The member organizations of the Coalition for Physician Accountability (www.physicianaccountability.org) have released the following statement and table of resources to provide guidance and support to healthcare administrators and credentialing staff who are supporting the contributions of new or volunteer physicians to patient care during the COVID-19 pandemic.

The Coalition for Physician Accountability (Coalition), a cross-organizational group including AACOM, AAMC, ABMS, ACCME, ACGME, AMA, AOA, CMSS (OPDA), ECFMG, FSMB, LCME, NBME, and NBOME, was established in 2009 to promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. Its membership includes the national organizations responsible for the accreditation of medical education and training and the assessment, licensure and certification of physicians throughout their medical career, from medical school through practice. Our membership also includes members of the public and the profession. We share a strong commitment to protecting the public’s health and safety through the delivery of quality health care.

The pandemic has created a public health emergency that is rapidly altering the provision of health care services across the country. Physicians and other clinicians have responded with offers to provide care outside of their previously licensed jurisdiction and beyond their typical scope of practice.

The Coalition members overseeing physician workforce and training have developed the following guidance and resources for the deployment of physicians, physicians in training (interns, residents and fellows), and retired or inactive physicians, to ensure the safe delivery of quality clinical care during this unprecedented emergency.

The Coalition’s Guidance for Maintaining Quality and Safety Standards Amid COVID-19 Pandemic include:

- **Planning:** The pandemic poses a direct threat of over-burdening the health system. The stress to health systems is variable, but all health care facilities should be developing strategies for the optimal use of physician resources as the disease spreads and resource demands fluctuate.

- **Verification:** Acknowledging the additional flexibility that regulators have provided, administrators should access readily available licensing, credentialing, and certification data to verify the attestations of volunteers and new recruits.

- **Provision of Care:** The American Medical Association’s *Code of Medical Ethics: Guidance in a Pandemic* states that physicians have an ethical obligation to "provide urgent
medical care during disasters," an obligation that holds "even in the face of greater than usual risk to physicians' own safety, health or life." In a crisis, "(t)he risks of providing care to individual patients today should be evaluated against the ability to provide care in the future."

- **Protection:** Healthcare professionals must be equipped with appropriate Personal Protective Equipment (PPE) to safeguard their health and that of their patients, families, and the general public, and physicians must use this protection. The more transmissible the disease, and the higher the risk of occupational exposure, the more urgent the need for protection.

- **Training, Education, and Support:** Healthcare professionals who may be asked to practice outside their areas of training and expertise must have access to training and educational resources for the type(s) of care they are asked to provide during the COVID-19 pandemic to assure safe patient care. Appropriate mentorship, support, training, and supervision must also be available for healthcare professionals who are asked to provide care to which they are unaccustomed.

- **Maintenance of Safety Standards:** Health care facilities should have contingency plans to maintain customary safety standards in the face of a demand surge. Guidance for the adoption of crisis standards of care is available to help leaders make informed decisions that optimize resources while mitigating the risk of harm.

The following are some steps that can be taken to prepare for the arrival of a new volunteer:

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Resource</th>
<th>Additional questions/resources</th>
</tr>
</thead>
</table>
| 1 Check what licenses the physician has (and/or ECFMG certification if an international medical graduate) | [www.Docinfo.org](http://www.Docinfo.org) (free service)  
[Physician Data Center](http://www.fsmb.org/PDC/)  
ECFMG Certification Verification | Email: [pdc@fsmb.org](mailto:pdc@fsmb.org)  
Email: [cvsonline@ecfmg.org](mailto:cvsonline@ecfmg.org) or call ECFMG at 215-386-5900 |
| 2 Determine applicable licensing waivers or exceptions (if licensed elsewhere) | [FSMB COVID-19 Page](http://fsmb.org) for a summary of changes  
Please check applicable state or territorial medical board website | |
| 3 Check Information on a volunteer’s education and training | [Physician Data Center](http://www.fsmb.org/PDC/)  
ECFMG (for IMGS) | Email: [pdc@fsmb.org](mailto:pdc@fsmb.org)  
Email: [cvsonline@ecfmg.org](mailto:cvsonline@ecfmg.org) or call ECFMG at 215-386-5900 |
<p>| 4 Determine if the volunteer has a valid license and see: | <a href="https://apps.deadiversion.us">https://apps.deadiversion.us</a> | <a href="https://deanumber.com/default.aspx?relID=33637">https://deanumber.com/default.aspx?relID=33637</a> |</p>
<table>
<thead>
<tr>
<th>Controlled Substance License</th>
<th>[doj.gov/webforms2/spring/dupeCertLogin?execution=e2s1]</th>
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<tbody>
<tr>
<td>5 Check a volunteer’s board certification status</td>
<td><strong>ABMS certification</strong>&lt;br&gt;&lt;br&gt;<strong>AOA certification</strong>&lt;br&gt;<a href="https://certification.osteopathic.org/validate/">https://certification.osteopathic.org/validate/</a></td>
</tr>
<tr>
<td>7 Other Important Credentialing Resources</td>
<td>NAMSS COVID-19 Resources</td>
</tr>
</tbody>
</table>

*Only Accessible by Eligible Entities

If the volunteer is a recently graduated physician, refer to the following resources:

| Refer to guidance from AAMC, AACOM, ACGME and FSMB | AAMC guidance<br>AACOM Coronavirus Resources<br>ACGME guidance<br>FSMB COVID-19 Page (for training license information) |
To support the volunteer as they start providing care:

|   | Provide guidance to the physician | AMA volunteer guide  
AMA Code of Medical Ethics: Guidance in a Pandemic  
FSMB COVID-19 Page (for emergency licensure information)  
AOA COVID-19 Resources |
|---|----------------------------------|----------------------
| 9 | Provide training resources to the physician | ACCME training resources  
CDC guidance  
HHS COVID-19 Workforce Virtual Toolkit |
| 10 | Provide information on PPE | CDC guidance for PPE |
| 11 | Share resources on managing telehealth | ACCME telehealth resources  
AMA Telehealth playbook  
HRSA Telehealth Website (hhs.telehealth.gov) |
| 12 | Expand contingency plans to include a process for adopting crisis standards of care to manage scarce physician and other resources | National Academy of Medicine -Discussion Paper on Crisis Standards of Care in response to SARS-CoV-2  
National Academy of Medicine -Systems framework for crisis standards of care |

For more information on how to prepare for an anticipated surge in demand for scarce resources during an epidemic:
Workgroup Members:

American Board of Medical Specialties (ABMS)
Accreditation Council for Continuing Medical Education (ACCME)
Accreditation Council for Graduate Medical Education (ACGME)
Council of Medical Specialty Societies (CMSS)
Educational Commission for Foreign Medical Graduates (ECFMG)
Federation of State Medical Boards (FSMB)
National Resident Matching Program (NRMP)
Public Member