

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 8
(June 2022)

Introduced by: Massachusetts Medical Society

Subject: Physician Medical License Use in Clinical Supervision

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

1 WHEREAS, Physicians, as leaders of the healthcare team, often clinically supervise other team
2 members including non-physician practitioners; and
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4 WHEREAS, Patients are often not explicitly informed regarding the qualifications of the person
5 treating them when seeking medical care; and
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7 WHEREAS, Physicians are being required or at times coerced as a condition of employment to
8 supervise non-physician practitioners either directly or indirectly; and
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10 WHEREAS, Physicians are being asked to “supervise,” in name only, unreasonably high
11 numbers of non-physician practitioners, exposing the physicians to liability risk; and
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13 WHEREAS, There have been reported instances of physicians’ medical licenses being used,
14 unbeknownst to the physician, to document “supervision” of non-physician practitioners and
15 instances where the non-physician practitioners do not even know the identity of their
16 documented “supervising” physician; and
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18 WHEREAS, Physicians must retain the ability to advocate in good faith for the safety and
19 clinical care of their patients without concern for negative personal consequences; therefore be
20 it
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22 RESOLVED, That our American Medical Association work with relevant regulatory agencies to
23 ensure physicians receive written notification when their license is being used to document
24 “supervision” of non-physician practitioners (Directive to Take Action); and be it further
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26 RESOLVED, That our AMA oppose mandatory physician supervision of non-physician
27 practitioners as a condition for physician employment (New HOD Policy); and be it further
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29 RESOLVED, That our AMA advocate for the right of physicians to deny participation in
30 “supervision” of any non-physician practitioner with whom they have concerns for patient safety
31 and/or clinical care (Directive to Take Action); and be it further
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33 RESOLVED, That our AMA advocate that physicians be able to report unsafe care provided by
34 non-physician practitioners to the appropriate regulatory board with whistleblower protections for
35 the physician and their employment (Directive to Take Action).

Fiscal Note: Not yet determined

Received: 5/13/2022

RELEVANT AMA POLICY

Practicing Medicine by Non-Physicians (H-160.949)

Our AMA: (1) urges all people, including physicians and patients, to consider the consequences of any health care plan that places any patient care at risk by substitution of a non-physician in the diagnosis, treatment, education, direction and medical procedures where clear-cut documentation of assured quality has not been carried out, and where such alters the traditional pattern of practice in which the physician directs and supervises the care given; (2) continues to work with constituent societies to educate the public regarding the differences in the scopes of practice and education of physicians and non-physician health care workers; (3) continues to actively oppose legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision; (4) continues to encourage state medical societies to oppose state legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision; (5) through legislative and regulatory efforts, vigorously support and advocate for the requirement of appropriate physician supervision of non-physician clinical staff in all areas of medicine; and (6) opposes special licensing pathways for "assistant physicians" (i.e., those who are not currently enrolled in an Accreditation Council for Graduate Medical Education training program, or have not completed at least one year of accredited graduate medical education in the U.S.).

Citation: Res. 317, I-94; Modified: Res. 501, A-97; Appended: Res. 321, I-98; Reaffirmed: A-99; Appended: Res. 240, Reaffirmed: Res. 708 and reaffirmation, A-00; Reaffirmed: CME Rep. 1, I-00; Reaffirmed: CMS Rep. 6, A-10; Reaffirmed: Res. 208, I-10; Reaffirmed: Res. 334, A-11; Reaffirmed: BOT Rep. 9, I-11; Reaffirmed: Res. 107, A-14; Appended: Res. 342, A-14; Modified: CME Rep. 2, A-21

Support for Physician Led, Team Based Care (D-35.985)

Our AMA:

1. Reaffirms, will proactively advance at the federal and state level, and will encourage state and national medical specialty societies to promote policies H-35.970, H-35.973, H-35.974, H-35.988, H-35.989, H-35.992, H-35.993, H-160.919, H-160.929, H-160.947, H-160.949, H-160.950, H-360.987, H 405.969 and D-35.988.
2. Will identify and review available data to analyze the effects on patients' access to care in the opt-out states (states whose governor has opted out of the federal Medicare physician supervision requirements for anesthesia services) to determine whether there has been any increased access to care in those states.
3. Will identify and review available data to analyze the type and complexity of care provided by all non-physician providers, including CRNAs in the opt-out states (states whose governor has opted out of the federal Medicare physician supervision requirements for anesthesia services), compared to the type and complexity of care provided by physicians and/or the anesthesia care team.

4. Will advocate to policymakers, insurers and other groups, as appropriate, that they should consider the available data to best determine how non-physicians can serve as a complement to address the nation's primary care workforce needs.
5. Will continue to recognize non-physician providers as valuable components of the physician-led health care team.
6. Will continue to advocate that physicians are best qualified by their education and training to lead the health care team.
7. Will call upon the Robert Wood Johnson Foundation to publicly announce that the report entitled, "Common Ground: An Agreement between Nurse and Physician Leaders on Interprofessional Collaboration for the Future of Patient Care" was premature; was not released officially; was not signed; and was not adopted by the participants.

Citation: BOT Rep. 9, I-11; Reaffirmed: CMS Rep. 1, A-12; Reaffirmed: CMS Rep. 07, A-17; Reaffirmed: CMS Rep. 10, A-19; Reaffirmed: CMS Rep. 6, A-21