

## Postgraduate Medical Journal

### To be or not to be....

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# To be or not to be....

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3 Last year, at their request, I ran a session with a group of medical students who wanted to  
4 discuss potential career choices including craft specialties and clinical academia. I was  
5 dismayed when a female student recounted how she had been advised by a senior male  
6 surgeon not to choose a career in surgery – “surely you will want to have a family?” he  
7 asked. I have since heard almost identical stories from colleagues in several other medical  
8 schools, even including a similar conversation reported by a first year pre-clinical  
9 student.  
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12 In this edition of the *Postgraduate Medical Journal*, Hui-Ling Kerr and colleagues have  
13 added some new data to the well-accepted body of evidence that women are less likely to  
14 choose a career in surgery than are their male equivalents. [1] The Royal College of  
15 Surgeons (RCS)’ most recent statistics indicate that in 2014, while 30% of surgical  
16 trainees were women, this figure translated into only 11% of consultants. That said, the  
17 figure has risen from just 3% in 2001.[2] There is variability among sub-specialties – for  
18 example, fewer than 7% of neurosurgeons are women, compared with just over 26% in  
19 paediatric surgery.  
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22 The results from Kerr *et al*’s questionnaire, while involving only a small subject set, add  
23 further colour to a much larger canvas: that of problems with recruitment and retention  
24 of women across all STEMM (Science, Technology, Engineering, Mathematics and  
25 Medicine) subjects. Indeed, consideration of gender in the workplace is not confined  
26 either to academia or to the health professions. Dame Helena Morrissey’s 30% Club aims  
27 to see a minimum of 30% women on FTSE-100 boards by 2020 (as I write this, the  
28 number is 26%, up from 12.5% in 2010).[3]  
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31 There cannot be a medical school or division across the country still unaware of the  
32 Athena SWAN Charter, to which Higher Education Institutions have been able to sign up  
33 for over 10 years, and whose Bronze, Silver and Gold-level awards are widely sought as a  
34 measure of institutional support for women’s careers. Indeed, SWAN awards are already  
35 a requirement for some forms of NIHR funding; the Research Councils have talked about  
36 making similar rules. University arts and social sciences departments now have a similar  
37 scheme, and membership organisations are about to become eligible.  
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40 Analysis of the demographics within an organisation, and its internal culture, are  
41 essential first steps to trying to remedy any unwarranted imbalances. For example, the  
42 tipping point at which women ‘disappear’ from career ladders may be different in  
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3 different disciplines. The RCS suggests that longer career trajectories for women, who for  
4 family reasons may train less than full-time, can explain their gender imbalance.

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6 'Time will cure the problem', say some. But when I started Medical School in 1980, 52%  
7 of my class was female, but some 35 years later, only 13% of my professorial cohort is.  
8 We speak of a 'leaky pipeline', but further discussion often focuses on the water rather  
9 than the pipe. From the simple perspective of losing a significant proportion of talent in  
10 our future workforce, we cannot afford to maintain stereotypic attitudes and rigid  
11 regimens where they currently exist.

12  
13 It is notable that the limitation of weekly working hours in the clinical world has done  
14 much less to change gender demographics in clinical specialties than many would have  
15 hoped. So what exactly *are* the factors that prevent women from achieving their full  
16 potential, whether in surgery or elsewhere, and in some cases not even be willing to  
17 engage with the 'establishment' that they encounter? It is undeniable that biology plays a  
18 part. Although the introduction of shared parental leave in the UK may well help,  
19 women's careers are likely to be interrupted for longer – though chronic sleeplessness in  
20 homes with small children will of course will not just affect women!

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22 The often unconscious (also termed 'implicit') biases that label women as somehow less  
23 able, committed or effective if they have a career break, or that affect other diversities,  
24 may be lessened following specific implicit bias training, but there is no good evidence  
25 yet to suggest that the effects of such training are long-lived. [4]

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27 It would also be a mistake to assume that having children is the only barrier. Good role  
28 models may be few in number or insufficiently visible. A lack of inspiring role models can  
29 have a big effect, and this makes the first steps towards changing trainee and student  
30 minds more difficult to achieve. In my organization, we work hard to try and put together  
31 appropriately balanced seminar speaker lists, but find that women invitees may be less  
32 free to travel and therefore less likely to accept invitations. At the very least, we can  
33 ensure that sessions are chaired by as diverse a team as possible.

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35 One thing that is universal, however, is that there is no single factor that if fixed, would  
36 make gender imbalance disappear. A long-hours working culture may not be easy to  
37 change, but increasing flexibility may help. So also may schemes to provide more support  
38 for anyone who has caring responsibilities (which increasingly may be for older relatives)  
39 and to welcome returners from career breaks. We and others also put much effort into  
40 support (including peer-support networks) and mentoring for those at the mid-career  
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3 level – in clinical academia the ‘leakiest’ stage. In addition outreach activities, particularly  
4 to schools, can be important to lessen stereotyping at a much earlier stage.

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6 But above all, those I talk to who are working on Athena SWAN-related initiatives within  
7 STEM and in related organizations such as the Academy of Medical Sciences and the  
8 Medical, Dental and Veterinary Schools' Councils, all agree that senior male engagement  
9 with trying to effect cultural change has been, and continues to be, very important. The  
10 attrition of women (or any other form of under-representation) is not a women’s  
11 problem to be solved by women. It needs all of us to work together. In addition, the worst  
12 outcome for an organization thinking about trying to address diversity issues, which of  
13 course extend far beyond gender, is the assumption that it’s all someone else’s  
14 responsibility and that tackling these problems is just a tick-box exercise.

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16 Recognition of missed opportunity and a real desire to change the culture in an  
17 organisation are critical. After all, many of us spend more of our waking hours in the  
18 workplace than we do in our own homes. Embedding new practices, new values and  
19 collecting feedback and impact data may not be straightforward, but to realize the  
20 potential for the greatest number, the investment is surely worth it.  
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### 49 **Competing interests**

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