

## CHAPTER 1

### STATUS REPORT ON WOMEN IN ACADEMIC MEDICINE

The following is a brief summary of the most current numerical data on women's participation in academic medicine. *Women in U.S. Academic Medicine Statistics, 1996* offers an expanded presentation including tables and is available from AAMC.

#### **Applicants and Students**

The proportion of women in the U.S. medical school applicant pool has plateaued in the last five years at about 42%. Women now constitute 42% of total enrollment in U.S. medical schools.

Between 1994-95 and 1995-96, the number of men applicants increased 2% and women; 4%. For the last four years, equivalent proportions of women and men have been accepted, despite the tendency of women to score lower than men on most parts of the Medical College Admission Test and to have slightly lower science GPAs.

Large school-to-school variations are apparent in the proportion of new entrants who are women, from a low this year of 24% to a high of 63%. In 1995-96, women made up the majority of new entrants at 19 schools (AAMC).

#### **Residents**

The proportion of women in residency programs has grown from 22% of all residents in 1980 to 34% in 1995. Of the 32,694 women residents, more than one-quarter are training in internal medicine (including specialties), 16% in pediatrics, 12% family practice, 9% obstetrics/gynecology, and 8% psychiatry. Much lower are the proportions of women in surgery, with 5% of all women residents training in general surgery (vs. 10% of men). The proportions of women in each of the surgical subspecialties remain below 1%: orthopedic surgery is .6% and otolaryngology is .7%; for neurosurgery, plastic surgery, thoracic

surgery, and urology, the proportions are less than .5%.

While, the numbers of women are increasing in all specialties, this proportional distribution of women across specialties is remaining quite stable. One inference to be drawn is that women are not being attracted into and are being discouraged from entering surgical fields, raising questions about whether women enjoy the same access as men to the full range of specialty choice opportunities (Bickel and Ruffin). Given the national call for primary care physicians, however, others may applaud the fact that 31% of 1994 women medical school seniors (compared to 18% of men) plan a generalist-only specialty certification in either family medicine, pediatrics or internal medicine (Bickel and Ruffin).

#### **Medical School Faculty and Administrators**

The proportion of full-time faculty who are women has grown from 15% in 1975 to 26% in 1996. Looking at whether women's representation on medical school faculty varies in relation to the research intensity of the school (widely used as a measure of academic excellence), it was found that schools grouped at the high research end have a slightly higher proportion of women than schools at the low end (Bickel).

Of the 21,434 women faculty in 1996, just under 10% are full professors; 19% associate professors; 50% assistant professors, and 18% instructors. For men, these proportions are: 31%; 25%; 35%; and 8%. The proportions of both men and women at each rank have remained quite stable for over 15 years (Whiting).

Table 1A displays by specialty the number and proportion of women associate professors, full professors, division chiefs and chairs. Twenty-one percent of all associate professors

are women, and 10% of all professors are women (this is a different calculation from the one above, although the result is the same; that is, 10% of all women faculty are full professors and 10% of all professors are women).

Between 1995 and 1996 the number of women professors grew 6%, compared to a 3% growth for men; but men full professors (19,688) still far outnumber women (2,176). On average there are only 17 women full professors per medical school, including non-tenured and basic sciences faculty, compared to 158 men per school. Other chapters in this book explore the implications of this paucity relative to the problems of isolation and of a lack of women mentors for both sexes of students.

As shown in Table 1A, approximately 150 women currently chair medical school academic departments (this includes interim and acting chairs and is an estimate based on counts of likely first-names scanned from AAMC's *Directory of American Medical Education, 1996-97*). Of this total 85 are clinical and 65 basic science. This total of 150 is up from 92 in 1992 and 61 in 1983. Of the 308 women division chiefs counted, over one-third are in internal medicine and 27% in pediatrics. This number is up 13% from the 272 counted last year.

Table 1B displays for the first time the numbers of women department chairs, division chiefs, deans/senior associate deans/senior administrators, associate deans, and assistant deans at each U.S. medical school. If these categories are totalled, we find 8 schools with 12 or more women administrators: University of New Mexico School of Medicine (18), SUNY at Stony Brook (17), SUNY at Brooklyn (14), University of Maryland School of Medicine (13), University of California-Los Angeles (13), University of Connecticut (13), Stanford University (12), and University of California-Irvine (12). Eleven of the 125 schools have no women chairs or division chiefs; seven have no women at any level of deanship.

Five women presently serve as medical

school deans: Dr. Bernadine Healy at *Ohio State University College of Medicine*; Dr. Amira Gohara, *Medical College of Ohio*; Dr. Patricia Monteleone, *St. Louis University School of Medicine*; Dr. Barbara Atkinson, *MCP ♦ Hahnemann University School of Medicine*; and Dr. Julia Bonilla, *Universidad Central Del Caribe*.

### **Comment**

Until about twenty years ago, the main challenges for women were achieving access to a medical education and to a faculty position. As is evident from their numbers in medical school, equity in access for women is no longer at issue. For many racial minorities, however, access to a medical education remains a very difficult problem. For this reason, AAMC has coordinated a coalition of 35 organizations called Health Professionals for Diversity (Diedrich).

An issue of increasing concern is that pressures are intensifying within academic medicine to downsize departments (i.e., "last hired, first fired"), in some cases actually pitting women and minorities against each other. Moreover, decreases in the availability and guarantees of tenure have become a reality, just as substantial numbers of women faculty have arrived on the scene who would have been eligible for tenure in previous eras. There is no causal relationship between these two factors, but women are especially demoralized by this trend.

AAMC recognizes that women continue to face extra challenges in progressing in academic medicine and has launched a new initiative with multiple strategies to increase the number of women leaders (AAMC Project Committee on Increasing Women's Leadership). The remainder of this book addresses these challenges and offers many resources and pathways for improving the environment for women in academic medicine.

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<<http://www.aamc.org/~diverse>>; or contact  
Willa Owens, tel 202/828-0572, fax 202/828-  
1125, <[wowens@aamc.org](mailto:wowens@aamc.org)>.)

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