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Editorial

Allyship in dermatology

A turning point is underway for the United States demographically as the pattern of racial and ethnic pluralism in the country grows. Current projections estimate that by the year 2045, people of color will comprise the majority of the U.S. population (U.S. Census Bureau, 2020). As the face of the nation becomes increasingly racially and ethnically diverse, the field of dermatology has failed to keep pace with the trend. Although 13% of Americans are Black and 16% are Hispanic, these groups make up only 3% and 4.2%, respectively, of the dermatology workforce, making dermatology the second least diverse medical specialty (Downie, 2019; Pandya et al., 2016). As a means to address the vast underrepresentation of diversity, the concept of allyship has emerged. Allyship is defined as a strategic mechanism through which majority groups actively and critically effect change through systemic improvement and promotion of the advancement of diversity, equity, and inclusion of women and people of color (Burke, 2018; Erskine and Bilimoria, 2019; Harvard Business Review, 2020; Nixon, 2019). With the COVID-19 pandemic, systemic inequalities faced by minority and marginalized groups have been highlighted. This heightened visibility has provoked and continues to demand substantive discourse across the nation regarding the increased need for diversity and the essential role of allyship.

Allyship efforts to diversify dermatology have gained momentum with regard to the inclusion and recruitment of residency applicants and medical students who are underrepresented in medicine (UIM). These efforts have been largely at the institutional and organizational levels. Recognition by the American Academy of Dermatology (AAD) of the need for diversity and inclusion, coupled with the implementation of strategic diversity initiatives (Diversity Champion Initiative) and mentorship programs (Diversity Mentorship Program) are reflective of allyship in action. These programs outline action plans for the dermatology community at large on how to provide outreach and mentorship to UIM medical students interested in dermatology (Lester and Shinkai, 2019; AAD, 2020a, 2020b). Although these programs have been in place for some time, the nation's current focus on racial equity and diversity has increased the urgency of organizational efforts to improve diversity within the dermatology workforce.

The Annual Diversity Champions Workshop, cosponsored by the AAD, Association of Professors of Dermatology, Skin of Color Society, National Medical Association Dermatology Section, and Women's Dermatologic Society, was born out of the AAD Diversity Champion Initiative. Although inaugurated in 2019, the onset of the pandemic expanded the success of the 2020 workshop, which virtually engaged 240 dermatology faculty members and residents across 80 academic dermatology residency programs. The 2020 workshop focused on the evaluation and selection of UIM residency applicants to support diversity in residency programs (AAD, 2020c; Carr, 2019).

The AAD continues to demonstrate sustained commitment to the promotion of diversity through allyship. Scheduled for release in the spring of 2021, a new skin-of-color curriculum will be available through the AAD website. The curriculum will provide educational materials highlighting cultural competency, antiracism, and public health. The incorporation of skin-of-color training, as well as instruction for addressing systemic inequalities and racism, by the AAD is a strong statement of support for change at the structural level.

Through allyship, modifications of the residency selection and recruitment process have come to the forefront. A holistic review of residency applicants has been recognized as a key tactic in diversifying the specialty. One recommendation is to shift the evaluation of candidates from previously emphasized metrics and focus on values of character, leadership, volunteerism, research, and cultural competence. These considerations also aim to minimize the impact of COVID-19 on UIM dermatology applicants (Jones et al., 2020a, 2020b; Pritchett et al., 2018). In light of the pandemic, allyship through virtual engagement from institutions, faculty, and leadership in dermatology has provided a new platform for inclusion, outreach, and mentorship. Through virtual rotations, conferencing, networking, and education events, the needs of traditionally marginalized and minority groups are addressed. Utilization of these alternative forums provides exposure to dermatology programs, mentorship, and support for students who otherwise may not have access to these resources (Loh et al., 2020).

Although there is a push to increase minority representation in dermatology through improved residency recruitment, there is still more to be done. These same allyship efforts should be focused on diversification within medical and undergraduate schools, which may be facilitated through the current collaborative (AAD, Association of Professors of Dermatology, Skin of Color Society, National Medical Association, and Women's Dermatologic Society), historically Black colleges and universities, minority premedical groups, and hopefully other dermatology-focused organizations. Mentorship and sponsorship of UIM applicants earlier in medical student matriculation may play a pivotal role in fostering interest in dermatology and providing students with guidance to pursue the specialty as a career choice.

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Another demonstration of allyship is the affinity group model implemented within many schools of medicine and business organizations. An example of this process in action can be seen at Wake Forest School of Medicine. At Wake Forest, internal affinity groups (e.g., Black/African American and Allies, White Allies for Human Equity), along with several other affinity groups, have been established in the medical center to partner with students, faculty, and staff (Wake Forest Baptist Health, 2020). The incorporation of affinity groups is one way to facilitate mentorship, a culture of inclusion, and education regarding race and systemic inequities. Transferring this affinity group model to the field of dermatology through city, state, and national dermatologic organizations could successfully provide allyship to UIM residents and students.

Although commitment to allyship from majority colleagues is essential to the framework for transformative change in dermatology, the concept may face opposition. Critics may misidentify allyship as being divisive and further polarizing majority from minority/marginalized groups. However, allyship is rooted in standing in solidarity, which implies using allyship as a strategy for synergistic collaboration and partnership. Allyship promotes unity through collective action and empowerment toward solutions for change. Those facing opposition of allyship in the field can lead by example, practicing allyship through the actions of support, outreach, mentorship, and advocacy (Dear Ally, 2019; Owens, 2017; White Ally Toolkit, 2020).

Prioritization of diversity, equity, and inclusion in the field of dermatology is imperative as the nation becomes increasingly diverse. Active allyship involves addressing the needs of marginalized and minority groups, reframing social infrastructures, and redefining the roles of majority people who have an advantage from these structures. Collaboration through allyship builds a much-needed partnership between majority, minority, and marginalized groups. Through the practice of allyship, we can intentionally progress toward a more diverse dermatology community and workforce.

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