



Resolution No. 602 (New York State F) - Increasing Diversity in Family Medicine

ACTION TAKEN BY THE 2017 CONGRESS OF DELEGATES: SUBSTITUTE ADOPTED



RESOLUTION NO. 602 (New York State F)

Increasing Diversity in Family Medicine

Introduced by the New York State Chapter

Referred to the Reference Committee on Education

WHEREAS, The physician workforce is lacking in diversity and does not proportionally reflect the populations it serves^{1,2,3}, and

WHEREAS, workforce diversity is a value recognized by the American Academy of Family Physicians (AAFP), yet admission to residency for medical students of color is hindered by performance on standardized tests and an Accreditation Council for Graduate Medical Education requirement of 90 percent first time pass rate for the American Board of Family Medicine (ABFM) certification exam³, and

WHEREAS, approximately half of family medicine residency programs do not meet the above requirement⁴, and

WHEREAS, Latino, Black, and American Indian students historically underperform on standardized tests, including the MCAT², and

WHEREAS, a high percentage of residency programs use the United States Medical Licensing Examination (USMLE) Step 1 scores when deciding which applicants to interview⁵, and

WHEREAS, there is no good evidence that USMLE Step 1 or ABFM certification test scores produce more competent physicians, and

WHEREAS, many publications affirm that “Subjective, multiple-choice, and standardized patient assessments, although reliable, underemphasize important domains of professional competence: integration of knowledge and skills, context of care, information management, teamwork, health systems, and patient-physician relationships”⁷, and

WHEREAS, adaptability and the ability to organize one's thought process and work as part of a team are considered defining qualities of competency in for both residents and attending physicians, yet these characteristics are not measured in exam scores, and

WHEREAS, it has been shown that underrepresented minority residents (URMs) perform as well as non-URMs on postgraduate orientation assessments (POA)⁸, now, therefore, be it

Substitute:

RESOLVED, That the American Academy of Family Physicians recommend that the Accreditation Council for Graduate Medical Education study the impact of the effect of American Board of Family Medicine initial certification exam pass rates on diversity (underrepresented minority residents) in family medicine relative to other specialties, and be it further

RESOLVED, That the American Academy of Family Physicians recommend policy to achieve greater rates of diversity in family medicine.

(Received 7/17/17)

Fiscal Impact: None

Original resolved clauses submitted to the Congress of Delegates deleted (please see substitute adopted above):

RESOLVED, That the American Academy of Family Physicians recommend that the Accreditation Council for Graduate Medical Education study the issue of the effect of American Board of Family Medicine certification exam pass rates on diversity in family medicine, and be it further

RESOLVED, That the American Academy of Family Medicine Center for Diversity and Health Equity recommend policy to achieve greater rates of diversity in family medicine, and be it further

RESOLVED, That the American Academy of Family Medicine review the American Board of Family Medicine certification exam pass rate citation levels for various specialties and determine whether it is equitable.

Background: Increasing the diversity of the physician workforce is an important aim because there is good evidence that patient outcomes improve when the physician is from the same background as the patients served. The AAFP Strategic Plan includes a tactic to increase the diversity of the family physician workforce.

The Accreditation Council for Graduate Medical Education can provide data on the diversity mix of the residencies, however the data on provided to them by the American Board of Family Medicine (ABFM) is aggregated data that does not allow the identification of pass rates by individuals.

It is the opinion of some that the lack of diversity may be more an "upstream issue" with the residencies not selecting individuals because of poor performance on the USMLE and COMLEX exams coming out of medical schools and the reluctance of programs to select individuals who might appear/or predicted to be poor test takers.

The second resolved clause requests the AAFP Center for Diversity and Health Equity to recommend policy to achieve greater rates of diversity in family medicine. The current AAFP Policy "Family Physician Workforce Reform" as approved by the Congress of Delegates in March 2014 states that the AAFP should regularly review demographic changes in the U.S. population and adjust the workforce accordingly.

The AAFP has commissioned studies of the health workforce that have resulted in policy statements and recommendations to achieve greater rates of diversity in family medicine to include “Diversity in the Workforce” (2015) and “Medical Schools, Minority and Women Representation in Medicine” (2014).

In 2017, the AAFP developed the Center for Diversity and Health Equity to take a leadership role in advancing diversity in the family physician workforce, advocating for health in all policies, promoting health equity through synergistic collaborations and growing the knowledge base of social determinants of health.

A key tactic of the Center will be to increase diversity of the family physician workforce by increasing the representation of students from underrepresented-in-medicine backgrounds in US medical schools.

The Center aims to complete this tactic by prioritizing pipeline programs and curricula that increase the number of individuals in the family medicine workforce who are able to deliver care to diverse population using a health equity framework.

The third resolved clause request the AAFP to review the ABFM certification exam pass rate citation levels for various specialties and determine whether it is equitable. The ABFM has data on the performance of first-time takers of the certification exam but likely does not have data on certification exam performance of the other specialties. The ABFM is a member of the American Board of Medical Specialties (ABMS). The ABMS is likely a better source for comprehensive data across specialties that can be used for comparison purposes.

Current Policy

AAFP Vision and Strategic Plan (<http://www.aafp.org/about/the-aafp/vision.html>)

Diversity in the Workforce (<http://www.aafp.org/about/policies/all/workforce-diversity.html>)

Minority and Women Representation in Medicine (<http://www.aafp.org/about/policies/all/med-school-minority.html>)

Equal Representation of Women in Family Medicine (<http://www.aafp.org/about/policies/all/women-family-medicine.html>)

Equal Opportunity (<http://www.aafp.org/about/policies/all/equal-opportunity.html>)

Workforce Reform (<http://www.aafp.org/about/policies/all/workforce-reform.html>)

Prior Congress Action

None

Prior Board Action

None

References:

1. Deville C, Hwang W, Burgos R, Chapman CH, Both S, Thomas CR. Diversity in Graduate Medical Education in the United States by Race, Ethnicity, and Sex, 2012. *JAMA Intern Med.* 2015;175(10):1706-1708. doi:10.1001/jamainternmed.2015.4324.
2. Lyson ML, Ross PT, Hamstra SJ, Haftel HM, Gruppen LD, Colletti LM. Evidence for Increasing Diversity in Graduate Medical Education: The Competence of Underrepresented Minority Residents Measured by an Intern Objective Structured Clinical Examination. *Journal of Graduate Medical Education.* 2010;2(3):354-359. doi:10.4300/JGME-D-10-00050.1.

3. Xierali IM, Hughes LS, Nivet MA, Bazemore AW. Family medicine residents: increasingly diverse, but lagging behind underrepresented minority population trends. *American Family Physician*. 2014 July 15; 90(2):80-81.
4. www.acgme.org (<http://www.acgme.org>)
5. Falcone, J. L., & Middleton, D. B. (2013). Pass rates on the American Board of Family Medicine Certification Exam by residency location and size. *The Journal of the American Board of Family Medicine*, 26(4), 453-459.
6. Edmond, M. B., Deschenes, J. L., Eckler, M., & Wenzel, R. P. (2001). Racial bias in using USMLE step 1 scores to grant internal medicine residency interviews. *Academic Medicine*, 76(12), 1253-1256.
7. Grosch, Eric N. "Does specialty board certification influence clinical outcomes?." *Journal of evaluation in clinical practice* 12.5 (2006): 473-481.
8. Epstein RM, Hundert EM. Defining and Assessing Professional Competence. *JAMA*. 2002;287(2):226-235. doi:10.1001/jama.287.2.226.
9. Lypson ML, Ross PT, Hamstra SJ, Haftel HM, Gruppen LD, Colletti LM. Evidence for Increasing Diversity in Graduate Medical Education: The Competence of Underrepresented Minority Residents Measured by an Intern Objective Structured Clinical Examination. *Journal of Graduate Medical Education*. 2010;2(3):354-359. doi:10.4300/JGME-D-10-00050.1.



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