Diversity in the academy: It’s fundamental to the mission.

Diversity is fundamental to the defined mission of The University of California (UC) to serve the interests of the State of California, which requires access to the University and equal opportunity for all groups. However, the UC has faced tremendous challenges in recruiting, retaining and promoting a diverse faculty. There is an urgent need to improve on these efforts and outcomes in order for the University to satisfy its core mission to serve the interests of the State of California as described in the Regents Policy 4400: http://regents.universityofcalifornia.edu/governance/policies/4400.html.

A critical aspect of the Regents Policy is the explicit recognition of:

“..the acute need to remove barriers to the recruitment, retention, and advancement of talented students, faculty, and staff from historically excluded populations who are currently underrepresented.”

Diversity in the academic medicine: It’s fundamental to all the missions.

Diversity in academic medicine is of critical importance for a number of reasons including strong evidence linking a lack of diversity among health care providers to major and persistent health disparities [5] [6]. Diversity of perspective has been linked to better solutions for complex problems [7], diverse teams publish higher impact papers [8] [9], and diversity in the health care workforce promotes cultural competence [10-12]. Lack of diversity is not a problem unique to the UC Davis School of Medicine, but the complexity of our system will require a specific and substantial commitment and new approaches to improve diversity and equalize the rate of advancement of underrepresented groups [13] [14] [15].
This report is intended to serve as the indicator of the current state of diversity in the UC Davis SOM. These data compilations include individual Departmental data as of November 1, 2016, School of Medicine data at the same point in time and the National availability workforce data. We look forward to working with you on future recruitments to help you reach your Departmental Diversity goals!
### School of Medicine

<table>
<thead>
<tr>
<th>Total Faculty</th>
<th>844</th>
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<tbody>
<tr>
<td>% of Ladder Rank</td>
<td>24.88%</td>
</tr>
<tr>
<td>% of In-Residence</td>
<td>6.4%</td>
</tr>
<tr>
<td>% of Clinical X</td>
<td>24.4%</td>
</tr>
<tr>
<td>% of HSCP</td>
<td>37.8%</td>
</tr>
<tr>
<td>% of Adjunct</td>
<td>6.5%</td>
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#### Ladder Rank

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<th>Role</th>
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#### Clinical X

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#### In-Residence

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<th>Female</th>
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</thead>
<tbody>
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#### HSCP

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<tr>
<th>Faculty Number</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Asian</th>
<th>URM unknown</th>
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</thead>
<tbody>
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<td>319</td>
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<td>145</td>
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#### Adjunct

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<tr>
<th>Faculty Number</th>
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<th>White</th>
<th>Asian</th>
<th>URM unknown</th>
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</table>
Anesthesiology and Pain Medicine

- Percentage (%):
  - Dept.: 37.7, Female: 35.6, Inst.: 38.6
  - URM: 5.7, Male: 62.3%, Female: 37.7%, White: 60.4%, Asian: 33.9%, URM unknown: 5.7%

Biochemistry and Molecular Medicine

- Percentage (%):
  - Dept.: 25.0, Female: 28.9, Inst.: 38.6
  - URM: 4.2, Male: 75%, Female: 25%, White: 41.7%, Asian: 54.2%, URM unknown: 4.2%

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**Dept.**.: Departmental data is from UC Davis School of Medicine

**Nation**.: National data is from *U.S. Medical School Faculty, 2015 (table 16)* [16].

**URM** included American Indian/Alaskan Native, Black or African American, Hispanic, Latino or of Spanish origin, Native Hawaiian or Other Pacific Islander, Multiple Race – Hispanic.

(Not included Other Race, Multiple Race – Non-Hispanic and Unknown)

**Inst.**.: Institution data is from whole UC Davis School of Medicine
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(Not included Other Race, Multiple Race – Non-Hispanic and Unknown)

Inst.: Institution data is from whole UC Davis School of Medicine
**Neurology**

<table>
<thead>
<tr>
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<th>Nation</th>
<th>Inst.</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>32.4%</td>
<td>37.1%</td>
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</tbody>
</table>

| URM | 5.4% | 6.2% | 5.8% |

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Asian</th>
<th>URM unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>67.6%</td>
<td>32.4%</td>
<td>59.5%</td>
<td>35.1%</td>
<td>5.4%</td>
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**Obstetrics and Gynecology**

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<th>Dept.</th>
<th>Nation</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>71.9%</td>
<td>58.9%</td>
</tr>
</tbody>
</table>

| URM | 9.4% | 13.3% | 5.8% |

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Asian</th>
<th>URM unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.1%</td>
<td>71.9%</td>
<td>59.4%</td>
<td>31.3%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

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**Inst.:** Institution data is from whole UC Davis School of Medicine
Dept.: Departmental data is from UC Davis School of Medicine
Nation: National data is from [17].
Inst.: Institution data is from whole UC Davis School of Medicine

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Dept.: Departmental data is from UC Davis School of Medicine
Nation: National data is from [18] (Data was collected from practicing urologists. Urologists in residency training were excluded.)
Inst.: Institution data is from whole UC Davis School of Medicine
Dept.: Departmental data is from UC Davis School of Medicine
Nation: Female national data is from [19], and URM national data is from [20]
Inst.: Institution data is from whole UC Davis School of Medicine

References:


