Address persistent racial disparities in academic medicine to improve healthcare quality

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In the USA, there are well-described racial disparities in medical care with black patients, as well as other racial and ethnic minorities, consistently faring worse than white patients across specialties and diagnoses.[1] Similar disparities have been found among black and minority ethnic patients in the UK.[2 3] A 2002 report by the USA Institute of Medicine (IOM) determined that the 'quality of care received by racial and ethnic minorities in this country is generally lower than that provided to the majority population',[1] and persistent racial discrimination and bias contribute to poor health outcomes. In the decade that has followed the IOM report, few racial disparities have been eliminated, even as access to health services has improved.[4]

Medical schools and teaching hospitals—with their focus on training future doctors, providing patient care and conducting clinical research—have an important role to play in addressing racial disparities and improving healthcare quality. There is ample evidence that increasing the diversity of the physician workforce to better reflect the diversity of the general population—in particular by training and hiring greater numbers of providers from under-represented racial and ethnic backgrounds—directly benefits patients, medical students and other physicians.[5 6] Specifically, increased racial diversity among the faculty of academic medical centres has been shown to improve medical student and resident education, increase the cultural competence of clinical practices, and expand the research priorities of the institutions.[6–8]

Despite the known benefits of faculty diversity, currently only around 3% of medical school faculty members in the USA are black and 4% are Latino.[5] In contrast, 13% of the USA population identifies as black and 17% as Latino.[9] Furthermore, the majority of under-represented minority faculty members are instructors or assistant professors, with an even larger racial disparity present at the professor level and among hospital and university leadership.[5 10]

There are historical and present-day factors that contribute to the disparity in faculty representation.[6] Like other institutions, academic medicine has a history of explicit racism. As recently as the 1960s, medical training and hospital services were segregated in much of the USA with decidedly separate and unequal resources available to black and minority providers and patients.[11] Black physicians, particularly in the southern USA, were often barred from joining professional medical societies, including local chapters of the American Medical Association (AMA), a practice that was tacitly endorsed by the national organisation and for which the AMA only issued an official apology in 2008.[12] In the present day, almost 50% of minority physicians in academic medicine report experiencing racial discrimination at work, at the hands of supervisors, colleagues and patients.[7 13 14] Studies have shown that academic physicians from under-represented racial and ethnic backgrounds, on average, make less money, are less likely to be promoted, and are less likely to get grant funding than their white peers, even after adjusting for age, degree, specialty and prior training.[14–16] These disparities may be largely unrecognised by white faculty members, who are more likely to report that there is racial equity in the workplace.[13]

In multiple studies, mentorship has emerged as a key 'protective factor' associated with increased productivity, retention, promotion and job satisfaction for under-represented minorities.[7 17] At many institutions, however, the role of mentoring minority trainees and junior faculty falls primarily to other black and minority faculty, who commonly take on multiple mentees even as they lack mentors themselves.[18] This practice likely stems at least in part from a well-intentioned desire to connect students, residents and junior faculty members with role models that share their race or ethnicity and may be able to provide specific related guidance. While such mentoring is beneficial to trainees and to the larger institution, it is time-intensive and can divert mentors' energy away from traditional academic pursuits—such as grant applications and manuscript preparation—that concretely impact promotion.[18]

It is neither sustainable nor equitable for mentoring support to come solely from other overtaxed and unsupported minority faculty members. Addressing the root causes of the disparities in minority faculty representation, including the need for effective mentorship, instead requires comprehensive institutional investment. Not surprisingly, academic medical centres with intensive minority faculty development programmes and formalised mentoring support have made greater strides than others in improving faculty diversity.[17 19] A number of models have been proposed to support minority faculty development in academic medicine.[7 14 17] Common recommendations include: formalising institutional support for mid and upper level faculty members to promote career development and pathways to leadership positions; providing financial support and protected time for mentoring, as well as seed money for mentored research projects by trainees and junior faculty members; creating local, regional and national peer mentoring networks; and calling for the participation of all faculty members in mentoring activities to ensure there is not a disparate burden placed on under-represented minorities. Importantly, mentoring is a learned skill that can be developed.[20] Cross-race mentoring has been shown to be effective in academic medicine when the mentor and mentee have shared goals and effective communication.[20]

The legacy of racism and bias in medicine is significant and the related health disparities require a

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comprehensive approach, including the continued commitment to improving racial diversity in academic medicine. Effective faculty development programmes require significant institutional investment with a focus on providing effective mentorship for minority trainees and faculty at every level. Individual faculty members of all races can support institutional efforts by recognising the historical and present day biases that disproportionally affect minority faculty, speaking up about the known benefits of faculty diversity, and committing to provide career and research mentorship to students, residents and other faculty members.

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