ILLINOIS STATE MEDICAL SOCIETY

Resolution 12.2020-19
(A-21)

Introduced by:	Madeline Jentink, Rasa Valiauga, Susmitha Kowligy, Akshay Patke and Melissa Dominguez, ISMS Members
Subject:	Providing Transparent and Accurate Data Regarding Students and Faculty at Medical Schools
Referred to:	Medical Legal Council

Whereas, the racial and ethnic data for matriculants of United States medical schools shows that Black, Hispanic, and American Indian or Alaska Native populations are underrepresented in medical schools when compared to the general population, despite the implementation of Liaison Committee on Medical Education (LCME) diversity accreditation guidelines in 2009[1]; and

Whereas, a study comparing Association of American Medical Colleges (AAMC) faculty data between 1990 and 2016 found that Blacks and Hispanics are more underrepresented in the faculty for sixteen medical specialties in 2016 than they were in 1990 with the exception of Black females in obstetrics and gynecology[2]; and

Whereas, the racial and ethnic population differences between medical students and physicians and the populations that they serve lead to health disparities in underrepresented minorities (URM)[3]; and

Whereas, results of a systematic review on implicit bias among healthcare providers suggests that implicit bias against African Americans, Hispanics and other people of color is present among many health care providers of different specialties, levels of training, and levels of experience[4]; and

Whereas, the recruitment and retention of URM faculty members, mentors, and teachers have shown to improve the educational experiences of all medical students and residents, and by extension the quality of patient care in diverse populations[5]; and

Whereas, a study looking at successful strategies of URM faculty recruitment and retention showed that institutional support for underrepresented minorities and awareness of diversity climate is a successful strategy[3]; and

Whereas, the most common reason for underrepresentation of minorities in medicine is lack of a welcoming environment and role models with whom they can identify, and transparent data will allow applicants to evaluate the diversity climate of the institution[6]; and

Whereas, the AAMC provides racial and ethnic data of applicants and matriculants to medical schools by year and state, however does not break this data down for individual medical schools[7]; and

Whereas, the AAMC provides transparent medical school faculty data including rank, sex, department, and race, however this is not broken down for individual medical schools[8]; therefore, be it

RESOLVED, that our ISMS encourage Liaison Committee on Medical Education and Commission on Osteopathic College Accreditation accredited medical schools in Illinois to provide transparent and accurate race and ethnicity demographic data regarding student and faculty recruitment and roster information.

References:

1. Lett LA, Murdock HM, Orji WU, Aysola J, Sebro R. Trends in Racial/Ethnic Representation Among US Medical Students. *JAMA Netw Open*. 2019;2(9):e1910490.
2. Lett LA, Orji WU, Sebro R. Declining racial and ethnic representation in clinical academic medicine: A longitudinal study of 16 US medical specialties. *PLoS One*. 2018;13(11):e0207274.
3. Peek ME, Kim KE, Johnson JK, Vela MB. "URM candidates are encouraged to apply": a national study to identify effective strategies to enhance racial and ethnic faculty diversity in academic departments of medicine. *Acad Med*. 2013;88(3):405-412.
4. Hall WJ, Chapman MV, Lee KM, et al. Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *Am J Public Health*. 2015;105(12):e60-e76.
5. Hassouneh D, Lutz KF, Beckett AK, Junkins EP, Horton LL. The experiences of underrepresented minority faculty in schools of medicine. *Med Educ Online*. 2014;19:24768.
6. Price EG, Gozu A, Kern DE, et al. The role of cultural diversity climate in recruitment, promotion, and retention of faculty in academic medicine. *J Gen Intern Med*. 2005;20(7):565-571.
7. 2020 FACTS: Applicants and Matriculants Data. AAMC. https://www.aamc.org/data-reports/students-residents/interactive-data/2020-facts-applicants-and-matriculants-data. Published 2020.

8. 2019 U.S. Medical School Faculty. AAMC. https://www.aamc.org/data-reports/faculty-institutions/interactive-data/2019-us-medical-school-faculty. Published 2020.

Relevant AMA and AMA-MSS 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: (a) supports the publication of a white paper chronicling health care career pipeline programs (also known as pathway programs) across the nation aimed at increasing the number of programs and promoting leadership development of underrepresented minority health care professionals in medicine and the biomedical sciences, with a focus on assisting such programs by identifying best practices and tracking participant outcomes; and (b) will work with various stakeholders, including medical and allied health professional societies, established biomedical science pipeline programs and other appropriate entities, to establish best practices for the sustainability and success of health care career pipeline programs.
14. 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.CME Rep. 1, I-06, Reaffirmation I-10, Reaffirmation A-13, Modified: CCB/CLRPD Rep. 2, A-14, Reaffirmation: A-16, Appended: Res. 313, A-17, Appended: Res. 314, A-17, Modified: CME Rep. 01, A-18, Appended: Res. 207, I-18, Reaffirmation: A-19, Appended: Res. 304, A-19, Appended: Res. 319, A-19

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. CLRPD Rep. 3, I-98 Reaffirmed: CLRPD Rep. 1, A-08, Reaffirmed: CME Rep. 01, A-18

Minority and Disadvantaged Medical Student Recruitment and Retention Programs 350.001MSS
AMA- MSS will ask the AMA to encourage medical schools to continue and/or develop programs to expose economically disadvantaged students to the career of medicine; special summer programs to bring minority and economically disadvantaged students to medical schools for an intensive exposure to medicine; and conduct retention programs for minority and economically disadvantaged medical students who may need assistance. AMA Res 35, I-79 Referred, CME Rep T, I-79, Adopted, Reaffirmed: MSS COLRP Rep B, I-95, Reaffirmed: MSS Rep B, I-00, Reaffirmed: MSS Rep E, I-05, Reaffirmed: MSS GC Rep F, I-10, Reaffirmed: MSS Res 4, I-14, Reaffirmed: MSS Res 27, I-15, Reaffirmed: MSS Res 19, I- 17

The Disadvantaged Minority Health Improvement Act of 1989 350.005MSS
AMA-MSS will ask the AMA to continue its efforts to increase the proportion of underrepresented minorities and women in medical schools and medical school faculties. AMA Sub Res 79, I-89 Adopted in Lieu AMA Res 167, I-89, Reaffirmed: MSS Rep D, I-99, Reaffirmed: MSS Res 27, I-15

Fiscal Note:

n/a

Existing ISMS policy related to this issue:

It is the policy of ISMS that:

1. the Board of Trustees, on an ongoing basis, continue to collect county data on membership, referral patterns, appropriateness of representation, and membership demographic data, and that an annual report be provided to the House of Delegates on demographic data;

2. recognizing some disproportionate representation in some isolated instances, as this relates to a trustee position, county medical societies in each trustee district be encouraged to enter into agreements to share or rotate elected district positions on an equitable basis;
3. in instances in which an individual county medical society identifies dissatisfaction with representation or ability to elect an individual based on disproportionate representation, ISMS physician leadership may offer to mediate disagreements regarding representation concerns; and
4. Trustees be encouraged to meet with each county in their respective districts on a regular basis, and continuously and actively seek out members in each county of the district who may be encouraged to serve in an elected or appointed ISMS position, as an officer or council or committee member, or be considered for recommendation for appointment to other agencies. (HOD 1994)

Accurate demographic information concerning all medical providers should be available in a fashion which is appropriate, meaningful, and understandable to the lay public. Ratings systems and their availability and distribution to the public via print, electronic or other means, should not be used without first assuring that physician input was obtained in the gathering and interpretation of data, and that statistical validity was determined and that the methods of data collection were clearly stated before any data would be accessible. (HOD 2002; Reaffirmed 2006; Reaffirmed 2009; Reaffirmed 2017)

The quality of medical training is an appropriate concern in the recruiting and credentialing of physicians. However, it is inappropriate to discriminate against any physician because of national origin or geographic location of medical education. (HOD 1985)

Membership in the Illinois State Medical Society shall not be denied or abridged because of color, creed, race, religion, disability, national origin, sexual orientation, age, sex, ethnic origin or for any other reason unrelated to character or competence. (HOD 2003)

The Illinois State Medical Society: (a) advocates for institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation; (b) advocates for pay structures based on objective, gender-neutral objective criteria; (c) encourages a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and (d) advocates for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement. (2020 Annual Meeting)

The Illinois State Medical Society recommends as immediate actions to reduce gender bias: (a) elimination of the question of prior salary information from job applications for physician recruitment in academic and private practice; (b) informing physicians about their rights under federal and state law; (c) establishing educational programs to help empower all genders to negotiate equitable compensation; (d) working with relevant stakeholders to host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings; and (e) creating guidance for medical schools and health care facilities for institutional transparency of compensation, and regular gender-based pay audits. (2020 Annual Meeting)

Board of Trustees Adopted (with 1 abstention) Resolution 05.2019-02 (A-20), Advancing Gender Equity in Medicine, as amended:

> RESOLVED, that the Illinois State Medical Society draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for ~~state and~~ Illinois medical specialty societies, academic medical centers and other entities that employ physicians, to be submitted immediately to the Board of Trustees, followed by submission to the House for consideration at the 2020 Annual Meeting; and be it further
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> RESOLVED, that the Illinois State Medical Society: (a) advocate for institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation; (b) advocate for pay structures based on objective, gender-neutral objective criteria; (c) encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and (d) advocate for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement; and be it further
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> RESOLVED, that the Illinois State Medical Society recommend as immediate actions to reduce gender bias (a) eliminate of the question of prior salary information from job applications for physician recruitment in academic and private practice; (b) inform physicians about their rights under ~~the Lilly Ledbetter Fair Pay Act and Equal Pay Act~~ federal and state law; (c) establish educational programs to help empower all genders to negotiate equitable compensation; (d) work with relevant stakeholders to host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings; and (e) create guidance

for medical schools and health care facilities for institutional transparency of compensation, and regular gender-based pay audits; and be it further

RESOLVED, that the Illinois State Medical Society collect and analyze comprehensive demographic data and produce a study on the inclusion of women members including, but not limited to, membership, representation in the House of Delegates, reference committee makeup, and leadership positions within our Illinois State Medical Society, including the Board of Trustees, Councils and Section governance, plenary speaker invitations, recognition awards, and grant funding, and disseminate such findings in regular reports to the House of Delegates, beginning at A-19 and continuing yearly thereafter, with recommendations to support ongoing gender equity efforts; and be it further

RESOLVED, that the Illinois State Medical Society commit to pay equity across the organization. (BOT - OCT 2019)