

# Take these steps to accelerate the path to gender equity

Without action, parity in academic medicine is still half a century away. **By Christina Mangurian and Claire D. Brindis**

**D**iversity in science is instrumental in achieving major breakthroughs. Without further accelerating gender parity and other types of diversity – including focusing on the needs of those in and working towards leadership roles – we will continue to lose valuable ground. At a time when academia faces some of its greatest workforce gaps in history, some of our brightest scholars are leaving institutions before reaching their full potential due to a lack of recognition.

We applaud changes that have been made for early-career researchers, with more women and historically excluded scholars entering research-training institutions now than ever before. But too often, we lose out on investments made by government funders and institutions in early-career researchers because the system was not built to increase the diversity of leaders as they move up the career ladder.

For 25 years, women have made up more than 40% of the medical student body in the United States, but less than 20% of department chairs in academic medicine. Without a major policy shift to accelerate the rate of diversification among leaders in the country, it will take 50 years for academic medicine to reach gender parity<sup>1</sup>. That's way too long.

We must address this with urgency, as women's perspectives and leadership are key in developing new therapies and improving representation in clinical trials. We need more role models for trainees and junior faculty. All of this leads to pipeline retention and more innovative discovery.

So, what do we do? We must re-evaluate the way the entire scientific academic enterprise is set up to directly, and indirectly, create challenging climates for women, especially for women of colour. Below, we focus on the policies and procedures that would offer the highest yield in the context of the United States, but that have global relevance.

## Elevate the status of gender equity on campus

- **Public policy value statements.** Commitments by academic leaders to diversity measures must be backed by strong policies, protocols and actions directed at all career stages, but particularly focused on supporting emerging and senior women leaders. Organizations must hold leaders accountable for incidents of bias, discrimination and bullying and institute formal, tailored training to promote allyship for some, and active rehabilitation for others.
- **Confidential reporting.** We need better reporting systems to ensure that researchers can highlight gender



**Christina Mangurian** is vice-dean for faculty and academic affairs at the University of California, San Francisco, School of Medicine. e-mail: christina.mangurian@ucsf.edu

**Claire D. Brindis** is emerita director at the Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. e-mail: claire.brindis@ucsf.edu

disparities without fear of retaliation. Ombudsman and whistleblower offices can be helpful, but in the United States, many of these are understaffed to meet the demand. There is also an urgent need to test which approaches are most effective at correcting behaviour.

## Implement institutional family-friendly policies

- **Childbearing/rearing leave.** In the United States, there have been gains for faculty members at some institutions and major gains nationally for trainees. But there is room to improve, such as provision of affordable, on-site childcare.
- **Lactation policies.** Only 8% of US medical schools provide financial incentives to make up for clinical time lost while lactating in the first 12 months post-birth. Institutions should be leading the way in establishing policies that recognize the biological factors impacting careers.
- **Elder care and other informal care.** A 2023 study<sup>2</sup> found that close to half of female faculty are informal caregivers, and close to half are providing elder care as they reach mid-career. Given that institutions are competing to attract mid- or senior-level women, expansion of paid leave policies to include elder care is warranted.

## Formalize equitable distribution of resources and access to opportunities

- **Compensation.** Institutions should regularly perform salary reviews as a means of correcting disparities, especially as it pertains to women of colour. Leaders should also regularly review starting salaries, distribution of endowed chairs, salary increases that are far above the norm and recruitment and retention packages.
- **Sponsorship.** Mentoring and sponsorship roles are increasingly recognized, but more oversight is needed. Behind closed doors is where decisions are made as to who gains access to crucial leadership opportunities; making the invisible visible is key to assuring greater institutional equity.

## Focus on faculty promotion and retention

- **Resources.** Offering equitable start-up packages and discretionary funds for new faculty members as well as compensation for dedicated mentors for historically excluded early career researchers can create a supportive professional environment. Such resources are important to offset the time requirements placed on excluded groups who are frequently asked to serve on campus and department committees to meet diversity metrics.
- **Peer support.** Community affinity groups facilitate knowledge exchange needed for career advancement, as well as 'real time' support for faculty members. They are easy to set up and yield high returns for participants.

A multi-pronged approach is needed to accelerate gender parity in academic medicine leadership. Rather than continue to attribute disparities to individual 'failures', institutions must recognize that structural and organizational interventions can make transformational change.

1. Beeler, W. H., Mangurian, C. & Jaggs, R. *N. Engl. J. Med.* **381**, 1508–1511 (2019).  
2. Rennels, C. *et al. Acad. Psychiatry* <https://doi.org/10.1007/s40596-023-01885-4> (2023).

**Correction**

This Nature Index article gave the wrong affiliation for Christina Mangurian. She is vice-dean for faculty and academic affairs at the University of California, San Francisco, School of Medicine.