

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Late Resolution: 1
(A-25)

Introduced by: Thomas Pak, MD, PhD, Tiffany Bellomo, MD, Rosalynn Conic, MD

Subject: Preserving LCME and ACGME Accreditation Standards on Diversity, Equity, and Inclusion

Referred to: Rules Committee

1 Whereas, on April 23, 2025, President Donald J. Trump issued an Executive Order entitled
2 "Reforming Accreditation to Strengthen Higher Education," which seeks to prohibit accreditation
3 bodies, including the Accreditation Council for Graduate Medical Education (ACGME) and
4 Liaison Committee on Medical Education (LCME), from enforcing diversity, equity, and inclusion
5 (DEI) standards in medical education¹; and
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7 Whereas, the Executive Order directs federal agencies to investigate and potentially suspend or
8 terminate federal recognition for accrediting organizations that implement DEI-related
9 accreditation standards, claiming these standards constitute unlawful discrimination¹; and
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11 Whereas, existing AMA policy strongly supports DEI initiatives in medical education, recognizing
12 that a diverse physician workforce improves patient outcomes, reduces health disparities, and
13 enhances medical education quality (Strategies for Enhancing Diversity in the Physician
14 Workforce D-200.985; and Principles for Advancing Gender Equity in Medicine H-65.961)²; and
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16 Whereas, the ACGME's current DEI accreditation standards emphasize mission-appropriate
17 diversity to strengthen graduate medical education, enhance physician cultural competence,
18 and better serve diverse patient populations³; and
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20 Whereas, the LCME similarly requires medical schools to engage in ongoing, systematic, and
21 focused recruitment and retention activities to achieve diversity among students and faculty⁴;
22 and
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24 Whereas, eliminating or weakening DEI standards would jeopardize efforts to reduce health
25 inequities and undermine progress in achieving a healthcare workforce reflective of the diverse
26 patient population physicians serve; and
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28 Whereas, in response to significant concerns regarding compliance with diversity requirements
29 in light of recent state and federal laws, the Executive Committee of the ACGME Board of
30 Directors has suspended enforcement of the Common Program Requirement I.C. and
31 Institutional Requirement III.B.8., as well as related specialty/subspecialty-specific requirements,
32 pending further discussion at its June 2025 meeting⁵; and
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34 Whereas, the timing of this Executive Order necessitates an immediate response from the AMA
35 to ensure ongoing support for diversity and inclusion in medical training programs; therefore be
36 it
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38 RESOLVED, that our American Medical Association (AMA) oppose any federal actions or
39 executive orders that threaten the ability of accreditation bodies, including the Accreditation

Council for Graduate Medical Education (ACGME) and Liaison Committee on Medical Education (LCME), to enforce appropriate diversity, equity, and inclusion standards; and be it further; and be it further

RESOLVED, that our AMA advocate to relevant federal agencies and officials emphasizing the necessity and legality of ACGME and LCME accreditation standards focused on diversity, equity, and inclusion for the betterment of patient care and public health; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2025 Annual Meeting.

Fiscal Note:

REFERENCES

1. [Trump DJ. Reforming Accreditation to Strengthen Higher Education. Executive Order. April 23, 2025. The White House. Available at: <https://www.whitehouse.gov/presidential-actions/2025/04/reforming-accreditation-to-strengthen-higher-education/>](https://www.whitehouse.gov/presidential-actions/2025/04/reforming-accreditation-to-strengthen-higher-education/)
2. [American Medical Association. AMA Policy Finder. Policies D-200.985, H-350.974, and H-65.961. Available at: <https://policysearch.ama-assn.org>](https://policysearch.ama-assn.org)
3. [Accreditation Council for Graduate Medical Education. Common Program Requirements. Available at: <https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/>](https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/)
4. [Liaison Committee on Medical Education \(LCME\). \(2025\). Functions and Structure of a Medical School. Published March 2025. Retrieved from <https://lcme.org/publications/>](https://lcme.org/publications/)
5. [Accreditation Council for Graduate Medical Education. ACGME Board Executive Committee Action. May 2025. Available at: <https://www.acgme.org/newsroom/2025/5/acgme-board-executive-committee-action/>](https://www.acgme.org/newsroom/2025/5/acgme-board-executive-committee-action/)

Relevant AMA Policy:

Continued Support for Diversity in Medical Education D-295.963

1. Our American Medical Association will publicly state and reaffirm its support for diversity in medical education and acknowledge the incorporation of DEI efforts as a vital aspect of medical training.
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.
3. Our AMA will work with appropriate stakeholders to commission and enact the recommendations of a forward-looking, cross-continuum, external study of 21st century medical education focused on reimagining the future of health equity and racial justice in medical education, improving the diversity of the health workforce, and ameliorating inequitable outcomes among minoritized and marginalized patient populations.
4. Our AMA will advocate for funding to support the creation and sustainability of Historically Black College and University (HBCU), Hispanic-Serving Institution (HSI), and Tribal College and University (TCU) affiliated medical schools and residency programs, with the goal of achieving a physician workforce that is proportional to the racial, ethnic, and gender composition of the United States population.
5. Our AMA will directly oppose any local, state, or federal actions that aim to limit diversity, equity, and inclusion initiatives, curriculum requirements, or funding in medical education.
6. Our AMA will advocate for resources to establish and maintain DEI offices at medical schools that are staff-managed and student- and physician-guided as well as committed to longitudinal community engagement.
7. Our AMA will investigate the impacts of state legislation regarding DEI-related efforts on the education and careers of students, trainees, and faculty.
8. Our AMA will recognize the disproportionate efforts by and additional responsibilities placed on minoritized individuals to engage in diversity, equity, and inclusion efforts.
9. Our AMA will collaborate with the Association of American Medical Colleges, the Liaison Committee on Medical Education, and relevant stakeholders to encourage academic institutions to utilize Diversity, Equity, and Inclusion activities and community engagement as criteria for faculty and staff promotion and tenure. [Res. 325, A-03; Appended: CME Rep. 6, A-11; Modified:

CME Rep. 3, A-13; Appended: CME Rep. 5, A-21; Modified: CME Rep. 02, I-22; Appended: Res. 319, A-22; Modified: Res. 319, A-23; Reaffirmed: BOT Rep. 31, A-24]

Principles for Advancing Gender Equity in Medicine H-65.961

Our AMA:

1. declares it is opposed to any exploitation and discrimination in the workplace based on personal characteristics (i.e., gender);
2. affirms the concept of equal rights for all physicians and that the concept of equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of gender;
3. endorses the principle of equal opportunity of employment and practice in the medical field;
4. affirms its commitment to the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine;
5. acknowledges that mentorship and sponsorship are integral components of one's career advancement, and encourages physicians to engage in such activities;
6. declares that compensation should be equitable and based on demonstrated competencies/expertise and not based on personal characteristics;
7. recognizes the importance of part-time work options, job sharing, flexible scheduling, re-entry, and contract negotiations as options for physicians to support work-life balance;
8. affirms that transparency in pay scale and promotion criteria is necessary to promote gender equity, and as such academic medical centers, medical schools, hospitals, group practices and other physician employers should conduct periodic reviews of compensation and promotion rates by gender and evaluate protocols for advancement to determine whether the criteria are discriminatory; and
9. affirms that medical schools, institutions and professional associations should provide training on leadership development, contract and salary negotiations and career advancement strategies that include an analysis of the influence of gender in these skill areas.

Our AMA encourages: (1) state and specialty societies, academic medical centers, medical schools, hospitals, group practices and other physician employers to adopt the AMA Principles for Advancing Gender Equity in Medicine; and (2) academic medical centers, medical schools, hospitals, group practices and other physician employers to: (a) adopt policies that prohibit harassment, discrimination and retaliation; (b) provide anti-harassment training; and (c) prescribe disciplinary and/or corrective action should violation of such policies occur. [BOT Rep. 27, A-19; Reaffirmed: Res. 604, I-24; Reaffirmed: Res. 606, I-24]