

1 deductibility or loan forgiveness when advocating for a reduction in student loan interest
2 rates; 2) That our AMA amend Policy D-305.984 by addition to include Grad-PLUS
3 loans, as follows:

4
5 Reduction in Student Loan Interest Rates D-305.984

6 1. Our American Medical Association will actively lobby for legislation aimed at
7 establishing an affordable student loan structure with a variable interest rate capped at
8 no more than 5.0%.

9 2. Our AMA will work in collaboration with other health profession organizations to
10 advocate for a reduction of the fixed interest rate of the Stafford student loan
11 program and the Graduate PLUS loan program.

12 3) That our AMA advocate for policies which lead to equal or less expensive loans (in
13 terms of loan benefits, origination fees, and interest rates) for Grad-PLUS loans as this
14 would change the status quo of high-borrowers paying higher interest rates and fees in
15 addition to having a higher overall loan burden; and 4) That our AMA ask the
16 Association of American Medical Colleges to collect data and report student
17 indebtedness that includes total loan costs at time of graduation.

18
19 Your Reference Committee heard overwhelming support for this item. The fourth
20 Resolve calls on our AMA to ask the Association of American Medical Colleges (AAMC)
21 to collect data and report on student indebtedness, using methodology that includes
22 total loan costs at the time of graduation. The AAMC already collects and reports on
23 these data, but there was significant concern that the debt acquired in the process of
24 becoming a physician is actually under-reported, because interest that accumulates
25 during residency or fellowship is not reflected in these data. The recommended change
26 incorporates these concerns. Accordingly, your Reference Committee recommends
27 adoption of Resolution 301 as amended.

28
29 (13) RESOLUTION 309 - CONTINUING MEDICAL
30 EDUCATION PATHWAY FOR RECERTIFICATION

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32 RECOMMENDATION A:

33
34 Madam Speaker, your Reference Committee recommends
35 that the first Resolve of Resolution 309 be amended by
36 addition and deletion, to read as follows:

37
38 RESOLVED, That our American Medical Association ~~call~~
39 ~~for the immediate end of any mandatory, recertifying~~
40 ~~examination by~~ continue to work with the American Board
41 of Medical Specialties (ABMS) to encourage the
42 development by and the sharing between specialty boards
43 of alternative ways to assess medical knowledge other
44 than by a secure exam or other certifying organizations as
45 part of the recertification process (Directive to Take
46 Action); and be it further

47
48 RECOMMENDATION B:

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50 Madam Speaker, your Reference Committee recommends
51 that the fourth Resolve of Resolution 309 be deleted.

1 ~~RESOLVED, That the AMA voice this policy directly to the~~
2 ~~ABMS and other certifying organizations (Directive to Take~~
3 ~~Action); and be it further~~
4

5 RECOMMENDATION C:

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7 Madam Speaker, your Reference Committee recommends
8 that the fifth Resolve of Resolution 309 be deleted.

9
10 ~~RESOLVED, That there be a report back to the AMA HOD~~
11 ~~by the 2017 Annual Meeting. (Directive to Take Action)~~
12

13 RECOMMENDATION D:

14
15 Madam Speaker, your Reference Committee recommends
16 that Resolution 309 be adopted as amended.

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18 **HOD ACTION: Original language of the first**
19 **Resolve adopted as amended, with addition of fourth and**
20 **fifth Resolves, to read as follows:**
21

22 **RESOLVED, That our American Medical Association**
23 **call for the immediate end of any mandatory, secured**
24 **recertifying examination by the American Board of**
25 **Medical Specialties (ABMS) or other certifying**
26 **organizations as part of the recertification process for**
27 **all those specialties that still require a secure, high-**
28 **stakes recertification examination.**
29

30 **RESOLVED, That our AMA continue to work with the**
31 **American Board of Medical Specialties (ABMS) to**
32 **encourage the development by and the sharing**
33 **between specialty boards of alternative ways to**
34 **assess medical knowledge other than by a secure**
35 **exam.**
36

37 **RESOLVED, That our AMA continue to support the**
38 **requirement of Continuing Medical Education (CME)**
39 **and ongoing, quality assessments of physicians,**
40 **where such CME is proven to be cost-effective and**
41 **shown by evidence to improve quality of care for**
42 **patients.**
43

44 Resolution 309 asks 1) That our American Medical Association call for the immediate
45 end of any mandatory, recertifying examination by the American Board of Medical
46 Specialties (ABMS) or other certifying organizations as part of the recertification
47 process; 2) That our AMA support a recertification process based on high quality,
48 appropriate CME material directed by the AMA recognized specialty societies covering
49 the physician's practice area, in cooperation with other willing stakeholders, that would
50 be completed on a regular basis as determined by the individual medical specialty, to
51 ensure lifelong learning; 3) That our AMA reaffirm Policies H-275.924 and D-275.954; 4)

1 That the AMA voice this policy directly to the ABMS and other certifying organizations;
2 and 5) That there be a report back to the AMA HOD by the 2017 Annual Meeting.

3
4 Your Reference Committee heard testimony in support of Resolution 309. Our AMA,
5 through the Council on Medical Education, works with the American Board of Medical
6 Specialties (ABMS) to encourage the sharing of best practices between specialty boards
7 about all aspects of Maintenance of Certification (MOC), including Part III, the secured,
8 high-stakes examination, for some but not all of the boards. The ABMS member boards
9 are independent entities, and it is not within the purview of the ABMS to mandate the
10 cessation of the secure examination. However, the Council will continue to work
11 collaboratively with the ABMS and, when appropriate, with specific boards regarding
12 alternative models for the secure exam. In addition, the Council continues to maintain an
13 active dialogue with the ABMS, and Council members and AMA staff meet regularly with
14 ABMS leaders to communicate questions and concerns about MOC. Policy D-275.954
15 (1) calls on our AMA to continue to monitor the evolution of MOC, continue its active
16 engagement in discussions regarding their implementation, encourage specialty boards
17 to investigate and/or establish alternative approaches for MOC and prepare a yearly
18 report to the HOD regarding the MOC process. For these reason, your Reference
19 Committee recommends that Resolution 309 be adopted as amended.

20
21 (14) RESOLUTION 311 - TRANSFER OF JURISDICTION
22 OVER REQUIRED CLINICAL SKILLS EXAMINATIONS
23 TO LCME-ACCREDITED AND COCA-ACCREDITED
24 MEDICAL SCHOOLS
25 RESOLUTION 316 - TRANSFER OF JURISDICTION
26 OVER REQUIRED CLINICAL SKILLS EXAMINATIONS
27 TO LCME-ACCREDITED AND COCA-ACCREDITED
28 MEDICAL SCHOOLS
29 RESOLUTION 317 - TRANSFER OF JURISDICTION
30 OVER REQUIRED CLINICAL SKILLS EXAMINATIONS
31 TO U.S. MEDICAL SCHOOLS
32 RESOLUTION 321 - TRANSFER OF JURISDICTION
33 OVER REQUIRED CLINICAL SKILLS EXAMINATIONS
34 TO LCME-ACCREDITED AND COCA-ACCREDITED
35 MEDICAL SCHOOLS

36
37 RECOMMENDATION:

38
39 Madam Speaker, your Reference Committee recommends
40 that the following resolution be adopted in lieu of
41 Resolutions 311, 316, 317, and 321.

42
43 TRANSFER OF JURISDICTION OVER REQUIRED
44 CLINICAL SKILLS EXAMINATIONS TO LCME-
45 ACCREDITED AND COCA-ACCREDITED MEDICAL
46 SCHOOLS

47
48 RESOLVED, That our American Medical Association work
49 with the Federation of State Medical Boards, National
50 Board of Medical Examiners, and other key stakeholders
51 to pursue the transition from and replacement for the
52 current United States Medical Licensing Examination