# Women in hospital medicine: career choices and opportunities

*Rebecca C Fitzgerald, Carol Black*

***A significant number of women now enter hospital medicine. However, many do not make the expected progression within the medical specialties. The Royal College of Physicians set up a working party to examine and collect evidence on the career choices and progression of women in the hospital medical specialties under its remit and published a report of this evidence. This article outlines the findings of the report and the implications for hospital medicine.***

## INTRODUCTION

The Department of Health recently announced that it is developing a flexible careers scheme with options for part-time working and temporary career breaks. While this should be good news, the Department of Health also revealed that only £500 000 would be made available to trusts this year for flexible training. This funding will only scratch the surface, as the recent report on women in hospital medicine produced by the Federation of Royal Colleges of Physicians shows that 92% of women doctors and 50% of male doctors suggested that they might choose more flexible working patterns in the future even though this could jeopardize their career progress (Royal College of Physicians, 2001).

Medicine is not immune from wider social trends, and this shift in the work culture is coming about because employees are demanding greater flexibility in their working practices in order that they may have an improvement in the balance between their professional and family lives. Hospital medicine is still perceived to be a male-dominated, hierarchical profession that demands an overwhelming commitment to work with long hours away from home. Despite the fact that 10 years have now elapsed since 1991 when women first made up half of medical school graduates, only 17% of consultants in the medical specialties are female. Women tend to shun the acute medical specialties and do not make the expected progress up the career ladder – there is a particular dearth of women in academic medicine.

**Dr Rebecca C Fitzgerald** is MRC Clinician Scientist and Specialist Registrar in Gastroenterology/General Medicine, Cancer Cell Unit, MRC Hutchison Research Centre, Addenbrooke's Hospital, Cambridge CB2 2XZ and **Professor Carol Black** is Professor of Rheumatology, Royal Free Hospital, London and Vice President, Royal College of Physicians, London

*Correspondence to: Dr RC Fitzgerald*

## IMPLICATIONS OF DEMANDS FOR FLEXIBILITY

If the bulk of the medical workforce would like more flexibility, then NHS planners need to take on board the implications of this. Many women may need to work part-time and have career breaks when their children are young. This can put enormous strain, often at short notice, on over-stretched medical departments. However, these working patterns can be accommodated provided that there is sufficient slack in the system. It is interesting to reflect that the part-time working patterns of doctors who also do private practice have been tolerated since the inception of the NHS. It should therefore be possible to enable doctors to work within the health service while fulfilling other medical (research, management) or non-medical (family) commitments.

## INCREASING OPPORTUNITIES FOR PART-TIME WORK

The Royal College of Physicians report (2001) made specific recommendations to increase the opportunities for part-time working:

- More part-time opportunities could be achieved by a greater number of consultants working a reduced number of fixed sessions or by an increase in the number of job shares
- If appropriate specialist registrar training was made more accessible, this would enable non-consultant career grade post holders to apply for consultant positions
- There needs to be flexibility in the number of sessions worked over the time that an individual holds a particular consultant post. Broad phases in career structure have been suggested by the Department of Health with regards to the new consultant contract. While these changes are welcome, they need to accommodate the needs of women who frequently need part-time options early, rather than late in their career. However, for NHS trusts to accommodate the movement between full-time and part-time posts, adequate notice is required so that full-time consultant colleagues are not unfairly burdened at these times
- At the specialist registrar level, more part-time training opportunities are needed (there are twenty people waiting for flexible training in the Northern region). Since it is not possible to accommodate individualized flexible training needs for a large proportion of the work force, an increase in part-time and job-share training opportunities are needed. These part-time training posts should be established rather than being an ad hoc arrangement. This requires designated funds that should be determined by the percentage of female graduates rather than the current system of predictions by the specialist workforce advisory board

- There should be flexibility between the training budgets in order to provide more flexible training posts for all deaneries and allow movement between geographical areas
- Adequate availability of child-care places with out-of-hours provision in the NHS will be necessary to enable doctors with young children to return to work
- Educational opportunities should be available for those who do not work standard hours as well as the introduction of a hospital retainer scheme similar to that offered in general practice for those who have a career break. Women who have stepped out of medicine and want to come back at either specialist registrar or consultant level should be encouraged to do so with the provision of a period of retraining or revalidation
- Pension rights should be equable for part-time workers and those who have had career breaks.

## PLACE OF CAREER GUIDANCE

In order to help women negotiate the different options available at different stages of their careers, career guidance should be improved. This issue was highlighted by the questionnaire survey conducted by the working party of the Federation of Royal Colleges of Physicians in which respondents pursued multiple avenues for career guidance. Doctors face particularly difficult decisions at the senior house officer grade post-membership as well as those interested in an academic career and for those who are training flexibly or part time. In the light of these findings, the Royal College of Physicians is intending to initiate a mentoring system and is currently working on potential models for this.

## BENEFITS OF FLEXIBILITY

These recommendations are not about women 'having their cake and eating it'. A career in medicine will always require dedication and commitment. However, every effort should be made not to lose the skill and commitment of highly competent women because of a lack of equal opportunities and less than full-time working patterns. If more opportunities are provided, then more women will be retained within hospital medicine and the NHS will benefit.

First, there is a financial benefit since doctors are very expensive to train and losing scarce doctors is a huge and unnecessary waste of resources. Second, the culture of medicine and the care of patients might be enhanced by ensuring that the gender balance of physicians mirrors that of their patients at every level of the profession. Third, an improvement in the balance between work and family life should help reduce the spiralling stress levels that doctors are under (Allen et al, 1999). This should lead to an improvement in the quality of patient care as well as reducing the mortality from suicide and the morbidity from depression and substance abuse (Hawton et al, 2001).

Whether women take the 'top' jobs is of course a matter of individual choice. Although the working party survey highlighted some examples of discrimination, more prevalent is the lack of ambition among women. For example, only 5% of women compared with 21% of men aspire to being a professor. Educational establishments need to encourage self-belief and positive self-perception so that women are more likely to put themselves forward or want the responsibility of senior posts. For example, in 1999 female fellows of the Royal College of Physicians only accounted for 19% of the total (unpublished data, Royal College of Physicians, 1999). Furthermore, only 10% (56/548) of members of the Academy of Medical Sciences are women (unpublished data, Academy of Medical Sciences, 2001), and currently 6% of female consultants hold an A or A+ distinction award compared with 14% of male consultants (unpublished data, Royal College of Physicians, 2001). These figures may partly reflect the fact that most female consultants are under 44 years of age. However, more could be done to ensure equal nominations for distinction awards and appointments to the academy and positions of seniority.

This is not to say that there should be positive female discrimination, but rather that women should be given equal opportunity to work within the medical specialties and to choose the top jobs. Whether women apply for these demanding posts remains an individual choice, and appointments and awards must continue to be made on the grounds of merit. Most importantly, every effort should be made not to lose the skill and commitment of highly competent women because of a lack of equal opportunities and less than full-time working patterns.

## CONCLUSIONS

The conflicting demands for more flexible working and consumer pressure for a 24-hour society can only be accommodated by an expansion of the workforce with more part-time working opportunities and improved working conditions. There will always be differences between the needs of men and women. However, with the force of numbers equity should be achievable. HM

*Conflict of interest: none.*


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## KEY POINTS

- Despite the overall increase in women in hospital medicine, women tend to shun the acute medical specialties and do not make the expected progress up the career ladder.
- There is a particular dearth of women in academic medicine.
- Women and men are demanding more flexible and part-time working opportunities at all stages of their career. This has implications for workforce planning in particular.
- Career guidance should be improved – especially for those interested in academic medicine or in flexible training.