



COLLECTIVE BARGAINING

Physicians and Joint Negotiations

Physicians should have the right to negotiate jointly with health insurance plans over issues that affect the quality of, and access to, patient care, including payment policies that because they are unrealistic or unfair are likely to affect adversely access and quality. ACP opposes joint actions by any physicians that would 1) deny or limit services to patients (including strikes, slow-downs, boycotts, and administrative or other organized actions that would harm patients), or 2) result in price fixing or other anticompetitive behavior. Physicians-in-training should have means available to communicate with their program directors and supervisors to address and resolve concerns about patient care, stipends, hours, and other working conditions. Educational content should remain the purview of the appropriate Residency Review Committee (RRC) and program directors, and not subject to negotiations. A process must be established for the determination of negotiating units for physicians and for the selection of representation for joint negotiations. Bargaining units for physicians should not include nonphysician providers but should include representatives of patients in meaningful advisory roles. Conflict-resolution mechanisms must be available for resolving impasses in joint negotiations on behalf of physicians. For residents and fellows, a mutually agreed upon third-party mediator from within academic or organized medicine should be available in the event that agreement cannot be achieved through these mechanisms. Membership in an organization that negotiates for physicians should be voluntary. Physicians should have the right to join or not join organizations that represent them for joint negotiations and should not be penalized or discriminated against based on their membership status in such organizations. (BoR 7-99, reaffirm BoR 10)