WHEREAS, in 2015, only 7% of California’s graduating MDs and 4% of graduating DOs were Latino compared to 38% of the state’s population, and 5% and 1% of graduating MD’s and DO’s were African-American, compared to 6% of the state’s population (Toretsky); and

WHEREAS, nationally, only 5% of southeast Asians are likely to apply to medical schools, even less than 8% of African American and 6% of Latino individuals; and

WHEREAS, according to the Office of Minority Health, health inequities experienced by minority communities are often exacerbated by the lack of underrepresented minorities working as professionals in health and biomedical science fields; and

WHEREAS, lack of ethnic diversity among the nation’s physicians may exacerbate the existing physician shortage for underserved communities as ethnic minority physicians are more likely than their White counterparts to practice in those communities (Grumbach); and

WHEREAS, intensive academic advising and one-on-one faculty mentoring are important components of pipeline programs that can meet and overcome structural, institutional, academic, and personal challenges (Kuo); and

WHEREAS, a diverse physician workforce will require the continuing attention of medical school leadership and health care systems and interventions to provide opportunities for diverse physicians to join the leadership ranks (Center); and

WHEREAS, AMA has supported pipeline programs and intervention programs designed to increase ethnic minority physicians in medically underserved areas; and

WHEREAS, to date, there has been no comprehensive database tracking health pipeline program participants and the achievement of their desired goals; and

WHEREAS, what limited data that does exist shows health and biomedical science pipeline programs desire the ability to recognize, promote and share best practices and seek more centralized communication between programs; therefore be it

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 304
(A-19)

Introduced by: California

Subject: Tracking Outcomes and Supporting Best Practices of Health Care Career Pipeline Programs

Referred to: Reference Committee C
(Nicole Riddle, MD, Chair)
RESOLVED, That our American Medical Association support the publication of a white paper chronicking health care career pipeline programs across the nation aimed at increasing the number programs and promoting leadership development of underrepresented minority health care professionals in medicine and the biomedical sciences, with a focus on assisting such programs by identifying best practices and tracking participant outcomes (Directive to Take Action); and be it further

RESOLVED, That our AMA work with various stakeholders, including medical and allied health professional societies, established biomedical science pipeline programs and other appropriate entities, to establish best practices for the sustainability and success of health care career pipeline programs. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/29/19

RELEVANT AMA POLICY

Strategies for Enhancing Diversity in the Physician Workforce D-200.985

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

6. 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.

7. 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.

8. 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.

9. 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.

10. 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).

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

12. Our AMA opposes legislation that would undermine institutions’ ability to properly employ affirmative action to promote a diverse student population.

Citation: CME Rep. 1, I-06; Reaffirmation I-10; Reaffirmation A-13; Modified: CCB/CLRDP Rep. 2, A-14; Reaffirmation: A-16; Appended: Res. 313, A-17; Appended: Res. 314, A-17; Modified: CME Rep. 01, A-18; Appended: Res. 207, I-18