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Women doctors: an overlooked resource

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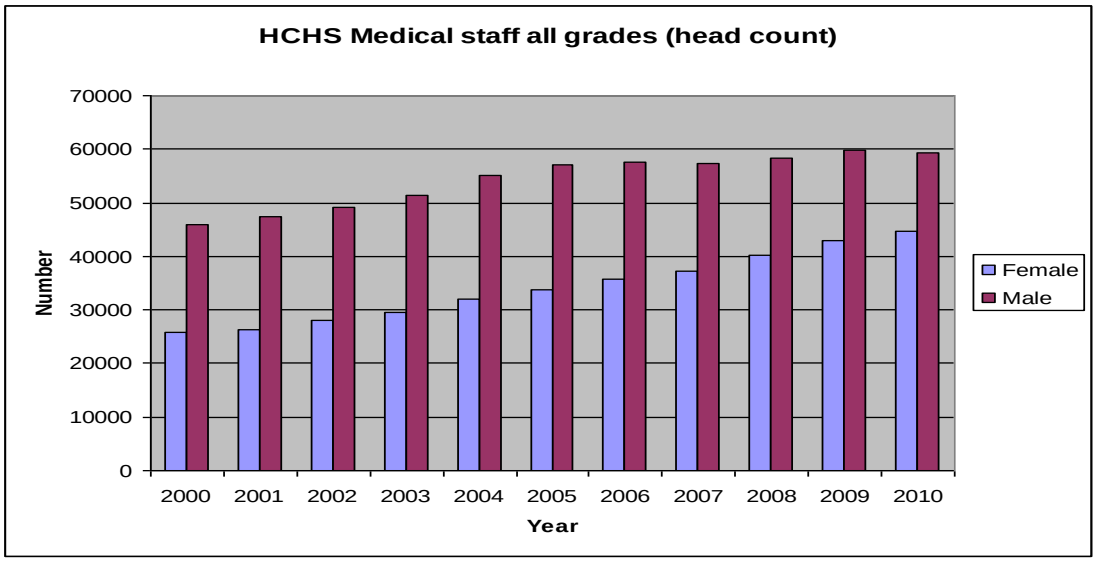
Women have always been central in providing medical care, whether through home remedies, nursing, or acting as herbalists.[1] However, their long exclusion from formal education means the medical profession has been male-dominated for much of its history.

While women no longer struggle to gain entry to medicine, it can still be a struggle to progress. There remains significant under-representation of women doctors in senior leadership or board-equivalent roles [2]; a pay gap between female and male doctors[3]; vertical segregation where men and women are initially recruited at a similar occupational level but then experience a disparity in progression; and horizontal segmentation because women predominate in certain specialties[4].

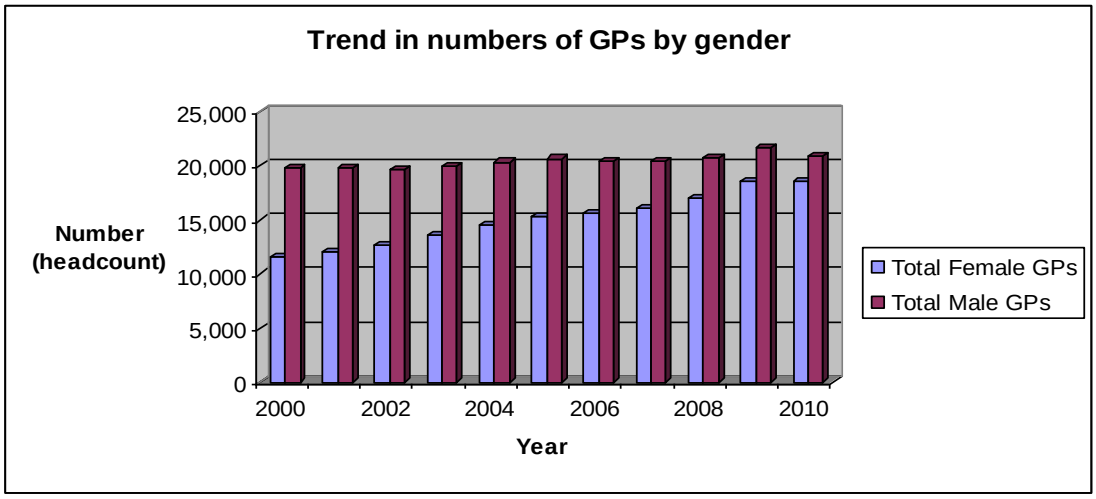
Although women now account for up to 69 per cent of entrants to some medical schools[5], only 32 per cent of consultants are female, with few in surgery (11 per cent) compared to paediatrics (49 per cent) (table 1). And while women make up approximately 64 per cent of GP registrars, only 49 per cent of all GPs and 40 per cent of GP partners are female (table 2). Meanwhile women make up most of the growing number of salaried GPs (68%)– a lower status role [6]. On the new clinical commissioning groups, only around 20 per cent of medical leaders are women[7].

Table 1.



Source: Source NHS Information Centre for Health and Social Care. General and Medical Services England 2000-2010 March 21 2012

Table 2.



Source: Source NHS Information Centre General and Medical Services England 2000-2010

Why the block? Women can experience different barriers at different stages in their medical careers. These include conflict between work and family life, part time hours, lack of role models and little time for leadership on top of clinical and personal commitments. Individual and organisational mindsets can also contribute, such as lower confidence and personal aspiration, the perception of a traditional male cultural environment and/or "boys' club", organisational bias in making appointments and a lack of networking opportunities[8].

An indicator of bias is the debate that women doctors are costly to the NHS, requiring more training places as many work part time[9]. Yet a recent government report on female progression at work in other sectors made clear that flexible working should apply to all equally.

The benefits of giving female doctors equal opportunities to progress are significant:

- As leaders, women outperform men on all NHS Leadership Academy 360 feedback criteria[10].
- Research suggests women doctors make safer decisions; they are less likely to be referred to the National Clinical Assessment Service and receive fewer complaints through the GMC compared to male colleagues.
- More visible female role models will increase the talent pool available in specialties such as surgery where a perceived lack of "fit" with current leaders impacts on women doctors' motivation to join and remain in the specialty[11].
- Research has shown a "critical mass" of three or more women in top teams is needed to bring about the type of cultural change the NHS is being asked to make[12]
- Diverse top teams benefit from improved decision making, innovation and creativity, better governance and less "group think"[13]
- All organisations are required to comply with the 2010 UK Equality Act which requires equal access to employment regardless of gender.

Since similar obstacles may be faced by other groups, why do women doctors justify special attention? Because their large and growing numbers, the high cost of their medical training and need to populate 24/7 rotas all mean that their loss from the profession could have a disproportionate impact on culture, resources and patients.

Numerous national reports have offered recommendations for improving opportunities for women doctors[1][4][15][16], but no action has ensued. Where the NHS has floundered, the corporate sector has made significant progress. The Davies Report, published in 2011, required corporate boards to achieve 25 per cent female representation by 2015 and stated that the government would consider all measures if the target was not met[17]. Since its publication, the proportion of women appointed to boards of FTSE 100 companies has increased from 12.8 per cent to 17.5 per cent. This increase equals the one made over the course of the entire previous decade.

The report's impact has demonstrated what is needed to create an environment of change: actions focused on the system as well as on women themselves, clear messages and data, continual measurement, targeted resources and the possibility of sanctions for failing organisations. This cannot be seen as 'a woman's issue'. High profile support is required from all parts of the NHS, and from both men and women.

What would the first women to practise medicine think of their counterparts ability to progress a century later? No shrinking violets, they would have had the courage to stand and say in no uncertain terms that not only is gender inequality unfair, but patients and the NHS deserve the very best senior doctors and leaders. Our staff is our most valuable and expensive asset. If high quality patient care, clinical leadership and culture change is important, women doctors must not be overlooked.

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