

American Medical Student Association  
House of Delegates 2012  
**Resolution: C-4**

INTRODUCED BY:	Jerry P. Abraham, MPH;
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SUBJECT:	Principles Regarding Graduate Medical Education (GME)
TYPE:	Resolution of Principles

1 WHEREAS, it is projected that as early as 2014, there could be more medical graduates applying  
2 for residency positions than there are positions available;  
3  
4 WHEREAS, this shortfall of residency positions to accommodate all medical students will  
5 continue to contribute to the physician workforce shortage and may result in medical students not  
6 having a residency position available upon graduation from medical school;  
7  
8 WHEREAS, it is essential to create additional Graduate Medical Education (GME) positions in  
9 the United States to address the physician workforce shortage;  
10  
11 WHEREAS, the federal government, state governments, third-party payers, hospitals and  
12 academic medical centers should all work to fund additional GME positions;  
13  
14 WHEREAS, Congress continues to threaten the future of GME with funding cuts to Medicare;  
15  
16 WHEREAS, creative solutions must be considered by the various regulation bodies to reduce the  
17 amount of training time to produce physicians including shortening the duration of residency  
18 training by adopting competency-based evaluation schemes rather than arbitrary case-based  
19 paradigms;  
20  
21 WHEREAS, it is critical to ensure that all medical students are guaranteed a residency position  
22 and that more physicians complete residency as soon as possible and be added to the healthcare  
23 workforce;  
24  
25 WHEREAS, US medical graduates both allopathic and osteopathic, Foreign medical graduates  
26 including US citizens and foreign nationals who pass all appropriate licensure requirements will  
27 work together to address the physician supply shortage in the United States;  
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29 Therefore, be it resolved that the Principles Regarding Graduate Medical Education and  
30 Specialty Distribution be amended as follows:

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33 **PRINCIPLES REGARDING GRADUATE MEDICAL EDUCATION**  
34 **AND SPECIALTY DISTRIBUTION**  
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36 ~~29. SUPPORTS changing immigration law to tighten the visa process for foreign~~  
37 ~~medical graduates ensuring that they return to their native countries for service upon~~  
38 ~~completion of training. (1997)~~  
39

40 29. SUPPORTS relocating the training of physicians at the undergraduate and graduate levels  
41 into accredited community, ambulatory and managed care based settings for a minimum of 25  
42 percent of clinical experience. (1997)  
43

44 30. ENCOURAGES the surgical, medical, and pediatric subspecialty groups and the  
45 ACGME to create and accredit, for each subspecialty, single-track residencies which will begin  
46 directly upon completion of medical school. (1997)  
47

48 31. RECOGNIZES the value of the AOA osteopathic rotating internship and  
49 ENCOURAGES osteopathic graduates to enter such internships, but OPPOSES the requirement  
50 of completion of such an internship as a prerequisite to state licensure for D.O.s. (1998)  
51

52 32. ENCOURAGES medical schools to expand capacity and increase building of new  
53 medical schools to fill shortage of physicians; (2006)  
54

55 33. ENCOURAGES continued federal and independent study on how to project trends in the  
56 physician workforce, especially in regards to specialty choice among medical school graduates.  
57 (2006)  
58

59 34. URGES legislation that expands Medicare funds to support the expansion of  
60 undergraduate medical education in the United States. (2006)  
61

62 35. SUPPORTS increase supply and distribution of physician/PA teams to meet anticipated  
63 shortage of healthcare service. (2006)  
64

65 36. SUPPORTS the National Health Care Workforce Commission. (2011)  
66

67 **37. SUPPORTS lifting the Graduate Medical Education (GME) cap at such time as the**  
68 **number of US medical school graduates exceeds the number of residency positions**  
69 **available and ENCOURAGES Congress to increase Medicare support to finance additional**  
70 **GME positions to address the physician workforce shortage.**  
71

72 **38. STRONGLY OPPOSES any direct and indirect Medicare GME funding cuts by**  
73 **Congress in the absence of adoption of an all-payer model for funding GME.**  
74

75 **39. ENCOURAGES state governments to consider legislation creating additional GME**  
76 **positions including providing state funding for these additional GME positions, especially**  
77 **in states where there are currently significant physician shortages.**  
78

79 **40. ENCOURAGES academic medical centers, hospital systems, third-party payer**  
80 **systems and other private sector organizations to fund additional GME positions.**

81  
82 **41. ENCOURAGES the ACGME and all other relevant accreditation bodies to consider**  
83 **alternative methods for assessing clinical competencies, especially strategies that will**  
84 **reduce the amount of time it takes to complete medical training, thereby reducing the total**  
85 **time it takes to produce physicians.**