WHEREAS, physicians strive for the highest degree of patient care and professionalism; and

WHEREAS, professionalism in medicine has been achieved through self-governance and self-regulation; and

WHEREAS, non-physicians serving in executive and board leadership roles in physician organizations compromises the objective of self-regulation and self-governance; and

WHEREAS, the president and CEO of the National Resident Matching Program (NRMP) is a non-physician, holds the following credentials D.H.Sc., M.B.A., B.S.N., has never participated in the MATCH, never completed a residency or fellowship, and yet has held prior leadership positions overseeing accreditation of physician residency and fellowship programs, was an executive director at the ACGME, and held the position of designated institution official (DIO) for a graduate medical education (GME) program; and

WHEREAS, the newly elected vice chair of the National Board of Medical Examiners (NBME) is a non-physician, holds the following credentials R.N., Ph.D., received a bachelor of science in nursing, received a master of science in nursing education, received a doctor of philosophy in theory development and research in nursing, has never taken any NBME examination for board certification, and yet now holds the position of vice chair for the organization; and

WHEREAS, the current chair of the Accreditation Council for Graduate Medical Education (ACGME) is a non-physician, holds the following credentials M.A., and is co-founder of a strategic human resource consulting firm; and

WHEREAS, the recently elected President and current Vice President of the American College of Cardiology (ACC) is a non-physician, holds the following credentials R.N., M.S.N., and is president and CEO of Cardiovascular Management of Illinois, a cardiology physician practice management company; and
Whereas, non-physicians, who do not themselves go through physician education, accreditation, certification, licensing, and credentialing, may have difficulty appreciating the needs and challenges of physician trainees and practicing physicians from lack of personal experience, and therefore should not be making major decisions for physicians or representing physicians in the highest roles of these organizations; and

Whereas, the purpose of having non-physicians on physician boards is to have a public voice on these boards, not to lead the organization itself (i.e. in the highest roles of the organizations); and

Whereas, non-physicians can participate on physician boards as a public member without leading these organizations in the highest roles; and

Whereas, one of the focal points of the AMA Recovery Plan is to fight scope creep, and works to educate legislators about the differences in training between physicians and non-physicians; and

Whereas, having non-physicians lead physician boards is contradictory to the AMA message about scope creep and the importance of physician-led teams; and

Whereas, our advocacy to legislators about the importance of physician education is compromised by a conflict of interest if we have non-physicians in the highest roles determining physician standards; and

Whereas, there are highly qualified physicians that could hold these leadership roles now held by non-physicians; and

Whereas, having these non-physicians lead national standard-setting organizations in our physician profession undermines physician confidence in these organizations; and

Whereas, the current title of policy D-275.948 does not match the content of the policy; therefore be it

RESOLVED, that our American Medical Association amend the title of policy D-275.948 by substitution and deletion as follows:

Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training Addressing Non-physician Positions and Participation on Physician Regulatory Boards and Bodies and Potential Conflicts of Interest D-275.948 (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA work with relevant stakeholders and regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing to advocate for physician leadership of these regulatory bodies and boards in order to be
consistent with the AMA Recovery Plan’s efforts to fight scope creep, and prevent undermining physician confidence in these organizations (Directive to Take Action); and be it further

RESOLVED, that our AMA create a task force with the mission to increase physician awareness of and participation in leadership positions on regulatory bodies and boards involved in physician education, accreditation, certification, licensing, and credentialing through mechanisms including but not limited to mentorship programs, leadership training programs, board nominations, publicizing the opportunities to the membership, and creating a centralized list of required qualifications and methods to apply for these positions. (Directive to Take Action)

Fiscal Note: To Be Determined

Received: 4/8/2024

REFERENCES

RELEVANT AMA POLICY

Education, Training and Credentialing of Non-Physician Health Care Professionals and Their Impact on Physician Education and Training D-275.948

1. Our AMA acknowledges that a conflict of interest exists when non-physician health care professionals hold positions on physician regulatory bodies or physician boards when these individuals represent a field that either possesses or seeks to possess the ability to practice without physician supervision.
2. Our AMA will encourage key regulatory bodies involved with physician education, accreditation, certification, licensing, and credentialing to: (A) increase transparency of the process by encouraging them to openly disclose how their board is composed and members are selected; and (B) review and amend their conflict of interest and other policies related to non-physician health care professionals holding formal leadership positions (e.g., board, committee) when that non-physician professional represents a field that either possesses or seeks to possess the ability to practice without physician supervision. [CME Rep. 5, A-22; Modified: Res. 323, A-23]