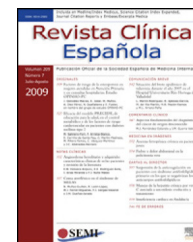


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EDITORIAL

The gender gap in academic leadership

La brecha de género en el liderazgo académico

The study by Bruguera and colleagues¹ in this issue of *Rev Clin Esp* raises important questions about the recognition and advancement of female physicians. The authors analyzed the number and distribution of award recipients by age and gender and found a positive correlation between the gender composition of the award panels and gender of awardees. Importantly, the authors also reported a trend toward greater gender equity over the 9 years of the study as illustrated by increasing female representation among recipients and award panels. The gap in recognition for women was greatest for research (6:1) with near gender parity for primary care (1.2:1).

Despite the increased number of women entering the field of medicine over the past 20 years, there is a scarcity of women that hold leadership positions in medicine and only about 14% of women advance to the level of Professor in the United States. Academic productivity and grantsmanship are the objective metrics for promotion. In a 2009 survey of previous recipients of early career development awards, women were less likely to have received an independent research grant, published fewer papers, and were less likely to perceive themselves as successful.² Women also reported less institutional support compared to men which may represent one strategy to enhance protected time for academic pursuits and retention of women faculty in the pipeline. Publication in peer-reviewed journals is a visible testament of external influence and an objective metric for advancement. In one study that spanned 35 years (1970–2004), the number of women serving as first author of original research increased from 5.9 to 29.3% across six prestigious journals. However, the increase in the number of women serving as senior author or invited editorialist was less: 3.7–19.3%.³

Although the authors of the current study suggest that the gender distribution of award panels may have influenced the gender imbalance among awardees,¹ the reasons for the disparity are likely complex and multifactorial. Yedidia and Bickel identified several key barriers to the advancement of women in academic medicine: lack of effective mentors, constraints of traditional gender roles, and manifestations of sexism in the medical environment.⁴ A study of female

faculty in the School of Science at the Massachusetts Institute of Technology reported gender inequities in the allocation of resources, space, salary, outside professional activities, and positions of influence.⁵ Women also may not advocate for themselves and may relegate themselves to supportive roles. It also is possible that women have different priorities and therefore make different career choices than men.

How can we begin to address this gender gap? Transparent and objective metrics for recognition should be widely disseminated to all junior faculties to increase the visibility of potential candidates and to provide young faculty with important career signposts. Academic leadership should strategize on interventions to increase the number of senior women on its faculties and interventions to retain them to ensure a pool of talented role models. Venues to facilitate networking for women are critically important as well, to increase their visibility among male and female professional colleagues. Academic leadership should conduct a comprehensive assessment of their institution's organization and climate for equal opportunity. Establishment of an independent entity like an ombudsman to ensure institutional and individual accountability and to adjudicate individual concerns is crucial. Because the gender gap identified was greatest for research, targeted investigation of the root causes and translation to strategies to ameliorate this inequity are sorely needed.

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