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Increasing the number of medical students from under-represented minorities

Innovative method needs to be replicated elsewhere

Better health care and a reduction in health disparities occur when the physician workforce is diverse in background, ethnicity, culture, and race.^{1,2} Unfortunately, there are not enough students from economically and educationally deprived backgrounds in the pipeline to achieve a sufficiently diverse physician workforce. A paper by Greenhalgh and colleagues in this issue describes an innovative and thoughtful approach of reaching and engaging these students.³ The project steering group used “partnering” schools and teachers in inner London to identify students from deprived backgrounds who had motivation and ability in the sciences. Teachers reaffirmed the problems the students needed to overcome to be successful in gaining a medical education: lack of self determination, lack of confidence, and lack of information. The group used the summer school programme to target these deficiencies and ignite in the students a sense of purpose and confidence, which was the first step in engaging them in a career in medicine. Interacting with medical students of similar ages and experience increased self confidence and the perception that a career in medicine is possible. Focusing on the deficiencies of the environment rather than on those of the student was also key to providing the students with information about careers in medicine. Collaboration of pupils, teachers, and parents makes all of them stakeholders with a vested interest in the outcome. The action research approach, which uses cycles of observation, data gathering, and reflection, is ideal for this type of project.

In the United States attaining a diverse medical workforce raises similar issues. Additionally, men from ethnic minorities are the least represented in medical education. The educational attitudes of many students from under-represented groups have evolved to a point where education has no value at all. Despite this, some programmes have been effective in recruiting and retaining students from ethnic minorities in medical school. The Early Medical School Selection Program (EMSSP) at Boston University School of Medicine has a successful track record of 25 years of recruiting second year college students from 11 institutions with predominately black and Mexican-American students as part of a consortium. During the summers after their second and third years in college the students attend Boston University Summer School and take

undergraduate courses for credit towards their bachelor's degrees. They then take their senior undergraduate year at Boston University, taking courses from the medical school curriculum. If they pass these courses they are promoted to the medical school. Ninety per cent of the students get through to the third year of medical school without academic difficulty, and 85% pass step 1 of the United States Medical Licensing Examination on the first try.⁴ This is remarkable because many of these students had not previously performed well on standardised tests. The success of this programme relies on the academic and personal support the students receive during their premedical and medical education. Despite the obstacles the students face they are able to do the work and achieve careers in medicine.

The challenges of lack of confidence, lack of information and lack of self determination that students encounter in Greenhalgh et al's experience and ours are important. However, if we are going to successfully address health disparities, programmes like these need to be replicated and applied elsewhere. Also, the authors' plan to follow up this cohort will be essential to assess the long term impact of this programme. Our societies are becoming more multicultural and diverse. Many of the students in this study were either first generation immigrants or the children of immigrants from 19 countries in Africa, the Caribbean, Asia, and Europe. Understanding the culture, religion, and customs of others is imperative if we are going to live together and reduce health disparities.

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