Whereas, While organizations, including the American Medical Association, Association of American Medical Colleges (AAMC), National Resident Matching Program (NRMP), and Accreditation Council for Graduate Medical Education (ACGME), have gathered data on current residents and residency applicants, this information typically captures very little demographic information and no family planning or parental leave data; and

Whereas, The AMA’s Fellowship and Residency Electronic Interactive Database (FREIDA) offers information on academic background of residents (United States MD, United States DO, International Medical Graduate) and the Male to Female ratio, but largely focuses on the academic and professional experiences of residents; and

Whereas, FREIDA’s data is derived from the ACGME’s annual survey of all residents, which captures little additional demographic and familial data; and

Whereas, AAMC gathers this information, as well as a residency applicant’s self-identification, via its Electronic Residency Application Service (ERAS); and

Whereas, ERAS makes it possible for the AAMC to sort this data by specialty, which is of particular importance because of the limited number of professional medical societies that have developed surveys to capture this information; and

Whereas, The National Resident Matching Program (NRMP) stated their intention to capture demographic data following the 2022 Main Residency Match, but has primarily gathered information on residents’ attitudes towards the graduate medical education experience to date; and

Whereas, Studies on diversity and inclusion in graduate medical education have largely relied upon the little demographic data published by these national surveys; and

Whereas, To date, endeavors to gather information on trends in pregnancy, childbirth, and parenthood among residents have been restricted to academic studies, which typically maintain a limited regional focus; and

Whereas, A recent study of the residency programs affiliated with US News & World Report’s top 50 medical schools made some information on national family leave policies available; and

Whereas, Forty-two percent of the study’s residency programs offered unpaid leave in accordance with the Family Medical Leave Act (FMLA), which ensures employees of a company or institution for at least 1 year, with 1250 hours of service, qualify for up to 12 weeks of unpaid job protection for family and medical reasons; and
Whereas, Forty-two percent of the studied residency programs offered paid parental leave in some capacity, and twenty-two percent of the study's programs referred residents to state-funded paid family leave programs; and

Whereas, No mention was made of adherence to the additional parental leave guidelines imposed by professional specialty societies; and

Whereas, It is of note that these family leave policies were not necessarily published on each program's website, and the authors of this study conducted a web search to find publicly available information, then contacted schools directly for this data; and

Whereas, Even after these efforts, there was one school that did not publish family leave information on their website and did not respond to inquiries, indicating this information may not be readily accessible to prospective residency applicants and current residents; and

Whereas, In addition to gathering and publishing information on the items identified in FREIDA, ACGME surveys, and internal residency program surveys should consider collecting information on ability, religion, and immigration status to identify additional resources necessary to support current residents; and

Whereas, To date, there is a scarcity of information on the demographic and parenthood of residents, and existing surveys from FREIDA, ACGME, and internal residency programs could be used to gather this information, as well as data on factors such as incoming and current residents’ ability, religion, and immigration status; and

Whereas, Gathering this robust array of data on the background of residents has the potential to elucidate the path to equity, diversity, and inclusion in medicine; therefore be it

RESOLVED, That our American Medical Association work with appropriate stakeholders to encourage that residency programs annually publish and share with FREIDA and other appropriate stakeholders, (a) demographic data, including but not limited to the composition of their program over the last 5 years by age, gender identity, URM status, and LGBTQIA+ status; (b) parental and family leave policies; and (c) the number and/or proportion of residents who have utilized parental or family leave in the past 5 years (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the Accreditation Council for Graduate Medical Education and other relevant stakeholders to annually collect data on pregnancy, childbirth, and parenthood from all accredited US residency programs and publish this data with disaggregation by gender identity and specialty. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/13/22

REFERENCES:

**RELEVANT AMA POLICY**

**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.