

AMA seeks greater efforts to diversify the physician workforce

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While institutions across the continuum of medical education have long vowed to create a physician workforce that is more representative of the nation's population of patients, results have been underwhelming.

For example, a 2019 study published in *JAMA Network Open* found that “from 2002 to 2017, numbers and proportions of Black, Hispanic, and American Indian or Alaska Native medical school matriculants increased, but at a rate slower than their age-matched counterparts in the U.S. population, resulting in increased underrepresentation.”

Other research has found “that racial, ethnic and gender diversity among health professionals promotes better access to health care, improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse population,” said AMA Trustee Jesse M. Ehrenfeld, MD, MPH. “Yet, our physician workforce does not adequately reflect the actual racial, ethnic or gender makeup of the patients in the communities we serve.”

The AMA House of Delegates (HOD) took actions aimed at changing that trend during the June 2021 AMA Special Meeting.

Clearing pathways to medicine

An AMA Council on Medical Education report adopted by the HOD highlights the particular import of pathway programs—academic programs that offer flexible paths for a career in medicine and reach out to support students much earlier along those paths—in potentially boosting physician diversity. The report also stresses the importance of leadership in this effort.

“Medical programs, through their leaders, at the school and department levels, should support continuing pathway efforts by making statements of support, by cultivating and funding programs that support a culture of diversity on campus, and by recruiting faculty and staff who share this goal,” the

report says.

To that end, AMA delegates adopted policies to:

- | Recognize some people have been historically underrepresented, excluded from and marginalized in medical education and medicine because of their race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin and rurality, due to structural racism and other systems of exclusion and discrimination.
- | Recognize the harm caused by the *Flexner Report* to historically Black medical schools, the diversity of the physician workforce, and the outcomes of minoritized and marginalized patient populations.
- | Work with appropriate stakeholders to commission and enact the recommendations of a forward-looking, cross-continuum, external study of 21st century medical education focused on reimagining the future of health equity and racial justice in medical education, improving the diversity of the health workforce, and ameliorating inequitable outcomes among minoritized and marginalized patient populations.
- | Advocate funding to support the creation and sustainability of medical schools and residency programs affiliated with historically black colleges and universities, Hispanic-serving institutions and tribal colleges and universities, with the goal of achieving a physician workforce that is proportional to the racial, ethnic and gender composition of the U.S. population.
- | Work with appropriate stakeholders to study reforms to mitigate demographic and socioeconomic inequities in the residency and fellowship selection process, including but not limited to the selection and reporting of honor society membership and the use of standardized tools to rank applicants, with report back to the House of Delegates.
- | Establish a task force to guide organizational transformation within and beyond the AMA toward restorative justice to promote truth, reconciliation and healing in medicine and medical education.

Addressing historical harms

It's critical to note the enduring "negative impact" of the *Flexner Report* and other historical wrongs done by the medical profession, Dr. Ehrenfeld noted.

"We must address and reconcile these lasting harms to ensure that future physicians are aware of structural factors that are impeding their patients' health outcomes, and continue efforts to ensure a diverse physician workforce that meets the needs of our patients," he said.

At the Special Meeting, delegates also amended existing policy to:

- | Support increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin and rurality.
- | Commend the Institute of Medicine—now the National Academy of Medicine—for its 2004 report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, and support the concept that a racially and ethnically diverse educational experience results in better educational outcomes.
- | Encourage the development of evidence-informed programs to build role models among academic leadership and faculty for the mentorship of students, residents and fellows underrepresented in medicine and in specific specialties.
- | Encourage physicians to engage in their communities to guide, support and mentor high school and undergraduate students with a calling to medicine.
- | Encourage medical schools, health care institutions, managed care and other appropriate groups to adopt and use activities that bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this goal.
- | Continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of marginalized patient populations.
- | Encourage the federal departments of Education and Labor to develop policies and initiatives in support of students from marginalized backgrounds that decrease the educational opportunity gap, increase participation in high school advanced-placement courses, and increase the high school graduation rate.

Read about the other highlights from the June 2021 AMA Special Meeting.