Creating Equitable Paths to Medical School Deanship

Elizabeth A. Jacobs, MD, MPP; L. Ebony Boulware, MD, MPH

Only 28% of medical school deans in the US are women.1 The progress that has been made in diversifying medical school deans among the 155 accredited MD programs over the years is to be celebrated; the representation of women has steadily increased from 3% in 1994 to 28% in 2023.1 Still, there is much work to be done to better represent the 37% of all physicians in the US and more than 50% of matriculating US medical students who are women.2,3 For years, the Association of American Medical Colleges has called for efforts to elucidate and mitigate barriers to women attaining dean status, yet work to understand the experiences of women who have ascended to dean positions has lagged.

In their article, Iyer and colleagues4 provide critically needed insights into the experiences that women and other underrepresented candidates face along their path to leadership advancement and contrast those with the experiences of others. In a series of qualitative interviews, they documented substantive differences in the way women and men deans described their career paths. The women in their study more frequently described significant challenges and barriers to advancement, including difficulties having their leadership potential recognized, difficulties obtaining opportunities to gain experience, and perceptions that they needed additional qualifications or training beyond those of their majority male peers who achieved similar stature to succeed. Women also noted often facing biased perceptions of their capabilities and a lack of sponsorship for key positions. These findings provide a compelling illustration of the inequities and challenges women continue to face in academic medicine, and they shed light on significantly different cultural expectations for men and women as they advance to medical school leadership.

There may be much to learn from this study regarding particular aspects of women and men deans’ reported differences in their pathways to achieving senior leadership. Specifically, women deans frequently cited making significant investments in their professional leadership development (eg, through coursework, training, or other programs) as a core element of their advancement success. In contrast, men deans often did not perceive a pressure or expectation to advance their leadership skills through similar types of training or support mechanisms to succeed. Furthermore, some male deans relayed being chosen for dean roles even before they recognized their own leadership potential, highlighting significant inequities between men and women colleagues in the work needed to achieve deanship. These reported differences not only demonstrate inequity in experiences that warrant attention but they also prompt considerations regarding how processes and expectations relevant to dean selection might be altered to enhance equity and quality in medical school leadership as a whole.

Arguably, individuals’ enhancement of their leadership capabilities through formal mechanisms should be viewed as a positive asset for ascending academic medicine leaders. Still, expectations for this type of training and support should be encouraged among all dean candidates, regardless of gender. Indeed, the quality of senior leadership overall might be improved if all ascending leaders invested in this type of skill building. Slow progression in the advancement of women despite training may reflect the pernicious effects of ongoing bias among the medical profession with regard to women’s leadership capabilities. The perception that women must have professional support to be “developed” and “taught skills” may reflect latent assumptions that women inherently lack leadership skills despite ample evidence to contrary.5

Given current increase in the rates of women leaders among academic deans, we are not likely to achieve gender parity for several decades. Multifaceted efforts to address inequities in processes...
and perceptions that promote gender equity in senior leadership are therefore urgently needed. First, our systems and cultures need to change to reduce gender and other forms of bias so that women have a better chance of advancing in searches and being hired as deans and other academic leaders. Some organizations require that there be diversity in candidate pools considered for a position. This requirement is important, but, as the women deans in the study by Iyer and colleagues point out, this can lead to tokenism, not necessarily real change. To mitigate this possibility, the development and equitable application of standard selection criteria for candidates should be applied uniformly to all candidates at all stages of the leadership search, from screening of candidates to decisions around finalists to decisions about offering positions. Evidence suggests that training to reduce gender bias prior to searches and hiring can promote greater equity and that when search committees are more diverse, candidates who advance out of them are more diverse. Other systematic steps during search processes could also help with equitable selection, including the development and use of measures during the selection process that would credit individuals for engaging in personal and professional leadership development activities.

Equity-promoting selection efforts will likely need to go beyond academic institutions to professional search firms that frequently lead the dean selection process. Concerningly, Iyer et al reported that some deans confronted biased attitudes and behaviors from search firms. Institutions should seek out search firms that specialize in equity for these high-profile searches, and search firms should be encouraged to promote antibiased practices and to cultivate skills to identify and elevate diverse women candidates for dean positions. As academic institutions seek to work with search firms, they can inquire about the firms' track record of advancing diverse candidates, their approach to identifying diverse women candidates, and the specific actions they take to reduce bias in searches.

Beyond searches, the processes for sponsoring and developing women deans within academic institutions should also be examined. Significant work has been done to highlight the important role of sponsorship in developing senior leaders in medicine and elsewhere. To speed the pace at which high-level potential women leaders are identified and directed toward senior dean positions, concerted efforts should be considered, including the development of rewards or recognition for senior faculty leaders who successfully mentor and/or sponsor emerging diverse women leaders. As Iyer her colleagues point out, women pay a price for leaning into headwinds to become leaders, but so do organizations. The evidence is clear that leadership diversity is a key ingredient to achieving academic institutional excellence and that it enhances the quality and equity of health care. As we seek to continually improve and enhance the quality of our academic health care organizations and medical schools, it is critical that we continue to take steps to make our institutions reflective of our faculty and the patients we serve. We cannot achieve this excellence without creating equitable paths to senior leadership roles; it is imperative that we double down on efforts to achieve diversity of leadership in our medical schools.

**ARTICLE INFORMATION**

Published: July 5, 2024. doi:10.1001/jamanetworkopen.2024.20576

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**Corresponding Author:** Elizabeth A. Jacobs, Department of Medicine, Dell Medical School at the University of Texas at Austin, 1601 Trinity St, Bldg B, Austin TX, 78701 (liz.jacobs@austin.utexas.edu).

**Author Affiliations:** Department of Medicine, Dell Medical School at the University of Texas at Austin (Jacobs); Wake Forest University School of Medicine, Winston-Salem, North Carolina (Boulware).

**Conflict of Interest Disclosures:** None reported.
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