Editor:

I commend Drs. Wall and Aoun for their excellent discussion, "Diversity and Inclusion Within AAPL."[1] They note the approval of new Council positions to represent minority/underrepresented groups and women, as well as the formation of a Diversity Committee. I would add that in 2014, Women of AAPL (WAAPL) had its first meeting and continues to thrive. More recently, in 2018, the Council also approved the formation of a Women's Committee to help foster gender equity within AAPL. Auspiciously, this committee had its first meeting at the 2019 Annual Meeting in Baltimore, which celebrated the 50th anniversary of AAPL.

Drs. Wall and Aoun correctly note that diversity data are hard to come by, and they opine that diversity and inclusion within the context of APPL "is truly a problem with the pipeline of forensic psychiatrists being trained by programs across the nation" (Ref. 1, p 276). Yet attributing lack of gender diversity to pipeline problems is a persistent misconception that obscures the fact that the pipeline itself reflects institutionalized gender biases that systematically and routinely disadvantage women.

Despite the fact that women now comprise half of incoming medical students in the United States, "large gaps in salary and leadership positions remain" (Ref. 2, p 1). Many women physicians find they must make choices that limit either career or personal goals. This creates further disadvantages in income, career achievement, and the ability to attain leadership positions, and so perpetuates the pipeline problem.

Substantial gender disparity in work status emerges immediately following medical training.[2] Regardless of specialty, women physicians are significantly more likely than men to report not working full-time. In this study, a 9.6 percent gender gap in full-time employment was present in the first year after training and grew to 38.7 percent by six years after training. Overall, 77.5 percent of women physicians in this study currently working part time or not at all cited family as the factor that influenced their employment status decision.

Frank and colleagues[2] concluded that this gender disparity "may contribute" to later gender inequities in compensation and promotion. Indeed, women physicians who work part time or take leave early in their careers for family reasons often fall out of the pipeline. Women have made up 40 to 50 percent of U.S. medical students over the past 25 years. Nevertheless, women account for only 16 percent of all deans and department chairs, 10 percent of senior authorship, and 7 percent of editors-in-chief at prestigious medical journals.[3]

The pipeline is also affected by sexual harassment and gender discrimination. In a recent study,[4] over 50 percent of women reported experiencing sexual harassment or gender discrimination in medical training and academic medicine. The study also found that common responses to such experiences include leaving institutions, changing specialties, or changing careers. Any of these outcomes can be a significant disadvantage reflected in financial disparities and career advancement, and of course, in the pipeline.

I agree with Drs. Wall and Aoun that the lack of diversity within AAPL must be addressed on individual and structural levels. Identifying the circumstances that disadvantage women and all underrepresented groups will only make AAPL a stronger organization, better situated to offer the benefits of membership to all its members.

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