

BRIEF REPORT

Recruitment and Retainment Trends in Diverse Family Medicine Academic Leadership: A CERA Secondary Analysis

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ABSTRACT

Background and Objectives: Increasing the representation of female and Black, Indigenous, and People of Color (BIPOC) identities among family medicine faculty leaders is important for improving community health outcomes. While prior studies show rising percentages, they don't clarify whether these gains stem from recruitment or retention. We examined the proportion of leaders who are female and BIPOC to determine how long they've held their roles.

Methods: We conducted a secondary analysis of Council of Academic Family Medicine Educational Research Alliance (CERA) survey data from 2011 to 2023. Leadership duration was classified as <1 year (recruitment) and ≥5 years (retention). Descriptive statistics and Pearson's correlation test evaluated trends in duration across leadership roles over time.

Results: Increases in BIPOC representation were observed only among leaders with ≥5 years of duration. Increases in the proportion of BIPOC male and female clerkship directors with ≥5 years rose from 4.8% each in 2012 to 19.3% and 14.0% in 2023 ($P=0.005$, $P=0.009$). BIPOC female program directors with ≥5 years of duration increased from 4.4% in 2018 to 17.3% in 2023 ($P=0.001$). No significant trends were identified among department chairs or among leaders with <1 year of duration.

Conclusions: In family medicine academic leadership, observed increases in BIPOC men and women clerkship directors and BIPOC women program directors are driven by retention rather than recruitment into leadership roles. Departments should therefore sustain and scale retention practices while implementing formal mentorship and sponsorship programs, transparent promotion pathways, and targeted outreach to ensure equitable growth in leadership diversity.

INTRODUCTION

A diverse physician workforce improves health outcomes by reducing disparities, advancing equity, and strengthening population health.^{1,2} Academic medicine leadership plays a pivotal role in shaping workforce diversity; however, Black, Indigenous, and People of Color (BIPOC) and females remain underrepresented in these positions due to persistent systemic barriers.^{3–6} Although prior initiatives have advanced gender and racial/ethnic representation, sustaining and expanding these gains remains an ongoing challenge.

In family medicine, notable increases in academic leadership diversity have been documented.^{7–10} Studies report significant upward trends in the number of female clerkship directors (CDs), program directors (PDs), and department chairs (DCs).^{7–10} Similarly, research shows increased representation of BIPOC faculty in these roles over the past decade.^{7–10} We sought to determine whether gains in family medicine academic leadership diversity are a result of recruitment or retention.

METHODS

We performed a longitudinal secondary analysis of publicly available cross-sectional Council of Academic Family Medicine Educational Research Alliance (CERA) survey studies from the online CERA Data Clearinghouse.¹¹ CERA conducts cross-sectional surveys of family medicine CDs, PDs, and DCs which begin with standardized questions regarding the demographic data of the respondents. Methodology papers have validated the representativeness of CERA survey respondents.^{12–14} Surveys were approved by the American Academy of Family Physicians' Institutional Review Board prior to their administration.

We abstracted demographic data (gender, race/ethnicity, and duration) from all CERA CD, PD, and DC surveys in which all three variables were collected from 2011 to 2023. Respondents with missing demographic data were excluded. We defined duration as duration of employment. We looked for significant change in the percent of leaders who are female, BIPOC, and intersected female and BIPOC and who had a duration of <1 year or ≥5 years. We chose a threshold value of five years in the position to define retainment after not finding a standard validated threshold in the literature. This threshold of ≥5 years represented the common average median duration amongst all three academic leaders in our dataset (CD– 5 years; PD– 4.79 years; DC– 4.83 years). Increases in the percent with a duration of <1 year suggests strong recruitment, while increases in the percent with a duration of ≥5 years suggests strong retention. We used R (R-4.2.2 – Vienna, Austria) to analyze data. Simple linear regression created a linear relationship that was analyzed using Pearson's correlation test to detect longitudinal linear trends among the proportion of survey respondents based on combinations of gender, race/ethnicity, and duration across time.

RESULTS

Clerkship Director Recruitment and Retainment

We analyzed 12 CERA FM clerkship director surveys with response rates ranging from 49%–86%. Our analysis did not identify significant gender-based trends among CDs with duration <1 year (Supplemental Figure 1A) nor duration ≥5 years (Supplemental Figure 1B). We also did not observe significant trends based on BIPOC representation among CDs with duration <1 year (Supplemental Figure 2A). We identified a significant increase in BIPOC representation among CDs with duration ≥5 years, increasing from 9.5% (4/42) in 2012 to 33.3% (19/57) in 2023 (Supplemental Figure 2B; $R^2 = 0.682$, $P < 0.001$).

We examined intersectional trends by race/ethnicity and gender. Our analysis did not reveal significant changes among white male or white female CDs with duration <1 year (Figure 1A) nor duration ≥5 years (Figure 1B). Among BIPOC male and female CDs with duration <1 year, we did not find significant trends. In contrast, we observed significant increases among

BIPOC CDs with duration ≥5 years: BIPOC male representation rose from 4.8% (2/42) in 2012 to 19.3% (11/57) in 2023 ($R^2 = 0.558$, $P = 0.005$), and BIPOC female representation increased from 4.8% (2/42) in 2012 to 14.0% (8/57) in 2023 ($R^2 = 0.511$, $P = 0.009$).

Program Director Recruitment and Retainment

We analyzed 22 CERA FM program director surveys, with response rates ranging from 41%–61%. We did not identify significant gender-based trends among PDs with duration <1 year (Supplemental Figure 3A) nor duration ≥5 years (Supplemental Figure 3B). We also did not observe significant trends based on BIPOC representation among PDs with duration <1 year (Supplemental Figure 4A). We found a significant increase in BIPOC representation among PDs with duration ≥5 years, rising from 17.6% (28/159) in 2018 to 29.5% (46/156) in 2023 (Supplemental Figure 4B; $R^2 = 0.831$, $P = 0.011$).

We did not detect significant trends among white male and white female PDs with duration <1 year (Figure 2A) nor duration ≥5 years (Figure 2B). We did not observe significant trends among BIPOC male and female PDs with duration <1 year. We found no significant trends for BIPOC male PDs with duration ≥5 years, however, BIPOC female PDs with duration ≥5 years showed a significant increase in representation, rising from 4.4% (7/159) in 2018 to 17.3% (27/156) in 2023 ($R^2 = 0.942$, $P = 0.001$).

Department Chair Recruitment and Retainment

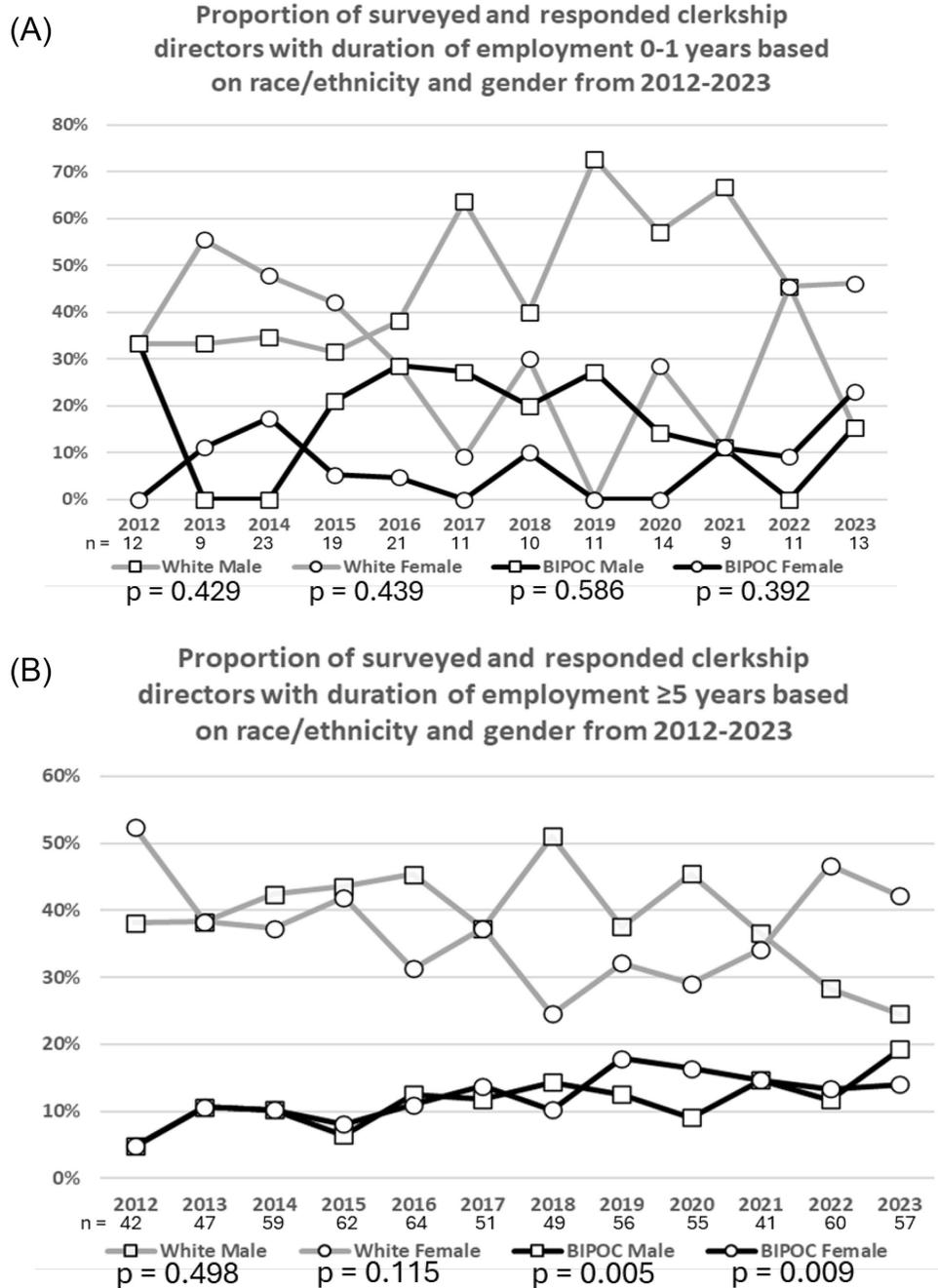
We analyzed four CERA FM department chair surveys, with response rates ranging from 48%–54%. Our analysis did not identify significant gender-based or BIPOC-related trends among DCs with duration <1 year (Supplemental Figure 5A and 6A) nor duration ≥5 years (Supplemental Figure 5B and 6B).

We did not observe significant changes among white male DCs with duration <1 year (Figure 3A). White female DCs with duration <1 year showed a significant decrease in representation, declining from 26.3% (15/57) in 2019 to 21.4% (12/46) in 2023 ($R^2 = 0.953$, $P = 0.012$). We did not identify significant trends among white male or female DCs with duration ≥5 years (Figure 3B), nor among BIPOC male or female DCs with duration <1 year and duration ≥5 years.

DISCUSSION

Previous research has showed shifts in gender and racial/ethnic representation among family medicine CDs, PDs, and DCs.^{7–10} Our analysis shows increases in BIPOC representation among BIPOC men and women CDs with duration ≥5 years and BIPOC women PD with duration ≥5 years. These trends indicate stronger retainment of BIPOC leaders, especially BIPOC women, over the past decade without parallel increases in recruitment into leadership positions based on the lack of trends in representation of CDs, PDs, and DCs with duration <1 year. The results reveal temporal patterns but cannot identify which departmental actions caused these

FIGURE 1. Recruitment and Retainment of Family Medicine Clerkship Directors



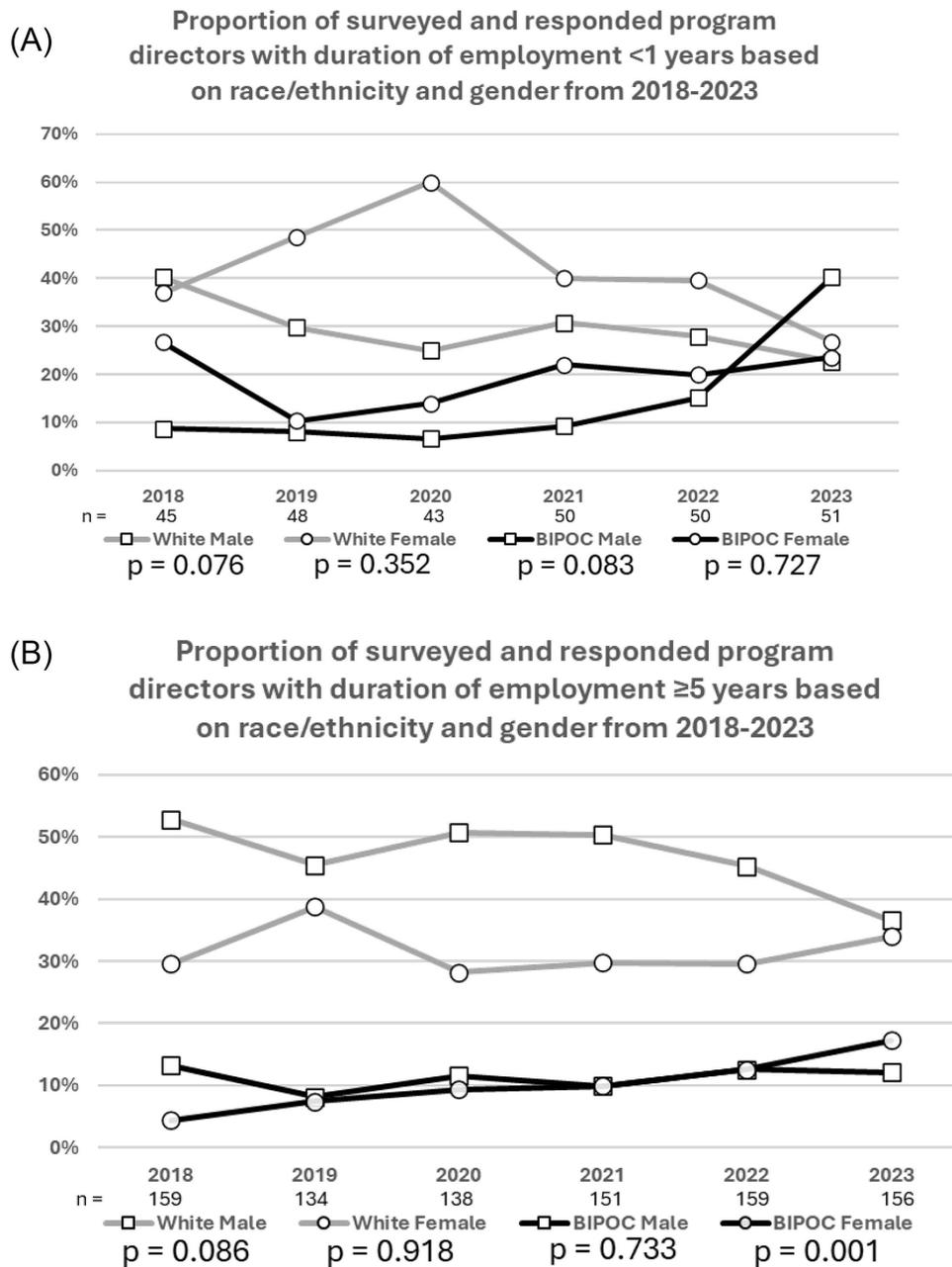
Data were abstracted from CERA clerkship director surveys from 2012 to 2023 for gender, race/ethnicity, and duration. (A) Clerkship directors with a duration of <1 year stratified by combined gender and race/ethnicity. No significant trends in recruitment were found. (B) Clerkship directors with a duration of ≥5 years stratified by combined gender and race/ethnicity. Significant trends for retainment were found in BIPOC male and BIPOC female clerkship directors.

retention gains. Departments may have improved retention through formal mentorship and sponsorship,¹⁵⁻¹⁸ leadership development,^{15,17,19} protected administrative time²⁰, compensation adjustments^{19,20}, service equity¹⁹, and greater visibility of BIPOC leaders.^{15,18}

Faculty turnover remains substantial and disproportionately affects BIPOC clinicians, which magnifies the importance

of retention strategies.^{4,5,21} BIPOC faculty face barriers such as lower promotion rates, limited access to grant funding, and disproportionate non-clinical responsibilities.^{6,15-17,21} Retaining BIPOC and female academic leaders requires significant departmental effort. Departments could create and promote official pathway programs for academic leaders.¹⁶ Departments with BIPOC leaders have greater opportunity

FIGURE 2. Recruitment and Retainment of Family Medicine Program Directors



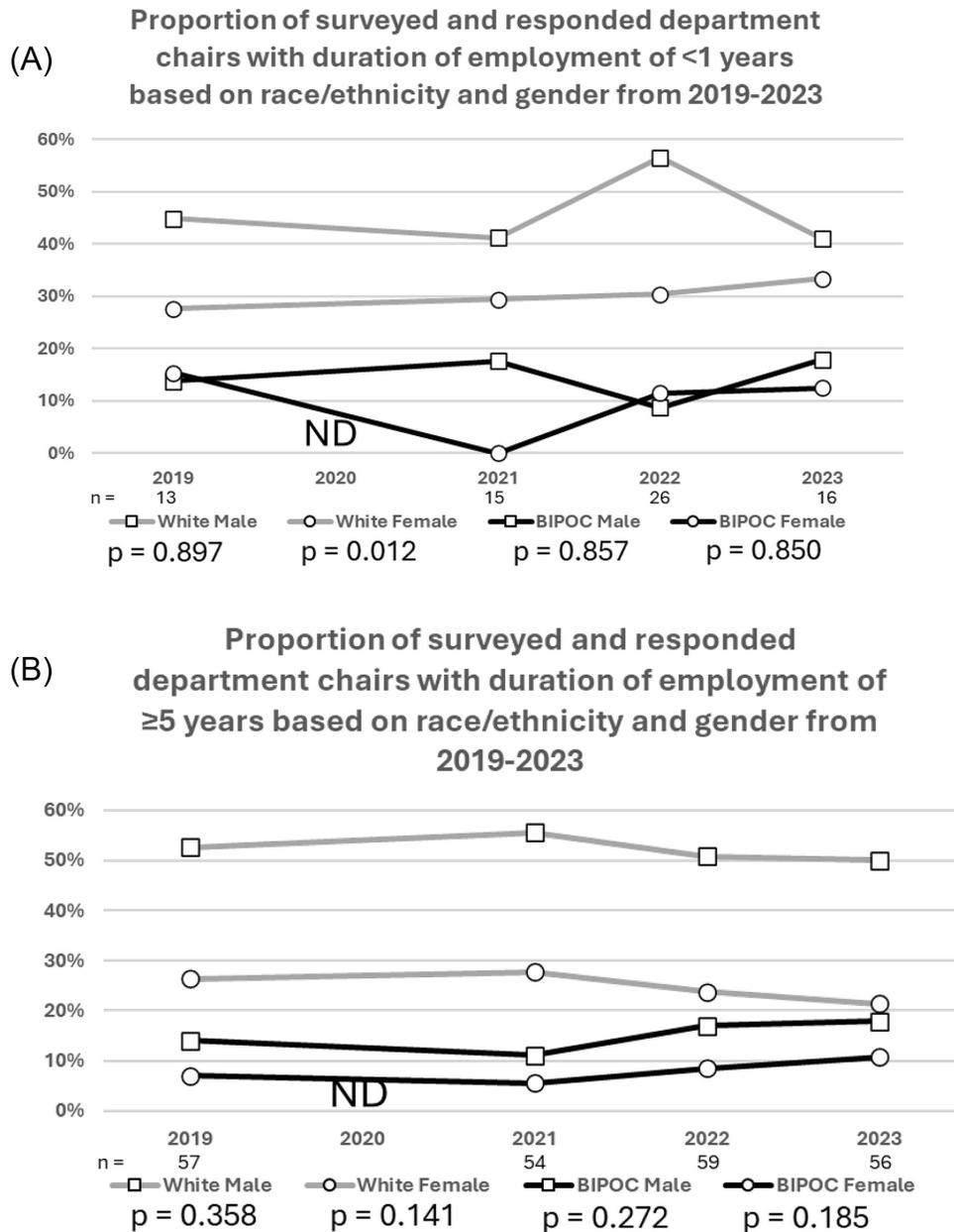
Data were abstracted from CERA Program Director Surveys from 2018 to 2023 for gender, race/ethnicity, and duration. (A) Program directors with a duration of <1 year stratified by combined gender and race/ethnicity. No significant trends in recruitment were found. (B) Program directors with a duration of ≥5 years stratified by combined gender and race/ethnicity. Significant trends for retainment were found in BIPOC female program directors

for mentorship of individuals from similar backgrounds, which can strengthen the pathway to leadership and improve retention across all career fields.¹⁶

One limitation of this study is reliance on CERA survey data. These surveys had variable response rates which have previously been disclosed.⁷ Additionally, we cannot infer specific causal mechanisms from the CERA data. Other limitations include inconsistencies in demographic data collection across survey years, with variations in race/

ethnicity and gender reporting. Most recruitment studies focus on filling down-stream positions (medical students, residents, and clinical faculty) which may indicate a lag in our data focused instead on up-stream leadership positions.¹⁵

Retention gains are encouraging but incomplete; departments must maintain effective retention practices while implementing standardized, data-driven recruitment pathways to sustain and expand leadership diversity.

FIGURE 3. Recruitment and Retainment of Family Medicine Department Chairs

Data were abstracted from CERA Department Chair Surveys from 2019 to 2023 for gender, race/ethnicity, and duration. (A) Department chairs with a duration of <1 year stratified by combined gender and race/ethnicity. A significant decrease was found in the recruitment of white female department chairs. (B) Department chairs with a duration of ≥5 years stratified by combined gender and race/ethnicity. No significant trends were found in terms of retainment of specific subsets of department chairs

CONFLICT DISCLOSURES

The authors of this manuscript have no conflicts to disclose.

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