Report of the Committee on the Status of Women

March 18, 2011

Committee Members:

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Catherine Marshall (Education)
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Charge: “The committee addresses ongoing concerns of women faculty members, identifies obstacles to achievement and maintenance of equality in the representation and status of women on the faculty, and proposes steps for overcoming these obstacles” (Faculty Code, § 4-22).

Report of Activities: The Committee on the Status of Women conducted two university-wide forums to obtain feedback from faculty members concerning issues of importance to women and families. The purpose of these forums was to gather information from University faculty members on concerns of relevance to women and families, with the plan of following up on issues identified in the forums with an electronic survey of all faculty members in the future.

These forums were held in February at the Campus Y and in the School of Medicine, and numerous one-on-one sessions with individual faculty members were held separately due to schedule conflicts. Roughly 40 faculty members, the majority of whom were women, provided feedback to the committee in this manner.

The most frequent issues raised by faculty members included

(1) Lack of on-campus option for childcare

(2) Lack of women in leadership roles in School of Medicine
(3) Maternity leave policy – lack of consistency in its application across departments and divisions campus-wide; inability of both partners to take leave; implications of maternity leave in medicine in particular

(4) Lack of clarity in how “stopping the tenure clock” changes the operations of APT with respect to promotions from assistant to associate and promotions from associate to full

(5) Need for more spaces to breastfeed

(6) Parking for expectant and new mothers

With respect to (1), faculty members felt the university should offer child care on the main campus with sufficient slots to accommodate all families. This issue was raised by faculty members at all levels, including one chair who noted two male faculty recruitments had failed primarily due to this issue. This issue is particularly critical in medicine, in which faculty members often feel a nanny is the only option (due to having to be at work earlier and/or later than most daycares allow). It was noted that infant care is particularly difficult to find, and that a facility that accepted only infants (presumably would require less space) would be worth pursuing if a larger facility could not be accommodated. In addition, several faculty members mentioned the desire for on-campus after-school childcare and their disappointment at the cancellation of the popular Carolina Kids Camp. It was noted that childcare appears to be given considerable “lip service” but is often cut in late stages of planned university expansions. The Committee strongly encourages UNC to be proactive with respect to this critical issue for women and their families by incorporating childcare into first-stage development plans for both University Square and Carolina North.

With respect to (2), women in the School of Medicine expressed disappointment that women have little representation in the most senior leadership positions, particularly noting the absence of women as Vice Deans or as Chairs of clinical departments. It was independently noted by multiple attendees that many men held multiple major administrative roles/titles. While women are well-represented on the faculty, there are concerns that a “glass ceiling” exists in the School of Medicine. The women in attendance felt that many have expressed concerns, but that the (male) leadership does not view this as a problem. One faculty member suggested that an existing program to send School of Medicine faculty for external executive leadership training be offered to more faculty members, with a concentration on women/minorities in early career stages, as a way of grooming a more diverse faculty for these roles. The Committee suggests that UNC take a more active role in ensuring that women are represented in all levels of leadership in this important School.

In the forums, it became apparent very quickly that the university’s maternity leave policy (3) is not consistently interpreted across all academic units at UNC. In addition, there were additional issues in the School of Medicine. It seems that in most clinical departments, a faculty member’s “maternity leave” typically requires other members of the unit to bear the burden of additional clinic patients given the potential for revenue loss. The faculty member taking leave is sometimes “penalized” by (a) having to make up “call” (remaining available at all hours for emergency consults) before or after the leave (this practice varies by division), (b) not having expectations for clinical income adjusted for the leave (again
varies by division), or (c) bearing some guilt for “ill will” from colleagues who have to see additional patients or take up more call to make up for the leave. The Committee suggests the appointment of a maternity leave ombudsperson at the faculty level to help ensure the policy is applied consistently throughout the university and also suggests the School of Medicine consider devoting funds to hiring temporary employees and making other necessary adjustments to ensure maternity leave in the School of Medicine is a true leave.

Regarding (4), the Committee fielded several questions about how “stopping the tenure clock” and other family leaves work with respect to promotions to tenure and promotions from associate to full professor. The Committee suggests that the APT Committee (a) formulate a clear description of how it handles such leaves and (b) post this information on the UNC Faculty Governance website.

With respect to (5), numerous women noted that spaces for breastfeeding were often hard to find and sometimes disappeared depending on space needs. Pumping is typically done several times per day and can be quite time‐consuming. Additional lactation stations should be a priority. On‐campus childcare would enable mothers of infants to breastfeed them during the day.

Regarding (6), several women suggested lack of convenient parking was a barrier when children were very young. New mothers are not typically eligible for handicapped parking. It is suggested that the university consider prioritizing mothers of infants when making decisions about parking.

The Committee referred two faculty members to other resources regarding potential gender discrimination issues.

The Committee is currently making plans for an electronic survey of all faculty members as a method of obtaining feedback on issues raised in these forums from a broad spectrum of the UNC faculty.