

1
2
3 Title: Prohibit Discriminatory ERAS® Filters In NRMP Match

4
5 Introduced by: Venkat Rao, MD, and Amit Ghose, MD

6
7 Original Author: Venkat Rao, MD, and Amit Ghose, MD

8
9 Referred To: Reference Committee E

10
11 House Action: **APPROVED AS AMENDED**

12
13
14 Whereas, programs require applicants to go through the Electronic Residency Application
15 Service® (ERAS®) for residency selection in the National Residency Match Program (NRMP), and

16
17 Whereas, the ERAS® requires mandatory information be filled out in the application
18 including gender, medical school name, etc., and

19
20 Whereas, there are pre-programmed filters available in the ERAS® system such as Foreign
21 Medical Graduates, and

22
23 Whereas, program directors apply these filters regularly, according to the survey by the
24 NRMP post-match data, and

25
26 Whereas, program directors admit to applying the medical school accreditation filter -
27 Liaison Committee on Medical Education (LCME) vs non-LCME - frequently in downloading
28 applications, and

29
30 Whereas, applying this filter completely eliminates the downloading of all international
31 medical graduates' applications; thereby, leaving them no chance of being considered by the
32 program directors regardless of how competitive their application may be, and

33
34 Whereas AMA policy is not to discriminate candidates in residency selection based on their
35 education in foreign countries,

36
37 Whereas, according to Accreditation Council for Graduate Medical Education criteria,
38 program directors are required not to discriminate in the selection process of any group as a block;
39 therefore be it

40
41 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask
42 our AMA to oppose the use of discriminatory filters for foreign graduates in the Electronic
43 Residency Application Service® (ERAS®) system and aggressively work to eliminate discriminatory
44 filters that prevent international medical graduates and other groups from consideration by the
45 program directors.

46
47
48 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy:

MSMS Position on Discrimination

MSMS is committed to diversity and inclusion. MSMS condemns all attempts by agencies, be they government or private, to discriminate in licensure, licensure by endorsement, jobs, promotions, hospital privileges, reimbursement, residency medical staff and academic appointments, professional society memberships, financial aid and board certification, based on race, religion, sexual orientation, creed, sex, gender identity, disability, ethnic origin, national origin, or age. Additionally, MSMS supports current AMA Policies H-65.965, H-65.978; and D.160.988.

Increasing Residency Slots for Post-Graduate Medical Education in the State of Michigan

MSMS encourages the American Medical Association, American Council of Graduate Medical Education (ACGME), federal government, and financially supporting hospital(s) and institution(s) to increase residency positions for qualified American and International medical graduates in the state of Michigan.

Relevant AMA Policy:

Mitigating Demographic and Socioeconomic Inequities in the Residency and Fellowship Selection

Our AMA will:

1. encourage medical schools, medical honor societies, and residency/fellowship programs to work toward ethical, equitable, and transparent recruiting processes, which are made available to all applicants.
2. advocate for residency and fellowship programs to avoid using objective criteria available in the Electronic Residency Application Service (ERAS) application process as the sole determinant for deciding which applicants to offer interviews.
3. advocate to remove membership in medical honor societies as a mandated field of entry on the Electronic Residency Application Service (ERAS)—thereby limiting its use as an automated screening mechanism—and encourage applicants to share this information within other aspects of the ERAS application.
4. advocate for and support innovation in the undergraduate medical education to graduate medical education transition, especially focusing on the efforts of the Accelerating Change in Medical Education initiative, to include pilot efforts to optimize the residency/fellowship application and matching process and encourage the study of the impact of using filters in the Electronic Residency Application Service (ERAS) by program directors on the diversity of entrants into residency.
5. encourage caution among medical schools and residency/fellowship programs when utilizing novel online assessments for sampling personal characteristics for the purpose of admissions or selection and monitor use and validity of these tools.

Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual

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.