

Overcoming Challenges, Seizing Opportunities, and Driving Change

By Grace C. Wright, MD, PhD, FACR

It was 1983. As a first-year medical student, I entered a class of bright-eyed trainees, unaware that this was the start of a journey of creating inclusion and bending the arc of diversity in rheumatology and medicine. Living in New York City, I was in a melting pot, rich in diverse cultures, cuisines, languages, religions, ethnicities, races. . . Despite this, I was the only Black woman in my class. The only “foreign” student. The first MD-PhD in my category of one. And, while this can be considered a significant personal accomplishment, it is also a reflection of the unequal inclusion and limited representation of minorities, particularly females, not only in rheumatology but in medicine and other industries.



The socioeconomic challenges and barriers faced by under-represented communities as they try to seek, access, and/or afford opportunities and services have resulted in centuries of inequality that are still palpable today, despite increased social awareness and movements towards inclusion and equality. In a 2018 survey conducted by the Association of American Medical Colleges (AAMC), 56% of surveyed US-based active physicians identified as White, compared to 5% who identified as Black or African American.¹ Interestingly, demographic data of 2019 medical school students showed that, while most students identified as White (47%), the proportion of students identifying as other racial/ethnic minorities increased,² suggesting a shift towards diversification in the medical workforce. In fact, among young physicians, more women identified as non-White compared to their male counterparts.³

Rheumatology (and medicine in general) has experienced a gender shift over the past decade, with increasing numbers of female health providers working in community practices and academia⁴ and, in 2025, 56% of adult rheumatologists are expected to be female. This stands in stark contrast to the few women in leadership positions such as associate or full professors, chiefs of rheumatology departments, editors of academic journals, recipients of research and federal grants, etc.⁵⁻⁷ Furthermore, female rheumatologists are also estimated to earn less than male counterparts with lower salaries, more time spent per patient (resulting in fewer patients seen per day) and reduced working hours due to family or lifestyle demands.⁸

“Looking back, those years of creating conversations, building community, bridging cultural divides were the preparation for a lifelong commitment to equity, inclusion and diversity not only in the way we care for patients but also within our own practices, workflows, policies, and leadership.”



As healthcare professionals, we are aware of the deep inequalities that exist in healthcare and the implications of these inequalities on patient outcomes and healthcare costs. But within these disparities, these challenges, and frustrations, there is also opportunity to implement initiatives to encourage women, and under-represented groups to advance in medicine, and to ensure that they will have equal career advancement opportunities. One such initiative is the Association of Women in Rheumatology (AWIR) which is dedicated to increasing equity, diversity and inclusion in rheumatology.⁹

*Grace C. Wright, MD, PhD, FACR
President & CEO, Grace C. Wright MD PC
President, Association of Women in Rheumatology
New York, New York*

References:

1. AAMC. Diversity in Medicine: Facts and Figures 2019. Available at <https://www.aamc.org/data-reports>. Accessed July 29, 2021.
2. AAMC. Undergraduate Medical Education Data Available at <https://www.aamc.org/data-reports>. Accessed July 30, 2021.
3. AAMC. US Physician Workforce. Available at <https://www.aamc.org/data-reports>. Accessed July 20, 2021.
4. Battafarano DF, Ditmyer M, Bolster MB, et al. 2015 American College of Rheumatology Workforce Study: Supply and Demand Projections of Adult Rheumatology Workforce, 2015-2030. *Arthritis Care Res (Hoboken)*. 2018; 70(4):617-626.
5. Jorge A, Bolster M, Fu X, et al. The Association Between Physician Gender and Career Advancement Among Academic Rheumatologists in the United States. *Arthritis Rheumatol*. 2021; 73(1):168-172. doi: 10.1002/art.41492. Epub 2020 Nov 8.
6. Mayer AP, Blair JE, Ko MG, et al. Gender distribution of U.S. medical school faculty by academic track type. *Acad Med*. 2014; 89(2):312-7.
7. Bagga E, Stewart S, Gamble GD, et al. Representation of Women as Authors of Rheumatology Research Articles. *Arthritis Rheumatol*. 2021; 73(1):162-167.
8. The Rheumatologist. Rheumatology & The Gender Pay Gap. Available at <https://www.the-rheumatologist.org/article/rheumatology-gender-pay-gap/?singlepage=1>. Accessed July 29, 2021.
9. Association of Women in Rheumatology. Available at <https://awirgroup.org>. Accessed July 29, 2021.