

# Equity Matters in Graduate Medical Education

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In a year where longstanding health care disparities were exposed due to the disproportionate effect the COVID-19 pandemic had on communities of color and where the effects of institutionalized racism rose in the American consciousness, we all witnessed the societal courage to acknowledge and confront these issues and the urgency to accept responsibility for necessary change.

The Accreditation Council for Graduate Medical Education (ACGME) Department of Diversity and Inclusion deepened its commitment to addressing the lack of diversity in the physician workforce and the lack of inclusivity in the learning environment, beginning with a name change to the Department of Diversity, Equity, and Inclusion to accurately reflect the goal of achieving health equity through workforce solutions. With this goal in mind, Equity Matters, our educational resource and tool for the graduate medical education (GME) community, was created.

## Equity Matters

Equity Matters will provide an accessible set of resources to the GME community to supply ideas, models, and eventually data to support diversity, equity, inclusion, and disparities-focused interventions that may be taken to address structural barriers to success in matriculating and graduating a diverse physician workforce. By establishing learning communities, we seek to achieve the goal of enhancing the capacity of the GME community to achieve health equity, initially in physician work diversity, and ultimately, in patient care.

The stakeholders in solving these issues will address challenges and barriers at multiple levels and then engage in reverse ideation to identify where they may play a role in the outcomes of learners. These stakeholders include:

- Specialty associations
- Sponsoring Institutions

- Programs and departments
- Individuals (both faculty members and learners)

### Phase 1

We are working with colleagues in the Regional Faculty Development in Assessment Hubs, the CLER Pursuing Excellence initiative, and others to form multiple external learning communities whose roles will be to extend this work to fully identify problems, challenges, and barriers to success at each level. These same communities will then share their existing knowledge or innovate solutions. We will supplement the learning communities with experts and information we have already begun to assemble to enhance their understanding of what others have done and described in the literature. The information we have assembled comes from various sources, including the ACGME Annual Update, literature reviews, and Diversity and Inclusion Award submissions.

### Phase 2

Learning communities will shift their focus from innovation to implementation and assessment to examine their solutions in their own institutions. We will share and publish ideas even before they are tested to allow the larger GME community to see the full range of proposed solutions and assess for themselves. When data are obtained from the assessments, we will likewise make that available to support the resource. It is our expectation that a given solution will need to be enacted in a local manner to be effective, and that some ideas will be more applicable in a given program type or specialty than others. Therefore, resources will be broadly constructed and allow for à la carte use and flexibility of the many featured ideas.

### Phase 3

The roles of the learning communities will expand to disseminate and propagate these efforts across the entire GME community. Experienced members of the learning communities will serve as informal advisors to programs and institutions that continue to implement their approaches. Equity Matters will ultimately

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serve as a framework for continuous learning and process improvement in diversity, equity, and inclusion in GME.

## Conclusion

Health equity is achieved through the elimination of health disparities. Physicians must contribute to achieving this goal. Developing physicians at all levels of medical education who are prepared to assess their own biases, are equipped to assess health disparities in their own practices, and who engage in cultural humility is important in providing equitable care to all. However, medicine must also produce physicians who will disproportionally care for the underserved. Individuals who are underrepresented in medicine constitute a major source of physicians who will serve the underserved, and this is why the ACGME's approach to increase physician diversity is essential.

Striving to make the medical education learning environment more inclusive is not just an equitable goal—it is necessary to ensure a successful experience for diverse learners that will promote the completion of their education and training. Diverse faculty members also require an inclusive environment in order to be successful in their teaching, promotion, and achievement in structurally challenged systems that have historically adversely affected them.



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