

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 3  
(June 2022)

Introduced by: Kim Templeton, MD

Subject: Protecting Physician Wellbeing on Board Certification Applications

Referred to: OMSS Reference Committee  
(xxxx, MD, Chair)

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1 WHEREAS, Burnout was an issue for physicians prior to the pandemic; and

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3 WHEREAS, The reported rates of physician burnout have increased significantly to over 60  
4 percent since the start of the pandemic; and

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6 WHEREAS, Physicians are leaving the workforce due to professional and personal stressors  
7 and burnout that have exacerbated during the pandemic; and

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9 WHEREAS, This is worsening the already significant physician shortage; and

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11 WHEREAS, Burnout can lead to mental health conditions, such as depression and anxiety; and

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13 WHEREAS, Board certification applications typically include questions about specific mental or  
14 physician health conditions and related treatments; and

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16 WHEREAS, Physicians are reluctant to seek mental health care due to concerns about the  
17 impact of this when applying for board certification; and

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19 WHEREAS, The American Board of Medical Specialties (ABMS) is inclusive of 24 certifying or  
20 Member Boards; and

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22 WHEREAS, The goal of the ABMS is “to assess and certify doctors who demonstrate the  
23 clinical judgment, skills, and attitudes essential for the delivery of excellent patient care;” and

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25 WHEREAS, Physician reluctance to seek care does not only impact their wellbeing but can also  
26 negatively impact “the delivery of excellent patient care” and patient outcomes; therefore be it

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28 RESOLVED, That our American Medical Association will work with the ABMS and its  
29 constituent board to assure that physicians wellbeing is a primary concern (Directive to Take  
30 Action); and be it further

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32 RESOLVED, That our AMA advocate that the ABMS and constituent boards’ focus on physician  
33 wellbeing be demonstrated by the removal of intrusive questions regarding physician physical or  
34 mental health (including substance misuse) or related treatments on board certification  
35 applications (Directive to Take Action); and be it further

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37 RESOLVED, That our AMA advocate that any questions on ABMS constituent board  
38 certification applications related to physician health be limited to only inquiries about current  
39 employment (Directive to Take Action).

Fiscal Note: Not yet determined

Received: 5/1/2022

## **RELEVANT AMA POLICY**

### **Medical Specialty Board Certification Standards (H-275.926)**

Our AMA:

- (1) Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.
- (2) Opposes any action, regardless of intent, by organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical specialty board certification or take advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.
- (3) Continues to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination.
- (4) Opposes discrimination against physicians based solely on lack of ABMS or equivalent AOA-BOS board certification, or where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our AMA also opposes discrimination that may occur against physicians involved in the board certification process, including those who are in a clinical practice period for the specified minimum period of time that must be completed prior to taking the board certifying examination.
- (5) Advocates for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not.
- (6) Encourages member boards of the ABMS to adopt measures aimed at mitigating the financial burden on residents related to specialty board fees and fee procedures, including shorter preregistration periods, lower fees and easier payment terms.

Citation: Res. 318, A-07; Reaffirmed: A-11; Modified: CME Rep. 2, I-15; Modified: Res. 215, I-19

### **Discrimination Against Physicians in Treatment with Medication for Opioid Use Disorders (MOUD) (H-95.913)**

1. Our AMA affirms: (a) that no physician or medical student should be presumed to be impaired by substance or illness solely because they are diagnosed with a substance use disorder; and (b) that no physician or medical student should be presumed impaired because they and their treating physician have chosen medication for opioid use disorder (MOUD) to address the substance use disorder, including but not limited to methadone and buprenorphine.
2. Our AMA strongly encourages the leadership of physician health and wellness programs, state medical boards, hospital and health system credentialing bodies, and employers to help end stigma and discrimination against physicians and medical students with substance use disorders and allow and encourage the usage of medication for opioid use disorder (MOUD), including but not limited to methadone or buprenorphine, when clinically appropriate and as determined by the physician or medical student (as patient) and their treating physician, without penalty (such as restriction of privileges, licensure, ability to prescribe medications or other

treatments, or other limits on their ability to practice medicine), solely because the physician's or medical student's treatment plan includes MOUD.

3. Our AMA will survey physician health programs and state medical boards and report back about the prevalence of MOUD among physicians under monitoring for OUD, types of MAT utilized, and practice limitations or other punitive measures, if any, imposed solely on the basis of medication choice.

Citation: Res. 001, A-21

### **Discrimination Against Physicians by Health Care Plans (H-285.985)**

Our AMA: (1) will develop draft federal and model state legislation requiring managed care plans and third party payers to disclose to physicians and the public, the selection criteria used to select, retain, or exclude a physician from a managed care or other provider plans;

(2) will request an advisory opinion from the Department of Justice on the application of the Americans with Disabilities Act of 1990 to selective contracting decisions made by managed care plans or other provider plans;

(3) will support passage of federal legislation to clarify the Americans With Disabilities Act to assure that coverage for interpreters for the hearing impaired be provided for by all health benefit plans. Such legislation should also clarify that physicians practicing in an office setting should not incur the costs for qualified interpreters or auxiliary aids for patients with hearing loss unless the medical judgment of the treating physician reasonably supports such a need;

(4) encourages state medical associations and national medical specialty societies to provide appropriate assistance to physicians at the local level who believe they may be treated unfairly by managed care plans, particularly with respect to selective contracting and credentialing decisions that may be due, in part, to a physician's history of substance abuse; and

(5) urges managed care plans and third party payers to refer questions of physician substance abuse to state medical associations and/or county medical societies for review and recommendation as appropriate.

Citation: BOT Rep. 18, I-93; Appended by BOT Rep. 29, A-98; Reaffirmed: A-99; Reaffirmed: A-00; Reaffirmed: BOT Rep. 6, A-10; Reaffirmed in lieu of Res. 110, A-13

### **Self-Incriminating Questions on Applications for Licensure and Specialty Boards (H-275.945)**

The AMA will: (1) encourage the Federation of State Medical Boards and its constituent members to develop uniform definitions and nomenclature for use in licensing and disciplinary proceedings to better facilitate the sharing of information; (2) seek clarification of the application of the Americans with Disabilities Act to the actions of medical licensing and medical specialty boards; and (3) until the applicability and scope of the Americans with Disabilities Act are clarified, will encourage the American Board of Medical Specialties and the Federation of State Medical Boards and their constituent members to advise physicians of the

rationale behind inquiries on mental illness, substance abuse or physical disabilities in materials used in the licensure, reregistration, and certification processes when such questions are asked.

Citation: BOT Rep. 1, I-93; CME Rep. 10, I-94; Reaffirmed: CME Rep. 2, A-04; Reaffirmed:  
CME Rep. 2, A-14