

More progress seen in female versus minority leadership diversity in medicine

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Some specialties have made significant improvements in academic



medial leadership diversity since 2007, according to a study published online Sept. 25 in *JAMA Network Open*.

Austin M. Meadows, from Henry Ford Health in Detroit, and colleagues investigated the changes in academic medical leadership diversity from 2007 to 2019 using specialized reports from the Association of American Medical Colleges for four primary care specialties (internal medicine, family medicine, pediatrics, and obstetrics/gynecology [OB/GYN]) and four surgical specialties (orthopedic, neurologic, otolaryngology, and general surgery).

The researchers found that for chairperson diversity, only <u>internal</u> medicine and general surgery experienced significant increases in selfidentified minority representation (90 percent increase, from 13.0 percent in 2007 to 24.7 percent in 2019; 96 percent increase, from 13.5 percent in 2007 to 26.5 percent in 2019, respectively). During the same time period, several specialties saw significant increases in <u>female</u> <u>representation</u> (family medicine: 107.4 percent; pediatrics: 83.1 percent; OB/GYN: 53.2 percent; orthopedic surgery: +4.1 percentage points; and general surgery: 226.9 percent). Surgical specialties had lower leadership diversity than the average diversity of all residency programs, while primary care specialties had similar or increased diversity.

"Our recommendations to improve academic medical leadership diversity include programs and institutions (1) publishing efforts and outcomes of diversity representation, (2) incorporating a representative demographic for leadership selection committees, and (3) actively promoting the importance of diversity throughout the selection process," the authors write.

More information: Austin M. Meadows et al, Racial, Ethnic, and Sex Diversity in Academic Medical Leadership, *JAMA Network Open* (2023). DOI: 10.1001/jamanetworkopen.2023.35529



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