AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 952
(I-17)

Introduced by: Resident and Fellow Section

Subject: Implicit Bias, Diversity and Inclusion in Medical Education and Residency Training

Referred to: Reference Committee K
(L. Samuel Wann, MD, Chair)

Whereas, Inequalities in determinants of health and health outcomes continue to exist, with the color of a patient’s skin determining, at least in part, the quality of their health care; and

Whereas, Some of these disparities are due to differential treatment and care by physicians; and

Whereas, An ever-increasing number of patients in the United States identify as a member of a minority group, including approximately 38% of the current population; and

Whereas, Recognition of implicit bias and training in diversity and inclusion may mitigate both intentional and unintentional disparities in the provision of care to minority patients; and

Whereas, Reducing disparities requires national leadership to coordinate thoughtful, intentional action by leaders at each medical school and residency training program; therefore be it

RESOLVED, That our American Medical Association: (1) actively support the development and implementation of training implicit bias, diversity and inclusion as a component of medical education in all medical schools and residency programs; (2) identify and publicize effective strategies for educating residents in all specialties about disparities in their fields according to race and ethnicity, with particular regard to access to care and health outcomes; and (3) support research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes according to race and ethnicity. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000.

Received: 09/06/17

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1. Our AMA, independently and in collaboration with other groups such as the Association of American Medical Colleges (AAMC), will actively work and advocate for funding at the federal and state levels and in the private sector to support the following: a. Pipeline programs to prepare and motivate members of underrepresented groups to enter medical school; b. Diversity or minority affairs offices at medical schools; c. Financial aid programs for students from groups that are underrepresented in medicine; and d. Financial support programs to recruit and develop faculty members from underrepresented groups.

2. Our AMA will work to obtain full restoration and protection of federal Title VII funding, and similar state funding programs, for the Centers of Excellence Program, Health Careers Opportunity Program, Area Health Education Centers, and other programs that support physician training, recruitment, and retention in geographically-underserved areas.

3. Our AMA will take a leadership role in efforts to enhance diversity in the physician workforce, including engaging in broad-based efforts that involve partners within and beyond the medical profession and medical education community.

4. Our AMA will encourage the Liaison Committee on Medical Education to assure that medical schools demonstrate compliance with its requirements for a diverse student body and faculty.

5. Our AMA will partner with key stakeholders (including but not limited to the Association of American Medical Colleges, Association of American Indian Physicians, Association of Native American Medical Students, We Are Healers, and the Indian Health Service) to study and report back by July 2018 on why enrollment in medical school for Native Americans is declining in spite of an overall substantial increase in medical school enrollment, and lastly to propose remedies to solve the problems identified in the AMA study.

6. Our AMA will develop an internal education program for its members on the issues and possibilities involved in creating a diverse physician population.

7. Our AMA will provide on-line educational materials for its membership that address diversity issues in patient care including, but not limited to, culture, religion, race and ethnicity.

8. Our AMA will create and support programs that introduce elementary through high school students, especially those from groups that are underrepresented in medicine (URM), to healthcare careers.

9. Our AMA will create and support pipeline programs and encourage support services for URM college students that will support them as they move through college, medical school and residency programs.

10. Our AMA will recommend that medical school admissions committees use holistic assessments of admission applicants that take into account the diversity of preparation and the variety of talents that applicants bring to their education.

11. Our AMA will advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to URM status collected from Electronic Residency Application Service (ERAS) applications through the National Resident Matching Program (NRMP).

12. Our AMA will continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities.

See also: Reducing Racial and Ethnic Disparities in Health Care D-350.995, Diversity in the Physician Workforce and Access to Care D-200.982