

# Diversity in Medicine: Facts and Figures 2019

## Executive Summary

### Background

This report provides students, medical educators and administrators, researchers, policymakers, the media, and the general public with detailed statistical information about race, ethnicity, and sex in medical education and the physician workforce in the United States. It displays applicant, matriculant, and graduate data for the academic year 2018-2019 and faculty and workforce data for 2018. The data presented are primarily from the AAMC, with additional data from the American Medical Association.

Previously, the AAMC published this report biennially, with the focus alternating between diversity in medical education and diversity in the physician workforce. Beginning in 2019, the AAMC will now combine the two topics and release the report every three years. Previous editions of the report are available at [aamc.org/factsfiguresreports](http://aamc.org/factsfiguresreports).

### Methodology

This report presents medical education and physician workforce diversity data. It incorporates multiple sources of data that the AAMC collects or has permission to access (Table 1). The data sources used are identified in the figure or table or in the notes following each figure or table.

This report is presented in an order that mirrors the medical education continuum: medical school application, acceptance, matriculation, graduation, residency and fellowship, and teaching and clinical practice.

For physician workforce data, the definitions for active physician, primary care physician, and practice specialty correspond to the definitions in the *2019 State Physician Workforce Data Report* and the *2018 Physician Specialty Data Report*, both of which can be found at [aamc.org](http://aamc.org).

### Notes on Collection and Analysis of Race and Ethnicity Data

Since academic year 2013-2014, the AAMC has collected race and ethnicity data in a single question, allowing respondents to select any combination of races, including Hispanic origin. In this report, "Race/Ethnicity Alone" indicates those who selected only one race/ethnicity response. The "Multiple Race/Ethnicity" category includes those who selected more than one race/ethnicity response. "Race/Ethnicity Alone or In Combination" indicates those who selected a race/ethnicity category alone or in combination with another race/ethnicity response. The sum of the race/ethnicity categories may not add to the total number of respondents because respondents could designate multiple race/ethnicity categories. (Note: The above does not apply to Faculty Roster data.)

Race and ethnicity data were missing for 13.7% of active physicians; most of these physicians (80%) were age 60 or older and many were not U.S. MDs (53% were international medical graduates, 3% were Canadian graduates, and 8% were DOs).

**Table 1. Data Sources for Diversity in Medicine: Facts and Figures 2019**

<i>Data Source</i>	<i>Description</i>
Applicant Matriculant Data File (AAMC)	The Applicant Matriculant Data File is derived from the American Medical College Application Service® (AMCAS®) and other services used to apply to U.S. MD-granting schools. The file includes 100% of applicant and matriculant data from all U.S. MD-granting schools.
Faculty Roster (AAMC)	The AAMC Faculty Roster was initiated in 1966 to support national policy studies and collects comprehensive information on the characteristics of full-time faculty members at LCME-accredited U.S. medical schools.  The Faculty Roster survey typically receives a response rate of nearly 100% (e.g., 99.4% in fiscal year 2019).
Matriculating Student Questionnaire (AAMC)	The AAMC Matriculating Student Questionnaire (MSQ) is a national questionnaire administered annually since 1987 to all first-year medical students at LCME-accredited U.S. medical schools. The MSQ typically receives a response rate of about 71% (e.g., 71.4% in 2018).
Physician Masterfile (AMA Masterfile; AMA)	Established by the American Medical Association (AMA) in 1906, the Physician Masterfile includes education, training, and professional certification information. It contains current and historical data for more than 1.4 million physicians, residents, and medical students in the United States. Data for physicians not represented in the AMA Physician Masterfile may be missing from the report. For example, about 5% of residents who completed residency training in GME Track® are not represented as active physicians in the AMA Physician Masterfile. As a result, there may be more practicing physicians than the Physician Masterfile suggests. AMA physician status information is reported as of Dec. 31 of the corresponding year.

<p>Student Records System (AAMC)</p>	<p>The AAMC Student Records System (SRS) houses secure, centralized enrollment information on the national medical student population and tracks student progress from matriculation through graduation. All LCME-accredited U.S. medical schools verify 100% of medical students in the SRS.</p>
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## Selected Findings

The figures offer an overview of the current race and ethnicity demographic trends in undergraduate medical education and the physician workforce. Selected findings are highlighted below.

### Undergraduate Medical Education

Diversity among medical school applicants, matriculants, and graduates from academic years 1980-1981 to 2018-2019 continued to grow. In applying to medical school, for example, women have not only reached parity with men but have surpassed them (Figure 1). However, gains in diversity were not shared by all groups. In particular, the growth of Black or African American applicants, matriculants, and graduates lagged behind other groups. Additional findings can be found in Figures 1 through 14.

### Faculty

Medical school faculty continued to be predominantly White (63.9%) and male (58.6%) overall, and especially so at the professor and associate professor ranks (Figures 15-17). As discussed in previous editions of the Diversity Facts and Figures report, there remains persistent underrepresentation of certain racial and ethnic minority groups and women in medical school faculty positions. Additional findings can be found in Figures 15 through 17.

### Workforce

Similar to faculty composition, most active physicians were White (56.2%) and male (64.1%) (Figures 18 and 19). However, among the youngest cohort of active physicians (34 years of age and younger), women outnumbered men in most racial and ethnic groups (Figures 22-25). About 30% to 40% of physicians practiced primary care across all groups (Figure 26), including 41.5% of American Indian or Alaska Native physicians, 41.4% of Black or African American physicians, 36.7% of Hispanic physicians (alone or with any race), and 30.6% of White physicians. Additional findings can be found in Figures 18 through 26.