New tuition program will help drive physician workforce diversity

JUL 3, 2023

Timothy M. Smith
Contributing News Writer

Without a doubt, the lack of diversity among physicians is driven in part by the huge cost of medical education. In fact, as recently as 2018, the Association of American Medical Colleges found that more than 75% of U.S. medical students came from the fourth and fifth quintiles of household income; meanwhile, less than 5% came from the first.

An episode of “AMA Update” featured a discussion with two physician leaders at University of Chicago Pritzker School of Medicine—Vineet Arora, MD, dean for medical education, and Keme Carter, MD, associate dean for admissions—about how the medical school is eliminating medical school debt to help boost the diversity of its student population.

Changes to curriculum and cost

“We know that doctors who actually go into practice are more likely to serve their communities” if they come from historically excluded racial or ethnic groups or from communities that have been economically or socially marginalized, Dr. Arora said. “There’s actually a dose-response relationship between your family wealth that you grew up with and your ability to enter medicine. So, it’s a real problem.”

Because of this, the University of Chicago medical school is launching a new curriculum called the Pritzker Phoenix, which is focused on inquiry-based, small group learning, drawing on the realization that medical students can hold value-added roles in health care as early as the first year.

Already, some 90% of students at the Pritzker School of Medicine receive some form of scholarship support. But with this new investment, up to half of the school’s incoming medical students will be offered full-tuition scholarships.
“This is making medical education more accessible,” Dr. Carter said, noting that the scholarships are directed primarily at students with the greatest financial needs. “We want students to be able to move through the curriculum not worrying about debt on a day-to-day basis—and certainly not worrying about their future practice setting or their future specialty choice based on their debt burden.”

Funding for the scholarships is coming from the Biological Sciences Division at the University of Chicago and from philanthropists. Separately, the AMA has helped fund the medical school’s efforts as part of a broader initiative to catalyze change in medical education.

Pandemic shift in M1 roles

The medical students who graduated from the University of Chicago this year were M1s when the COVID-19 pandemic hit, Dr. Arora noted, and they were anything but passive learners during the crush on the health care system, helping with testing, telehealth, literature reviews and even infection control in the medical school’s six student-run free clinics.

What she and her colleagues found was that whereas as they had previously worked with a so-called deficit model—in which they assumed first-year students weren’t qualified to do much of anything meaningful in clinic—they now found themselves asking M1s what they thought they could contribute.

That prompted Dr. Arora and her colleagues to ask: “How do we institutionalize some of the innovations that were funded by the AMA around value-added roles so that students, as early as first year, were making impact in the clinic, in the emergency room, or in the OR and the community with patients?” Dr. Arora said.

Over the last several years, the University of Chicago has cut the average amount of debt that its medical students are graduating with and nearly doubled the number of matriculating students from economically marginalized backgrounds.

“Certainly, we aren’t the first school to have done this.” Dr. Arora said. “But we are proud to be joining our peer schools in this commitment.”

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