

AMERICAN MEDICAL ASSOCIATION  
MEDICAL STUDENT SECTION

Resolution  
(I-11)

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Subject: **Prohibiting the establishment of new medical schools in Michigan until the cap on GME is raised appropriately**

Referred to: MSS Reference Committee  
(-----, Chair)

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- 1 Whereas, federal medical residency slot allocations have remained static since 1997; and  
2  
3 Whereas, 2013 was the first year in which the number of graduates from United States exceeded the  
4 number of available residency positions resulting in the failure of 528 graduates to match nationwide; and  
5  
6 Whereas, increased class sizes and the opening of new campuses have resulted in an increase in the  
7 number of medical graduates with projected increases of over 500 graduates from the state of Michigan  
8 between 2007 and 2020; and  
9  
10 Whereas, previous lobbying efforts to increase the undergraduate training of physicians by medical  
11 organizations for increasing medical school capacity have been successful, but these efforts have not seen  
12 commiserate success in increasing post-graduate training opportunities; and  
13  
14 Whereas, medical school graduates who are unable to obtain a residency training position are unable to  
15 complete their training; therefore be it  
16  
17 RESOLVED, that the MSMS oppose opening of new medical schools in the state of Michigan until such  
18 time as additional residency positions are funded to meet the expected increases in graduates.  
19

Fiscal note: (Leave blank)

Date received: (Leave blank)

**References:**

Insert numbered references here, corresponding to reference numbers cited in the text of the resolution. Please do not use automated footnotes/endnotes. Please format references according to the following examples:

1. Journal articles  
Barzansky B and Etzel S. (2007) Medical schools in the United States, 2006-2007. *Journal of the American Medical Association*, 298(9): 1071-1077.
2. Information from Web sites (including newspaper and magazine articles accessed online)  
American Medical Association. (2009) "Developing AMA Policy." Available at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/developing-ama-policies.shtml>.

3. Books  
Campion, Frank. (1984) The AMA and U.S. Health Policy Since 1940. Chicago: Chicago Review Press.
4. Other sources – Please format uniformly.

**Relevant AMA and MSS Policy:**

List cited and other relevant AMA and MSS Policy, formatted as in the examples below. Use AMA PolicyFinder ([www.ama-assn.org/go/policy](http://www.ama-assn.org/go/policy)) and the MSS Digest of Policy Actions ([www.ama-assn.org/go/msspolicy](http://www.ama-assn.org/go/msspolicy)) to search for policy.

**H-295.918 Strengthening Education in Geriatrics**

The AMA supports education in geriatric medicine, with defined curriculum content, goals, and objectives; and encourages enhanced training in residency programs for patient care of the elderly and that the leadership of specialty societies and continuing medical education centers encourage joint educational activities in geriatrics-related topics. (Res. 306, A-95; Reaffirmed: CME Rep. 2, A-05)

**440.020MSS Support for Needlestick Prevention**

AMA-MSS strongly supports the implementation of needlestick prevention devices, including but not limited to retractable needles or needleless systems, with the participation of physicians and other health care workers who will use such devices and, where appropriate, the introduction of such devices accompanied by the necessary education and training as part of a comprehensive sharps injury prevention and control program. (MSS Res 29, I-03)