



Editorial

Academic dermatology leadership in the United States – Addressing the gender gap^{☆,☆☆}

Over the course of the last several decades, the percentage of female trainees in dermatology residency programs in the United States has consistently exceeded the percentage of male trainees. Currently, approximately 65% of the dermatology residency workforce in the United States is comprised of female trainees, which is well above the national average of approximately 50% of medical school enrollees (Bae et al., 2016). In fact, U.S. dermatology training programs have consisted of more than 50% female trainees since the mid-1990s. Despite this tremendous pipeline of female dermatologists who enter the workforce, leadership within academic dermatology has not consistently mirrored the same demographic shift.

Recently, we examined the current state of women in academic dermatology with particular emphasis on program and department leadership across training institutions in the United States (Shi et al., 2017). We studied academic dermatology leadership positions in departments of institutions with Accreditation Council for Graduate Medical Education-accredited dermatology residency training programs across the United States. We found that among dermatology residency program directors in the United States, 48% were female as of 2016. Among academic dermatology department chairs, the percentage of women was much lower and women held only 23% of current dermatology chair positions.

In the examination of dermatology fellowship program director roles, women comprised 26%, 34%, and 64% of the program director positions in dermatologic surgery, dermatopathology, and pediatric dermatology, respectively. Notably, the percentages of women who served as program directors in dermatologic surgery and pediatric dermatology both fall under the overall percentage of women who practice in these subspecialty workforces. Finally, we observed that in the 29 departments where a single individual held both the department chair and program director positions, only 24% were women.

The near parity that is achieved by women in program director leadership roles represents a significant change because less than a decade ago, only 28% of dermatology residency program directors were women (Kimball, 2012). This increased representation, particularly in light of a trainee workforce that is comprised of a majority of women, may help spark a further commitment from female trainees to pursue careers in academic dermatology, thus increasing their overall representation in the academic workforce and potential leadership roles in the future. However, in many other aspects of academic dermatology leadership (particularly in department chair

roles), the percentage of women lags behind their overall representation in the field. What can be done to address this gender gap? We present four possible strategies to consider.

First, it is important to examine the role of stepping-stone positions in academic dermatology and their relation to ultimate leadership positions. For example, positions such as assistant program director or vice chair of an academic department are typically filled by more junior individuals than the program director or chairperson positions. Given the increasingly large percentage of women who occupy the junior rungs of full-time academic faculty in dermatology (Qiu et al., 2016), there is likely no shortage of qualified female faculty members to take on these roles.

Particularly in departments or programs that do not currently have women in leadership positions, opportunities to move female faculty members into these stepping-stone positions as a means of providing leadership growth and a pathway to eventually assuming more senior leadership roles should be considered. An individual department can benefit from a wider set of diverse leadership skills, which can also result in a stabilizing succession plan. The faculty member also benefits by acquiring skills that can lead to a more senior position within the department or at another institution, thereby securing the future of dermatology as an academic pursuit.

Second, we identified several institutions that combined the department chair and program director roles. In the majority of these instances, the single individual who served in this position was male. These institutions have a particular opportunity to consider the division of labor of these roles to provide additional leadership and career development opportunities within a single institution. By increasing the number of potential leaders within a department or program, the relative expertise within each domain can be enhanced. Each individual can focus his or her time, efforts, and energy on making the department or program thrive in specialized areas such as residency education. With such divisions of labor, the opportunity for more individuals to come into the leadership fold will expand.

Third, identifying and seeking out women in dermatology who have a desire to serve in leadership roles and fostering these interests is critical for our specialty. Initiatives such as the American Academy of Dermatology's Academic Dermatology Leadership Program and the Society for Investigative Dermatology's Retreat for Future Academicians should ensure that an adequate representation of female dermatologists are able to take advantage of their resources. Similarly, faculty mentors in formal mentorship programs that cultivate an interest in academic dermatology among trainees such as the Women's Dermatology Society, Medical Dermatology Society, Society for

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Pediatric Dermatology, and UK Medical Women's Foundation (Cornish, 2015) mentorship programs should seek to incorporate leadership lessons or reflections into their mentoring experiences.

Finally, recognizing the contributions of both men and women to promote female leadership in academic dermatology is important to continue to foster growth. The vision that the percentages of women in leadership roles will naturally increase as the percentage of women in the dermatology workforce increases is too passive a view for our field. Women have been the majority of dermatology trainees for more than 25 years and their continued lag in dermatology leadership positions raises the concern that additional factors may be limiting the progression of women in dermatology leadership. These factors must be explored and addressed.

One important factor that should be actively explored and for which there is currently a paucity of data is whether female faculty members disproportionately pursue part-time careers relative to their male counterparts in dermatology. Both men and women currently in dermatology leadership positions must actively champion the advancement of women within dermatology to ensure that this is a high priority for our field.

Ultimately, the field of dermatology will be most successful under the leadership of those who are hard-working, driven, and have a true passion for the field independent of such individuals' sex, race, age, or any other demographic variable. Closing the gender gap in the leadership of academic dermatology goes beyond targeting a specific number or percentage. We must ensure adequate opportunity and access to leadership positions for all members of our field and thereby allow all individuals to live up to their fullest potential.

V.E. Nambudiri MD, MBA, FAAD*

C.R. Shi MD

R.A. Vleugels MD, MPH, FAAD

*Department of Dermatology, Brigham and Women's Hospital
Boston, Massachusetts*

Harvard Medical School, Boston, Massachusetts

*Corresponding Author

E-mail address: vnambudiri@bwh.harvard.edu

S.M. Olbricht MD, FAAD

Harvard Medical School, Boston, Massachusetts

*Department of Dermatology, Beth Israel Deaconess Medical Center
Boston, Massachusetts*

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