AAMC
Tomorrow's Doctors, Tomorrow's Cures®

# AAMC STATEMENT ON GENDER EQUITY

Approved by the 2018-19 Board of Directors

## EXECUTIVE SUMMARY

The AAMC acknowledges that **gender equity** is a key factor in achieving excellence in academic medicine. To achieve the benefits of diversity, diversity must be inextricably linked to inclusion and equity. Environments are equity-minded when every person can attain their full potential and no one is disadvantaged from achieving this potential by their social position, group identity, or any other socially determined circumstance.

AAMC-member institutions must be intentional in identifying exclusionary practices, critically deconstructing the practices that sustain inequities within our institutions, and acting to eliminate these inequities.

## STATEMENT AND CALL TO ACTION

The AAMC acknowledges that **gender equity** is a key factor in achieving excellence in academic medicine. It is well documented that diversity is a driver of excellence. To achieve the benefits of identity and cognitive diversity, diversity must be inextricably linked to inclusion and equity. Environments are equity-minded when every person can attain their full potential and no one is disadvantaged from achieving this potential by their social position, group identity, or other socially determined circumstance. Gender equity is an integral component of our efforts to achieve excellence through diversity, inclusion, and equity.

As society and industries outside medicine now redouble their efforts to be diverse and inclusive, so too must academic medicine. We all bear the responsibility and must work together as a community to effect this change. AAMC-member institutions must be intentional in identifying exclusionary practices, critically deconstructing practices that sustain inequities within our institutions, and acting to eliminate these inequities. However, many inequities exist covertly outside institutional practices and policies. To mitigate gender inequities, academic medicine must radically transform its culture of power and privilege into one of equity and inclusion.

Academic medicine has suffered as a result of systemic discrimination and can no longer ignore the large impact that gender inequities have created. Now is the time to act. Member institutions and societies must renew their efforts to end exclusionary and discriminatory practices that operate across infrastructure, governance, operations, policies and processes, and workforce development. For the health of the academic medicine community, and for the patients who count on us, we can, we must, and we will achieve gender equity.

# TO ACHIEVE GENDER EQUITY, THE FOLLOWING AREAS REQUIRE ACTION:

## WORKFORCE

**Women continue to be underrepresented in the physician and scientific research workforce despite near parity in entering and graduating students.** Even though 50% of graduate students enrolled in STEM programs are women, less than 25% of STEM faculty members are women. Women have made up about 50% of medical student graduates since 1998 but make up only 35% of the physician workforce. Among underrepresented racial and ethnic minorities, women are the majority of graduates (52%-75%); however, underrepresentation of racial and ethnic minorities as a whole persists. Representation of women physicians varies by specialty; primary care specialties have higher percentages of women faculty (e.g., 63% for pediatrics, 57% for obstetrics and gynecology) than nonprimary care specialties and subspecialties (e.g., 18% for cardiology, 5% for orthopedics). This data suggests that there are climate factors at play pushing women out of medical and scientific careers. Recent evidence of the prevalence of harassment and gender bias may offer some reasons why women leave or are forced out of the profession.[1-3]

## RESEARCH

**There is a gender gap in authorship of peer-reviewed publications, especially in high-impact journals.** Men produce more peer-reviewed publications and are more likely than women to hold prominent positions as first or senior authors on the papers they publish. Editorial boards remain dominated by men, most papers are reviewed exclusively by men, and intrinsic cognitive biases contribute to depressing the productivity of women scholars. While women and racial and ethnic minorities are more likely to publish research on gender and racial and ethnic biases, this work is less likely to be funded or published in high-impact journals, undervaluing both these researchers and their work.[4,12-16]

**Men researchers receive more research funding than their women peers.** Women and racial and ethnic minorities receive less mentorship and guidance about applying to grants. Grant review panels remain predominantly composed of men, and unconscious bias plays into the reviews of grant applications. Although award rates are similar between men and women, men are offered larger funding amounts.[4,17-20]

Visit aamc.org/genderequity for more information and to view the list of citations.

## LEADERSHIP AND COMPENSATION

**Women are not promoted as quickly or to the same levels of leadership as men.** There is gender parity and even a predominance of women at the instructor level. However, the share of women faculty declines at each subsequent rank, such that the share of women professors is 53% lower than the share of women assistant professors. Even women who reach the rank of associate professor are less likely than men to become full professors. Less than 20% of all deans and department chairs are women. This decline in women representation is even more pronounced among racial and ethnic minorities. Only 12% of women chairs are from an underrepresented minority group. Women are encouraged to seek promotions two to four years later than men and do not receive similar sponsorship for senior roles and positions.[4-7]

**Women are offered less in starting salary, negotiated pay, and other forms of compensation (e.g., benefits and bonuses) than men despite equal effort, rank, training, and experience.** As in other industries, salary inequity exists in academic medicine and is exacerbated by the complicated nature of compensation in our field. Additionally, distorted cultural narratives in academic medicine insist that women "choose to work less."[8-10]

**The exclusion of women from, and the concentration of men in, leadership positions creates extreme power differentials in academic medicine.** While progress is being made, men are still concentrated at the top in roles that have significant decision-making and resource-allocation responsibilities. These power differentials place men in positions of power to (1) control the careers of others and (2) choose whether to address equity issues.[10,11]

## RECOGNITION

**Women receive less recognition through honors, speaking invitations, and awards than their men counterparts.** Women faculty are less likely to receive awards from their professional societies, be invited to speak about their research, and be introduced with their professional titles. Women are nominated for recognition opportunities less frequently, often because they lack access to the professional circles that are likely to make such nominations. Women and men are written about differently in evaluations and recommendations letters — for example, men are described as "brilliant" whereas women are said to be good "team players."[4,21-25]

20-011 (1/20)

Association of American Medical Colleges