Letter to the Editor on “How to Become a Competitive Applicant for Gastroenterology Fellowship: Tips and Tricks for Success Part II”

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Dear Editor,

We read with interest the recent article “How to Become a Competitive Applicant for Gastroenterology Fellowship: Tips and Tricks for Success Part II” by Duong, Aby, Hathorn, Simons-Linares, and Bilal [1]. As the second part of a two-part series tailored to trainees pursuing a career in gastroenterology (GI), this article highlights strategies for applicants to craft a strong application and offers additional considerations for women and minorities. We applaud the authors for highlighting the unique circumstances faced by women and the importance of support infrastructure for diversity and inclusion. Approaching this issue from the trainee perspective, Duong et al. recommend that applicants consider the demographics of leadership to gain insight into the institution’s commitment to diversity. We are writing with a recommendation directed at program directors, faculty interviewers, and other leaders: Prioritize the recruitment of women in training, including women with intersectional identities (e.g., racial/ethnic minorities, women with disabilities, sex/gender minorities) into GI fellowship programs.

Although the onus to fix gaps should be firmly placed on leaders in academic medicine, we recognize that there are genuine barriers to recruitment, such as inherent sex/gender bias and lack of mentoring. Approximately 40% of third-year internal medicine residents are female, and the percentage of female first-year GI fellows has remained stable between 32 and 39% [2, 3]. However, less than 20% of practicing gastroenterologists are female (Fig. 1) [4]. Singh et al. showed that female gastroenterologists were more frequently in academic practice than male (38% vs 17%) but were less likely to hold the most advanced academic positions [5]. More recently, Diamond et al. showed that in a cohort of 2440 GI faculty members, only 11% of women hold the rank of professor compared with 30% of men [6]. Paving a future for women in gastroenterology means systematically evaluating barriers for women achieving leadership roles within the specialty.

With the unique challenges posed by the COVID-19 pandemic during this application season, programs must demonstrate their dedication to diversity through virtual forums. Mallepally et al. suggest solutions for GI fellowship programs, including strengthening their online or social media presence [7]. Already facing a highly competitive fellowship

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Fig. 1 Relative frequency of first-year GI fellows and active GI physicians stratified by sex. Frequencies are within fellows and physicians. Data from American Board of Internal Medicine (2018) and Association of American Medical Colleges (2017) [3, 4]. *Note the ABIM provides data for female first-year fellows but does not give a value for male first-year fellows. Thus, the term “not female” is used here

match, women applicants and those with intersectional identities may analyze fellowship websites for the names and faces of leaders who share those identities. Programs must be prepared to be transparent and carefully consider how they present their culture and values.

Closing gaps in the recruitment of women into any specialty is the responsibility of program directors, department chairs, and other institutional leaders. Duong et al. provide practical guidelines that are applicable across a variety of specialties. Equally important are the recommendations for ensuring that women physicians have a chance to be considered for and ultimately appointed as leaders of their departments. Without this consistency in institutional priority, women will compete for the few spots available at institutions where structured support for diversity and inclusion exists and is readily apparent. Now is the time to demonstrate to the medical profession that diversity and inclusion is a priority, and to put efforts behind statements of solidarity.

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Compliance with Ethical Standards

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