CMSS Strategic Priority: 
Diversity, Equity, and Inclusion

A comprehensive CMSS strategic initiative focused on diversity, equity, and inclusion will include the following 4 components:

1) Develop innovative programs across the full pipeline to support greater engagement, inclusion, mentorship of students, residents, fellows, and physicians who are underrepresented in medicine 1
2) Support engagement, inclusion, and mentorship of underrepresented in medicine students, residents, fellows, and physicians
3) Increase diversity, inclusion, and engagement of those underrepresented in medicine, women, LGBTQ, and younger physicians into specialty society leadership
4) Develop an anti-racism collaborative across societies to identify effective strategies to counter structural racism in healthcare and the medical profession.

Develop innovative programs along the full pipeline to support greater engagement, inclusion, mentorship of students, residents, fellows, and physicians who are underrepresented in medicine

While many CMSS societies support programs to support efforts to increase diversity, equity, and inclusion of those underrepresented in medicine within societies, these efforts are limited by a limited pipeline of underrepresented students entering medicine.
- Assess available pipeline programs and opportunities for specialty society engagement.
- Develop a repository of pipeline programs across specialty societies.
- Identify characteristics of successful programs.
- Develop shared pipeline program.

Support engagement, inclusion, and mentorship of underrepresented in medicine students, residents, fellows, and physicians

Many societies have identified engagement, inclusion and mentorship of minority students, residents, fellows and practicing physicians as a strategic priority. While some societies have established mentoring programs, limited information exists on the effectiveness of these programs. A 2018 survey of CMSS CEOs found that specialty societies collected a wide range of demographic data on physician members with frequent use of optional data fields, including race and ethnicity. Without a standardized approach to collection of physician data on race and ethnicity, it will be difficult to compare programs across societies.

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1 AAMC Definition of Underrepresented in Medicine: Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population. This lens currently includes students who identify as African Americans and/or Black, Hispanic/Latino, Native American (American Indians, Alaska Natives, and Native Hawaiians), Pacific Islander, and mainland Puerto Rican. The definition also refers to students who come from disadvantaged backgrounds.
- Survey specialty societies and organizations across the continuum (e.g., AAMC, ACGME, AMA) identify optimal strategies to collect and standardize demographic data.
- Collect information on mentorship programs across specialty societies and work with an expert panel to identify a set of best practices for successful programs.
- Identify specific practices that optimize use of remote mentoring (in light of the COVID-19 pandemic).

Increase diversity, inclusion, and engagement of those underrepresented in medicine, women, LGBTQ, and younger physicians into specialty society leadership

While CMSS member societies have worked to be more inclusive, it has been challenging for societies to increase the number of underrepresented minorities, women, and younger physicians in specialty society leadership. From 2018 CMSS CEO survey, most organizations collected some demographic data on their physicians (primarily age, gender, geography, race, and ethnicity), few societies reported using these data to track advancement onto committees, boards, elected officers, podium presentations, and society awards. The diversity of society-sponsored editorial boards has also been raised as an issue.

- Work more closely with physician groups representing physicians underrepresented in medicine
- Create standardized methodologies and metrics for tracking advancement into CMSS leadership
- Examine society investments (resources and human capital) focused on diversity and inclusion.
- Convene, collaborate, and develop collective best strategies to increase diversity, equity, and inclusion in society leadership (including society boards, committees, awards).
- Develop CMSS white paper of best practices, including both aspirational and practical approaches to support D&I efforts, including how to engage members with diverse backgrounds in society leadership programs.
- Develop repository of materials and tools that can be shared across societies.
- Consider opportunities to improve well-being and professional fulfillment of at-risk groups, including those underrepresented in medicine, younger physicians, women, and LGBTQ physicians.

Develop an anti-racism collaborative across societies to identify effective strategies to counter structural racism in healthcare and the medical profession

While the other elements of this comprehensive initiative were discussed in previous CMSS strategic discussions, the adverse impact of systemic racism on physicians and patients were not considered. The killing of George Floyd by police in May raised awareness of the impact of structural racism in medicine and society at large. The duality of Covid-19 disparities and structural racism led CMSS and member societies to issue statements deploring racism. CMSS members are currently supporting open forum, including town halls and listening sessions, and task forces/committees formed to address racism within medicine and their own societies.

- New Professional Peer Group (PPG) focused on Diversity & Inclusion
- Focused CMSS Connect community to share ideas and materials
- Build on planned CMSS webinar on September 1, 2020, on Covid-19 and disparities to support targeted approach within society-supported clinical registries to routine assess disparities
- Launch CMSS Anti-Racism Collaborative Project to identify promising approaches to counter racism within medicine and healthcare with special session on Anti-Racism in Healthcare and Medicine on October 28 with a presentation by Rhea Boyd, MD, MPH (UCSF), moderated by Patricia Turner, MD, MBA, FACS (American College of Surgeons).