

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Report: G
(I-20)

Introduced by: RFS Governing Council
Prepared by: RFS Committee on Medical Education
Subject: Facilitating Physicians in Training Seeking Mental Health Care Through Physician Health Programs
Referred to: Reference Committee

INTRODUCTION

At its 2019 Annual Meeting, the AMA-RFS Assembly referred for study RFS Resolution 12, “Facilitating Physicians in Training Seeking Mental Health Care Through Physician Health Programs,” which states the following:

RESOLVED, That our AMA amend the AMA Model Bill: Physician Health Programs Act, adding the definition of a “physicians in training” as a physician in an ACGME-accredited training program to Section 6. “Definitions”; and be it further

RESOLVED, That our AMA amend the AMA Model Bill: Physician Health Programs Act, adding the following subsection within the section “Application to a PHP for voluntary assistance”: “a physician in training who voluntarily requests participation in a PHP for a substance use disorder, mental health condition or other medical disease shall have his or her training program directly and actively involved in all stages of PHP assessment, treatment planning, enrollment, and monitoring”; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA HOD at A-19.

Accordingly, your AMA-RFS Governing Council referred this report to your RFS Committee on Medical Education (CME). Your CME performed an analysis of pertinent policies on physician health programs (PHPs) so that the RFS could account for a broad scope of perspectives, including those outside of the AMA-RFS.

This report begins with an historical context on the issue of PHPs. It then examines the original resolution author’s suggested changes to AMA Model Bill: Physician Health Programs Act and discusses pertinent implications for each of these recommendations. Each section contains a summary that recapitulates the reasoning for supporting or not supporting the original resolution author’s proposals. We then recommended amendments to RFS Resolution 12 (A-19), to emphasize inclusion of resident and fellow wellness.

BACKGROUND

i. The History of Physician Health Programs

Though systematic attempts to manage physician impairment date back to 1958, state-controlled physician health programs (PHPs) have emerged as the mainstay solution to support physicians with substance use disorders (SUD), as well as mental and physical diseases that impact their ability to deliver safe medical care.¹ These efforts, historically supported by the AMA, state medical societies, and individual state PHPs, have resulted in a national governing body known as the Federation of State Health Physician Programs (FSPHP) in 1990.

The relationships between individual state PHPs and other state governmental or non-governmental entities vary widely. Though some PHPs operate independently as non-profit entities, many are affiliated with or even operated by state licensing boards.² Protecting the individual physician's health and the public health are mutual goals of PHPs and state medical licensing boards, so these partnerships are often formally declared in many states; however, these partnerships may have dangerous potential for violation of basic civil rights.³

ii. AMA's Stance on Physician Health Programs

In 2016, the AMA published its most recent state model bill on PHPs, generically titled the "Physician Health Program Act,"² which serves as an update to the prior 1985 state model bill. The AMA has consistently advocated for the protection of privacy, confidentiality, and evidence-based treatment for participants of state PHPs.

RFS members can refer to CSAPH Report 2 presented at A-11 and to the 2016 model bill legislature for further information on the general stance of the AMA on resident/fellow work hours. Existing AMA policy on PHPs is housed under AMA "Educating Physicians About Physician Health Programs and Advocating for Standards" D-405.990.

iii. Proposed Changes by RFS Resolution 12 (A-19)

- 1. Amend the AMA Model Bill: Physician Health Programs Act, adding the definition of a "physicians in training" as a physician in an ACGME-accredited training program to Section 6. "Definitions."*

The original language of Section 6, Definitions, lists "Participant" as "a health care professional or those in training," but does not define "in training". The original intent of the author for Resolution 12 was to add clarity and inclusivity for residents and fellows in ACGME-accredited programs. Thus, the author asked for the introduction of an additional definition for "physicians in training."

However, we felt it important to broaden the term "physicians in training" to include allopathic and osteopathic medical students, residents in ACGME-accredited programs, as well as fellows in non-ACGME accredited programs. We believe it is imperative to safeguard the well-being of all these trainees—who all require special confidentiality

protections from their medical schools or training programs—as vulnerable stakeholders in this process. In response, we recommend amending this clause to include the above groups of trainees.

2. *Amend the AMA Model Bill: Physician Health Programs Act, adding the following subsection within the section “Application to a PHP for voluntary assistance”: “a physician in training who voluntarily requests participation in a PHP for a substance use disorder, mental health condition or other medical disease shall have his or her training program directly and actively involved in all stages of PHP assessment, treatment planning, enrollment, and monitoring”. (A19.12RFS Clause 2)*

The original language in Section 8, Application to a PHP for voluntary assistance, fails to include specific language around physicians in training, instead limited to interpretation for “a physician or other health care professional.” This section delineates privacy and confidentiality protections of participants from state medical boards, in addition to any “hospital, hospital staff, health plan government agency, or other entity that requests such information as a condition of participation.”

The original intent of the author for Resolution 12 was to add a mandate for a resident or fellow’s training program to be “directly and actively involved.” The A-19 reference committee notes significant testimonial opposition to this sentiment—perceived as contradictory to the privacy and confidentiality protections called for earlier in Section 8—with concern that inappropriate involvement by training programs may disincentivize trainee participation in PHPs.

Clarification is necessary for a new subsection for physicians in training given the additional supervisory stakeholders involved, namely medical schools and training programs. However, we believe any involvement of these parties should be strictly at the discretion of the participating trainee. Accordingly, we recommend amending this clause to include medical schools and training programs, who need only be involved if the physician in training desires such involvement.

3. *This resolution be immediately forwarded to the AMA HOD at A-19.*

The original intent of the author of Resolution 12 was to take these revisions to the AMA HOD. However, the 2016 Model Bill for PHPs is not and cannot become an HOD resolution, and thus, cannot be amended by the will of the HOD.

In order to achieve the author’s intent, the language of the original resolution could be amended so that we directly approach the AMA Advocacy Resource Center, the entity that directly controls AMA model bills, to request changes to the model bill that would make it more inclusive of trainees. We suggest modifying the RESOLVED clauses by addition and deletion to read as follows:

RESOLVED, That our AMA-RFS Governing Council propose amendments to the AMA Advocacy Resource Center regarding the AMA Model Bill: Physician Health Programs Act, to include changing editing the definition of a “physicians in training” in Section 6. “Definitions” to be: as a (1) medical students in medical schools accredited by the Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA), (2) residents in

training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), or (3) fellows in a ACGME or non-ACGME accredited training programs to Section 6. “Definitions”; (Directive to Action) and be it further

RESOLVED, That our AMA-RFS Governing Council propose amendments to the AMA Advocacy Resource Center regarding the AMA Model Bill: Physician Health Programs Act, to include changing~~editing~~ the following subsection within the section “Application to a PHP for voluntary assistance” to read: “a physician in training who voluntarily requests participation in a PHP for a substance use disorder, mental health condition or other medical disease shall, only if they desire, have ~~their~~his or her medical school or training program involved in all stages any stage of PHP assessment, treatment planning, enrollment, and monitoring”; (Directive to Action) and be it further

RESOLVED, That ~~this resolution be immediately forwarded to the AMA-RFS Governing Council report back the outcome of these actions to the AMA-RFS assembly~~ HODat IA-20.

RECOMMENDATIONS

Based on the report and recommendations prepared by the AMA-RFS Council on Medical Education, your AMA-RFS Governing Council recommends the following:

- 1) That our AMA-RFS Governing Council propose amendments (as indicated above) to the AMA Advocacy Resource Center regarding the AMA Model Bill: Physician Health Programs Act, to include changing the definition of “physicians in training” in Section 6. “Definitions” to be: (1) medical students in medical schools accredited by the Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA), (2) residents in training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), or (3) fellows in ACGME or non-ACGME accredited training programs.
- 2) That our AMA-RFS Governing Council propose amendments (as indicated above) to the AMA Advocacy Resource Center regarding the AMA Model Bill: Physician Health Programs Act, to include changing the following subsection within the section “Application to a PHP for voluntary assistance” to read: “a physician in training who voluntarily requests participation in a PHP for a substance use disorder, mental health condition or other medical disease shall, only if they desire, have their medical school or training program involved any stage of PHP assessment, treatment planning, enrollment, and monitoring.”
- 3) That the AMA-RFS Governing Council report back the outcome of these actions to the AMA-RFS assembly at A-21.

REFERENCES

¹ Federation of State Health Physician Programs. About FSPHP. <https://www.fsphp.org/about>. Published 2018.

² American Medical Association. State Model Bill for Physician Health Programs Act. https://www.fsphp.org/assets/docs/ama_physicians_health_programs_act_-_2016.pdf. Published 2016.

³Lawson ND, Boyd JW. Do State Physician Health Programs Encourage Referrals That Violate the Americans With Disabilities Act?. *Int J Law Psychiatry*. 2018;56:65-70. doi:10.1016/j.ijlp.2017.12.004.