

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 308  
(A-11)

Introduced by: Medical Student Section

Subject: Encouraging Medical Student Professionalism: Affirming Institutional  
Financial Disclosure Policies During Undergraduate Medical Education

Referred to: Reference Committee C  
(Robert J. Havlik, MD, Chair)

---

- 1 Whereas, Professionalism is a core competency of medical education (AMA Policies D-295.954  
2 and D-295.983); and  
3  
4 Whereas, Collaboration, including financial relationships, between academic medicine and  
5 industry are vital in the discovery and development of new pharmaceuticals and medical  
6 devices; and  
7  
8 Whereas, The transparent management of financial ties between medicine and industry is an  
9 emerging tenet of medical professionalism, as illustrated by our AMA's ongoing work to  
10 establish guidelines for industry funding of continuing medical education; and  
11  
12 Whereas, Medical students are more likely to practice professional behavior if training is  
13 included at every stage of medical education, set forth by role models, including academic  
14 faculty, and reinforced by experiential learning; and  
15  
16 Whereas, The Patient Protection and Affordable Care Act requires pharmaceutical  
17 manufacturers and makers of medical devices and supplies to record most payments to  
18 physicians in a searchable database accessible to the public by September 2013; and  
19  
20 Whereas, While most US medical schools require faculty to disclose to the institution any  
21 financial relationships with industry, it is not clear whether students have access to this  
22 information or are even aware of its existence; therefore be it  
23  
24 RESOLVED, That our American Medical Association work with the Association of American  
25 Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine  
26 (AACOM) to encourage the Liaison Committee on Medical Education and the American  
27 Osteopathic Association Commission on Osteopathic College Accreditation to require all  
28 medical schools to make known to students the existence of the physician-industry financial  
29 disclosure databases that exist or will be created by 2013 as required by the Patient Protection  
30 and Affordable Care Act (Directive to Take Action); and be it further  
31  
32 RESOLVED, That our AMA work with AAMC and AACOM to encourage all medical school  
33 faculty to model professional behavior to students by disclosing the existence of financial ties  
34 with industry, in accordance with existing disclosure policies at each respective medical school.  
35 (Directive to Take Action)

Fiscal note: Implement accordingly at estimated staff cost of \$2,500.  
Received: 03/14/11

**RELEVANT AMA POLICY****D-295.954 Teaching and Evaluating Professionalism in Medical Schools - Our AMA will:**

(1) strongly urge the Liaison Committee on Medical Education (LCME) to promptly create and enforce uniform accreditation standards that require all LCME-accredited medical schools to evaluate professional behavior regularly as part of medical education; (2) strongly urge the LCME to develop standards for professional behavior with outcome assessments at least every eight years, examining teaching and evaluation of the competencies at LCME-accredited medical schools; (3) recognize that evaluation of professionalism is best performed by medical schools and should not be used in evaluation for licensure of graduates of LCME accredited medical schools; (4) continue its efforts to teach and evaluate professionalism during medical education; and (5) actively oppose, by all available means, any attempt by the National Board of Medical Examiners and/or the Federation of State Medical Boards to add separate, fee-based examinations of behaviors of professionalism to the United States Medical Licensing Examinations. (Res. 304, A-05)

**D-295.983 Fostering Professionalism During Medical School and Residency Training –**

(1) Our AMA, in consultation with other relevant medical organizations and associations, will work to develop a framework for fostering professionalism during medical school and residency training. This planning effort should include the following elements: (a) Synthesize existing goals and outcomes for professionalism into a practice-based educational framework, such as provided by the AMA's Principles of Medical Ethics. (b) Examine and suggest revisions to the content of the medical curriculum, based on the desired goals and outcomes for teaching professionalism. (c) Identify methods for teaching professionalism and those changes in the educational environment, including the use of role models and mentoring, which would support trainees' acquisition of professionalism. (d) Create means to incorporate ongoing collection of feedback from trainees about factors that support and inhibit their development of professionalism. (2) Our AMA, along with other interested groups, will continue to study the clinical training environment to identify the best methods and practices used by medical schools and residency programs to fostering the development of professionalism. (CME Rep. 3, A-01; Reaffirmation I-09)