AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 3 (I-17)

Introduced by: International Medical Graduates Section

Subject: Minimization of Bias in the Electronic Residency Application Service Residency Application

Referred to: Reference Committee __________
(__________, Chair)

Whereas, The current Electronic Residency Application Service (ERAS) Residency Application should conform to the requirements of the U.S. Equal Employment Opportunity Commission (EEOC) by blinding the ERAS Residency Application to the “applicant’s age, race, religion, national origin”¹ and

Whereas, The ERAS Residency Application has non-academic identifiers (including a picture) that may identify or suggest age, race, religion, and/or national origin, placed at the beginning of the application where it is may be likely to cause bias by means including, but not limited to, the priming effect ²–⁶; and

Whereas, Conscious and unconscious bias, that may influence the selection of a resident, may be associated with many identifiers revealed at the beginning of the ERAS Residency Application including, but not limited to, age, race, religion, national origin, weight, gender, sexual orientation, transgender status, and attractiveness⁷–¹₀; and

Whereas, Bias has been associated with school admissions and hiring⁶,¹₀ and

Whereas, This bias should be minimized to ensure fairness in residency trainee selection; therefore be it

RESOLVED, That an ERAS Residency Application Bias Minimization Committee be formed to examine this role of bias in residency training selection that uses the ERAS residency application¹¹,¹²; and be it further

RESOLVED, That the ERAS Residency Application be modified to minimize its bias in accordance with the suggestions of the ERAS Residency Application Bias Minimization Committee.

References:


Relevant AMA Policy:

Gender-Based Questioning in Residency Interviews H-310.976

The AMA (1) opposes gender-based questioning during residency interviews in both public and private institutions for the purpose of sexual discrimination; (2) supports inclusion in the AMA Fellowship and Residency Interactive Database Access (FREIDA) system information on residency Family and Medical Leave policies; and (3) supports monitoring the Accreditation Council for Graduate Medical Education as it proposes changes to the "Common Requirements" and the "Institutional Requirements" of the "Essentials of Accredited Residencies," to ensure that there is no gender-based bias.

Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Gender Identity, Age, Race, National Origin and Religion During the Residency and Fellowship Application Process H-310.919

Our AMA:

1. opposes questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, gender identity, age, race, national origin, and religion.

2. will work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, and other interested parties to eliminate questioning about or discrimination based on marital and dependent status, future plans for marriage or children, sexual orientation, age, race, national origin, and religion during the residency and fellowship application process.

3. will continue to support efforts to enhance racial and ethnic diversity in medicine. Information regarding race and ethnicity may be voluntarily provided by residency and fellowship applicants.

This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder at www.ama-assn.org/go/policyfinder for official policy of the Association.
Oppose Discrimination in Residency Selection Based on International Medical Graduate Status
D-255.982

Our AMA:
1. Will request that the Accreditation Council for Graduate Medical Education include in the
Institutional Requirements a requirement that will prohibit a program or an institution from
having a blanket policy to not interview, rank or accept international medical graduate
applicants.

2. Recognizes that the assessment of the individual international medical graduate residency
and fellowship applicant should be based on his/her education and experience.

3. Will disseminate this new policy on opposition to discrimination in residency selection based
on international medical graduate status to the graduate medical education community through
AMA mechanisms.

Eliminating Religious Discrimination from Residency Programs H-310.92

Our AMA encourages residency programs to: (1) make an effort to accommodate residents’
religious holidays and observances, provided that patient care and the rights of other residents
are not compromised; and (2) explicitly inform applicants and entrants about their policies and
procedures related to accommodation for religious holidays and observances.