

# ILLINOIS STATE MEDICAL SOCIETY

**Resolution 05.2022-03  
(A-23)**

Introduced by: Rasa Valiauga, Andy Wu and Morinola Shobajo, ISMS Members

Subject: Encouraging Medical Schools to Sponsor Pipeline Programs to  
Medicine for Underrepresented Groups

Referred to: Council on Education and Health Workforce

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1           Whereas, structural inequities and system-level biases amongst members of  
2 admission committee contribute to noninclusive environments and result in unequal  
3 opportunities for potential underrepresented minority (URM) applicants to enter the  
4 field of medicine<sup>1</sup>; and

5  
6           Whereas, the racial injustices, social tragedies, and health care inequities  
7 particularly highlighted throughout the COVID-19 pandemic reinforce the demand for  
8 the implementation of strategies to support diversity, equity, and inclusion<sup>2</sup>; and

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10          Whereas, middle and high school pipeline programs providing comprehensive  
11 educational support and enrichment have improved test scores and raised school  
12 graduation and college matriculation rates<sup>3</sup>; and

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14          Whereas, a study examining undergraduate students found that lower grade  
15 achievement of URM students in pre-health courses may not be fully attributable to the  
16 precollege educational pipeline, and can potentially be improved by academic and social  
17 supports during college<sup>4</sup>; and

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19          Whereas, nascent pipeline programs that have connected medical students and  
20 high school students in context specific and culturally relevant manner have the potential  
21 to help underrepresented students with identity formation and perceived achievement  
22 goals<sup>5</sup>; and

23  
24          Whereas, outreach and pipeline programs targeting students underrepresented in  
25 medicine are beneficial to the participants and the community by 1) exposing  
26 underserved and underrepresented youth to medicine, 2) improving their candidacy by  
27 providing opportunities for research, shadowing, and volunteering, and 3) increasing  
28 diversity in healthcare<sup>6</sup>; and

29           Whereas, engaging with such programs provides value to the medical schools by  
30 1) fulfilling accreditation requirements, 2) granting medical students the opportunity to  
31 interact with the surrounding community, and 3) serving as a source of qualified  
32 applicants who are underrepresented in medicine<sup>7</sup>; therefore, be it  
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34           RESOLVED, that our ISMS urge Illinois medical schools to develop or support  
35 existing pipeline programs for underrepresented high school and college aged students  
36 to motivate them to pursue and prepare them for a career in medicine; and be it further  
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38           RESOLVED, that our ISMS encourage programs to establish criteria by which  
39 completion of such programs will secure an interview for or admission to the sponsoring  
40 medical school; and be it further  
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42           RESOLVED, that our ISMS recommend that programs be free-of-charge or  
43 provide financial support with need-based scholarships and grants.

#### References:

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6. Muppala VR, Prakash N. Promoting Physician Diversity through Medical Student Led Outreach and Pipeline Programs. *J Natl Med Assoc.* 2021;113(2):165-168. doi:10.1016/j.jnma.2020.08.004
7. Muppala VR, Janwadkar RS, Rootes A, Prakash N. Creating a Pipeline for Minority Physicians: Medical-Student-Led Programming. *Cureus.* 2021;13(4):e14384. Published 2021 Apr 9. doi:10.7759/cureus.14384

## **RELEVANT AMA AND AMA-MSS 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.

### **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

### **Diversity in the Physician Workforce and Access to Care D-200.982**

Our AMA will: (1) continue to advocate for programs that promote diversity in the US medical workforce, such as pipeline programs to medical schools; (2) continue to advocate for adequate funding for federal and state programs that promote interest in practice in underserved areas, such as those under Title VII of the Public Health Service Act, scholarship and loan repayment programs under the National Health Services Corps and state programs, state Area Health Education Centers, and Conrad 30, and also encourage the development of a centralized database of scholarship and loan repayment programs; and (3) continue to study the factors that support and those that act against the choice to practice in an underserved area, and report the findings and solutions at the 2008 Interim Meeting.

#### **Fiscal Note:**

None

#### **Existing ISMS policy related to this issue:**

To guide future activities, programs, resource allocation, physician outreach and organizational advocacy in this era of large-scale medical practice consolidation and evolution, the following statement of principles is the policy of ISMS: 1. ISMS recognizes and welcomes the diversity of physician practice throughout Illinois; this diversity brings strength to ISMS and to our members' mission of providing high quality patient-centered care, by supporting ISMS members in their efforts. 2. ISMS represents Illinois physicians, physician-led organizations, residents and medical students regardless of practice model. In working to forge common ground on core issues, ISMS affords equal weight and consideration to members' views that emanate from widely differing practice situations. 3. ISMS welcomes membership and involvement of physicians, residents and medical students from all practice modes and all areas of Illinois to bring forward their perspectives and concerns for open review and discussion within the Society. 4. ISMS strives to address the needs of its diverse member segments through proactive issue advocacy, programming, targeted communications and other activities. The Society may use physician advisory panels and other appropriate means to identify and develop programs, policies and other valued benefits and features that will attract and engage specific membership segments. A targeted menu of benefits, resources and communications for large groups and/or employed physicians may be tested and utilized by the Society to demonstrate membership value and relevance. 5. ISMS encourages leadership development and service from physicians in all practice models, all geographic areas of Illinois and all ages and specialty groups. This includes leadership consideration for physicians who are employed by hospital systems or working in and/or leading large group practices, as well as those involved in academic

medicine, health care related administrative roles, independent medical practice and other modalities. (HOD 2016)

It is the policy of ISMS that there be no sections in this society based upon color, creed, race, religion, sex or ethnic origin. (HOD 1998; Last BOT Review 2011)

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; Last BOT Review 2013)

ISMS supports designating the shortage of primary care and specialist physicians throughout Illinois as a “Physician Health Workforce Crisis” and supports widespread awareness of this concern to public and private sectors statewide. ISMS supports the recommendations of the 2006 ISMS Task Force on Health Workforce Shortages Report, including support for the creation of a physician database in Illinois, creation of a formal strategy to raise awareness of the physician workforce shortage problem to legislators and citizens, and convening a statewide task force to address the issue of attracting and retaining physicians in Illinois. ISMS supports medical education in rural communities, including the Illinois Agricultural Association’s (IAA) Rural Illinois Medical Student Assistance Program (RIMSAP), and the Illinois Department of Public Health’s Center for Rural Health Medical Student Scholarship Program. ISMS supports the University of Illinois College of Medicine at Rockford’s National Center for Rural Health Professions, and Southern Illinois University’s School of Medicine’s Rural Health Initiative. ISMS supports medical education in Illinois for rural and underserved areas, urging more financial support of Illinois’ public and private medical schools and encouraging more medical students and residents to study, train and practice in Illinois. ISMS encourages its member physicians and their non-member colleagues to train students and residents in clerkship and residency rotations in and for primary care shortage areas through Illinois. (HOD 2008; Reaffirmed 2015; Last BOT Review 2013)