![AMA American Medical Association]

AMA ROUNDTABLE DISCUSSIONS

Building a bridge beyond affirmative action to a diverse and equitable landscape in education and health care

HIGH LEVEL

Category I: Data Standards

RECOMMENDATION I: Establish uniform qualitative and quantitative data standards for recurrent collection and reporting to enable meaningful research, enhance interoperability and promote collaboration.

Category II: Research

RECOMMENDATION II: Fund education and health outcomes-based research to drive innovation in developing the workforce needed to optimize health outcomes across all communities.

Category III: Policy, Legislative Advocacy, and Funding

Recommendation III: The AMA, in collaboration with other relevant stakeholder organizations, should engage in advocacy for funding, incentive structures, and policy development to improve health outcomes across all communities–reinforcing the perspective that, "all policy is health policy." It will elevate the status of healthcare as a vital national interest to facilitate improved health outcomes, coherent and continuous learning, and professional development across the educational continuum (from UME to practice).

Category IV: Curriculum and Assessment

RECOMMENDATION IV: Each institution should ensure curriculum, teaching methods, and faculty development support an accessible learning and clinical environment. Assessment and evaluation should emphasize competency and foster the success of all learners.

Category V: Accreditation and Accountability

RECOMMENDATION V: *Ensure accreditation prioritizes and supports institutional mission alignment with national and community-informed health enhancement goals, paying close attention to discrepant outcomes across all areas.*
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Category VI: Workforce

RECOMMENDATION VI: Establish the responsibility of medical education and academic health centers for preparing the health workforce to optimize health outcomes across all communities.

Category I: Data Standards

RECOMMENDATION I: Establish uniform qualitative and quantitative data standards for recurrent collection and reporting to enable meaningful research, enhance interoperability, and promote collaboration.

RECOMMENDED STRATEGIES
Meso
- Establish shared, standardized language for collecting and tracking of applicant/student data (e.g. Physicians Data Collaborative standards).
- Require/encourage schools to disaggregate student racial and Tribal affiliation data.
- Ensure schools have easy access to their specific data (consider creating a data hub).

Macro
- Establish a common set of data standards for schools to adopt. This may require collaboration across multiple organizations such as accreditation, assessment/testing, professional associations, and other organizations that interface with medical education (including but not limited to AAMC, LCME, AMA, ACGME, NBME, NRMP, ABMS, AACOM, COCA, MEDMAR).
- Establish shared, standardized language for collecting and tracking of applicant/student data (e.g. Physicians Data Collaborative standards).
- Develop capacity to longitudinally track individuals from pre-matriculation pathways through medical education and across their careers to identify characteristics predictive of a range of professional outcomes (including but not limited to choice of discipline, academia, industry, government, leaving medicine, etc.).
- Commission a group of data scientists, cyber-security experts, policy experts and others to develop methods to ensure data integrity and transfer safeguards.
- AAMC and ACGME should create a socio-academic mission inventory.
- Ensure that data standards are interoperable with patient care metrics.

Category II: Research

RECOMMENDATION II: Fund education and health outcomes-based research to drive innovation in developing the workforce needed to optimize health outcomes across all communities.

RECOMMENDED STRATEGIES

Micro
- Promote research into the potential impact of curricular innovation on learner outcomes and discipline decisions.
- Allocate research funds to underrepresented researchers.
- Support research to critically examine discrepant outcomes in assessment, including high-stakes standardized exams.
- Conduct research to better understand the impact of educational debt, tuition-free strategies, or loan forgiveness, particularly concerning learners from low-income households.
- Conduct research to better understand the impact of pathway program participation on educational debt, social mobility index, and workforce longevity.

Meso
- Fund and catalyze research on strategies to identify, recruit, and retain students, faculty, and staff from underserved communities.
- Support research to develop clear standards to interrogate and monitor faculty hiring and promotion.
- Collect data to develop a socio-academic index for institutions to guide philanthropic giving in supporting institutions that are effective in providing care to individuals and communities most in need.
- Support research to develop standards for assessments that support the success of all learners and holistic review.

Macro
- Support research that explores how representation in the learning environment impacts population health outcomes.
- Foster collaborative research across institutions and national/professional organizations to identify and share best practices.

Category III: Policy, Legislative Advocacy, and Funding

Recommendation III:
The AMA, in collaboration with other relevant stakeholder organizations, should engage in advocacy for funding, incentive structures, and policy development to improve health outcomes across all communities–reinforcing the perspective that, "all policy is health policy." It will elevate the status of healthcare as a vital national interest to facilitate improved health outcomes, coherent and continuous learning, and professional development across the educational continuum (from UME to practice).

RECOMMENDED STRATEGIES

Micro
- Advocate to decrease the accumulation of debt for medical education/training.

Meso
- Advocate for restoring, increasing and ensuring funding (e.g. Title VII) for pathways programs that support students from divergent backgrounds.
- Advocate for medical education funding that supports health equity educational initiatives
- Encourage strategies for medical education to enhance continuity and coherence along the trajectory of learning from UME to GME.
- AMA and other organizations should draft model legislation at the state level and advocate for federal policy that protects, but does not mandate, educational efforts to increase health equity and broaden access to medical education across UME and GME.

Macro
- AMA and other organizations should assist in combating anti-DEI and anti-health equity initiatives.
- Identify and coordinate new and existing funders (e.g. NIH, HRSA, CMS, VA, Dept. of Ed., etc.), that focus on expanding access to education across all communities.
- Advocate for and coordinate with other national groups (e.g NAM) to advocate for funding of the National Health Workforce Commission, included in the Affordable Care Act, to develop a national healthcare workforce strategy.
- Advocate for accreditation standards that optimize health outcomes for all.
- Lead coordination between LCME, ACGME, COCA, specialty societies and other interested specialty organizations efforts to monitor and increase transparency and oversight of the growth and influence of private equity in healthcare education.
- Advocate for physician payment and compensation reform to address economic disincentives to pursue primary care disciplines.
- Encourage strategies for medical education to enhance continuity and coherence along the trajectory of learning from UME to GME.

Category IV: Curriculum, Evaluation, and Assessment

RECOMMENDATION IV: Each institution should ensure curriculum, teaching methods, and faculty development support an accessible learning and clinical environment. Assessment and evaluation should emphasize competency and foster the success of all learners.

RECOMMENDED STRATEGIES

Micro
- Promote research on the impact of shortened curricular structures on learner outcomes including cost of attendance, how deceleration is handled, environmental challenges, and data analysis to determine predictive factors for success.
- Promote the development of strategies to eliminate differences in students' access to resources to prepare for standardized tests, as well as identification of discrepant outcomes on standardized testing and the underlying causes.
- Support identification and dissemination of best practices for accommodating disabilities.
- Promote efforts to ensure fair promotion practices for learners across UME and GME, as well as the promotion of faculty in medical education.
- Promote integration of fairness into daily work through continuous professional development opportunities for faculty to engage in accessibility-focused education.

Meso
- Develop effective strategies to eliminate discrepant outcomes within assessments.
- Promote tying learner assessments to specific competencies (e.g. CBME, harmonize ACGME Milestones with AAMC EPAs).
- Promote the alignment of medical school curriculum to AAMC Diversity, Equity, and Inclusion Competencies Across the Learning Continuum to address divergent outcomes in competency assessment.
- Encourage institutions that receive funding for pathway programs to track the outcomes of these programs to identify best practices.
- Promote the accessibility and broad adoption of technological resources that support education and competency-based assessment.

Macro
- Advocate for elimination of race-based medicine in teaching and practice, and the integration of public health frameworks into curriculum.
- Support development of strategies to optimize health outcomes in states that currently restrict accessibility in teaching and practices.
- Promote alignment of competency-based assessments, in the context of socio-academic realities, with meaningful clinical outcomes (i.e., measure what matters).

Category V: Accreditation and Accountability

RECOMMENDATION V: Ensure accreditation prioritizes and supports institutional mission alignment with national and community-informed health enhancement goals, paying close attention to discrepant outcomes across all areas.

RECOMMENDED STRATEGIES

Meso
- Ensure institutional alignment with self-determined social mission.
- Develop institution-specific educational social mission inventory/report card (for example the Anchor Institution guidelines) that is shared externally.
- Support the identification and adoption of best practices to promote accessibility in medical education that allow room for innovation in the post-*SFFA* environment.
- Link health outcomes and community engagement to med school/institutional mission (e.g. accountability for community health needs assessments to address identified gaps) at the level of accreditation.
- Assess specific outcomes aligned with social mission as part of the accreditation process.

Macro
- Shift the focus of accreditation processes to outcomes.
- Accreditation organizations should utilize standards to address discrepant outcomes and increase transparency in assessment.

Category VI: Physician Workforce

RECOMMENDATION VI: Establish the responsibility of medical education and academic health centers for preparing the health workforce to optimize health outcomes across all communities.

RECOMMENDED STRATEGIES

Meso
- Advocate for federal grant opportunities to support workforce alignment with health equity goals.
- Identify strategies in recruitment, selection and retention in graduate medical education that support completion of training.
- Advocate for federal grant opportunities to support workforce alignment with health equity goals.

Macro
- Identify successful strategies that expand participation in leadership in healthcare.
- Develop a unified accessibility-focused educational mission for all US MD-granting and DO-granting schools, with defined outcomes for success.
- Advocate for state-level support to promote parity in funding of K-12 education as a long-term strategy to diversify the healthcare workforce.
- Improve coordination between LCME, ACGME, COCA, specialty societies, and other interested specialty organizations to monitor and increase transparency and oversight of the growth and influence of private equity in healthcare.
- AMA and other national healthcare organizations should convene to develop standards for a medical education system that will eliminate discrepant patient outcomes and produce a physician workforce reflective of the communities it serves.