

August 23, 2023

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 Cathy McMorris Rodgers  
Chair, Committee on Energy and Commerce  
House of Representatives  
Washington, DC 20515

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

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 Rodgers, 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.”<sup>1</sup> A recent study co-authored by the Health Resources and Services Administration (HRSA) supports this point, finding an association between a higher level of Black representation in the local physician workforce and improved health outcomes for Black individuals.<sup>2</sup> Moreover, a new report from the National Academies of Sciences, Engineering, and Medicine concludes that a “lack of inclusion and representation in the health care workforce may perpetuate health inequities.”<sup>3</sup>

The U.S. federal government has made important investments in programs aimed at increasing the number of individuals from underrepresented populations entering the educational pathway toward health professions careers. Despite these welcome efforts, COGME notes that members of racial and

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

<sup>2</sup> Snyder JE, Upton R, Hassett TC, Lee H, Nouri Z, Dill M. (2023). Black representation in the primary care physician workforce and its association with population life expectancy and mortality rates in the US. *JAMA Network Open*. 6(4):e236687. doi:10.1001/jamanetworkopen.2023.6687

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine. (2023). *Federal policy to advance racial, ethnic, and tribal health equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26834>.

ethnic minority populations remain underrepresented among physicians. Furthermore, the impact on the diversity of the physician workforce stemming from the June 29, 2023 United States Supreme Court [ruling](#) about affirmative action remains to be seen.

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, intense, and expensive educational journey required to produce a competent physician—leaks that disproportionately involve medical students and residents from underrepresented in medicine (UIM) populations who do not complete their training. This “leakage” of UIM students and residents is not about individuals with knowledge deficits or who lack the academic achievement and rigor to succeed in a medical career. Rather, it concerns those who made it into medical school and then into a residency, but who faced disparate pressures in unfair or unsafe learning environments leading to their departure. The loss of UIM medical students and residents signifies not only a waste of talent and lived experience, but of 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 raised the issue that Black trainees represent 20% of all medical residents dismissed from their training before completing their residency requirements.<sup>4</sup> 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.<sup>5</sup> 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. In one study, surgical residents who reported these exposures at least a few times per month during their residency training were more likely than those reporting minimal mistreatment to have symptoms of burnout and suicidal thoughts.<sup>6</sup> These stressors can contribute to departure from a residency program by resignation or dismissal.

### ***Successful Models***

One approach to addressing inequities is to better prepare UIM students for the transition to medical school or into residency.<sup>7</sup> From its deliberations, COGME has noted examples of successful programs to draw upon as models. The Health Careers Opportunity Program (HCOP), administered by 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](#) urging increased funding for HCOP as a vital pathway program.<sup>8</sup> Some of the HCOP programs provide advising, counseling, or summer enrichment courses targeted to students in advanced training such as medical school, to improve retention and

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<sup>4</sup> Wilson, S. (2022, March 10). *Gaslighting of Black medical trainees makes residency something to survive*. STAT. <https://www.statnews.com/2022/03/10/gaslighting-black-medical-trainees-residency/>.

<sup>5</sup> Low D, Pollack SW, Liao ZC, Maestas R, Kirven LE, Eacker AM, Morale LS. (2019). Racial/ethnic disparities in clinical grading in medical school. *Teaching and Learning in Medicine*. 31(5):487-496. doi: 10.1080/10401334.2019.1597724

<sup>6</sup> Hu YY, Ellis RJ, Hewitt DB, Yang AD, Cheung EO, Moskowitz JT, Potts JR, Buyske J, Hoyt DB, Nasca TJ, Bilimoria KY. (2019). Discrimination, abuse, harassment, and burnout in surgical residency training. *New England Journal of Medicine*. 381(18):1741-1752. doi: 10.1056/NEJMsa190375

<sup>7</sup> Hanson JL, Perez M, Mason HRC, Aagaard EM, Jeffe DB, Teherani A, Colson ER. (2022). Racial/ethnic disparities in clerkship grading: perspectives of students and teachers. *Academic Medicine*, 97(11S):S35-S45. doi: 10.1097/ACM.0000000000004914

<sup>8</sup> COGME. (2020). *Letter on HCOP funding*. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/letters/cogme-letter-hcop-funding.pdf>

graduation rates.<sup>9</sup> A related effort is HRSA's [Centers of Excellence \(COE\) Program](#), which aims to recruit, train, and retain UIM students and faculty at health professions schools, including allopathic and osteopathic schools of medicine.

The Accreditation Council for Graduate Medical Education (ACGME), which accredits all U.S. medical residency programs, created an initiative called *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 about inequities in the medical education system. ACGME also recognizes successful diversity efforts of medical schools, which have included summer research and enrichment opportunities for pre-college students and the implementation of holistic review processes for evaluating medical school applicants.<sup>10</sup>

A program adopted by several schools of medicine, *Leadership Education to Advance Diversity (LEAD)*, provides 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.<sup>11</sup> 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 improved 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.<sup>12</sup>

### ***Recommendations***

COGME urges strengthening safe and fair learning environments by enhancing educational equity, increasing a sense of belonging among UIM individuals, and growing UIM faculty to better support UIM residents in their training programs and bolster the impact of federal diversity programs and GME funding. COGME offers the following recommendations to increase the number of UIM individuals within the medical education pathway, 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, COE, and related programs to provide more post-baccalaureate advising, counseling, and enrichment courses targeted to UIM 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 learning environments that UIM individuals may face in residency.

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<sup>9</sup> HRSA. (2020). *Health Careers Opportunity Program: Academic years 2015-2020*. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/hcop-outcome-report-2015-2020.pdf>

<sup>10</sup> ACGME. (n.d.). *ACGME Equity Matters*. <https://www.acgme.org/what-we-do/diversity-equity-and-inclusion/ACGME-Equity-Matters/>

<sup>11</sup> Medical College of Wisconsin. (2021). *Leadership Education to Advance Diversity in Underrepresented Populations (LEAD-UP) is a new program with Kristina Kaljo, PhD*. <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/>

<sup>12</sup> Powell C, Yemane L, Brooks M, Johnson C, Alvarez A, Bandstra B, Caceres W, Dierickx Q, Thomas R, Blankenburg R. (2021). Outcomes from a novel graduate medical education leadership program in advancing diversity, equity, and inclusion. *Journal of Graduate Medical Education* 13(6):774-784. doi: 10.4300/JGME-D-21-00235.1.

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, faculty, and leaders.
3. Encourage relevant federal agencies (e.g., HRSA, Department of Veterans Affairs, and any other federal agency authorized to do so) to fund faculty development programs to increase the recruitment and retention of UIM faculty who can serve as role models and leaders to teach, supervise, and mentor residents, with a focus on those residents from UIM populations.

### ***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 23<sup>rd</sup> 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 included “increasing diversity in the physician workforce”<sup>13</sup> 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 the harms from the disproportionate loss of UIM medical students and residents is hard to quantify. However, from the Council’s collective experience as medical practitioners, medical educators, and healthcare leaders, the leaks from medical training programs are both real and significant. COGME’s recommendations build on the recent National Academies report<sup>3</sup> by supporting federal programs that promote the adoption and expansion of common-sense models to increase diversity within medical training programs, academic faculty, and the overall physician workforce.

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

Sincerely,

/s/ Peter Hollmann, MD  
Chair, COGME

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<sup>13</sup> COGME. (2017). *Towards the development of a national strategic plan for graduate medical education*.  
<https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/april-2017.pdf>