

# Unionization of Residents and Fellows

## Issue:

Resident and fellow trainees have expressed concern about the lack of a single organization or government entity responsible for their interests. They have asserted a need for representation and an organization to advocate within their institutions and nationally to influence medical education and workplace policies. However, the interface between collective bargaining and [Accreditation Council for Graduate Medical Education](#) (ACGME) requirements is unclear.

## Background:

In 1934, the first resident union was established at the Intern Council of Greater New York to address issues of compensation, working conditions, and learning opportunities. The [National Labor Relations Board \(NLRB\)](#), an independent federal agency established in 1935 as a result of the National Labor Relations Act, ruled in 1999 that house staff (physicians in residency and fellowship) should be considered employees when it comes to federal labor rules and can unionize. In recent years, more residency programs have unionized in response to the COVID pandemic and additional stressors on the workforce. The [Committee of Interns and Residents \(CIR\)](#) is the largest house staff union in the U.S., representing more than 33,000 interns, residents, and fellows in various states and at least 69 teaching hospitals.

As the needs of residents and fellows continue to evolve with the changing medical education ecosystem, it has become necessary to understand the relationship between the ACGME's [Common Program Requirements](#), the backbone of accredited programs that employ physicians-in-training, and the right of physicians-in-training to bargain collectively through representatives of their own choosing.

According to the ACGME, the "Common Program Requirements are a basic set of standards in training and preparing resident and fellow physicians. These requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients. In addition, they facilitate an environment where residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions." Standard VI, Learning and Working Environment, includes professionalism (VI.B.) and well-being (VI.C.) and addresses:

- working conditions that are physically and psychologically safe as well as equitable, respectful, and free from discrimination, harassment, mistreatment, abuse, or coercion
- processes to address unprofessional behavior and confidentiality,
- work intensity, scheduling, burnout, fatigue mitigation, and substances abuse disorders
- medical, family, and caregiver leave

However, concerns about professionalism and well-being are often the reasons that residents and fellows seek collective representation. The depths to which each program implements Standard VI may vary, leading to inconsistencies across programs. While accreditation standards are minimums that must be met by residency programs and their sponsoring institutions, collective bargaining is a process where residents and their employer negotiate an agreement on working conditions, compensation, and rights to due process at that institution beyond the accreditation requirements.

Enforcement of accreditation requirements by ACGME can also be hampered by the narrow set of actions ACGME can take, and sanctions such as loss of accreditation or probation would severely hurt the residents as well as the program or institution. Laws governing collective bargaining provide some protections to residents, and collective bargaining agreements are legally binding on the employer.

## AMA Resources:

### Policy:

The AMA supports the right of physicians to engage in unions and collective bargaining. Such policies can be found in [AMA Policy Finder](#) and include:

- [Political Action by Physicians 1.2.10](#)
- [Residents and Fellows' Bill of Rights H-310.912](#)
- [Closing of Residency Programs H-310.943](#)
- [Collective Bargaining and the Definition of Supervisors D-383.988](#)
- [Resident Physicians, Unions and Organized Labor H-383.998](#)
- [Physician Negotiation H-383.999](#)
- [Collective Bargaining for Physicians H-385.946](#)
- [Physician Collective Bargaining H-385.976](#)

### Educational materials:

The AMA and its Council on Medical Education monitor current demands related to physician and resident unions. Recent resolutions brought forward to the AMA House of Delegates related to residents and unions resulted in the Council's 2023 report, [Organizations to Represent the Interests of Resident and Fellow Physicians](#) (CME 5-I-23). These organizations include governmental agencies, accreditors, resident/fellow forums, resident medical staff organizations, associations, and unions. Further, the AMA has examined unions and collective bargaining in AMA educational resources such as:

- [Might Physician Unions Be a Useful Solution to Help Restore Physician Autonomy?](#) (2024)
- [What I wish I knew in residency about collective bargaining](#) (2024)
- [Compendium of Graduate Medical Education Initiatives Report](#) (2023)
- [ARC issue brief: Collective bargaining for physicians and physicians-in-training](#) (2023)
- [Why more resident physicians are looking to unionize](#) (2022)

## Moving Forward:

The AMA can consider the following actions and encourage its Federation of Medicine to do the same:

- Evaluate the implementation and enforcement of ACGME Standard VI.
- Examine the impact of resident collective bargaining agreements on resident well-being, education, and patient care.
- Support the formation of peer-led resident/fellow organizations that can advocate for trainees' interests, as outlined by the AMA's Residents and Fellows' Bill of Rights, at sponsoring institutions.
- Promote the AMA Resident and Fellows' Bill of Rights to institutions, programs, and organizations.

## Additional AMA Tools:

- [Council on Medical Education](#)
- [Council Report Finder](#)
- [ChangeMedEd initiative](#)
- [FREIDA™](#)
- [Health Care Advocacy and related issue brief on physician unions](#) (2023)
- [Compendium of GME Initiatives](#) (2023)