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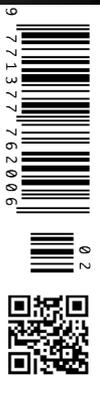
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Managing Diversity - Pathways to a More Inclusive Future

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An overview of the lack of representation of women and other minoritised populations in healthcare and their relative absence from positions of leadership and power.



Key Points

- The World Health Organization reports that women are overrepresented in the healthcare workforce but are absent at senior levels.
- The absence of women and other minoritised populations has long-term negative implications for healthcare.
- Diverse teams perform better, with the caveat that the members of those teams must be intentionally empowered to participate effectively.
- The pathway to a more inclusive future must start with leadership and a clear articulation that diversity is valued and viewed as a key metric for organisational excellence.

According to the World Health Organization (Global Health Workforce Statistics), women are overrepresented in the health care workforce but too often are absent at senior levels. Their relative absence from leadership and that of other minoritised populations has long-term negative implications for the delivery of high-value healthcare, especially in times of crisis. Failure to include the perspectives of the diverse healthcare workforce and indeed to reflect the goals of the populations we serve has contributed to well-documented system failures,

from stakeholders that comprise a majority of those delivering care will, in fact, provide meaningful insights.

Rather than dwell on gaps in the current state, I prefer to identify pathways to a more inclusive future. This must start with leadership and a clear articulation that diversity is valued and viewed as a key metric for organisational excellence. To quote Ron Heifetz at the Kennedy School of Government, “Attention is the currency of leadership” (Flower 1995). The example set by leaders such as Francis Collins, Director of the National Insti-

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including, for example, the disparate impact of the pandemic on communities of colour in the U.S.

It is well documented that diverse teams perform better, with the caveat that the members of those teams must be intentionally empowered to participate effectively. Yet too often, policies are developed and decisions made by teams that are anything but diverse. Also, too frequently, we see expert panels convened to discuss the future of healthcare which include no women or people of colour. While each of the panellists is undoubtedly experienced in their field, one has to ask whether a discussion in the absence of any representation

tutes of Health, who has stated that he will no longer participate in “panels” is extremely influential (Collins 2019).

Organisational strategy is a foundation of more inclusive decision-making. We use strategy to allocate resources and effort and how we do so sends a clear signal about what we believe is important. For example, the American College of Radiology (ACR) strategic plan seeks to “Improve diversity and inclusion” and “partner with patients”. This plan is used to inform a regular process of programme assessment to determine which initiatives are well aligned with the organisation’s goals and should be supported and which should be marked for sunset.



A skills-based approach to leadership recruitment rather than relying solely on the controversial notion of “cultural fit” and a willingness to look beyond the typical candidate pool is also important. The [ACR partners with](#) historically Black colleges and universities (HCBU) and offers scholarships to medical students (ACR PIER initiative) from underrepresented minorities to develop a diverse talent pipeline of future radiologists. Likewise, when we are crafting committee rosters, speaker line ups and panels, we need to resist the reflex to reach out only to those with whom we are familiar and consider what perspectives will make for an engaging and impactful discussion. [Radxx](#), an informal organisation whose goal is to increase the participation of women in radiology and imaging informatics, has established a Speakers Bureau to support more diverse panels and speakers.

When we do create more diverse leadership groups, we need to acknowledge the stress on those who are the “first” or the “only”. Mentorship programmes at every level, including for new Board members, can accelerate a new member’s transition to feeling comfortable and able to fully contribute. I’ve shared how at my first ACR conference, I stood at the back and missed several events because I wasn’t sure which I was invited to. A priority for me as Board Chair was to create a mentoring programme (ACR Bulletin 2019) for first-time attendees so

that they could engage in the important work of the organisation as quickly and effectively as possible.

The challenges of the past year have left all of us in healthcare weary. Those who commit their scarce and often unpaid time to developing educational programming might feel as if asking for them to not only find subject matter experts but also to ensure a diversity of gender, ethnicity opinion and lived experience on their panels is setting the bar, too high. I’d ask us to consider, however, whether we can afford not to make that effort if indeed we are to move our profession closer to our goals of equitable access to high-value healthcare for all.

Conflict of Interest

None. ■

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