

**AMA Academic Physicians Section
House of Delegates Handbook Review
2024 Annual Meeting**

Consent Calendar

Ref Com	Item	APS Position
CCB	Res 002: Removal of the Interim Meeting Resolution Committee	Monitor
CCB	<ul style="list-style-type: none"> • Res 015: Health and Racial Equity in Medical Education to Combat Workforce Disparities • Res 022: Health and Racial Equity in Medical Education to Combat Workforce Disparities 	Support, and recommend that Res 015 and Res 022 be combined
B	Res 210: Support for Physicians Pursuing Collective Bargaining and Unionization	Monitor
B	Res 211: Deceptive Hospital Badging 2.0	Support spirit but consider seeking amendment to clarify intent (that all members of the care team should have their credentials be clearly and unambiguously presented)
B	Res 217: Protecting Access to IVF Treatment	Support
B	Res 218: Designation of Descendants of Enslaved Africans in America	Monitor
B	Res 226: Protecting Access to IVF Treatment	Support
B	Res 236: Support Physicians Pursuing Collective Bargaining and Unionization	Monitor
B	Res 240: Expanding Visa Requirement Waivers for NY IMGs Working in Underserved Areas	Monitor
B	Res 243: Disaggregation of Demographic Data for Individuals of Federally Recognized Tribes	Monitor
B	BOT Rep 14: Physician Assistant and Nurse Practitioner Movement Between Specialties	Seek referral
C	Res 301: Fairness for International Medical Students	Monitor
C	Res 302: The Role of Maintenance of Certification	Seek referral
C	Res 303: Amend Policy D-275.948 Title "Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training". Creation of an AMA Task Force to Address Conflicts of Interest on Physician Boards	Support
C	Res 304: Spirituality in Medical Education and Practice	Support
C	Res 305: Public Service Loan Forgiveness Reform	Support
C	Res 306: Unmatched Graduating Physicians	Support

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C	Res 307: Access to Reproductive Health Services When Completing Physician Certification Exams	Monitor
C	Res 308: Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being	No position on resolve 1; support resolves 2 and 3
C	Res 309: Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine	Oppose
C	Res 310: Accountability & Transparency in GME funding with Annual Report	Support
C	Res 311: Physician Participation in Healthcare Organizations	Support
C	Res 312: AMA Collaboration with FSMB to Assist in Licensing Reentrant Physicians	Support
C	Res 313: CME for Rural Preceptorship	Seek referral, noting that medical schools already do this, and that AMA should support and expand those efforts. Must also include DO schools.
C	Res 314: Reducing the Lifetime Earnings Gap in the U.S. with Similar Educational Attainment by Employing the Gainful Employment Rule	Monitor
C	Res 315: Cease Reporting of Total Attempts of USMLE STEP1 and COMLEX-USA Level 1 Examinations	Oppose
C	Res 316: Reassessment of Continuing Board Certification Process	Seek referral
C	Res 317: Physician Participation in the Planning and Development of Accredited Continuing Education for Physicians	Support
C	Res 318: Variation in Board Certification and Licensure Requirements for Internationally-Trained Physicians and Access to Care	Seek referral
C	Res 319: AMA Support of U.S. Pathway Programs	Support
D	Res 425: Perinatal Mental Health Disorders among Medical Students and Physicians	Support
G	Res 711: Insurer Accountability When Prior Authorization Harms Patients	Monitor

Item Details

Ref Com	Item	Item resolves/recommendations	APS Position
CCB	Res 002: Removal of the Interim Meeting Resolution Committee	Res 002 proposes amendments to the AMA Bylaws that would remove the advocacy and legislation focus of the Interim Meeting and eliminate the Resolution Committee that is tasked with assessing whether submitted resolutions meet the advocacy/legislation-focus requirement.	Monitor
CCB	Res 015: Health and Racial Equity in Medical Education to Combat Workforce Disparities	<p>RESOLVED, that our American Medical Association further study and track the prevalence of attending physicians’ and trainees’ dismissals and remedial interventions, based on race, gender, and ethnicity as well as the disproportionate impacts this has on workforce disparities (Directive to Take Action)</p> <p>RESOLVED, that our AMA engage stakeholders to study and report back how to effectively support underrepresented groups in medicine to level the playing field for those most affected by bias and historical harms (Directive to Take Action)</p> <p>RESOLVED, that our AMA work with stakeholders to make recommendations on a review and appeals process that will enable physicians and trainees to receive a fair and equitable due process in defense of alleged shortcomings. (Directive to Take Action)</p>	Support, and recommend that Res 015 and Res 022 be combined
	Res 022: Health and Racial Equity in Medical Education to Combat Workforce Disparities	<p>RESOLVED, that our American Medical Association further study and track the prevalence of attending physicians’ and trainees’ dismissals and remedial interventions, based on race, gender, and ethnicity as well as the disproportionate impacts this has on workforce disparities (Directive to Take Action)</p> <p>RESOLVED, that our AMA engage stakeholders to study and report back how to effectively support underrepresented groups in medicine to level the playing field for those most affected by bias and historical harms (Directive to Take Action)</p> <p>RESOLVED, that our AMA work with stakeholders to make recommendations on a review and appeals process that will enable physicians and trainees to receive a fair and equitable due process in defense of alleged shortcomings. (Directive to Take Action)</p>	

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A	<i>The Governing Council has not identified any items in Reference Committee A that warrant expenditure of APS political capital to support, oppose, seek amendment, or so forth.</i>		
B	Res 210: Support for Physicians Pursuing Collective Bargaining and Unionization	RESOLVED, that our American Medical Association convenes an updated study of opportunities for the AMA or physician associations to support physicians initiating a collective bargaining process, including but not limited to unionization. (Directive to Take Action)	Monitor
B	Res 211: Deceptive Hospital Badging 2.0	<p>RESOLVED, that our American Medical Association promote and prioritize public awareness of the difference and importance of having the proper level of training and clear identification and labeling of caregivers as that relates to quality and safety of healthcare (Directive to Take Action)</p> <p>RESOLVED, that our AMA work with state and county medical societies to highlight to physicians the growing practice of creating false equivalencies between physicians and non-physicians in the healthcare team and encourage action in local institutions to assure the quality and safety of patient care. (Directive to Take Action)</p>	Support spirit but consider seeking amendment to clarify intent (that all members of the care team should have their credentials be clearly and unambiguously presented)
B	Res 217: Protecting Access to IVF Treatment	<p>RESOLVED, that our American Medical Association oppose any legislation or ballot measures that could criminalize in-vitro fertilization (New HOD Policy);</p> <p>RESOLVED, that our AMA work with other interested organizations to oppose any legislation or ballot measures or court rulings that equate gametes (oocytes and sperm) or embryos with children (New HOD Policy)</p> <p>RESOLVED, that our AMA report back at A-25, on the status of, and AMA's activities surrounding, ballot measures, court rulings, and legislation that equate embryos with children. (Directive to Take Action)</p>	Support

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B	Res 218: Designation of Descendants of Enslaved Africans in America	RESOLVED, that our American Medical Association work with appropriate organizations including, but not limited to, the Association of American Medical Colleges to adopt and define the term Descendants of Enslaved Africans in America and separate it from the generic terms African American and Black in glossaries and on medical school applications. (Directive to Take Action)	Monitor
B	Res 226: Protecting Access to IVF Treatment	RESOLVED, that our American Medical Association oppose any legislation that could criminalize in-vitro fertilization (New HOD Policy) RESOLVED, that our AMA work with other interested organizations to oppose Court rulings that equate gametes (oocytes and sperm) or embryos with children. (Directive to Take Action)	Support
B	Res 236: Support Physicians Pursuing Collective Bargaining and Unionization	RESOLVED, that our American Medical Association investigate avenues for the AMA and other physician associations to aid physicians in initiating and navigating collective bargaining efforts, encompassing but not limited to unionization. (Directive to Take Action)	Monitor
B	Res 240: Expanding Visa Requirement Waivers for NY IMGs Working in Underserved Areas	RESOLVED, that our American Medical Association supports reauthorization and expansion of the Conrad-30 J-1 visa waiver program, including permitting reallocation of unused slots to states that have already used the maximum number of waivers. (New HOD Policy)	Monitor
B	Res 243: Disaggregation of Demographic Data for Individuals of Federally Recognized Tribes	RESOLVED, that our American Medical Association add “Enrolled Member of a Federally Recognized Tribe” on all AMA demographic forms (Directive to Take Action); RESOLVED, that our AMA advocate for the use of “Enrolled Member of a Federally Recognized Tribe” as an additional category in all uses of demographic data including but not limited to medical records, government data collection and research, and within medical education (Directive to Take Action); RESOLVED, that our AMA support the Association of American Medical Colleges (AAMC) inclusion of “Enrolled Member of a Federally Recognized Tribe” on all AAMC demographic forms (New HOD Policy);	Monitor

Ref Com	Item	Item resolves/recommendations	APS Position
		RESOLVED, that our AMA advocate for the Accreditation Council for Graduate Medical Education (ACGME) to include “Enrolled Member of a Federally Recognized Tribe” on all ACGME demographic forms. (Directive to Take Action)	
B	BOT Rep 14: Physician Assistant and Nurse Practitioner Movement Between Specialties	<ol style="list-style-type: none"> 1. That the American Medical Association (AMA) support workforce research, including surveys by state medical and nursing boards, that specifically focus on gathering information on nurse practitioners and physician assistants practicing in specialty care, their certification(s), alignment of their certification to their specialty, and whether they have switched specialties during their career. (New HOD Policy) 2. That the AMA support research that evaluates the impact of specialty switching by nurse practitioners and physician assistants on the cost and quality of patient care. (New HOD Policy) 3. That the AMA encourage hospitals and other health care entities employing nurse practitioners to ensure that the nurse practitioner’s certification aligns with the specialty in which they will practice. (New HOD Policy) 4. That the AMA continue educating policymakers and lawmakers on the education, training, and certification of nurse practitioners and physician assistants, including the concept of specialty switching. (New HOD Policy) 	Seek referral
C	Res 301: Fairness for International Medical Students	<p>RESOLVED, that our American Medical Association encourage additional medical schools to consider applications from and to admit international students to their programs alongside domestic students (New HOD Policy)</p> <p>RESOLVED, that our AMA amend policy H-255.968 “Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools” by addition and deletion to read as follows: Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools H-255.968 Our AMA:</p> <ol style="list-style-type: none"> 1. supports the autonomy of medical schools to determine optimal tuition requirements for international students; 2. encourages medical schools and undergraduate institutions to fully inform international students interested in medical education in the US of the limited options available to them for 	Monitor

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		<p>tuition assistance;</p> <p>3. supports the Association of American Medical Colleges (AAMC) in its efforts to increase transparency in the medical school application process for international students by including school policy on tuition requirements in the Medical School Admission Requirements (MSAR); and</p> <p><u>4. supports efforts to re-evaluate and minimize the use of pre-payment requirements specific to international medical students; and</u></p> <p><u>5. encourages medical schools to explore alternative means of prepayment, such as a letter of credit, for four years for covering the costs</u> of medical school. (Modify Current HOD Policy);</p> <p>RESOLVED, that our AMA advocate for increased scholarship and funding opportunities for international students accepted to or currently attending United States medical schools. (Directive to Take Action)</p>	
C	Res 302: The Role of Maintenance of Certification	<p>RESOLVED, that our American Medical Association adopt a policy that states that maintenance of certification requirements should not be duplicative of continuing medical education requirements and not be used to determine or dictate hospital privileges, insurance network credentialing, or hiring practices (New HOD Policy)</p> <p>RESOLVED, that our AMA recognizes the importance of fostering competition in the market for board certification, allowing physicians to have the autonomy to choose the most suitable pathway for their individual learning and professional development needs (New HOD Policy)</p> <p>RESOLVED, that our AMA undertake a comprehensive review of the available evidence concerning the impact of maintenance of certification on the quality and safety of patient care and report the findings of this investigation to its members and stakeholders, including policymakers and legislators, to inform future healthcare policy with a report back to the House of Delegates by Annual 2025 (Directive to Take Action)</p>	Seek referral
C	Res 303: Amend Policy D-275.948 Title "Education, Training and Credentialing of Non-Physician Health Care Professionals and Their	<p>RESOLVED, that our American Medical Association amend the title of policy D-275.948 by substitution and deletion as follows:</p> <p>Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training <u>Addressing Non-physician Positions and</u></p>	Support

Ref Com	Item	Item resolves/recommendations	APS Position
	<p>Impact on Physician Education and Training". Creation of an AMA Task Force to Address Conflicts of Interest on Physician Boards</p>	<p><u>Participation on Physician Regulatory Boards and Bodies and Potential Conflicts of Interest D-275.948 (Modify Current HOD Policy)</u></p> <p>RESOLVED, that our AMA work with relevant stakeholders and regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing to advocate for physician leadership of these regulatory bodies and boards in order to be consistent with the AMA Recovery Plan’s efforts to fight scope creep, and prevent undermining physician confidence in these organizations (Directive to Take Action)</p> <p>RESOLVED, that our AMA create a task force with the mission to increase physician awareness of and participation in leadership positions on regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing through mechanisms including but not limited to mentorship programs, leadership training programs, board nominations, publicizing the opportunities to the membership, and creating a centralized list of required qualifications and methods to apply for these positions. (Directive to Take Action)</p>	
C	Res 304: Spirituality in Medical Education and Practice	<p>RESOLVED, that our American Medical Association amend Policy H-160.900 to read as follows:</p> <p><u>Addressing Patient Spirituality in Medicine Medical Education and Practice</u></p> <p><u>(1) Our AMA recognizes the importance of individual patient spirituality and its impact on health and encourages patient access to spiritual care services.</u></p> <p><u>(2) Our AMA encourages the availability of education about spiritual health, defined as meaning, purpose, and connectedness, in curricula in medical school, graduate medical education, and continuing physician professional development as an integral part of whole person care, which could include:</u></p> <p><u>(a) assessing spiritual health as part of the history and physical;</u></p> <p><u>(b) addressing treatment of spiritual distress by the clinician, with appropriate referral to spiritual care professionals;</u></p> <p><u>(c) acknowledging patients’ spiritual resources;</u></p> <p><u>(d) developing compassionate listening skills;</u></p> <p><u>(e) ensuring ongoing follow-up of patients’ spiritual health by clinicians as appropriate;</u></p> <p><u>(f) describing respect for the spiritual, religious, existential, and cultural value of those they serve and understanding why it is important to not impose their own personal values and beliefs on those served; and</u></p>	<p>Support</p> <p>(Note: Res 304 was adopted by the APS at the 2023 Interim Meeting.)</p>

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		<p><u>(g) self-reflection on one's own spirituality within professional development courses, especially as related to their vocation and wellbeing.</u> (Modify Current HOD Policy)</p>	
C	Res 305: Public Service Loan Forgiveness Reform	<p>RESOLVED, that our American Medical Association amend Indian Health Service H-350.977 by addition and deletion as follows:</p> <p>Indian Health Service H-350.977</p> <p>The policy of the AMA is to support efforts in Congress to enable the Indian Health Service to meet its obligation to bring American Indian health up to the general population level. The AMA specifically recommends: (1) Indian Population: (a) In current education programs, and in the expansion of educational activities suggested below, special consideration be given to involving the American Indian and Alaska native population in training for the various health professions, in the expectation that such professionals, if provided with adequate professional resources, facilities, and income, will be more likely to serve the tribal areas permanently; (b) Exploration with American Indian leaders of the possibility of increased numbers of nonfederal American Indian health centers, under tribal sponsorship, to expand the American Indian role in its own health care; (c) Increased involvement of private practitioners and facilities in American Indian care, through such mechanisms as agreements with tribal leaders or Indian Health Service contracts, as well as normal private practice relationships; and (d) Improvement in transportation to make access to existing private care easier for the American Indian population.</p> <p>(2) Federal Facilities: Based on the distribution of the eligible population, transportation facilities and roads, and the availability of alternative nonfederal resources, the AMA recommends that those Indian Health Service facilities currently necessary for American Indian care be identified and that an immediate construction and modernization program be initiated to bring these facilities up to current standards of practice and accreditation.</p> <p>(3) <u>Personnel</u> Manpower: (a) Compensation <u>scales</u> for Indian Health Service physicians be increased to a level competitive with other Federal agencies and nongovernmental service; (b) Consideration should be given to increased compensation for <u>specialty and primary care</u> service in remote areas; (c) In conjunction with improvement of Service facilities, efforts should be made to establish closer ties with <u>teaching centers and other federal health agencies</u>, thus increasing both the available <u>staffing</u> manpower and the level of professional expertise available for consultation; (d) Allied health professional staffing of Service facilities</p>	Support

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		<p>should be maintained at a level appropriate to the special needs of the population served <u>without detracting from physician compensation</u>; (e) Continuing education opportunities should be provided for those health professionals serving these communities, and especially those in remote areas, and, increased peer contact, both to maintain the quality of care and to avert professional isolation <u>and burnout</u>; and (f) Consideration should be given to a federal statement of policy supporting continuation of the Public Health Service to reduce the great uncertainty now felt by many career officers of the corps.</p> <p>(4) Medical Societies: In those states where Indian Health Service facilities are located, and in counties containing or adjacent to Service facilities, that the appropriate medical societies should explore the possibility of increased formal liaison with local Indian Health Service physicians. Increased support from organized medicine for improvement of health care provided under their direction, including professional consultation and involvement in society activities should be pursued.</p> <p>(5) Our AMA also support the removal of any requirement for competitive bidding in the Indian Health Service that compromises proper care for the American Indian population.</p> <p>(6) Our AMA will advocate that the Indian Health Service (IHS) establish an Office of Academic Affiliations responsible for coordinating partnerships with LCME- and COCA-accredited medical schools and ACGME-accredited residency programs.</p> <p>(7) Our AMA will encourage the development of funding streams to promote rotations and learning opportunities at Indian Health Service, Tribal, and Urban Indian Health Programs.</p> <p><u>(8) Our AMA will call for an immediate change in the Public Service Loan Forgiveness Program to allow physicians to receive immediate loan forgiveness when they practice in an Indian Health Service, Tribal, or Urban Indian Health Program.</u> (Modify Current HOD Policy)</p>	
C	Res 306: Unmatched Graduating Physicians	RESOLVED, that our American Medical Association Board of Trustees study the role these unmatched physicians can play in providing care to our patients, their impact of lessening the impact of physician shortages, and provide recommendations on how to enroll these graduating physicians with a uniform title, privileges, geographic restrictions, and collaboration choices, and report to the House of Delegates at the next Interim meeting. (Directive to Take Action)	Support

Ref Com	Item	Item resolves/recommendations	APS Position
C	Res 307: Access to Reproductive Health Services When Completing Physician Certification Exams	RESOLVED, that our American Medical Association encourage national specialty boards who hold in-person centralized mandatory exams for board certification to offer alternative methods of taking mandatory board certification examinations, such as virtual boards examinations, or to locate them outside of states that are in the process of banning or restricting or that have banned or restricted abortion, gender affirming care or reproductive healthcare services. (New HOD Policy)	Monitor
C	Res 308: Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being	<p>RESOLVED, that our AMA supports changing USMLE Step 3 from a two-day examination to a one-day examination (New HOD Policy)</p> <p>RESOLVED, that our AMA supports the option to take USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) during medical school (New HOD Policy)</p> <p>RESOLVED, that our AMA advocates that residents taking the USMLE Step 3 exam be allowed days off to take the exam without having this time counted for PTO or vacation balance. (Directive to Take Action)</p>	No position on resolve 1; support resolves 2 and 3
C	Res 309: Disaffiliation from the Alpha Omega Alpha Honor Medical Society due to Perpetuation of Racial Inequities in Medicine	<p>RESOLVED, that our American Medical Association recognizes that the Alpha Omega Alpha Honor Medical Society disproportionately benefits privileged trainees (New HOD Policy)</p> <p>RESOLVED, that our AMA supports institutional disaffiliation from the Alpha Omega Alpha Honor Medical Society due to its perpetuation of racial inequities in medicine (New HOD Policy)</p> <p>RESOLVED, that our AMA recognizes that the Alpha Omega Alpha Honor Medical Society perpetuates and accentuates discrimination against trainees of color that is inherent in medical training. (New HOD Policy)</p>	Oppose
C	Res 310: Accountability & Transparency in GME funding with Annual Report	<p>RESOLVED, that our American Medical Association work with interested parties (including but not limited to the CMS, VA, DOD and others) to issue an annual report detailing the quantity of GME funding for each year including how those funds are allocated on a per resident or fellow basis, for a minimum of the previous 5 years (Directive to Take Action)</p> <p>RESOLVED, that our AMA reaffirm policy H 305.929 (Last modified 2016). (Reaffirm HOD Policy)</p>	Support

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C	Res 311: Physician Participation in Healthcare Organizations	RESOLVED, that our American Medical Association reaffirm H 405.953. (Reaffirm HOD Policy)	Support
C	Res 312: AMA Collaboration with FSMB to Assist in Licensing Reentrant Physicians	RESOLVED, that our American Medical Association work with the FSMB, specialty and subspecialty societies, and other relevant stakeholders to study and develop evidence-based criteria for determining a physician’s readiness to reenter practice and identify resources for the evaluation and retraining of physicians seeking to reenter active practice. (Directive to Take Action)	Support
C	Res 313: CME for Rural Preceptorship	<p>RESOLVED, that our American Medical Association along with the Council of Medical Education, formulate a “toolkit” to teach physicians who serve as preceptors, especially in rural and underserved areas, how to be better preceptors and the process on claiming AMA Category 1 credits for preparation and teaching medical students, residents, fellows, and other allied health professional students training in Liaison Committee on Medical Education/Accreditation Council for Graduate Medical Education accredited institutions, thereby making them a more effective preceptor (Directive to Take Action)</p> <p>RESOLVED, that our AMA study formulating a plan, in collaboration with other interested bodies, to award AMA Category 1 credits to physicians who serve as preceptors in rural and underserved areas teaching medical students, residents, fellows, and other allied health professional students training in Liaison Committee on Medical Education/Accreditation Council for Graduate Medical Education accredited institutions thereby improving the rural healthcare workforce shortage (Directive to Take Action)</p> <p>RESOLVED, that our AMA devise a method of converting those credits awarded by other organizations into AMA recognized credits for the purpose of CME. (Directive to Take Action)</p>	Seek referral, noting that medical schools already do this, and that AMA should support and expand those efforts. Must also include DO schools.
C	Res 314: Reducing the Lifetime Earnings Gap in the U.S. with Similar Educational Attainment by Employing the	RESOLVED, that our American Medical Association collaborate with higher education authorities to research physician career outcomes and explore financial value transparency among higher educational institutional programs that grant professional and doctoral degrees beyond six years following graduation in light of the new gainful employment regulations and transparency provisions that will take effect July 1, 2024 (Directive to Take Action)	Monitor

Ref Com	Item	Item resolves/recommendations	APS Position
	Gainful Employment Rule	RESOLVED, that our AMA continue to work with key stakeholders and advocate for the resolution of the student loan crisis to protect physicians from unaffordable student debt and poor earning outcomes. (Directive to Take Action)	
C	Res 315: Cease Reporting of Total Attempts of USMLE STEP1 and COMLEX-USA Level 1 Examinations	RESOLVED, that our American Medical Association advocate that NBME and NBOME cease reporting the total number of attempts of the STEP1 and COMLEX-USA Level 1 examinations to residency and fellowship programs and licensure. (Directive to Take Action)	Oppose
C	Res 316: Reassessment of Continuing Board Certification Process	RESOLVED, that our American Medical Association undertake a thorough review and analysis of the available literature, data, and evidence to re-examine and update the accepted standards for continuing board certification including policy H-275.926, Medical Specialty Board Certification Standards, so the standards reflect the best manner to assess physicians' knowledge and skills necessary to practice medicine. (Directive to Take Action)	Seek referral
C	Res 317: Physician Participation in the Planning and Development of Accredited Continuing Education for Physicians	RESOLVED, that our American Medical Association petition the Accredited Continuing Medical Education to develop policies which require physician participation in the planning and development of accredited continuing education for physicians. (Directive to Take Action)	Support
C	Res 318: Variation in Board Certification and Licensure Requirements for Internationally-Trained Physicians and Access to Care	<p>RESOLVED, that our American Medical Association work with the American Board of Medical Specialties to study the variation in board certification requirements for internationally trained physicians as well as the impact this may have on physician practices and addressing physician shortages including the impact of these pathways on maintaining public assurance of a well-trained physician workforce (Directive to Take Action)</p> <p>RESOLVED, that our AMA study the potential effects of increasing access to board certification for internationally-trained physicians on projected physician workforce shortages (Directive to Take Action)</p>	Seek referral

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		<p>RESOLVED, that our AMA work with the Federation of State Medical Boards to study the existing alternate pathways to licensure for physicians who have not completed an ACGME-accredited post-graduate training program and the positive and negative impacts of these pathways on addressing physician shortages. (Directive to Take Action)</p>	
C	<p>Res 319: AMA Support of U.S. Pathway Programs</p>	<p>RESOLVED, that our American Medical Association establish a grant program to support existing and new K-16 pathway, STEMM and pre-med programs whose goals include, scaling organizational grantees' ability to expand their reach among youth; increasing diversity in medicine; achieving health equity; improving medical education (Directive to Take Action)</p> <p>RESOLVED, that our AMA establish a diverse advisory body comprised of AMA member physicians and trainees, staff, and allied organization representatives in medicine and public health to co-develop the grant program (i.e., administration; grantee criteria and selection; periodic reporting) (Directive to Take Action)</p> <p>RESOLVED, that our AMA convene a summit among pathway and STEMM programs regarding best practices, collaboration and strategic planning. (Directive to Take Action)</p>	Support
D	<p>Res 425: Perinatal Mental Health Disorders among Medical Students and Physicians</p>	<p>RESOLVED, that our American Medical Association work with relevant stakeholders to identify ways to increase screening for perinatal mental health conditions and reduce stigma surrounding the diagnosis and treatment of perinatal mental health conditions (Directive to Take Action)</p> <p>RESOLVED, that our AMA advocate for reducing structural and systemic barriers to the diagnosis and treatment of perinatal mental health conditions in physicians and medical students. (Directive to Take Action)</p>	Support
G	<p>Res 711: Insurer Accountability When Prior Authorization Harms Patients</p>	<p>RESOLVED, that our American Medical Association advocate for increased legal accountability of insurers and other payers when delay or denial of prior authorization leads to patient harm, including but not limited to the prohibition of mandatory pre-dispute arbitration and limitation on class action clauses in beneficiary contracts. (Directive to Take Action)</p>	Monitor