HOD ACTION: Council on Medical Education Report 14 adopted in lieu of Resolution 309, A-07, and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 14-A-08

Subject: Employment Benefits for Residents and Fellows (Resolution 309, A-07)

Presented by: Richard J.D. Pan, MD, MPH, Chair

Referred to: Reference Committee C (David M. Lichtman, MD, Chair)

Resolution 309 (A-07), introduced by the Missouri Delegation and referred to the Board of Trustees, asked that our American Medical Association:

> Encourage equal and same benefit options for resident and fellow physician employees as compared to other hospital employees with regard to health care, insurance and retirement benefits.

BACKGROUND

The AMA has advocated frequently for improved health and employment benefits for residents. Recent pertinent AMA policies are:

H-295.873, "Eliminating Benefits Waiting Periods for Residents and Fellows" (AMA Policy Database)
Our AMA: (1) supports the elimination of benefits waiting periods imposed by employers of resident and fellow physicians-in-training; (2) will strongly encourage the Accreditation Council for Graduate Medical Education (ACGME) to require programs to make insurance for health care, dental care, vision care, life, and disability available to their resident and fellow physicians on the trainees' first date of employment and to aggressively enforce this requirement; and (3) will work with the ACGME and with the Liaison Committee on Medical Education (LCME) to develop policies that provide continuous hospital, health, and disability insurance coverage during a traditional transition from medical school into graduate medical education. (BOT Action in response to referred for decision Res. 318, A-06)

H-295.942, "Providing Dental and Vision Insurance to Medical Students and Resident Physicians"
The AMA urges (1) all medical schools to pay for or offer affordable policy options and, assuming the rates are appropriate, require enrollment in disability insurance plans by all medical students; (2) all residency programs to pay for or offer affordable policy options for disability insurance, and strongly encourage the enrollment of all residents in such plans; (3) medical schools and residency training programs to pay for or offer comprehensive and affordable health insurance coverage, including but not limited to medical, dental, and vision care, to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance; (4) carriers offering disability insurance to: (a) offer a range of disability policies for medical students and residents that provide sufficient monthly disability benefits to defray any educational loan repayments, other living expenses, and an amount sufficient to continue payment for health

insurance providing the minimum benefits recommended by the AMA for employer-provided health insurance; and (b) include in all such policies a rollover provision allowing continuation of student disability coverage into the residency period without medical underwriting. (5) Our AMA: (a) actively encourages medical schools, residency programs, and fellowship programs to provide access to portable group health and disability insurance, including human immunodeficiency virus positive indemnity insurance, for all medical students and resident and fellow physicians; (b) will work with the ACGME and the LCME, and other interested state medical societies or specialty organizations, to develop strategies and policies to ensure access to the provision of portable health and disability insurance coverage, including human immunodeficiency virus positive indemnity insurance, for all medical students, resident and fellow physicians; and (c) will prepare informational material designed to inform medical students and residents concerning the need for both disability and health insurance and describing the available coverage and characteristics of such insurance. (BOT Rep. W, I-91; Reaffirmed: BOT Rep. 14, I-93; Appended: Res. 311, I-98; Modified: Res. 306, A-04)

In addition, Principle 7 of H-310.929, "Principles for Graduate Medical Education" (adopted in 1999), is also relevant:

(7) COMPENSATION OF RESIDENT PHYSICIANS. All residents should be compensated. Residents should receive fringe benefits, including, but not limited to, health, disability, and professional liability insurance and parental leave and should have access to other benefits offered by the institution. Residents must be informed of employment policies and fringe benefits, and their access to them. Restrictive covenants must not be required of residents or applicants for residency education.

AMA's advocacy (along with others) resulted in the ACGME establishing institutional requirements, including:

> Health and disability insurance: The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. Coverage for such benefits should begin upon the first recognized day of their respective programs, unless statute or regulation requires a later date to begin coverage. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.

Furthermore, the ACGME requires that relevant employee benefits be made known to prospective residents and fellows:

> Benefits and Conditions of Appointment: Candidates for programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.

It is not uncommon for employers to provide different benefits to different "classes" of employees. Health care organizations are no exception and often have various benefits offerings for different classifications of employees, for example: physicians; managers; salaried supervisors or social workers; hourly professionals, such as nurses, physical therapists, and pharmacists; and hourly employees, such as clerical and support staff. The size and complexity of the health care institution

will determine the number of different classifications. Generally speaking, health care institution employees are offered the same variety of medical, dental, vision and retirement plans. However, their disability policies (short- and long-term), deferred compensation, and paid time off polices may differ by employee class. Further compounding the issue is that not all residents are actually employees of the hospital in which they work. Residents' and fellows' benefits may be administered by a medical school or another third party. Establishing parity with employees of another institution would be difficult and may not be wise.

Currently, because of ACGME requirements and in recognition of the intense learning environment in which they are expect to work for long periods, residents and fellows have benefits provided to them that are likely not provided to other employees. For example, the ACGME requires:

> The Sponsoring Institution must ensure a healthy and safe work environment that provides for: a) Food services: Residents must have access to appropriate food services 24 hours a day while on duty in all institutions. b) Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private. c) Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

Often, in order to adhere to these requirements, institutions provide residents and fellows with on-call meal allowances, free and proximate parking, and taxi service after prolonged shifts.

In summary, residents and fellows are only superficially similar to "other hospital employees," and requesting "equal and same benefit options" may actually restrict or decrease options for health care, insurance, and retirement benefits. As a case in point, the ACGME in 2007 stipulated that programs should provide to residents and fellows health insurance benefits on the first day of training. Many employees must wait 30 to 60 days, and in some cases, 90 days after their hire date before they are eligible for health insurance and other benefits.

SUMMARY AND RECOMMENDATION

Residents and fellows, as both learners and service providers, are likely not to be in the same employee classification as other hospital employees, and may be in a unique classification. Therefore, it may not be feasible to determine equality in benefit options. More importantly, it may not be in the best interests and could be detrimental for residents to advocate such equality, as it could result in a reduction to current benefits that residents and fellows receive.

The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolution 309 (A-07), and that the remainder of the report be filed.

> That our American Medical Association, through its appropriate sections, study the status of employment benefits offered to residents and fellows and report back at the 2010 Annual Meeting. (Directive to Take Action)

Fiscal Note: $7500 for data gathering and analysis.