Comparing the Race and Ethnicity Demographics of Pediatric Trainees to the General Population: We Have a Long Way to Go

by Lewis First MD, MS, Editor in Chief, Pediatrics

While no one can argue with the benefits of diversifying our pediatric workforce. In a study we are releasing, Montez et al (10.1542/peds.2020-026666) provide an analysis of Graduate Medical Education Census data on the self-reported race/ethnicity of pediatric residents and fellows from 2007 to 2019 and compare their findings to general population data from the US Census Bureau. The authors found that over the 12 years studied, there was no change in the percentage of resident trainees categorized as underrepresented in medicine (URiM)(14.2% in 2007 to 13.5% in 2019). For fellows, there was a decrease from 14.2% to 13.5%, with only fellowships in pulmonology and endocrinology showing an increase. Overall, the percentage of trainees who are URiM is sharply below the population distribution level and seems to be getting worse.

Why is this happening? The authors provide a number of reasons and suggestions for improvement, focusing on recruiting more trainees into pediatrics and fostering the careers of those interested in academic subspecialty pediatrics. Some of these suggestions are already in place, but will they lead to improvements? We asked the current president and president-elect of the Association of Pediatric Program Directors, Drs. Rebecca Blankenburg and Patricia Poitevien, to share with us in an accompanying commentary (10.1542/peds.2021-050884) their thoughts about the lack of improvement in the pipeline of URiM trainees choosing careers in pediatrics and in particular academic and subspecialty pediatrics. Drs. Blankenburg and Poitevien focus on what must be done for the environment in which these individuals choose to practice medicine—meaning a call to action to address the systemic racism that is creating a nonsupportive environment that makes the learning climate unwelcoming to URiM future physicians. They provide solutions to address systemic racism and steps we must all take to remove the biases, microaggressions, and discrimination that hampers our ability to broaden the diversity of our workforce. Please link to both the study and commentary and then reflect what actions you, not just as an individual, but as part of the entire health environment in which we practice, must take to better address the racism that exists in medicine today and create a more inclusive, welcoming diverse and equitable workforce that in turn will only enhance and improve upon the high-quality care we want all children to receive.