Whereas, Structural inequities and system-level biases amongst members of admission committees contribute to non-inclusive environments and result in unequal opportunities for potential underrepresented minority (URM) applicants to enter the field of medicine; and

Whereas, The racial injustices, social tragedies, and health care inequities particularly highlighted throughout the COVID-19 pandemic reinforce the demand for the implementation of strategies to support diversity, equity, and inclusion; and

Whereas, Middle and high school pipeline programs providing comprehensive educational support and enrichment have improved test scores and raised school graduation and college matriculation rates; and

Whereas, A study examining undergraduate students found that lower grade achievement of URM students in pre-health courses may not be fully attributable to the precollege educational pipeline, and can potentially be improved by academic and social supports during college; and

Whereas, Nascent pipeline programs that have connected medical students and high school students in context specific and culturally relevant manner have the potential to help underrepresented students with identity formation and perceived achievement goals; and

Whereas, Outreach and pipeline programs targeting students underrepresented in medicine are beneficial to the participants and the community by 1) exposing underserved and underrepresented youth to medicine, 2) improving their candidacy by providing opportunities for research, shadowing, and volunteering, and 3) increasing diversity in healthcare; and

Whereas, Engaging with such programs provides value to the medical schools by 1) fulfilling accreditation requirements, 2) granting medical students the opportunity to interact with the surrounding community, and 3) serving as a source of qualified applicants who are underrepresented in medicine; therefore be it

RESOLVED, That our American Medical Association urge medical schools to develop or expand the reach of existing pipeline programs for underrepresented middle school, high school and college aged students to motivate them to pursue and prepare them for a career in medicine (New HOD Policy); and be it further

RESOLVED, That our AMA encourage collegiate programs to establish criteria by which completion of such programs will secure an interview for admission to the sponsoring medical school (New HOD Policy); and be it further
RESOLVED, That our AMA recommend that medical school pipeline programs for underrepresented students be free-of-charge or provide financial support with need-based scholarships and grants (New HOD Policy); and be it further

RESOLVED, That our AMA encourage all physicians to actively participate in programs and mentorship opportunities that help expose underrepresented students to potential careers in medicine. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 09/27/22

REFERENCES:


RELEVANT AMA POLICY

Underrepresented Student Access to US Medical Schools H-350.960

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; (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; (3) recognizes some people have been historically underrepresented, excluded from, and marginalized in medical education and medicine because of their race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin, and rurality; due to racism and other systems of exclusion and discrimination; (4) is committed to promoting truth and reconciliation in medical education as it relates to improving equity; and (5) recognizes the harm caused by the Flexner Report to historically Black medical schools, the diversity of the physician workforce, and the outcomes of minoritized and marginalized patient populations.

Citation: Res. 908, I-08; Reaffirmed in lieu of Res. 311, A-15; Appended: CME Rep. 5, A-21

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.

13. 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.

Increase the Representation of Minority and Economically Disadvantaged Populations in the Medical Profession H-350.979

Our AMA supports increasing the representation of minorities in the physician population by: (1) Supporting efforts to increase the applicant pool of qualified minority students by: (a) Encouraging state and local governments to make quality elementary and secondary education opportunities available to all; (b) Urging medical schools to strengthen or initiate programs that offer special premedical and precollegiate experiences to underrepresented minority students; (c) Urging medical schools and other health training institutions to develop new and innovative measures to recruit underrepresented minority students, and (d) Supporting legislation that provides targeted financial aid to financially disadvantaged students at both the collegiate and medical school levels.

(2) Encouraging all medical schools to reaffirm the goal of increasing representation of underrepresented minorities in their student bodies and faculties.

(3) Urging medical school admission committees to consider minority representation as one factor in reaching their decisions.

(4) Increasing the supply of minority health professionals.

(5) Continuing its efforts to increase the proportion of minorities in medical schools and medical school faculty.

(6) Facilitating communication between medical school admission committees and premedical counselors concerning the relative importance of requirements, including grade point average and Medical College Aptitude Test scores.

(7) Continuing to urge for state legislation that will provide funds for medical education both directly to medical schools and indirectly through financial support to students.

(8) Continuing to provide strong support for federal legislation that provides financial assistance for able students whose financial need is such that otherwise they would be unable to attend medical school.

Citation: CLRDP Rep. 3, I-98; Reaffirmed: CLRDP Rep. 1, A-08; Reaffirmed: CME Rep. 01, A-18