

## From the Editor

### In the footsteps of Elizabeth Blackwell

The novelist and fiction writer, Margaret Forster, was raised in Carlisle in straitened circumstances. The high school that she attended on a scholarship recognised her exceptional ability and encouraged her to apply to read English at Oxford. To the question, 'Why have you applied?' she replied that, 'she wished to escape the life that had been her mother's fate'. This honesty persists as an engaging feature in her works of fact and fiction and in the characters that she portrays in her novels.

In Forster's book *Significant sisters: the grassroots of active feminism* she describes the life of Elizabeth Blackwell, the world's first trained and registered female doctor.<sup>1</sup> Forster details the immense challenges of Blackwell's entry into a professional sphere totally monopolised by men. Blackwell graduated overseas in 1849 and registered with the General Medical Council (GMC) in 1858. The regulations were changed, however, in 1860 when registration was restricted to medical graduates with degrees from English universities. Women were once again excluded because only men were admitted to these courses. The English teaching hospitals eventually accepted women after 1876. In 1980, a century later and still less than fifty years ago, there were more male (59.6%) than female (40.4%) medical graduates and only 11.4% of the hospital consultant staff were female.

Equality of entry and opportunity is now accepted as normal practice but in historical terms this is a recent event. The majority of medical undergraduates are now female and the 1980 pattern has been reversed. Of the new medical graduates registered with the GMC by 22 August 2007, 59.5% were female and 40.5% male.

This striking gender change in the workforce is recent and will of course gradually feed through to all stages of the medical career pathways. Published studies show that overall female graduates contribute the equivalent of 60–70% of full-time work during their career lifetime.

Working conditions in general practice have been effectively adapted to chime with these changes. The specialist training is much shorter than for hospital-based practice, part-time working is available for those with family commitments and there is no obligation to undertake evening or weekend work. Maternity leave agreed within each partnership is often generous.

This contrasts with the prolonged training for hospital-based specialties where the hours are still demanding (although with some welcome recent improvement). The out-of-hours commitment including evenings, nights and weekends are commonplace for all grades of medical staff and are particularly demanding.

What has been done and what more needs to be done to attract and retain the highest quality medical staff for hospital practice? Funded flexible training has been helpful but much financial support has now been withdrawn. Job sharing may work but relies mainly on the initiative and enterprise of individual doctors. Some specialties are more suitable for flexible working than others, for example some laboratory-based specialties and perhaps acute medicine. For most hospital-based specialties, however, part-time training is prolonged and part-time consultant work is uncommon.

Are there constructive solutions that should be more widely aired? How should training and job descriptions be modified? Ideas and suggestions would be welcome.

### Reference

- 1 Forster M. *Significant sisters: the grassroots of active feminism 1839–1939*. Toronto: Penguin, 2000.

### An appreciation

Professor Alan Emery delivered a College lecture entitled 'Medicine, artists and their art' on 9 April 1997. The publication of the lecture later that year proved to be the start of a long association with the *Journal* (*J R Coll Physicians Lond* 1997;31:450–5). His regular column has run since 1999 under three different series names: Medicine and art, Surgical and medical treatment in art, and Mother and child care in art. The column draws to a close with the final image published in this issue. We wish to record our thanks for a remarkable, erudite and sustained contribution to the *Journal*.

ROBERT ALLAN

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