The Medical College of Wisconsin’s first class composed of 50% women just finished their M1 year. Our experience is a microcosm of the nation as a whole, with the Association of American Medical Colleges (AAMC) reporting that 48% of first-year students in the United States were women in 2005-2006, the most recent year statistics were tabulated.

The statistics are communicating an unequivocal message about the future of gender diversity in medical school and in medicine. Since 2002, women have comprised more than half of all first-time applicants to medical school each year, according to the AAMC. Compare this to 40 years ago, when 9% of applicants were women. Presently at the Medical College and nationally, about a third of medical school faculty members are women, with higher concentrations in the lower ranks. Nationally, 38% of assistant professors are women, 28% of associate professors are women, and 16% of full professors are women. The Medical College faculty has a similar distribution of gender, where 43% of assistant professors are female, 30% of associate professors and female, and 16% of full professors are female.

Women representation on the Medical College of Wisconsin faculty has edged upward in the last 10 years. For example, in 1997, 28% of our total faculty, or 230 people, were women. Such changes in gender distribution on full-time faculties have occurred more slowly over time than have the population changes seen among medical students. The AAMC astutely speculates that this may be attributed to differing rates of turnover. With a medical school class graduating each year, annual turnover is about 25%. A complete turnover occurs about every 4 years, so evidence of change can be more dramatic. Full-time medical school faculties turn over about 7% of their personnel each year, according to the AAMC, so the lengthier process of attrition is likely contributing to a more gradual change in gender distribution. Additionally, since it takes longer to attain higher ranks, and in the past there were fewer women entering medicine than today, we can expect it to take more time before seeing equal numbers of men and women as full professors or department chairs.

As more women enter medicine, it is helpful for medical schools to have resources to encourage female faculty members throughout each stage of their careers. The Medical College’s Women’s Faculty Council has this as one of its primary goals. Through a variety of activities, the Council advocates for women faculty members and helps address issues that can affect all women at the College.

Many of the Council’s activities are aimed at professional development, such as helping ensure that women faculty members are nominated for prestigious Medical College awards and recognition. The Council played a key role in the launching of the College’s Women in Science luncheon series this year. Established by more than 30 community women who are leaders in their chosen professions, the series showcases the research accomplishments of women faculty and is designed to encourage interest in and support of women scientists.

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A cultural shift has taken place in physician worklife, and it is not likely to revert. The current generation of physicians places a higher emphasis on lifestyle and wants more control over their time. There is a much greater desire for a well-defined time commitment for work and call as opposed to years past.
where hours may have been longer and less flexible. One of the ways the Medical College has worked to accommodate some physicians' need for flexibility in scheduling is an employment status we offer called Full Professional Effort (FPE). This allows a faculty member to work a minimum of 50% full-time equivalent and still be eligible for benefits, which are prorated to the individual's effort.

Currently, 10% of our 1200-person faculty is Full Professional Effort status, with 62.5% of these women. The vast majority of all female FPE faculty (69%) are between the ages of 40 and 60, with an average age of 45. Interestingly, 25% of all female FPE are younger than age 40, but only 2% of all male FPE are younger than 40. Only 5% of female FPE are age 60 or older, yet 67% of the male FPE are 60 or older, with an average age of 63. This seems to indicate that women use the status more for family reasons while most men use it as a bridge to retirement.

Women physicians’ choice of specialty may also be indicative of their worklife needs. According to the AAMC, there are 7 specialties in which women represent more than half of all residents training in that specialty—dermatology, family medicine, medical genetics, obstetrics and gynecology, pathology, pediatrics, and psychiatry. The largest representation is in OB/GYN, where nearly 76% of all residents are women. The lowest concentration of women is in thoracic surgery, where 10.7% of residents are women.

As we look to the future, we need to consider the events that precede application to medical school. Data from the AAMC and the National Center for Education Statistics indicates that women have been earning more baccalaureate degrees than men since 1981-1982. Women have earned 58% of all bachelor’s degrees since 2002, and by 2015-2016, their share is projected to grow to 60%.

If this trend follows its logical course, medical schools are likely to see the share of women applicants continue to rise. These demographics point to the possibility of women constituting two-thirds of our medical school classes in the next decade. As these women advance in their careers, we should eventually see the ratio of women faculty members nationwide mirror the ratio of women receiving medical education.
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