HOD ACTION: Council on Medical Education Report 5 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 5-A-10

Subject: Employment Benefits for Residents and Fellows

Presented by: Susan Rudd Bailey, MD, Chair

Referred to: Reference Committee
   (Floyd A. Buras, Jr., MD, Chair)


Through its appropriate sections, study the status of employment benefits offered to residents and fellows and report back at the 2010 Annual Meeting. (Policy D-310.966, AMA Policy Database.)

Council on Medical Education Report 14-A-08 responded to Resolution 309 (A-07) concerning 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. That report concluded that residents and fellows, as both learners and service providers, may often be in a unique employee classification, which would make it difficult to determine equality in benefit options. For some residents and fellows, such equality could result in a reduction or degradation of current employment benefits. This report provides an update on benefits for residents and fellows occurring since the 2008 Annual Meeting, and provides a further recommendation.

BACKGROUND

The AMA advocates frequently and strongly for improved health and employment benefits for residents and fellows. Recently, AMA Policy H-295.873, “Eliminating Benefits Waiting Periods for Residents and Fellows,” was instrumental in an addition to the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME) in July 2007:

In the provision of 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.

Additional recent efforts by the AMA to improve the working conditions of residents and fellows have included AMA Policy D-310.959, “Provision of Child Care by Residency and Fellowship Training Programs.” As a result, using the FREIDA Online database, more comprehensive data will be collected on the provision of (or stipends for) child care services by residency and fellowship programs. The progress made in the provision of child care and different models being utilized in training programs will be monitored.
AMA Policy D-310.963, “Family and Medical Leave Act Policies for Residents and Fellows,” advocates that the ACGME study the feasibility of requiring training institutions to offer paid Family and Medical Leave Act (FMLA)-qualified leave for residents and fellows of no less than six weeks’ duration, and to permit unpaid FMLA-qualified leave of an additional six weeks. Furthermore, this policy advocates that specialty boards standardize their parental leave policies, so that at a minimum, all residents are allowed six weeks of absence from training for FMLA-qualified leave per academic year without disproportionately increasing the length of training or postponing certification.

In response to residents or fellows losing or receiving modified employment benefits while engaged in research activities, AMA Policy D-310.957, “Resident and Fellow Benefit Equity During Research Assignments” requests that the ACGME require: accredited sponsoring residency and fellowship training programs to continue to provide comparable benefits to resident and fellow physicians engaged in research activities that are required by either their sponsoring residency and fellowship training programs or residency review committees as if it were full-time clinical service.

CURRENT OPTIONS

Generally, residents and fellows are offered medical, dental, vision and disability employment benefits that are comparable to other employees of an institution (likely differences in the benefits of residents and fellows compared to other employees occur in the area of vacation leave, retirement benefits, and other benefits that may accrue with tenure). There may be differences, however, in the number of medical insurance plans offered. Most institutions offer more than one medical insurance plan to all employees (including residents and fellows), allowing the employee to make a choice in the level of premium, co-payment amount, and so forth. However, some institutions may offer to residents and fellows only one plan, crafted to be of low expense, assuming that this is preferable to most physician trainees given their typical salary. Offering only a single low-cost plan restricts the options of residents and fellows and may necessitate the additional expense of using health care “out of network” when the resident or fellow is dissatisfied with the choices provided by the plan. Additional “out of network” costs may also arise when the sole medical insurance plan includes only physicians at the institution where training is taking place, introducing privacy concerns. Although the institution may believe it is acting in the best interest of its trainees in providing only a low-cost medical insurance option to residents and fellows, there are those who would be willing to pay higher premiums, in exchange for alternatives.

DISCUSSION AND RECOMMENDATIONS

The Council of Medical Education, therefore, recommends the following be adopted and the remainder of this report be filed.

1. That our American Medical Association encourage the Accreditation Council for Graduate Medical Education to request that sponsoring institutions offer to residents and fellows a range of comparable medical insurance plans no less favorable than those offered to other institution employees. (Directive to Take Action)

2. That our AMA rescind Policy D-310.966. (Rescind HOD Policy)

Fiscal Note: Less than $500.