TO: MSSNY Council

FROM: Robert Goldberg, DO, Chair
MSSNY Committee on Medical Education

SUBJ.: 2017 Resolution 112—Providing Income Tax Credit to Healthcare Professionals for Clinical Preceptorships

Resolution 112 was referred to the MSSNY’s Committee on Medical Education from the MSSNY 2017 House of Delegates. This resolution states:

Resolved, That our MSSNY support the development of a New York state-wide clinical preceptorship tax credit, whereby health care professionals can report on their tax returns the time that they precept for New York state training institution students, and be further

Resolved, That our MSSNY refer any legislation specific commentary of this resolution to our MSSNY Medical Education Committee, and be it further

Resolved, That our MSSNY delegation bring forward any finalized proposal related to preceptorship tax credits to the AMA to seek similar relief in the form of a federal tax credit.

This resolution actually stemmed from legislation that was introduced prior to the 2017 House of Delegates. That legislation, which is still pending in the New York State Legislature, would create a clinical preceptorship personal income tax credit that would incentivize participation in clinical training programs. The credit would be available to community-based clinicians who provide community-based instruction as part of a clinical preceptorship. The credit would be $1,000 for each 100 hours of community-based instruction with a maximum credit of $3,000. At the HOD, and within the MSSNY Medical Education, agreed that there was also a need for preceptorship opportunities within the hospitals. There is also some concern about the documentation that may be needed to prove eligibility for the tax credit. There are also additional questions about how to calculate the credit and what qualifies for the credit, such as seminars, preparing for conferences, etc. Committee members strongly agreed that MSSNY should support the creation of a clinical preceptorship tax credit; but expressed concerns that it may be beyond MSSNY expertise to actually determine the requirements, the amount and the documentation required for the tax credit. Therefore, the Committee on Medical Education is recommending a substitute resolution in lieu of Resolution 112.

RECOMMENDATION A: The MSSNY Medical Committee recommends adoption of a Substitute Resolution 112:

RESOLVED, That the Medical Society support the creation of a state-wide clinical preceptorship tax credit for community-based and hospital-based health care practitioners; and be it further

RESOLVED, that any necessary documentation for the tax credit be contained in a simplified form to encourage participation in the program and be it further
RESOLVED, that a copy of this resolution be forwarded to the American Medical Association to request similar relief in the form of a federal preceptorship tax credit.

(FOR COUNCIL ACTION)
January 10, 2018

TO: MSSNY Council

FROM: Robert Goldberg, DO
Chair, MSSNY Committee on Medical Education

SUBJ: Resolution 2017-156 Promoting 4-Year, Vertical Ultrasound Curricula in Undergraduate Medical Education

The Medical Society's Committee on Medical Education met on Wednesday, January 10, 2018 to discuss the Resolution 156 which had been referred by the 2017 House of Delegates to the MSSNY Council. Resolution 156 was submitted to the Committee on Medical Education for further discussion. The original resolution was as followed:

RESOLVED, that the Medical Society and the AMA support 4-year, vertical instruction and training regarding the concept, implementation, and utilization in clinician-performed, point-of-care ultrasound; and be it further

RESOLVED, that the Medical Society and the AMA communicate with US medical schools urging the inclusion of clinician-performed, point-of-care ultrasound instruction and training; including didactic and practical experiences covering the application to a broad range of organ systems and procedures for a wide variety of future specialists.

The Medical Society of the County of Kings was the sponsor of the resolution and Larry Melniker, MD, represented the county medical society and discussed with committee members the reasons why the county submitted the resolution. Dr. Melniker indicated that vertical ultrasound was being used by emergency departments and 12 medical schools across the country have adopted the technology and the curricula. He also indicated that there is currently an international consensus statement, across various medical specialties, calling for developing evidence based recommendations implementing ultrasound curricula within medical education. Dr. Melniker indicated that he is only asking MSSNY to support the integration of this technology into medical school. Committee members did not dispute that this technology was an important tool in the practice of medicine, however, they questions how much time per semester would be devoted to this and whether this would mean an increase number of hours within medical schools. Members also expressed concerns that this could result in considerable cost to implement into the medical schools and also pointed that the technology could vary from institution to institution. Additionally, members indicated that there are many components that already are not taught in medical school and concerns were expressed about adding an added cost and time to the already heavy schedule. Members did agree that vertical ultrasound may be “the wave of the future”, and therefore indicated that a more graduated approach to this issue may be the best approach at this time. Therefore, the committee makes the following recommendations:

Recommendation A:
That the First Resolved of Resolution 156 not be adopted.

Recommendation B:
That the Second Resolved of Resolution 156 be amended as Follows:
RESOLVED, that the Medical Society of the State of New York, and the American Medical Association (AMA) and the American Osteopathic Association communicate with US medical schools to study urging the inclusion of clinician-performed, point-of-care ultrasound instruction and training; including didactic and practical experiences covering the application to a broad range of organ systems and procedures for a wide variety of future specialists.

Recommendation C:
That the Amended Resolution 156 be adopted as amended.

(FOR COUNCIL ACTION)