Gender Gap in Surgery

## Can integrated surgical programs increase the number of women in surgery?

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## INTRODUCTION

Historically, there have been disproportionately lower numbers of women entering surgical residency programs compared to the percentage of women physicians. Per the ACGME, in 2017, women comprised $45.8 \%$ of all residents in training but just $29.9 \%$ of surgical residents. We sought to determine if certain factors, specifically integrated surgical programs, have made an impact on the number of women in surgical specialities.

## OBJECTIVES

In the present study, we sought to determine if integrated surgical programs have seen increased numbers of women entering programs compared to nonintegrative programs.

## METHODS

Data was extracted from the Accreditation Council of Graduate Medical Education (ACGME) Data Resource Books and ACGME Association of American Medical Colleges (AAMC) Physician Specialty Data Reports from 2007-2018 into Microsoft Excel.We then analyzed the overall trends of women entering non-integrated surgical specialties including orthopedic surgery, general surgery, neurological surgery, ophthalmology, otolaryngology, plastic surgery, thoracic surgery, urology, and vascular surgery, as well as the overall trends of women entering integrated surgical programs including vascular, thoracic, and plastic surgery.

CHARTS AND FIGURES


| Females in Integrated and Non-Integrated Vascular Surgery Programs |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Year | Non-Integrated <br> Number of <br> Women | Non-Integrated <br> Percentage of <br> Women | Integrated <br> Number of Women | Integrated <br> Percentage of <br> Women |
| $2007-2000$ | 27 | $13 \%$ | 0 | 0 |
| $2008-2009$ | 31 | $13 \%$ | 3 | $18 \%$ |
| $2009-2010$ | 42 | $17 \%$ | 10 | $25 \%$ |
| $2010-2011$ | 51 | $20 \%$ | 19 | $32 \%$ |
| $2011-2012$ | 55 | $22 \%$ | 38 | $40 \%$ |
| $2012-2013$ | 68 | $28 \%$ | 51 | $38 \%$ |
| $2013-2014$ | 73 | $29 \%$ | 61 | $36 \%$ |
| $2014-2015$ | 59 | $24 \%$ | 76 | $37 \%$ |
| $2015-2016$ | 63 | $27.00 \%$ | 93 | $39.70 \%$ |
| $2016-2017$ | 70 | $29.00 \%$ | 94 | $36.20 \%$ |
| $2017-2018$ | 62 | $25.20 \%$ | 94 | $34.60 \%$ |


| Females in Integrated and Non-Integrated Thoracic Surgery Programs |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Year | Non-Integrated <br> Number of <br> Women | Non-Integrated <br> Percentage of <br> Women | Integrated <br> Number of <br> Women | Integrated <br> Percentage of <br> Women |
| $2007-2000$ | 32 | $13 \%$ | N/A | N/A |
| $2008-2009$ | 33 | $15 \%$ | 2 | $40 \%$ |
| $2009-2010$ | 30 | $14 \%$ | 4 | $36 \%$ |
| $2010-2011$ | 37 | $17 \%$ | 6 | $24 \%$ |
| $2011-2012$ | 41 | $19 \%$ | 9 | $22 \%$ |
| $2012-2013$ | 41 | $19 \%$ | 14 | $22 \%$ |
| $2013-2014$ | 36 | $17 \%$ | 20 | $24 \%$ |
| $2014-2015$ | 42 | $19 \%$ | 25 | $21 \%$ |
| $2015-2016$ | 45 | $20.20 \%$ | 33 | $23.90 \%$ |
| $2016-2017$ | 45 | $20.10 \%$ | 42 | $26.10 \%$ |
| $2017-2018$ | 52 | $23.30 \%$ | 48 | $26.20 \%$ |


| Females in Integrated and Non-Integrated Plastic Surgery Programs |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Year | Non-Integrated Number of Women | Non-Integrated Percentage of Women | $\begin{gathered} \text { Integrated } \\ \text { Number of Women } \end{gathered}$ | Integrated Percentage of Women |
| 2007-2008 | 140 | 22\% | N/A | N/A |
| 2008-2009 | 84 | 24\% | 72 | 23\% |
| 2009-2010 | 86 | 24\% | 86 | 26\% |
| 2010-2011 | 85 | 24\% | 106 | 30\% |
| 2011-2012 | 86 | 25\% | 116 | 31\% |
| 2012-2013 | 83 | 24\% | 163 | 38\% |
| 2013-2014 | 97 | 24\% | 187 | 37\% |
| 2014-2015 | 98 | 25\% | 216 | 38\% |
| 2015-2016 | 96 | 26.40\% | 265 | 40.00\% |
| 2016-2017 | 94 | 29.70\% | 303 | 40.50\% |
| 2017-2018 | 77 | 28.90\% | 342 | 41.30\% |

## RESULTS

Results suggest that the creation of integrated surgical programs has increased and will continue to increase the proportion of women in surgical specialties, most evidenced by the trends of women in integrated programs such as vascular, thoracic, and plastic surgery

## CONCLUSION

We believe that the creation of integrated training programs will aid in increasing the rates of women matriculating into surgical subspecialties.These integrated programs would shorten the length of training by two years and allow candidates to enter directly from medical school rather than completing a five-year general surgery residency prior to specialty training.Other surgical subspecialties such as colon/rectal, surgical oncology, pediatrics, and critical care may benefit from creating integrated surgical training programs to help increase rates of females entering these fields.

## REFERENCES








