CFAS Connects: Gender Parity – An Example of Aligning with the Mission of CFAS

January 19, 2022

Moderator:

CFAS Chair-elect Nita Ahuja, MD

Speakers:

CFAS Administrative Board Member Adam Franks, MD

CFAS Administrative Board Member and Mission Alignment Committee Chair Stewart Babbott, MD

Summary:

Dr. Franks gave a presentation on the work of the Gender Parity subgroup of the CFAS Mission Alignment Committee, which has been examining the issue of gender parity in the promotion and tenure system.

The purpose of the presentation was to:

- Describe how the research was done and the results from the past two years of work
- Demystify the process of how CFAS reps can benefit from participation in CFAS

The most important resource for the group's research was the AAMC's Faculty Roster database.

The database includes data on medical school faculty (gender, age, rank, tenure, and chair status in some cases) going back to 1966. The database is accessible to all CFAS reps at https://www.aamc.org/data-reports/faculty-institutions/report/faculty-roster-us-medical-school-faculty

Findings:

- There are just as many tenure slots, but there is a large group of non-tenure track assistant professors, mostly in clinical science, who have been hired over the last 2-3 decades.

- The percentage of female faculty members has increased in linear fashions over long periods of time but there are a couple "transition points" where significant changes can be seen.

- The group hypothesized these changes resulted from incidents happening on the national scene in academic medicine that either accelerated or decelerated the otherwise steady slopes of rising gender parity through the P&T process.

- Some possible causes for these transition points were the creation of the "medical educator" track, massive increases in medical school creation, and some financial pressures that were placed on medical centers.

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- *Academic Medicine* has accepted the group's first manuscript.

- Now the group is examining which institutions are working toward gender parity effectively through their P&T processes. This work will generate a second manuscript.

- To do this, the group created a metric that is the combination of institutional data over 10 years, including averages of how many women were either chairs, tenured, or full professors, as well as the total numbers of women faculty members.

- The group hopes to have this metric be included in the AAMC's Mission Management Tool, which deans use as one of the tools to track their institutions' progress on important issues.

- The group is also going to develop a manuscript that looks at what drives the difference in schools that are "female friendly" versus schools that are less "female friendly."

- This will hopefully help to identify common institutional factors that drive positive cultures for female faculty. From that, the group could identify best practices for female friendliness.

- This project, along with other important work being done in the CFAS Mission Alignment Committee, is a great example of the impact faculty members can have by getting involved in CFAS through committee projects.

- The formation of working groups within CFAS can be self-directed and often happens around topics of mutual interest to various individuals who decide to come together to address a particular issue.

- For those who want to start a productive group, Dr. Franks recommended that groups include 4-6 people, include the AAMC in the group, and have someone in the group who is responsible for and knowledgeable on the data side of the project.

Further discussion:

- There was discussion on how to update the categories that the Faculty Roster collects data into.
- There was discussion on how to look through the AAMC's StandPoint surveys to create a picture of the faculty experience *(NOTE: for information about StandPoint or to get survey information and data, contact Valerie Dandar at the AAMC at vdandar@aamc.org).*
- There was discussion on whether leaders in academic medical centers should be held accountable for whether women faculty advance in their institutions.

Chat:

If you have ideas on future CFAS connects sessions, please reach out to Eric Weissman or me. My email is nita.ahuja@yale.edu. Reach out to Eric at eweissman@aamc.org. All ideas are welcome!

https://www.aamc.org/data-reports/faculty-institutions/faculty-roster

https://www.aamc.org/data-reports/faculty-institutions/report/famous

Query: Did you include program directors in your "leadership" allocation?

Answer: We did not.

Could we amend the database to include additional leadership positions, including Division Chief?

Will this drive the data base to allow for non-binary gender identification going forward?

Faculty/CFAS reps can search the faculty roster individually, but search results tend to be quite simple. If you want a more complex search, we have found it necessary to ask AAMC personnel to do the search for us.

The CFAS Diversity and Inclusion Committee meets later today and we will bring it up as something we should further investigate and recommend changes.

Would love to look at wellness survey data if it is available.

Regarding the data collection comments here regarding the Faculty Roster - I'll share that feedback with AAMC colleagues who do data collection. I will be surprised if these questions have not come up already - they are great questions.

If this female friendliness metric becomes part of the Mission Management Tool, then Deans will be able to see how their school compares to others.

What about faculty development office at your institution? Or Faculty e-portfolio?

Reward for mentoring others?

Perhaps the glass door for academic medicine.

That's an excellent point. If women are not treated with equity by their colleagues, how can they rise in the ranks?

We can add to that data on incidents of unprofessionalism in the learning environments that affect women. We are supposed to collecting this data as an LCME requirement.

Does the data allow you to determine if female faculty are not applying for promotion, or if they are applying and unsuccessful...neither would be good, but the solution to each would be different.

While there are some tools for development, there are so many little things that are obstacles to advancement that it seems like lots of challenges and much fewer opportunities.

We are going to be surveying our faculty that have not gone up for promotion after 5 years to get cultural or individual issues such as mentorship, chair support, financial incentives, and time as barriers to promotion. We would use this information to guide further programs. Has anyone else completed a similar survey? I would greatly appreciate learning about your experience.

Agree having a well structure program with support will make the process more clear.

Am wrapping up my annual reviews and looking into same things. We would be interested in collaborating.

I think this idea of professionalism is really important and contributes to the culture. I would be very interested to see if we can pull data from a database, since it needs to be collected as per LCME. If not,

we might be able to get at it through focus group interviews at institutions or through institutional surveys.

Really important issue, would like to discuss more how we can measure this beyond students and scale it across institutions.

Really important point and one that likely can be scaled across organizations.

A recording of this session along with the chat transcript and written notes/summary and the slides will be available in the coming days on the CFAS Resources page.

We are looking at culture/professionalism effects of mistreatment at the GME level and have interesting insights at the faculty level. Would be very interested in collaborating/brainstorming in this area.

The tenure issue is another one that may disadvantage newer schools in your data analysis. Many newer schools don't offer tenure to their BMS faculty, and clinical faculty are employed by their healthcare systems instead of the University, therefore not tenure eligible. But I assume your metrics of parity would have accounted for this because only comparing males vs. females?

A recent article https://www.nejm.org/doi/10.1056/NEJMsa1916935