

MINORITY FACULTY DEVELOPMENT

A POSITION PAPER

While some gains have been made in the graduation from U.S. medical schools of students from underrepresented minority groups, our gains in terms of minorities joining faculty ranks have been minimal. Minority faculty still constitute only three percent of total faculty in U.S. medical schools, a statistic that warrants the employment of much more aggressive measures to solve the problem. There are shortages in the numbers of individuals available in the pool of prospective faculty members, but this is only a part of the problem. For ten years minorities have constituted at least seven percent of graduates of medical schools, and these graduates have been completing their residency training programs. But we have not seen an increase in the percentage of junior faculty who are members of underrepresented minority groups. The number of minority students completing doctoral programs in basic sciences and M.D.-Ph.D. programs is abysmally low. Few minority doctors complete the post-graduate training required by academic medicine.

Specific steps must be taken to increase representation of minority people in medical academia. Young minority physicians will develop an

interest in faculty positions if they are identified and appropriately mentored while still in medical school.

Institutions interested in mentoring minority students for academic careers need assistance. It is extremely difficult to maintain any roster of minority people in the pipeline. One strategy that would be useful is a national roster that is updated annually.

§THE AAMC SHOULD DEVELOP A ROSTER OF MINORITY STUDENTS, HOUSESTAFF, FELLOWS, AND POST- DOCTORAL PH.D.'S. THIS ROSTER WOULD BE UPDATED ANNUALLY. THE COOPERATION OF ALL U.S. MEDICAL SCHOOLS AND SCHOOLS OF BIOMEDICAL SCIENCES WOULD BE ELICITED IN SUBMITTING THE NECESSARY DATA. PROGRAMS SUCH AS THE ROBERT WOOD JOHNSON MINORITY FACULTY INITIATIVE WOULD ALSO BE ASKED TO PARTICIPATE.

We must make a greater effort to expand the opportunities for minorities to join faculties. This will require a true affirmative action

effort, where more than the top ranks of minority students are pursued. Talents in medicine manifest themselves in many different ways, and talents in research and teaching may be evident in those who have worked diligently, but who may not have always achieved the top class rankings. Students with high potential must be identified and accepted for training programs in major academic centers. Fellowship opportunities must be made available, since those experiences provide both training and necessary professional contacts.

§THE COUNCIL OF DEANS OF THE AAMC MUST ENCOURAGE
RESIDENCY TRAINING PROGRAM DIRECTORS IN MAJOR
ACADEMIC CENTERS TO ACCEPT MORE MINORITY STUDENTS.

§MEDICAL SCHOOL DEANS MUST ASSIST IN IDENTIFYING
MENTORS FOR MINORITY STUDENTS AND HOUSESTAFF, SO THEY
MIGHT BE ENCOURAGED TO CONSIDER ACADEMIC POSITIONS.

§THE NATIONAL INSTITUTES OF HEALTH MUST BE ENCOURAGED
TO EXPAND SPECIFIC RESEARCH FELLOWSHIP OPPORTUNITIES

FOR MINORITIES IN BASIC, CLINICAL AND RELATED SCIENCES
(PREVENTIVE MEDICINE, EPIDEMIOLOGY, PUBLIC HEALTH).

Indebtedness upon completion of medical school constitutes a major deterrent to the consideration of an academic career. Minority medical students are in greater debt on the average than other medical students. Special opportunities for those students to manage debt must be made available.

§MEDICAL SCHOOLS MUST SEEK WAYS OF HELPING MINORITIES WITH THE DEBT BURDEN. THESE STRATEGIES MIGHT INCLUDE THE DEVELOPMENT OF LOAN FORGIVENESS PROGRAMS FOR MINORITIES SEEKING FACULTY POSITIONS, LONGER TERM PAYMENT OPTIONS FOR LOANS, AND PARTNERSHIPS BETWEEN SCHOOLS AND SPECIFIC ACADEMIC DEPARTMENTS TO PROVIDE FUNDS TO ASSIST YOUNG MINORITY FACULTY IN REPAYING EDUCATION DEBTS.

Maximum effort must be expended to develop existent minority faculty in our medical schools. Young faculty often become discouraged

and leave faculty positions for practice opportunities. If other facets of academia seemed to offer professional satisfaction and a more secure future, the monetary consideration might carry less weight. It is often difficult for young faculty to grasp clearly the steps that lead to tenure.

§WORKSHOPS ON THE TENURE PROCESS SHOULD BE DEVELOPED AND IMPLEMENTED BY THE AAMC. YOUNG MINORITY FACULTY WILL THEN HAVE A NATIONAL ACADEMIC SUPPORT NETWORK WITH MULTIPLE ACADEMIC CAREER OPTIONS AVAILABLE. THESE WORKSHOPS COULD INCLUDE PRECISE DISCUSSION OF SUCH PROBLEMS AS TAKING

ADMINISTRATIVE POSITIONS AND THE IMPACT ON ACADEMIC ADVANCEMENT, THE DANGERS OF TAKING ON A HEAVY COUNSELING BURDEN FOR MINORITY STUDENTS SO THAT RESEARCH IS NEGLECTED, AND THE ASSESSMENT OF FUTURE ADVANCEMENT AS JOB OPPORTUNITIES BECOME AVAILABLE.

This position paper does not intend to imply that there are no institutions trying valiantly to solve the problem of the low number of minority faculty. It is intended to stimulate all of us to make a more intensive effort that involves the linkage of local, statewide, and national efforts.

§THE AAMC MUST MAKE THE DEVELOPMENT OF MINORITY FACULTY A MAJOR NATIONAL PRIORITY, WORKING WITH SCHOOLS, HOSPITALS, AND ALL APPROPRIATE GOVERNMENT AGENCIES TO IMPROVE MINORITY REPRESENTATION IN OUR MEDICAL SCHOOL FACULTIES.

February 10, 1988

Bruce L. Ballard, M.D.
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Dear Bruce:

It was nice chatting with you at lunch time during the GSA-MAS Coordinating Committee Meeting. Thanks also for allowing me to look at the "Minority Faculty Development: A Position Paper." It is well done. Your thoughts are right on target. Some of your recommendations are in the process of implementation. With your permission I would be pleased to take the position paper to the Council of Deans' Spring Meeting as a research document if not a position that can be formally endorsed.

Please let me know your feelings on this in the next week or so. I would like to prepare the documents by February 20th if possible. Just call my office or call Dario.

Again, best regards.

Sincerely,

Louis J. Kettel, M.D.
Associate Vice President
for Academic Affairs

LJK:gvp