Letters

Invited Commentary

Ensuring a Diverse Physician Workforce: Progress but More to Be Done

In their study of the diversity of graduate medical education in the United States, Deville and colleagues[1] call attention yet again to the continued underrepresentation of women and minority groups in medicine compared with the population as a whole. Among the many interesting findings, I was most struck that among all specialties, obstetrics and gynecology had the greatest proportion of women trainees in 2012 (82.4%), the highest percentage of black trainees (10.3%), and one of the highest percentages of Hispanic trainees (8.7%). All these percentages reflect substantial increases over the past 3 decades. The proportion of practicing female obstetrician-gynecologists has steadily increased from around 20% in the early 1990s to nearly half by 2010.

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As a black woman and a specialist in maternal fetal medicine, I am thankful that growing numbers of physicians from underrepresented minority groups are being trained in women's health care, a field in which health disparities are important public health issues. Maternal mortality, although low overall in the United States, is increasing.[2] Black women have a 3 times greater risk of death in pregnancy than non-Hispanic white women; in addition, black women have higher rates of hypertension, obesity, and diabetes mellitus in pregnancy than non-Hispanic whites. Black infants are more likely to die in the first year of life, often because of extreme prematurity. In 2013, 16.3% of live births to black women were preterm (born before 37 weeks gestation) compared with 11.3% of births to Hispanic women and 10.2% of births to non-Hispanic white women.[3] Racial and ethnic disparities have been documented in other obstetrical outcomes, such as rates of prenatal care, cesarean delivery, and vaginal lacerations.[4] Although numerous factors specific to the patient, the health care system, and the societal environment likely account for some of these differences, factors related to physicians have been implicated as well. Providing culturally competent care is as important in obstetrics and gynecology—when women interact with the health care system at one of the most vulnerable times in their lives—as in any other specialty. Not only are minority physicians more likely to work in underserved areas when their training is complete, but the quality of health care may be better when clinicians and patients are of the same race or ethnicity.[5,6]

The findings also raise questions, however. For example, it is not clear what makes obstetrics and gynecology so attractive to black and Hispanic trainees. I am unaware of any organized program to attract students or retain trainees who are underrepresented minorities. Data from the Association of American Medical Colleges show that between 1980 and 2012, the number of black women graduates of US medical schools increased 4-fold while the number of black men graduating declined.[7] Most of the gains for underrepresented minorities in obstetrics and gynecology are likely among black women, partly owing to the high percentage of women entering the specialty.

We lack data on the number of black and Hispanic trainees who complete the 4-year obstetrics and gynecology residency or further subspecialty training in urogynecology, maternal fetal medicine, gynecologic oncology, reproductive endocrinology, and infertility or family planning. These subspecialists account for the majority of researchers and medical school faculty and care for many underserved women with complex medical needs. Not only are black and Hispanic physicians underrepresented among medical school faculty, but they are less likely to be promoted, less likely to hold senior faculty and administrative positions, and less likely to be funded by the National Institutes of Health.[8,9] Similarly, the number of women in leadership positions within academic institutions is low when compared with the increasing number of women in obstetrics and gynecology and other specialties.

It is important to learn what factors contributed to the increase in numbers of women, blacks, and Hispanics in obstetrics and gynecology and whether those factors could improve representation in other specialties. It is also important, however, for obstetrics and gynecology and other specialties in which diversity is improving to monitor their workforce, the quality of postgraduate training, and the advancement of women, blacks, and Hispanics to senior and leadership roles. Progress will stall if women or underrepresented minorities do not advance. Ensuring a diverse physician workforce will require the continuing attention of medical school leadership and health care systems, and interventions to provide opportunities for diverse physicians to join the leadership ranks. Increasing physician diversity is yet another opportunity to improve the quality of care for all of our patients, particularly the most disadvantaged and those with a disproportionate burden of disease.

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