

A Change in the Pediatric Leadership Landscape

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A steady increase in the proportion of women in leadership positions in the field of pediatrics is being realized. This trend began over the last two decades and accelerated in the last 5 years.

Leadership occurs in many forms in the field of medicine: presidents of major professional societies and chairs of departments represent such leaders. The seven organizations constituting the Federation of Pediatric Organizations (FOPO) (<http://www.fopo.org/>) include most of the major pediatric societies: Academic Pediatric Association (APA), American Board of Pediatrics (ABP), American Academy of Pediatrics (AAP), American Pediatric Society (APS), Association of Medical School Pediatric Department Chairs (AMSPDC), Association of Pediatric Program Directors (APPD), and Society for Pediatric Research (SPR). The presence or absence of women as leaders of these organizations or as chairs of departments of pediatrics may serve as a gauge of their acceptance as leaders to the pediatric community.

With a current membership of about 60 000, the AAP represents academic and community pediatricians, as well as other child-oriented professionals (<http://www.aap.org/>). From its inception in 1930 until 1990, all presidents were men (Table 1; available at www.jpeds.com). With two female presidents in the 1990s, there have been four female presidents thus far in the new millennium (2004, 2006, 2007, and 2009).

Leadership within the remaining six pediatric societies, each of which has a more specific mission and therefore more limited membership, reflects a similar trend. SPR was formed in 1929 to encourage young investigators to pursue research to benefit children (www.aps-spr.org). SPR elected its first female president in 1973 and its second 21 years later in 1994, followed by a third in 1998. Since 2004, there have been four female presidents, and the presidents-elect for the years 2011 and 2012 are women.

This trend is also seen in the APS, whose purpose is “to bring together men and women for the advancement of the study of children” (www.aps-spr.org/APS/mission.htm). Founded in 1888, nearly a century passed before a woman

was elected in 1976 to preside over its membership; the second and third women served as president in 1984 and 1990, respectively. Since 1999, four women have been elected president, and the president-elect for 2012 is a woman.

The ABP, one of the 24 certifying boards of the American Board of Medical Specialties, was formed in 1941 and has had 48 presidents (in the last two decades, called “chairs”) (www.abp.org). The 26th president in 1984 was the first woman; since then three women have been elected to serve, in 1996, 1999, and 2003.

APA, dedicated to leadership in education, research, patient care, and advocacy, was founded in 1961 (www.ambpeds.org). In contrast to its sister organizations, APA elected its first woman president only a dozen years later (1973) and followed with three more female presidents over the next 7 years. The decades of the eighties and nineties saw the election of eight more women as president, and the most recent decade, ending in 2010, hosted the election of three women.

APPD (approximately 2400 members) was founded comparatively recently in 1985 to serve residency program directors and their programs by advancing pediatric education (www.appd.org/). The first eight presidents were men; the ninth (1996), eleventh (2000), fifteenth (2008), and sixteenth (2010) presidents were women.

The society comprised only of pediatric department chairs, AMSPDC (membership 144 department chairs) was formally launched in 1968 to “pursue optimal health outcomes of children through the development of successful academic pediatric departments across North America” (www.AMSPDC.org) and includes chairs of pediatric departments in the United States, Canada, and Puerto Rico. Presidents serve a term of 2 years. For its first three decades, all of its presidents were men. The first woman president served from 1999 to 2001; a second woman served in 2003 to 2005, and two women served one term each, spanning 2007 to 2011. The president-elect for 2011 to 2013 is a man.

Before 1971 all 186 presidents of these organizations were men (Table 1). Among the 53 presidents serving between 1971 and 1980, there were five (9%) women; among the 58 presidents from 1981 to 1990 and 1991 to 2000, 14% and

AAP	American Academy of Pediatrics
AMSPDC	Association of Medical School Pediatric Department Chairs Inc
APA	Academic Pediatric Association
APPD	Association of Pediatric Program Directors
APS	American Pediatric Society
FOPO	Federation of Pediatric Organizations
SPR	Society for Pediatric Research

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22%, respectively, were women. From 2001 to 2010, 34% of the 59 presidents were women, and all seven organizations were led at least once by a woman. Although the data are incomplete, it appears that the leadership is evenly divided by sex among the seven organizations for the start of the decade beginning in 2011.

Within medical schools, the department chairs are the pediatric leaders. Because most pediatric department chairs (>90%) are members of AMSPDC, the AMSPDC membership roster is a reasonable proxy of gender distribution of department-level leadership. Although slowly increasing across the decades, it was not until the 1990s that there were more than 10 female (permanent or acting) pediatric department chairs (Table II; available at www.jpeds.com). Beginning in 1990 there has been a relatively steady increase in the number of female chairs. For the past 3 years there have been more than 20 female permanent or acting chairs. In 2010, among the total membership of 144 chairs 26 (18%) were women.

In contrast to assessments conducted as recently as 5 years ago,¹⁻³ these data indicate a robust presence of women in leadership positions in the pediatric profession. This different perspective over a relatively short time span in part reflects the breadth of organizations analyzed for this manuscript. Identifying trends through examination of presidents of only a single organization is difficult because of the relatively few individuals involved. Moreover, the pattern during the past 5 years (2005 to 2010) across these seven organizations provides strong evidence of the steady presence of women presidents; 14 (42%) of the 33 presidents have been women. Only one of the seven organizations had no woman president during the last 5 years.

Should a profession be concerned with the sex of its leaders? In 2006, the FOPO Task Force on Women in Pediatrics issued specific recommendations to the pediatric community regarding changes that would facilitate successful pediatric careers for women (and men) given the changing demographics and expectations of physicians.⁴ In response, all of the Women Chairs of AMSPDC jointly wrote a commentary emphasizing four key areas from the FOPO report on which to focus efforts.¹ One of these four critical areas was increasing the presence of women in leadership positions. Diversity (racial, gender, ethnicity, geography, etc) among presidents is an indication that the profession is able to select its leaders from a broad base, thereby increasing the range of available talent. Leaders from diverse backgrounds will identify different challenges and pursue alternative opportunities, thereby leading to greater evolution and strength of the organization and profession. The presence of a leadership representing a broad demographic spectrum serves as an indicator that the constituency seeks and welcomes diversity and likewise that individuals from underrepresented demographic groups feel welcomed and encouraged to serve. In the context of pediatric leadership, the steady presence of women as presidents across all of the leading pediatric organizations and as chairs within their institutions indicates that the perspectives and talents of women, as well as men,

are being sought by our profession and that both men and women are willing to seek and accept these invitations.

Does this achievement mean that issues that have been identified in the past as impeding or discouraging women from advancing in pediatrics have been overcome? To address this question, it might be useful to examine the other key focus areas identified by the women chairs in their commentary¹: the option to work part time at specific career stages and greater flexibility in the career paths of physician-scientists and the availability of high-quality child care.

Substantial change has been seen regarding flexibility in work hours of pediatricians. In one decade the numbers of pediatricians working part time doubled, increasing, from 10.9% in 1993 to 14.9% in 2000 to 20.4% in 2003 (www.aap.org/prof/PEDS101Charts). There is a rapidly expanding literature on the topic of part-time work, exploring the issues across the career spectrum from the perspective of need, desirability, promotion and career advancement, and actual experience.⁵⁻¹⁰ Workshops on the topic at national meetings are increasingly common.^{11,12} The AAP website contains a wide range of information on the topic (www.aap.org/womanpeds). To date, however, few fellows and residents avail themselves of part-time training,^{8,9} although many anticipate part-time work as they plan their careers. Developing leadership skills and serving in leadership posts while navigating part-time positions remains a challenge, particularly in academic medicine.

Career tracks for physician-scientists at some institutions appear to be increasingly flexible. Many institutions have adopted policies permitting tenure-track faculty to opt for part-time work or to eliminate (or at least extend the time of) the "tenure clock." The National Institutes of Health changed its policies such that for a period of up to 1 year K-award recipients have a part-time option.⁹

Progress regarding child care availability at the workplace has been less dramatic. The AMSPDC, for example, has included child care in its strategic plan¹³ but has thus far made little headway in a national effort. Because the issue is important to young physician parents,⁹ the topic remains a focus of surveys, workshops, and articles.^{14,15}

As we go forward, demographic concerns will require thoughtful input from our male and female leaders. FOPO, AMSPDC, and other leading organizations and societies will together need to make a concerted effort to focus on leadership and related work-force issues in the future. ■

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