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Diversity in Medicine: Facts and Figures 2019

Fostering Diversity and Inclusion

Medical school leaders have embraced diversity and inclusion as key components of achieving their institutions' missions, visions, and goals. In 2009, the Liaison Committee on Medical Education introduced two standards (now known as Element 3.3) aimed at achieving institutional diversity (formerly IS-16) and investing in pipeline programs (formerly MS-8) to increase the number of qualified applicants representing diverse backgrounds.[1] Similarly, medical schools have nearly universally adopted holistic admissions — a process by which they consider each applicant individually to determine how they might contribute to the learning environment and the workforce instead of relying on test scores and grades alone.[2]

However, research indicates that these efforts have made only a marginal difference in advancing diversity in medical education.[3] Recently, the AAMC released two major reports, *Altering the Course: Black Males in Medicine* (2015) and *Reshaping the Journey: American Indians and Alaska Natives in Medicine* (2018), to further explore why diversity efforts have not been more successful.[4,5] As discussed in these reports, not all racial and ethnic groups saw notable increases in medical school applicants and matriculants. In particular, the reports demonstrated that the numbers of Black or African American medical school applicants and American Indian or Alaska Native medical school applicants had remained relatively stagnant. Even more concerning was the finding reported in the *Altering the Course* report that the number of Black or African American male medical school applicants and matriculants had actually *decreased* since 1978. While there have been some increases in the number of Black or African American male medical school applicants and matriculants in the four years since that report was published, Black or African American male students continue to be woefully underrepresented compared with other medical student groups. Grbic et al.'s 2019 study on holistic admissions found that schools that conducted formal training in holistic admissions experienced a significant, sustained increase in compositional diversity with the exception of Black or African American students.[6]

A common theme expressed throughout the *Altering the Course* report was the persistent, structural racism and stereotyping facing Black and African American males. Although pipeline programs, mentorship, and other factors can improve an individual's readiness for medicine, widespread implicit and explicit bias create exclusionary environments.[7] In addition, research suggests that nonwhite faculty had lower promotion rates than white faculty.[8] Moreover, practicing physicians from racial and ethnic minority backgrounds often confront racism and bias not only from peers and superiors but also from the patients they serve.[9]

Focusing solely on increasing compositional diversity along the academic medicine continuum is insufficient. To effectively enact institutional change at academic medical centers and leverage the promise of diversity, leaders must focus their efforts on developing inclusive, equity-minded environments.[9,10] A shared desire for change, aided by a growing number of resources, will enable medical schools and academic health centers to assess their institutional culture and climate and improve their capacity for diversity and inclusion.

References

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