

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

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

<u>Medical and</u> Mental Health Services for Medical Students and Resident and Fellow Physicians

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

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

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

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

RECOMMENDATION D:

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

IMPROVING RESIDENCY TRAINING IN THE TREATMENT OF OPIOID DEPENDENCE

HOD ACTION: Resolution 301 be adopted as amended with a change in title.

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

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

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

RECOMMENDATION A:

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

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

RECOMMEDATION B:

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

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

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 302 be adopted as amended.

RECOMMENDATION D:

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

PROTECTING TRAINEES' BREAST-FEEDING RIGHTS

HOD ACTION: Resolution 302 adopted as amended with a change in title.

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

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

RECOMMENDATION C:

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

IMPROVING CULTURAL COMPETENCY TRAINING OPPORTUNITIES

HOD ACTION: Resolution 304 be adopted as amended with a change in title.

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

HOD ACTION: Resolution 305 adopted as amended.

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

RECOMMENDATION D:

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

HOD ACTION: Resolution 306 adopted as amended.

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

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

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

(9) RESOLUTION 307 - INAPPROPRIATE USES OF MAINTENANCE OF CERTIFICATION
RESOLUTION 311 – PREVENT MAINTENANCE OF CERTIFICATION LICENSURE AND HOSPITAL PRIVILEGING REQUIREMENTS

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that the following resolution be <u>adopted in lieu of</u> Resolutions 307 and 311.

RESTRICTIONS ON THE USE OF MAINTENANCE OF CERTIFICATION

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION A:

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

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

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

RECOMMENDATION B:

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

HOD ACTION: Resolution 309 adopted as amended.

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

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

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

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends that Resolution 312 be amended by addition and deletion, to read as follows:
RESOLVED, that our American Medical Association ~~work with the Internal Revenue Service to~~ support eliminate~~ion~~ of the tax liability when ~~private~~ employers provide the funds to repay student loans for physicians who agree to work in an underserved area. (Directive to Take Action)

RECOMMENDATION B:

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

HOD ACTION: Resolution 312 adopted as amended.

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

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

(12) RESOLUTION 308 - PROMOTING AND REAFFIRMING DOMESTIC MEDICAL SCHOOL CLERKSHIP EDUCATION

RECOMMENDATION:

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

HOD ACTION: Resolution 308 referred.

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

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

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

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