Whereas, Approximately 13% residents and fellows are part of formal unions\(^1\); and

Whereas, The ACGME introduced the Clinical Learning Environment Review (CLER) program in 2012 where teaching hospitals are visited every 18 months\(^1\); and

Whereas, These visits are meant to “gain knowledge about how clinical sites are supporting the training of residents and fellows in the areas of patient safety, health care quality, supervision, transitions in care, duty hours, fatigue management, and professionalism” according to the journal of graduate medical education\(^1\); and

Whereas, The intention of the external program is to allow residents to “freely, accurately, and honestly describe their teaching hospital environment in order to identify areas of improvement”\(^1\); and

Whereas, In 2009 the ACGME recommended an internal institutional form or other mechanism to give residents the opportunity to raise questions about and discuss educational and working conditions\(^1\); and

Whereas, Resident unions can provide a unified voice encouraging inter-specialty communication and engagement in hospital wide safety and quality improvement; and

Whereas, The Committee of Interns & Residents (the largest housestaff union composed of nearly 14,000 interns, residents, and fellows in California, Florida, Massachusetts, New York, New Mexico, and Washington D.C.) was formed in 1957 and aims to be “the national voice for physicians-in-training, uniting and empowering them to create a better and more just healthcare system for patients and healthcare workers and to improve training and quality of life for resident physicians, fellows, and their families”\(^2\); and

Whereas, There is still 87% of house staff not being represented by a union in this country; and

Whereas, Physicians as a whole could benefit from a union representing them and ensuring quality, safe, and evidenced based patient care; and

\(^1\) Flavio Casoy, MD and Joanne Suh, MD, “Patients lose when resident physicians are afraid to unionize,” KevinMD.com, January 5, 2014, https://www.kevinmd.com/blog/2014/01/patients-lose-resident-physicians-afraid-unionize.html.

Whereas, Insurance companies partnering with various entities (drug store chains/retail clinics, urgent care centers) and even corporations to provide care options to patients has not been proven to be evidenced based, safe, or cost effective; and

Whereas, Physician membership, participation, and representation in organized medicine (including national organizations such as the American Medical Association and individual specialty societies) continues to be on the decline; and

Whereas, Physicians are increasingly becoming employed workers and 2016 was the year that marked the first time that physician practice owners are not the majority; and

Whereas, Various mergers mean uncertainty for how physicians would be able to practice; and

Whereas, Patients are often being given an incorrect diagnosis and management; and

Whereas, Physicians as a cohort benefit from the work done by physician medical societies even if they are not dues paying members leaving less resources for organized medical physician groups to operate on; and

Whereas, Many physicians cite the lack of time, lack of interest, and lack of agreement with organized physician medical groups as the reason for not joining organized medicine; and

Whereas, There are regional unions such as the Union of American Physicians and Dentists that have been established; and

Whereas, A truly powerful physicians union will need to include all specialists; and

Whereas, Other countries have successful models for a physician union; and

Whereas, There is no national physician union representing physicians of all specialties in the U.S.; therefore be it

RESOLVED, That our American Medical Association study the feasibility of a national house-staff union to represent all interns, residents and fellows. (Directive to Take Action)

Fiscal Note: Not yet determined

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RELEVANT AMA POLICY

Resident Physicians, Unions and Organized Labor H-383.998
Our AMA strongly advocates for the separation of academic issues from terms of employment in determining negotiable items for labor organizations representing resident physicians and that those organizations should adhere to the AMA's Principles of Medical Ethics which prohibits such organizations or any of its members from engaging in any strike by the withholding of essential medical services from patients.
Citation: CME Rep. 7, A-00; Reaffirmed: CME Rep. 2, A-10; Modified: Speakers Rep. 01, A-17