

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Late Resolution: 1
(A-25)

Introduced by: Maryanne Bombaugh, MD, OMSS Policy Committee

Subject: Safeguarding Medical Staff Bylaws and Accreditation Standards in VA Facilities

Referred to: OMSS Late Resolution Committee
(Woody Jenkins, MD, Chair)

Whereas, the Veterans Affairs Central Office (VACO) issued amendments to Section 3.01 Paragraph 3 of the Veterans Affairs Medical Staff Bylaws, Rules, and Regulations that removed explicit nondiscrimination language regarding, “lawful partisan political affiliation, marital status, physical or mental handicap when the individual is qualified to do the work, age, membership or non-membership in a labor organization, or on the basis of any other criteria unrelated to professional qualifications” without affording organized medical staffs the opportunity to review or vote on the revisions; and

Whereas, Joint Commission Standard MS.01.01.01 mandates that the organized medical staff shall have the exclusive right to self-governance, including the development and amendment of its own bylaws through a voting process by its members; and

Whereas, American Medical Association policy H-235.980 affirms that hospital medical staffs have the exclusive right to develop, adopt, and amend medical staff bylaws, and explicitly opposes any administrative attempts to reengineer or split bylaws into unincorporated policies that bypass medical staff approval, recognizing that such actions violate core principles of self-governance and Joint Commission standards; and

Whereas, unilateral amendment of medical staff bylaws by an administrative body, without formal vote or approval of the medical staff, constitutes a direct violation of Joint Commission accreditation requirements; and

Whereas, loss of compliance with Joint Commission standards poses a significant risk to hospital accreditation status, which could in turn jeopardize federal funding, clinical training programs, veteran care delivery, and public trust in the VA healthcare system; and

Whereas, adherence to medical staff self-governance is a foundational safeguard for quality assurance, credentialing, privileging standards, and physician accountability in any accredited healthcare institution; and

Whereas, failure to follow nationally recognized accreditation protocols sets a dangerous precedent for administrative overreach, threatening the structural integrity and independence of organized medical staffs across the healthcare system; and

Whereas, the American Medical Association has consistently upheld the principle that physicians must retain authority over medical staff bylaws, policies, and governance as a core component of professional self-regulation and patient safety; therefore be it

1 RESOLVED, that our American Medical Association reaffirms its commitment to medical staff
2 self-governance, as outlined in its AMA Physician's Guide to Medical Staff Organization Bylaws,
3 Seventh edition, and supported by the Organized Medical Staff Section and urges all healthcare
4 institutions, including the U.S. Department of Veterans Affairs, to ensure that any amendments
5 to medical staff bylaws are subject to approval by the medical staff in accordance with Joint
6 Commission standards (Reaffirmation of Policy); and be it further
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8 RESOLVED, that our AMA opposes any administrative action that bypass the organized
9 medical staff's voting authority in revising medical staff bylaws (Directive to Take Action); and be
10 it further
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12 RESOLVED, that our AMA advocate that the U.S. Department of Veterans Affairs to restore
13 compliance with Joint Commission Standard MS.01.01.01 by requiring medical staff member
14 approval for any modifications to their bylaws (Directive to Take Action); and be it further
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16 RESOLVED, that our AMA advocate for urgent federal-level oversight and corrective action to
17 protect accreditation standards, medical staff governance, and patient care quality at Veterans
18 Affairs facilities nationwide (Directive to Take Action).
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Fiscal Note: (Assigned by HOD)

Received: 5/16/2025

RELEVANT AMA POLICY

Hospital Medical Staff Self-Governance H-235.980

1. Our AMA: supports essentials of self-governance for hospital medical staffs which, at a minimum include the right to: (a) initiation, development and adoption of medical staff bylaws, rules and regulations; (b) approval or disapproval of amendments to the medical staff bylaws, rules and regulations; (c) selection and removal of medical staff officers; (d) establishment and enforcement of criteria and standards for medical staff membership; (e) establishment and maintenance of patient care standards; (f) accessibility to and use of independent legal counsel; (g) credentialing and delineation of clinical privileges; (h) medical staff control of its funds; and (i) successor-in-interest rights.
2. Our AMA opposes any attempts to reengineer or otherwise amend medical staff bylaws or split the bylaws into a variety of separate and unincorporated manuals or policies, thereby eliminating the control and approval rights of the medical staff as required by the principles of medical staff self-governance.
3. Our AMA will ask its Commissioners to the Joint Commission on Accreditation of Healthcare Organizations to require that JCAHO medical staff standards require the following components to be an integral part of the medical staff bylaws, and not separate "governance documents," requiring approval by the entire medical staff. The medical staff is responsible for the following:
 - (a) Application, reapplication, credentialing and privileging standards;
 - (b) Fair hearing and appeal process;
 - (c) Selection, election and removal of medical staff officers;
 - (d) Clinical criteria and standards which manage quality assurance, utilization review;
 - (e) Structure of the medical staff organization;
 - (f) Rules and regulations that affect the entire medical staff.
4. Our AMA recognizes that hospital non-compliance with JCAHO Standard MS 1.20 will be treated in the same way as hospital non-compliance with any other standard.

Citation: Sub. Res. 201, A-89; Reaffirmed; Sub. Res. 808, A-94; Reaffirmed, Amended, and Appended: Sub. Res. 817, I-01; Reaffirmed: A-05; Appended: Res. 730, A-05; Reaffirmed: CMS Rep. 1, A-15