

Resolution: Increasing Diversity in Family Medicine

Author(s): *[Name(s) and state chapter]*

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 AAFP³, and

WHEREAS, admission to residency for medical students of color is hindered by performance on standardized tests, and an ACGME requirement of 90 percent first time pass rate for the ABFM exam, and

WHEREAS, approximately half of Family Medicine residency programs do not meet the above requirement⁴, and

WHEREAS, Latino, African American, and Native American students historically underperform on standardized tests, including the MCAT², and

WHEREAS, a high percentage of residency programs use USMLE Step 1 scores when deciding which applicants to interview⁵, and

WHEREAS, there is no good evidence that Step or Board 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, 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

RESOLVED that the *[Your State Chapter]* will submit a resolution to the AAFP to make a recommendation in writing to ACGME that, in the interest of broadening racial and class diversity in family medicine, board scores and pass rates should no longer be used as criteria for giving a citation or area of concern to a residency program.

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. Lypton 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. 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.