

# BLUEPRINT FOR EQUITY: NAVIGATING THE NEW ACGME REQUIREMENT FOR RECRUITMENT AND RETENTION OF A DIVERSE AND INCLUSIVE WORKFORCE IN RESIDENCIES AND FELLOWSHIPS

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# Chose a Table!

- Please choose a table to sit at with a topic area you want to focus on during the workshop
  - Recruitment
  - Community Building
  - Learning Environment

# Disclosures

- The authors have no financial relationships or conflicts of interest to disclose

# Objectives

- Discuss the new ACGME common program requirement, and its implications, regarding recruitment and retention of a diverse and inclusive workforce
- Examine opportunities, challenges, and lessons learned from a variety of institutions
- Create action plans to make our home institution's workforce more diverse and inclusive

# Large Group Activity

# Background: AAMC

- AAMC, 2009: Addressing Racial Disparities in Health Care: A Targeted Action Plan for Academic Medical Centers<sup>1</sup>
  - 1<sup>st</sup> recommendation: Medical institutions work to increase racial and ethnic diversity of the US physician workforce
    - URM health professionals care for a disproportionate # of minority and medically underserved patients
- *Diversity and Inclusion at AAMC strives to cultivate Human Capital by enhancing the skills of individuals; build Organizational Capacity by improving institutions' ability to **use diversity as a driver of excellence**; and grow a diverse and culturally-prepared health workforce by improving the integration of Public Health concepts into medical education*

# Background: LCME Requirement

- **Standard 3: Academic and Learning Environments<sup>2</sup>**
  - **3.3: Diversity/Pipeline Programs and Partnerships (2009)**
    - A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused ***recruitment and retention*** activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

# Background: ACGME Requirement

- Previously, the terms “diverse” and “diversity” were only used once and in reference to patient care
  - *“Residents are expected to demonstrate: sensitivity and responsiveness to a **diverse patient population**, including but not limited to **diversity in gender, age, culture, race, religion, disabilities, and sexual orientation**”*



# Background: ACGME Requirement

- **Most recent ACGME revisions will take effect July 1, 2019**
- Portion of revised preamble (new): underlying philosophy of the requirements<sup>3</sup>
  - *“Graduate medical education develops physicians who focus on excellence in delivery of safe, **equitable**, affordable, quality care; and the health of the populations they serve. **Graduate medical education values the strength that a diverse group of physicians brings to medical care.**”*

# Background: ACGME Requirement

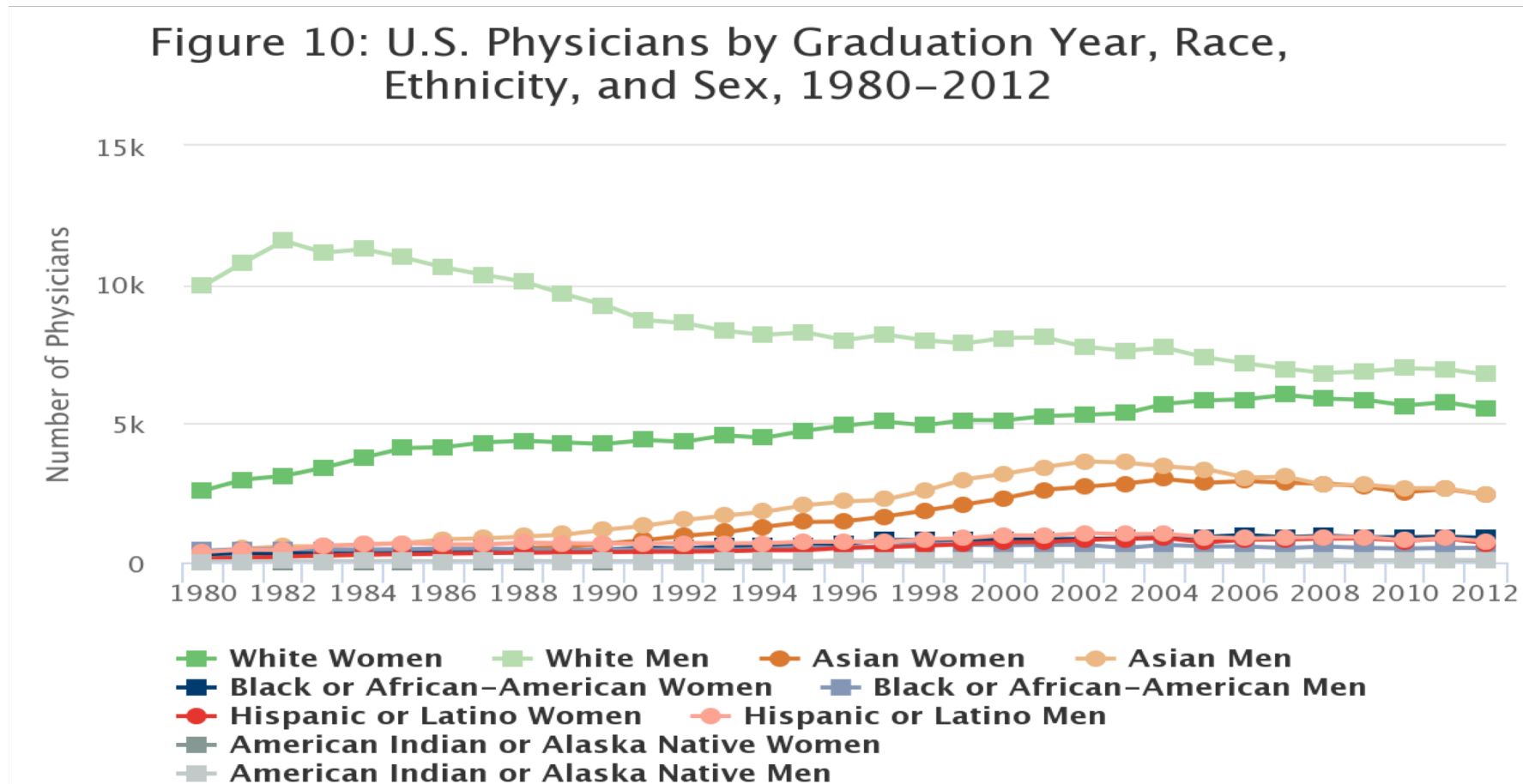
- I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. <sup>(Core)</sup>

Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).

# Why Does This Matter?

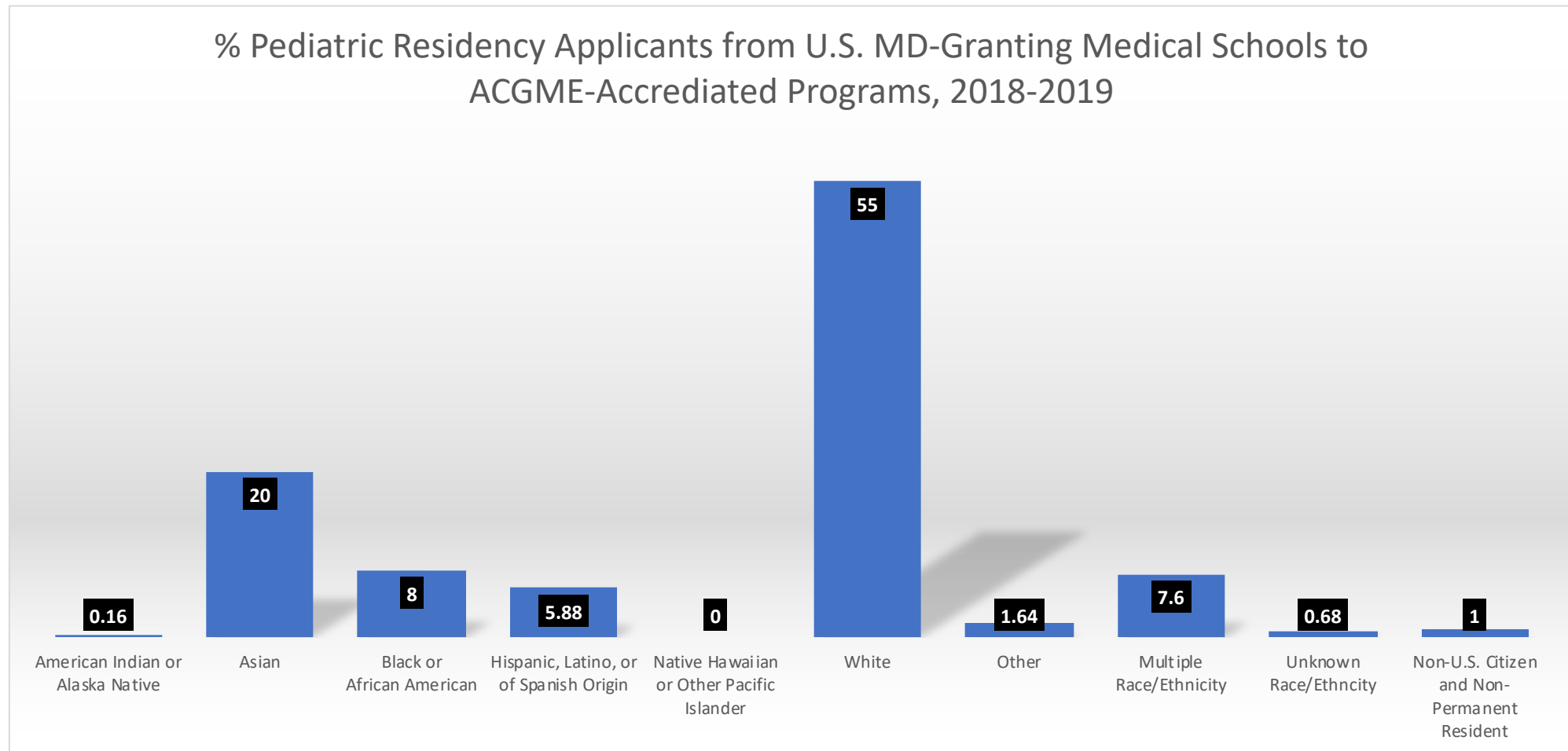
- Numerous studies, including outside of medicine, on the benefits of diverse workforces
  - Diverse teams are able to solve complex problems more quickly & effectively<sup>4</sup>
  - Higher Ed: Diverse learning environments increases students' exploration of diverse perspectives, reduces levels of racial prejudice, and increases tolerance of alternative points of view and other human differences<sup>5</sup>
  - Research: Ethnically diverse co-authors produce higher quality science as measured by journal impact factor and # of citations<sup>6</sup>

# Why Does This Matter? Recruitment



AAMC Diversity in the Physician Workforce:  
Facts & Figures 2014

# Why Does This Matter? Recruitment



Graph created based on AAMC data:  
<https://www.aamc.org/download/321566/data/factstablec5.pdf>

# Why Does This Matter? Retention

- Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace<sup>7</sup>
  - 3 major themes:
    - Daily barrage of microaggressions and bias
    - Minority residents tasked as race/ethnicity ambassadors (“minority tax”)
    - Challenges negotiating professional and personal identity while seen as “other”
      - *Pressure to assimilate*
      - *Social isolation*
      - *Scarce professional mentorship*

# Why Does This Matter? Retention

**TABLE 3** Representation of Racial and Ethnic Diversity by Level

Group (N)	Residents (3832)	Clinical Fellows (2286)	Research Fellows (945)	Faculty (11 168)	Residency Directors (118)	Division Chiefs (837)	Vice Chairs (197)	Chairs (65)
African American, %	6.6	4.7	2	4.2	2.5	2.3	1.0	4.6
Native American or Alaska Native, %	0.3	0.2	0.1	0.1	0	0.2	0.5	0
Asian American, %	14.9	19.7	32.7	14.4	4.2	7.8	4.6	0
Latino, %	5.1	5.6	3.7	4.4	2.5	3.6	1	9.2
Hawaiian or Pacific Islander, %	0.4	1.4	0.4	0	6	0	0	0
White non-Hispanic, %	70	56.8	42.5	73.2	79.7	80.3	87.8	86.2
LGBT, %	0.8	0.3	0.2	0.4	5.1	1.0	2.0	0
Physically disabled, %	0.4	0	0.1	0.2	0	0.4	1.5	0
Unknown, %	1.5	11.2	18.2	2.7	0	4.4	1.5	0

Mendoza F, et al. Diversity and Inclusion Training in Pediatric Departments. Pediatrics, 2015.

# Where To Start?

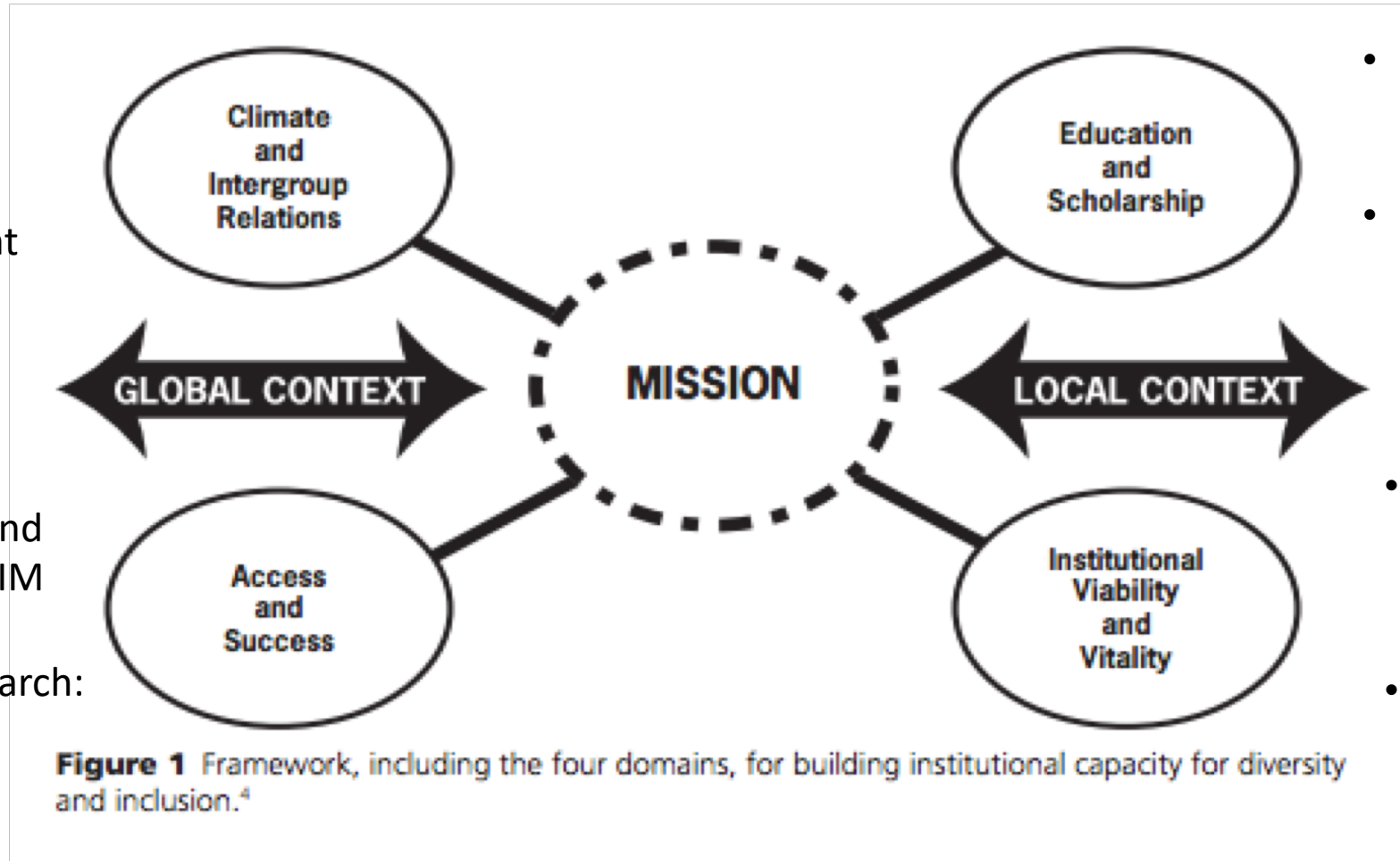
- ***The new requirement should be good news!!*** Can be used to strategically advocate for additional support as this is required of all ACGME programs
- Personal stories
- Metrics/data
- Aligning mission and values
  - Find out your partners and resources within your sponsoring institution
    - ie, department, hospital, school of medicine, diversity offices
  - What policies and procedures does your sponsoring institution already have in place? LCME requirement for past 10 years....can those be utilized for GME?



# Building Institutional Capacity for Diversity and Inclusion in Academic Medicine<sup>8</sup>

- Climate and culture of working environment

- Recruitment and retention of UIM professionals
- Clinical & research: patients



- What are the core competencies essential to Med Ed?
- Cultural competency curriculum
- Core indicators of excellence are directly linked to diversity
- How the institution is viewed by diverse communities

# Reflection & Small Group Activity

- Reflection & Share (5 min):
  - Within your topic area, list at your program,
    - 2-3 current practices
    - 2-3 gaps or opportunities for improvement
- Small Group Work (15 min):
  - Choose a scribe for your group
  - Start working on action plans to brainstorm possible solutions to your gaps/opportunities
  - Develop 2-3 questions specifically for the panelists about your topic area

# Moderated Panel Discussion

# Continued Action Plan Creation

# Large Group Action Plan Discussion

- Small group report outs:
  - pick at least 1 idea to share with large group
- Action plans will be compiled and sent to all participants in a follow-up email

# Take Home Points

- There is a new ACGME common program requirement, effective July 2019, to engage in practices that focus on recruitment and retention of a diverse and inclusive workforce
- This new requirement provides an opportunity to advocate for support of diversity, inclusion, and equity practices in your training programs
- Take your great ideas from today back to your home institution and find out your resources and partners (hospital, school of medicine, diversity offices, APPD)

Questions?

Please complete evaluation!

# References

1. Sequist, T. Addressing Racial Disparities in Health Care: A Targeted Action Plan for Academic Medical Centers. AAMC 2009
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8. Smith, Daryl. Building Institutional Capacity for Diversity and Inclusion in Academic Medicine. Academic Medicine, Vol 87, No. 11. November 2012.