Building a New Framework for Equity: Pediatric Hospital Medicine Must Lead the Way

Nancy D Spector, MD[1,2]*, Barbara Overholser, MA[2]

[1]*Department of Pediatrics, Drexel University College of Medicine, Philadelphia, Pennsylvania;* [2]*Executive Leadership in Academic Medicine, Drexel University College of Medicine, Philadelphia, Pennsylvania.*

Pediatric Hospital Medicine (PHM) only recently became a recognized pediatric subspecialty with the first certification exam taking place in 2019. As a new field composed largely of women, it has a unique opportunity to set the example of how to operationalize gender equity in leadership by tracking metrics, creating intentional processes for hiring and promotion, and implementing policies in a transparent way.

In this issue of the *Journal of Hospital Medicine,* Allan et al[1] report that women, who comprise 70% of the field, appear proportionally represented in associate/assistant but not senior leadership roles when compared to the PHM field at large. Eighty-one percent of associate division directors but only 55% of division directors were women, and 82% of assistant fellowship directors but only 66% of fellowship directors were women. These downward trends in the proportion of women in leadership roles as the roles become more senior is not an unfamiliar pattern. This echoes academic pediatric positions more broadly: women's representation slides from 63% of active physicians to approximately 57% active faculty and then to 26% as department chairs.[2] The same story holds true for deans' offices in US medical schools, where 34% of associate deans are women and yet only 18% of deans are women. The number of women deans has only increased by about one each year, on average, since 2009.[3] C-suite leadership roles in healthcare mimic this same downward trajectory.[4] Burden et al found that while there was equal gender representation of hospitalists and general internists who worked in university hospitals, women led only a minority of (adult) hospital medicine (16%) or general internal medicine (35%) sections or divisions at university hospitals.[5] Women with intersectionality, such as Black women and other women of color, are even more grossly underrepresented in leadership roles.

How can we change this pattern to ensure that leadership in PHM, and in medicine in general, represents diverse voices and reflects the community it serves? Allan et al have established an important baseline for tracking gender equity in PHM. Institutions, organizations, and societies must now prioritize, value and promote a culture of diversity, inclusivity, sponsorship, and allyship. For example, institutions can create and enforce policies in which compensation and promotion are tied to a leader's achievement of transparent gender equity and diversity targets to ensure accountability. Institutions should commit dedicated and substantive funding to diversity, equity, and inclusion efforts and provide a regular diversity report that tracks gender distribution, hiring and attrition, and representation in leadership. Institutions should implement "best search practices" for all leadership positions. Additionally, all faculty should receive regular and ongoing professional development planning to enhance academic productivity and professional satisfaction and improve retention.

Women in medicine disproportionately experience many issues, including harassment, bias, and childcare and household responsibilities, that adversely affect their career trajectory. PHM is in a unique position to trailblaze a new framework for ensuring gender equity in its field. Let's not lose this opportunity to set a new course that other specialties can follow.

*Corresponding Author: Nancy D Spector, MD; Email: Nds24@drexel.edu; Telephone: 215-991-8240; Twitter: @ELAMProgram; @NancyDSpector.

Received: November 16, 2020; **Revised**: November 17, 2020; **Accepted**: November 19, 2020

Disclosures: Dr Spector is a cofounder and holds equity in the I-PASS Patient Safety Institute and is the Executive Director of Executive Leadership in Academic Medicine. Ms Overholser has nothing to disclose.

References

1. Allan JM, Kim JL, Ralston SL, et al. Gender distribution in pediatric hospital medicine leadership. *J Hosp Med.* 2021;16:31-33. https://doi.org/10.12788/jhm.3555
2. Spector ND, Asante PA, Marcelin JR, et al. Women in pediatrics: progress, barriers, and opportunities for equity, diversity, and inclusion. *Pediatrics.* 2019;144 (5):e20192149. https://doi.org/10.1542/peds.2019-2149
3. Lautenberger DM, Dandar VM. The State of Women in Academic Medicine 2018-2019. Association of American Medical Colleges; 2020.
4. Berlin G, Darino L, Groh R, Kumar P. Women in Healthcare: Moving From the Front Lines to the Top Rung. McKinsey & Company; August 15, 2020.
5. Burden M, Frank MG, Keniston A, et al. Gender disparities for academic hospitalists. *J Hosp Med.* 2015;10(8):481-485. https://doi.org/10.1002/jhm.2340