POINTS OF VIEW

The Path Forward — An Antiracist Approach to Academic Medicine

Academic medicine is beginning to realize that suffering acts of discrimination is par for the course for Black trainees and physicians. A Black physician is described as "aggressive" or "condescending" — terms that are recognized racist dog whistles. A residency program director "gaslights" Black trainees who report experiences of racism — denies the reality of their experiences — preferring to keep the peace rather than investigate troubling incidents. Black physicians are repeatedly mistaken for custodial or support staff by peers and patients alike. An incoming residency class includes no Black trainees; review-and-promotion committees include no Black faculty. Although these acts may be subtle, they are rooted in systemic racism, a powerful force impeding progress.

The goal of highlighting such incidents is to encourage deep (and sometimes uncomfortable) reflection on what true allyship looks like in academic medicine — to move the conversation beyond denials of individual culpability or acts of performative activism to active engagement in antiracism. Such engagement entails rooting out problematic behaviors and norms, challenging discriminatory policies, and dismantling racist power structures and institutions.

In 2018, although 13.3% of the U.S. population identified as Black,[1] Black trainees made up only 6.2% of new medical school graduates, 4.4% of active medical residents, and 3.6% of faculty in U.S. medical schools.[2,3] Though these disparities are often attributed to the lack of adequate candidates in the pipeline, they reflect long-standing racist policies.

Reversing the effects of hundreds of years of racism is a daunting undertaking, but academic medicine can begin by adopting an antiracist approach to training and supporting physicians centered on three main goals: adequate representation, increased power and influence, and the transfer of institutional wealth and resources.

In the past decade, both the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education have mandated that training programs establish policies and practices that increase the number of minority applicants and the recruitment and retention of minority trainees, faculty, and staff.[4,5] Training programs should aim for trainee diversity that is more reflective of the patient populations they serve and the country as a whole. Institutions should establish robust programs to achieve these goals, including initiatives to expand their applicant pool. Diversity should be reflected throughout the organization, especially in leadership positions.

Increasing diversity in hiring requires a strong financial commitment from institutions. Specific attention should be paid to the beginning of an academic career, which is a critical juncture for faculty to develop in their area of expertise. Strategic funds should be created to hire Black faculty and equip them with startup packages to accelerate their careers. In addition, loan-repayment programs should be designed to ease the disproportionate financial burden that Black faculty members often face.

Institutions should consider ensuring that the time of new Black faculty is protected, to maximize their chances of early success. The "minority tax" is a well-known phenomenon whereby faculty from underrepresented groups are asked to participate in multiple coalitions and groups to foster diversity. These responsibilities are often layered onto a substantial amount of time spent mentoring underrepresented minority students from the college level up to physician trainees. If Black faculty are asked to perform these functions, they should be compensated for doing so or have this work credited toward their promotion requirements.

If accreditation bodies and the academic medical establishment are serious about achieving their stated inclusion goals, institutions should begin reporting disaggregated data on recruit-

ment, retention, tenure, promotion, and salary levels for Black trainees and faculty in comparison with their White peers. To promote accountability, these data should be publicly available and compared across institutions. Moreover, institutions should form independent oversight committees to ensure accountability up to the level of program directors, department and division chairs, and deans.

But beyond the numbers, part of a serious effort to adopt an antiracist approach is rigorous examination of the issues faced by Black medical students and physicians. Training programs have a responsibility to create an environment where students, trainees, and faculty feel welcome and can thrive, by addressing racism in all its forms, from insidious microaggressions to overt acts of racism. To that end, independent mechanisms should be implemented to report and investigate race-based discrimination in a protected way that holds offending parties accountable.

The "systemic" part of systemic racism means that, left alone, the system will continue to produce the results it was designed to create. Fighting against this inertia takes thoughtfulness, creative energy, and a willingness to be uncomfortable working through these complex issues. Though the path will be challenging, there is no cause more worthy of attention and action to push our profession forward.

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