Whereas, founded in 1902, the Alpha Omega Alpha (AOA) Honor Medical Society consists of
over 200,000 medical student and physician members across 135 chapters with a mission to
recognize high educational achievement; and

Whereas, AOA membership is disproportionately White: a 2017 cohort study of 4,655 medical
students illustrated that AOA membership for White students was nearly 6 times greater than
that for Black students and nearly 2 times greater than that for Asian students; and

Whereas, Black medical students are significantly less likely to be inducted into AOA compared
to other groups, according to a 2019 cohort study that examined data from 11,781 ERAS
applications; and

Whereas, exclusion from AOA membership also disproportionately impacts Hispanic/Latino,
American Indian/Alaska Native, and Native Hawaiian/Pacific Islander students; and

Whereas, these inequities are especially concerning given the differential access AOA
membership affords; AOA members are prioritized for interview invites and have greater odds of
matching into traditionally competitive specialties (i.e., dermatology, plastic surgery, orthopedic
surgery, urology, radiation oncology, and otolaryngology); and

Whereas, according to AOA’s website, 75% of medical school deans are AOA members,
suggesting that membership can amplify success over the course of one’s career; and

Whereas, entry into AOA relies heavily upon clerkship grades, which are subject to significant
biases, with studies showing students of color tend to receive lower clerkship grades compared
to their White counterparts, particularly those who are underrepresented in medicine (UIM),
even after controlling for test scores; and

Whereas, in clinical evaluations, White medical students have a greater propensity to be
categorized by their professional attributes such as “knowledgeable,” while Black students are
more likely to be described by personal characteristics like “pleasant”; and

Whereas, UIM students face additional burdens and energy expenditures that non-UIM students
do not experience, such as activation via triggers, internal dialogue, and threat response, which
may negatively impact their clerkship grades; and

Whereas, UIM students additionally face difficulty finding peer support networks, trouble
establishing peer-working relationships, and experiences of racism while being expected to lead
uncompensated diversity, equity, and inclusion efforts at their institutions, all of which can
detract from academic and clinical duties; and

Whereas, multiple institutions have disaffiliated from AOA due to racial inequities in
membership, including the University of San Francisco School of Medicine, the Yale School of
Medicine, and the Icahn School of Medicine at Mount Sinai;7-9; and

Whereas, in 2020, AOA evolved eligibility criteria to promote diversity by increasing the number
of members per class and by allowing chapters to develop their own metrics, although this
change has failed to address the structural issues perpetuated by AOA;10,11; and

Whereas, disaffiliation from AOA entails eliminating institutional ties to the AOA national
organization, and residency applicants select “no AOA chapter at my school” under the ERAS
awards section; and

Whereas, disaffiliation from AOA is a critical step toward promoting equity in admissions and
medical education at large, and disaffiliation sends a compelling message that medical
education needs alternative, equitable mechanisms to recognize the excellence of trainees;
therefore be it

RESOLVED, that our American Medical Association recognizes that the Alpha Omega Alpha
Honor Medical Society disproportionately benefits privileged trainees (New HOD Policy); and be
it further

RESOLVED, that our AMA supports institutional disaffiliation from the Alpha Omega Alpha
Honor Medical Society due to its perpetuation of racial inequities in medicine (New HOD Policy); and
be it further

RESOLVED, that our AMA recognizes that the Alpha Omega Alpha Honor Medical Society
perpetuates and accentuates discrimination against trainees of color that is inherent in medical
training. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000

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