Whereas, The most recent disability civil rights legislation, The American with Disabilities Act of 1990 (ADA) and The ADA Amendments Act of 2008, define “disability” as an impairment - whether caused by physical, sensory, learning, psychological, and/or chronic health conditions - that “substantially limits one or more major life activities” compared with most people in the general population \(^2, 20, 31\), and

Whereas, Many individuals with disabilities prefer “person-first language,” such that “disabled physician” becomes “physician with a disability,” while others prefer “disabled physician;” individuals should be afforded the choice on how they are identified \(^13\); and

Whereas, The most recent data (2018) shows that 26% of adults in the United States reported a disability \(^8\); and

Whereas, People with disabilities have generally poorer health, lower educational achievements, fewer economic opportunities and higher rates of poverty than people without disabilities, consequences that are caused by interpersonal and systemic discrimination and would be otherwise avoidable \(^21, 14\); and

Whereas, Research surrounding people with disabilities often does not give appropriate attention to the diversity amongst disabilities, and the ways disability identity intersects with other marginalized identities such as race, gender, sexual orientation, class, ethnicity, and nationality \(^7, 16, 29\); and

Whereas, Unlike the white-led disability rights movement, the disability justice movement is led by disabled, queer, and gender non-conforming femmes of color, founded with the principles of intersectionality, leadership by those most impacted, cross-movement solidarity, and cross-disability solidarity; efforts toward disability justice should not take away from efforts toward racial equity, and vice versa \(^29\); and

Whereas, A strongly-held principle in the disability justice movement is the expression, “Nothing about us without us,” which is supported by research that has shown patient care improves when affected patients are involved in every aspect of studying problems and implementing change \(^7\); and

Whereas, People with disabilities are underrepresented in medicine, such that percentages of medical students disclosing disabilities (4.6%) is less than those in undergraduate programs (11.1%), graduate programs (7.6%), and the general population (26%) \(^8, 17, 20\); and
Whereas, Prior studies have indicated patients from various marginalized backgrounds feel more comfortable with physicians who they identify with \(^3, 17, 20, 32\) and 

Whereas, Research suggests that medical students with disabilities and those trained alongside them provide more culturally competent care for patients with disabilities \(^17, 20, 32\) and 

Whereas, Diverse medical students and physicians - including those with disabilities - contribute to more equitable health outcomes for diverse and underserved patient populations \(^3, 11, 17, 20, 21, 32, 33\) and 

Whereas, 'Disability' is rarely included in medical education diversity initiatives, despite the diversity that medical students and physicians with disabilities will bring to the workforce in the future \(^20, 21, 32\) and 

Whereas, MSS Standing Committees and AMA Member Sections include dedicated groups for racial minorities, LGBTQ, and women in medicine, but none specific to members with disabilities \(^1, 18, 23\) and 

Whereas, explicit and visible disability advocacy (like affinity groups) and diversity initiatives increases awareness, provides social support, and diminishes feelings of isolation for underrepresented students \(^9, 20\) and 

Whereas, Medical students with disabilities continue to face unique and under-addressed barriers and discrimination in medical education \(^4, 6, 11, 15, 17, 19, 20, 32, 34\) and 

Whereas, The percentage of medical students disclosing a disability upon matriculation is slowly increasing, from 0.56% in 2001-10, 2.7% in 2016, and 4.6% in 2019, warranting increased attention to address discrimination faced by medical students with disabilities \(^17, 19, 20, 22, 2\) and 

Whereas, Though strides have been made since landmark disability civil rights legislation, persisting disparities demonstrate these legislative acts set baseline standards and medical institution should aim higher with their efforts \(^5, 16\) and 

Whereas, Experts have repeatedly demonstrated that medical education and testing institutions fail to provide adequate, accessible, and contextual accommodations for medical students with disabilities without corresponding widespread change in policy \(^6, 17, 20, 27, 34\) and 

Whereas, Disability service providers (DSPs) are individuals within the medical education program who determine a student’s disability-associated needs and context-appropriate accommodations; they are often expected to understand disability civil rights legislation and advocate for students \(^20, 28\) and 

Whereas, While medical education programs have demonstrated they want to support medical students with disabilities, research has shown significant variability in the quality of services rendered by DSPs at medical institutions, attributed to lack of medicine-specific DSP training or national standards for DSPs, leaving disabled medical students with inadequate support \(^20\) and 

Whereas, Noticing the lack of national standards, The Coalition for Disability Access in Health Science Education (The Coalition) and the Association on Higher Education and Disability (AHEAD) were founded to begin to address these gaps and the Association of American
Medical Colleges (AAMC) recently published a report calling for national standards for DSP training and context-appropriate accommodations for medical students with disabilities.

Whereas, Physicians with disabilities continue to face unique and under-addressed barriers (e.g. lack of access to technological advancements that allow them to practice) and discrimination in the workplace that prevent them from being hired.

Whereas, Many physicians develop disabilities during their career, through injury and/or chronic health conditions, and suffer from the lack of standardized disability services.

Whereas, The COVID-19 pandemic has exacerbated rates and severity of mental illness, and has posed increased risks to people with disabilities, including patients as well as medical students and physicians, warranting urgent attention to discrimination and health outcomes for these populations.

Whereas, In AMA-MSS Policy D-300.055, “Improving Support and Assistance for Medical Students with Disabilities,” our AMA-MSS supports medical students with disabilities receiving accommodations, “as required by law,” and educating faculty and administrators on people with disabilities and on technical standards, without specifying disability service providers with specific training on clinical medical education, accommodations are often not context-appropriate and sufficient for student success.

Whereas, The study outlined in Policy D-295.929, “A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities,” has the potential to revise technical standards to reflect emerging assistive technology and remove outdated standards rooted in bias, especially if in collaboration with relevant stakeholders, like AAMC, who have done similar research.

Whereas, we recognize that AMA Policy D-90.991 “Advocacy for Physicians with Disabilities,” and its amendments in AMA Policy 295.211 MSS, addresses medical students and physicians with disabilities by outlining a study to report on ways to increase their inclusion and representation in the AMA, asking the AMA to identify support services they utilize, and asking the AMA to support their education on legal rights to accommodations and freedom from discrimination; while this is a starting point for the AMA, it does not address the needs identified in existing research and throughout this resolution.

Whereas, There is a need to build upon these efforts by including voices of physicians and medical students with disabilities in our AMA’s work, barriers in testing institutions, addressing barriers in physician workplaces, and standardizing DSP services for knowledge of and access to context-appropriate accommodations; therefore be it

RESOLVED, That our AMA will prioritize the input, direction, and partnership of members with personal and lived experience of disability, especially those with intersecting marginalized identities, to ensure those most impacted guide the direction of change; and be it further

RESOLVED, That our AMA will collaborate with the relevant testing institutions to study and report back on the present barriers for applicants, medical students, and physicians with disabilities regarding admission, curricular, and licensing exams, and recommend practices that improve accessibility for and inclusion of those with disabilities; and be it further
RESOLVED, That our AMA will study and report back on persisting barriers to employment for physicians with disabilities, and recommend hiring and workplace practices (e.g. experienced disability service offices) that improve accessibility for and inclusion of those with disabilities; and be it further

RESOLVED, That our AMA will collaborate with the Association of American Medical Colleges and The Coalition for Disability Access in Health Science Education to develop national standards for disability service providers (DSPs) that serve medical students, residents, and physicians, to ensure consistent training, practices, and availability of healthcare-specific DSPs.

Fiscal Note: TBD

Date Received: 05/19/2021

References:


27. Ramsay V. *National Board Of Medical Examiners*. No. 20-1058(3rd Cir. 2020).


RELEVANT AMA AND AMA-MSS POLICY:

PS: H-200.951 Strategies for Enhancing Diversity in the Physician Workforce
Our AMA (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities; (2) commends the Institute of Medicine for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; and (3) encourages medical schools, health care institutions, managed care and other appropriate groups to develop policies articulating the value and importance of diversity as a goal that benefits all participants, and strategies to accomplish that goal.

PS: H-350.960 Underrepresented Student Access to US Medical Schools
Our AMA: (1) recommends that medical schools should consider in their planning: elements of diversity including but not limited to gender, racial, cultural and economic, reflective of the diversity of their patient population; and (2) supports the development of new and the enhancement of existing programs that will identify and prepare underrepresented students from the high-school level onward and to enroll, retain and graduate increased numbers of underrepresented students.

PS. D-200.985 Strategies for Enhancing Diversity in the Physician Workforce
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.

13. Our AMA: (a) supports the publication of a white paper chronicling health care career pipeline programs (also known as pathway programs) across the nation aimed at increasing the number of 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; and (b) will 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.

14. Our AMA will work with the AAMC and other stakeholders to create a question for the AAMC electronic medical school application to identify previous pipeline program (also known as pathway program) participation and create a plan to analyze the data in order to determine the effectiveness of pipeline programs.
PS: D-295.929 A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities

Our AMA will work with relevant stakeholders to study available data on: (1) medical trainees with disabilities and consider revision of technical standards for medical education programs; and (2) medical graduates with disabilities and challenges to employment after training.

PS: 295.211MSS: Improving Support and Access for Medical Students with Disabilities

AMA-MSS will ask the AMA to:

(1) Amend policy D-295.929 by addition as follows: D-295.929 – A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities. Our AMA will work with relevant stakeholders to study available data on: (1) medical trainees and students with disabilities and consider revision of technical standards for medical education programs; and (2) medical graduates and students with disabilities and challenges to employment after training and medical education; and (3) work with relative stakeholders to encourage medical education institutions to make their policies for inquiring about and obtaining accommodations related to disability transparent and easily accessible through multiple avenues including, but not limited to, online platforms.

(2) Amend policy D-90.991 by addition and deletion as follows:

D-90.991 – Advocacy for Physicians with Disabilities

1. Our AMA will study and report back on eliminating stigmatization and enhancing inclusion of physicians and medical students with disabilities including but not limited to: (a) enhancing representation of physicians and medical students with disabilities within the AMA, and (b) examining support groups, education, legal resources and any other means to increase the inclusion of physicians and medical students with disabilities in the AMA.

2. Our AMA will identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable physicians and medical students with disabilities to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration.

3. Our AMA supports physicians, and physicians-in-training, and medical student education programs about legal rights related to accommodation and freedom from discrimination for physicians, patients, and employees with disabilities. Policy Timeline: (MSS CME Report B, I-19)

PS: D-90.991 Advocacy for Physicians with Disabilities (2019)

1. Our AMA will study and report back on eliminating stigmatization and enhancing inclusion of physicians with disabilities including but not limited to: (a) enhancing representation of physicians with disabilities within the AMA, and (b) examining support groups, education, legal
resources and any other means to increase the inclusion of physicians with disabilities in the AMA.

2. Our AMA will identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable physicians with disabilities to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration.

3. Our AMA supports physicians and physicians-in-training education programs about legal rights related to accommodation and freedom from discrimination for physicians, patients, and employees with disabilities.

**D.310.055 MSS Improving Support and Assistance for Medical Students with Disabilities**

AMA-MSS (1) supports the individualized assessment of disability, as required by current law, and discourages blanket prohibitions of assistive technology such as the use of American Sign Language (ASL) interpreters, Communication Access Realtime Translation (CART, sometimes referred to as real-time captioning) services, FM systems (devices that use FM frequencies to amplify sound), and trained intermediaries for students, residents, and clinicians with physical disabilities; and (2) supports the development of training and guidance for medical school faculty and administrators on: (a) communicating with and about persons with disabilities, (b) writing appropriate technical standards for applicants, medical students, and residents, and (c) identifying which technical standards are truly essential for all medical school graduates and residents by groups such as the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM). Policy Timeline: (MSS Res 33, A-18)

**D-295.963 Continued Support for Diversity in Medical Education**

1. Our American Medical Association will publicly state and reaffirm its stance on diversity in medical education.

2. Our AMA will request that the Liaison Committee on Medical Education regularly share statistics related to compliance with accreditation standards IS-16 and MS-8 with medical schools and with other stakeholder groups.