

Minority Faculty Development Programs and Underrepresented Minority Faculty Representation at US Medical Schools

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IMPORTANCE: Diversity initiatives have increased at US medical schools to address underrepresentation of minority faculty.

OBJECTIVE: To assess associations between minority faculty development programs at US medical schools and underrepresented minority faculty representation, recruitment, and promotion.

DESIGN: Secondary analysis of the Association of American Medical Colleges Faculty Roster, a database of US medical school faculty.

PARTICIPANTS: Full-time faculty at schools located in the 50 US states or District of Columbia and reporting data from 2000-2010.

EXPOSURE: Availability of school-wide programs targeted to underrepresented minority faculty in 2010.

MAIN OUTCOMES AND MEASURES: Percentage of underrepresented minority faculty, defined as self-reported black, Hispanic, Native American, Alaskan Native, Native Hawaiian, or Pacific Islander faculty. Percentage of underrepresented minority faculty was computed by school and year for all faculty, newly appointed faculty, and newly promoted faculty. Panel-level analyses that accounted for faculty clustering within schools were conducted and adjusted for faculty- and school-level variables.

RESULTS: Across all schools, the percentage of underrepresented minority faculty increased from 6.8% (95% CI, 6.7%-7.0%) in 2000 to 8.0% (95% CI, 7.8%-8.2%) in 2010. Of 124 eligible schools, 36 (29%) were identified with a minority faculty development program in 2010. Minority faculty development programs were heterogeneous in composition, number of components, and duration. Schools with minority faculty development programs had a similar increase in percentage of underrepresented minority faculty as schools without minority faculty development programs (6.5%-7.4% vs 7.0%-8.3%; odds ratio [OR], 0.91 [95% CI, 0.72-1.13]). After adjustment for faculty and school characteristics, minority faculty development programs were not associated with greater representation of minority faculty (adjusted OR, 0.99 [95% CI, 0.81-1.22]), recruitment (adjusted OR, 0.97 [95% CI, 0.83-1.15]), or promotion (adjusted OR, 1.08 [95% CI, 0.91-1.30]). In subgroup analyses, schools with programs of greater intensity (present for ≥ 5 years and with more components) were associated with greater increases in underrepresented minority representation than schools with minority faculty development programs of less intensity.

CONCLUSIONS AND RELEVANCE: The percentage of underrepresented minority faculty increased modestly from 2000 to 2010 at US medical schools. The presence of a minority faculty development program targeted to underrepresented minority faculty was not associated with greater underrepresented minority faculty representation, recruitment, or promotion. Minority faculty development programs that were of greater intensity were associated with greater increases in underrepresented minority faculty representation.

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