How to get up to 3,000 more Black people in physician pipeline

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Brendan Murphy
Senior News Writer

Of 21,863 students who entered medical school in 2019, 1,626 were Black. That 7.4% share does outpace the current number of Black physicians now in the workforce, yet Black physicians still account for only 5% of all physicians even as African Americans make up 13% of the U.S. population. Few realize the disproportionate impact of the early 20th century Flexner Report on medical schools with mostly Black medical students. The disruption of that pipeline has resulted in an estimated 30,000-35,000 fewer Black physicians in this country. Addressing the decades-long disruption in the pipeline is a just consideration.

Given the racial reckoning following the tragic deaths of George Floyd and others, and COVID-19’s horrific demonstration of American health inequity, three physician leaders argue the time is now for bold thinking to dramatically increase the number of Black students who enter physician training.

Creating a physician workforce that is more representative of the country was the topic of a recent JAMA Viewpoint essay by Valerie Montgomery Rice, MD, and an accompanying JAMA Network™ livestreamed video interview with her, Clyde Yancy, MD, an AMA member who is vice dean for diversity and inclusion at Northwestern’s Feinberg School of Medicine, and Howard Bauchner, MD, editor-in-chief of JAMA and the JAMA Network. Dr. Montgomery Rice is the president and dean of Morehouse School of Medicine, a member school of AMA Accelerating Change in Medical Education Consortium.

Black Americans “have paid disproportionately during COVID-19” with their lives, said Dr. Yancy, who noted that he recently wrote an obituary for a Black physician who died caring for patients with the contagious respiratory illness. Then, add the Black Lives Matter movement, the persistent and pernicious effects of systemic racism and “the decades of discounting the value of what persons of color can bring to our society and into our profession. Taken together, we have a crisis.”
All those things “made it clear we need to take a bold unique approach to address something that is egregious and simply not just,” he said during the interview with Dr. Bauchner.

**MCAT shouldn’t tell the tale**

Despite a trend toward a more holistic view on admissions, most medical schools continue to rely on the Medical College Admission Test (MCAT) as a key factor in admissions. Dr. Montgomery Rice’s essay notes, however, that the MCAT is not a significant predictor of whether medical students will progress in their studies. Morehouse has put less emphasis on MCAT scores as part of its admissions.

More medical schools should follow suit and “use MCAT scores as only one determinant in the selection process,” Dr. Montgomery Rice wrote. “This approach could potentially lead to 3,000 more Black physicians in the training pipeline and eventually practicing in the U.S. today.”

In accepting students using MCAT scores as just one of the qualifications for medical school, Morehouse has seen little attrition and students have had success on the United States Medical Licensing Examination (USMLE) Step 1 exam, according to Dr. Montgomery Rice.

“Use the MCAT as one part—an important part—of an admissions strategy, but don’t allow it to be the gatekeeper,” Dr. Montgomery Rice discussed with Dr. Bauchner. “Many schools worry about U.S. News & World Report medical school rankings, which have served mostly to create a new revenue stream, marketing advantages and competition. Neither the rankings nor the competition allows us to educate and train the health care professionals the nation needs. Our priorities are misplaced.”

Learn how a record-setting gift may help tomorrow’s Black physicians.

**Multigenerational commitment**

The nation’s four historically black medical schools enroll a disproportionate share of Black medical students. The path to a more representative physician workforce has to extend beyond those schools, Drs. Montgomery Rice and Yancy contend.

“We cannot absolve the other 151 medical schools of their responsibility” to help diversify the physician workforce, Dr. Montgomery Rice said.
In the JAMA Network video interview, Dr. Yancy suggested that medical schools consider farsighted measures to increase capacity for Black medical students. Simply increasing class sizes by just one to two underrepresented minority students would open up a steady flow of new Black physicians. Starting a new medical school aligned with an HBCU with a similar mission as the current historically Black medical schools would also add to the flow of new Black physicians. Doing both might actually fix the problem.

“A short-term fix is only a Band-Aid,” Dr. Yancy said during the interview. “The arc of this effort needs to be long. My focus is on future generations—20-40 years from now—where communities receive care from a workforce of physicians that is representative. If we don’t make a change now, future generations will struggle with the same thing. Worse, health inequities may persist ad infinitum.”

Find out why this Black medical resident, a grandfather, worked many years as mechanic.

Making physician diversity a priority

The AMA is looking to address physician diversity on several fronts. The AMA Accelerating Change in Medical Education Consortium has worked with Morehouse and other member medical schools to share strategies for enhancing recruitment, fostering viable pathways into medicine, promoting holistic admissions processes and creating inclusive learning environments. The ultimate goal is to generate a physician workforce that more closely resembles that of the nation.

The group has shared a process of institutional diversity and inclusion self-study and issued a statement to protect diverse learners during educational disruptions related to COVID-19.

The AMA Doctors Back to School™ program, meanwhile, introduces children to professional role models and shows kids of all ages from underrepresented racial and ethnic groups that a career in medicine is attainable for everyone. Learn more about the AMA Minority Affairs Section, which gives voice to and advocates on issues that affect minority physicians and medical students.

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.


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