

3 ways to achieve gender equity in academic medicine promotions

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Women physicians face a slower promotional timeline while also being less likely to reach associate or full professorship compared with their male counterparts. This is a gap in academic medicine that has not made improved much over three decades. More recently, the COVID-19 pandemic has caused a worrisome backslide, according to a *JAMA Internal Medicine* Viewpoint article. Knowing how to promote gender equity leading up to promotion is key.

According to the Viewpoint, only 26% of full professors and 39% of associate professors in U.S. medical schools are women. This is despite representing 48% of assistant professors and 43% of all full-time medical school faculty. These inequities are even worse for women in underrepresented minority groups.

The Viewpoint, “Toward Gender Equity in Academic Promotions,” was written by Leah M. Marcotte, MD, assistant professor of medicine at the University of Washington in Seattle, AMA member Vineet M. Arora, MD, dean for medical education at the University of Chicago Pritzker School of Medicine, and Ishani Ganguli, MD, assistant professor of medicine at Harvard Medical School.

This issue is of great importance to the AMA, which recognizes that gender inequity in medicine is a complex issue that requires a multilayered approach. Promoting gender equity in medicine means acknowledging the underlying causes of gender-based disparities, creation of policies and resources that will promote gender equity, and collaboration to improve the environment for women and the profession overall.

Every September, the AMA celebrates women physicians, residents and medical students during Women in Medicine Month. The pandemic posed another set of challenges for women physicians to surmount. That is why the AMA thanks the women physicians who are tirelessly advancing equity and building on change. This September, the AMA is recognizing the endurance and strength demonstrated by women in medicine through the challenges of the past year while being an advocate and ally.

Here are ways that institutions can rethink promotion and reverse harms that were precipitated by the COVID-19 pandemic to promote gender equity leading up to promotion, according to the *JAMA Internal Medicine* Viewpoint.

Support productivity

Productivity is heavily weighted in promotion, but requires time. It also demands research ideas, funding, data, mentorship and collaborators.

With that, women physicians are often awarded fewer and smaller grants than men. This means more time is spent on grant applications, which then interrupts productivity levels of women physicians. Women physicians and faculty are also disproportionately solicited for institutional service, which can lower their productivity. The situation's even worse for those in groups that are underrepresented in medicine.

To help, academic medicine institutions should train and support mentors as well as department leaders to cut gender-specific barriers to productivity, the Viewpoint's authors argued. It is also important to proactively identify and support women when applying for grants and providing supplemental funding.

Discover five things organizations can do to advance women in medicine.

Narrow gap in external recognition

Women face substantial barriers when it comes to external recognition such as speaking engagements, presentations and awards outside of their own academic medicine institution. To narrow this gap, the Viewpoint authors wrote that "institutions should proactively nominate women, with a greater focus on those underrepresented in medicine, for internal and external awards and speaking opportunities."

Additionally, academic departments can host cross-institutional virtual or conference-based

gatherings to boost women’s chances of being invited for future talks. Policies that cover child care, breastfeeding and pumping accommodations, and dependent travel also should be adopted. And after the COVID-19 pandemic has ended, virtual speaking opportunities should remain.

Pay attention to timing

When physicians seek associate professorship, it often coincides with having or trying to have children, the authors explained, noting that this “disproportionately affects women who delay the process for maternity leave or fertility treatment.”

While some institutions offer extra time to meet promotion requirements, this only slows down the promotion process and penalizes women further. An alternative solution is to categorize having a child as a major life event rather than just adding years to the timeline, the authors argued. In doing this, institutions can help women physicians be considered for promotion in a timely manner.