An equitable, inclusive approach to residency education will create a more diverse physician workforce and better health outcomes for patient populations. A recent AMA webinar offers insight on what steps can be taken to improve health equity in residency training.

William A. McDade, MD, PhD, the chief diversity, equity and inclusion officer of the Accreditation Council for Graduate Medical Education (ACGME), was one of three featured speakers during the event. He offered an accounting of the health equity landscape at the GME level and how it can be shifted.

Learn how 3,000 more Black people can enter the physician pipeline.

A quest for better results

A Black physician treating a Black patient is more likely to improve that patient’s health outcomes. Dr. McDade highlighted the concept of racial concordance—having a shared racial identity between physician and patient—in the context of a 2018 study of Black male patients in Oakland.

Researchers “did some very elegant math that found that you can have reduction in cardiovascular disease of about 20% with racially concordant relationships,” Dr. McDade said during the webinar, co-hosted by the AMA Academic Physicians Section and the AMA Young Physicians Section. “They found that when Black doctors saw these Black subjects in Oakland that these Black men were more likely to talk about a larger array of their medical problems, that doctors wrote more notes and testing like diabetes and cholesterol screening were up 20%.

“It makes a difference how the relationship between physician and patient is structured such that diversity in medical education and in the medical workforce is entirely important.”
Find out about a record-setting gift aimed at helping tomorrow’s Black physicians.

**Increased pathways**

The ACGME has created recent policy that aims to increase diversity across a range of categories with the focus on improving population health. And the task is tall. Dr. McDade highlighted data showing that fewer than 600 Black men entered medical schools last year. In GME, Hispanic and Black physicians make up about 12% of resident physicians. In some specialties those numbers are considerably lower—for example, only two African American physicians are now working in advanced heart failure and transplant cardiology fellowships.

“How can we increase diversity in graduate medical education? We have to think of diversity as a long-term strategy,” said Dr. McDade. “Think about people who are in their pre-residency stages and what we’d like people to do is emphasize cooperation and not competition.”

The strategy Dr. McDade laid out includes residency programs taking steps such as:

- Increasing the number of diverse learners in pre-pathways programs, including residency programs partnering with science, technology, engineering and math programs at the community level.
- Work with programs within your institution to drive diverse learners to the medical profession.
- Actively recruit diverse learners—but don’t compete against other programs for them.

**A more welcoming environment**

Dr. McDade and the ACGME are calling for increased diversity in an environment that is unaccustomed to it. To make that possible, Dr. McDade said residency programs must “prepare the ground.”

“You have to mitigate cultural underexposure and indifference,” he said. “You have to cease stereotypical projections that have long been ongoing in our environment. You have to reduce environmental elements that trigger imposter syndrome. You have to effectively address uncivil behavior when it occurs.”

Taking those steps, Dr. McDade said, is key because the possibility exists that training on topics such as implicit bias can engender resistance and resentment in the work environment.
The AMA Doctors Back to School™ program 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.