

## DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its November 2020 Special Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (November 2020 Meeting)

Report of Reference Committee C

David T. Walsworth, MD, Chair

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1 **RECOMMENDED FOR ADOPTION**

- 2
- 3 1. Council on Medical Education Report 1 – An Update on Continuing Board  
4 Certification (Resolutions 301-A-19 and 308-A-19)
- 5 2. Council on Medical Education Report 2 – Graduate Medical Education and the  
6 Corporate Practice of Medicine

7

8 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

- 9
- 10 3. Council on Medical Education Report 3 – Protection of Resident and Fellow  
11 Training in the Case of Hospital or Training Program Closure
- 12 4. Resolution 306 – Retirement of the National Board of Medical Examiners Step 2  
13 Clinical Skills Exam for US Medical Graduates: Call for expedited action by the  
14 American Medical Association
- 15 5. Resolution 309 – Preserve and Increase Graduate Medical Education Funding

16

17 **RECOMMENDED FOR ADOPTION IN LIEU OF**

- 18
- 19 6. Resolution 307 – USMLE Step Examination Failures During the COVID-19  
20 Pandemic

[Click here to submit an amendment.](#)

**RECOMMENDED FOR ADOPTION**

- 1  
2  
3 (1) COUNCIL ON MEDICAL EDUCATION REPORT 1 – AN  
4 UPDATE ON CONTINUING BOARD CERTIFICATION  
5 (RESOLUTIONS 301-A-19 AND 308-A-19)  
6

7 **RECOMMENDATION:**

8  
9 **Recommendations in Council on Medical Education**  
10 **Report 1 be adopted and the remainder of the report be**  
11 **filed.**

12  
13 **HOD ACTION: Recommendations in Council on Medical**  
14 **Education Report 1 adopted and the remainder of the**  
15 **report filed.**  
16

17 The Council on Medical Education therefore recommends that the following  
18 recommendation be adopted in lieu of Resolutions 301-A-19 and 308-A-19 and the  
19 remainder of the report be filed.

20 1. That our American Medical Association (AMA), through its Council on Medical  
21 Education, continue to work with the American Board of Medical Specialties (ABMS) and  
22 ABMS member boards to implement key recommendations outlined by the Continuing  
23 Board Certification: Vision for the Future Commission in its final report, including the  
24 development of new, integrated standards for continuing certification programs by 2020  
25 that will address the Commission’s recommendations for flexibility in knowledge  
26 assessment and advancing practice, feedback to diplomates, and consistency. (New HOD  
27 Policy)  
28

29 Your Reference Committee heard testimony in support of the Council on Medical  
30 Education’s comprehensive report to the House of Delegates. The Council reminded  
31 delegates that this report is issued annually; strengthening of this report can be considered  
32 in the next iteration. Online testimony noted appreciation for the useful information  
33 contained in the report such as the increase in specialty board alternatives to the high-  
34 stakes 10-year exam; the expanded list of activities that meet the Improvement in Medical  
35 Practice (IMP) requirements; and the useful bibliography of recent studies describing new  
36 assessment models and IMP activities. The Council continues to actively follow the  
37 recommendations of the ABMS “Continuing Board Certification: Vision for the Future  
38 Commission.” The Council is committed to ensuring that continuing board certification  
39 supports physicians’ ongoing learning and practice improvement and will continue to  
40 identify and suggest improvements to CBC programs. Your Reference Committee  
41 recommends that the report be adopted.

1 (2) COUNCIL ON MEDICAL EDUCATION REPORT 2 –  
2 GRADUATE MEDICAL EDUCATION AND THE  
3 CORPORATE PRACTICE OF MEDICINE  
4

5 **RECOMMENDATION:**

6  
7 **Recommendations in Council on Medical Education**  
8 **Report 2 be adopted and the remainder of the report be**  
9 **filed.**

10  
11 **HOD ACTION: Recommendations in Council on Medical**  
12 **Education Report 2 adopted and the remainder of the**  
13 **report filed.**

14  
15  
16 The Council on Medical Education therefore recommends that the following  
17 recommendations be adopted and the remainder of this report be filed:

18 1. That Policy H-310.904, "Graduate Medical Education and the Corporate Practice of  
19 Medicine," be amended by addition and deletion to read as follows:  
20 "Our AMA: ... (3) will study continue to monitor issues, including waiver of due process  
21 requirements, created by corporate-owned lay entity control of graduate medical  
22 education sites." (Modify Current HOD Policy)

23 2. That our AMA reaffirm Policy H-310-904 (2), "Graduate Medical Education and the  
24 Corporate Practice of Medicine." (Reaffirm HOD Policy)

25  
26 Your Reference Committee heard testimony in favor of adoption, in light of the growing  
27 influence of corporate interests in medical education and practice, along with the need for  
28 our AMA to continue to monitor this trend and take appropriate actions, as needed.  
29 Testimony noted that, in the probable absence of additional federal support for graduate  
30 medical education programs, it is likely that private entities will continue to increase their  
31 support for residency training. It was also noted that the fiscal note of \$1,000 may be  
32 insufficient for a problem of this scope; our AMA may need to invest additional resources  
33 on this issue. As no negative testimony was heard, your Reference Committee accordingly  
34 recommends that Council on Medical Education Report 2 be adopted.

1                   **RECOMMENDED FOR ADOPTION AS AMENDED OR**  
2                   **SUBSTITUTED**

- 3  
4       (3)       COUNCIL ON MEDICAL EDUCATION REPORT 3 –  
5       PROTECTION OF RESIDENT AND FELLOW TRAINING  
6       IN THE CASE OF HOSPITAL OR TRAINING PROGRAM  
7       CLOSURE

8  
9                   **RECOMMENDATION A:**

10  
11                  **Recommendation 3 in Council on Medical Education**  
12                  **Report 3 be amended by addition, to read as follows:**

13  
14                  **3. That our AMA encourage the Association of**  
15                  **American Medical Colleges (AAMC), American**  
16                  **Association of Colleges of Osteopathic Medicine**  
17                  **(AACOM), and National Resident Matching Program**  
18                  **(NRMP) to develop a process similar to the**  
19                  **Supplemental Offer and Acceptance Program (SOAP)**  
20                  **that could be used in the event of a sudden teaching**  
21                  **institution or program closure. (Directive to Take**  
22                  **Action)**

23  
24                  **RECOMMENDATION B:**

25  
26                  **Recommendation 4 in Council on Medical Education**  
27                  **Report 3 be amended by addition and deletion, to read**  
28                  **as follows:**

29  
30                  ~~**4. That our AMA study the mechanisms for, and the**~~  
31                  ~~**consequences of, encourage the Accreditation Council**~~  
32                  ~~**for Graduate Medical Education (ACGME) to specify in**~~  
33                  ~~**its Institutional Requirements that sponsoring**~~  
34                  ~~**institutions are to providing residents and residency**~~  
35                  ~~**applicants information regarding the financial health of**~~  
36                  ~~**the institution, such as its credit rating, or if it has**~~  
37                  ~~**recently been part of an acquisition or merger.**~~  
38                  ~~**(Directive to Take Action)**~~

39  
40                  **4. That our AMA encourage the Accreditation Council**  
41                  **for Graduate Medical Education (ACGME) to specify in**  
42                  **its Institutional Requirements that sponsoring**  
43                  **institutions are to provide residents and residency**  
44                  **applicants information regarding the financial health of**  
45                  **the institution, such as its credit rating, or if it has**  
46                  **recently been part of an acquisition or merger.**  
47                  **(Directive to Take Action)**

1           **RECOMMENDATION C:**

2  
3           **Recommendation 5 in Council on Medical Education**  
4           **Report 3 be amended by addition and deletion, to read**  
5           **as follows:**

6  
7           **5. That our AMA work with ~~encourage~~ the Association**  
8           **of American Medical Colleges (AAMC), American**  
9           **Association of Colleges of Osteopathic Medicine**  
10           **(AACOM), ~~and the Accreditation Council for Graduate~~**  
11           **Medical Education (ACGME), and relevant state and**  
12           **specialty societies to coordinate and collaborate on the**  
13           **communication with sponsoring institutions, residency**  
14           **programs, and resident physicians in the event of a**  
15           **sudden institution or program closure to minimize**  
16           **confusion, reduce misinformation, and increase clarity.**  
17           **(Directive to Take Action)**

18  
19           **RECOMMENDATION D:**

20  
21           **Council on Medical Education Report 3 be amended by**  
22           **the addition of a seventh Recommendation, to read as**  
23           **follows:**

24  
25           **7. That our AMA continue to work with the Accreditation**  
26           **Council for Graduate Medical Education (ACGME) to**  
27           **monitor issues related to training programs run by**  
28           **corporate entities and the effect on medical education.**  
29           **(Directive to Take Action)**

30  
31           **RECOMMENDATION E:**

32  
33           **Recommendations in Council on Medical Education**  
34           **Report 3 be adopted as amended and the remainder of**  
35           **the report be filed.**

36  
37           **HOD ACTION: Recommendations 3 and 5 in Council on**  
38           **Medical Education Report 3 adopted as amended,**  
39           **Recommendation 1, 2, 4 and 6 adopted, Additional**  
40           **Recommendation 7 adopted, and the remainder of the**  
41           **report filed.**

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

45           1. That our AMA rescind Policy H-310.943 (2), "Closing of Residency Programs," as  
46           having been fulfilled by this report. (Rescind HOD Policy)

1 2. That our AMA ask the Centers for Medicare & Medicaid Services (CMS) to stipulate in  
2 its regulations that residency slots are not assets that belong to the teaching institution.  
3 (Directive to Take Action)

4 3. That our AMA encourage the Association of American Medical Colleges (AAMC) and  
5 National Resident Matching Program (NRMP) to develop a process similar to the  
6 Supplemental Offer and Acceptance Program (SOAP) that could be used in the event of  
7 a sudden teaching institution or program closure. (Directive to Take Action)

8 4. That our AMA encourage the Accreditation Council for Graduate Medical Education  
9 (ACGME) to specify in its Institutional Requirements that sponsoring institutions are to  
10 provide residents and residency applicants information regarding the financial health of  
11 the institution, such as its credit rating, or if it has recently been part of an acquisition or  
12 merger. (Directive to Take Action)

13 5. That our AMA encourage the Association of American Medical Colleges (AAMC) and  
14 the Accreditation Council for Graduate Medical Education (ACGME) to coordinate and  
15 collaborate on the communication with sponsoring institutions, residency programs, and  
16 resident physicians in the event of a sudden institution or program closure to minimize  
17 confusion, reduce misinformation, and increase clarity. (Directive to Take Action)

18 6. That our AMA encourage the Accreditation Council for Graduate Medical Education  
19 (ACGME) to revise its Institutional Requirements, under section IV.E., Professional  
20 Liability Insurance, to state that sponsoring institutions must create and maintain a fund  
21 that will ensure professional liability coverage for residents in the event of an institution or  
22 program closure. (Directive to Take Action)

23  
24 Your Reference Committee heard testimony in unanimous support of Council on Medical  
25 Education Report 3, specifically, the second, third, and fifth recommendations. Online  
26 testimony and speakers noted support for expanding options and streamlining the  
27 approval of residency slots as well as highlighting the need to support international  
28 medical graduates, who may be unduly affected by closures due to their immigrant visa  
29 status. There was concern expressed regarding potential negative consequences for  
30 safety net hospitals to recruit talent if they are required to disclose their financial standing,  
31 and it was noted that such disclosure would not provide a comprehensive understanding  
32 regarding an institution's fiscal stability. It was also suggested that hospitals have a  
33 fiduciary responsibility as stewards of a public resource. Due to the complexity of issues  
34 surrounding the fourth recommendation, your Reference Committee felt additional study  
35 was needed regarding evaluation of the fiscal stability of a training program. The  
36 Reference Committee heard testimony regarding a concern that corporate entities were  
37 attempting to profit from the closure of residency/fellowship programs, and recommends  
38 addition of a seventh recommendation to monitor the situation. Therefore, your Reference  
39 Committee encourages that Council on Medical Education Report 3 be adopted as  
40 amended.

1 (4) RESOLUTION 306 – RETIREMENT OF THE NATIONAL  
2 BOARD OF MEDICAL EXAMINERS STEP 2 CLINICAL  
3 SKILLS EXAM FOR US MEDICAL GRADUATES: CALL  
4 FOR EXPEDITED ACTION BY THE AMERICAN  
5 MEDICAL ASSOCIATION

6  
7 **RECOMMENDATION A:**

8  
9 **The First Resolve of Resolution 306 be amended by**  
10 **addition and deletion, to read as follows:**

11  
12 **RESOLVED, That our American Medical Association**  
13 **take immediate, expedited action to encourage the**  
14 **National Board of Medical Examiners (NBME),**  
15 **Federation of State Medical Boards (FSMB), and**  
16 **National Board of Osteopathic Medical Examiners**  
17 **(NBOME) COCA to eliminate centralized clinical skills**  
18 **examinations used as a part of state licensure,**  
19 **including the USMLE Step 2 ~~CS~~ Clinical Skills Exam and**  
20 **the Comprehensive Osteopathic Medical Licensing**  
21 **Examination (COMLEX) Level 2 - Performance**  
22 **Evaluation PE Exam (Directive to Take Action); and be**  
23 **it further**

24  
25 **RECOMMENDATION B:**

26  
27 **Policy H-295.988 (2) be reaffirmed in lieu of the Second**  
28 **Resolve of Resolution 306.**

29  
30 **RECOMMENDATION C:**

31  
32 **The Third Resolve of Resolution 306 be amended by**  
33 **addition and deletion, to read as follows:**

34  
35 **That our AMA, in collaboration with the Educational**  
36 **Commission for Foreign Medical Graduates (ECFMG),**  
37 **advocate for an equivalent, equitable, and timely**  
38 **pathway for international medical graduates to**  
39 **demonstrate clinical skills competency examination**  
40 **~~process as those offered at US medical schools be~~**  
41 **~~made available on a contract basis to foreign medical~~**  
42 **~~graduates. (Directive to Take Action); and be it further~~**

43  
44 **RECOMMENDATION D:**

45  
46 **Resolution 306 be adopted as amended.**

47  
48 **HOD ACTION: Resolution 306 adopted as amended.**

1  
2 RESOLVED, That our American Medical Association take immediate, expedited action to  
3 encourage the NBME, FSMB and COCA to eliminate centralized clinical skills  
4 examinations used as a part of state licensure, including the USMLE Step 2 CS Exam and  
5 the COMLEX Level 2 PE Exam (Directive to Take Action); and be it further

6  
7 RESOLVED, That our AMA advocate that a replacement examination process be  
8 administered within the medical schools that verifies each medical student's competence  
9 in key clinical skills required to be a physician (Directive to Take Action); and be it further

10  
11 RESOLVED, That our AMA advocate for an equivalent examination process as those  
12 offered at US medical schools be made available on a contract basis to foreign medical  
13 graduates (Directive to Take Action); and be it further

14  
15 RESOLVED, That our AMA strongly encourage all state delegations in the AMA House of  
16 Delegates and other interested member organizations of the AMA to engage their  
17 respective state medical licensing boards, the Federation of State Medical Boards, their  
18 medical schools and other interested credentialing bodies to encourage the elimination of  
19 these centralized, costly and low-value exams (Directive to Take Action); and be it further

20  
21 RESOLVED, That our AMA advocate that any replacement examination mechanisms be  
22 instituted immediately in lieu of resuming existing USMLE Step 2-CS and COMLEX Level  
23 2-PE examinations when the COVID-19 restrictions subside. (Directive to Take Action)

24  
25 Your Reference Committee reviewed mostly supportive testimony on Resolution 306,  
26 which calls for the retirement of the National Board of Medical Examiners Step 2 Clinical  
27 Skills (CS) Exam for U.S. medical graduates. Online testimony from the Federation of  
28 State Medical Boards did express that the Step 2 CS examination is needed by state  
29 licensing boards as an "external audit" of physicians' skills for independent, unsupervised  
30 practice. However, speakers who testified in support of the resolution expressed that the  
31 exam has an extremely high pass rate and has not identified any serious deficiencies in  
32 students' education and training used to justify the expenditure of resources needed to  
33 take the exam. Additionally, there was testimony to support the rigorous evaluations of  
34 medical schools by relevant bodies as an appropriate alternative to examination of  
35 physicians' skills. Therefore, your Reference Committee encourages that Resolution 304  
36 be adopted as amended.

37  
38 Policy recommended for reaffirmation:  
39 D-295.988, "Clinical Skills Assessment During Medical School"

40  
41 2. Our AMA will work with the Federation of State Medical Boards, National Board  
42 of Medical Examiners, state medical societies, state medical boards, and other key  
43 stakeholders to pursue the transition from and replacement for the current United  
44 States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS)  
45 examination and the Comprehensive Osteopathic Medical Licensing Examination  
46 (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a  
47 Liaison Committee on Medical Education-accredited or Commission on



- 1 Osteopathic College Accreditation-accredited medical school-administered,  
2 clinical skills examination.  
3 (5) RESOLUTION 309 – PRESERVE AND INCREASE  
4 GRADUATE MEDICAL EDUCATION FUNDING  
5

6 **RECOMMENDATION A:**  
7

8 **Resolution 309 be amended by addition and deletion to**  
9 **read as follows:**  
10

11 **RESOLVED, That our AMA work with advocate to**  
12 **appropriate federal agencies the Liaison Committee on**  
13 **Medical Education, the Accreditation Council for**  
14 **Graduate Medical Education, and other interested**  
15 **relevant stakeholders to encourage the U.S.**  
16 **Government Accountability Office to oppose and**  
17 **refrain from further consideration of the diversion of**  
18 **direct and indirect funding away from ACGME-**  
19 **accredited graduate medical education funding**  
20 **programs to non-physicians. (Directive to Take Action)**  
21

22 **RECOMMENDATION B:**  
23

24 **Resolution 309 be adopted as amended.**  
25

26 **HOD ACTION: Resolution 309 adopted as amended.**  
27

28 RESOLVED, That our AMA work with the Liaison Committee on Medical Education, the  
29 Accreditation Council for Graduate Medical Education, and other interested stakeholders  
30 to encourage the U.S. Government Accountability Office to oppose and refrain from further  
31 consideration of the diversion of direct and indirect graduate medical education funding to  
32 non-physicians. (Directive to Take Action)  
33

34 Your Reference Committee heard testimony in unanimous support of this resolution, which  
35 noted urgent concern regarding the Government Accountability Office (GAO) report in late  
36 2019, [“Views on Expanding Medicare Graduate Medical Education Funding to Nurse](#)  
37 [Practitioners and Physician Assistants.”](#) Your Reference Committee was informed that the  
38 AMA was interviewed for this report, the only physician-focused organization interviewed  
39 by the GAO, and advocated strongly against any diversion of funds from GME to  
40 nonphysician training. Testimony highlighted great concern regarding scope of practice  
41 and differentials in training and pay. Your Reference Committee thanks the Council on  
42 Medical Education for pointing out that this resolution aligns with AMA Policy H-310.916,  
43 “Funding to Support Training of the Health Care Workforce”; however, testimony indicated  
44 that while this policy is potent, the AMA needs to do more to act upon it. Your Reference  
45 Committee incorporated an amendment to strengthen the original resolution and clarified  
46 that funding should not be diverted from ACGME-accredited residency programs for MDs  
47 and DOs.  
48

1 While your Reference Committee considered an amendment related to defining the terms  
2 “trainee,” “resident,” “physician,” and “nurse practitioner,” and encouraging study of the  
3 educational and accreditation structure of non-physician residency education, it was  
4 decided that these amendments were not germane to the original resolution and distracted  
5 from the important goal of preventing the diversion of federal GME dollars from ACGME-  
6 accredited residency programs. Given the present concerns facing GME funding, your  
7 Reference Committee recommends that Resolution 309 be adopted as amended.

1                                   **RECOMMENDED FOR ADOPTION IN LIEU OF**

2  
3       (6)       **RESOLUTION 307 – USMLE STEP EXAMINATION**  
4                   **FAILURES DURING THE COVID-19 PANDEMIC**

5  
6                   **RECOMMENDATION A:**

7  
8                   **Alternative Resolution 307 be adopted in lieu of**  
9                   **Resolution 307, to read as follows:**

10  
11                   **RESOLVED, That our AMA advocate to the National**  
12                   **Board of Medical Examiners (NBME) and National**  
13                   **Board of Osteopathic Medical Examiners (NBOME) that**  
14                   **students at allopathic and osteopathic schools of**  
15                   **medicine and residents in accredited residency**  
16                   **programs in the United States scheduled between**  
17                   **March 1, 2020 and May 31, 2021 to sit for any**  
18                   **examination step/level in the United States Medical**  
19                   **Licensing Examination (USMLE) or the Comprehensive**  
20                   **Osteopathic Medical Licensing Examination (COMLEX)**  
21                   **sequence be allowed the opportunity to be re-**  
22                   **examined, if they failed one of these examinations, one**  
23                   **time at no additional charge to the student or resident.**  
24                   **(Directive to Take Action)**

25  
26                   **RECOMMENDATION B:**

27  
28                   **The title of Resolution 307 be changed, to read as**  
29                   **follows:**

30  
31                   **USMLE AND COMLEX EXAMINATION FAILURES**  
32                   **DURING THE COVID-19 PANDEMIC**

33  
34                   **HOD ACTION: Alternate Resolution 307 adopted with**  
35                   **change in title.**

36  
37                   **RESOLVED, That our AMA advocate to the NBME that students at allopathic schools of**  
38                   **medicine who failed the USMLE Step 1 Examination or the USMLE Step 2-CK**  
39                   **Examination that was scheduled between March 1, 2020 and September 30, 2020 be**  
40                   **allowed the opportunity to be re-examined one time at no additional examination fee**  
41                   **charged to the student. (Directive to Take Action); and be it further**

42  
43                   **RESOLVED, That our American Medical Association ask that the various state and**  
44                   **territorial medical boards, through outreach to the National Board of Medical Examiners**  
45                   **(NBME) and Federation of State Medical Boards (FSMB), not require students who failed**  
46                   **any USMLE Step 1 or USMLE Step 2 CK examination, between March 1 and September**  
47                   **30, 2020 to reveal this information to state medical licensure boards during the processes**  
48                   **of obtaining or renewing state licensure. (Directive to Take Action); and be it further**

1  
2 RESOLVED, That our AMA advocate to the National Board of Medical Examiners (NBME)  
3 and Federation of State Medical Boards (FSMB) that such failures not count toward the  
4 total number of exam attempts by a potential licensee. (Directive to Take Action); and be  
5 it further

6  
7 RESOLVED, That our AMA advocate to hospital accreditation organizations such as, but  
8 not limited to, The Joint Commission and American Hospital Association, that those who  
9 have failed any USMLE Step 1 or USMLE Step 2-CK examination between March 1 and  
10 September 30, 2020 not be required to disclose this information to hospital boards and  
11 other accrediting bodies that determine a physician's fitness to practice at or admit patients  
12 to hospitals in the United States. (Directive to Take Action).

13  
14 Your Reference Committee heard favorable testimony on this important topic, as our  
15 medical students and trainees face ongoing challenges and disruptions to testing and  
16 advancement through medical education during the pandemic. The Academic Physicians  
17 Section, as cosponsor of this item (along with its delegate, the original author), developed  
18 the proposed substitute language during its meeting, in close collaboration with other key  
19 stakeholders, including the Council on Medical Education. Some testimony was in  
20 opposition to adoption or recommended referral for further study, due to a lack of concrete  
21 data as to the pandemic's effects on test takers. Testimony from the Federation of State  
22 Medical Boards was against adoption, in that, as the legal entities empowered to license  
23 physicians for medical practice in the U.S., the United States Medical Licensing  
24 Examination cannot withhold relevant information on the examination history of individuals  
25 pertinent to the decision to issue a full, unrestricted medical license. This testimony,  
26 however, is germane to the Second Resolve of the original item, which is not reflected in  
27 the amended item. The new language proposed above provides financial relief to those  
28 students (and resident physicians as well, as now reflected in the revision), who, due to  
29 the significant disruptions in exam study and administration schedules brought on by the  
30 pandemic, failed the examinations. Although students and resident/fellow physicians have  
31 experienced varying levels of disruption from the pandemic depending on their geographic  
32 location, this resolution would allow those who were most affected some respite. There  
33 was some sentiment expressed in testimony for offering complimentary reexaminations to  
34 all students/residents, not just those who failed. Your Reference Committee carefully  
35 considered this concept but believes that opening this door could have unintended  
36 consequences, including potential displacement from examination slots of the very  
37 individuals who were the resolution's original focus. As the AMA does not have policy  
38 regarding the impact of the pandemic on medical education, your Reference Committee  
39 believes this first step is a needed action, and therefore recommends that Alternative  
40 Resolution 307 be adopted in lieu of Resolution 307.

1 Mister Speaker, this concludes the report of Reference Committee C. I would like to thank  
2 Henry L. Dorkin, MD, Haidn Foster, Tracey L. Henry, MD, MPH, MS, Ray Hsiao, MD,  
3 Gunjan Malhotra, MD, John Ratliff, MD, and all those who testified before the committee,  
4 as well as our AMA staff, Amber Ryan, Fred Lenhoff, Tanya Lopez, and Alejandro  
5 Aparicio, MD.

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Henry L. Dorkin, MD  
Massachusetts Medical Society

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Ray Hsiao, MD  
American Psychiatric Association

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Haidn Foster, Medical Student  
Ohio State Medical Association

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Gunjan Malhotra, MD  
American College of Radiology

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Tracey L. Henry, MD, MPH, MS  
American College of Physicians

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John K. Ratliff, MD  
Congress of Neurological Surgeons

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David T. Walsworth, MD  
Michigan State Medical Society  
Chair