

COGME

Council on Graduate Medical Education

Peter Hollmann, MD
Chair

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[Insert date]

DRAFT for COGME March 2023 Meeting Discussion—PREDECISIONAL

The Honorable Xavier Becerra
Secretary of Health and Human
Services 200 Independence Ave
S.W. Washington, DC 20201

The Honorable Bernie Sanders
Chair, Committee on Health, Education, Labor
and Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Committee on Health,
Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Cathy McMorris Rogers
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Committee on Energy
and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chair Sanders, Ranking Member Cassidy, Chair McMorris Rogers, and Ranking Member Pallone:

In its 2016 resource paper, *Supporting Diversity in the Health Professions*, the Council on Graduate Medical Education (COGME), a federal advisory council, observed that “racial and ethnic diversity among health professionals [promotes] better access to healthcare and improved healthcare quality for underserved populations ... to better meet the health needs of an increasingly diverse population.”¹ To broaden the diversity of the healthcare workforce, the U.S. federal government has invested in many programs aimed at increasing the number of individuals from underrepresented minority populations entering the educational “pipeline” toward health professions careers. These extensive and well-intended efforts, however, have achieved only limited success. Of particular concern to COGME, members of racial and ethnic minority populations remain underrepresented in the physician workforce.

COGME submits this letter to you as the Secretary of Health and Human Services, and to the members of Congress, to express its long-held and growing concerns about factors that are causing significant “leaks” in the long, expensive, and arduous educational pipeline required to produce a competent

¹ COGME. (2016). Supporting diversity in the health professions. Resource paper. Available at: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/publications/may-2016.pdf>

physician—leaks that primarily involve those premedical students, medical students, and medical residents from under-represented in medicine (UIM) populations. In particular, the loss of UIM medical residents signifies not only a waste of talent and lived experience, but federal graduate medical education (GME) resources.

In the United States, Blacks account for 14% of the population, but only 5% of all doctors. Although the absolute numbers are small, an article published in 2022 highlighted that Black trainees represent 20% of all medical residents dismissed from their training before completing their residency requirements.² Another study found grading disparities favoring White students over their UIM peers in subjective evaluations during clinical rotations, which are critical for determining future residency matching and placement.³ There are many reasons that Black and other UIM residents may not fare as well as their White counterparts in medical school or residency, including exposure to microaggressions, discrimination, abuse, or harassment. Residents who reported these exposures at least a few times per month during their residency training were more likely than those reporting no mistreatment to have symptoms of burnout, contributing to the end result of departure from the residency program by resignation or dismissal.⁴

From the Council's collective experience as medical practitioners, medical educators, and healthcare leaders, the leaks in the medical training pipeline are both real and significant. However, they defy most current methods of quantification, given the issues of privacy and the difficulty in collecting clear, accurate, unbiased data. COGME is preparing a separate letter outlining some recommendations to improve and standardize data collection and accountability in GME programs. This letter is focused on the human impact and offers some recommendations to improve the medical education environment and support UIM medical trainees in the effort to mitigate these leaks.

Successful Models

One approach to addressing inequities is to provide support or education to better prepare students for the transition to medical school or into clinical rotations.⁵ From its deliberations, COGME has noted examples of successful programs to draw upon as models. The Health Careers Opportunity Program (HCOP), administered by the Health Resources and Services Administration (HRSA), works to increase the diversity of the health workforce by providing academic, social, and financial supports to disadvantaged students. In 2020, COGME wrote a [letter](#) in support of increased funding for HCOP as a vital pipeline program.⁶ In addition, some of the HCOP programs provide advising or counseling programs or summer enrichment courses targeted to students in advanced training such as medical school, to improve graduation rates.⁷ Another notable program is HRSA's Centers of Excellence (COE) Program, which aims to recruit UIM individuals into health professional schools, retain UIM trainees, and develop UIM faculty.

² Wilson, S. (March 10, 2022). Gaslighting of Black medical trainees makes residency something to survive. STAT. Available at <https://www.statnews.com/2022/03/10/gaslighting-black-medical-trainees-residency/>.

³ Low D, et al. Racial/ethnic disparities in clinical grading in medical school. *Teach Learn Med.* 2019 Oct-Dec;31(5):487-496.

⁴ Hu YY, et al. Discrimination, abuse, harassment, and burnout in surgical residency training. *N England J Med.* (2019). 381(18):1741-1752.

⁵ Hanson JL, et al. (2022). Racial/ethnic disparities in clerkship grading: perspectives of students and teachers. *Acad Med.*, 97(11S):S35-S45.

⁶ COGME. (2020). Letter on HCOP funding. Available at: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/letters/cogme-letter-hcop-funding.pdf>

⁷ HRSA. (2020). Health Careers Opportunity Program: Academic years 2015-2020. Available at: <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/hcop-outcome-report-2015-2020.pdf>

DRAFT—PREDECISIONAL

The Accreditation Council for Graduate Medical Education (ACGME), which accredits all U.S. medical residency programs, created an initiative, *Equity Matters*, with the goal of increasing physician workforce and faculty diversity and creating safe, equitable, and inclusive GME learning environments. Under this initiative, ACGME produced several learning modules providing diverse perspectives on inequities in the medical education system. ACGME also recognizes significant diversity efforts of its member schools, such as summer research and enrichment opportunities for pre-college students, and the implementation of a holistic review process for evaluating medical school applicants.⁸

A program adopted by several schools of medicine, *Leadership Education to Advance Diversity (LEAD)*, is designed to provide opportunities for UIM students and residents to learn from local and national leaders and receive support from one-on-one coaching to advance as medical practitioners, leaders, and faculty members.⁹ Participants in one LEAD program, started at the Stanford University School of Medicine in 2017, reported benefits in the development of mentorship and networking relationships, friendships with peers outside of their subspecialty, confidence in public speaking, and an overall sense of self-efficacy. The Stanford program was promoted to UIM trainees but open to all interested residents, under the belief that improving the culture of diversity within academic medicine requires the sustained engagement of all physicians.¹⁰

Recommendations

COGME urges strengthening safe and fair learning environments by enhancing educational equity, increasing belonging amongst UIM, and growing UIM faculty to better support UIM residents in their training programs and bolster the impact of federal GME funding. COGME offers the following recommendations to increase the number of UIM individuals within the medical education pipeline, in medical practice, and among faculty and other leadership roles with the of goal achieving and maintaining a physician workforce that reflects the diversity of the U.S. population as a whole.

1. Increase funding for HCOP and related programs to provide more post-baccalaureate enrichment, advising, and counseling programs targeted to UIM pre-medical students that can help prepare and sustain them through residency. Medical schools should ensure that their medical students are equipped with the skills to navigate the disparate impact that UIM individuals may face in residency.
2. Advance a structured supportive learning environment for all trainees by funding GME programs to adopt initiatives like *Equity Matters* or *LEAD*, to improve the experience of UIM trainees and help further their careers as medical practitioners, leaders, and faculty.
3. Relevant federal agencies (e.g., the Centers for Medicare and Medicaid demonstration project, HRSA, Department of Veterans Affairs) should fund faculty development programs to increase the recruitment and retention of UIM faculty who can serve as role models, supervise, and mentor UIM residents.

⁸ ACGME. (n.d.). ACGME Equity Matters. Available at: <https://www.acgme.org/what-we-do/diversity-equity-and-inclusion/ACGME-Equity-Matters/>

⁹ Medical College of Wisconsin. (2021). Leadership Education to Advance Diversity in Underrepresented Populations (LEAD-UP) is a new program with Kristina Kaljo, PhD, available at: <https://obgyn.mcw.edu/blog/news/department-news/leadership-education-to-advance-diversity-in-underrepresented-populations-lead-up-is-a-new-program-with-kristina-kaljo-phd/>

¹⁰ Powell, C. (2021) Outcomes from a novel graduate medical education leadership program in advancing diversity, equity, and inclusion. *Journal of Graduate Medical Education*, 74-784.

Conclusion

By charter, COGME is responsible for “assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal and private sector efforts necessary to address these needs.” COGME has long promoted diversity in the medical profession. Most recently, the Council’s 23rd Report, *Towards the Development of a National Strategic Plan for Graduate Medical Education*, expressed the Council’s position that “having a diverse and well-trained physician workforce [enhances] the quality and accessibility of health care, and thus benefits public health,” and listed “Increasing diversity in the physician workforce”¹¹ as a key guiding principle of a well-functioning GME system.

The Council recognizes that efforts to achieve a racially and ethnically diverse physician workforce involve complex societal issues, and that the disproportionate loss of UIM medical students and residents is hard to quantify. However, COGME believes that waiting for “ideal” data sets demonstrating the loss of UIM students from the medical training pathway would only serve to perpetuate the status quo. The COGME recommendations involve providing federal support to promote the adoption and expansion of common-sense models with proven success, open and available to all medical trainees in need of support, while increasing awareness of the benefits of diversity within medical training programs, the physician workforce, and medical faculty.

Thank you for your consideration, and members of COGME stand ready to provide any further information as needed.

Sincerely,

Peter Hollmann, MD
Chair, COGME

¹¹ COGME. (2017). Towards the development of a national strategic plan for graduate medical education. COGME 23rd Report. Available at: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/april-2017.pdf>