

Why physician diversity matters, and how GME programs can boost it

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Len Strazewski

Contributing News Writer

Patients of color often seek care from doctors who look like them, but they may have to wait a long time for that opportunity.

Medical schools need to aggressively recruit a more diverse community of medical students—beginning as early as high school—to help in the fight against health inequities, according to William McDade, MD, PhD. Dr. McDade is the chief diversity and inclusion officer at the Accreditation Council for Graduate Medical Education (ACGME).

In a recent episode of the “AMA Moving Medicine” show, Dr. McDade said the lack of physician diversity is startling and supports a pattern of health inequities, according to recent research. For example, the odds that a Black patient will see a Black physician are almost 40 times that of a white physician seeing a Black patient, he explained.

“We don't have enough physicians who are from those communities that bear the greatest brunt of the health disparities that we see in our country,” Dr. McDade said. “And because of the way that we practice medicine in the United States, it seems as if people prefer physicians of their own race and ethnicity, speaking in their own primary language. And they go to those people disproportionately.”

Why? Harvard sociologist William Julius Wilson, PhD, argues that Americans live in hypersegregated communities, Dr. McDade said.

“And I think that has something to do with the propensity to see physicians of your same race. But I think there's also something additional with racial concordance and that physicians and patients of the same race and ethnicity have better communication. They have greater degrees of trust. They have the ability to actually adhere to medical advice if you're a patient seeing a physician of your same race and ethnicity,” he said.

Learn how the AMA is seeking greater efforts to diversify the physician workforce.

Health equity demands more diversity

Better recruiting and inclusion graduate education can help develop pathways that can lead to a more diverse student body, Dr. McDade said.

Graduate medical educators already reach out to students in their fourth year of medical education with electives that emphasize diversity, “but in addition to that, look at what research opportunities that you could offer people between their first and second year potentially, or what opportunities you could offer to post-baccalaureate students,” Dr. McDade said. “Or you can even go as low as high school and look at students there and find opportunities and ways for them to come into graduate medical education spaces, whether it's research or it's shadowing or just mentorship.”

Dr. McDade said that during his time at the University of Chicago’s medical school, he introduced students as early as high school to research in the college’s laboratories.

“Once you've been involved in high-level research like that, you can't go back to where you were before,” he said. “And we've seen a lot of these students over the years now progress into college, into medical school and on into faculty work even beyond residency. So, it's really very, very hopeful that we can have graduate medical education, have an impact on undergraduate and pre-learners in that pathway as well.”

The ACGME has developed several programs to enhance diversity, including “Equity Matters,” a toolkit of approaches to diversity undertaken by various graduate education programs. ACGME also has announced the Dr. Barbara Lee Ross Award, which recognizes excellence in diversity and inclusion and gathers information on applicable programs.

The group is also working on a textbook for distribution to GME programs.