

Summary: First Six Months of the 2nd FOPO Task Force on Women in Pediatrics

The FOPO Task Force of Women in Pediatrics consists of a representative from each of the organizations constituting FOPO plus NICHD plus four ad hoc members who had been part of the original task force.

Two conference calls were held in which a general conversation was had about the range of possible topics to be addressed by the task force. Main topics discussed included:

1. Child care
 - a. infant
 - b. Toddler
 - c. after-school
 - d. sick care
 - e. vacation/holiday school age
2. Part-time training positions
 - a. residencies
 - b. fellowships
3. Part-time employment
 - a. academic rank
 - b. promotion
 - c. advancement along administrative route/leadership
 - d. salaries
 - e. access to K-awards
4. Disparities
 - a. salary
 - b. promotion
 - c. tenure
 - d. track
 - e. leadership
5. Hidden curriculum
6. Pediatric or Medical School curriculum for all mothers employed outside of the house

The Task Force then determined to select a finite number of issues on which to focus. The group also felt that although many of the issues also affect men in pediatrics and that the declining number of males in pediatrics is in itself a significant problem, that the Task Force on Women in Pediatrics would remain focused on this topic.

We elected to determine our focus by completing an exercise designed to select a small number of tasks which would make a significantly and positively impact the role of women in pediatrics if we were able to bring about change, over which we believed we (including the organizations we represent) could have some control to bring about change, and that some change could happen within the next 2 to 5 years. Finally, because as pediatricians our vision must expressly include children, we sought a focus that would “have the most direct and greatest positive influence on the children of pediatricians as well as the children for whom they provide medical care”. Based on these criteria, using electronic polling, we elected to focus on two topics: a) **child care** and b) **flexible/part-time training and employment**.

Accordingly the task Force has been sub-divided into two working groups: that concerned with child care and the flexible/part-time group. The flexible/part-time group is further sub-divided into 3 subsections: resident/fellowship training; research track junior faculty; and clinical/education track part-time faculty.

Each of the working groups (sub-sections) has met by phone at least once. Each group is attempting to identify relevant issues over which it may have a significant influence and which would “change the landscape and will attempt to effect change through three mechanisms:

- a) through the FOPO organizations
- b) one or more peer-reviewed publication
- c) symposium/workshops at national meetings.

The **Child Care working group** is currently:

- a) in the process of asking that each department chair in AMSPDC commit to describing in their written resident and faculty recruitment literature the available provisions at their institution for on-site and off-site childcare including infant care, toddler care, after school care, sick care and vacation care;
- b) working with national child care firms to determine the range of child care options at academic institutions and at businesses that are available

Output/products: One article has been accepted for the AMSPDC page regarding child care at national meetings

The **Part-time working group** is currently:

Resident/fellowship: Overarching Concept: Protect the young family, preserve altruism, promote partnership, and further education

Timeframe: Begin change in the next year, but our vision should sustain us through the next decade at least. This is important because what may not be possible now (such as competency-based assessment for Board Eligibility) may be possible in 5-years

The committee plans to “assemble” by telephone a group of residency program directors for a discussion regarding the range and options for part-time” residencies. The Working Group plans in their next meeting to formulate the desired end-products and a timeline.

Output/products: One article is being written (nearly completed) and a workshop proposal was submitted to the PAS but not accepted.

Research-Track Junior Faculty: Members are obtaining information about a) experiences of other medical schools with regard to tenure track, the clock, part-time; b) NIH regulations for K-awards; and c) experiences of new women faculty and women faculty who are members of SPR with questions of part-time and research

Clinical/Education track Junior Faculty: The group decided to hone into the issue of how clinical faculty may achieve academic productivity leading to promotion. It was recognized that issues emerge such as how to document this productivity, how to deal with heavy clinical loads—especially when the percentage of clinical vs non-clinical time assigned to a faculty member tends to be paradoxically increased as that person needs to cut back to part-time status for personal/family

reasons. An additional problem is how each university may define or assess academic productivity and how this may vary from school to school.

The group will focus its initial work on gathering data on how different schools do define and assess academic productivity. The group will request that each member of the larger FOPO committee will gather and forward the rules, regulations, by-laws and/or other related materials that govern how their own university handles these issues for paid, non-volunteer, primarily clinical/non-research intensive faculty positions at a more junior level.

1/08