HOD Action: Council on Medical Education Report 1 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1-A-25

Subject:	Council on Medical Education Sunset Review of 2015 House of Delegates' Policies
Presented by:	Krystal Tomei, MD, MPH, Chair
Referred to:	Reference Committee C

Policy G-600.110, "Sunset Mechanism for AMA Policy," calls for the decennial review of American Medical Association (AMA) policies to ensure that our AMA's policy database is current, coherent, and relevant:

1. As the House of Delegates adopts policies, a maximum ten-year time horizon shall exist. A policy will typically sunset after ten years unless action is taken by the House of Delegates to retain it. Any action of our AMA House that reaffirms or amends an existing policy position shall reset the sunset "clock," making the reaffirmed or amended policy viable for another 10years.

2. In the implementation and ongoing operation of our AMA policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate AMA councils for review; (c) Each AMA council that has been asked to review policies shall develop and submit a report to the House of Delegates identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing council can recommend one of the following actions: (i) retain the policy; (ii) sunset the policy; (iii) retain part of the policy; or (iv) reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing council shall provide a succinct, but cogent justification; and (f) The Speakers shall determine the best way for the House of Delegates to handle the sunset reports.

3. Nothing in this policy shall prohibit a report to the HOD or resolution to sunset a policy earlier than its ten-year horizon if it is no longer relevant, has been superseded by a more current policy, or has been accomplished.

4. The AMA councils and the House of Delegates should conform to the following guidelines for sunset: (a) when a policy is no longer relevant or necessary; (b) when a policy or directive has been accomplished; or (c) when the policy or directive is part of an established AMA practice that is transparent to the House and codified elsewhere such as the AMA Bylaws or the AMA House of Delegates Reference Manual: Procedures, Policies and Practices.

5. The most recent policy shall be deemed to supersede contradictory past AMA policies.

6. Sunset policies will be retained in the AMA historical archives.

RECOMMENDATION

The Council on Medical Education recommends that the House of Delegates policies listed in the appendix to this report be acted upon in the manner indicated and the remainder of this report be filed.

Fiscal Note: $1,000.

APPENDIX: RECOMMENDED ACTIONS

	Policy Number	Title	Text	Recommendation
1	D-275.957	An Update on Maintenance of Licensure	Our American Medical Association will: 1. Continue to monitor the evolution of Maintenance of Licensure (MOL), continue its active engagement in discussions regarding MOL implementation, and report back to the House of Delegates on this issue. 2. Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council's ongoing efforts to critically review MOL issues. 3. Work with the Federation of State Medical Boards (FSMB) to study whether the principles of MOL are important factors in a physician's decision to retire or have a direct impact on the U.S. physician workforce. 4. Work with interested state medical societies and support collaboration with state specialty medical societies and state medical boards on establishing criteria and regulations for the implementation of MOL that reflect AMA guidelines for implementation of state MOL programs and the FSMB's Guiding Principles for MOL. 5. Explore the feasibility of developing, in collaboration with other stakeholders, AMA products and services that may help shape and support MOL for physicians. 6. Encourage the FSMB to continue to work with state medical boards to accept physician participation in the American Board of Medical Specialties maintenance of certification (MOC) and the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) osteopathic continuous certification (OCC) as meeting the requirements for MOL and to develop alternatives for physicians who are not certified/recertified, and advocate that MOC or OCC not be the only pathway to MOL for physicians. 7. Continue to work with the FSMB to establish and assess MOL principles, with the AMA to assess the impact of MOL on the practicing physician and the FSMB to study its impact on state medical boards. 8. Encourage rigorous evaluation of the impact on physicians of any future proposed	**Rescind – no longer relevant.** Federation of State Medical Boards (FSMB) is not advancing Maintenance of Licensure (MOL) and has archived their MOL policies.

			changes to MOL processes, including cost, staffing, and time.	
2	D-275.973	Essentials for Approval of Examining Boards in Medical Specialties	Our AMA approves the twelfth revision of the Essentials for the Approval of Examining Boards in Medical Specialties.	**Rescind – no longer relevant.** AMA is no longer part of the American Board of Medical Specialties (ABMS) approval process. "Essentials" policy is now called "Admission of new medical specialty boards to membership in the ABMS" (policy 1.8, adopted Oct 2023).
3	D-275.975	Sharing of Medical Disciplinary Data Among Nations	Our AMA will, in conjunction with the Federation of State Medical Boards, support the efforts of the International Association of Medical Regulatory Authorities in its current efforts toward the exchange of information among medical regulatory authorities worldwide.	**Retain – still relevant.** FSMB was a founder of the International Association of Medical Regulatory Authorities (IAMRA) and its Secretariat continues to be supported by FSMB.
4	D-295.315	Enhancing the AMA's Role in Premedical Education	Our AMA will: (1) update its "Becoming a Physician" website with most relevant information to enhance usage and usability, and support the concept and explore the feasibility of enhancing current AMA online resources for premedical students; (2) explore the feasibility of developing innovative online "premedical" engagement activities that are affordable to students and cost-effective for our AMA and have value to medical school admissions personnel; and (3) explore the feasibility of developing resources to enhance premedical student advising and mentoring by physicians and others.	**Rescind – accomplished.** Program/website is now defunct.
5	D-305.965	Alternative Funding for Continuing Medical Education	1. Our AMA will seek funding for quality, unbiased continuing medical education for all physicians. 2. Our AMA supports physician autonomy by partnering with relevant organizations to encourage medical organizations or institutions that employ physicians and offer financial support towards continuing medical education (CME) to avoid prioritizing institutional goals over individual physician educational needs in the choice of CME coursework.	**Rescind clause (1) – accomplished.** **Retain clause (2) – still relevant.** (1) The House action was communicated to the Association of American Medical Colleges (AAMC), American Hospital Association, Medical Group Management Association, and Veterans Affairs as well as medical schools, residency program directors, directors of medical education at U.S. teaching hospitals, and other interested groups via the Med Ed Update newsletter.
6	D-310.952	Mitigation of Physician Performance Metrics on Trainee Education	Our American Medical Association will ask the Accreditation Council for Graduate Medical Education and other organizations to use data to evaluate the impact of supervising physicians? performance metrics on trainees? learning experience.	**Rescind – accomplished.** Accreditation Council for Graduate Medical Education and AAMC were notified of the House action. It was also shared with medical schools, residency program directors, directors

				of medical education at U.S. teaching hospitals, and other interested groups via AMA Med Ed Update newsletter.
7	D-405.984	Confidentiality of Enrollment in Physicians (Professional) Health Programs	1. Our American Medical Association will work with other medical professional organizations, the Federation of State Medical Boards, the American Board of Medical Specialties, and the Federation of State Physician Health Programs, to seek and/or support rules and regulations or legislation to provide for confidentiality of fully compliant participants in physician (and similar) health programs or their recovery programs in responding to questions on medical practice or licensure applications. 2. Our AMA will work with The Joint Commission, national hospital associations, national health insurer organizations, and the Centers for Medicare and Medicaid Services to avoid questions on their applications that would jeopardize the confidentiality of applicants who are compliant with treatment within professional health programs and who do not constitute a current threat to the care of themselves or their patients.	**Retain – still relevant.**
8	H-225.960	Voluntary Use of Hospitalists and Required Consent	It is the policy of our AMA that the use of a hospitalist physician as the physician of record during a hospitalization must be voluntary and the assignment of responsibility to the hospitalist physician must be based on the consent of the patient's personal physician and the patient.	**Retain – still relevant.**
9	H-255.983	Graduates of Non-United States Medical Schools	The AMA continues to support the policy that all physicians and medical students should be evaluated for purposes of entry into graduate medical education programs, licensure, and hospital medical staff privileges on the basis of their individual qualifications, skills, and character.	**Rescind – duplicative.** Addressed by more recent policies that provide greater clarity on the assessment of students and physicians entering GME. • H-275.934 • D-310.945 • H-295.895 Also, title is inaccurate since it is about "non-U.S." graduates while policy is much broader.
10	H-255.989	A Program for Exchange Visitor Physicians	(1) It is the AMA's policy to separate the issues involved in the support of alien physicians participating in exchange visitor physician programs for purposes of education, training and/or research followed by return to their native lands from the issues involving U.S. citizens who are graduates of foreign medical schools and	**Retain – still relevant. Amend title and clause (1) to update language as follows:** ~~A PROGRAM FOR~~ EXCHANGE PROGRAMS FOR VISITOR PHYSICIANS

			alien physician graduates of foreign medical schools who seek permanent residence in the United States. (2) The AMA urges government and private funding of the physician exchange visitor program under the auspices of an appropriate organization that will: consider the range and type of medical education and health care needs of those foreign nations sending exchange visitor physicians; the means to evaluate the level of knowledge and needs of prospective participants in graduate medical education programs; and identify truly outstanding public health, geographic medicine, basic medical science, and clinical training programs to answer the needs of the visitor's native land.	(1) ~~It is the~~ AMA~~'s policy to separate the issues involved in the~~ supports ~~of alien~~ non-citizen physicians participating in exchange visitor physician programs for purposes of education, training and/or research followed by return to their ~~native~~ home ~~lands~~ country. This is separate from the issues involving U.S. citizens who are graduates of foreign medical schools and ~~alien~~ non-citizen physician graduates of foreign medical schools who seek permanent residence in the U.S.~~ United States~~.
11	H-255.994	Physician Exemption from Medical School Standards and Performance Evaluation Requirements	Our AMA recommends to medical licensing boards that those physicians who are international medical graduates currently duly licensed by any licensing jurisdiction in the U.S. should not be denied endorsement of their licenses, or denied admission to reexamination when this is required by law, solely because they are unable to provide documentation of graduation from a school meeting "equivalent standards and performance evaluation requirements" to those of programs accredited by the Liaison Committee on Medical Education.	**Retain – still relevant.**
12	H-275.917	An Update on Maintenance of Licensure	AMA Principles on Maintenance of Licensure (MOL): 1. Our American Medical Association (AMA) established the following guidelines for implementation of state MOL programs: A. Any MOL activity should be able to be integrated into the existing infrastructure of the health care environment. B. Any MOL educational activity under consideration should be developed in collaboration with physicians, should be evidence-based and should be practice-specific. Accountability for physicians should be led by physicians. C. Any proposed MOL activity should undergo an in-depth analysis of the direct and indirect costs, including physicians' time and the impact on patient access to care, as well as a risk/benefit analysis, with particular attention to unintended consequences. D. Any MOL activity should be flexible and offer a variety of compliance options for all physicians, practicing or non-practicing, which may vary depending on their roles	**Rescind clauses (1), (2), (3B-D) – no longer relevant.** FSMB is not advancing MOL and has archived their MOL policies. **Retain clause (3A) – still relevant. Amend title and clause to update language as follows:** ~~AN UPDATE ON MAINTENANCE OF LICENSURE~~ ACCEPTANCE OF AMA PRA CREDIT AS EVIDENCE OF CONTINUING MEDICAL EDUCATION ~~3.~~ Our AMA will~~:~~ ~~A. C~~ continue to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major continuing medical education (CME) credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance

			(e.g., clinical care, research, administration, education). E. Any MOL activity should be designed for quality improvement and lifelong learning. F. Participation in quality improvement activities, such as chart review, should be an option as an MOL activity. 2. Our AMA supports the Federation of State Medical Boards Guiding Principles for MOL (current as of June 2015), which state that: A. Maintenance of licensure should support physicians' commitment to lifelong learning and facilitate improvement in physician practice. B. Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing MOL requirements should remain within the purview of state medical boards. C. Maintenance of licensure should not compromise patient care or create barriers to physician practice. D. The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements. E. Maintenance of licensure processes should balance transparency with privacy protections (e.g., should capture what most physicians are already doing, not be onerous, etc.). 3. Our AMA will: A. Continue to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major CME credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance Improvement CME (PICME) format, and continue to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies, and other entities requiring evidence of physician CME as part of the process for MOL. B. Advocate that if state medical boards move forward with a more intense or rigorous MOL program, each state medical board be required to accept evidence of successful ongoing participation in the	Improvement CME (PICME) format, and continue to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies, and other entities requiring evidence of physician CME ~~as part of the process for MOL~~.

			ABMS MOC and AOA-Bureau of Osteopathic Specialists Osteopathic Continuous Certification to have fulfilled all three components of the MOL, if performed, C. Advocate that state medical boards accept programs created by specialty societies as evidence that the physician is participating in continuous lifelong learning and allow physicians to choose which programs they participate in to fulfill their MOL criteria. D. Oppose any MOL initiative that creates barriers to practice, is administratively unfeasible, is inflexible with regard to how physicians practice (clinically or not), does not protect physician privacy, or is used to promote policy initiatives about physician competence.	
13	H-295.859	Guidelines for Students Shadowing Physicians	Our American Medical Association: (1) encourages physicians in both private practice and academic settings to provide shadowing opportunities to students interested in a career in medicine--particularly those from underrepresented populations--as part of the physician's commitment to the future of the profession; (2) encourages physicians to adopt the most appropriate shadowing model to the needs of the practice/institution and the student(s); and (3) endorses the clinical shadowing guidelines for students from the Association of American Medical Colleges as one model for such students and will help disseminate this document to K-12 students, premedical students, health professions advisors, hospitals, and physicians.	**Retain clauses (1), (2) - still relevant.** **Rescind clause (3) – accomplished.** House action was communicated to medical students, medical schools, residency program directors, directors of medical education at U.S. teaching hospitals, health professions advisors, and other interested groups via the MedEd Update newsletter, Medical Student Section (MSS) listserv, and National Association of Advisors for the Health Professions listserv. AMA policy avoids language to "endorse." AAMC's guidance document has not been updated since 2013. They conducted a clinical shadowing survey in 2016 and shared the results, which was meant to serve as updated guidance.
14	H-295.860	Promoting Transparency in Medical Education and Access to Training	Our American Medical Association: (1) strongly encourages medical schools and graduate medical education training programs to communicate with current and prospective medical students, residents and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education and training opportunities at their respective institutions; and (2) will work with the Accreditation Council for Graduate Medical Education and other appropriate stakeholders to support transparency within medical education, recommending that	**Retain – still relevant.**

			medical schools and graduate medical education training programs communicate with current and prospective medical students, residents and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education and training opportunities.	
15	H-295.862	Alignment of Accreditation Across the Medical Education Continuum	1. Our AMA supports the concept that accreditation standards for undergraduate and graduate medical education should adopt a common competency framework that is based in the Accreditation Council for Graduate Medical Education (ACGME) competency domains. 2. Our AMA recommends that the relevant associations, including the AMA, Association of American Medical Colleges (AAMC), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM), along with the relevant accreditation bodies for undergraduate medical education (Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation) and graduate medical education (ACGME, AOA) develop strategies to: a. Identify guidelines for the expected general levels of learners' competencies as they leave medical school and enter residency training. b. Create a standardized method for feedback from medical school to premedical institutions and from the residency training system to medical schools about their graduates' preparedness for entry. c. Identify areas where accreditation standards overlap between undergraduate and graduate medical education (e.g., standards related to the clinical learning environment) so as to facilitate coordination of data gathering and decision-making related to compliance. All of these activities should be codified in the standards or processes of accrediting bodies. 3. Our AMA encourages development and implementation of accreditation standards or processes that support utilization of tools (e.g., longitudinal learner portfolios) to track learners' progress in achieving the	**Rescind clause (1)- accomplished.** Liaison Committee on Medical Education (LCME) standards do require that schools include a competency framework as the basis for their educational program objectives. **Rescind clause (2) – accomplished.** The AMA has been an active member of the Foundational Competencies for Undergraduate Medical Education initiative. Regarding (2b). AAMC developed such a tool. **Retain clause (3) – still relevant. Amend to update language as follows:** 3. Our AMA ~~encourages~~ supports the development and implementation of ~~accreditation standards or processes that support utilization of~~ tools (e.g., longitudinal learner portfolios) to track learners' progress in achieving the defined competencies across the continuum. **Rescind clause (4) – no longer relevant.** Addressed by newer policy H-275.916. **Rescind clause (5a) – accomplished.** Addressed by AMA ChangeMedEd initiative (formerly called Accelerating Change in Medical Education). **Rescind Clause (5b) – accomplished.** Addressed by AMA's longstanding collaboration with ACGME.

			defined competencies across the continuum. 4. Our AMA supports the concept that evaluation of physicians as they progress along the medical education continuum should include the following: (a) assessments of each of the six competency domains of patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice; and (b) use of assessment instruments and tools that are valid and reliable and appropriate for each competency domain and stage of the medical education continuum. 5. Our AMA encourages study of competency-based progression within and between medical school and residency. a. Through its Accelerating Change in Medical Education initiative, our AMA should study models of competency-based progression within the medical school. b. Our AMA should work with the Accreditation Council for Graduate Medical Education (ACGME) to study how the Milestones of the Next Accreditation System support competency-based progression in residency. 6. Our AMA encourages research on innovative methods of assessment related to the six competency domains of the ACGME/American Board of Medical Specialties that would allow monitoring of performance across the stages of the educational continuum. 7. Our AMA encourages ongoing research to identify best practices for workplace-based assessment that allow performance data related to each of the six competency domains to be aggregated and to serve as feedback to physicians in training and in practice.	**Rescind clauses (6), (7) – accomplished.** HOD actions were communicated to the Accreditation Council for Graduate Medical Education, American Osteopathic Association, Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, American Board of Medical Specialties, Commission on Osteopathic College Accreditation and Liaison Committee on Medical Education. Also, they were shared with medical schools, residency program directors, directors of medical education at U.S. teaching hospitals, and other interested groups via MedEd Update. **Amend title as follows:** ~~ALIGNMENT OF ACCREDITATION ACROSS THE MEDICAL EDUCATION CONTINUUM~~ TOOLS TO SUPPORT ACHIEVEMENT OF COMPETENCIES ACROSS LEARNING CONTINUUM
16	H-295.907	The Impact of the Changing Health Care Environment on Graduate Medical Education	Our American Medical Association will encourage the Accreditation Council for Graduate Medical Education to review the impact of the changing health care environment on the feasibility of meeting accreditation standards related to patient volume, number of procedures to be performed, residency program size, and the	**Rescind – accomplished.**

			requirement for the presence of residency programs in other disciplines.	
17	H-295.926	Support for Development of Continuing Education Programs for Primary Care Physicians in Non-Academic Settings	The AMA: (1) supports development, where appropriate, of programs of education for medical students and faculty in non-academic settings, making use of telecommunications as needed; (2) encourages that medical schools provide faculty development programs that are designated for *AMA PRA Category 1 Credit*"; and (3) encourages that teaching continue to be accepted for *AMA PRA Category 2 Credit*" when not designated for *AMA PRA Category 1 Credit*" .	**Retain – still relevant.**
18	H-295.953	Medical Student, Resident and Fellow Legislative Awareness	1. The AMA strongly encourages the state medical associations to work in conjunction with medical schools to implement programs to educate medical students concerning legislative issues facing physicians and medical students. 2. Our AMA will advocate that political science classes which facilitate understanding of the legislative process be offered as an elective option in the medical school curriculum. 3. Our AMA will establish health policy and advocacy elective rotations based in Washington, DC for medical students, residents, and fellows. 4. Our AMA will support and encourage institutional, state, and specialty organizations to offer health policy and advocacy opportunities for medical students, residents, and fellows.	**Retain – still relevant**.
19	H-295.980	Clinical Training in STD for Medical Students/ Physicians in Training	The AMA urges medical schools to provide supervised training in sexually transmitted diseases for all medical students and physicians in training.	**Retain – still relevant. Amend title to update language as follows:** CLINICAL TRAINING IN ~~STD~~SEXUALLY TRANSMITTED INFECTIONS ~~FOR MEDICAL STUDENTS/ PHYSICIANS IN TRAINING~~ The AMA urges medical schools to provide supervised training in sexually transmitted ~~diseases~~ infections for all medical students and physicians in training.
20	H-300.959	Physician Participation in the AMA Physician's	It is policy that: (1) the AMA, state medical societies, and specialty societies in the AMA House of Delegates publicize and promote physician participation in the AMA	**Retain – still relevant. Amend to update language as follows:**

		Recognition Award	Physician's Recognition Award; and (2) that all physicians participate in the AMA Physician's Recognition Award as a visible demonstration of their commitment to continuing medical education.	~~It is policy that:~~ AMA encourages (1) ~~the AMA,~~ state medical societies~~,~~ and specialty societies in the AMA House of Delegates to publicize and promote physician participation in the AMA Physician's Recognition Award (PRA); and (2) ~~that~~ all physicians to participate in the AMA Physician's Recognition Award (PRA) as a visible demonstration of their commitment to continuing medical education.
21	H-300.969	Uniform Standards for Continuing Medical Education	The AMA (1) will continue its efforts to develop uniform standards for continuing medical education; and (2) will solicit input from all state medical associations, medical licensure boards, and national specialty organizations concerning the development of the most appropriate uniform standards for continuing medical education.	**Rescind – duplicative.** Clause (1) is addressed by newer policies H-300.976 "Unification of Education Credits" and 9.2.6 "Continuing Medical Education." Clause (2) was accomplished during simplification and alignment process in 2017.
22	H-305.942	The Ecology of Medical Education: The Infrastructure for Clinical Education	The AMA recommends the following to ensure that access to appropriate clinical facilities and faculty to carry out clinical education is maintained: (1) That each medical school and residency program identify the specific resources needed to support the clinical education of trainees, and should develop an explicit plan to obtain and maintain these resources. This planning should include identification of the types of clinical facilities and the number and specialty distribution of full-time and volunteer clinical faculty members needed. (2) That affiliated health care institutions and volunteer faculty members be included in medical school and residency program resource planning for clinical education when appropriate. (3) That medical school planning for clinical network development include consideration of the impact on the education program for medical students and resident physicians. (4) That accrediting bodies for undergraduate and graduate medical education be encouraged to adopt accreditation standards that require notification of changes in clinical affiliations, in order to ensure that changes in the affiliation status of hospitals or other clinical sites do not adversely affect the education of medical students and resident physicians.	**Retain – still relevant.**
23	H-305.971	Discrimination Against Resident Candidates Based on	Our American Medical Association urges residency programs to use the qualifications of residency applicants as a basis for filling available positions, and not the eligibility or	**Retain – still relevant.**

		Graduate Medical Education Medicare Funding	level of future Medicare graduate medical education funding.	
24	H-310.917	Securing Funding for Graduate Medical Education	Our American Medical Association: (1) continues to be vigilant while monitoring pending legislation that may change the financing of medical services (health system reform) and advocate for expanded and broad-based funding for graduate medical education (from federal, state, and commercial entities); (2) continues to advocate for graduate medical education funding that reflects the physician workforce needs of the nation; (3) encourages all funders of GME to adhere to the Accreditation Council for Graduate Medical Education's requirements on restrictive covenants and its principles guiding the relationship between GME, industry and other funding sources, as well as the AMA's Opinion 8.061, and other AMA policy that protects residents and fellows from exploitation, including physicians training in non-ACGME-accredited programs; and (4) encourages entities planning to expand or start GME programs to develop a clear statement of the benefits of their GME activities to facilitate potential funding from appropriate sources given the goals of their programs.	**Retain – still relevant.**
25	H-310.966	Residency Interview Costs	1. It is the policy of the AMA to pursue changes to federal legislation or regulation, specifically to the Higher Education Act, to include an allowance for residency interview costs for fourth-year medical students in the cost of attendance definition for medical education. 2. Our AMA will work with appropriate stakeholders, such as the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education, in consideration of the following strategies to address the high cost of interviewing for residency/fellowship: a) establish a method of collecting data on interviewing costs for medical students and resident physicians of all specialties for study, and b) support further study of residency/fellowship interview strategies aimed at mitigating costs associated with such interviews.	**Retain – still relevant.**

26	H-310.993	Resident Participation on Hospital Committees	The AMA encourages hospitals with graduate medical education programs to include residents on hospital executive, fiscal and other committees.	**Retain – still relevant.**
27	H-310.994	Curriculum Orientation of Medical Staff Membership in Teaching Programs	Our American Medical Association believes that teaching programs in hospitals with residencies throughout the US should incorporate information on the privileges and responsibilities of medical staff membership into their education program's orientation materials.	**Retain – still relevant.**
28	H-310.995	Anonymity for Resident Inquiries to Residency Review Committees	Our American Medical Association supports a detailed procedure to guarantee anonymity of a resident physician who initiates an inquiry by a residency review committee into the conduct of a residency program, to protect residents from reprisals and program directors from unfounded complaints. The procedure includes a mechanism for the resident who elects to forward a complaint to the residency review committee (RRC), outlines options for RRC action; and identifies possible final actions open to the RRC.	**Retain – still relevant.**
29	H-350.969	Medical Education for Members in Underserved Minority Populations	Our AMA: (1) actively opposes the reduction of resources and opportunities used to increase the number of minority medical and premedical students in training; (2) uses its influence in states and local communities to increase the representation of minority group members in medical education, as long as domestic health care disparities exist between minority populations and the greater population at-large; and (3) supports the need for an increase in the participation of under-represented minorities as investigators, trainees, reviewers, and subjects in peer review biomedical research at all levels.	**Retain – still relevant.**
30	H-350.970	Diversity in Medical Education	Our AMA will: (1) request that the AMA Foundation seek ways of supporting innovative programs that strengthen pre-medical and pre-college preparation for minority students; (2) support and work in partnership with local state and specialty medical societies and other relevant groups to provide education on and promote programs aimed at increasing the number of minority medical school admissions; applicants who are admitted; and (3) encourage medical schools to consider the likelihood of service to underserved populations as a medical school admissions criterion.	**Retain – still relevant.**

31	H-435.954	Impact of US Medical Liability Premiums on Clinical Medical Education	Our AMA opposes increases in medical liability insurance premiums based solely on preceptor or volunteer faculty status.	**Retain – still relevant. Amend title to update language as follows:** ~~IMPACT OF~~ US MEDICAL LIABILITY PREMIUMS ~~ON CLINICAL MEDICAL EDUCATION~~ AND FACULTY STATUS
32	H-475.985	Protecting the Integrity of General Surgery as a Specialty	Our American Medical Association policy is that general surgery is a single specialty, distinct from other surgical specialties and that general surgery should be recognized as such by state regulatory agencies.	**Retain – still relevant.**