FROM THE EDITOR'S DESK

From the Editor's Desk: Can JGIM Promote Cracks in the Glass Ceiling?

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JGIM has published a number of papers relevant to women's careers in medicine. As a recent example, Kalet and colleagues share insights from a qualitative study of Robert Wood Johnson (RWJ) female scholars in this issue of JGIM.¹ This provides an opportunity to reflect on the early days of women in academic medicine, and where we might be heading.

The RWJ fellowship provides a unique window upon faculty careers in academic medicine. A similar project in a clinical specialty would be impossible. While specialty training generally includes substantial time in research and produces an enormous number of impactful academics, many fellows enter training to learn the clinical specialty and never choose to work in academic medicine. RWJ, in contrast, is focused purely on research training.

The RWJ program enrolled its first learners in 1972. Title IX was passed that same year and led to a substantial increase in female athletes across college campuses. Title IX did not broaden jurisdiction into sexual harassment as discriminatory until 1980. Dartmouth first accepted women in 1972 just a few years after Princeton and Yale launched into co-education (to learn more about co-education in the Ivy League, read "*Keep the Damned Women Out*," by Princeton historian Nancy Weiss Malkiel²). In 1972, we were still 9 years away from the first female supreme court justice. In 1972, <10% of medical school graduates were women.³ The early RWJ fellows had few role models as it was also true that women represented <10% of medical school faculty.³ These were very early days.

Indeed, many of the RWJ graduates prior to 1995 noted that it was difficult to navigate their careers. Role models are more plentiful as the number of female faculty continues to increase, though we are still falling short at the highest levels. Nationally, 25% of professors are now women,⁴ but <20% of department chairs nationally are women.⁵

Where do we go next? The board of the American Association of Medical Colleges recently issued a call to action to achieve gender equity with a focus on the domains of workforce, research, leadership, and recognition.⁶ The RWJ program was likely a factor in boosting the engagement of women in academic general medicine in comparison to other specialties. SGIM may be unique with women as 4 of its last 5 elected presidents. That does not mean that we can just rest on our laurels in general medicine; we must continue to lead the way. JGIM continues to welcome your research and ideas on best practices to achieve equity. We want both our daughters and sons to lead us forward in academic medicine.

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Compliance with ethical standards:

Conflict of Interest: The author served as a chair of the Group on Women in Medicine and Science steering committee of the Association of American Medical Colleges.

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