

6) When "disruptive physician behavior" is cited in peer review sanction, quality-of-care complaints that are not disruptive must be excluded. This is defined in the amendment written by the Senate Law & Justice Committee.

(Reaffirm HOD Policy; Directive to Take Action); and BE IT FURTHER

RESOLVED, the WSMA Judicial Council review pertinent peer review cases according to the six elements of fairness of Resolution B-1 (HOD 2013) and educate WSMA members on what constitutes fair and professional peer review; and BE IT FURTHER

RESOLVED, that the WSMA establish quick-response resources for physicians with questions about peer review, including the six elements of fairness outlined in Resolution B-1 (HOD 2013).

B-7 – Peer Review (REFERRED)

RESOLVED, that the WSMA reviews and revises its model medical staff bylaws to ensure that they clearly and efficiently set forth fair and effective conduct of peer review (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA reaches out to medical staff leadership throughout the state to educate medical staff leadership about writing medical staff bylaws that establish fair and effective peer review (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA encourages the use of independent legal representation for medical staffs in writing their bylaws (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA works with the Washington State Hospital Association to develop guidelines for fair and effective peer review, including policies to address disruptive behavior (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA endeavors to ensure that peer review remains in the control of physician leadership to avoid the possibility of legislative interference in constructing peer review guidelines and requirements. (New HOD Policy)

B-8 – Maintenance of Certification (NOT ADOPTED)

B-9 – WSMA Opposes Maintenance of Certification as a Condition to the Practice of Medicine (ADOPTED AS AMENDED)

RESOLVED, that the WSMA recognizes that the recertification requirements of maintenance of certification are costly, time consuming and disruptive of physician time for patient care, while lacking any proof of improving patient care; and BE IT FURTHER

RESOLVED, that the WSMA opposes any efforts to mandate maintenance of certification as a condition for medical licensure, hospital staff privileges, reimbursement from third party insurance parties, malpractice coverage and as a requirement for physician employment; and BE IT FURTHER

RESOLVED, that the WSMA advocates that a state licensure entity choosing to not recertify in an ABMS specialty shall not limit the freedom of a licensed physician to practice in Washington state.