

Challenges of the Feminisation of the Medical Workforce

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Women and Medicine

The Challenge



What is the likely impact on medicine, traditionally male-dominated, of an increasing proportion of women entering the profession?

Women and Medicine

- **The increase in the proportions of women is occurring not only in medicine but also in other professions – health and non-health related e.g. Veterinary Medicine, Pharmacy**
- **The phenomenon is occurring across the developed world**

Feminisation of Veterinary Medicine

- In US & Canada, women = 75-80% of veterinary students
- Proliferation of corporate practices:
 - Stagnant income
 - Decreased autonomy
- Men find it increasingly unattractive
- Women motivated more than men by love of animals
- Shortage of large-animal veterinarians

Feminisation of Pharmacy

- **70% of US pharmacy students are women**
- **Sex differences in motivations for entering pharmacy**
 - **Men drawn by prospect of self-employment**
 - **Women attracted more by flexible working arrangements**
- **As market becomes dominated by large chain drugstores, career less attractive to those seeking business ownership**

Sex Differences and Occupation: Central Question

- Are occupationally relevant talents, temperaments, and tastes *exactly* the same in men and women?
- If so, where is the value in “gender diversity”?



Occupationally Relevant Sex Differences

- **Cognitive**
- **Temperamental**
- **Occupational interests**

- **All three substantially influenced by sex hormones**

Temperament and Occupation

Individual differences in native temperament also influence occupational outcomes



Biology and Occupation

Most agree that
biology leads to
unequal
representation
of the sexes in
some jobs



Sex Differences Influence a Number of Workplace Outcomes

- **“Glass ceiling”**
- **“Gender gap” in compensation**
- **Occupational segregation**

Women in Medicine & Science

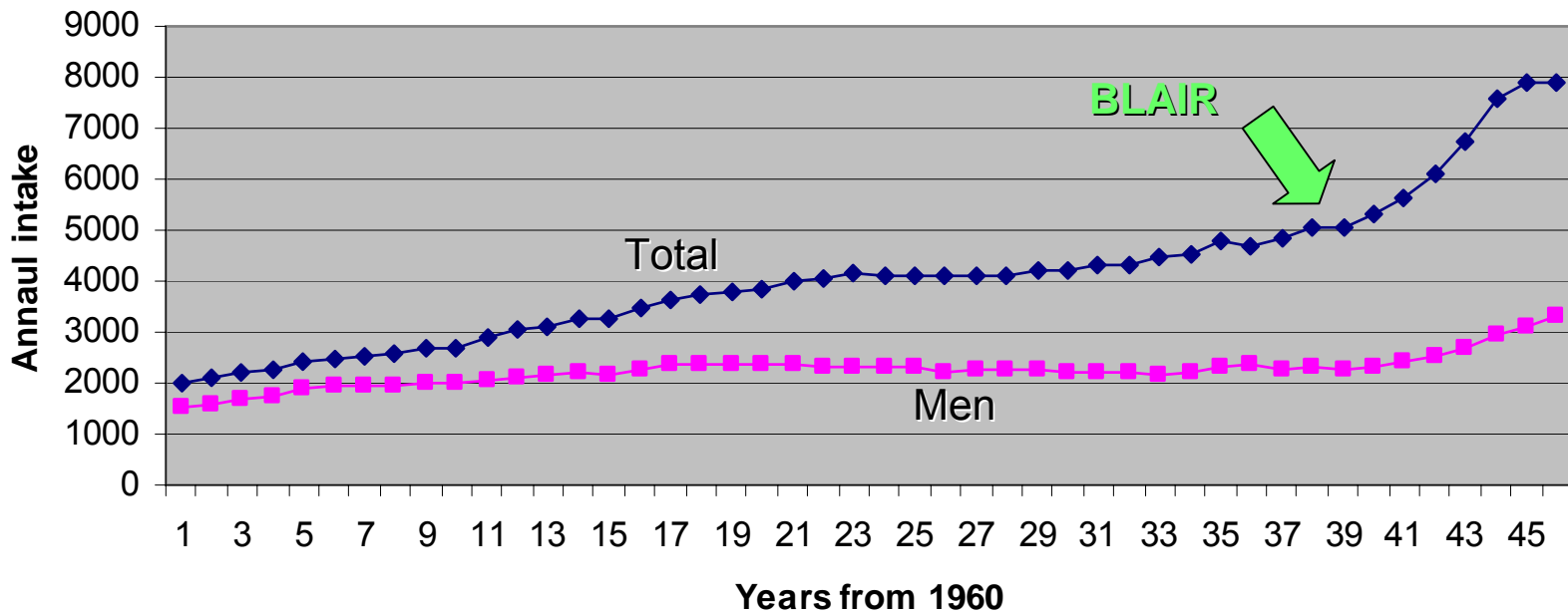
- Is it all socialization or socialization + Biology?
- The “socialization + biological difference” explanation better accounts for the *pattern* of occupational distributions

UCAS Statistics: England Medicine and Dentistry

Entry year	Acceptances	
	Women / total	% Women
2003	4151 / 6850	60.6
2004	4146 / 7001	59.2
2005	4144 / 7149	58.0

(over all subjects, the female proportion at entry to degree courses rose slightly; 53 % in 2003 , 53.5 % in 2005)

UK annual medical school admissions 1960 -2005



Women in the NHS – England, 2005

- **Consultants** 26%
- **GPs** 40%
- **Registrars** 39%
- **Senior house officers** 40%
- **House officers** 55%
- **Medical students** 60%

Losses of UK graduates

- **Emigration**
- **Another career**
- **Family life**
- **Redundancy**
- **‘Participation’**
 - **99% junior doctors**
 - **93% consultants**
 - **51% female GPs**
 - **88% male GPs**

Part-time aspirations of
medical registrars in 2006:
Females – yes 33%, possibly 38%
Males – yes 18%, possibly 28%

Men in Medicine

- Do we need to worry about the disappearing male or is the tide turning?
- Are the brightest men choosing other professions ?



Women in Medicine

- Does the increasing proportion of women entering medicine raise significant questions of public policy?
- *Does the falling proportion of men entering medicine raise significant questions of public policy?*

Women in Medicine

- Can we be confident that the profession and the service will support fulfilling professional and personal lives for women?
- *Can we be confident that the profession and the service will support fulfilling professional and personal lives for men?*

Doctors' Roles

Doctors are drawn to many different domains of practice

- All branches of medicine
- Surgery, physicianly specialties, general practice
- Laboratory and investigational medicine
- Medical management
- **Medical education**
- **Research**
- National organisations
- Clinical governance

Inevitably people will be drawn by interest, personality, disposition and opportunity, to particular career choices

In all areas many female leaders are required

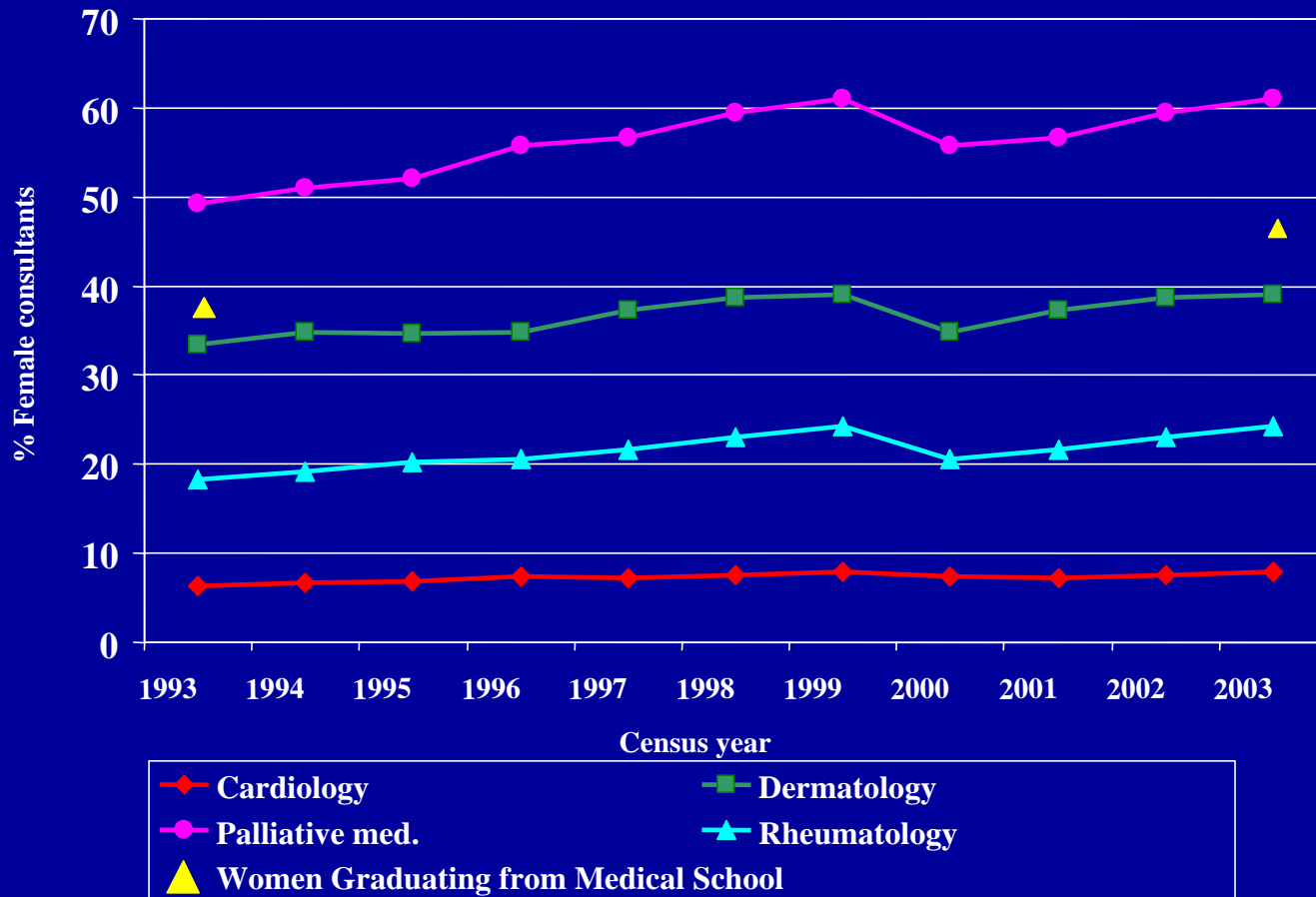
Women in Medicine

- Women are not moving into the whole range of medical specialties in proportion to their numbers
- Currently, women are under-represented as clinical researchers, full-time academics, heads of department and medical managers

Women in Academic Medicine: BMA 2004

Women in Medicine

Percentage female consultant physicians working in selected specialties
1993 – 2003 England, Wales and Northern Ireland
(NB BSC has set up a committee to investigate the lack of progression)



Women in Medicine

To what extent do the temperaments, priorities, concepts of success, measures of life satisfaction, fulfilment of men and women determine career choices?

Temperamental Sex Differences: “Competitiveness” and “Social” Constellations

- Competitiveness (men > women)
 - Direct competition
 - Risk-taking
 - Drive for acquisition of status, power and resources
- Social (women > men)
 - Nurturance
 - Empathy
 - Interest in others

Occupational Choice

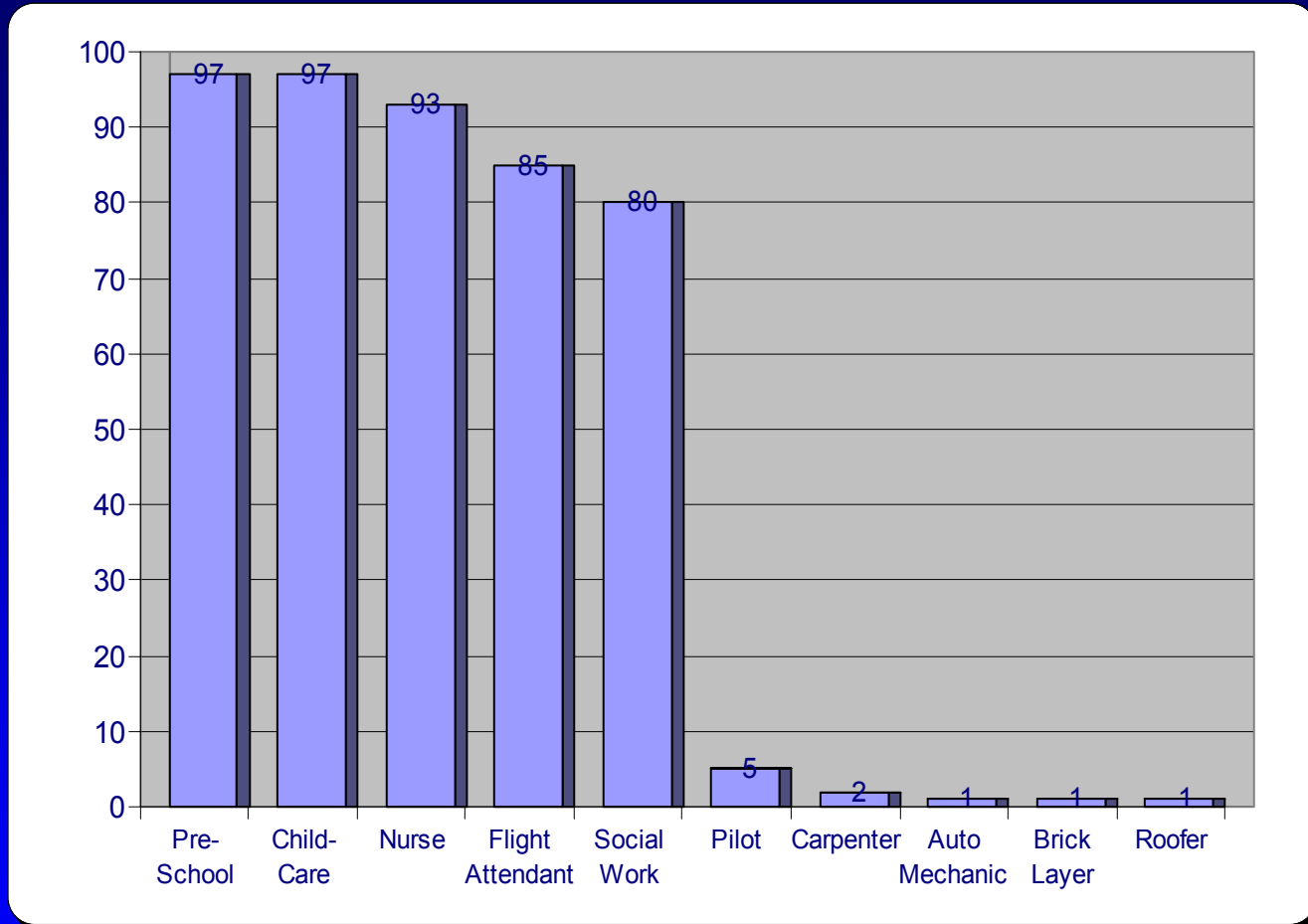
- Men give greater weight to prestige and status than women
 - High-ability men concentrate in fields requiring high ability
 - High-ability women distribute themselves more widely
- Those achieving highest hierarchical level (men and women) characterised by:
 - Competitiveness, drive
 - Willingness to work long hours
 - Single-minded devotion to occupational role

Sex Differences: Occupational Interest

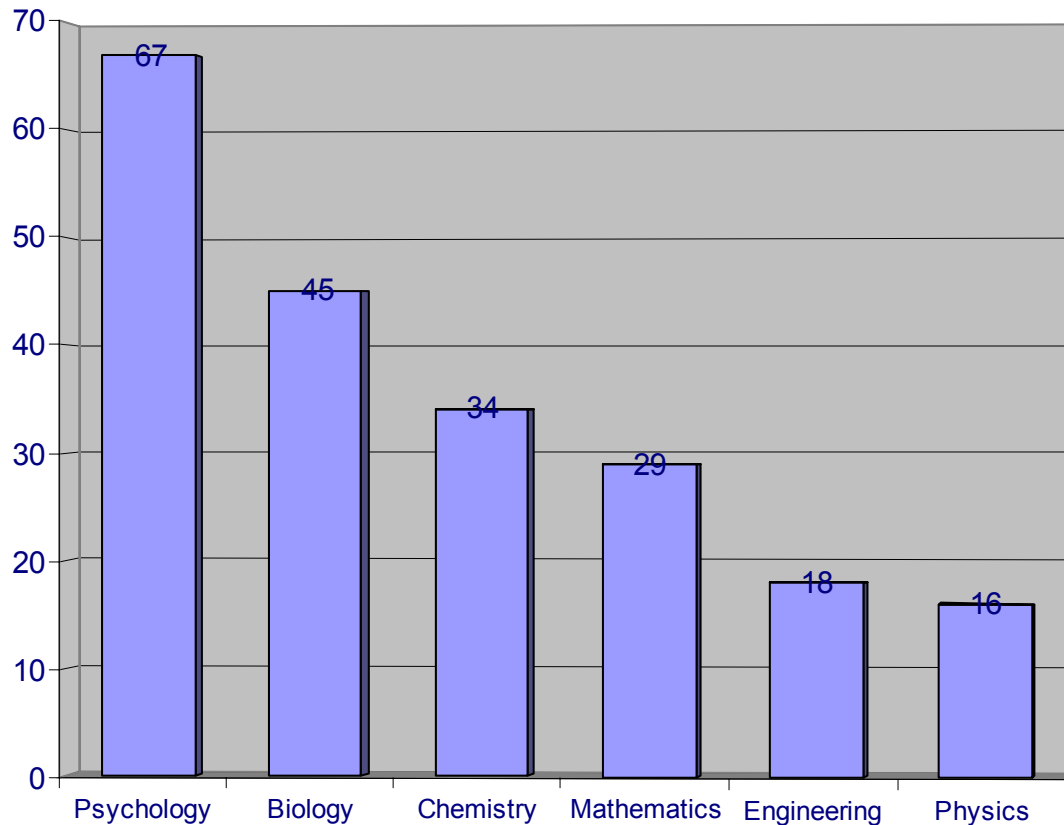
- Occupations (and people) can be placed along a “people versus things” continuum



Percent Female Occupations (US 2004)



Percent Female Science PhDs (US 2003)



(NSF, 2003)



**Mathematical
Spatial**

Women and Medicine

Issues and hypotheses

Changes in patterns of work

- There are fewer woman-hours than man-hours in a medical career
- Driving forces:
 - Different rates of attrition
 - Women disproportionately occupy part-time posts
 - Women take more 'time out'
 - Women prefer to work within the normal working day

Women and Medicine

The Impact of Families

- Reactions to Marriage and Children
 - Men increase hours and promotion seeking
 - Women decrease hours and promotion seeking
- Demands of intensive careers make high level of involvement with children difficult
- The problem is not simply lack of support for families:
 - Women best positioned to break the “glass ceiling” have means to purchase quality day care but often leave workforce

Men and Medicine

Issues and hypotheses

- **Which careers are now attracting the men who would until recently have gone into medicine?**
- **What, if any, are the sticks driving them away from medicine and the carrots drawing them elsewhere?**

Women and Medicine

- **These factors have both managerial and financial consequences:**
 - **Expansion in job sharing will be required**
 - **New array of incentive and retraining requirements to encourage women to re-enter after periods of leave**
 - **Shift in gender mix may well raise long-term human resource issues (ensuring that individual medical specialties continue to attract requisite numbers of qualified medical professionals)**

Women and Medicine

We may need a rethinking of our classic career structures and possible the framework of incentives and rewards

Towards Women Leading Medicine

- Since medicine seems set to be female dominated, the opportunity is wide open for women who wish to play their part in that leadership
- Women have the opportunity to define and shape both a style of leadership for medicine, and through that potentially the style of medicine itself