

PROFESSION



Rochester, N.Y., pediatrician Thomas K. McInerny, MD, says cuts in residency slots might mean fewer pediatric specialists, who are in short supply. [Photo by Luci Pemoni / AP Images for American Medical News]

AMA meeting: Policies target doctor shortages, GME cuts

Delegates call for the expansion of J-1 visa waivers and protection of existing residency slots.

By KEVIN B. O'REILLY, amednews staff. Posted Nov. 26, 2012.

Honolulu With a massive physician shortage looming, the American Medical Association took several steps at its Interim Meeting aimed at expanding access to physician care in underserved areas and protecting the training pipeline from funding cuts.

The Assn. of American Medical Colleges estimates that there will be a shortage of 130,600 doctors by 2025, with half of the shortfall coming in primary care specialties. Already, doctors are in short supply in many rural and inner-city areas.

One attempt to address the latter shortages is the J-1 visa waiver program, which the House of Delegates said should be expanded. The program allots 30 positions in each state for international medical graduates who complete their graduate medical education and pledge to work two years in a Dept. of Health and Human Services-designated shortage area in exchange for waivers from the return-home visa requirement.

The house said the number of slots should be increased from 30 per state to 50, and directed the AMA to publish J-1 visa waiver statistics on its website. The AMA also will post a frequently-asked-questions document about the program, which state administrators say is underused because of onerous employer requirements and bureaucratic complexity.

Pediatric GME funding threatened

In addition, delegates directed the AMA to oppose cuts in federal funding for graduate medical education that would lead to the closure of residency programs or the dismissal of residents from current positions. Of particular concern to delegates was pediatric GME funding. Unlike adult residency slots that are funded through Medicare, pediatric residency funding must be approved annually by Congress.

Children's hospitals train 40% of general pediatricians and 43% of pediatric specialists. The Children's Hospitals Graduate Medical Education Payment Program was threatened with \$48.5 million in funding cuts under President Obama's proposed 2011 fiscal-year budget. The cuts were avoided, but the AMA ought to take a stand to protect existing residency slots, delegates said.

"If we were to lose these residency positions, or even a small portion of them, then how do we train these folks to become physicians?" asked Thomas K. McInerny, MD, a delegate for the American Academy of Pediatrics from Rochester, N.Y. "In pediatrics, in particular, our specialists are in short supply, so we're worried that the last thing we need is fewer specialists for our children."

The AMA already has policy opposing a 1997 cap on Medicare-funded residency positions, and favors expanding GME funding

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AMA House of Delegates

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A full slate of resolutions

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to meet physician work force needs. The house reaffirmed these policies in response to Interim Meeting resolutions regarding the shortages of practicing pediatricians and pediatric residency positions.

ADDITIONAL INFORMATION:

Meeting notes: Medical education

Issue: Medical schools that have been given preliminary or provisional accreditation status by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation may not be able to land clerkship slots for their students, as unaccredited, for-profit foreign medical schools offer top dollar for these positions.

Proposed action: Advocate for regulations to ensure that clinical clerkship slots go first to students at accredited U.S. medical schools or those who have preliminary or provisional accreditation status. *[Adopted]*

Issue: Physicians have an obligation to participate in continuing medical education to fulfill a professional commitment to lifelong learning.

Proposed action: Urge physicians to participate in high-quality, certified CME activities that meet their educational needs and adhere to ethical and professional standards. Advise doctors to claim only the CME credit commensurate with their participation, and to decline any subsidy or compensation for participation that is offered by a commercial entity other than their employers. *[Adopted]*

Issue: Many U.S. medical schools ask applicants about family connections to alumni, a practice that can favor well-to-do, nonminority students.

Proposed action: Oppose the use of legacy status in medical school applications, but allow students to mention family connections to the school in their personal essays or during admissions interviews. *[Not adopted]*

Issue: Proposed Common Program Requirements from the Accreditation Council for Graduate Medical Education would require some osteopathic residents to repeat their first postgraduate year of training to gain entry to ACGME-accredited training programs.

Proposed action: Support entry into ACGME-accredited residency and fellowship programs whether interns are coming from ACGME- or American Osteopathic Assn.-accredited programs. This house directive is in line with an October announcement that the ACGME will be responsible for accrediting all GME programs starting in 2015. *[Adopted]*

WEBLINK

“Health Policy Brief: Graduate Medical Education,” *Health Affairs*, Aug. 16
healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_73.pdf

“Critical condition: The call to increase graduate medical education funding,” American Medical Association Center for Transforming Medical Education and AMA Advocacy Resource Center, 2011 (www.ama-assn.org/resources/doc/med-ed-products/graduate-medical-education-funding.pdf)

“Physician Shortages to Worsen Without Increases in Residency Training,” Assn. of American Medical Colleges Center for Workforce Studies, June 2010 (www.aamc.org/download/150584/data/physician_shortages_factsheet.pdf)

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