

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 1
(A-23)

Introduced by: International Medical Graduates Section

Subject: Filtering International Medical Graduates During Residency or Fellowship Applications

Referred to: Reference Committee ____

1 Whereas, Many graduate training programs report that they receive thousands of residency
2 applications each match cycle, leading them to implement a filtering process that screens out a
3 significant number of applications based on program-specific criteria; and
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5 Whereas, The filtering process lacks transparency and clear understanding, potentially leading
6 to unfair and biased decisions; and
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8 Whereas, some program directors or literature suggest that being an international medical
9 graduate is one of the first filters used, despite this not reflecting an applicant's individual merit
10 and representing a social disadvantage compared to American medical graduates; and
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12 Whereas, Graduating from a foreign medical school doesn't reflect an applicant's individual
13 merit but rather could represent a social disadvantage compared to American medical
14 graduates; and
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16 Whereas, it is imperative that residency applications should reflect a candidate's overall
17 academic accomplishments (standardized test results, medical school evaluations, letters of
18 recommendation, and diverse cultural background) rather than solely their IMG status used as a
19 single metric; and
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21 Whereas, Filtering applicants based on foreign medical school training eliminates a fair and
22 equitable application process for International Medical Graduates and rather represents explicit
23 bias and stigma against this group of applicants; therefore, be it
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25 RESOLVED, That our American Medical Association collaborate with relevant stakeholders to
26 identify alternative methods of reducing the number of applications to review without using a
27 discriminatory filtering system that deprives international medical graduates of equitable training
28 opportunities; (Direction to Take Action) and be it
29

30 RESOLVED, That our AMA advocate for removal of the ability to filter out International Medical
31 Graduates during application to a residency or fellowship. (Directive to Take Action)

References

1. Garber, A. M., Kwan, B., Williams, C. M., Angus, S. V., Vu, T. R., Hollon, M., Muntz, M., Weissman, A., & Pereira, A. (2019). Use of Filters for Residency Application Review: Results From the Internal Medicine In-Training Examination Program Director Survey. *Journal of graduate medical education*, 11(6), 704–707. <https://doi.org/10.4300/JGME-D-19-00345.1>
2. ERAS Analytics: FAQs for Institutions | AAMC. (n.d.). AAMC. <https://www.aamc.org/services/eras-institutions/eras-analytics-faqs-institutions>

3. S. (2020, February 25). Confessions of a Program Director: Interacting with the Electronic Residency Application Service (ERAS) on September 15th. Thalamus.
<https://thalamusgme.com/electronic-residency-application-service/>

Fiscal Note: Not yet determined

Received: xx/xx/23

RELEVANT AMA POLICY

H-310.919 Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Gender Identity, Age, Race, National Origin and Religion During the Residency and Fellowship Application Process

Our AMA:

1. opposes questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, gender identity, age, race, national origin, and religion;
2. will work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, and other interested parties to eliminate questioning about or discrimination based on marital and dependent status, future plans for marriage or children, sexual orientation, age, race, national origin, and religion during the residency and fellowship application process;
3. will continue to support efforts to enhance racial and ethnic diversity in medicine. Information regarding race and ethnicity may be voluntarily provided by residency and fellowship applicants;
4. encourages the Association of American Medical Colleges (AAMC) and its Electronic Residency Application Service (ERAS) Advisory Committee to develop steps to minimize bias in the ERAS and the residency training selection process; and
5. will advocate that modifications in the ERAS Residency Application to minimize bias consider the effects these changes may have on efforts to increase diversity in residency programs.