

Gender Equity Task Force

Recommendations for Gender Equity: Leadership and Recognition

October 12, 2020

The CU School of Medicine's continuing commitment to achieve gender equity will honor the memory of Ruth Bader Ginsburg whose work blazed the way for gender equality throughout her illustrious career.

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NOTE: A special thanks to Christopher Smith and Cheryl Welch for their time and effort gathering gender equity data.

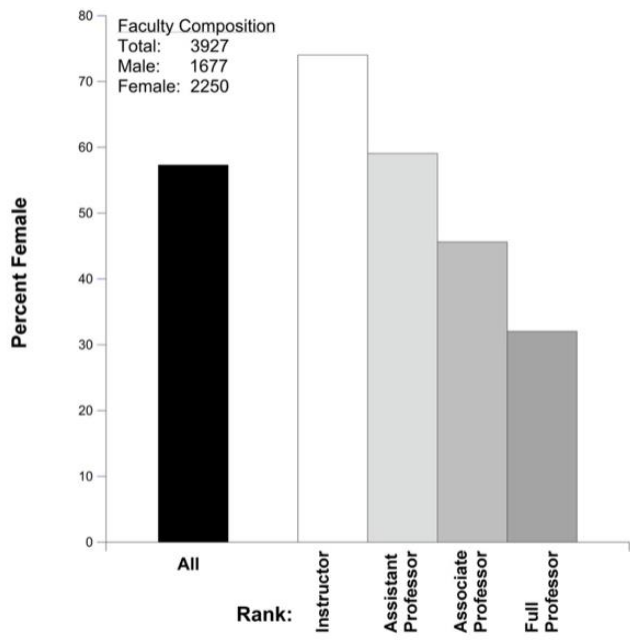
I. Overview

In 2020, the Association of American Medical Colleges (AAMC) issued a Call to Action for Gender Equity (<https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion/aamc-statement-gender-equity>). In response, the Dean of the School of Medicine (SOM), John J. Reilly, Jr., MD, charged a task force to examine Gender Equity (GE) in the SOM and submit actionable recommendations to him by October 12, 2020. GE refers to the provision of fairness and justice in the distribution of benefits and responsibilities across all genders.

The AAMC Call to Action identified four areas of focus for GE efforts: workforce, leadership and compensation, research, and recognition. The Task Force focused on two of these areas: leadership and recognition. Section II summarizes the analyses and discussions conducted by the Task Force. Section III lists the Task Force's recommendations, followed by Section IV with commendations and Section V with a general recommendation regarding the importance of access to good-quality and affordable childcare for all SOM personnel.

II. Analyses and Summary of Discussions

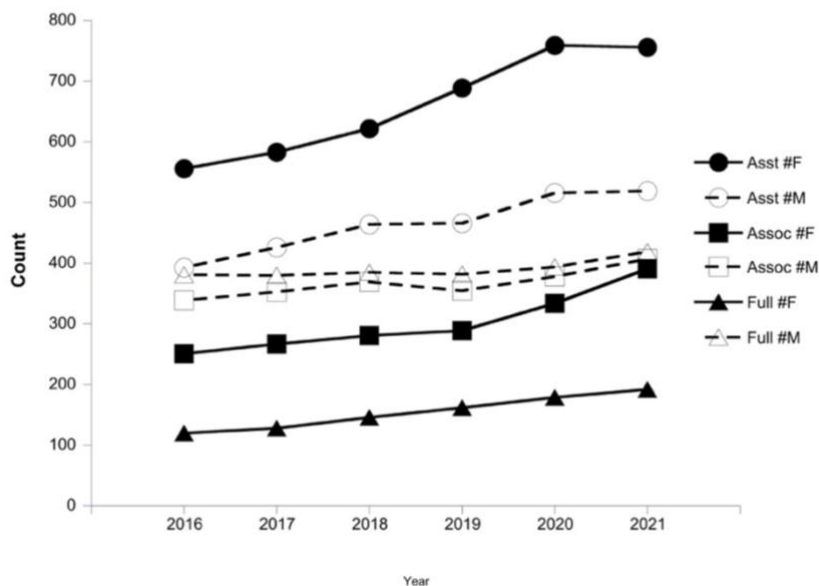
A. Leadership: The Task Force reviewed data regarding the sex composition of different leadership positions within the SOM. In addition, to provide the relevant context for analysis of the data, the Task Force also gathered data about the sex composition of faculty, by rank, by ethnic group as well as time to major career milestones (e.g., promotion, award of tenure). We note that the majority of information gathered presented sex as a binary (female/male)¹ category, precluding a more broadly inclusive analysis.



As Associate and Full Professors typically hold leadership positions, we examined numbers of men and women¹ faculty within the SOM by rank. Overall, for the 3,927 SOM Instructors and Assistant, Associate and Full Professors, the percent of faculty that is female is 58%. Considering Assistant, Associate and Full Professors only, the percent of faculty that are female steadily decreases as rank advances, with 59%, 49% and 32% respectively. In addition, breaking the data down by ethnic groups reveals a consistently lower representation of females as rank increases for all groups (Appendix A; data provided by Dr. Zimmer).

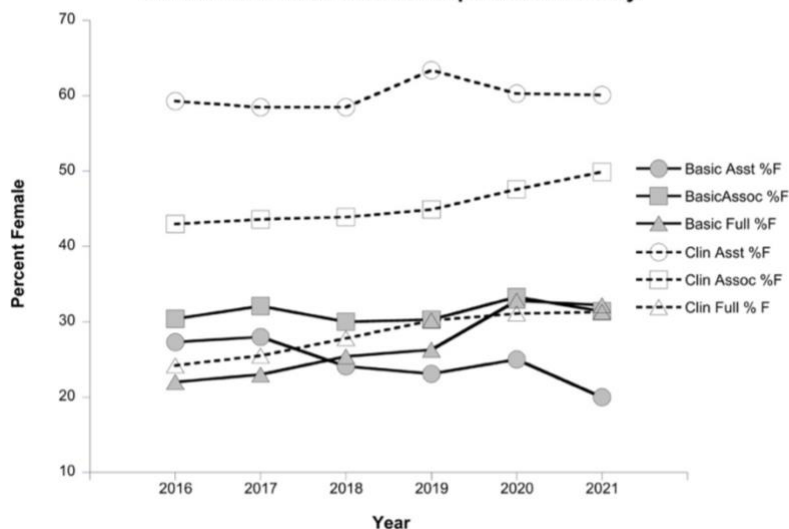
¹ For the purposes of this report, we use the terms “female” and “women” to include faculty who identify as women, transwomen/transfeminine, gender non-conforming, non-binary, and gender queer.

SOM Regular Faculty



Over the past five years, the numbers of female and male Assistant Professors have increased by 36% and 32%, respectively. During this period, females have comprised approximately 60% of the Assistant Professor group. Over the same period, the numbers of female and male Associate and Full Professors have also increased. In 2016, females comprised 43% of Associate Professors. The changes in the past five years have improved the distribution and currently 49% of Associate Professors are female. While the number of female Full Professors has increased modestly over the past five years, only 32% of the current group of Full Professors are female.

Clinical and Basic Science Department Faculty



The number of faculty in Clinical Departments exceeds that in Basic Science Departments by approximately 20-fold (Appendix C). Accordingly, determining the status of faculty by rank and sex within the Basic Science Departments requires separate analyses.

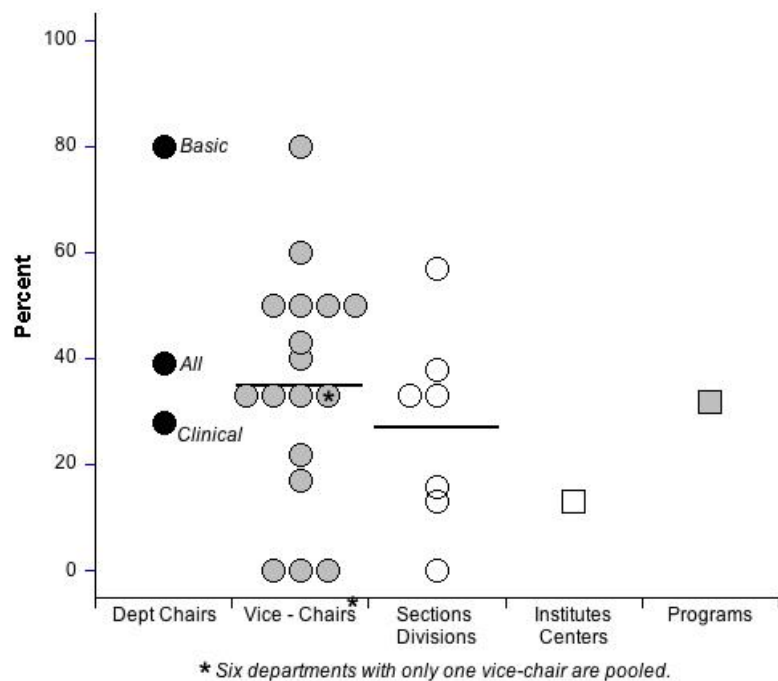
Over the past five years, in contrast to the Clinical Departments, the number of female Assistant Professors in the Basic Science

Departments has not increased (Appendix C) and the percent of Assistant Professors who are female has decreased. At the Associate Professor levels, the Basic Science Departments also have a lower percentage of female faculty compared to the Clinical Departments. At the Full Professor level, the percent of faculty who are female is similar between the Basic Science and Clinical Departments.

In summary, the pool of female faculty with ranks typically considered necessary for leadership positions is not equal in number compared to male counterparts.

Two factors may contribute to the decrease in the percentage female as rank increases: (1) Females may drop out of academia at greater numbers than do males, (2) For the group who are now senior Full Professors, there may not have been a large number of female Assistant Professors when they held that rank, i.e., a pipeline issue. While we do not have data that directly address these possibilities, we examined years at rank for females and males, a potential related contributing factor. The data did not reveal significant differences in years at ranks for female vs. male faculty members (Appendix B).

Some SOM Departments have made changes in faculty advising and policies that have led to increases in the numbers of female Full Professors. Dr. Zane reviewed his department's efforts which included having faculty develop a Path to Professor Plan upon promotion to Associate Professor, with a timeline, and in collaboration with department leadership. Discussion also led to the recommendation that Associate Professors maintain a mentoring committee and undergo a mid-term-like review three years after promotion. It is expected that progress towards promotion be discussed by Chairs with



faculty during the annual review. However, the informal feedback received suggests that review of progress towards promotion is not always done. Chairs might feel more comfortable engaging in these discussions if provided training in how to discuss promotion progress constructively and honestly.

Even though there are currently fewer female than male Full Professors, focused recruitment efforts of Department Chairs during Dean Reilly's leadership have increased the number of women in leadership. Nine of the 23 (39%) SOM Department Chairs are female. This percentage exceeds the 2019 national average of 19% (AAMC, <https://www.aamc.org/data-reports/faculty-institutions/interactive-data/us-medical-school-department-chairs-chair-type-and-sex>).

However, **within** Departments, the extent of female leadership varies greatly across the SOM ranging from 0-80% for Vice-Chairs of Departments (graph). In the Department of Obstetrics & Gynecology, Dr. Santoro's policy that an open application process exists for positions of responsibility has led to broad applicant pools with more women applicants and promoted a sense of fairness; transparency regarding faculty data on salary equity, by gender, rank and position has further promoted a sense of fairness.

Identification and quantitative assessment of factors that facilitate or hinder success of faculty at academic medical centers would allow GE efforts to focus on areas that need improvement and a method for tracking progress. While such a tool does not exist, its development would enable Chairs, Section Heads and Division Chiefs to establish goals for the coming year/term and then reassess progress towards GE.

B. *Recognition*: Available data about recognition and awards were also reviewed. The Task Force found that records of those who had been nominated for national awards needing a campus endorsement as well as for local awards, were lacking both within SOM Departments as well as in the Office of the Vice Chancellor for Research (VCR). The latter handles internal competitions for the nomination of candidates for many of the national awards. In addition, there are no systematic lists of local and national awards within Departments or in the SOM.

Within the CU system, an especially significant recognition of a faculty's accomplishments is the award of the Distinguished Professor title. Within the SOM, there are currently 12 Distinguished Professors; six are members of Clinical Departments and six are members of Basic Science Departments. However, only two (15%) of the SOM Distinguished Professors are female. The two female Distinguished Professors are members of Basic Science Departments. None of the Distinguished Professors in Clinical Departments, MD or PhD, are female, even though approximately 25% of MD Full Professors in Clinical Departments are female.

III. Recommendations

The co-liaisons note that data regarding gender needs to be inclusive of all people, not restricted to gender binary categories. We recognize that concern of potential discrimination may cause some individuals to prefer not to specify gender. Such concern should be considered an indicator of the need to maintain and protect an inclusive environment in the SOM. In addition, many of the recommendations that appear here also pertain to underrepresented minorities.

A. Leadership. The overall goals are two-fold. The first is to achieve GE at Associate and Full Professor ranks and to expand the number of female candidates eligible for leadership positions. The second is to gather gender data in leadership tracks to identify barriers for achieving GE. The recommendations are organized into five categories:

1. Increase support for Associate Professors (prevent potential drop-out)

- Encourage Associate Professors to strive for promotion to Full Professor rather than consider their rank as terminal.
- Insure that a discussion of faculty progress toward promotion occurs during the annual review of each faculty member. Provide Chairs with training about how to discuss promotion progress constructively.
- Perform a review for Associate Professors approximately three years after promotion that is similar to the mid-term review for Assistant Professors.
- Maintain a mentor/mentoring committee for Associate Professors and have newly promoted Associate Professors develop a Path to Professorship Plan, with timeline, following a template and guidance provided by department leadership.
- Create financial and other resources to support research activities of Associate Professors.

2. Revise promotion criteria to allow appropriate recognition for all activities

- Insure that promotions committees provide appropriate weight and merit to committee participation as well as other types of service. Have service become a required and weighted category in the promotions process.

3. Identify and share best practices

- For Department Chairs, discuss progress towards GE, using AAMC national benchmarks as minimal expectations (Appendix D) during annual review with Dean to identify obstacles and best ways to overcome them.
- Establish a mechanism for GE best practices at the Associate and Full Professor levels to be shared across departments.

4. Identify potential facilitators/obstacles to success

- There is currently not a tool to assess what enables/blocks a successful career. Develop a robust and reproducible tool to identify and quantify both predictors of and obstacles to success that women encounter in obtaining leadership positions and promotion. Such a tool can be used to assess and promote progress over time.

- Query faculty of all genders so that the issues specific to all can be identified. On the basis of data in the report and Appendix C, particular attention should be devoted to issues faced by female physicians and basic scientists.
- For faculty who leave the SOM, perform exit interviews/questionnaires to understand the reasons that led to departure.
- Document and acknowledge all positions of responsibility and leadership across the SOM, throughout departments and divisions/sections and for faculty at all ranks to guide gender equitable appointments. Appendix E presents relevant national data related to this issue.
- Identify pipeline disparities in entry- and mid-level leadership positions.

5. Search committees

- Ensure appropriate gender ($\geq 30\%$ women) composition on all search committees for leadership positions. This has been the practice for Department Chair searches that led to the recruitment of several female Department Chairs but should be expanded to searches for all leadership positions. Women included on search committees should have the appropriate positions/gravitas so that their voices are heard.

B. Recognition. The recommendations are:

- Actively solicit nominations for female CU SOM faculty for Distinguished Professorships, with a goal of achieving 50% female nominations.
- At the Department level, establish databases of nominations for local and national awards and aim to nominate faculty at gender equitable levels.
- Appoint an employee in the Dean's Office to nominate SOM faculty for national and local awards and oversee preparation of nomination packages. Similar to the University of Pennsylvania, this person will make sure that women faculty are equally considered for national and local awards as well as appointments to national medical honor societies and other honor societies.
- Work with the Vice Chancellor for Research to maintain and regularly update a database of local and national nominations that provides information about gender of nominees.
- Use nomination databases to acquire data regarding gender of nominees and overall gender equity and set a goal for this to match faculty distribution by gender.

IV. Commendations

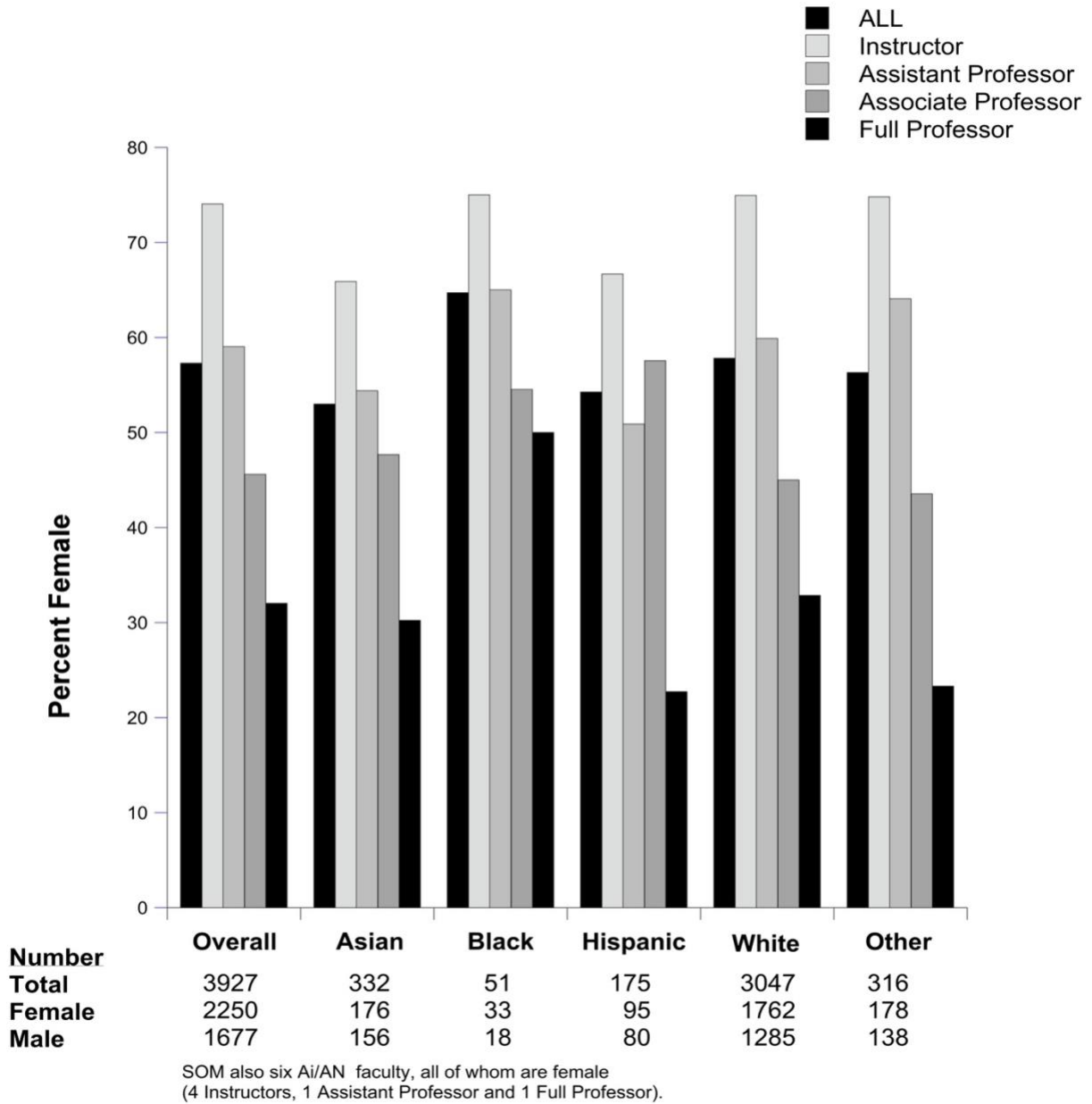
- To the university administration and its task force addressing impact of COVID on childcare in light of COVID's potential to impact GE on faculty rank. The advent of COVID has resulted in fewer publications from women faculty nationwide and fewer citations of their work (Lancet, 2020).
- To Faculty Affairs, for recent efforts to revise promotion criteria so that committee service is appropriately weighted and valued.
- To the Dean, for support of the Institution's Doris Duke Charitable Foundation Award that provides support to Assistant and, new this year, Associate Professors facing caregiving needs.

V. General Recommendation

- Leverage the momentum from the first commendation above to ensure that quality childcare is available to all SOM personnel with no/minimal waiting lists.

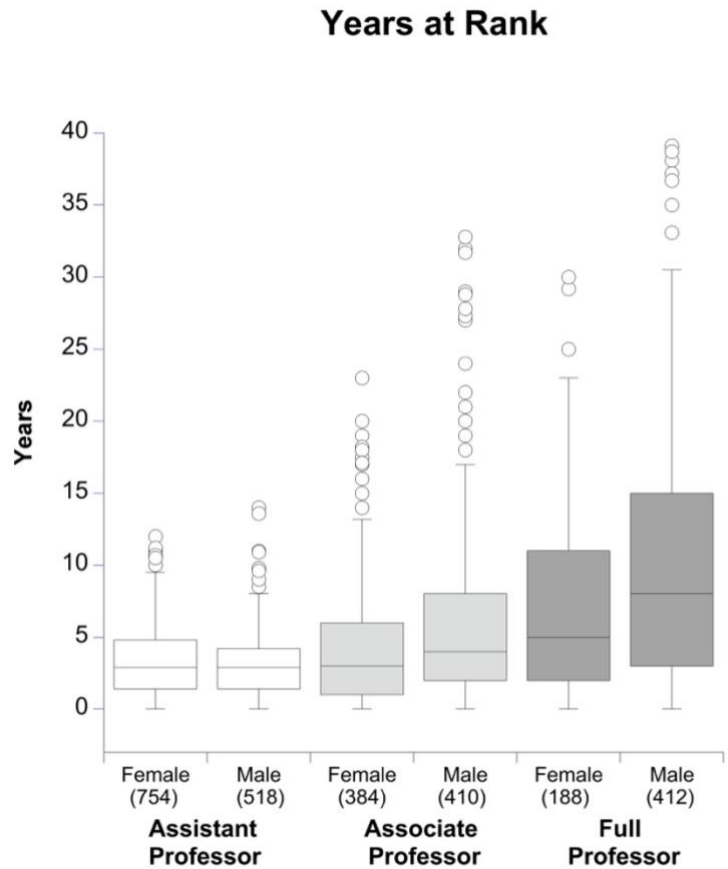
Appendix A

(Raw data provided by Shanta Zimmer, MD)



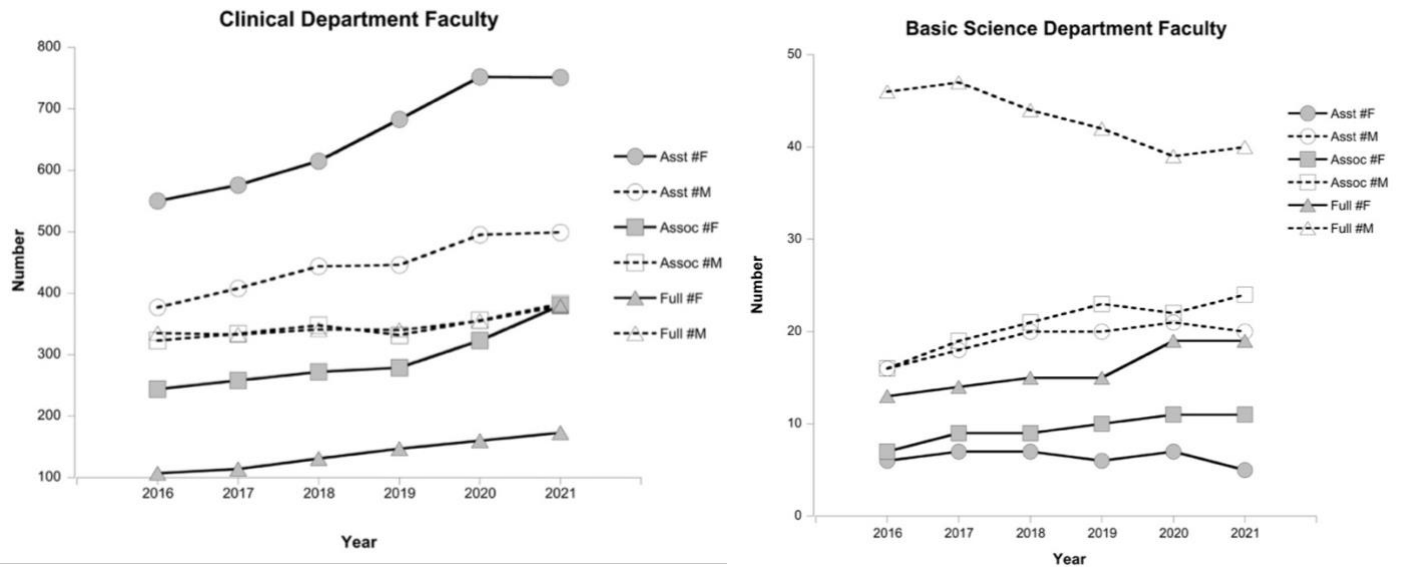
Appendix B

The graph summarizes the number of years female and male faculty at the ranks of Assistant, Associate and Full Professor. For both females and males, there are many outliers (circles). However, at the Assistant and Associate levels, there were no significant differences in the median number of years at rank for males vs. females. (Raw data provided by Cheryl Welch and Christopher Smith.)

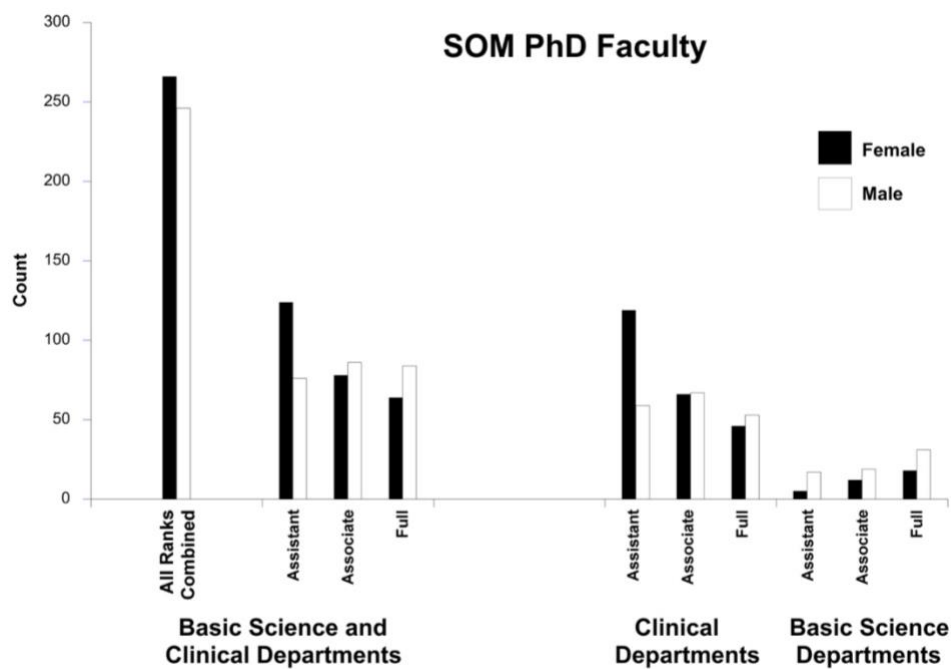


Appendix C

A. Longitudinal Data: The number of faculty in clinical departments (left graph) is ~ 20-fold greater than the number in basic science departments (right graph; note differences in y-axes). The longitudinal data for faculty in Clinical Departments presents a similar scenario as that of all SOM faculty (Figure 2). For all levels, GE has improved over the past five years. At the Assistant level, there have been more females than males. At the Associate level, GE has nearly been achieved. However, despite modest improvement, the number of male Full Professors exceed that of females by ~ 6-fold Assistant Professors. In contrast, in the Basic Science Departments, the numbers of female faculty lag behind those of males at all levels. (Raw data provided by Cheryl Welch and Christopher Smith).

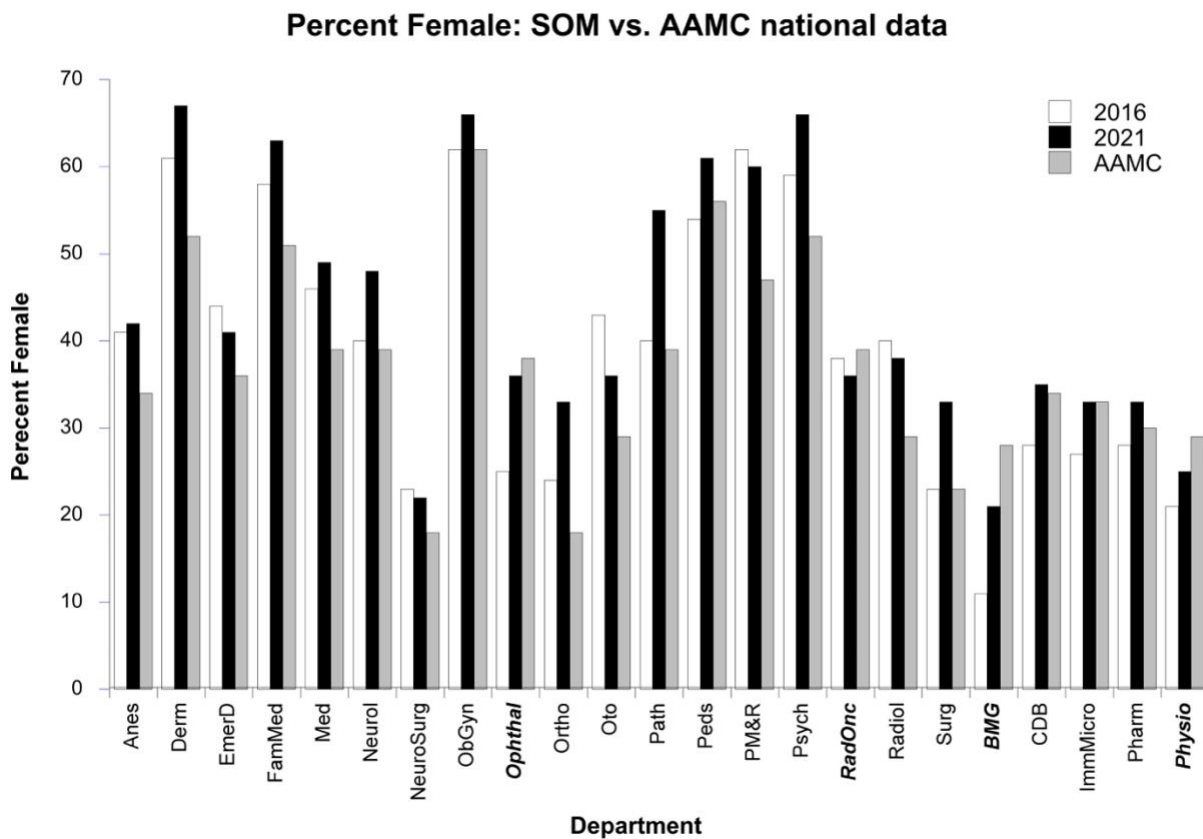


B. Current profile of SOM regular faculty who hold the PhD degree: Only faculty holding the PhD degree (excluding MD/PhDs) are considered for this graph. In the basic science departments, there are fewer female than male faculty at all ranks. In the clinical departments, female Assistant Professors outnumber male Assistant Professors. At the Associate Professor levels, the numbers of male and female faculty are hardly different. However, at the Full Professor level, there are fewer female faculty.



Appendix D

For each SOM department (x-axis), the percent female (y-axis) is shown for 2016 (white bar), current year (black bar) and the national average for that field per the AAMC (grey bar); regular track Assistant, Associate and Full Professor data have been pooled for the 2016 and current year numbers. During the annual review of each Chair, such data could be used as a starting point/minimal expectation for monitoring progress towards GE. Chairs could expand on these data by providing data for each rank for their individual departments.



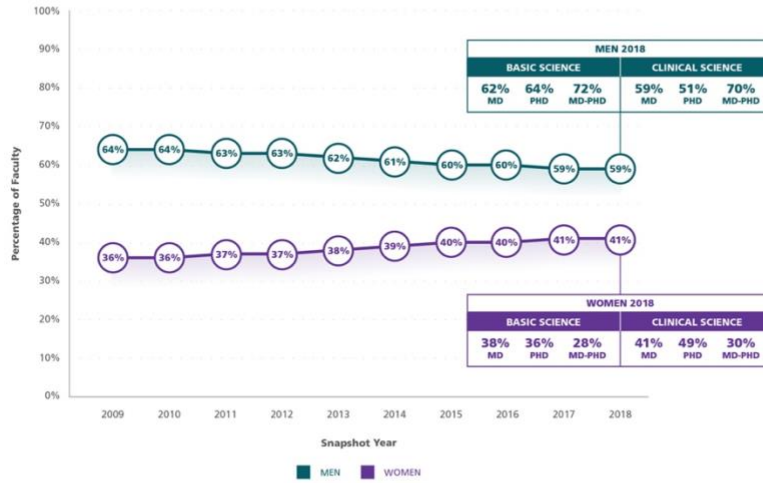
Appendix E. Included here are graphs prepared by the AAMC that provide national data regarding several aspects of gender equity covered in this report.

1. US SOM faculty by gender

THE STATE OF WOMEN IN ACADEMIC MEDICINE, 2018-2019

Percentage of Full-Time U.S. Medical School Faculty by Gender, 2009-2018

FIGURE 9



KEY TAKEAWAY

The proportion of full-time women faculty has increased steadily over the past 10 years, from 36% in 2009 to 41% in 2018.

LEARNERS FACULTY SENIOR LEADERSHIP

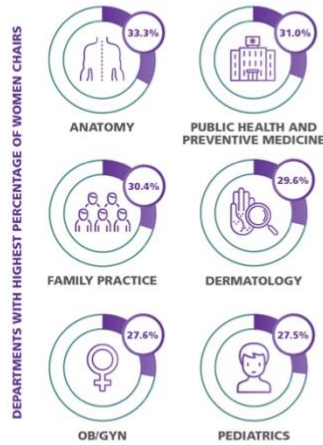
Source: AAMC Faculty Roster, Dec. 31, 2018 snapshot. Data represent Dec. 31 snapshots for each year presented. US Medical School Faculty Tables, Table 14. U.S. Medical School Faculty by Sex, Degree, and Department, 2018.
 Note: This figure excludes faculty with missing gender, which accounts for less than 0.5% of all faculty in each snapshot year. The data displayed by department type and degree type include faculty in basic science and clinical departments only; faculty in "Other" departments and faculty with other degrees were excluded. Department degree type breakdowns exclude faculty of other and unknown degree types and faculty in "Other Health" departments.

THE STATE OF WOMEN IN ACADEMIC MEDICINE, 2018-2019

Department Chairs by Gender and Department, 2018

FIGURE 22

2. SOM Department Chairs by department and gender



	WOMEN	MEN	% WOMEN CHAIRS
BASIC SCIENCES			
Anatomy	26	52	33.3%
Biochemistry	26	74	26.0%
Microbiology	19	81	19.0%
Pathology (Basic Science)	10	30	25.0%
Pharmacology	17	71	19.3%
Physiology	12	67	15.2%
Other Basic Sciences	84	236	26.3%
CLINICAL SCIENCES			
Anesthesiology	16	107	13.0%
Dermatology	24	57	29.6%
Emergency Medicine	13	102	11.3%
Family Practice	42	96	30.4%
Internal Medicine	31	144	17.7%
Neurology	14	115	10.9%
Obstetrics and Gynecology	42	110	27.6%
Ophthalmology	14	89	14.0%
Orthopedic Surgery	1	118	0.8%
Otolaryngology	3	83	3.5%
Pathology (Clinical)	20	72	21.7%
Pediatrics	41	108	27.5%
Physical Medicine and Rehabilitation	10	53	15.9%
Psychiatry	34	120	22.1%
Public Health and Preventive Medicine	9	20	31.0%
Radiology	36	178	16.8%
Surgery	24	356	6.3%
Other Clinical Sciences	17	64	21.0%
OTHER DEPARTMENTS			
Dentistry	0	6	0.0%
Other Health Professions	9	18	33.3%
Social Sciences	3	0	100%
Veterinary Sciences	2	1	66.7%
All Others	19	28	40.4%
TOTALS (Numbers and Average %)	618	2,656	18.9%



KEY TAKEAWAY

Many of the departments with the largest proportions of full-time women faculty also had the largest proportions of women chairs, except for anatomy.

LEARNERS FACULTY SENIOR LEADERSHIP

Source: AAMC Faculty Roster, Dec. 31, 2018 snapshot, as of April 30, 2019.
 Note: This table excludes six chairs with missing gender data. The analysis of departments with the highest percentage of women chairs includes basic science and clinical departments only; "Other" departments were excluded.
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Appendix E (continued)

3. SOM Division and Section Chiefs by gender

THE STATE OF WOMEN IN ACADEMIC MEDICINE, 2018-2019

Division and Section Chiefs by Gender, 2018

FIGURE 19



KEY TAKEAWAY

The proportion of women who were section chiefs, division chiefs, or both has nearly doubled since 2004; however, less than a third of all chiefs were women in 2018.

LEARNERS

FACULTY

SENIOR LEADERSHIP

Source: AAMC 2019 WIMS Benchmarking Survey and AAMC State of Women in Medicine Report 2013-2014. Data from the AAMC 2019 WIMS Benchmarking Survey reflect faculty counts as of Dec. 31, 2018 (n=98 institutions).
 Note: Includes permanent roles only.
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