Analysis INBRIEF



Association of American Medical Colleges

The Changing Representation of Men and Women in Academic Medicine

Over the course of the past 30 years, the relative representation of men and women medical students and faculty in the United States has been steadily changing. In 2004, 50 percent of the entering class of medical students and 45 percent of the graduating class were women. The representation of women on faculty has also increased steadily at a little less than 1 percent per year, which is a slower rate than for medical students. When might we expect the representation of men and women faculty to reflect the parity we are now seeing in medical students? If the current rate of change were to be sustained, women M.D. faculty would approach 50 percent of all faculty sometime between 2025 and 2030.

Volume 5, Number 2

July 2005

Why does this distribution of men and women faculty change more slowly than that of students? How has the increase in women graduates contributed to the overall composition of medical faculties? This Analysis in Brief examines the changing demographics of cohorts of M.D. graduates who have joined medical school faculties over the past 38 years. The analysis is based on information from AAMC records on medical students and on information from the AAMC Faculty Roster, which is a database that contains demographic information on over 95 percent of current medical school faculty.

Figure 1 shows the percentage of women M.D. graduates and women M.D. faculty from 1965 to 2004. In the early 1970s, applications to medical school from women began a rapid increase, reflected

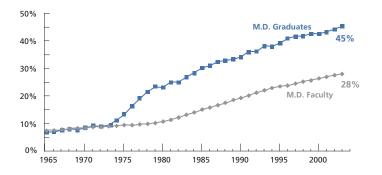
in the dramatic change in slope of the line depicting women graduates five years later. Seven years following the change in graduation rates, in the early 1980s, as these new women M.D.s completed their training, participation of women on medical school faculties began increasing more rapidly as well.

Several possible explanations exist for this rather abrupt increase in medical graduates in the early 70s. First, changes in the draft law in 1971 eliminated the possibility of avoiding military service by pursuing a degree as a full-time student, and this may have reduced the percentage of men applying to medical school. Second, Congress was wrestling with and eventually passed both the Equal Rights Amendment and a civil rights law, Title IX of the Education Amendments of 1972, prohibiting discrimination in education programs and activities receiving federal funds. College women apparently recognized a greater potential for participation in the professions.

At the same time, capacity for new medical students and demand for new faculty were increasing, with the opening of 25 new medical schools between 1965 and 1974. Many of the new places for entering medical students went to women. Whatever the explanation, this striking change in the 1970s began a period of continued growth in the number of women medical students.

The relationship between women graduates and women faculty can be demonstrated by an analysis of the current composition of medical school faculty. Figure 2 shows the distribution of fulltime women and men medical school faculty in 2004 grouped by their year of graduation from medical school. These M.D. faculty members demonstrate a range of career activity, from first appointment to retirement. Many physician faculty who graduated in the 1960s have retired or died in recent years, while graduates of classes since 1995 are still completing their postgraduate





training and are less likely to have been recruited to faculty positions. This pattern of recruitment, retirement, and 30-year faculty careers is similar to the patterns described by Paul Jolly in 1976¹ and 1981².

While the differences in accession of women and men graduates to faculty positions are smaller for recent graduates, Figure 2 shows that a higher percentage of women graduates than men graduates from every cohort have joined and remained on the medical faculty. This higher percentage of women graduates may be due to actual recruitment of high-achieving women, or to the woman graduates themselves more actively seeking academic positions to continue their scholarship in medicine and science. Perhaps the expansion of resources and capacity in medical schools opened the door to more academic opportunities at a time when medical school-based practice presented a more controllable lifestyle than the predominant solo or small group private practice opportunities available to graduates of the earlier years. The data presented here do not explain cause, but only association with an era of expansion in academic medicine.



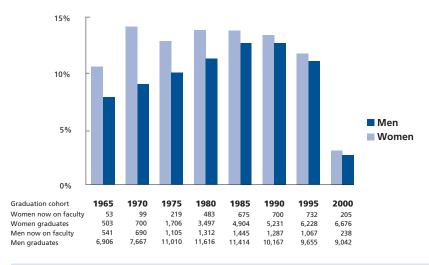
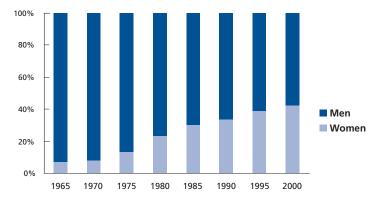


Figure 3. A 2004 profile of M.D. faculty: representation of men and women from selected medical school graduating classes since 1965



¹ Jolly, P. Journal of Medical Education, 1981:Vol 56, pp 151-52

² Jolly, P. Journal of Medical Education, 1975: Vol 50, pp 825-828

³ Yamagata, H. Analysis in Brief, March 2002, AAMC

The representation of graduation cohorts of men to women M.D. faculty in 2004 suggests that younger cohorts of full-time M.D. faculty have a more balanced representation of women and men than earlier graduating classes. As displayed in Figure 3, the ratio of men to women faculty members decreases from nearly 14:1 for the 1965 cohort of graduates to 6.5:1 for the 1975 cohort; 2.3:1 for the 1985 cohort, and 1.4:1 for graduates from 1995. Thus, representation of men and women in both students and recently recruited junior faculty appears to be approaching parity.

Gender distribution in the population of medical students has changed more quickly compared to the population of full-time M.D. faculty because of the differing rates of turnover. The population of medical students has an annual turnover of approximately 25 percent and a complete turnover about every four years. In contrast, full-time medical school faculties have an annual turnover of about 7 percent and a complete turnover described by career durations of approximately 30 years.³ While time and faculty retirements will gradually result in a gender distribution more representative of medical student and general populations, it is encouraging that trends in new faculty reflect more parity in opportunity and recruitment

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