RESEARCH LETTER

Proportions of Faculty Self-identifying as Black or African American at US Medical Schools, 1990-2020

Efforts to improve the racial diversity of the physician workforce have been ineffective. The racial diversity of the resident physician workforce does not mirror that of the population; resident physicians who self-identify as Black are underrepresented. However, less is known about recent trends in the racial diversity of faculty physicians at US medical schools. We examined recent trends in the proportion of US medical school faculty who self-identified as Black or African American by sex, academic rank, and clinical specialty.

Methods | We used the Association of American Medical Colleges Faculty Roster, which reports the yearly aggregate number of all full-time faculty at US medical schools by academic rank and self-reported sex, race, and ethnic origin. Demo-

graphic information is reported by medical schools when faculty are first appointed. Options for self-reported sex are limited to male or female. Race and ethnicity are reported separately. For race, faculty choose from a list, with 1 option being “Black or African American,” and can self-identify with more than 1 race. To our knowledge, reporting options have not changed over time. We focused on faculty who self-identified as Black or African American in the 16 clinical specialties reported in the roster from 1990 to 2020. Annual reports exclude faculty without sex data (ranging from 73 to 241 individuals per year).

Counts, proportions, and differences in proportions of faculty who self-identified as Black or African American between 1990 and 2020 are described. To further quantify the change in proportion over years, we estimated percentage changes in proportion by dividing the difference in proportion between 1990 and 2020 by the proportion of faculty in 1990. Trends in proportions of faculty over the 31-year period are also shown graphically. All analyses were conducted in

Table. Proportions of Black or African American Faculty Physicians at US Medical Schools, 1990-2020, by Sex, Academic Rank, and Clinical Specialty*

<table>
<thead>
<tr>
<th></th>
<th>No. (%) of faculty self-identifying as Black or African American</th>
<th>Absolute percentage-point change</th>
<th>Relative percentage change from 1990 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1990</td>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>1568 (2.68)</td>
<td>6068 (3.84)</td>
<td>1.16</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>561 (0.96)</td>
<td>3663 (2.32)</td>
<td>1.36</td>
</tr>
<tr>
<td>Male</td>
<td>1007 (1.72)</td>
<td>2405 (1.52)</td>
<td>-0.20</td>
</tr>
<tr>
<td>Academic rank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor</td>
<td>166 (0.28)</td>
<td>668 (0.42)</td>
<td>0.14</td>
</tr>
<tr>
<td>Associate professor</td>
<td>269 (0.46)</td>
<td>1104 (0.70)</td>
<td>0.24</td>
</tr>
<tr>
<td>Assistant professor</td>
<td>808 (1.38)</td>
<td>3585 (2.27)</td>
<td>0.89</td>
</tr>
<tr>
<td>Instructor</td>
<td>297 (0.51)</td>
<td>606 (0.38)</td>
<td>-0.13</td>
</tr>
<tr>
<td>Clinical specialty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
<td>170 (5.76)</td>
<td>561 (8.50)</td>
<td>2.74</td>
</tr>
<tr>
<td>Family medicine</td>
<td>83 (3.89)</td>
<td>369 (6.22)</td>
<td>2.33</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>9 (4.21)</td>
<td>266 (4.53)</td>
<td>0.32</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>219 (2.93)</td>
<td>1024 (4.25)</td>
<td>1.32</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>97 (2.86)</td>
<td>385 (4.17)</td>
<td>1.31</td>
</tr>
<tr>
<td>Physical medicine</td>
<td>23 (3.26)</td>
<td>75 (4.17)</td>
<td>0.91</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>205 (3.26)</td>
<td>437 (3.79)</td>
<td>0.53</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>404 (2.43)</td>
<td>1630 (3.69)</td>
<td>1.26</td>
</tr>
<tr>
<td>Surgery</td>
<td>166 (2.7)</td>
<td>575 (3.49)</td>
<td>0.79</td>
</tr>
<tr>
<td>Dermatology</td>
<td>9 (1.92)</td>
<td>43 (2.77)</td>
<td>0.85</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td>18 (1.67)</td>
<td>109 (2.57)</td>
<td>0.90</td>
</tr>
<tr>
<td>Neurology</td>
<td>20 (0.95)</td>
<td>149 (2.35)</td>
<td>1.40</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>19 (1.44)</td>
<td>73 (2.33)</td>
<td>0.89</td>
</tr>
<tr>
<td>Radiology</td>
<td>93 (1.99)</td>
<td>228 (3.21)</td>
<td>0.32</td>
</tr>
<tr>
<td>Clinical pathology</td>
<td>28 (1.25)</td>
<td>98 (2.09)</td>
<td>0.84</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>5 (0.67)</td>
<td>46 (1.96)</td>
<td>1.29</td>
</tr>
</tbody>
</table>

* Proportions overall, by sex, and by academic rank were estimated by dividing the counts by the total number of US medical school faculty in each year. The denominator for the proportion in a given clinical specialty was the total number of US medical school faculty in that specialty only.
The proportion of US medical school faculty who self-identified as Black or African American increased only minimally from 1990 to 2020. No specialty had proportions comparable with current US population estimates (13.4%).

Study limitations include that self-reporting of multiple races by faculty increased over time. Even if this contributed to the increase in Black or African American faculty, the inadequacy of representation to date is still evident. Only Black or African American race was studied, although absence of comparable representation is an issue for many other racial and ethnic groups.

Christopher L. Bennett, MD, MA
Albee Y. Ling, PhD

Author Affiliations: Department of Emergency Medicine, Stanford School of Medicine, Palo Alto, California (Bennett); Quantitative Sciences Unit, Stanford School of Medicine, Palo Alto, California (Ling).

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Corresponding Author: Christopher L. Bennett, MD, MA, Department of Emergency Medicine, Stanford School of Medicine, 900 Welch Rd, Ste 350, Palo Alto, CA 94304 (christopher.lee.bennett@gmail.com).

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