

SUBJECT TO RESOLUTION COMMITTEE REVIEW

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 303
(JUN-21)

Introduced by: American Orthopaedic Foot & Ankle Society
American Academy of Orthopaedic Surgeons

Subject: Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Initiating a Process Enabling Them to Take the USMLE

Referred to: Reference Committee C

1 Whereas, According to the National Board of Medical Examiners (NBME), “All medical boards in
2 the United States accept a passing score on the United States Medical Licensure Examination
3 (USMLE) as evidence that an applicant demonstrates the core competencies to practice
4 medicine. As a result, healthcare consumers throughout the nation enjoy a high degree of
5 confidence that their doctors have met a common standard;” and
6

7 Whereas, Medical associations have long supported a uniform standard for licensing, including
8 a public position saying that changes in licensure by non-MD/DO practitioners must be based
9 on education, training, and experience, to ensure patient safety. This is the same position held
10 by the American Podiatric Medical Association (APMA) and the American College of Foot and
11 Ankle Surgeons (ACFAS); and
12

13 Whereas, Patients, as well as referring physicians should be able to have the same high degree
14 of confidence that Doctors of Podiatric Medicine (DPMs) have also met this common standard
15 as they provide medical and surgical care to patients within their scope of practice; and
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17 Whereas, To accomplish this goal, and be considered physicians, DPMs should be required to
18 receive sufficient education and training to take and pass all three parts of the USMLE; and
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20 Whereas, AAOS, AOFAS, APMA, and ACFAS have collaborated and agreed upon the pathway
21 for qualified DPM graduates to take all three parts of the USMLE; and
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23 Whereas, The decision as to whether DPM students and graduates would be permitted to take
24 the USMLE rests with the NBME and would be based in part on whether Council on Podiatric
25 Medical Education (CPME) accreditation standards are comparable to Liaison Committee on
26 Medical Education (LCME) standards and sufficient to meet NBME requirements; and
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28 Whereas, Our AMA has the resources to objectively study these standards and if earned, its
29 support would be beneficial to this process; therefore be it
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31 RESOLVED, That our American Medical Association study, with report back at the 2021 Interim
32 House of Delegates Meeting, whether Council on Podiatric Medical Education (CPME)
33 accreditation standards are comparable to Liaison Committee on Medical Education (LCME)
34 standards and sufficient to meet requirements which would allow Doctors of Podiatric Medicine
35 (DPMs) to take all parts of the USMLE. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/05/21

AUTHORS STATEMENT OF PRIORITY

The preservation of physician-led, team-based care impacts all physicians and patients, and fits squarely within the AMA's mission and strategic plan. Restricting the title "physician" to individuals with M.D. and D.O degrees is also important to the AMA's membership. Non-physicians have successfully prioritized increasing their scope of practice (SOP) and being given the title of physician through legislative and regulatory means, as opposed to meeting M.D./ D.O. standards of education and training. The pandemic has accelerated this activity with states creating 'temporary' waivers involving SOP, licensure and supervision. Once adopted, these changes are rarely reversed, with permanent seriously deleterious impact.

The AOFAS and AAOS have agreed with two national podiatric organizations on a process by which only podiatrists who meet M.D./D.O. standards for undergraduate and residency accreditation, board certification, and examination requirements would be considered physicians within their scope of practice. However, only the AMA, an organization representing all physicians, has the expertise and resources to evaluate and initiate this new process. Near-term action supporting this important policy of non-physicians being considered physicians by meeting physician standards, instead of lobbying legislators and regulators, will have a positive impact and improve patient care.

This resolution, originally intended to be introduced last year, only asks for a study. The more extensive discussion about what to do with the study results would be a future topic.

RELEVANT AMA POLICY

Definition of a Physician H-405.969

1. The AMA affirms that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine.
2. AMA policy requires anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition above, must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.
3. Our AMA actively supports the Scope of Practice Partnership in the Truth in Advertising campaign.

Citation: (CME Rep. 4-A-94 Reaffirmed by Sub. Res. 712, I-94 Reaffirmed and Modified: CME Rep. 2, A-04 Res. 846, I-08 Reaffirmed in lieu or Res. 235, A-09 Reaffirmed: Res. 821, I-09 Appended: BOT Rep. 9, I-09 Reaffirmed: BOT Rep. 9, I-11 Reaffirmation A-13 Reaffirmation A-15 Reaffirmed in lieu of: Res. 225, A-17 Reaffirmed: Res. 228, A-19)

Physician and Nonphysician Licensure and Scope of Practice D-160.995

1. Our AMA will: (a) continue to support the activities of the Advocacy Resource Center in providing advice and assistance to specialty and state medical societies concerning scope of practice issues to include the collection, summarization and wide dissemination of data on the training and the scope of practice of physicians (MDs and DOs) and nonphysician groups and that our AMA make these issues a legislative/advocacy priority; (b) endorse current and future funding of research to identify the most cost effective, high-quality methods to deliver care to patients, including methods of multidisciplinary care; and (c) review and report to the House of

Delegates on a periodic basis on such data that may become available in the future on the quality of care provided by physician and nonphysician groups.

2. Our AMA will: (a) continue to work with relevant stakeholders to recognize physician training and education and patient safety concerns, and produce advocacy tools and materials for state level advocates to use in scope of practice discussions with legislatures, including but not limited to infographics, interactive maps, scientific overviews, geographic comparisons, and educational experience; (b) advocate for the inclusion of non-physician scope of practice characteristics in various analyses of practice location attributes and desirability; (c) advocate for the inclusion of scope of practice expansion into measurements of physician well-being; and (d) study the impact of scope of practice expansion on medical student choice of specialty.

3. Our AMA will consider all available legal, regulatory, and legislative options to oppose state board decisions that increase non-physician health care provider scope of practice beyond legislative statute or regulation.

Citation: (CME Rep. 1, I-00 Reaffirmed: CME Rep. 2, A-10 Modified: CCB/CLRPD Rep. 2, A-14 Appended: Res. 251, A-18 Appended: Res. 222, I-19)

Non-Physician "Fellowship" Programs D-275.979

Our AMA will (1) in collaboration with state and specialty societies, develop and disseminate informational materials directed at the public, state licensing boards, policymakers at the state and national levels, and payers about the educational preparation of physicians, including the meaning of fellowship training, as compared with the preparation of other health professionals; and (2) continue to work collaboratively with the Federation to ensure that decisions made at the state and national levels on scope of practice issues are informed by accurate information and reflect the best interests of patients.

Citation: (CME Rep. 4, I-04 Reaffirmed: CME Rep. 2, A-14)

Practicing Medicine by Non-Physicians H-160.949

Our AMA: (1) urges all people, including physicians and patients, to consider the consequences of any health care plan that places any patient care at risk by substitution of a non-physician in the diagnosis, treatment, education, direction and medical procedures where clear-cut documentation of assured quality has not been carried out, and where such alters the traditional pattern of practice in which the physician directs and supervises the care given;

(2) continues to work with constituent societies to educate the public regarding the differences in the scopes of practice and education of physicians and non-physician health care workers;

(3) continues to actively oppose legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision;

(4) continues to encourage state medical societies to oppose state legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision;

(5) through legislative and regulatory efforts, vigorously support and advocate for the requirement of appropriate physician supervision of non-physician clinical staff in all areas of medicine; and

(6) opposes special licensing pathways for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education of American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate US medical education.

Citation: (Res. 317, I-94 Modified by Res. 501, A-97 Appended: Res. 321, I-98 Reaffirmation A-99 Appended: Res. 240, Reaffirmed: Res. 708 and Reaffirmation A-00 Reaffirmed: CME Rep. 1, I-00 Reaffirmed: CMS Rep. 6, A-10 Reaffirmed: Res. 208, I-10 Reaffirmed: Res. 224, A-11 Reaffirmed: BOT Rep. 9, I-11 Reaffirmed: Res. 107, A-14 Appended: Res. 324, A-14)

Clarification of the Title "Doctor" in the Hospital Environment D-405.991

1. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement standards for an identification system for all hospital facility staff who have direct contact with patients which would require that an identification badge be worn which indicates the individual's name and credentials as appropriate (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), to differentiate between those who have achieved a Doctorate, and those with other types of credentials.

2. Our AMA Commissioners will, for the purpose of patient safety, request that The Joint Commission develop and implement new standards that require anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the AMA definition (H-405.969, ?that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine?) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.

3. Our AMA will request the American Osteopathic Association (AOA) to (1) expand their standards to include proper identification of all medical staff and hospital personnel with their applicable credential (i.e., MD, DO, RN, LPN, DC, DPM, DDS, etc), and (2) Require anyone in a hospital environment who has direct contact with a patient presenting himself or herself to the patient as a "doctor", who is not a "Physician" according to the AMA definition (AMA Policy H-405.969 .. that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine) must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.

Citation: (Res. 846, I-08; Modified: BOT Rep. 9, I-09; Reaffirmed: Res. 218, A-12)