# EDITORIAL

## Changing the Face of Transplant Hepatology Trainees in 2023

In recent years, there has been an emphasis on diversity, equity, and inclusion among medical trainees. With the exponential growth of diverse populations in the United States, it is imperative that medical providers mirror the diverse population that we serve. However, there continues to be a critical unmet need of minority representation in medicine.[1] This can have downstream implications that could potentially impact patient care and health-care systems. As a subspecialty, transplant hepatology is not exempt from the pressing need for greater diversity.

With great interest, we read the study by Mansour et al[2] in this journal issue. Using publicly available data from the Graduate Medical Education Census, this retrospective study examined the trends of the gender, race and ethnic representation of incoming transplant hepatology fellowship trainees in the United States from the years 2007–2021. The authors report that women comprised 45.8% of this cohort. Regarding racial composition, the majority of trainees self-identified as White, 44.8%, while the fewest were American Indian/Alaska Native, 0.3%. While the average yearly rate of change was decreasing for men (−0.93%), it was increasing for women (+0.93%). The study also observed increases in the representation of White (0.12%) and Black fellows (2.04%), peaking in 2018–2019. However, over time, there were fewer fellows that self-identified as Hispanic, Asian, and other/unknown races. American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and multiracial groups demonstrated no rate of change.

This is the first study that highlights the diversity gap within transplant hepatology. This study also supports the findings of Santhosh et al, which found that no medicine specialty reflected the diversity of the US population.[3] Limitations of this study include a relatively small sample size (N = 408), reliance on self-identification for gender and ethnicity which may not capture the full complexity of individual identities, and a lack of information on sexual and gender minorities and the applicant pool. The applicant pool is an important cohort to analyze as it represents the trainee pipeline. It is possible that the gender, racially and ethnically diverse applicants do not end up becoming trainees. Intentional recruitment practices, mentorship, and scholarship funding could be potential interventions to address workforce diversity.

Effective mentorship programs should be established within transplant hepatology fellowship programs, as mentorship plays a vital role in nurturing talent and supporting the career advancement of underrepresented individuals. It is important that underrepresented individuals in medicine are visible in leadership positions at societal and local levels. By providing guidance, support, and networking opportunities, mentors can help aspiring minority physicians navigate challenges that are unique to these groups.[4,6] Recruiting more women and sexual and gender minority (SGM) populations are equally important. Identifying and addressing the barriers that deter minorities from pursuing this specialty is essential. Concerns around family planning and discrimination should be alleviated through inclusive policies.[6] Increasing education and resources on SGM health disparities, offering cultural competency training, ensuring equitable opportunities for SGM applicants, and partnering with affinity groups such as Rainbows in Gastro are needed.[7] Furthermore, efforts should focus on supporting American Association for the Study of Liver Diseases committees such as the Women's Committee, Inclusion and Diversity Committee, and the LGBTQ+ (lesbian, gay, bisexual, transgender, queer) task force.

In conclusion, advancing diversity in transplant hepatology fellowship programs is vital for providing culturally competent care to a diverse patient population. We can foster an inclusive and diverse workforce by implementing effective mentorship programs, recruiting more women, increasing underrepresented individuals in medicine representation, and recognizing the importance of SGM people. Institutions, medical societies, and policymakers must prioritize these efforts which in turn, potentially can positively impact patient care outcomes, address health disparities, and create a more equitable health-care system.

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