



Resident Delegate to the AMA-RFS 2018 Annual Report

Resident Delegate to the AMA-RFS

Resident

Kaci Larsen, MD
University of Missouri FMR
Columbia, MO
Class of 2019

Resident

Samuel Mathis, MD
University of Texas Medical Branch FMR
Galveston, TX
Integrative Medicine Fellow

Purpose & Scope of Work

The American Medical Association's Resident and Fellow Section (AMA-RFS) "represents and advocates for resident physicians, provides essential career development resources, and educates residents about issues facing the profession." AMA members who are in a residency or fellowship program are automatically members of the AMA-RFS. The section not only aims to pass policy resolutions advocating for improvements in healthcare and medical education, but also works to develop tools and guidance for professional and personal growth as well.

The RFS assembly meets twice per year, a few days prior to the AMA House of Delegates at the Interim and Annual meetings. During these assembly meetings, the RFS debates and adopts policies which impact the assembly itself and potentially become AMA policy as well. Policy resolutions are crafted by residents and are voted on by resident delegates at these meetings. The AAFP sends resident delegates who are members of the AMA to the AMA-RFS each year to represent the voice of Family Medicine and influence positive change for primary care.

Activities & Achievements

The Interim meeting was held from November 9-11, 2017 at the Hawaii Convention Center in Honolulu, HI. There was a wide range of policy topics discussed at this meeting, including physician and medical student suicide, changes in residency/fellowship application and matching process, working to continue funding for income-driven repayment plans, and promoting development of HIPAA-compliant technologies for texting, email, and video conferencing.

One important resolution for residents and fellows revolved around standardizing the application and matching process for residents and fellows across all specialties. Additionally, the RFS asked the AMA to research and develop guidelines around new residency and fellowship application requirement (video interviews, change in timelines, etc) and to work with the Association of American Medical Colleges and the National Resident Matching Program to improve interviewing process in a way that is fair and equitable in regards to costs associated with interview applications. The RFS also asked the AMA to continue to fight for students and resident by asking the Liaison Committee on Medical Education (LCME) and the Accreditation Council of Graduate Medical Education (ACGME) to collect data on any student, resident, or fellow suicides to identify patterns that could predict such events.

During the Annual AMA-RFS meeting held from June 7-9 in Chicago, IL., the AMA-RFS adopted 12 resolutions on a number of issues spanning from newborn congenital heart defect screening, mammogram screening and breast cancer treatment coverage, to resident and physician unions. Additionally, the RFS took time to discuss and debate some internal policies and has called for a review of all internal operating procedures (IOP) and an update to those IOPs by next year. This was done in order to correct some inconsistencies in the rules of how the RFS is governed and to improve the effectiveness of the section as a whole. The RFS also referred for study a resolution looking into how to include scholarly activity by residents and fellows in their Curriculum Vitae. This study will look at how to give residents and fellows credit for the advocacy work and how to properly give credit for non peer-reviewed publications that a resident may participate in.

In both meetings, both Dr. Mathis and Dr. Larsen participated in the reference committee testimony and during the business session. They spoke based on AAFP policy and would also stand to give testimony on behalf of themselves regarding their personal views as a Family Medicine physician. Their testimony played a large role in a number of resolutions in the language used as well as the purpose of these resolutions.

Any Subcommittee Work

The AMA-RFS is subdivided into regions. Most regions are geographically distributed, there is a region for all specialty representatives. During the AMA-RFS, we actively participated with these interdisciplinary Region 8 meetings by collaborating with other specialties regarding the policy issues being debated.

Dr. Larsen participated in the Hospitality committee during the Annual session in Chicago. This committee was responsible for ensuring that the amenities during the meeting were set up and helping to host the welcome reception for all students, residents, fellows, and young physicians at the beginning of the meeting.

Dr. Mathis worked in 2 different subcommittees during this past year. For both interim and annual, Dr. Mathis chaired the Rules committee and additionally assisted the credentials committee. These committees work behind the scenes to ensure that the AMA-RFS meeting runs as smoothly and effectively as possible. The Annual meeting in Chicago was Dr. Mathis' 4th time working and chairing the rules committee. Dr. Mathis was also appointed on the Resident section Council on Long Range Planning and Development. This council is responsible for helping to establish the vision and goals of the RFS for the upcoming year. He participated in this council for the entire year with monthly council tele-meetings and numerous reports that had to be submitted for the RFS.

Both Dr. Mathis and Dr. Larsen participated with Dr. Glenn Loomis's election campaign committee with the AAFP's main delegation over this past year as well. This included going on interviews to various sections and caucuses throughout the AMA meeting during the annual session. While Dr. Loomis did not win his election, this was a valuable learning and networking experience for both physician residents within the main House of Delegates.

Lessons Learned and the Value of Serving as an AMA-RFS Representative

As physicians, we are often looked to as leaders in our community and within our healthcare organizations. We treat diseases and comfort patients daily. This position allows you to go a step further and advocate for our patients and our profession. We were able to network with highly influential residents and physicians across many specialties who are changing the landscape of medicine. A unique aspect of this position is the interaction between people in different specialties. Learning how to work with other

physicians with different backgrounds, training and interests allows you to see a bigger picture and work together to create innovative policy.

There are many avenues one can make change. Policy is one effective way to evolve medicine. Creating policy gives you a solid foundation and a ground to stand on while advocating for certain issues. Being able to say the American Medical Association and the American Academy of Family Physicians stands for the same thing gives you a stronger voice. Being an AMA-RFS delegate affords you many opportunities to learn the intricacies of policy making, how to effectively network with peers and work together to be a driving force in breaking down healthcare barriers for patients and physicians. If you want to lead change in medicine, this is a great position for you.

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.