

Federation of Pediatric Organizations

Report of the Task Force on Women in Pediatrics

There are many reasons for addressing issues of family balance in the lives of pediatricians during training and practice, including concerns regarding productivity, career advancement, and individual fulfillment. The most compelling reason derives from the central responsibility of our profession. The commitment of pediatrics to the health and well being of children and youth should encompass the families of those who choose to pursue careers in pediatrics. Further, there are special issues and some obstacles that impact particularly on women pediatricians.

At each phase in the development of a pediatric physician there are a number of measures or steps that should be taken to promote the career development of women pediatricians and promote the best interests of children whose parents are or will be pediatricians. Some of these measures are gender specific; many are not and will benefit the next generation of men and women in pediatrics. The following recommendations should be considered in this context.

A. Medical Student Education

1. During both the preclinical years and as part of clerkships in pediatrics, pediatric faculty should address the issue of the balance between parenting and other family responsibilities and professional responsibilities towards patients (and related ethical issues). This should include discussions of what is involved in good parenting, issues of parenting and professional careers as physicians that are similar and different for men and women, and the ways in which various kinds of pediatric careers (subspecialist or generalist academic clinical practice, private practice, pediatric research, public health, etc.) interface with family responsibilities.
Responsible Organization: COMSEP

2. Pediatric faculty and department chairs should play leadership roles in creating family friendly environments within their medical schools including but not limited to the provision of child care, lactation facilities, and flexibility in progression through the curriculum for medical students who are parents and/or responsible for the care of ill or disabled parents.
Responsible Organizations: COMSEP and AMSPDC

3. The behavior of pediatric faculty in regard to the balance of career and family (A-1) and promoting a family friendly environment (A-2) should serve as explicit “models” for medical students.
Responsible Organization: AMSPDC should play a lead role in promoting such modeling.

4. Surveys conducted annually of medical students should posit questions addressing the family-friendly environment of medical schools.
Responsible Organizations: AAMC, ABP, AAP

B. Pediatric Residency Training

1. Pediatric residency training should be conducted in a family friendly environment which should include, but not be limited to, provision of infant/toddler and afterschool care, lactation facilities, and flexibility in the progression and design of training schedules and rotations for residents who are parents and/or who are responsible for the care of ill or disabled parents or other family members. A standard for rating “family friendly” programs should be developed by the AAP similar to the rating system for family friendly work environments applied to Fortune 500 companies. This standard for family friendly environments should be disseminated to medical students and residents. Residency programs that meet this standard should be publicly identified in pediatric journals, and in appropriate web sites, and brochures promulgated by the AAP (Peds.101), the APPD, and the AAMC.
Responsible Organizations: AAP, APPD, and AAMC
2. All pediatric residency programs should include the option of part-time or flexible training schedules. The availability of this training option can be an attraction to a career in pediatrics, promoting the choice of academic general or subspecialty practice or research as well as private practice. As measures of the ACGME competencies are developed and validated, these competences should be incorporated as part of the decisions of program directors about the necessary duration and components of residency training that qualifies a resident for board certification by the ABP.
Responsible Organizations: The ABP, the Pediatric RRC, and the APPD should each play appropriate roles in facilitating and implementing this recommendation.
3. Understanding the parenting experience and related family issues are critical to the education of residents and the provision of quality health care to children and youth. Therefore, residency programs should be designed to incorporate identifiable relevant educational experiences related to parenting into the training of residents.

The process of becoming and being a parent contributes to one’s growth and understanding of parenting—its challenges, its joys and its complexities—and child development. Further, this personal growth can be transformed into professional growth of a pediatrician, especially if structures are added to direct this growth and to allow for its evaluation or demonstration (i.e., a paper, a lecture, or parental guidelines derived from reading the extant literature on parenting with personal insights). Programs should entertain the possibility of allowing residents to receive some credit for independent work occurring during their maternity or paternity leave

(or other period of sustained, primary care for a child or children) to recognize and encourage the professional growth that can occur from such experiences.

The importance to pediatric residency training of understanding and being sensitive to parenting issues should be acknowledged in policy statements by the APPD, ABP, AAP, and AMSPDC. This should also be a topic for a commentary by AMSPDC in the Journal of Pediatrics.

Responsible Organizations: APPD, ABP, AAP, AMSPDC

4. A long term publicly articulated goal of residency program directors, the APPD and the ABP should be to evaluate a resident's readiness for board certification based on measured competencies, rather than a fixed duration of training.
Responsible Organizations: APPD and ABP, with input from AMSPDC should work collaboratively to develop recommendations for such longterm change.

5. Directors of residency programs, department chairs and resident mentors should take into consideration during their career counseling the special needs of those residents who are parents or planning to be parents, including specifically the issues of balancing family and professional responsibilities. Facilitating understanding of and sensitivity to these matters is an important part of the RRC requirement for career planning and the FOPO policy on pediatric subspecialty fellowship programs.
Responsible Organizations: APPD, ABP and AMSPDC should develop guidelines in this regard.

6. The AAP and ABP surveys of medical students and residents should include questions about the family friendly environment of training programs.
Responsible Organizations: AAP and ABP

C. Subspecialty/Research Fellowship Training

1. Directors of subspecialty fellowship programs should take into consideration during their career counseling the special needs of those trainees who are parents or planning to be parents, including specifically discussing the issues of balancing family and professional responsibilities.
Responsible Organizations: Subspecialty Societies, AAP subspecialty sections, subspecialty program director's organizations, and the APPD
2. The recommendations for a family friendly environment indicated in B-1 for residency should apply to subspecialty training fellowship programs and include afterschool child care.

- Responsible Organizations: NACHRI, AMSPDC, and ABP should assume leadership roles in implementing and or facilitating this recommendation.
3. Federal loan forgiveness programs should be expanded.
Responsible Organizations: NACHRI, NICHD, and the AMSPDC.
 4. Universities/medical schools/teaching hospitals should include flexible spending accounts in their benefit packages that make resources available for subspecialty/research fellows (and residents) to purchase child care, afterschool care, and care for sick and disabled parents, etc.
Responsible Organizations: AMSPDC should play a leadership role in advocating for such a benefit.
 5. Balancing family life issues and professional responsibilities should be included in career mentoring of subspecialty fellows.
Responsible Organizations: Subspecialty Program Directors, the ABP, the AMSPDC, and the APPD (to the extent that it includes subspecialty program directors) should advocate for the inclusion of these matters in subspecialty training programs.
 6. Part-time and/or percent effort based support for subspecialty/research training should be made generally available by subspecialty training programs.
Responsible Organizations: Such fellowship positions should be advocated for and promoted by pediatric subspecialty societies, subspecialty sections of the AAP, and sub-boards of the ABP, and by the AAP, AMSPDC, and NACHRI. These professional groups should also actively advocate for similar part-time/percent effort arrangements in fellowships offered by federal agencies and foundations. RRC requirements should be supportive of or require that such subspecialty fellowship positions be available in all programs.

D. Junior Academic Faculty

1. The age requirements of academic professional organizations and federal and private fellowship and investigator awards should be adjusted upward to take into consideration the longer duration of training and leaves for child bearing, parenting, and elder care.
Responsible Organizations: AMSPDC and the AAP should take the lead in advocating for these changes in cooperation with the AAMC and NIH as appropriate.

2. The standards for a family friendly environment referred to in B-1 and C-1 should be applied to all pediatric departments. Departments meeting these standards should be publicly identified in announcements of availability faculty positions. These standards should include provision for infant/toddler and afterschool and elder care at this and subsequent stages of career development.
Responsible Organizations: AAP, APPD, AAMC
3. Junior faculty should be provided with career mentors from their own and/or other academic institutions.
Responsible Organizations: The APS and the women's SIG of the AAP should play lead roles in making such mentors available to faculty who request them.
4. The pathways to academic success are becoming more diverse and part of the responsibility of mentors is to help educate junior faculty about their options, guide them in defining and focusing their goals, and make them aware of the various measures of "academic success." Department chairs and mentors should carefully advise junior faculty regarding appropriately balancing their need to protect their time for scholarly pursuits against their responsibility as faculty to participate in a variety of other institutional activities. These issues are often institution specific in regard to faculty advancement.
Responsible Organization: AMSPDC
5. Junior faculty and those finishing subspecialty fellowships need to become educated by their mentors about negotiating for appropriate resources necessary for starting productive academic faculty careers. Although this is not a new issue and may be similar for men and women, there are now some special factors that need to be taken into consideration. The duration of time before obtaining the first external award, particularly R-01 awards has, in general, become much longer. Further, many women, as well as some men, need specific assistance in determining the "what" and "how" of negotiating for the necessary resources to begin an academic career.
Responsible Organizations: Pediatric Chairs and Division Directors should take the lead in providing workshops on negotiating at the PAS and other national meetings as it is in their own interest that new faculty have the resources and protected time necessary to be academically successful. These workshops should include discussion of determining needed start-up resources, time for scholarly activities, moving and travel expenses, etc. It would also be helpful for the AMSPDC to hold a workshop for Chairs and/or Division Directors on what are reasonable expectations for junior faculty obtaining external support, on what start-up resources are likely to be needed by faculty with various scholarly interests to have reasonable chances for "academic success," and on appreciating possible gender differences in negotiating styles.
6. In all scientific disciplines, it is well-documented that women are less likely to pursue research-intensive careers, including both laboratory and non-laboratory based

disciplines. Pediatric Department chairs and division directors should examine disincentives, specific obstacles and subtle environmental factors that influence the career choices of women trainees and junior faculty in their academic institutions. These factors may be lack of equivalent support in the early faculty years, a tendency of trainees to select programs directed by more senior and male faculty, and the possibility that young women and men react differently to the current long timeline to first extramural funding.

Since success in laboratory-based research and other fields of scholarship often requires access to Ph.D. trainees and an academic environment beyond that offered in departments of pediatrics, junior faculty should be supported for joint appointments in other departments. Junior women faculty may need particular guidance in establishing these connections.

The impact of childbearing on the options that women have and perceive themselves to have in the choice of research-intensive careers needs to be assessed and ameliorated within the environment of the particular academic institution, with pediatric leaders taking a visible and committed role in such efforts.

Responsible Organization: AMSPDC

7. Pediatric Department Chairs and Directors of Divisions should make information available about regional and national salaries and total compensation (provided by the AAP and AAMC) for various faculty ranks and subspecialties.

Responsible Organizations: Pediatric Department Chairs and Directors of Divisions within Pediatric departments.

E. Mid-level Academic Faculty

1. Pediatric Chairs and Division Directors need to provide career advancement mentoring to mid-level faculty/associate professors to ameliorate lengthening times in rank. This issue disproportionately affects women faculty whose family responsibilities may limit travel to national meetings for presentations and participation in national committees resulting in limited opportunities for national visibility. This is a particular problem for those faculty who are not primarily involved in research intensive careers. This mentoring should include an emphasis on the need to set career goals, focus scholarly activities, and the steps that need to be taken to achieve membership in the SPR, APS, and subspecialty organizations and participate in national and regional committees related to pediatrics.

Responsible Organizations: Department Chairs and Directors of Pediatric Divisions, AMSPDC, and AAP subspecialty sections.

2. Pediatric professional organizations should have more academically significant regionally based activities and strive to be more sensitive about family needs in establishing the timing of all meetings (e.g. avoid weekends and holidays).
Responsible Organizations: SPR, APS, APA, AAP, APPD, and Subspecialty Societies
3. National pediatric organizations, departments of pediatrics, medical schools, and teaching hospitals need to establish awards and endowed funds for faculty who have:
a) substantially altered the professional environment locally and/or nationally to render it more family-friendly; and or b) have provided exceptional mentoring to enable substantial advancement of under-represented groups (including women and minorities) with regard to academic and administrative advancement. Such designated endowments may provide a unique opportunity for private donations.
Responsible Organizations: AMSPDC, APPD, AAP, APA, APS, SPR, AAMC
4. A survey should be undertaken of all departments of pediatrics to determine the gender and ethnic/racial representativeness in leadership positions.
Responsible Organizations: AMSPDC, AAP
5. The AAP and the ABP should survey their staffs, committees, boards, and subboards to determine the gender and ethnic/racial representativeness in leadership positions.
Responsible Organizations: AAP, ABP
6. Mid-level faculty with potential for leadership positions often need additional support in acquiring management skills.
Responsible Organizations: AMSPDC should play a leadership role in organizing workshops on the financial management of academic units at the PAS and regional meetings of the AAP.

F. Senior Academic Faculty

There is need to accurately describe and assess the demographic trends of senior faculty in pediatrics and to consider the implications of these trends for junior faculty advancement, optional utilization of human resources, and changing gender composition of the faculty.

Responsible Organizations: The AAP Committee on the Pediatric Workforce should take a leadership role in providing such studies evaluating changing demographic trends, in cooperation with the AMSPDC and the ABP.

G. Private Practices of Pediatrics

Members of the Task Force on Women in Pediatrics did not think they could adequately analyze the issues related to women in the private practice of pediatrics without additional input from women who are currently in private practice in various settings.

However, the Task Force recognized the importance of these issues and was aware that some of the issues were under consideration by groups within the AAP and the AMA. At this time, the Task Force recommends that the input from private practicing pediatricians be solicited by the AAP to identify issues that need attention and the specific measures that need to be taken to address problems that are identified.

The Task Force recognized that the issues that do need attention include but are not limited to the following: the impact of debt burden on entry and choice of practice setting; part-time employment; malpractice costs for part-time practice; contract negotiations for salary, hours, and partnership status; practice drop out rates; family friendly practice environments; advantages and disadvantages for women to practice within managed care organizations and possible practice groups of various sizes and compositions; income equity; roles in caring for underinsured and uninsured, subspecialty private practice; and the role of private practice hospitalists.

Responsible Organization: AAP