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LETTER TO THE EDITOR

Examining Racial and Gender Diversity in the Plastic Surgery Pipeline: Where is the Leak?

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We read with great interest the article written by Persad-Parsley et al[1] entitled "Examining Racial and Gender Diversity in the Plastic Surgery Pipeline: Where Is the Leak?" We applaud them for this study, as it highlights the need for intervention from the field of plastic surgery in recruiting more underrepresented in medicine (URiM) minorities. From a pipeline training perspective, the article underscores the urgent need for increased representation of URiM minorities in the field of plastic surgery, particularly among Hispanic and Black or African American students. The study tracks the diminishing presence of URiM individuals from high school through to practicing physicians using data spanning from 2010 to 2021. Finally, and perhaps most importantly, they provided guidelines from the Liaison Committee on Medical Education aimed at bolstering URiM representation in plastic surgery.

This study highlights various points that are essential for the plastic surgery community. Their findings suggest that the medical community needs to invest more in outreach incentives starting in high school and continuing until a physician becomes a practicing plastic surgeon. Plastic surgery is a field dedicated to enhancing patients' quality of life; thus, it is plastic surgeons' responsibility to ensure that patients feel represented and valuable within the field of plastic surgery.[2] A 2019–2022 report from the American Society of Plastic Surgeons shows that demand for plastic surgery procedures has increased; thus, supply of plastic surgeons should also increase.[3] Future endeavors to consistently collect data on demographics of plastic surgeons across the pipeline are also critical to monitoring trends and closing the gap in plastic surgery workforce diversity.

We believe that this study could have had an even greater impact if the authors had analyzed what interventions are being done at each stage of the plastic and reconstructive surgery pipeline. This review used multiple national datasets that included learners (physicians, medical schools, college students, and high school students) who became plastic surgeons and those who did not; however, the results may be biased because of the authors' assumption that the physician population enters plastic surgery through one single pipeline. For example, the study lacks information on plastic surgeons trained in other countries. Additionally, this study did not include data from private schools, which are needed to demonstrate how socioeconomic disparities manifest in educational attainment. Finally, it would be interesting to identify age differences in entering the workforce by sex and whether URiM students are concentrated in historically Black colleges and universities and Hispanic-serving institutions. Schools without URiM faculty may be less appealing to minority students and, in return, train and graduate fewer URiM plastic surgeons.

We believe that this article is a great start to bringing attention to the comparative lack of URiM plastic surgeons. Diversity has been shown to stimulate innovation and creativity, supplement collaborative intelligence, and increase problem-solving.[4] Improving diversity within plastic surgery can help address the potential healthcare disparities in plastic surgery in minority patient populations.[5] More studies and incentive programs are needed to increase and sustain the number of URiM practicing plastic surgeons.

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