

**WOMEN IN U.S. ACADEMIC MEDICINE:
STATISTICS AND MEDICAL SCHOOL BENCHMARKING
2003-2004**

BACKGROUND

In 1983, the AAMC first published the report *Women in Medicine Statistics*. It captured a national snapshot of the distribution of women students, residents, faculty, and administrative leaders, including department chairs. Data were drawn, in part, from the AAMC Faculty Roster, which is updated on an on-going basis by medical school staff. With the initiative of the AAMC Increasing Women's Leadership Committee, the 1998 report was expanded to include benchmarking data on women's representation in medical schools and improved the process of verifying changes from year to year. Since 1998, the data have been collected from both Faculty Roster Representatives and Women Liaison Officers (WLO) of each of the U.S. medical schools. From time to time, the query also includes requests for information about changes pertinent to improving the environment for women in academic medicine. This year's report, *Women in U.S. Academic Medicine: Statistics and Medical School Benchmarking*, includes preliminary information on how medical schools describe part-time appointments and comparative information describing institutional support of Women in Medicine programs. The survey results continue to affirm observations of the AAMC Increasing Women's Leadership Committee (1998-2003) about the paucity of women in leadership positions at many schools and the need to implement new strategies for recruiting and preparing women leaders.

This 2003-2004 edition includes explanatory text with supporting charts that include historical comparisons of progress and comparisons of male and female faculty distributions. Five-year benchmarking comparisons provide a better understanding of progress than the previous annual data comparisons. When interpreting the changes of the past five years, however, it is important to remember that the 1998 data was the "first call" for such benchmarking information and its collection did not benefit from today's WLO-Faculty Roster validations that contribute to our current quality control. The snapshots of academic women that began in the 1980's tell a historical tale of increasing numbers of women graduating from medical schools, of a slowly but steadily increasing number of women entering medical faculty and describe a very slow increase in women in leadership positions.

The AAMC will continue to provide an annual report detailing trends so as to serve as a resource to enhance current initiatives and support new strategies for advancing women in academic medicine. The

WIM office staff is grateful to the WLOs and Faculty Roster Representatives for generously giving their time and effort to ensure the submission of accurate data.

HOW TO USE THIS REPORT

The *Women in U.S. Academic Medicine: Statistics and Medical School Benchmarking* is designed to display and provide interpretation of data and national trends of women's representation within academic medicine. The report is organized into four sections:

1. Background and Interpretative Summary
2. Tables of historical comparisons of men and women students, residents, and faculty
3. Benchmarking information comparing each medical school faculty's representation, new hires, departures, and promotions. This section includes a glossary of terms used in the benchmarking tables.
4. Special reports: institutional definitions of part-time faculty and comparisons of medical school resources for Women in Medicine programs

The AAMC encourages medical school faculty and staff to use this information to compare local data with national norms and ranges. To facilitate more extensive use of these data by faculty and staff, this report with Microsoft PowerPoint slides of the graphs and figures may be downloaded from the AAMC Women in Medicine web site <http://www.aamc.org/members/wim/resources.htm>.

Please forward any suggestions for improvements or any corrections to Winston Chapman at wchapman@aamc.org; (202) 828-0521.

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INTERPRETIVE SUMMARY

This 2003-2004 edition of *Women in U.S. Academic Medicine: Statistics and Medical School Benchmarking* summarizes frequently requested national comparison data in nine tables and associated narratives. Tables 1-4 compare distributions of medical students, residents, and faculty by sex, race and Hispanic origin, appointment rank, degree, and specialty or department. Historical comparisons are provided as well. Tables 5-8 present each medical school's information for benchmarking rank and tenure appointments, recruitment, advancement and retention, and leadership positions of division/section heads, chairs, and assistant/ associate deans. The final table describes the current status of institutional funding of women's programs in medical schools. The AAMC Faculty Roster was used as the initial source for the benchmarking data. They were then distributed for review by WLO and Faculty Roster Representatives of each of the 125 current medical schools. 103 medical schools confirmed or corrected data for this 2003-2004 summary.

Findings in Brief

In 2003 and 2004, medical schools once again saw an increase in female applicants, enrolled students, and graduates. In general, female resident physicians continue to be distributed in approximately the same proportions across different residency specialties as in prior years. As the number of women graduates of medical schools increases and as residency positions expand, so has the number and percentage of female physicians working in every specialty. Currently, women make up approximately 30% of medical faculty. At the time of publication of this report, 12 of the 125 U.S. medical school deans are women, with a 13th named to begin in February 2005:

Barbara F. Atkinson, M.D.
University of Kansas School of Medicine

PonJola Coney, M.D.
Meharry Medical College

Betty M. Drees, M.D.
University of Missouri Kansas City School of Medicine

Ann C. Jobe, M.D.
Mercer University School of Medicine

Cynda Johnson, M.D., M.B.A.
East Carolina University Brody School of Medicine

Patricia L. Monteleone, M.D.
Saint Louis University School of Medicine

Lois M. Nora, J.D., M.D.
Northeastern Ohio Universities College of Medicine

Valerie M. Parisi, M.D., M.P.H.
University of Texas MB Galveston School
of Medicine

Margaret W. Paroski, M.D.*
University at Buffalo School of Medicine

Claire Pomeroy, M.D., M.B.A.
University of California, Davis, School of
Medicine Effective: February 1, 2005

Deborah E. Powell, M.D.
University of Minnesota Medical School

Laura Fran Schweitzer, Ph.D.*
University of Louisville School of Medicine

Marjorie M. Smith, M.D.*
Morehouse School of Medicine

*Interim positions

Analysis of a survey of institutional support for Women In Medicine programs shows no meaningful increase from the numbers and average budgets reported in 1998. Our review of part-time faculty definitions shows a variety of ways of determining that appointment and comparable percentages of men and women appointed to part-time positions.

SNAPSHOT

In 2003, women represented:

- 51% of all applicants to medical school
- 50% of first year students
- 48% of all medical students
- 46% of graduates of medical schools
- 41% of all residents
- 30% of all faculty
- 26% of all Associate Professors
- 14% of all Full Professors
- 10% of all Department Chairs
- 10% of all Medical School Deans

Applicants and Students (Table 1. Medical Students, Selected Years, 1960-2003)

In 2003, for the first time, female applicants to medical school exceeded male applicants. The 34,786 men and women who applied represented an increase of over 1,100 applicants from the previous year. Women accounted for 96% of this increase in the total number of applicants. In 2004, applications from both men and women increased. The increase in male applications was the first substantive gain in six years. For the second year in a row, female applicants have exceeded 50% of total applicants; female matriculants and new entrants fall just short of 50%. Female students make up over 60% of the entering class of 11 medical schools, and males make up over 60% of the entering class in 9 schools.

Residents (Table 2. Distribution of Residents by Specialty, 1993 Compared to 2003)

Data describing the distribution of residents is derived from American Medical Association data published annually in J.A.M.A. Thus, this 2004 report describes numbers and percentages of all physicians enrolled in single-specialty residency programs in 2003, including both U.S. and international graduates. (Residents in combined residency programs are not included.) Where programs are comparable, data are presented for 1993. In addition, archived notes from the AAMC give us a view into 20-year comparisons. Over the course of the past two decades, women have entered all medical specialties, increasing from about 24% of all residents in 1983 to 32% in 1993 to the current 41%.

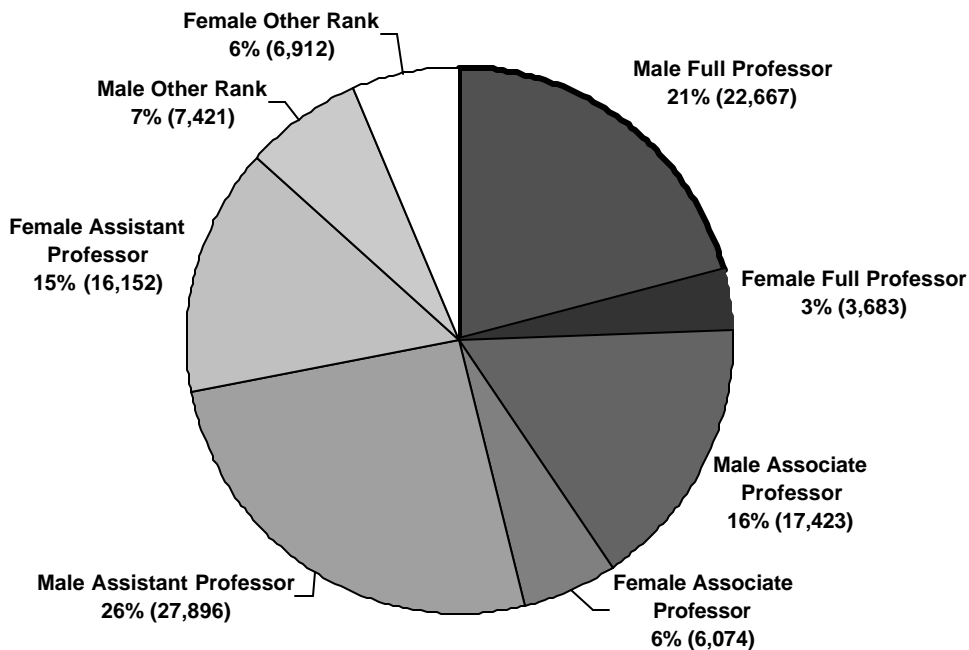
The disciplines with the lowest percentage of women residents remain the surgical specialties and the highest percentages are obstetrics and gynecology and pediatrics. Although women now represent 75% of all residents in obstetrics and gynecology, the proportion of women ObGyn residents among all women residents has remained steady at 9% for over a decade. Similarly, since 1988, between 4% and 5% of all women have been enrolled in general surgical residencies at any one time; with the increasing numbers of women medical school graduates, the proportion of women among all general surgery residents has increased from 10% in 1988 to 25% in 2003. Psychiatry's share of women residents has actually decreased from 9.4% of all women residents in 1988 to 7.1% in 1993 to the current 5.9%. Yet the overall representation of women among psychiatry residents increased from 40% in 1988 to the current 52%. In contrast, Family Medicine experienced an increase in the percentage of all women choosing that specialty from 9.6% in 1988 to 12.2% in 2003; women now represent 51% of Family Medicine residents. Thus, women continue to fill an increasing number of positions of residency and subsequently clinical practice as the number of graduates and residents increases; but within the

population of all women residents, they select specialties in approximately the same proportions that they have chosen for decades.

Medical School Faculty (Table 3. Women Faculty Distribution by Department and Rank; Table 4. Distribution of Faculty by Sex, Race, Hispanic origin, and Appointment Rank)

The size of medical school faculty has grown tremendously over the past 20 years, from 51,000 in 1983 to over 108,000 in 2003. Women make up approximately 30% of medical faculty. With this tremendous growth in faculty over the past two decades, the numbers of women faculty in all departments has increased. Surgery and orthopedic departments continue with low proportions of women faculty; obstetrics and gynecology, pediatrics, and public health & preventive medicine have over 40% women in faculty positions.

Figure 1. U.S. Medical Faculty Distribution by Sex and Rank. Female faculty are represented by solid segments and male faculty by patterned segments.
Source: AAMC Faculty Roster, May 2004.



Figures 2 and 3 compare the distribution of rank within the separate populations of male and female faculty. Women remain disproportionately at the lower ranks of faculty, with approximately 70% at levels of instructor and assistant professor and only 30% at the senior ranks of associate and full professor. In

contrast, over 50% of men hold appointments at the ranks of associate or full professor, the ranks from which institutional leaders are generally drawn.

Figure 2. U.S. Male Medical Faculty Distribution by Rank, 2004

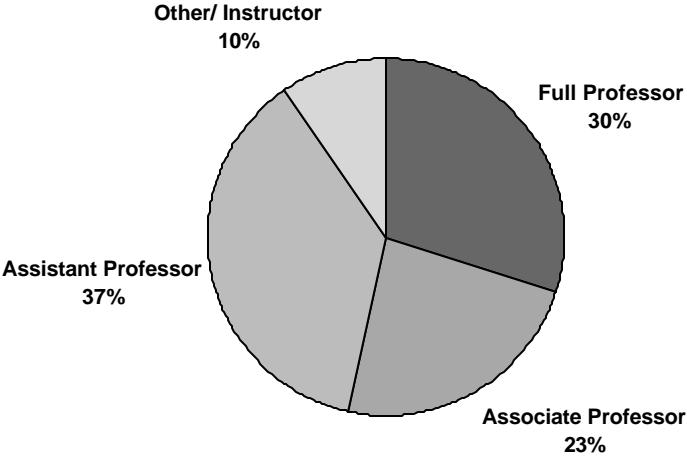
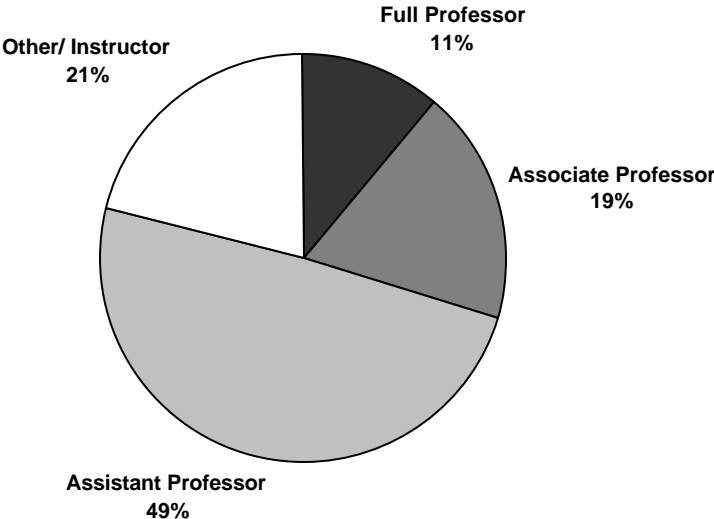


Figure 3. U.S. Female Medical Faculty Distribution by Rank, 2004



In compliance with Federal guidelines for reporting data on diversity, faculty distributions are provided by race and Hispanic origin. Of the 32,821 total female faculty, regardless of Hispanic origin, 71% identify themselves as White, 12.5% Asian, and 4.7% African American/ Black. Native American and Hawaiian/ Other Pacific Islander women each are less than 0.1% of female U.S. medical faculty. For 10% of female faculty race is not given. Distributions of the total population of female faculty across ranks of appointment show an increasing percentage of white faculty as the rank increases. For example, among non-Hispanic female full professors, 86% are white compared to 82% at associate and 71% at assistant. In contrast, the percent of non-Hispanic African American/Black female faculty decreases as rank increases, from approximately 6% at assistant to 3.5% at associate to only 1.7% at full professor level.

BENCHMARKING MEDICAL SCHOOL OUTCOMES FOR WOMEN FACULTY

Faculty Roster data from May 2004 were distributed to Faculty Roster Representatives and Women Liaison Officers of all 125 U.S. medical schools. Information in the tables presented here has been confirmed by WLO and Faculty Roster staff from 103 of those schools. Averages have been compared to the original benchmarking reports of the 125 medical schools in 1998 to approximate five-year progress. Note that the averages appearing at the base of each table are determined from the individual school percentages listed; they are not adjusted for the total number of faculty in each medical school. For example, while 14% of all full professors are women, the calculation of mean percentage across schools is 15% ; this compares to a calculation of 11% in 1998.

Recruitment, Retention, and Promotion (Table 5. Representation of Full Time Faculty by Gender, Rank and Tenure; Table 6. New Hires, Tenures, Promotions and Departures)

The percent of women on faculty and their representation at all ranks have increased over the past five years as shown in the chart below. Reported data also suggest that the percent tenured has decreased for both men and women. Women continue to leave their positions at a slightly higher rate than men.

Comparisons of Outcomes and Average Percentage across all Schools, 1998 versus 2003

Benchmarking Outcomes	1998	2003
% Women faculty	27	30
% Of all full professors who are women*	12	15
% Women promoted to associate professor	29	33
% Women promoted to full professor	21	25
% Women at full professor rank	12	13
% Men at full professor rank	32	32
% Tenured women**	17	15
% Tenured men**	33	29
% Women among all new hires	36	39

*The national average percentage of full professors who are women is 14%

(Ref. Table 3)

**Six institutions do not offer tenure.

Leadership positions (Table 7. Women in Decanal Positions; Table 8. Women Division/Section Chiefs and Department Chairs)

Over the past five years, the number of leadership positions held by women has decreased among division/section chiefs, but has increased for chairs, and deans. The percentage of women who hold positions of department chair has increased over the past five years from 6% to 10%. Women deans have increased from 5% to 10% of all medical school deans.

Number of Women in Leadership Positions, 1998 Compared to 2003

Leadership Position	1998	2003
Division/section chiefs	542	456
Department chairs	165	279
Senior Associate deans	33	68
Associate deans	215	270
Assistant deans	169	245
Deans	6	12

SURVEY RESULTS: WOMEN IN MEDICINE FUNDING AND PART-TIME FACULTY FUNDING

Funding for Women in Medicine Programs (Table 9. Funding Support for Women in Medicine Programs)

The AAMC, in its endorsement of the Report of the 2003 Increasing Women's Leadership Committee, recognized the importance of institutional support for Women in Medicine (WIM) programs in advancing women's leadership. In a 1998 survey, WLOs were asked if their dean's office provided annual funding for WIM programs/activities. At that time, 118 schools responded and 71 reported WIM program funding with an average of \$19,170 per medical school. The survey was repeated for the 125 U.S. medical schools this year. Of the 88 who responded, 71 schools reported receiving annual funding from the dean's office ranging from \$500 to \$200,000. With the average funding dollar amount of \$21,050, WLOs listed program/activities, staff support, gender equity consultants, speaker travel, support for AAMC Women in Medicine (WIM) professional development seminars and Executive Leadership in Academic Medicine (ELAM) as expenditures. Three schools reported substantive funding that includes salary support for one or more administrative staff.

Part-time Faculty: Definition and Distribution by Sex

Eighty-eight schools responded to a survey to learn more about part-time faculty options. The survey requested: 1) the school's definition of part-time faculty and 2) the numbers of men and women appointed to that category. Four basic definitions emerged. Slightly more than half of the schools define part-time compensated faculty by a diminished percent FTE, generally anything less than 100%. Some assign the appointment to faculty with other percentages of compensated time, varying from less than 50% to 75% effort. A few others use the designation to describe faculty who contract for specific services for teaching, research, or other professional assignments. For three responding schools, the definition describes volunteer faculty who receive no compensation. Three schools reported they have no definition for part-time faculty in their appointment system.

Of the schools that reported a designation of compensated part-time faculty, 39% of those part-time faculty are female and 61% are male. Eighteen percent of the entire male faculty are part-time and 20% of the female faculty are part time. As a preliminary survey we did not ask questions about reasons for part-time appointment, or eligibility for benefits or tenure. Future surveys will need to probe job assignments as well as policies for compensation.