AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)
(I-26)

Introduced by: Organized Medical Staff Section

Subject: Physician-Led Governance of the Use of Augmented Intelligence in Hospital Credentialing, Privileging, and Peer Review

Referred to: Reference Committee (Assigned by HOD)

Whereas, state medical boards are increasingly regulating the clinical use of augmented intelligence by physicians through professional standards and oversight of physician practice, including guidance issues by the Federation for State Medical Boards, and credentialing bodies are left to translate that into hospital privileges and competency requirements[1]; and

Whereas, hospitals and health systems are increasingly incorporating augmented intelligence into administrative and clinical governance workflows, with emerging applications supporting credentialing, privileging, peer review, quality review, and other professional practice evaluation processes[2]; and

Whereas, organized medical staff has overall responsibility for the quality of professional services provided by physicians and other practitioners who hold privileges, including oversight through credentialing, privileging, peer review, and ongoing professional practice evaluation[3]; and

Whereas, physicians must have the ability to access, understand, and, when appropriate, challenge the data, methodology, and rationale underlying the use of augmented intelligence within administrative governance workflows, particularly when such information informs credentialing, privileging, peer review, quality review, or any adverse medical staff action; and

Whereas, as per AMA policy H-225.942, physicians who report patient safety concerns must be protected from retaliation; therefore be it

RESOLVED, that our American Medical Association advocate that any use of augmented intelligence in credentialing, privileging, peer review, quality review, or corrective action requires physician-led oversight and this be codified in medical staff bylaws (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage the requirement of hospital and health systems to fully disclose the data sources, validation, limitations, governance, and intended use of any augmented intelligence tool used in medical staff processes (Directive to Take Action); and be it further

RESOLVED, that our AMA will communicate its policy on requiring physician-led oversight of augmented intelligence when used in credentialing, privileging, peer review and quality review on a continuing basis to the American Hospital Association, Federation of American Health System, and other appropriate organizations (Directive to Take Action); and be it further

RESOLVED, that our AMA reaffirm policy H-225.942, Physician and Medical Staff Member Bill of Rights, that opposes any retaliatory peer review privileging action, corrective action, or employment action taken against a physician for good-faith safety reporting advocacy, or participation in organized medical staff governance (Reaffirmed HOD Policy).

Fiscal Note: (Assigned by HOD)

REFERENCES

1. Federation of State Medical Boards. Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice. Adopted April 2024. Accessed July 21, 2026.
2. King RW, Plewa MC. Credentialing and Privileging Provider Profiling. [Updated 2024 Feb 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK603712/
3. Joint Commission (2025). Joint Commission Requirements for Hospital Programs. Published September 30, 2025. https://digitalassets.jointcommission.org/api/public/content/6af7e77646254ef89894bdb37ad730c7?v=e89f4141. Accessed July 28, 2026.

RELEVANT AMA POLICY

Physician and Medical Staff Member Bill of Rights H-225.942

Our American **Medical** Association adopts **and** will distribute the following **Medical Staff Rights and** Responsibilities:

Preamble
The organized medical staff, hospital governing body, and administration are all integral to the provision of quality care, providing a safe environment for patients, staff, and visitors, and working continuously to improve patient care and outcomes. They operate in distinct, highly expert fields to fulfill common goals, and are each responsible for carrying out primary responsibilities that cannot be delegated.
The organized medical staff consists of practicing physicians who not only have medical expertise but also possess a specialized knowledge that can be acquired only through daily experiences at the frontline of patient care. These personal interactions between medical staff physicians and their patients lead to an accountability distinct from that of other stakeholders in the hospital. This accountability requires that physicians remain answerable first and foremost to their patients.
Medical staff self-governance is vital in protecting the ability of physicians to act in their patients' best interest. Only within the confines of the principles and processes of self-governance can physicians ultimately ensure that all treatment decisions remain insulated from interference motivated by commercial or other interests that may threaten high-quality patient care.

From this fundamental understanding flow the following Medical Staff Rights and Responsibilities:

I. **Our AMA recognizes the following fundamental responsibilities of the medical staff:**
   a. The responsibility to provide for the delivery of high-quality and safe patient care, the provision of which relies on mutual accountability and interdependence with the health care organization's governing body.
   b. The responsibility to provide leadership and work collaboratively with the health care organization's administration and governing body to continuously improve patient care and outcomes, both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
   c. The responsibility to participate in the health care organization's operational and strategic planning to safeguard the interest of patients, the community, the health care organization, and the medical staff and its members.
   d. The responsibility to establish qualifications for membership and fairly evaluate all members and candidates without the use of economic criteria unrelated to quality, and to identify and manage potential conflicts that could result in unfair evaluation.
   e. The responsibility to establish standards and hold members individually and collectively accountable for quality, safety, and professional conduct.
   f. The responsibility to make appropriate recommendations to the health care organization's governing body regarding membership, privileging, patient care, and peer review.

II. **Our AMA recognizes that the following fundamental rights of the medical staff are essential to the medical staff's ability to fulfill its responsibilities:**
   a. The right to be self-governed, which includes but is not limited to
      i. initiating, developing, and approving or disapproving of medical staff bylaws, rules and regulations,
      ii. selecting and removing medical staff leaders,
      iii. controlling the use of medical staff funds,
      iv. being advised by independent legal counsel, and
      v. establishing and defining, in accordance with applicable law, medical staff membership categories, including categories for non-physician members.
   b. The right to advocate for its members and their patients without fear of retaliation by the health care organization's administration or governing body, both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
   c. The right to be provided with the resources necessary to continuously improve patient care and outcomes.
   d. The right to be well informed and share in the decision-making of the health care organization's operational and strategic planning, including involvement in decisions to grant exclusive contracts, close medical staff departments, or to transfer patients into, out of, or within the health care organization.
   e. The right to be represented and heard, with or without vote, at all meetings of the health care organization's governing body.
   f. The right to engage the health care organization's administration and governing body on professional matters involving their own interests.

III. **Our AMA recognizes the following fundamental responsibilities of individual medical staff members, regardless of employment or contractual status:**
   a. The responsibility to work collaboratively with other members and with the health care organizations administration to improve quality and safety.
   b. The responsibility to provide patient care that meets the professional standards established by the medical staff.
   c. The responsibility to conduct all professional activities in accordance with the bylaws, rules, and regulations of the medical staff.
   d. The responsibility to advocate for the best interest of patients, even when such interest may conflict with the interests of other members, the medical staff, or the health care organization, both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
   e. The responsibility to participate and encourage others to play an active role in the governance and other activities of the medical staff.
   f. The responsibility to participate in peer review activities, including submitting to review, contributing as a reviewer, and supporting member improvement.
   g. The responsibility to utilize and advocate for clinically appropriate resources in a manner that reasonably includes the needs of the health care organization at large.

IV. **Our AMA recognizes that the following fundamental rights apply to individual medical staff members, regardless of employment, contractual, or independent status, and are essential to each member's ability to fulfill the responsibilities owed to their patients, the medical staff, and the health care organization:**

a. The right to exercise fully the prerogatives of medical staff membership afforded by the medical staff bylaws.
b. The right to make treatment decisions, including referrals, based on the best interest of the patient, subject to review only by peers.
c. The right to exercise personal and professional judgment in voting, speaking, and advocating on any matter regarding patient care, medical staff matters, or personal safety, including the right to refuse to work in unsafe situations, without fear of retaliation by the medical staff or the health care organization's administration or governing body, including advocacy both in collaboration with and independent of the organization's advocacy efforts with federal, state, and local government and other regulatory authorities.
d. The right to be evaluated fairly, without the use of economic criteria, by unbiased peers who are actively practicing physicians in the community and in the same specialty.
e. The right to full due process before the medical staff or health care organization takes adverse action affecting membership or privileges, including any attempt to abridge membership or privileges through the granting of exclusive contracts or closing of medical staff departments.
f. The right to immunity from civil damages, injunctive or equitable relief, criminal liability, and protection from any retaliatory actions, when participating in good faith peer review activities.
g. The right of access to resources necessary to provide clinically appropriate patient care, including the right to participate in advocacy efforts for the purpose of procuring such resources both in collaboration with and independent of the organization's advocacy efforts, without fear of retaliation by the medical staff or the health care organization's administration or governing body.

Citation: BOT Rep. 09, A-17; Modified: BOT Rep. 05, I-17; Appended: Res. 715, A-18; Reaffirmed: BOT Rep. 13, A-19; Modified: BOT Rep. 13, A-21; Modified: CMS Rep. 5, A-21; Reaffirmed: A-22; Modified: Speakers Rep. 02, I-24

Economic Credentialing H-230.975

The AMA (1) adopts the following definition of economic credentialing: economic credentialing is defined as the use of economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff membership or privileges;
(2) strongly opposes the practice of economic credentialing;
(3) believes that physicians should continue to work with their hospital boards and administrators to develop appropriate educational uses of physician hospital utilization and related financial data and that any such data collected be reviewed by professional peers and shared with the individual physicians from whom it was collected;
(4) believes that physicians should attempt to assure provision in their hospital medical staff bylaws of an appropriate role for the medical staff in decisions to grant or maintain exclusive contracts or to close medical staff departments;
(5) will communicate its policy and concerns on economic credentialing on a continuing basis to the American Hospital Association, Federation of American Health Systems, and other appropriate organizations;
(6) encourages state medical societies to review their respective state statutes with regard

to economic credentialing and, as appropriate, to seek modifications therein;
(7) will explore the development of draft model legislation that would acknowledge the role of the medical staff in the hospital medical staff credentialing process and assure various elements of medical staff self-governance; and
(8) will study and address the issues posed by the use of economic credentialing in other health care settings and delivery systems.

Citation: CMS Rep. B, I-91; Reaffirmed: BOT Rep. 14, A-98; Reaffirmed: A-07; Reaffirmed: CMS Rep. 01, A-17; Reaffirmed: CMS Rep. 4, I-20

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; Reaffirmed: CMS Rep. 01, A-25

Credentialing and the Quality-of-Care H-225.971

1. It is the policy of our American Medical Association that the hospital medical staff be recognized within the hospital as the entity with the overall responsibility for the quality of medical care.
2. It is the policy of the AMA that hospital medical staff bylaws reaffirm The Joint Commission standard that medical staffs have "overall responsibility for the quality of the professional services provided by individuals with clinical privileges.
3. It is the policy of the AMA that each hospital's quality assurance, quality improvement, and other quality-related activities be coordinated with the hospital medical staff's overall responsibility for quality of medical care.
4. It is the policy of the AMA that the hospital governing body, management, and medical staff should jointly establish the purpose, duties, and responsibilities of the hospital administrative personnel involved in quality assurance and other quality-related activities; establish the qualifications for these positions; and provide a mechanism for medical staff participation in the selection, evaluation, and credentialing of these individuals.
5. It is the policy of the AMA that the hospital administrative personnel performing quality assurance and other quality activities related to patient care report to and be accountable to the medical staff committee responsible for quality improvement activities.
6. It is the policy of the AMA that the purpose, duties, responsibilities, and reporting relationships of the hospital administrative personnel performing quality assurance and other quality-related activities be included in the medical staff and hospital corporate bylaws.
7. It is the policy of the AMA that the general processes and policies related to patient care and used in a hospital quality assurance system and other quality-related activities should be developed, approved, and controlled by the hospital medical staff.
8. It is the policy of the AMA that any physician hired or retained by a hospital to be involved solely in medical staff quality of care issues be credentialed by the medical staff prior to employment in the hospital.

Citation: BOT Rep. T, I-92; Reaffirmed: Rep. 10, A-03; Modified: CMS Rep. 4, A-13; Reaffirmed; CMS Rep. 5, A-21