

HOD ACTION: Recommendations in Council on Medical Education Report 7 adopted in lieu of Resolution 318 and the remainder of the report filed.

REPORT 07 OF THE COUNCIL ON MEDICAL EDUCATION (A-23)
Management and Leadership Training in Medical Education
(Reference Committee C)

EXECUTIVE SUMMARY

At the 2022 Annual Meeting, the American Medical Association (AMA) House of Delegates (HOD) adopted policy directing the AMA to “4.(a) study the extent of the impact of AMA Policy [D-295.316](#), ‘Management and Leadership for Physicians,’ on elective curriculum; and (b) expand efforts to promote the tenets of health systems science to prepare trainees for leadership roles and address prevalent challenges in the practice of medicine and public health.”

This report is written in response to these directives. While there is no clear way to study the extent of the impact of AMA policy on elective curricula, this report provides background on Policy D-295.316, describes efforts made to advance learning opportunities regarding physician management and leadership, and discusses how this topic relates to the foundational platform of health systems science.

Policy D-295.316 was originally adopted at the 2014 Interim Meeting. Since that time, it was amended at I-16 and A-18, reaffirmed at A-17, and amended at A-22 with the addition of a fourth clause, as noted above, which is the impetus for this report. Appendix A cites the various actions taken to accomplish this policy over the years. It also provides a listing of all the AMA programs, courses, and initiatives that address physician leadership and management. Further, this report describes the educational standards, competencies, and organizations that foster such knowledge and skills and analyzes data from the Liaison Committee on Medical Education and National GME Census related to leadership and health systems science.

This report recommends that policy D-295.316 be amended to clarify the ongoing efforts of the AMA, rescind clauses accomplished by this report, and add new directives related to data collection and analysis as well as the creation of an online directory of AMA resources.

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REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 07-A-23

Subject: Management and Leadership Training in Medical Education

Presented by: John P. Williams, MD, Chair

Referred to: Reference Committee C

1 At the 2022 Annual Meeting, the American Medical Association (AMA) House of Delegates
2 (HOD) adopted new policy directing the AMA to:

- 3
4 (a) study the extent of the impact of AMA Policy [D-295.316](#), “Management and Leadership
5 for Physicians,” on elective curriculum; and (b) expand efforts to promote the tenets of health
6 systems science to prepare trainees for leadership roles and address prevalent challenges in the
7 practice of medicine and public health.
8

9 Testimony on this item supported the need for physician leaders and the development of necessary
10 leadership and communication skills. This is in alignment with the AMA’s work to inculcate health
11 systems science throughout the medical education curriculum as part of its Accelerating Change in
12 Medical Education initiative (now renamed ChangeMedEd).
13

14 This report is written in response to these newly adopted directives. While there is no clear way to
15 study the extent of the impact of AMA policy on elective curricula, this report provides
16 background on Policy D-295.316, describes efforts made to advance learning opportunities
17 regarding physician management and leadership, and discusses how this topic relates to the
18 foundational platform of health systems science.
19

20 BACKGROUND

21
22 *AMA Policy D-296.316, Management and Leadership for Physicians”*
23

24 Policy [D-295.316](#) was originally adopted at the 2014 Interim Meeting (I-14). It was amended at I-
25 16 and A-18 and most recently at A-22 with the addition of a fourth clause, which is the impetus
26 for this report. The policy was also reaffirmed at A-17. Currently, the full policy contains four
27 clauses and reads as follows:
28

- 29 1. Our AMA will study advantages and disadvantages of various educational options on
30 management and leadership for physicians with a report back to the House of Delegates; and
31 develop an online report and guide aimed at physicians interested in management and
32 leadership that would include the advantages and disadvantages of various educational options.
- 33 2. Our AMA will work with key stakeholders to advocate for collaborative programs among
34 medical schools, residency programs, and related schools of business and management to better

- 1 prepare physicians for administrative, financial and leadership responsibilities in medical
2 management.
- 3 3. Our AMA: (a) will advocate for and support the creation of leadership programs and curricula
4 that emphasize experiential and active learning models to include knowledge, skills and
5 management techniques integral to achieving personal and professional financial literacy and
6 leading interprofessional team care, in the spirit of the AMA's Accelerating Change in Medical
7 Education initiative; and (b) will advocate with the Liaison Committee on Medical Education,
8 Association of American Medical Colleges and other governing bodies responsible for the
9 education of future physicians to implement programs early in medical training to promote the
10 development of leadership and personal and professional financial literacy capabilities.
- 11 4. Our AMA will: (a) study the extent of the impact of AMA Policy D-295.316, "Management
12 and Leadership for Physicians," on elective curriculum; and (b) expand efforts to promote the
13 tenets of health systems science to prepare trainees for leadership roles and address prevalent
14 challenges in the practice of medicine and public health.

15
16 From 2014-2016, AMA conducted a qualitative study and environmental scan to evaluate the
17 market for physician leadership training and development and to test the potential demand for
18 AMA-led programs. As a result of this research, the AMA launched the development of leadership-
19 related content for physicians specific to topics where the AMA has unique expertise at both the
20 individual and practice levels. Given the evolution of this policy from 2014 to 2022, several actions
21 were taken over the years to accomplish the directives in clauses (1)-(3). These actions are
22 enumerated in Appendix A and further addressed in the report's recommendations.

23 24 *Educational Standards, Competencies, and Resources*

25
26 Many organizations and institutions are responsible for the education of future physicians. They
27 may implement programs in medical training to promote the development of leadership as well as
28 personal and professional financial literacy capabilities. The Liaison Committee on Medical
29 Education (LCME) and Association of American Medical Colleges (AAMC), while not "governing
30 bodies" as stated in clause 3b of AMA policy D-295.316, do play a role. Likewise, the American
31 Osteopathic Association (AOA), Commission on Osteopathic College Accreditation (COCA),
32 American Association of Colleges of Osteopathic Medicine (AACOM), and Accreditation Council
33 for Graduate Medical Education (ACGME) also play important roles.

34
35 The LCME determines the [standards](#) an allopathic medical school must meet to maintain
36 accreditation. Such standards include Self-Directed and Life-Long Learning (6.3), Interprofessional
37 Collaborative Skills (7.9), and Financial Aid/Debt Management Counseling/Student Educational
38 Debt (12.1) — all of which address and support the topics raised in Policy D-295.316 clause (3a).¹
39 Similarly, COCA's [standards](#) include Curriculum Design and Management (6.1), Self-Directed
40 Learning (6.7), Interprofessional Education for Collaborative Practice (6.8), Financial Aid and
41 Debt Management Counseling (9.7), Student Debt Outcomes (11.3), and Title IV Responsibility
42 (12.9).²

43
44 The AAMC offers 15 competencies for entering medical students that lend themselves toward the
45 development of skills necessary for effective leadership.³ The AAMC's Group on Student Affairs
46 (GSA) supports professional development, inclusive of leadership skills, and offers a framework to
47 provide performance benchmarks.⁴ Further, the GSA provides various [resources](#) and a
48 downloadable, interactive [catalog](#) to identify which resources best suit the individual. For example,
49 the [Leadership Education and Development \(LEAD\) Certificate Program](#) is designed to foster
50 leaders in academic medicine.

1 The AACOM's [Leadership Institute](#) supports leadership development through a variety of
2 resources suitable for DOs at all career stages and pursuits, including a Senior Leadership
3 Development Program as well as a fellowship and internship in osteopathic health policy.

4
5 The ACGME Common Program Requirements, effective July 2022, establish that the
6 qualifications of a program director include leadership skills (II.A.3.a) and professionalism
7 (II.A.4.a).⁵ Likewise, a program coordinator should possess skills in management and leadership.
8 The requirements acknowledge that programs may place different emphasis on some skills such as
9 leadership. The "core competencies" of the ACGME and American Board of Medical Specialties
10 (ABMS) provide the foundation for residency milestones as well as board certification standards
11 ([initial](#) and [continuing](#)).⁶ These competencies address aspects of leadership:

- 12 • Patient Care and Procedural Skills
- 13 • Medical Knowledge
- 14 • Practice-based Learning and Improvement
- 15 • Interpersonal and Communication Skills
- 16 • Professionalism
- 17 • Systems-based Practice

18 19 DISCUSSION

20
21 Management and leadership skills are complementary and may overlap but their ultimate functions
22 differ. The concept of "leadership" seeks to move an organization toward achieving a strategic
23 vision through change. "Management" is a newer concept focused on organizational efficiency and
24 effectiveness while also addressing its complexity. In short, "leadership can be said to craft the
25 vision and strategy, and management is necessary to operationalize."⁷ Management training usually
26 includes topics such as business/practice management, organizational skills, time, and stress
27 management; whereas leadership training often addresses such topics as communication,
28 interpersonal skills, cultural sensitivity, facilitation, problem solving, team building, and conflict
29 resolution. It is important for good leaders to understand management principles to achieve their
30 vision. Leadership will be further explored in Council on Medical Education Report 9-A-23
31 addressing accreditation standards for competency in leading interprofessional health care teams.

32 33 *AMA Management and Leadership Opportunities*

34
35 The AMA's focused work in [Medical Education](#) as well as [Physician Satisfaction and Practice](#)
36 [Sustainability](#) offers a wide range of learning opportunities and resources that address the broad
37 and diverse topic of physician leadership.

- 38 • The AMA [Undergraduate Medical Education Curricular Enrichment Program](#) (UCEP), a
39 series of online educational modules designed to complement undergraduate medical
40 school curricula including modules on leadership.
- 41 • The AMA [Medical Student Leadership Learning Series](#) offers interactive modules that
42 provide realistic scenarios and resources to help medical students become skilled in core
43 competencies of leadership.
- 44 • The [Succeeding in Medical School](#) series provides medical students and international
45 medical graduates with medical school tips and other guidance on a wide range of critical
46 topics, including preparing for the United States Medical Licensing Examination[®]
47 (USMLE[®]), navigating clinical rotations, publishing scientific research, and maintaining
48 optimal health and wellness. It also provides opportunities for physicians to develop
49 leadership skills and advocate for patients and the profession.

- 1 • The AMA’s [Accelerating Change in Medical Education](#) initiative, recently renamed
2 ChangeMedEd, works across the education continuum with visionary partners to create
3 bold innovations in undergraduate and graduate medical education. It offers transformative
4 resources for learners and educators, as well as national events that disseminate
5 innovations to better train physicians to meet the needs of patients today and in the future.
6 Members of the Accelerating Change in Medical Education Consortium actively
7 collaborate on the development of leadership curricula at the undergraduate medical
8 education level. This includes resources to address [shaping tomorrow’s leaders](#). This
9 initiative also created the Health Systems Science framework, described in more detail
10 below.
- 11 • The AMA [GME Competency Education Program](#) (GCEP) offers a robust series of online
12 educational courses that complement teachings in residency and fellowship programs with
13 meaningful, nonclinical knowledge that is easy to digest, understand, and apply. Built for
14 busy residents, fellows, and faculty, GCEP offers flexible, self-paced learning with
15 convenient anytime, anywhere access. It covers pertinent topics in GME such as resident
16 well-being, sleep deprivation, the basics of health equity, and more. This award-winning
17 program can help residents and fellows meet core program requirements and prepare for
18 practice.
- 19 • The [Reimagining Residency](#) initiative is developing leadership training for residents.
20 Efforts include curricula in professional identity formation.
- 21 • The Resident Diversity Leadership Program, supported by the AMA and administered
22 through the University of Cincinnati, is a yearlong program for a cohort of 40 residents
23 from backgrounds that have been historically excluded from medicine that meets monthly
24 and works through a leadership curriculum.
- 25 • The [STEPS Forward](#)[®] practice innovation strategies offer real-world solutions to the
26 challenges that physicians face every day. It provides tools to address barriers and restore
27 joy in the practice of medicine. Further, STEPS Forward[®] offers proven approaches on
28 how to successfully lead and manage change initiatives, empower the team, and drive
29 tangible results. It offers a [toolkit](#) of resources and information on leadership in practice
30 and a pertinent webinar entitled “[Leading Through a Crisis: Communication During](#)
31 [COVID-19 Times](#).” STEPS Forward also features a module, entitled “Cultivating
32 Leadership: Measure and Assess Leader Behaviors to Improve Professional Well-Being,”
33 that guides learners in the importance of leadership in promoting well-being and
34 emphasizes ways to improve leadership in practice. Further, the [Joy in Medicine Health](#)
35 [System Recognition](#) program honors organizations that have demonstrated organizational
36 investment in promoting leadership development.
- 37 • The [AMA Ed Hub](#)[™] online learning platform provides high-quality education for
38 physicians and other medical professionals to stay current and continuously improve the
39 care they provide. It brings together education from trusted sources including the JAMA
40 Network[™] and the AMA Journal of Ethics[®] as well as curated content from external
41 providers including access to the [Stanford Leadership Virtual Journal Club](#). This platform
42 offers many educational opportunities (e.g., articles, podcasts, learning activities) that
43 address leadership, many of which offer CME credit.
- 44 • The [AMA Foundation](#)’s Leadership Development Institute offers a unique opportunity for
45 physicians to gain individualized insight into the skills needed to foster their careers and
46 the future of medicine. Participants receive professional development opportunities as well
47 as mentoring throughout the course of the program. Activities include a weekend retreat,
48 monthly training webinars, a year-long formal mentorship program and culminating
49 workshops held in conjunction with the AMA Annual Meeting.

- 1 • The [AMA Political Action Committee](#) (AMPAC) is a bipartisan committee whose mission
2 is to support candidates who will help medicine in Congress. In addition, AMPAC offers
3 two political education training programs to encourage and support more members of the
4 medical community to either seek public office or get involved in others' political
5 campaigns. AMPAC has proudly offered these programs for over 30 years and has trained
6 thousands of physicians to be successful candidates and activists.
- 7 • The AMA's Councils recommend educational policies to the AMA House of Delegates
8 and have written many reports that discuss leadership in varying capacities. For example,
9 the [Council on Medical Education](#) offered a report on the "[The Structure and Function of](#)
10 [Interprofessional Health Care Teams](#)" that addresses the role of the physician leader.
- 11 • Participation in the AMA [HOD](#), whether as a delegate/alternate delegate, ambassador,
12 and/or member of a section, council, or board, demonstrates proactive physician
13 leadership.

14
15 This rich variety of resources is available to students, trainees, physicians, and the medical
16 education community; members and institutions are encouraged to avail themselves of these
17 leadership training programs.

18 19 Health Systems Science

20
21 [Health systems science](#) (HSS) is a foundational platform and framework for understanding how
22 health care is delivered, how health care professionals work together to deliver that care, and how
23 the health system can improve patient care.

24
25 At the formation of the Accelerating Change in Medical Education initiative, the AMA called for
26 innovations in "Promoting exemplary methods to achieve patient safety, performance improvement
27 and patient-centered team-based care; and improving medical students' understanding of the health
28 care system and health care financing."⁸ Member medical schools of the Accelerating Change in
29 Medical Education Consortium collaborated to create and develop a replete framework for HSS.
30 The framework rests upon systems thinking to unify domains such as leadership, teaming, change
31 agency, health care structure and processes, policies and economics, value, improvement, and
32 more.

33
34 The consortium has developed multiple resources to support faculty development and the
35 integration of training in HSS into UME and then GME. Resources include a textbook (now in its
36 second edition), online modules hosted on the AMA Ed Hub™, a faculty scholars program, and an
37 implementation guidebook. A full inventory of resources is displayed on a public [landing page](#).
38 The AMA also hosted a Health Systems Science Summit in 2022 to promote dissemination in
39 UME and GME with over 250 participants.

40
41 A 2018 inventory of MD-granting medical schools conducted by the AMA demonstrated that most
42 schools have incorporated some elements of HSS, and over 50 percent use the AMA textbook as a
43 faculty resource. AMA staff and external partners continue to promote dissemination across UME
44 and GME.

45
46 *Data on related curricula and training*

47
48 [LCME Part II Annual Medical School Questionnaire](#)

1 This LCME questionnaire collects data on both leadership and health systems science within the
 2 medical school curriculum. The following data are from the 2021-2022 questionnaire with
 3 responses from all 155 LCME-accredited medical education programs.⁹
 4

	<i># of schools where topics are included</i>	
Topic	Required course in the pre-clerkship phase (Years 1 &2)	Required clerkship/ clinical discipline
Leadership	103	93
Health systems science	135	120

5
 6 National GME Census
 7

8 Starting in 2019, the program survey of the National GME Census, which provides information for
 9 FREIDA™, the AMA’s Residency and Fellowship Database®, asked if programs provided
 10 “Curriculum to develop health systems leadership skills (e.g., QI project leadership,
 11 community/organizational advocacy).”
 12

Type of program	<i>Number and percent of programs with leadership development curriculum*</i>							
	2019-2020	%	2020-2021	%	2021-2022	%	2022-2023	%
Residency	1421	27.2	1550	29.0	1547	28.4	1542	28.0
Fellowship	1181	16.9	1206	16.9	1135	15.4	1260	17.0
Program setting								
University hospital	1530	20.6	1593	21.3	1555	20.5	1535	20.4
Community hospital/ university affiliated	796	23.9	861	24.7	799	22.0	841	22.7
Community hospital	262	21.3	282	21.8	312	23.4	294	22.2
Other setting	14	6.0	20	8.6	16	6.8	132	35.5

13 Analysis of the American Medical Association’s GME Database.
 14 *Programs responding affirmatively to the question “Does the program offer... curriculum to develop health systems
 15 leadership skills (e.g., QI project leadership, community/organizational advocacy)” in the National GME Census.
 16

17 There does not appear to be significant growth in the number of programs providing leadership
 18 training over the past four years. Residency programs appear more likely to report having the
 19 curriculum compared to fellowship programs. Community-based programs are slightly more likely
 20 to report having a curriculum compared to university-based programs.
 21

22 *Medical subspecialty proposal*

1 The certifying boards of multiple specialties, including the [American Board of Emergency](#)
2 [Medicine](#) (ABEM), [American Board of Anesthesiology](#), [American Board of Preventive Medicine](#),
3 and [American Board of Family Medicine](#), recently received approval from the ABMS Committee
4 on Certification (COCERT) for a subspecialty certification in Health Care Administration,
5 Leadership and Management (HALM). The ABEM application indicated the purpose of the
6 proposed certification is “to recognize expertise held by physicians with sophisticated,
7 comprehensive knowledge that covers the broad, system-based leadership needs of health care
8 environments, including those related to patient care as well as other health system administrative
9 and management needs. HALM integrates expertise from medicine, health systems science, quality
10 improvement, patient safety, business, public health, communication, computer science,
11 economics, law, and other disciplines in a singular subspecialty certification.”¹⁰ The ACGME has
12 approved program requirements for GME training programs in HALM, which can have accredited
13 lengths of either 12 or 24 months. While there are not yet any accredited programs, there are
14 similar programs already in existence that are likely to seek accreditation.

15 16 RELEVANT AMA POLICIES

17
18 In addition to Policy D-295.316, the AMA has other policies related to physician leadership and
19 management as listed here. These full policies are provided in Appendix B.

- 20 • [H-235.981](#), Qualifications, Selection, and Role of Medical Directors, Chief Medical
21 Officers, Vice Presidents for Medical Affairs, and Others Employed by or Under Contract
22 with Hospitals/Health Systems to Provide Medical Management Services
- 23 • [H-405.990](#), Physician Managers
- 24 • [H-445.984](#), Training Physicians and Physicians-in-Training in the Art of Public Speaking

25 26 SUMMARY AND RECOMMENDATIONS

27
28 The AMA has made significant efforts in the last 10-plus years to address, support, and advocate
29 for physician leadership. These efforts align with the educational standards regarding leadership set
30 by the accrediting bodies and are complemented by the many partnerships that have been forged to
31 advance physician leadership. It is very difficult to study the “extent of the impact” (as stated in the
32 new fourth clause of D-295.316) of a policy on elective curriculum with any degree of accuracy or
33 thoroughness given the wide scope of the resources offered, as described above. The research
34 conducted for this report indicates that the efforts made by the AMA, its partners, and other
35 external stakeholders continue to advance physician leadership by way of curricula, training
36 programs, resources, and development of a possible subspecialty. The AMA has made great strides
37 to embed leadership into the tenets of HSS to prepare trainees for leadership roles and address
38 prevalent challenges in the practice of medicine and public health. The AMA is committed to
39 continuing such efforts and promoting them accordingly.

40
41 The Council on Medical Education therefore recommends that the following recommendations be
42 adopted, and the remainder of this report be filed:

- 43
44 1. That clause (1) of AMA policy [D-295.316](#) be rescinded as such directives have been
45 accomplished per the actions, programs, and resources summarized in this report.
- 46
47 2. That clauses (2) and (3) of AMA policy D-295.316 be amended by addition and deletion to
48 read as follows:
49
50 2. “Our AMA supports collaborative programs among medical schools, residency
51 programs, and related schools of business and management to give physicians the

1 opportunity to assume administrative, financial, and leadership responsibilities in
2 medical management.”

3
4 3. “Our AMA: (a) supports and participates in the creation and promotion of
5 management and leadership programs and curricula that emphasize experiential and
6 active learning models to include knowledge, skills, and management techniques
7 integral to achieving financial literacy and leading interprofessional health care teams;
8 and (b) encourages the organizations responsible for the education of future physicians
9 to implement programs throughout medical training to develop management and
10 leadership competencies and-financial literacy capabilities.” (Modify Current HOD
11 Policy)

- 12
13 3. That AMA policy D-295.316 be amended by addition of new clause (3c) to read as
14 follows:

15
16 Our AMA: (c) encourages key stakeholders to collect and analyze data on the
17 effectiveness of management and leadership training and share such information with
18 the medical education community. (Directive to Take Action)

- 19
20 4. That clause (4a) of AMA policy D-295.316 be rescinded, as having been accomplished by
21 the writing of this report.

22
23 Our AMA will expand efforts to promote the tenets of health systems science to
24 prepare trainees for leadership roles and address prevalent challenges in the practice of
25 medicine and public health. (Rescind HOD Policy)

- 26
27 5. That AMA policy D-295.316 be amended by addition of a new clause (5), to read as
28 follows:

29
30 Our AMA will create a central online directory of its management and leadership
31 resources that is searchable on the AMA website and promote the directory and these
32 resources to AMA members and the medical education community.

33
34
35 Fiscal note: \$1000

APPENDIX A

History and evolution of AMA Policy [D-295.316](#) prior to A-22

This policy is rooted in Resolution 918-I-14 whose genesis was inspired by the desire to build upon BOT 28-A-14, “Qualifications, Selection, and Role of Hospital Medical Directors and Others Providing Medical Management Services”; this BOT report recommended extensive amendments to Policy H-235.981.

Timeline for D-295.316:

- Substitute Resolution 918, I-14
- Appended: Res. 306, I-16
- Reaffirmed in lieu of: Res. 307, A-17
- Modified: Res. 313, A-18
- Appended: Res. 327, A-22

CLAUSE	HOD ACTION	ACCOMPLISHMENTS
<p>1. “Our AMA will study advantages and disadvantages of various educational options on management and leadership for physicians with a report back to the House of Delegates; and develop an online report and guide aimed at physicians interested in management and leadership that would include the advantages and disadvantages of various educational options.”</p>	<p>Adopted at I-14.</p> <p>This resolve from substitute Resolution 918 was adopted in lieu of original 918 at I-14. It became the first clause of D-295.316.</p>	<p>2014-2016:</p> <p>Conducted qualitative study to evaluate the market for physician leadership training and development and test potential demand for an AMA-led program. Study revealed an interest for this type of curriculum, that leadership training programs already exist, and that such programs would be best delivered to medical students and residents before they start their careers. Also determined saturation of physician leadership training market from state and specialty medical associations that offer courses, regional programs (e.g., The Physician Leadership Project), physician-specific MBAs (e.g., University of Tennessee), and membership (e.g., American Association for Physician Leadership).</p> <p>Conducted an environmental scan to identify physician-focused leadership programs offered through state and specialty associations. Findings noted several organizations offer leadership training, CME, conferences, programs, and other types of development for physicians. Many states partner with universities to offer programs. While there seems to be strong interest in “physician leadership training,” the definition and scope of this term varies. Interests range from mentoring, coaching, webinars, and</p>

		<p>certificate programs to an MBA. Likewise, topical interests range from traditional leadership topics such as management to broader issues around finance, revenue cycle, and quality outcomes.</p> <p>As a result of this research, AMA to develop leadership-related content for physicians specific to topics where the AMA has unique expertise at both at the individual and practice levels.</p> <p>In 2015, partnered with the American Association for Physician Leadership (AAPL) in a joint leadership initiative to develop multiple leadership courses and organize a large conference in early 2016. Registration for the conference was extremely low, and the event was cancelled. The partnership with AAPL was discontinued.</p>
<p>2. “Our AMA will work with key stakeholders to advocate for collaborative programs <u>among</u> medical schools, <u>residency programs</u>, and related schools of business and management to better prepare physicians for administrative, <u>financial</u> and leadership responsibilities in medical management.”</p>	<p>Adopted at I-14 and amended at A-18.</p> <p>This resolve from substitute Resolution 918 was adopted in lieu of original 918 at I-14. It became the second clause of D-295.316.</p> <p>Resolution 313 at A-18 amended this clause by addition.</p>	<p>In 2014, AMA contacted the AAMC, AOA, and AACOM to inform them of the new policy. It was also transmitted to each medical school, residency program director, directors of medical education at U.S. teaching hospitals, and other interested groups via the AMA MedEd Update e-newsletter. Further, the AMA Section on Medical Schools (now called the Academic Physician Section) was encouraged to advocate on behalf of the issue.</p>
<p>3a. “Our AMA will 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 <u>to achieving personal and professional financial</u></p>	<p>This clause from substitute resolution 306 was adopted in lieu of original 306 at I-16, and subsequently appended to D-295.316 as clause 3a.</p>	<p>In 2016, AMA contacted the AAMC, ACGME, and LCME to inform them of the new policy. It was also communicated to each medical school, residency program director, directors of medical education at U.S. teaching hospitals, and other interested groups via an article in the AMA MedEd Update e-newsletter.</p>

<p><u>literacy and</u> leading interprofessional team care, in the spirit of the AMA's Accelerating Change in Medical Education initiative;”</p>	<p>Resolution 313 at A-18 amended this clause by addition.</p>	<p>In 2018, amended policy was communicated to the HOD, AMA members, and interested organizations via an AMA Wire article.</p>
<p>3b. “Our AMA will 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 <u>and personal and professional financial literacy</u> capabilities.”</p>	<p>Adopted at I-16 and amended at A-18.</p> <p>This clause from resolution 306 was adopted as amended at I-16, and subsequently appended to D-295.316 as clause 3b.</p> <p>Resolution 313 at A-18 amended this clause by addition.</p>	

APPENDIX B

Relevant AMA Policy

H-235.981, Qualifications, Selection, and Role of Medical Directors, Chief Medical Officers, Vice Presidents for Medical Affairs, and Others Employed by or Under Contract with Hospitals/Health Systems to Provide Medical Management Services

1. Our AMA supports the following guidelines regarding the qualifications and selection of individuals employed by or under contract with a hospital/health system to provide medical management services, such as medical directors, chief medical officers, and vice presidents for medical affairs:

a. The hospital governing body, management, and medical staff should jointly: (i) determine if there is a need to employ or contract with one or more individuals to provide medical management services; (ii) establish the purpose, duties, and responsibilities of these positions; (iii) establish the qualifications for these positions; and (iv) establish and sustain a mechanism for input from and participation by elected leaders of the medical staff in the selection, evaluation, and termination of individuals holding these positions.

b. An individual employed by or under contract with a hospital or health system to provide medical management services should be a physician (MD/DO).

c. A physician providing medical management services at a single hospital should be licensed to practice medicine in the same state as the hospital for which he or she provides such services. Additionally, he or she should be a member in good standing of the organized medical staff of the hospital for which he or she provides medical management services.

d. Where feasible, a physician providing medical management services at the system level for a multi-hospital health system should be licensed to practice medicine in each of the states in which the health system has a hospital that will be influenced by the physician's work. At a minimum, the physician should be licensed in at least one state in which the health system has a hospital over which the physician will exert influence, and in as many other states as may be required by state licensing law.

e. Where feasible, a physician providing medical management services at the system level for a multi-hospital health system should be a member in good standing of the medical staff of each of the hospitals that will be influenced by the physician's work. At a minimum, the physician should: (i) be a member in good standing of at least one of the medical staffs of the hospitals that will be influenced by the physician's work; and (ii) work in collaboration with elected medical staff leaders throughout the system and with any individuals who provide medical management services at the hospital level.

2. Our AMA supports the following guidelines regarding the role of the organized medical staff vis-a-vis individuals employed by or under contract with hospitals/health systems to provide medical management services:

a. The purpose, duties, and responsibilities of individuals employed by or under contract with the hospital/health system to provide medical management services should be included in the medical staff bylaws and in the hospital/health system corporate bylaws.

b. The organized medical staff should maintain overall responsibility for the quality of care provided to patients by the hospital, including the quality of the professional services provided by individuals with clinical privileges, and should have the responsibility of reporting to the governing body.

c. The chief elected officer of the medical staff should represent the medical staff to the administration, governing body, and external agencies.

d. Government regulations that would mandate that any individual not elected or appointed by the medical staff would have authority over the medical staff should be opposed.

H-405.990, Physician Managers

The AMA advocates (1) compiling and making available to interested medical students, residents, and practicing physicians information on management career opportunities and educational programs; (2) liaison activities with recognized national organizations that represent the interests of physician managers, and (3) continued efforts to collect and disseminate relevant and useful data pertaining to physician managers.

H-445.984, Training Physicians and Physicians-in-Training in the Art of Public Speaking H-445.984

1. Physicians who want to learn more about public speaking can leverage existing resources both within and outside the AMA. AMA can make public speaking tips available through online tools and resources that would be publicized on our website. Physicians and physicians-in-training who want to publicly communicate about the AMA's ongoing work are invited to learn more through the AMA Ambassador program. Meanwhile, STEPS Forward provides helpful tips to physicians and physicians-in-training wanting to improve communication within their practice and AMPAC is available for physicians and physicians-in-training who want to advocate and communicate about the needs of patients, physicians, and physicians-in-training in the pursuit of public office. There are also resources provided to physicians and physicians-in-training at various Federation organizations and through the American Association of Physician Leadership (AAPL) to support those who are interested in training of this nature. Because public speaking is a skill that is best learned through practice and coaching in a small group or one-on-one setting, we also encourage individuals to pursue training through their state or specialty medical society or through a local chapter of Toastmasters International. The Board of Trustees recommends that the AMA's Enterprise Communications and Marketing department work to develop online tools and resources that would be published on the AMA website to help physicians and physicians-in-training learn more about public speaking.

2. Our AMA will offer live education sessions at least annually for AMA members to develop their public speaking skills.

RERERENCES

- ¹ Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree. March 2022. Liaison Committee on Medical Education. Available at: <https://lcme.org/publications/>. Accessed December 15, 2022.
- ² Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards. July 2019. Commission on Osteopathic College Accreditation. Available at: <https://osteopathic.org/accreditation/standards/>. Accessed December 15, 2022.
- ³ Core Competencies for Entering Medical Students. Association of American Medical Colleges. Available at: <https://www.aamc.org/services/admissions-lifecycle/competencies-entering-medical-students>. Accessed December 16, 2022.
- ⁴ GSA Performance Framework and LCME Standards Alignment High-Level Mapping. 2016. Association of American Medical Colleges. Available at: <https://www.aamc.org/media/23226/download>. Accessed December 16, 2022.
- ⁵ Common Program Requirements (Residency). 2022. Accreditation Council for Graduate Medical Education. Available at: https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3.pdf. Accessed January 5, 2023.
- ⁶ Milestones Guidebook for Residents and Fellows. 2020. Accreditation Council for Graduate Medical Education. Available at: <https://www.acgme.org/globalassets/pdfs/milestones/milestonesguidebookforresidentsfellows.pdf>. Accessed January 5, 2023.
- ⁷ Shive M, Dorn B. Leadership versus management training in residency programs. *J Am Acad Dermatol*. 2012 Oct;67(4):789. doi: <https://doi.org/10.1016/j.jaad.2012.04.040>
- ⁸ Lomis KD, Santen SA, Dekhtyar M, et al. The Accelerating Change in Medical Education Consortium: Key Drivers of Transformative Change. *Acad Med*. 2021 Jul 1;96(7):979-988. doi: [10.1097/ACM.0000000000003897](https://doi.org/10.1097/ACM.0000000000003897)
- ⁹ Annual Medical School Questionnaire, Part II. 2021-2022. Liaison Committee on Medical Education. Accessed January 9, 2023.
- ¹⁰ American Board of Medical Specialties (ABMS) Committee on Certification (COCERT) application for certification. American Board of Emergency Medicine (ABEM) application for subspecialty in Health Care Administration, Leadership, and Management (HALM). Available at: <https://www.abms.org/wp-content/uploads/2022/08/ABEM-HALM-Application.pdf>. Accessed January 5, 2023.