Facial Plastic Surgery & Aesthetic Medicine
Volume 28, Number 1S, 2026
Mary Ann Liebert, A Part of Sage

DOI: 10.1177/26893614251395741

Facial Plastic Surgery & Aesthetic Medicine

VIEWPOINT Women in Facial Plastic Surgery

Carving Out Change: Women Leading in Facial Plastic Surgery

Linda N. Lee, MD, FACS,[1,*] Tessa Hadlock, MD,[2] Lisa Ishii, MD, MHS,[3] Myriam Loyo Li, MD,[4] Natalie A. Krane, MD,[5] Shiayin F. Yang, MD,[6] Regina Rodman, MD,[7] MaryLynn Moran, MD,[8] Isabelle L. Magro, MD,[9] and Ciersten A. Burks, MD[1]

Evidence from the business world is striking: a *Peterson Institute for International Economics* analysis of 22,000 firms found that companies with more women in the C-suite were significantly more profitable.[1] Similar analyses from McKinsey, Fortune 500 companies, and venture capital firms revealed that across industries—including business, finance, and technology—increasing female representation in leadership has been associated with improved profits, innovation, governance, and talent retention.[2–4] While many factors contribute to these outcomes, women bring valuable perspectives that likely play a significant role in these successes. These findings raise an important question: how can medicine benefit from examples of success in other industries to raise the bar by increasing representation of women physicians in leadership?

Despite women now comprising over half of U.S. medical school graduates, their representation in surgical leadership—including department chairs, program directors, and board membership of professional societies—remains disproportionately low.[5,6] Within our historically male-dominated American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), only 13% of current members are female. In its 55-year history, just two women—Mary Lynn Moran, MD (2019), and Theda C. Kontis, MD (2022)—have served as president. Today, 20% of the AAFPRS board of directors are women, and 25% of the American Board of Facial Plastic and Reconstructive Surgery board of directors are women—encouraging progress, but still far from parity. Overall, while gains have been made, significant gaps in representation remain.

Multiple studies have shown that women surgeons achieve equal or better outcomes, with comparable or higher patient satisfaction and fewer complications.[7–11] Possible explanations include careful patient selection, patient-centered communication, and differences in operative technique, such as greater precision or slower operating speed among women surgeons, though causality remains uncertain.[9,11] Additionally, because most patients seeking facial plastic and reconstructive surgery are women, gender concordance between patient and surgeon may also reduce complications and readmission rates.[10] Evidence also shows that women in leadership roles are important for recruiting and retaining female surgeons.[12] Taken together, these findings suggest that surgical departments and academies with leadership that includes a strong representation of women stand to benefit by attracting and retaining top talent, improving patient quality of care, and overall strengthening institutional performance.

Given this, if balanced proportions of women in leadership contribute to improved success across industries, why is lack of representation an ongoing issue? Two persistent barriers may help to explain the disparity. The "glass ceiling" limits advancement at senior levels, while the "sticky floor" traps early-career women in low-status positions with limited opportunities for career advancement. Reasons

[1]*Department of Otolaryngology—Head and Neck Surgery, Division of Facial Plastic and Reconstructive Surgery, Harvard Medical School, Massachusetts Eye and Ear, Boston, Massachusetts, USA.*
[2]*Department of Otolaryngology—Head and Neck Surgery, Harvard Medical School, Boston, Massachusetts, USA.*
[3]*Johns Hopkins School of Medicine, Baltimore, Maryland, USA.*
[4]*Oregon Health and Science University, Portland, Oregon, USA.*
[5]*Division of Facial Plastic and Reconstructive Surgery, Department of Otolaryngology—Head and Neck Surgery, Oregon Health and Science University, Portland, Oregon, USA.*
[6]*Facial Plastic and Reconstructive Surgery, Department of Otolaryngology—Head and Neck Surgery, Vanderbilt University Medical Center, Nashville, Tennessee, USA.*
[7]*Face Forward Houston, Private Practice, Houston, Texas, USA.*
[8]*Vanderbilt Department of Otolaryngology, Franklin, Tennessee, USA.*
[9]*Department of Otolaryngology—Head and Neck Surgery, University of California, Davis, Sacramento, California, USA.*

*Address correspondence to: *Linda N. Lee, MD, FACS, Department of Otolaryngology—Head and Neck Surgery, Division of Facial Plastic and Reconstructive Surgery, Harvard Medical School, Massachusetts Eye and Ear, 243 Charles Street, Boston, MA 02114, USA,* Email: linda_lee@meei.harvard.edu

for the sticky floor include structural barriers (women more frequently spend time in mentorship and educational roles, which are not formally recognized in the promotions and leadership selection process) and cultural and/or outdated biases of how a surgeon should look and behave. Because surgical careers rely heavily on early achievements, being held back at the start makes subsequent advancement even harder.

How do we combat the "sticky floor" and the "glass ceiling"? Mentorship and sponsorship are both essential, but they function differently. *Mentorship* focuses on guidance, skill-building, and personal growth—like teaching someone how to fish so they can feed themselves. Mentors invest time in helping mentees develop knowledge, confidence, and resilience, often through structured programs that provide consistent support. In contrast, *sponsorship* refers to action and influence. A sponsor uses their reputation, access, and power to open doors, recommend a colleague for leadership roles, or advocate for opportunities that might otherwise remain out of reach.[13] Unlike mentorship, sponsorship is harder to find and relies on a trusted relationship with someone *willing to stake their own credibility* on another's advancement. Sponsorship is uniquely powerful: it provides visibility, networks, and momentum. Mentorship alone is often insufficient to overcome systemic barriers. Women tend to be over-mentored and under-sponsored. However, when sponsorship is paired with mentorship, the combination can provide the momentum needed to accelerate progress beyond systemic barriers, paving the way for leadership while demonstrating that advocacy can be both intentional and respectful of autonomy.

Encouragingly, structural and systemic reforms have already created momentum. Expanded parental leave policies in surgical training, including both maternity and paternity leave, alongside formal equity initiatives on the academy board of directors and increased female representation on nominating committees, have helped foster equity without compromising excellence.[14] A compelling example is Norway's enactment of a 40% female corporate board requirement in 2003.[15] Results demonstrated that women in leadership roles were highly qualified and that gender quotas did not negatively impact firms' value or profitability.[16] This deliberate, longitudinal approach offers valuable lessons that we can learn from in medicine.

A similar tension arises in surgical conferences when speakers are selected for expert panels. Traditionally, there are many more expert panels comprising all men, which is slowly changing with awareness and a conscious effort to have better representation from experienced women speakers. While representation is crucial, inserting women onto panels merely to meet quotas without regard to expertise is counterproductive. The solution is to support a robust pipeline of talented women surgeons, ensuring they are recognized and invited on merit. This mechanism represents sponsorship at its best. When women are visible on podiums, they not only contribute their expertise but also normalize women's presence in these roles. That visibility reinforces their recognition as subject matter experts, leading to more invitations to speak, publish, and lead. The AAFPRS has taken important steps in an encouraging direction through the Women in Facial Plastic Surgery (FPS) committee, which fosters mentorship, creates structured learning opportunities, and amplifies representation. In 2025, the inaugural Women in FPS symposium at the AAFPRS Annual Meeting will further highlight the Academy's commitment.[17,18]

Social media has emerged as a powerful accelerator for equity and representation in surgery. Campaigns like #ILookLikeASurgeon have increased visibility for women surgeons, while digital platforms create mentorship networks and virtual communities where younger surgeons can see role models who share their goals.[19–22] Social media has helped create a sense of belonging and empowerment among trainees by normalizing the presence of women in surgical leadership. Residency programs are also increasingly active on social media, and studies show these platforms influence applicants' decisions about where to apply and train.[21,22] This active engagement allows institutions to share their culture and inclusivity, signaling to future applicants that women are not only present but actively celebrated and supported. By spotlighting women leaders and highlighting mentorship and sponsorship pathways, programs send a powerful message: *matching here means joining a community that invests in your potential.* Representation fosters recognition, which in turn generates new opportunities.[12] As surgical communities continue to leverage online platforms, intentional use of social media can serve as both a recruitment tool and a powerful method of increasing representation, ultimately shaping a leadership pipeline that can remain strong all the way to the top.

How Do We Translate Lessons into Actionable Steps?

To move beyond theory and achieve measurable progress in surgical leadership, surgeons at all career stages can take deliberate actions:

1. Seek targeted mentorship
   Early-career surgeons should intentionally build a network of mentors, selecting individuals for different aspects of their growth, including career advancement, research focus, specialty expertise, and/or work-life integration.

2. Pay it forward through sponsorship
   Mid- and late-career leaders should actively advocate for promising colleagues. Nominate them for committees, invite them to speak, include them on panels, and make introductions. Schedule recurring check-ins (including annually at an Academy meeting) to maintain accountability.
3. Increase your visibility
   Submit talks, moderate panels, invite senior experts to be a part of your panel, and collaborate with senior leaders to establish your presence. Do the organizational work to make participation easy for others, be appropriately prepared so you earn the respect of these experts, and build lasting professional relationships.
4. Commit strategically and demonstrate reliability
   Agree to assume professional tasks, but in a strategic way. Avoid overextending yourself, but consider early opportunities that foster exposure and sponsorship relationships. Follow through on commitments at the highest level and develop a reputation for excellence. Consistent execution earns trust and future opportunities.
5. Shape your narrative
   Use social media to showcase your expertise, research, and professional values. Highlight patient stories and achievements (with consent) to build credibility.
6. Engage Leadership
   Proactively express interest in society roles and leadership opportunities. While leadership is not a title to be demanded based on years of service, you can demonstrate you are deserving through integrity, curiosity, excellence, timely participation in professional activities, and commitment to the professional community. Attainment of leadership roles is therefore a byproduct of increasing visibility of your qualifications, selflessness, ethical conduct, and team-focused achievements.
7. Ask for guidance and consider a professional coach
   Request recommendations and roadmaps to achieve leadership goals. Consider engaging a professional coach for objective, confidential guidance. Coaching complements mentorship by offering candid, unbiased feedback—since coaches are independent from the workplace, they can help you identify blind spots and address them without the risk of professional judgment.
8. Own your expertise
   Pursue speaking opportunities and panels that align with your expertise, recognizing that every leader began as a newcomer.

Ultimately, achieving equity in surgical leadership will raise standards by ensuring a balance of different perspectives to shape the future of our field. Existing leaders must make a deliberate investment in mentorship, sponsorship, structural reform, and intentional representation, and in turn the next generation must rise to their potential. If senior, mid-career, and early-career surgeons are aligned in improving the mentorship-sponsorship-success pipeline, the coming years will be defined not just by breaking barriers, but also by achieving true breakthroughs in surgical leadership and patient care.

Author Disclosure Statement

For all of the participants, no competing financial interests exist.

Funding Information

No funding was received for this article.

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