

'Inspiring the Future': what benefits women in medicine benefits us all

The under-representation of women in science, technology, engineering and mathematics (STEM) careers in the UK attracts significant national attention. Multiple initiatives to improve diversity in STEM have focused largely on encouraging girls to study STEM subjects, but women still remain under-represented at senior levels. Focus is required to determine what enables women to stay in and progress in STEM careers.

The Athena Scientific Women's Academic Network (SWAN) Charter is in now embedded into the culture of higher education to advance the representation of women in STEM, and since 2011 additionally in medicine. The tiered award system recognizes success in developing employment practices to develop and support the careers of women. In 2011 the then Chief Medical Officer, Professor Dame Sally Davies, announced that the National Institute for Health Research would only expect to shortlist NHS/university partnerships for National Institute for Health Research biomedical research centres and units where the academic partner (e.g. Faculty of Medicine) had achieved at least the Silver Award of the Athena SWAN Charter for Women in Science, in order to demonstrate commitment to women in science.

Promoting clinical academic careers, which make up 6% of the NHS consultant workforce (Fitzpatrick, 2011), to women is undoubtedly important to the nation's prosperity (HM Treasury and Department for Business, Innovation and Skills, 2011). There are well-documented challenges and barriers that exist around female academic careers, but they are common to all aspiring physicians, surgeons, GPs and medical leaders. These include lack of flexibility in training (Tooke, 2008), differences in employment practices between institutions, competing training priorities, short-term contracts, geographical complexities in training compounded by partnering with another

medic, being a primary care giver when hours are anti-social and many more.

Athena SWAN should be used as a catalyst to challenge the whole health service to look at gender diversity at all levels and in all professional groups. Achieving gender equality in all branches of medical academic careers would benefit everyone, and the current national focus of women in science, technology, engineering, mathematical and medical careers provides an impetus towards that.

So what do the numbers tell us?

Women account for fewer than 20% of the entire pool of consultants over the age of 55 years (Federation of the Royal Colleges of Physicians of the United Kingdom, 2013), because of the male predominance of medical graduates up until the early 1990s. And of course, it is these older predominantly male consultants who are most likely to occupy senior NHS and clinical academic leadership positions currently.

Accurate data regarding gender in leadership are hard to source but there are certainly few women medical directors on NHS trust boards, and in 2012 only 16% of professors in medicine were women (Fitzpatrick, 2013). Yet in the same year, 53% of the numbers entering medical school were women (General Medical Council, 2011).

Women already make up 40% of all doctors, the majority of GPs and 28% of consultants, and women will be the majority of the medical workforce after 2017 (Elston, 2009). Yet, the so-called 'leaky pipeline' remains a significant challenge in ensuring gender diversity throughout professional groups and specifically in regard to career progression.

Why tackle the problem?

There is an urgent need for national attention to understand the organizational and economic implications of the increasing proportion of women in the profession. Female doctors have a greater preference

for part-time or other forms of flexible working, and also for working in specialties that offer more predictable hours (Elston, 2009). These preferences may, and indeed must, inform the future organization and delivery of care. But the most compelling reason to tackle the problem is that the UK is training large numbers of female doctors but not addressing why women still remain under-represented in certain specialties and at senior levels across all areas of the NHS.

The NHS cannot meet the ever-increasing demand it faces in the 21st century without maximizing the most gifted, whatever their background, by designing jobs in ways that will attract and retain the very best people into demanding and challenging specialties and leadership roles. Research has shown repeatedly that a gender balance in the boardroom provides less risky and more innovative business approaches (KPMG International, 2014), and by tapping into the talents and perspectives that women offer the overall performance of the NHS would undoubtedly improve, to the benefit to both staff and patients.

What can be done?

Leadership is crucial to drive through this system change, underpinned by policy and strategy such as that brought about in academic institutions by the Athena SWAN charter. The recently published House of Commons report, *Women in scientific careers* recommends that diversity and equality training should be provided to all STEM undergraduate and postgraduate students, and be mandatory for all members of recruitment and promotion panels and line managers (House of Commons, Science and Technology Committee, 2014). Mainstream diversity funding and in turn policy and training such as suggested in the House of Commons report will be essential to secure cultural change within the NHS and wider health service.

Think globally, act locally

While we wait for this cultural revolution to happen, what can individuals do? Sheffield Women in Medicine (www.womeninmedicine.co.uk) has been set up by a group of doctors and academics in Sheffield who feel that there is much that can be achieved locally by supporting and inspiring women in all areas and stages of their careers in medicine, from medical students through to senior consultant or academic. The network aims to provide a positive forum through which female professionals can learn through the experience of others, foster a change in culture through peer support and mentoring opportunities, and by increasing the visibility and recognition of women in medicine by highlighting successes.

At the first network event over 200 delegates heard from Miriam González Durántez on the importance of female role models for Inspiring the Future (www.inspiringthefuture.org). Professor Jane Dacre spoke about the importance of peer support, and delegates heard from a panel of local leaders on key themes of flexibility and the value of male mentors in their career progression. The event highlighted why collaborative NHS and academic partnerships have a key role in progressing the agenda, and underlined the importance of Athena SWAN and other initiatives.

Conclusions

There is an urgent need to focus on the issue of gender equality in medicine. Local action by partner organizations, e.g. universities and NHS trusts, is a crucial step in galvanizing support to call for a national wider debate on gender equality in medicine. Institutional support and sponsorship by local partners in health and education must be gained for local action to succeed.

But for a cultural revolution to take place which will benefit us all, we must keep people at the heart of our decision making. As the NHS Constitution states, employers have responsibility for investment in the skills and development of the people they employ (Department of Health, 2013). The time to challenge our culturally reinforced stereotypes and to create a culture which adapts to the changing environments and workforce is now. **BJHM**

Alenka J Brooks/Saira Ghafur

*Specialist Registrar in Gastroenterology/
Specialist Registrar in Respiratory Medicine
Sheffield Teaching Hospitals NHS
Foundation Trust
Sheffield S10 2JF
(alenka.brooks@sth.nhs.uk)*

The authors would like to give special thanks to the SWiM working party: Dr E Taylor, Dr J Fielding, Dr CM Evans, Dr R MacLean and Professor MK Whyte.

Department of Health (2013) The NHS constitution, the NHS belongs to us all. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf (accessed 26 February 2014)

Elston MA (2009) Women and medicine: the future. A report prepared on behalf of the Royal College of Physicians. www.rcplondon.ac.uk/sites/default/files/documents/women-and-medicine-future-full-report.pdf (accessed 26 February 2014)

Federation of the Royal Colleges of Physicians of the United Kingdom (2013) Census of consultant

physicians and medical registrars in the UK 2011. www.rcplondon.ac.uk/sites/default/files/census_of_consultant_physicians_and_medical_registrars_in_the_uk_2011_1.pdf (accessed 26 February 2014)

Fitzpatrick S (2011) Challenges and opportunities for recruitment to clinical academic medicine and dentistry. www.londonmedicine.ac.uk/current-issues/challenges-and-opportunities-for-recruitment-to-clinical-academic-medicine-and-dentistry (accessed 26 February 2014)

Fitzpatrick S (2013) A Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31 July 2012. www.medschools.ac.uk/AboutUs/Projects/Documents/Clin_Acad_Staff_Survey_Med_Schools_July_2012.pdf (accessed 26 February 2014)

General Medical Council (2011) The state of medical education and practice in the UK. www.gmc-uk.org/State_of_medicine_Final_web.pdf_44213427.pdf (accessed 26 February 2014)

HM Treasury, Department for Business, Innovation and Skills (2011) *The Plan for Growth*. www.gov.uk/government/uploads/system/uploads/attachment_data/file/31584/2011budget_growth.pdf (accessed 26 February 2014)

House of Commons, Science and Technology Committee (2014) Women in scientific careers. Sixth Report of Session 2013-14. www.publications.parliament.uk/pa/cm201314/cmselect/cmsctech/701/701.pdf (accessed 26 February 2014)

KPMG International (2014) Winning hearts and minds. How CEOs talk about gender parity. www.kpmg.com/UK/en/IssuesAndInsights/ArticlesPublications/Documents/PDF/About/kpmg-kcl-gender-parity-study.pdf (accessed 26 February 2014)

Tooke J (2008) Aspiring to Excellence: Final Report of the Independent Inquiry into Modernising Medical Careers. www.medschools.ac.uk/AboutUs/Projects/Documents/Final%20MMC%20Inquiry%20Jan2008.pdf (accessed 26 February 2014)

KEY POINTS

- There is an urgent need to focus on the issue of gender equality in medicine when equal numbers of women enter medicine, yet there remains significant underrepresentation in certain specialities and at senior levels across all area of the NHS.
- The significant underrepresentation of women in science, technology, mathematics and more recently medical academia is being addressed by the Athena SWAN Charter.
- Leadership underpinned by policy and strategy, such as that demonstrated by the impact of the Athena SWAN Charter, must focus attention to what could be achieved in the NHS in terms of gender equality.

CORRESPONDENCE

If you would like to comment on any of the articles in *British Journal of Hospital Medicine*, please write in no more than 250 words to:

Professor Rob Miller, Editor-in-Chief, BJHM, c/o Rebecca Linssen, MA Healthcare, St Jude's Church, Dulwich Road, London SE24 0PB

email: rebecca.linssen@markallengroup.com

fax: 020 7978 8316