Why this Black intern, a grandfather, worked many years as mechanic

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By every measure, the journey of Carl Allamby, MD—culminating in his graduating medical school at 47 in 2019—was an unlikely one.

He is among the 6.2% of 2019 medical school graduates identified as Black, according to the Association of American Medical Colleges. And in 2018, only 5% of US physicians were Black and less than half of them were men, according to the AAMC. Furthermore, only 5.6% of 2019 medical school graduates were older than 32, AAMC data indicated. Black people account for 12% of the United States’ population.

Among the barriers that Dr. Allamby, an AMA member, cited in his forging a career in medicine: A lack of Black physician role models in his life.

“One of the biggest obstacles was just having it in my mind that you could be African American and become a physician,” Dr. Allamby said during an interview with JAMA. “All the physicians I had seen during childhood and probably into early adulthood were everything but African American.

“I grew up in a blue-collar town where unemployment was pretty high,” he added. “I remember some of the people who lived in my neighborhood. They were bus drivers and garbage men. A lady who lived across the street was a librarian. All of these were noble professions. But there just wasn’t that example to follow at a young age in order to become a physician.”

Learn what’s needed to improve physician diversity pipeline programs.

Learning without limits

Diversity in the physician workforce has known benefits—including improved patient outcomes—and medical schools are working to create more of it. Morehouse School of Medicine (MSM), is a gold
standard in doing so. About 75% of the medical students enrolled at the historically Black Atlanta institution are African American.

That success in attracting Black students—and those from other racial and ethnic groups underrepresented in medicine—is the outgrowth of more than 30 years of work. Some of that work starts with teaching students about careers in science as early as kindergarten.

Unfortunately, there are leaks throughout the pipeline to medicine and health professions, but in particular, “for those students on the younger end, being able to see what is possible, is very important,” said Rita Finley, PhD, an assistant dean for educational outreach at MSM. “It becomes especially difficult if you don’t have anyone at home who can help guide you in the right direction.”

“Many students that I have spoken with in the K–12 space don’t think that being a physician is an option. They feel that there are limits to what they can do and achieve. We want them to know that there are no limits.”

The AMA Doctors Back to School™ program also aims to increase the number of minority physicians and work toward eliminating racial and ethnic health disparities. The program sends minority physicians and medical students into the community as a way to introduce children to professional role models and show kids of all ages from underrepresented racial and ethnic groups that a career in medicine is attainable for everyone. Learn more about the AMA’s work to reduce disparities in health care.

For older learners, MSM’s Reach One Each One Program offers high school aged students a hospital-based, multidisciplinary medical mentoring program. Past cohorts that have gone through the intensive multiweek course have shown that they are more likely to pursue careers in health care, according to a 2016 study.

**Why mentorship is critical**

Morehouse’s programs to diversify the physician pipeline exist through and beyond K–12 and undergraduate programs—an on-campus master’s degree program in medical science that serves an academic enhancer—have proven to be a valuable resource for students pursuing medical careers.

Once students arrive on campus, faculty members take an active interest in their lives and learning. Morehouse considers its family atmosphere and involved faculty to be keys to its success. This anecdote shared by Martha L. Elks, MD, PhD, MSM’s senior associate dean of educational affairs, reflects what that looks like.

One medical student said that as the work got tough at Morehouse and doubt started to creep in, the
student looked up and saw a Black physician faculty member.

The student reflected on what that faculty member “had been through” and concluded, “I can make it.”

“That was the very essence of the quiet role modeling that our faculty do,” Dr. Elks said. “Their presence—and caring about the students—is such a link to what is possible. We don’t just tell them, we show them.”

Dr. Elks shared the Morehouse strategy with members of the AMA Accelerating Change in Medical Education Consortium at a conference last year during her presentation, “Creating the future health care workforce: Promoting equity in admissions and throughout the educational continuum.”

As for Dr. Allamby, he hopes that his story can offer evidence of the possibilities to students from disadvantaged backgrounds.

“There’s nothing special about me,” he told JAMA. “If I can do this, if I can face the challenges of a robust medical education, then almost anybody else is capable of that exact same thing. That’s the kind of image I try to portray—that this is something that’s totally within your scope. If it’s something you want to do, you should go for it.”

Launched last year, the AMA Center for Health Equity has a mandate to embed health equity across the organization so that health equity becomes part of the practice, process, action, innovation and organizational performance and outcomes.