Underrepresented in Medicine: Draft for Discussion

In its 2016 resource paper, *Supporting Diversity in the Health Professions*, the Council on Graduate Medical Education (COGME) observed that "racial and ethnic diversity among health professionals has been shown to promote better access to healthcare and improved healthcare quality for underserved populations, and to better meet the health needs of an increasingly diverse population." The U.S. federal government has invested in many programs aimed at expanding the entry-level "pipeline" to increase the number of underrepresented minority (URM) individuals pursuing educational pathways leading to careers in the health professions. Yet racial and ethnic minorities remain underrepresented in medicine.

The Council is concerned about a relatively silent but widespread and troubling problem: the disproportionate number of Black medical residents who leave or are dismissed from their residency programs before they complete their journey to become full-fledged physicians. Black Americans account for 14% of the U.S. population and Black medical residents make up 5.5% of all residents; yet, of all residents dismissed from training programs, 20% are Black.[1] This serious leak at the end of the long and arduous medical training pipeline represents an enormous loss of expertise and a waste of federal graduate medical education (GME) resources, and contributes to the disappointing result that only 5% of all doctors practicing in the United States today identify as Black.

During the first two years of preclinical training in medical school, grades received by Black and White students are similar. However, once students begin clinical rotations, more subjective criteria impact their evaluation. In particular, the period of GME, when medical residents enter the final phase of clinical learning, presents many retention challenges to URM students ranging from microaggressions to overt racial bias. Residents exposed to discrimination, abuse, or harassment are more likely than residents with no reported mistreatment to experience burnout, contributing to the end result of resignation or dismissal.

By charter, COGME is responsible for "assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal and private sector efforts necessary to address these needs." The Council recognizes that efforts to achieve a racially and ethnically diverse medical workforce are mired in an extremely complex web of issues, including the history of racial bias in this country.

Throughout its history, COGME has promoted diversity in the medical profession. In its 12th Report (1998), *Minorities in Medicine*, COGME made several recommendations toward the goals of increasing the number and proportion of URMs in medicine, and strengthening cultural competency within the physician workforce. In its 23rd Report (2017), *Towards the Development of a National Strategic Plan for Graduate Medical Education*, the Council stated that "having a diverse and well-trained physician workforce [enhances] the quality and accessibility of health care, and thus benefits public health," and listed "Increasing diversity in

[1] Wilson, S. Gaslighting of Black Medical Trainees Makes Residency Something to Survive. STAT. March 10, 2022. Accessed July 10, 2022. https://www.statnews.com/2022/03/10/gaslighting-black-medical-trainees-residency/

the physician workforce" as one of the key guiding principles of a well-functioning GME system. In addition, a 2003 report from the Institute of Medicine revealed disparities among different populations in health care access,[2] while studies have shown that URM physicians provide more health care for minority, uninsured or Medicaid-eligible, and low-income patients than their white counterparts.[3]

As a country, we cannot improve diversity and inclusion in medicine until we identify and measure the myriad pipeline leaks that are draining dedicated, trained, and qualified individuals, too many of whom are URMs. However, there is no system in place to measure the number of residents lost during training or to examine the causes. As a result, the current system lacks accountability.

In order to achieve these aims, COGME recommends that Congress:

1. Appropriate funding for an HHS wide repository for reporting and analysis of GME data;
2. Authorize federal agencies responsible for distribution of GME financing (e.g., CMS, VA, HRSA) to collect and report on the composition of residents in each program and sponsoring institution they finance, including the number of URM residents entering and completing training in each funded program; and
3. Authorize a panel of experts from multiple federal agencies, involved in financing residency programs, to cooperatively develop and define the reporting and database requirements as well as consider tying such reporting to GME funding eligibility [and/or ACGME accreditation?] and the inclusion of the reason for any dismissal of residents during GME training.

The diversity of our country's population represents a great strength. We know that increasing the number of well-trained URM physicians in the workforce can improve the health of the public. COGME supports the range of early pipeline strategies and policies in place that promote the enrollment of URMs in medical training. However, the disproportionate loss of URM medical residents disrupts the success of these pipeline programs and represents a significant waste of effort and resources. The Council wishes to bring attention to the need for steps to measure these losses and to improve the retention URMs across the full range of medical training.

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[2] Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press. https://doi.org/10.17226/12875.

[3] Institute of Medicine. 2001. *The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in the Health Professions -- Summary of the Symposium on Diversity in Health Professions in Honor of Herbert W. Nickens, M.D.*. Washington, DC: The National Academies Press. https://doi.org/10.17226/10186.