

Diversity in US medicine is not keeping pace with population changes, analysis finds

April 6 2022



Credit: CC0 Public Domain

The United States is becoming more racially and ethnically diverse every day, but those changes are not reflected in the makeup of clinical faculty and leadership of medical schools in this country, according to a special report in the *New England Journal of Medicine* (NEJM) led by Sophia

Kamran, MD, a radiation oncologist at Mass General Cancer Center. While this analysis found some positive trends, the overall picture suggests that U.S. academic medical programs must not only recruit more underrepresented clinical faculty candidates, but also find ways to support them throughout the academic pipeline to build diversity at leadership levels in medicine, says Kamran.

Kamran's interest in diversity in medicine stems in part from her experience as a woman of Hispanic heritage who was the first person in her family to attend college, then medical school. "I didn't have many mentors, teachers, or role models in clinical medicine from a similar background as mine to help guide me," says Kamran. In the *NEJM* report, Kamran and several colleagues assess diversity trends among U.S. [medical faculty](#) over four decades. "We wanted to see where we've come from, where we are, and where we need to go," says Kamran.

With her co-investigators, Kamran analyzed data compiled by the Association of American Medical Colleges (AAMC) for full-time faculty members in 18 clinical academic departments over the period from 1977 through 2019. The data represented clinical faculty, full professors, department chairs and deans. Faculty members were stratified according to sex as well as race and ethnicity. The study further stratified faculty members who were underrepresented in medicine (URM), which the AAMC defines as people who identify as Black, Hispanic, non-Hispanic Native Hawaiian or other Pacific Islander, or non-Hispanic American Indian or Alaska Native.

As they examined trends over the 42-year period, some positive news emerged. "Female representation increased dramatically," says Kamran. For example, female clinical faculty leapt from 14.8% in 1977 to 43.3% in 2019. The proportion of female deans rose from zero to 18.3%.

However, while the proportion of URMs in academic medicine also rose

over the study period, those increases were far more modest. As a result, Black and Hispanic women and men still represent a small part of total clinical faculty. Perhaps most worrisome, AAMC data indicate that, in general, growth and representation of Black men in academic medicine has stagnated or decreased, particularly among clinical faculty and department chairs, a trend that began about a decade ago. "This is an area in desperate need of study, because we need to reverse these trends in order to address the lack the Black leadership at all levels of academic medicine," says Kamran.

What's more, some URMs barely registered in the databases. At all faculty levels, non-Hispanic Native Hawaiian/other Pacific Islander and non-Hispanic American Indian/Alaska Native accounted for less than 1%.

Importantly, the *NEJM* report compared AAMC's numbers with U.S. Census data to yield a stark finding. The proportion of women in academic medicine today has risen sufficiently over the past four decades to more closely mirror that of the population of women in this country. However, while U.S Census data also show that the country is rapidly becoming more diverse, academic medicine is not keeping pace with population change: URM representation at all levels in academic medicine is further away from reflecting the U.S. population today than it was in 2000.

Kamran's findings concur with an earlier study by a separate group that revealed similar disparities among U.S. medical students. "The U.S. population is going to continue getting more diverse as time goes on. We're sounding the alarm because we are clearly falling behind," says Kamran, noting the urgency for action: Studies indicate that patients often have better health outcomes when cared for by physicians of similar backgrounds who can identify with their life experiences.

Kamran is encouraged that institutions appear to be responding to these disparities, but says it's not enough for medical schools to set diversity quotas. "We have to also focus on retention and development," says Kamran. "We need evidence-based initiatives that create inclusive environments that can support cultural change."

More information: Intersectional Analysis of U.S. Medical Faculty Diversity over Four Decades, *New England Journal of Medicine* (2022).

Provided by Massachusetts General Hospital

Citation: Diversity in US medicine is not keeping pace with population changes, analysis finds (2022, April 6) retrieved 6 May 2024 from <https://medicalxpress.com/news/2022-04-diversity-medicine-pace-population-analysis.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.