

International Medical Graduates Section

Summary of Actions

2008 Annual Meeting Chicago, Illinois

The following Resolutions will be tabled to either the I-08 or A-09 meetings, due to the need to gather more information and research on these issues.

- Resolution 2 – Improving the Health of Minority Populations
- Resolution 4 – Research Visa Waiver for Physician Scientists (A-09)
- Resolution 5 – IMG Representation on Federation of State Medical Boards
- Resolution 8 - Denial of Medical Licensure to Qualified IMGs (I-08)
- Resolution 10 – Hospitals Seek Patients Credit Rating (I-08)

Reference Committee B

1. **Resolution 220 – Bill of Rights for J-1 Visa Holding Physicians (Michigan Delegation)**

Resolution 220 asked that our American Medical Association seek legislation to establish a model employment contract to protect J1-Visa holding physicians who are employed in waiver programs. (Directive to Take Action)

HOD Action: Reaffirmed Policy H-310.999, Guidelines for Housestaff Contracts or Agreements.

Reference Committee C

2. **Resolution 325 – Licensing for Qualified Physicians on Case by Case Basis (IMG Section)**

Resolution 325 asked that our American Medical Association lobby all state medical boards to assure that licensing decisions on applications of physicians already licensed in another state are based on the physician's medical qualifications and not on the location of the physician's medical school. (Directive to Take Action)

HOD Action: HOD Policy H-255.982, Equality in Licensure and Reciprocity reaffirmed in lieu of Resolution 325.

3. **Resolution 326 – IMGs on State Medical Licensing Boards (IMG Section)**

Resolution 326 asked that our American Medical Association encourage all state medical boards and Governors to appoint more IMGs and other minorities to serve on its licensing boards; (New Policy) and

That our American Medical Association and its IMG Section draft a letter to all state medical licensing boards and Governors recommending proportional representation of IMGs and other minorities on their state medical licensing boards. (Directive to Take Action)

HOD Action: Not Adopted

4. **Resolution 327 – Eliminating Disparities in Licensure for IMG Physicians (IMG Section)**

Resolution 327 asked the following:

RESOLVED, That our American Medical Association vigorously advocate and assist the State Medical Associations to seek legislative action eliminating any disparity in the years of graduate medical education training required for full and unrestricted licensure between IMG and LCME graduates. (Directive to Take Action)

~~RESOLVED, That our AMA give a status report on existing licensure disparities to the House of Delegates every three years until this disparity is eliminated by all states. (Directive to Take Action)~~

HOD Action: Adopted as amended. 2ND Resolve clause deleted.

5. **CME Report 7 – Diversity in the Physician Workforce and Access to Care**

HOD Action: Adopted

6. **CME Report 9 – Initiative to Transform Medical Education: Update on Implementation Plans**

HOD Action: Report received as information and filed.

7. **CME Report 12 – Observerships for IMGs**

HOD Action: Adopted

8. **Board of Trustees Report 28 – Reauthorization of the Indian Health Care**

HOD Action: Report received as information and filed.

9. **Council on Science & Public Health, Report 3 – The Health Effects of High Fructose Syrup (original Resolution authored by IMGs A-07)**

HOD Action: Adopted.

10. **Resolution 305 – Oppose Discrimination in Residency Selection Based on Location of Medical School (Michigan Delegation)**

Resolution 305 asks that our American Medical Association lobby the Accreditation Council for Graduate Medical Education to include international medical graduates in its list of prohibited discriminations. (Directive to Take Action)

HOD Action: Substitute Resolution 305 adopted as amended with a change in title: **Oppose Discrimination in Residency Selection Based on International Medical Graduate Status.**

RESOLVED, That our American Medical Association request that the Accreditation Council for Graduate Medical Education include in the Institutional Requirements a requirement that will prohibit a program or an institution from having a blanket policy to not interview, rank or accept international medical graduate applicants. (Directive to Take Action); and be it further

RESOLVED, That our AMA recognize that the assessment of the individual international medical graduate residency and fellowship applicant should be based on his/her education and experience. (New HOD Policy); and be it further

RESOLVED, That our AMA disseminate this new policy on opposition to discrimination in residency selection based on international medical graduate status to the graduate medical education community through AMA mechanisms. (Directive to Take Action)

11. **Resolution 306 – Waiver of U. S. Medical Licensing Examination Step 2-CS Representative**

Resolution 306 asks that our American Medical Association lobby the United States Medical Licensing Examination to allow the Educational Commission for Foreign Medical Graduates certificate holders who started their residency training before

January 1, 2005, to be eligible to sit for Step 3 without having to take Step 2-CS.
(Directive to Take Action)

HOD Action: Not adopted.

Reference Committee E

12. Board of Trustees Report 4 – Increasing Minority Participation in Clinical Research

RECOMMENDATION A:

Recommendation 1 of Report 4 of the Board of Trustees amended by insertion on page 7, lines 37-41, to read as follows:

1. That our American Medical Association advocate that:
(a) The Food and Drug Administration (FDA) conduct annual surveillance of clinical trials by gender, race, and ethnicity, including consideration of pediatric and elderly populations, to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be modeled after National Institute of Health guidelines on the inclusion of women and minority populations (Directive to Take Action)

RECOMMENDATION B:

Report 4 of the Board of Trustees amended by insertion of a new Recommendation 3, to read as follows:

3. That our American Medical Association advocate that specific results of outcomes in all clinical trials, both pre- and post-FDA approval, are to be determined for all subgroups of gender, race and ethnicity, including consideration of pediatric and elderly populations; and that these results are included in publication and/or freely distributed, whether or not subgroup differences exist. (Directive to Take Action)

RECOMMENDATION C:

HOD Action: Adopted as amended and the remainder of the report filed.

Reference Committee F

13. Resolution 628 – IMG Representation in House of Delegates (IMG Section)

Resolution 628 asked the following:

That our American Medical Association increase the number of delegates for the IMG Section by three additional delegates, for a total of 4 delegates. (Modify Bylaws) and;

That our American Medical Association provide adequate funding to support all IMG Section Governing Council members attending the House of Delegates meetings, unless they are otherwise funded. (Directive to Take Action).

HOD Action: Council on Long Range Planning and Development Report 2 adopted in lieu of Resolution 628, remainder of CLRPD Report 2 filed.

Reference Committee G

14. Council on Medical Service Report 1 – Medical Care Outside the United States

- ~~1. That our American Medical Association reaffirm Policy D-475.997, which encourages the American public to become better informed about the need to coordinate postoperative care, especially in cases where the patient's site of recovery is a significant distance from where the initial surgery was performed. (Reaffirm HOD Policy)~~
1. That our AMA amend Policy D-475.997(2) by insertion to read as follows: Our AMA strongly encourages the American public to become better informed about the need to coordinate both preoperative and postoperative care, especially in cases where the patient's site of recovery is a significant distance from where the initial surgery was performed. (Modify HOD Policy)

RECOMMENDATION B:

Recommendation 2(c) of Council on Medical Service Report 1 amended by insertion and deletion on page 6, lines 33-35 to read as follows:

2. ~~(c) Financial incentives should only be used for medical care at~~ Patients should only be referred for medical care to institutions that have been accredited by recognized international accrediting bodies (e.g., the Joint Commission International or the International Society for Quality in Health Care).

RECOMMENDATION C:

Recommendations contained in Council on Medical Service Report 1 amended by insertion on page 7 of a new Recommendation 3 as follows:

That our AMA reaffirm and publicize policy D-70.955, which encourages private payers to recognize CPT codes and follow guidelines and conventions as they relate to appending appropriate CPT modifiers 54, 55, and 56 to describe the segment of pre-operative, surgical, or post-operative care performed during the global period of a procedure when more than one physician delivers a specific segment of the care. (Directive to Take Action)

RECOMMENDATION D:

Recommendations contained in Council on Medical Service Report 1 amended by insertion on page 7 of a new Recommendation 4 as follows:

3. That our AMA advocate the development of model state legislation which encompasses our nine AMA principles in Recommendation 2 and which can be used to regulate insurance companies and any other business that refers patients for non-local care, ~~including~~ “centers of excellence.” (Directive to Take Action)

HOD Action: Adopted as amended.

