NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

*The corresponding author has opted to make this information publicly available.

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Questions about these materials may be directed to the Obstetrics & Gynecology editorial office:

obgyn@greenjournal.org.
RE: Manuscript Number ONG-19-614

The Substantial Rise of Nontenured Faculty in Obstetrics and Gynecology, 1978-2017

Dear Dr. Rayburn:

Thank you for submitting your manuscript for the CREOG/APGO Educational Supplement for Obstetrics & Gynecology. As you know, final decisions regarding which manuscripts to accept for the supplement will be made in June 2019, after all manuscripts have been reviewed. For those manuscripts, like yours, for which revisions have been requested, we are asking the authors to go ahead and make those revisions now.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Again, thank you for your submission and the work you are doing to improve medical education.

Roger P. Smith, MD
Guest Editor for the CREOG/APGO Supplement
Assistant Dean for Graduate Medical Education, Faculty and Academic Affairs
Professor of Integrated Medical Science
Florida Atlantic University’s Charles E. Schmidt College of Medicine

Nancy C. Chescheir, MD
Editor-in-Chief of Obstetrics & Gynecology

REVIEWER COMMENTS:

Reviewer #1: Esters and colleagues examined trends in nontenured faculty in ob/gyn. Comments for the authors:

Precis

1. Typographical error "effecing"

Abstract

2. It doesn't seem like an accurate assessment that the proportion of non-tenured faculty was greater women and minorities. The percentage increase of non-tenured males was 42.9% versus only 38% in women. A more accurate conclusion is that at baseline (in 1978) there was a higher percentage of non-tenured females. Similar comment for minorities.

3. Not sure that the conclusions follow from the data. At most academic medical centers tenure has very little to do with resident and student teaching, it is based on research/academic accomplishments.

4. Need to provide a statistical test of the comparisons in the Results.

Introduction

5. The Introduction would benefit from a better explanation of tenure in clinical departments.
Methods

6. What is the accuracy of the AAMC data regarding tenure? This would seem to be difficult to capture, is this reported by institutions?

7. May be interesting to provide a sensitivity analysis excluding those centers/programs that do not offer a tenure pathway.

Results

8. The data on other clinical departments should be further classified based on specialty (Table 1).

9. Are any other demographic data available for the cohort (Table 1)?

Discussion

10. Discussion very well written overall.

Reviewer #2: After two readings of this paper, I remain uncertain as to why the authors felt it important to undertake an analysis of the increase in ObGyn faculty by tenure status as well as to how they feel their conclusion of a need for additional faculty development are supported by their analysis. For those who are not aware of how faculty size has grown within the specialty, this information is important; for the organization sponsoring the presentation, (APGO), faculty development is important. But the connection is tenuous.

The introduction describes the objective of the study as determining the rise in nontenured full time faculty in ObGyn by gender and racial/ethnic status (URM) but does not describe why the authors feel it is important to do such an analysis.

The authors seem to suggest that there is some important connection between tenure status and workforce, especially regarding teaching. Please make the connection between the historical data you present on the changes in tenure systems and the implications you see for the workforce. Are you suggesting that tenured faculty are more likely to contribute to the academic missions than non-tenured? Are you suggesting that the increase in clinician educators has too much of an emphasis on clinical responsibilities and not enough on the academic? Either needs to be better referenced than just quoting trends and numbers. Analyzing rates of academic promotion might give insight into academic contribution.

Page 4, para 2 makes reference to obgyn faculty as being diversified. It seems the more appropriate term for the sentence would be diverse; however, the data presented in the study do not support a very racially or ethnically diverse workforce in the specialty. The shift in gender balance is apparent and the authors may wish to comment upon the rise of a workforce based largely on young, white women.

The methods section could more concisely describe the use of the AAMC database and be clearer about how the study population was selected. Who was filtered out of the sample? What assumptions were made about academic tracks? Much of this is included in the Results section, but I believe it would be better to reserve Results for the data analysis, placing the selection of the study pool into Methods. Also, I can see why the authors might have focused only on non-tenure status, but since they draw contrasts with tenure track, it would be much more useful to show those comparisons. I recall a CREOG study from several years ago showing that most ObGyn subspecialists were white men; I suspect that is still the case, and if so lends to the argument that the gender diversity of the specialty is not evenly distributed by track status.

The Results section could be much more concise, using meaningful topic sentences and transition sentences for each paragraph to help orient the reader to the tables. Note that it is not necessary to give the percent of tenure faculty when you already gave the per cent of non-tenured. They always will be the inverse (last line in second para of results).

My reading of the data figures shows that the increase in faculty over the past few decades is largely that of faculty who identify as white, with almost twice the number of women in this group as men. Faculty of color make up a very small minority. (Figure 2A). Also the total number of tenured positions (held or track designated) has remained steady for 40 years. (Figure 1A) Again, these are difficult to interpret without academic rank info, but I suspect such an analysis would find assistant professors loaded more heavily than full professors among white women and URM faculty. This would give weight to an argument that medical schools should better support the faculty making up the expansion if their scholarly achievements and advancement are indeed part of the mission.

Comments on the Table and Figures:
Table 1: If I am reading this correctly, a more accurate and simpler title would be "Per cent of nontenure track faculty by sex and race. The table is confusing in that nothing adds to 100%. Giving the absolute numbers and the N for each category would help. This table may help with some of my questions above by sorting out gender and race according to non-tenure status but without numbers of faculty in each category, it is difficult to interpret.
Table 2B is not as useful as the others; is it a graphing of the data already presented in Table 1? The message seems to be the same. Could be deleted.

The discussion is weak as a result of the issues identified above. I realize that this was a presentation to an audience of educators who care about the faculty development of this expanding workforce, but the data as presented do not convincingly make this argument. This data does leave me wondering how we are tending to a huge expansion of the workforce of academic obgyns built largely of white women and likely young women with family as well as to why the diversity by race and ethnicity remains so narrow.

As noted previously, if the discussion question is intended to focus on scholarly activities and achievement or teaching mission contribution, then some sort of data or references representing those functions is indicated. These are important discussions for academic ObGyn. I hope these comments will contribute to a stronger analysis and recommendations for this important workforce.

Reviewer #3: The authors present their findings from a retrospective review of the trend in Ob/Gyn faculty tenure at U.S. medical schools between 1978 and 2017. Information was collected from a large database. Variables were tenured and nontenured faculty subdivided into categories of male, female and underrepresented in medicine (URM).

Since you do focus on gender and URM, I recommend changing the title to better reflect the content of the article. I suggest, "The Rise of Nontenured Faculty in Obstetrics and Gynecology by Gender and Underrepresented in Medicine."

The introduction is concise. The purpose of the study is clearly stated.

The methods section is understandable.

The results section needs some additions. From line 166 to line 183 there are no p values associated with the percentages reported in the text. For the results in lines 166 and 167, reference table 1. If possible in table 1 add the N for each category under Race-Ethnicity.

In the discussion section consider adding some additional speculation regarding the increase in nontenured faculty. Do you think there is a relationship between the change in the requirements of residency supervision and billing (in the early 90’s attendings were required to be in-house and immediately available for deliveries) and the implementation of the 80 hour work week in 2005? Thus, there was a need for additional clinical faculty.

STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

line 40: ? effective rather than effecing

General: Is it certain that the data re:gender and URM status were ascertained and collected with equal precision during the 40 year interval 1978-2017?

It would be of interest to include some other metrics that changed from 1978-2017. For example, what was the total population of medical students per year, or at least at the beginning and the end of that 40 year period? It appears (fig 1A) that the absolute number of tenured and tenure eligible faculty was fairly stable, so the increase in faculty during that time was essentially all non-tenured, hence the change in proportions.

Since Fig 2A and 2B relate to non-tenured faculty, is there any data from this time period as to the changes among the tenured and tenure-eligible faculty re: gender and URM strata?

Fig 2B is confusing. While Fig 1B shows proportions, with apparently the individual components (Tenure, non-tenure, tenure eligible and missing) summing to 100%, for Fig 2B, the components (at least beyond the early years) sum to >> 100%. Need to clarify that the proportions are compared to an external referent (that is, the tenured cohort) which are not represented on Figs 2A or 2B.
1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- even with the correction to effecing to perhaps effective, i'm not sure I understand the precis. As noted by some reviewers, many institutions now reserve tenure for people w/ significant research work, so that the non-tenured people would be more likely to be clinically and teaching heavy in their work. Why do your findings suggest any need to improve teaching skills?

- When you write that a study occurred between date 1 and date 2, it literally excludes those boundary dates. For instance, "This study was performed between Feb 2018 and Jan 2019" would mean it was performed from March 2018 to Dec 2018. Do you instead mean that the study was performed from date 1 to date 2? If so, please edit.

- please provide the parallel information as "9.3 increase" for the total tenured and tenure eligible group.

- see prior note re: use of between.

- This sentence isn't clearly written. As written if you try attach participles rather than have them dangle , it means "the proportion significantly increased.....". Isn't it the medical schools that increased their numbers of nontenured positions?

- Perhaps more clearly and succinctly:" This redistribution of faculty status occurred while there was a significant expansion of the total number of faculty in US medical schools in all medical specialties". [you can delete from ', including.... to known to be a very diversified group" as you've already said it occurred in all medical specialties]

- describe instead of determine.

- I would consider an analysis without including the schools who don't have tenure eligible tracks as a subanalysis

- The Journal style doesn’t use the virgule (/) except in numeric expressions. Please edit here and in all instances.

- how is this determined? ie, who defines a faculty members race or ethnicity. Is it faculty sex (as in natal sex) or is it gender (so that it includes non binary options, LGBTQ, etc)

- Are, not were

- what do you mean "long term and stable trend". How do you know if it was stable until you've analyzed it?

- how is the data validated for accuracy?

- In both the abstract and the paper, please provide absolute numbers as well as which ever effect size you are reporting (if appropriate) + Confidence intervals. P values may be omitted for space concerns. We strongly prefer CI’s as they give more information about strength of association than do P values. By absolute values, I mean something like xx (outcome in exposed)/yy(outcome in unexposed) (zz%) (Effect size= ; 95% CI=. ) An example might be: Outcome 1 was more common in the exposed than the unexposed 60%/20% (Effect size=3;95% CI 2.6-3.4)

- you note earlier that you use the word "tenure-related" to encompass tenured and tenure-eligible but then you don't use it consistently. Please either do, or don't combine them consistently throughout, unless some particular point needs to be made that you need to distinguish between them.

- note need for numbers, CI's.

- should this be "and that faculty who..."? ie, was this part of the same report by the AAMC?

- For clarity since this is such a long sentence" In their review of tenure appointments for faculty at US medical schools from 2006 to 2016, Walling and ....] and then deleted 'between 2006-2016]

- please state how your paper is consistent with Walling and Nilse or differs.

- I agree a bit with the statistical reviewer here. One could easily conclude at this point that women and URM faculty are being discriminated against or that some implicit bias was resulting in their appointment to non tenured positions. However, tenure is going away for everyone. What we are seeing is something that could be reported in a way that
emphasizes the positive. As a percentage of the growth of faculty in Ob GYN departments, women and URM faculty are increasing a lot.

- Taking again makes it sound like they had an option....they most likely did not have an option. Most likely (based on your data) there were NO tenure-related positions available. So they "filled" non tenure positions most likely as that is probably all there was

- Perhaps again putting a different perspective: Tenure-related positions may be more limited as they generally require active research and grant-writing. Medical schools and departments may value research, but the lack of guaranteed and consistent funding while the requirement to provide protected time, financial support and mentor-ship may make such positions less attractive.

- or if that is all that is available

- not sure I understand where this highlighted sentence fits it.

- perhaps the sentence starting on 210 should go here.

- tenure-related?

- is likely related to....

- is misfit an adjective or a noun here? I'm not sure how you make this jump to faculty development programs. Aren't these issues also true for tenured-related faculty?

- what is negotiation power and how is it applicable here?

- you reported sex, not gender. and I'm not sure really how that was determined.

- your data really doesn't support anything about faculty development. While this may be true, its unrelated to your research findings and should likely be deleted.

- are they unstable?

- This to me is the money slide.

- Perhaps worth pointing out that it was about. 2004 that women began being hired in numbers great than in men

- The legend doesn't fit this data. It reads "percentages of non tenured Ob GYN faculty. according to combined sex and URM status". So, in 2017, this. looks like 87% of the non tenured OB GYN faculty are female URM, 80% or female URM, 80% of male URM and 70% are male non urm....That of course can't be true. I think what this is showing is that among non tenured faculty, what percentage of the different groups (female non urm, for instance) are in non tenured positions-- This suggests that although almost everyone is filling a non-tenure role. white men may be disproportionately in tenure roles (70% for white men vs >80% for every else) and this gap looks pretty consistent since about 1983.

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
b. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is
an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions. Your submission should not exceed 3,000 words. The word count will include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and appendixes). References are not included in the word count.

Please limit your Introduction to 250 words and your Discussion to 750 words.

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

Please limit your abstract to a maximum of 300 words.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

10. Figures

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

11. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

12. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.
May 29, 2019

Roger P. Smith, MD  
Guest Editor for the CREOG/APGO Supplement

Nancy C. Chescheir, MD  
Editor-in-Chief of Obstetrics & Gynecology

RE: Manuscript Number ONG-19-614

The Substantial Rise of Nontenured Faculty in Obstetrics and Gynecology, 1978-2017

Dear Dr. Smith and Dr. Chescheir,

Thank you for providing a progress report about our manuscript submitted for the APGO/CREOG supplement issue. We wish to revise our manuscript, and we first studied carefully the reports submitted by the referees and editors. Each point raised received a response from us, by either mostly revising our manuscript or infrequently making an argument as to why no revision was needed.

This cover letter includes the comments made by the reviewers and the editor (as shown below), followed by our responses in italics. The revised manuscript indicates the position of all changes made. We used the "track changes" feature in our word processing software to do so (rather than strikethrough or underline formatting). The lead author (Danielle Esters) has submitted the signed transparency declaration. This document was uploaded with our submission.

Reviewer #1

Precis

1. Typographical error "effecing"

The term “effecing” has been deleted in the revision, and we referred to “academic accomplishment” as recommended by another reviewer.
Abstract

2. It doesn’t seem like an accurate assessment that the proportion of non-tenured faculty was greater women and minorities. The percentage increase of non-tenured males was 42.9% versus only 38% in women. A more accurate conclusion is that at baseline (in 1978) there was a higher percentage of non-tenured females. Similar comment for minorities.

Thank you. The conclusion of the abstract has been rewritten. The first sentence now reads “The substantial rise in the number of ob-gyn faculty was largely among those who were nontenured, especially females.”

3. Not sure that the conclusions follow from the data. At most academic medical centers tenure has very little to do with resident and student teaching, it is based on research/academic accomplishments.

We consider effectiveness in teaching to be an important variable for measuring academic accomplishment. The second sentence of the revised abstract conclusion deletes reference to teaching and refers to academic accomplishments. It now reads “This finding confirms the essential need and protected time for career development and academic accomplishment for nontenured faculty to be promoted.”

4. Need to provide a statistical test of the comparisons in the Results.

The abstract now mentions that to assess comparisons between groups we used two-sample t-testing and simple linear regression model.

Introduction

5. The Introduction would benefit from a better explanation of tenure in clinical departments.

The revised introduction now provides more of an explanation of tenure in clinical departments.

Methods

6. What is the accuracy of the AAMC data regarding tenure? This would seem to be difficult to capture, is this reported by institutions?

The AAMC data are very accurate about tenure and nontenure. The Faculty Roster tracks each individual faculty member daily at their current medical school and reports to annually to the AAMC. Employment records and tenure status for full-time faculty were complete and recorded for identifying long-term trends.
7. May be interesting to provide a sensitivity analysis excluding those centers/programs that do not offer a tenure pathway.

Your point is well taken, and we did this originally. We examined medical schools in which faculty were either offered or not offered the tenure-eligible tracks. The 13 schools not providing the tenure pathway did not change and constituted a small number. While we elected to combine faculty at both types of schools so that we could provide a national perspective, we did write a sentence in the revised results that trends in nontenure faculty were similar and did not change our conclusions. Only 7.3% of all nontenured faculty came from medical schools that did not offer tenure.

Results

8. The data on other clinical departments should be further classified based on specialty (Table 1).

Originally, we did this and do indeed have the data to display for several departments (internal medicine, pediatrics, family medicine, general surgery, anesthesiology, and emergency medicine). We did add in the results that each of the clinical departments saw a growth in the number of faculty, especially in nontenured tracts. Except for a written comment in the results about four departments, we elected to not incorporate data about individual departments, since it either made Table 1 much larger and unwieldy or would be represented as another figure. You were the only person to make this suggestion, and we will revise this table if approved by the editor.

9. Are any other demographic data available for the cohort (Table 1)?

There are no additional data that we could easily add to Table 1 other than the gender and race or ethnicity. Tenure or tenure-eligible, rank (assistant, associate, full professor), and age may be possible but would require more detailed analysis and a larger table. Specialty or subspecialty data are too inaccurate to include. We did include numbers of nontenured faculty in each group in the revised Table 1.

Discussion

10. Discussion very well written overall.

Thank you for your favorable impression about our discussion.

Reviewer #2

After two readings of this paper, I remain uncertain as to why the authors felt it important to undertake an analysis of the increase in ObGyn faculty by tenure status as well as to how
they feel their conclusion of a need for additional faculty development are supported by their analysis. For those who are not aware of how faculty size has grown within the specialty, this information is important; for the organization sponsoring the presentation, (APGO), faculty development is important. But the connection is tenuous.

The revised introduction provides more of a connection between the increasing ob-gyn faculty size and the need for assessing its effect on the number and proportion of faculty who are on the nontenure track. The connection between the increasing faculty size and the rising number and proportion of faculty who were nontenured is introduced in the revision.

The introduction describes the objective of the study as determining the rise in nontenured full time faculty in ObGyn by gender and racial/ethnic status (URM) but does not describe why the authors feel it is important to do such an analysis.

We mention in the revised introduction that the rise in ob-gyn faculty has not been published in the ob-gyn literature. We published that ob-gyn faculty represent a large diverse group of young women who are more frequently underrepresented in medicine (URM) than other medical disciplines. For this reason, the objective of this study was to describe the rise in nontenured faculty among full-time ob-gyn faculty, according to gender and URM status.

The authors seem to suggest that there is some important connection between tenure status and workforce, especially regarding teaching. Please make the connection between the historical data you present on the changes in tenure systems and the implications you see for the work force. Are you suggesting that tenured faculty are more likely to contribute to the academic missions than non-tenured? Are you suggesting that the increase in clinician educators has too much of an emphasis on clinical responsibilities and not enough on the academic? Either needs to be better referenced than just quoting trends and numbers. Analyzing rates of academic promotion might give insight into academic contribution.

The introduction was completely rewritten. We suggest that there is some important connection between increasing faculty numbers and a higher proportion being nontenured. Traditionally, tenured faculty have contributed to the academic mission or research (grant writing, peer-review publications). The increase in nontenure faculty (commonly known as clinician educators) results from an emphasis on clinical responsibilities and perhaps less protected time or encouragement on academic pursuits, especially in research, that would hamper or delay promotion.

Page 4, para 2 makes reference to obgyn faculty as being diversified. It seems the more appropriate term for the sentence would be diverse; however, the data presented in the study do not support a very racially or ethnically diverse workforce in the specialty. The shift in gender balance is apparent and the authors may wish to comment upon the rise of a workforce based largely on young, white women.

The revised introduction now uses the term “diverse” (not “diversity”). We also comment upon the rise of an ob-gyn faculty workforce based largely on women. While those women are
predominantly white, they are proportionally more URM than other clinical departments as noted in the revised Table 1. For this reason, it would be appropriate to examine sex and URM status when considering the make-up of nontenured ob-gyn faculty.

The methods section could more concisely describe the use of the AAMC database and be clearer about how the study population was selected. Who was filtered out of the sample? What assumptions were made about academic tracks? Much of this is included in the Results section, but I believe it would be better to reserve Results for the data analysis, placing the selection of the study pool into Methods. Also, I can see why the authors might have focused only on non-tenure status, but since they draw contrasts with tenure track, it would be much more useful to show those comparisons. I recall a CREOG study from several years ago showing that most ObGyn subspecialists were white men; I suspect that is still the case, and if so lends to the argument that the gender diversity of the specialty is not evenly distributed by track status.

We revised the results and methods sections to reflect the study pool more in the methods and less in the results section. Faculty who were filtered out were those who were not full-time (part-time, working retirees, volunteer). Data about those persons are more subject to change and potential inaccuracy. Assumptions about tenure tract were made and reported by each individual medical school (we had to accept what was reported by each clinical department to the medical school administration office). The data would not allow us to separate general ob-gyns from subspecialists, so they were grouped together in this manuscript. In a prior publication, we observed an increasing proportion of Maternal-Fetal Medicine fellows and Society for Maternal-Fetal Medicine members to be females in a manner similar to residents and ACOG Junior Fellows and Fellows. Lastly, we would be pleased to draw more comparison with tenure and tenure-eligible faculty; however, we reached our word limitation and need to be cautious without the editors’ permissions. This would be an area for another study.

The Results section could be much more concise, using meaningful topic sentences and transition sentences for each paragraph to help orient the reader to the tables. Note that it is not necessary to give the percent of tenure faculty when you already gave the per cent of non-tenured. They always will be the inverse (last line in second para of results).

As per your suggestion, the revised results section is more concise, using meaningful topic sentences and transition sentences to help orient the reader to the table and figures. We elected to retain the percentages for the tenured and tenure-eligible faculty. The lower number and percentage of faculty who were tenure-eligible than tenured were non-reassuring.

My reading of the data figures shows that the increase in faculty over the past few decades is largely that of faculty who identify as white, with almost twice the number of women in this group as men. Faculty of color make up a very small minority. (Figure 2A). Also the total number of tenured positions (held or track designated) has remained steady for 40 years. (Figure 1A). Again, these are difficult to interpret without academic rank info, but I suspect such an analysis would find assistant professors loaded more heavily than full professors among white women and URM faculty. This would give weight to an argument
that medical schools should better support the faculty making up the expansion if their scholarly achievements and advancement are indeed part of the mission.

You are correct, but let us describe this slightly differently. The increase in faculty over the past three decades was largely those who were nontenured. The number of tenured or tenure-eligible faculty remained fairly constant but declined proportionally over time for the total ob-gyn faculty because of the sharply rising numbers of nontenured faculty. Nontenured faculty were primarily non-URM (not only white but also Asians, as noted in the revised methods) and rose to nearly twice as many females as males. URM faculty constituted a very small but slowly growing number of nontenured faculty. We appreciate that these findings may be difficult to interpret without academic rank information. We concur with you that such an analysis would find nontenured faculty to be more heavily concentrated as assistant professors than in the associate and professor rankings. We added this suspicion to the revised discussion and encouraged that this be another study.

Comments on the Table and Figures:
Table 1: If I am reading this correctly, a more accurate and simpler title would be "Per cent of nontenure track faculty by sex and race. The table is confusing in that nothing adds to 100%. Giving the absolute numbers and the N for each category would help. This table may help with some of my questions above by sorting out gender and race according to non-tenure status but without numbers of faculty in each category, it is difficult to interpret.

We changed the legend of Table 1 as stated in your suggestion. Data in the table for 2017 only do not add up to 100%, because the percentages are of nontenured faculty in the total faculty for each group. We understand and appreciate your desire that we include absolute numbers of nontenured faculty for each set. This was provided in the revised Table 1.

Table 2B is not as useful as the others; is it a graphing of the data already presented in Table 1? The message seems to be the same. Could be deleted.

Allow us to clarify what was confusing to you. Figure (not Table) 2B represents data for the 40-year period (1978-2017), while Table 1 involves data for 2017 only. The only overlap of data would be the gender and race-ethnicity of nontenured ob-gyn faculty in 2017. The messages are therefore different.

The discussion is weak as a result of the issues identified above. I realize that this was a presentation to an audience of educators who care about the faculty development of this expanding workforce, but the data as presented do not convincingly make this argument. This data does leave me wondering how we are tending to a huge expansion of the workforce of academic obgyns built largely of white women and likely young women with family as well as to why the diversity by race and ethnicity remains so narrow.

The revised discussion is more strengthened as a result of correcting the issues you identified above. The data do emphasize a huge expansion of the academic ob-gyn workforce being
largely non-URM women. Diversity by race and ethnicity does remain narrow but does show definite growth in the nontenured group.

As noted previously, if the discussion question is intended to focus on scholarly activities and achievement or teaching mission contribution, then some sort of data or references representing those functions is indicated. These are important discussions for academic ObGyn. I hope these comments will contribute to a stronger analysis and recommendations for this important workforce.

Your comments were most helpful. The discussion question is intended to emphasize the need to support scholarly activities and teaching mission contributions. Some references representing those functions are presented. We were cautioned by other reviewers that much further in this direction would be beyond the scope of this manuscript and the discussion can only contain a maximum of 750 words.

Reviewer #3

The authors present their findings from a retrospective review of the trend in Ob/Gyn faculty tenure at U.S. medical schools between 1978 and 2017. Information was collected from a large database. Variables were tenured and nontenured faculty subdivided into categories of male, female and underrepresented in medicine (URM).

Since you do focus on gender and URM, I recommend changing the title to better reflect the content of the article. I suggest, "The Rise of Nontenured Faculty in Obstetrics and Gynecology by Gender and Underrepresented in Medicine."

Thank you for your suggestion. The title was changed using similar wording that you recommended.

The introduction is concise. The purpose of the study is clearly stated.

Thank you. The introduction underwent some modification to better link the value of comparing the rising faculty population with nontenure pathway and faculty demographics.

The methods section is understandable.

Thank you. The section was updated to more accurately describe the Faculty Roster and the selection of the study group. We also moved data from the results to the revised methods section for better flow.

The results section needs some additions. From line 166 to line 183 there are no p values associated with the percentages reported in the text. For the results in lines 166 and 167, reference table 1. If possible in table 1 add the N for each category under Race-Ethnicity.
The revised results provide additional information that you suggested from lines 166 to 183, such as p values. We also added the N value under each percentage in Table 1. We hope that this provides clarification.

In the discussion section consider adding some additional speculation regarding the increase in nontenured faculty. Do you think there is a relationship between the change in the requirements of residency supervision and billing (in the early 90’s attendings were required to be in-house and immediately available for deliveries) and the implementation of the 80 hour work week in 2005? Thus, there was a need for additional clinical faculty.

The revised discussion now provides additional speculation about the increase in nontenured faculty. We do refer to a relation between the change in the requirements of residency supervision and billings, implementation of the 80-hour work week, need to see more patients to generate more clinical revenue, expansion of medical school and residency program sizes, and need for more coverage due to more rules that faculty are not to be active after 12-24 continuous hours of clinical duties.

**Statistical editor comments**

The Statistical Editor makes the following points that need to be addressed:

line 40: ? effective rather than effecing

*Yes... effective was not used in the revision. Instead, we used the suggestion of Reviewer 1 about “academic accomplishment” rather than effective teaching.*

General: Is it certain that the data re:gender and URM status were ascertained and collected with equal precision during the 40 year interval 1978-2017?

*We would need to assume this, but acknowledge this as a potential limitation of the study in the revised discussion. The Faculty Roster contained demographic information at the time of initial faculty hire. Faculty gender choices were male or female and did not include the LGBT options. We explained this as a limitation in the discussion, along with the multiracial option to choose.*

It would be of interest to include some other metrics that changed from 1978-2017. For example, what was the total population of medical students per year, or at least at the beginning and the end of that 40 year period? It appears (fig 1A) that the absolute number of tenured and tenure eligible faculty was fairly stable, so the increase in faculty during that time was essentially all non-tenured, hence the change in proportions.
You are correct that the absolute numbers of tenured and tenure-eligible faculty were fairly stable. The increase in faculty during that time was essentially all non-tenured, hence the change in proportions. This was emphasized in the revised results and discussion. We also commented in the revised introduction that from 1978 to 2017, the total populations increased for US medical students (from 62,213 to 89,789) and ob-gyn residents (from ___ to ____). Interestingly, the ratio of U.S. medical students to full-time faculty declined during this 40-year period. About half of our residents train at non-medical school programs, so a ratio of total residents to faculty could not be done easily or accurately.

Since Fig 2A and 2B relate to non-tenured faculty, is there any data from this time period as to the changes among the tenured and tenure-eligible faculty re: gender and URM strata?

There are data available which we could include. Our desire to not include this information is that it would add more length to the manuscript (we need to be mindful of the number of words and tables-figures) without adding much more substance to the objective of the current study. As mentioned to another reviewer, your suggestion is worthwhile to consider as another study.

Fig 2B is confusing. While Fig 1B shows proportions, with apparently the individual components (Tenure, non-tenure, tenure eligible and missing) summing to 100%, for Fig 2B, the components (at least beyond the early years) sum to >> 100%. Need to clarify that the proportions are compared to an external referent (that is, the tenured cohort) which are not represented on Figs 2A or 2B.

We regret the confusion. Figure 2B refers to the percentage of all faculty who were nontenured for each of the 4 cohorts (female nonURM, female URM, male nonURM, male URM). For example, in 1978, 43% of all nonURM female faculty were nontenured. We changed the y-axis to read “Faculty in each cohort who were nontenured (%)” and the legend to “Percentages of all ob-gyn faculty in each cohort who were nontenured, 1978-2017.”

Editor comments

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission’s record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email
- rzung@greenjournal.org***

9
- even with the correction to efficing to perhaps effective, i'm not sure I understand the precis. As noted by some reviewers, many institutions now reserve tenure for people w/ significant research work, so that the non-tenured people would be more likely to be clinically and teaching heavy in their work. Why do your findings suggest any need to improve teaching skills?

With more faculty being nontenured, they would be expected, as you say, to be very clinically and teaching oriented in their workload. With either role, we would want the faculty member to do his/her best for promotion. In the revision, we did not mention “improve” teaching skills but “support for learning to teach well.”

- When you write that a study occurred between date 1 and date 2, it literally excludes those boundary dates. For instance, “This study was performed between Feb 2018 and Jan 2019” would mean it was performed from March 2018 to Dec 2018. Do you instead mean that the study was performed from date 1 to date 2? If so, please edit.

We made this change throughout the manuscript by deleting the term “between” and using “from.” The study was performed from 1978 to 2017.

- please provide the parallel information as "9.3 increase" for the total tenured and tenure eligible group.

We added a “1.3-fold increase” in the number of tenured faculty.

-see prior note re: use of between

We made this same correction again as noted above

- This sentence isn’t clearly written. As written if you try attach participles rather than have them dangle, it means "the proportion significantly increased....". Isn’t it the medical schools that increased their numbers of nontenured positions?

We note the need to clarify this sentence and made the appropriate change in the revised introduction.

- Perhaps more clearly and succinctly:” This redistribution of faculty status occurred while there was a significant expansion of the total number of faculty in US medical schools in all medical specialties". [you can delete from ', including,... to known to be a very diversified group” as you’ve already said it occurred in all medical specialties]
Your point is well taken. In the revision, we undertook what you recommended to delete this phraseology.

- describe instead of determine.

We now used the term “describe” rather than “determine.”

- I would consider an analysis without including the schools who don’t have tenure eligible tracks as a subanalysis

As mentioned in a response to Reviewer 1, we originally undertook this sub-analysis. The number of schools that did not have tenure eligibility was small (n=13) and did not change much. It did not decrease the proportion of faculty who were nontenure or influence the breakdown of nontenured faculty by gender or race or ethnicity. We commented about this in a sentence in the revised results, but preferred to not dwell further, since the report pertains to all medical schools.

- The Journal style doesn’t not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

We edited all instances using the virgule (/). This pertained to any mention about “race/ethnicity.”

- how is this determined? ie, who defines a faculty members race or ethnicity. Is it faculty sex (as in natal sex) or is it gender (so that it includes non binary options, LGBTQ, etc)

It deals with faculty sex (male or female), which remained the only options. This study covers a long period in which nonbinary options, such as LGBTQ were unavailable to select. The person who defines and assigns a faculty member's race or ethnicity is the faculty member himself or herself.

- Are, not were

This correction ("are" not "were") was made in the revision.

- what do you mean "long term and stable trend". How do you know if it was stable until you've analyzed it?

Long term reflects the 40-year period. We deleted “and stable” in that sentence. Stable was determined only after the data were plotted graphically and the slopes examined.

- how is the data validated for accuracy?

We also discussed this with the Statistical editor. In the revised methods section, the data were very accurate for full-time faculty. The Faculty Roster contained demographic information
about gender and race or ethnicity at the time of initial hire. The Faculty Roster tracks each individual faculty member daily at their current medical school. We had to accept the data as being accurate and understand that the data are validated further by the AAMC for accuracy if there are significant changes from year to year to determine whether there may have been any reporting error. We did not include this accuracy comment in the revision unless you think it is necessary.

- In both the abstract and the paper, please provide absolute numbers as well as which ever effect size you are reporting (if appropriate) + Confidence intervals. P values may be omitted for space concerns. We strongly prefer CI's as they give more information about strength of association than do P values. By absolute values, I mean something like xx (outcome in exposed)/yy(outcome in unexposed) (zz%) (Effect size= ; 95% CI= ) An example might be: Outcome 1 was more common in the exposed than the unexposed 60%/20% (Effect size=3; 95% CI 2.6-3.4)

In both the revised abstract and paper, we provided more absolute numbers. We are reporting linear trends over the 40 years, not effect size for every year. While there is a CI band for every year, we thought that simply reported a p value for the 40-year slope would be more representative. We consider this to be the most straightforward and simplest way. Let us know if you prefer another option.

- you note earlier that you use the word "tenure-related" to encompass tenured and tenure-eligible but then you don't use it consistently. Please either do, or don't combine them consistently throughout, unless some particular point needs to be made that you need to distinguish between them.

In the revision, we no longer use the word "tenure-related" to encompass tenured and tenure-eligible. Instead, we mention those two terms separately. The term "tenure-related" has been used by the AAMC only recently.

- note need for numbers, CI's.

Please see our comment above about our focus on reporting the linear trends for this 40-year period and the need to report p values instead.

- should this be "and that faculty who..."? ie, was this part of the same report by the AAMC?

Yes. In the revision, we used the word "that." This was part of the same report by the AAMC.

- For clarity since this is such a long sentence" In their review of tenure appointments for faculty at US medical schools from 2006 to 2016, Walling and ....] and then deleted 'between 2006-2016]

This long sentence was divided in the revision for greater ease in reading. Your recommendations in rewording were incorporated in the revision.
- please state how your paper is consistent with Walling and Nilse or differs.

_The revised discussion now states that the work by Walling and Nilse is consistent with our findings during that same period (i.e., as the proportion of faculty on tenure-related tracks decline, the proportion of nontenured faculty increased as the number of faculty rose._

- I agree a bit with the statistical reviewer here. One could easily conclude at this point that women and URM faculty are being discriminated against or that some implicit bias was resulting in their appointment to non tenured positions. However, tenure is going away for everyone. What we are seeing is something that could be reported in a way that emphasizes the positive. As a percentage of the growth of faculty in Ob GYN departments, women and URM faculty are increasing a lot.

_In the revision, we attempted to emphasize the positive. With the growth of faculty in ob-gyn departments, higher numbers and proportions are woman and URM faculty. Tenure may less appealing or less meaningful or could be more competitive._

- Taking again makes it sound like they had an option...they most likely did not have an option. Most likely (based on your data) there were NO tenure-related positions available. So they "filled" non tenure position most likely as that is probably all there was

_In the revision, we mentioned the possibility that at their school, a new faculty member may not have had any tenure option, so he or she “filled” a nontenure position. For some faculty, they may have the option to become tenure-eligible but it was early in their career and they chose to be in a non-tenured position temporarily._

- Perhaps again putting a different perspective: Tenure-related positions may be more limited as they generally require active research and grant-writing. Medical schools and departments may value research, but the lack of guaranteed and consistent funding while the requirement to provide protected time, financial support and mentor-ship may make such positions less attractive.

_We agree and like your perspective. In the revision, we mentioned that tenure-related positions may be more limited as they generally require active research and grant-writing. The lack of guaranteed and consistent funding requires protected time, financial support and mentorship, making such positions less attractive._

- or if that is all that is available

_We did mention that tenure positions may have been unavailable._

- not sure I understand where this highlighted sentence fits it.
This sentence was deleted in the revision.

- perhaps the sentence starting on 210 should go here.

Upon reflection, we agree with you and have moved this sentence to begin on line 216.

- tenure-related?

We deleted the term "tenure-related" in the revision.

- is likely related to...

We added "likely related to" and deleted "due to."

- is misfit an adjective or a noun here? I'm not sure how you make this jump to faculty development programs. Aren't these issues also true for tenured-related faculty?

We deleted the term "misfit" in the revised discussion. Yes, these issues apply to tenure-related faculty also.

- what is negotiation power and how is it applicable here?

We deleted the terms "negotiation power" in the revision.

- you reported sex, not gender. and I'm not sure really how that was determined.

In the revision, we referred only to "sex" and not "gender," since this was the term used consistently in the survey. The revised discussion discusses this limitation.

true, its unrelated to your research findings and should likely be deleted.
- your data really doesn't support anything about faculty development. While this may be

The revision minimizes any discussion about faculty development, since there are no data.

- are they unstable?

We deleted this final sentence in the original submission.

- This to me is the money slide.

We concur.

- Perhaps worth pointing out that it was about. 2004 that women began being hired in numbers great than in Men
Your observation was noted in the revised results.

- The legend doesn't fit this data. It reads "percentages of non tenured Ob GYN faculty. according to combined sex and URM status". So, in 2017, this. looks like 87% of the non tenured OB GYN faculty are female URM,
80% or female URM, 80% of male URM and 70% are male non urm....That of course can't be true. I think what this is showing is that among non tenured faculty, what percentage of the different groups (female non urm, for instance) are in non tenured positions-- This suggests that although almost everyone is filling a non-tenure role. white men may be disproportionately in tenure roles (70% for white men vs >80% for every else) and this gap looks pretty consistent since about 1983.

We appreciate our comments about how the legend in Figure 2B could easily be confusing to the reader. The new legend states, "Percentages of ob-gyn faculty in each cohort who were nontenured, 178-2017." The new y-axis now states "Faculty in each cohort who are nontenured (%). What is rephrased in the revised results is that we are showing that among non tenured faculty, what percentage of different groups (e.g., females, non URM) are in nontenured positions. We agree that this suggests that although most everyone is filling a nontenure role. NonURM men are disproportionately in tenure roles, and this gap appears consistent since about 1983.

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
b. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

We opt-in to publish our response letter and subsequent email correspondence related to author queries.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.
Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

*We wished to revise the manuscript, and clicked on “Revise Submission.” Please remove these PDFs from EM.*

4. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript’s lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained." *The manuscript's guarantor.*

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

*Dr. Danielle Esters is the lead author, and she has submitted a signed transparency declaration to me. This document is uploaded with our submission to the Editorial Manager.*

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions. Your submission should not exceed 3,000 words. The word count will include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and appendixes). References are not included in the word count.

Please limit your Introduction to 250 words and your Discussion to 750 words.

*The complete, revised manuscript does not exceed 3,000 words. The revised introduction and discussion contain fewer than 250 words and 750 words, respectively.*

6. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

*The revised abstract has been checked carefully and contains no inconsistencies with the manuscript. The conclusion statement is now clearer.*

Please limit your abstract to a maximum of 300 words.
The final abstract contains much less than 300 words.

7. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

We reviewed the selected list of standard abbreviations and acronyms and spelled out each at the first time used in the abstract and body of the manuscript.

8. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

We did not use the virgule symbol in sentences with words.

9. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

We reviewed the table checklist and made sure that our tables conform to the journal style.

10. Figures

When you submit your revision, art saved in a digital format should accompany it. If your figure was created in Microsoft Word, Microsoft Excel, or Microsoft PowerPoint formats, please submit your original source file. Image files should not be copied and pasted into Microsoft Word or Microsoft PowerPoint.

The revised figures were created in Microsoft formats, and the original source file is submitted.

11. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acid/accounts/ifauth.htm.

We will await word as to whether this manuscript is accepted for publication before exercising this option.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.
We will keep an eye out for that future email and respond promptly. The traditional publication route will likely be chosen.

12. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

*We provided point-by-point changes in this cover letter. The revised manuscript (with and without track changes) was submitted in a word processing format.*

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

*Each co-author contributed and gave approval to the final form of the revision.*

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

*We understand and finished the revision in 21 days.*

We appreciate your editorial assistance and hope that the revision is acceptable to the reviewers, statistician, and yourselves.

Sincerely,

William F. Rayburn, MD, MBA, FACOG
RE: Manuscript Number ONG-19-614R1

The Substantial Rise of Nontenured Faculty in Obstetrics and Gynecology, 1978-2017

Dear Dr. Rayburn:

Per the two emails from Randi Zung on June 17, your revised manuscript is being returned to your for further revision. Please submit your next version in Editorial Manager by June 20. If you need an extension, please let Randi know by replying to this email.

***The version of the manuscript that Randi emailed to you is the version that you should work on for this second revision request.***

Dr. Chescheir’s concerns are outlined as follows:

Thank you for your revised manuscript. I’m sending your manuscript back with several edits that are necessary that are discussed. I have also reviewed this with Dr. Roger Smith, the co-editor of the APGO-CREOG supplement, who is in agreement with my sentiment.

While I am one who is very supportive and an activist for equity in academic medicine, I remain concerned about the “spin” that you have placed on this data. I think your data is very important for medical schools, Ob GYN department leaders, and faculty to see and the message that some changes in the P&T programs are critical. I worry that the way this is packaged will be dismissed as the paper is written.

As I read the abstract and the manuscript, it seems that the conclusion you reach and the recommendations that you are making are that the increasing rates of non-tenure faculty position for women and minorities is somehow nefariously related to an anti-women/URM bias in Ob GYN departments across the country (and other departments as well). Your data don’t really support this conclusion. If anything the % change of tenure vs non tenure is greater for men than for women (Proportional increase for men is 2.4 (72.5/29.6) ; for females its 1.9, for URM its 3.05 and for non URM its 2.4.) although I’m not sure there are any statistical comparisons made.

Your data DO show this very large increase in the proportion of non-tenure vs tenure faculty positions which is happening across academic medicine on the background, as you point out, of increasing educational demands due to expanding class sizes and medical schools during the time frame you have studied, increasing needs for generating clinical revenue to offset the decreasing contributions of research revenue and to care for expanding patient populations. These forces, and others, have made academic centers severely limit the number of tenure positions. At the same time, from 1978 to 2017, the number of women entering medicine and of course Ob GYN has steadily climbed so that the pipeline of people for academic positions are increasingly female. The number of URM physicians in medicine in general, and in Ob GYN specifically, have increased as well during this time frame.

The resulting collision of these two forces which are likely unrelated (or at least, I don’t see an argument that they are related) has resulted in the majority of new academics in medicine and in Ob GYN are not tenure track. Women and URM’s leave academics at a rate that is disproportionate to white men, historically. So schools which have done a better job of laying out achievable benchmarks for the clinician-scientist now have the doubly important challenge---create faculty development programs and benchmarks for academic advancement for clinician educators and do so in a way that supports groups of people who in the past have not been as successful.

I recognize this is not the direction that your paper has gone and Dr. Smith and I can certainly arrange to discuss this with you on the phone.

Specific queries in the MS Word file:

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.

2. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration
statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.”

*The manuscript’s guarantor.

Please provide a signed version of this statement. A blank copy is attached.

3. Line 70: Please note this edit.

4. Line 87: Your abstract needs to stand alone so as I’m reading this, I’m not sure I’m accepting that the increase is "especially female." Proportional increase for men is 2.4 (72.5/29.6); for females its 1.9, for URM its 3.05 and for non URM its 2.4. So, the greatest increase appears to be in URM, the least in females. The absolute numbers of faculty, the greatest proportion of which will be women, will be among women, but you have not presented this information in this way in the abstract.

Also, as you have written, I’m reading "this finding" to be your assertion that this increase in non-tenure status disproportionately effects women. Why does that finding confirm the need to protect time? Isn’t it the overall increase in non-tenure status that confirms the essential need to do so?

5. Line 105: How is it unknown if, based on line 102, the proportion of tenured faculty has declined by 26.7% and you know the total number of faculty?

6. Line 113: Please note this edit.

7. Line 165: Please clarify. You note on lines 163-164 that the # of tenured or tenure-eligible faculty increased (these are absolute numbers) but on line 165 you stated the numbers declined. For lines 163-164, what years are included? Your study includes 1978-2017 and the decline on line 165 relates to time after 1994. Is the increase noted only 163-164 just prior to 1994?

8. Line 167: In the abstract and line 163-164, you use the phrase “1.3-fold increase” which is a very useful way of thinking of these changes. Could you include that information elsewhere (for instance, here it would be a 2.5-fold increase)?

9. Line 172: We do not allow authors to describe variables or outcomes in terms that imply a difference (such us of the terms “trend” or “tendency” or “marginally different”) unless there is a statistical difference. Please edit here and throughout.

10. Line 178: What does "remained narrow" mean and what is this description based on? Is there a reference for what is considered "broad” vs "narrow”? If there is not a standard for this, perhaps just give the values and don’t add the descriptor as narrow until the discussion.

11. Line 183: We do not allow authors to describe variables or outcomes in terms that imply a difference (such us of the terms “trend” or “tendency” or “marginally different”) unless there is a statistical difference. Please edit here and throughout.

12. Line 186: What should this say?

13. Discussion Section: I still feel like your Discussion could be strengthened and make a more powerful argument for all OBGYN faculty. You really focus on the sex/URM status a lot here, but it seems at least to this reader that you are missing the forest for the trees in your conclusion.

The forest: the landscape of academic faculty appointments now are that about 1/5 are in the tenure track and most of these are people with a high proportion of grants for research. OBGYN is not that different than other departments in this regard. Academic faculty growth in the years studied have reflected larger clinical and teaching needs.

More forest: the overall growth of faculty then over the years studied is in the nontenured track. In OBGYN, the increase in faculty size, paralleling the ratio of men/women in our specialty, has been largely by women and increasingly URM faculty (F>M), the vast majority of whom, will be nontenured consistent with the above issues.

Trees: Traditionally, clinician educators (the role of the majority of the non-tenured people) have had a hard time advancing their careers (protected time, clear goals, etc) AND women and URM faculty have a higher rate of failure to advance in their medical careers than do white men. Medical schools traditionally have focused more on tenure/research
faculty and their needs.

Now, given 80% or so non-tenure track faculty and large percent in group which traditionally aren’t as successful, important questions remain as to whether and how this changing landscape of substantial majority nontenured faculty appointments affects faculty recruitment and retention and how it impacts the quality of teaching and scholarly performance. Females and underrepresented in medicine faculty are more likely to be nontenured in ob-gyn and in other clinical departments overall. Due to the considerable reliance of ob-gyn departments on their nontenured faculty, these individuals need protected time from clinical activities to foster academic accomplishments to prepare them for promotion, engender professional satisfaction, and contribute to the academic missions of their medical school.

14. Line 209: Since their report came first, don’t your findings support theirs?

15. Footnote for Table 1: Please note the edited text here. Is this correct?

16. Figure 1 Legend: If there is another URL that should be cited here, please add it.

17. Figure 2 Legend: If there is another URL that should be cited here, please add it.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.
Dear Ms. Zung,

On behalf of my fellow co-authors, I wish to resubmit our revised manuscript pertaining to nontenured faculty for the APGO-CREOG supplement of the green journal.

We reviewed all of the suggested modifications and comments and concur with all of the edits. We made updated changes to address the comments.

Attached in a separate mailing are the following: 1) revised manuscript with track changes, 2) clean copy of the revision without the highlighted track changes, and 3) minor revisions of the two figures (A and B), and 4) transparency document signed by Dr. Danielle Esters. Denise Shields was very helpful in assisting us with the minor changes in those figures.

Please note that data in Table 1 is now more inclusive. This update was requested by a prior reviewer.

Lastly, we need editorial assistance from Dr. Cheshire and Dr. Smith. A request was made about “where possible in the abstract AND the text, please provide an effect size (such as an OR or RR) and 95% CI’s.” We continue to feel that using simple linear regression and resultant p values are more helpful for analyzing data over this 40 year period. However, we did prepare other statements below which may be used if the editors feel that it would be helpful:

“In 1978, there was no difference in proportions of nontenured ob-gyn faculty who were either URM females (26.7%) or males (27.5%) (RR = .9689; 95% CI: 0.3968 – 2.3660). Non-URM nontenured faculty were more likely to be females (44.5%) than males (27.3%) (RR = 1.6258; 95% CI: 1.3755 – 1.9217). In 2017, the proportion of nontenured ob-gyn faculty was significantly higher for URM females (85.9%) than males (79.7%) (RR = 1.0786; 95% CI: 1.0130 – 1.1484). The proportion who were non-URM nontenured faculty continued to be higher for females (80.6%) than males (71.4%) (RR = 1.1302; 95% CI: 1.0948 – 1.1668).” Let us know if this would be helpful to add to the abstract and manuscript.

Thank you again for your assistance!

William F. Rayburn, MD, MBA