

# Women and medicine: the future

Jane Dacre and Susan Shepherd

Women in medicine are now reaching consultant status in rapidly increasing numbers. This is a significant achievement for those seeking gender equality in the medical workforce, but raises some issues for the future for those involved in workforce planning and policy. The results of research from the Royal College of Physicians (RCP) suggest that the main area for further policy development should broaden from a focus on the concerns related to barriers to entry or delays to career progression to enabling the larger numbers of women doctors to be incorporated into the workforce in an effective, economical and fair manner that benefits patients. In June 2009, the RCP published *Women and medicine: the future*.<sup>1</sup> It is the main output of a research project completed by Dr Mary Ann Elston, Emeritus Reader in Medical Sociology, Royal Holloway, University of London. The work has collated information from available data sets, and qualitative seminars to provide the most comprehensive information to date on the evidence base related to women in medicine.

Caring for the sick was seen as women's work until the creation of the medical royal colleges in the time of Henry VIII around 500 years ago. Women were not allowed to enter medical school until 1925, about 400 years later. The problems encountered then are highlighted by the story of Elizabeth Garrett Anderson, who was determined to become a doctor, and quietly took and passed the examination of the Society of Apothecaries to qualify. When the Apothecaries realised that a woman had qualified, they changed the rules to prevent women entering, but too late to stop her and a few other ladies slipping through the net and becoming doctors.

Women have been entering the profession since then but in smaller numbers than men. Since the 1980s, however, there has been a huge change in the demographics and women doctors are likely to outnumber men from 2017. Predictions that the numbers of female doctors will be in excess of 70% look to be unfounded on current trends, as numbers are now levelling off, but the debate about the implications of this change has been aired in the medical press, and is set to continue.<sup>2,3</sup>

The RCP research shows that there are clear differences in the distribution of specialties entered by women and men. Although there is a range, women are less well represented in areas where work patterns include an unpredictable pattern of delivery of care, and also an emphasis on the technical aspects of medicine (compare general practice at 44.2% with surgery at 8.4%). Although most doctors still work full time, women are far more likely to work part time. Over a full career, women provide on

average 60% of a full-time equivalent, against 80% for men. Women are not, however, more likely than men to leave medicine altogether.

Women are now the majority of entrants to ST1, so, provided they 'run through', will be the majority of the consultant workforce over the next decade in all specialties except surgery and radiology. An interesting question about the future leadership of the profession is therefore raised. Currently, although women are very well represented at consultant level, they are less likely than men to reach leadership positions, such as presidents of the medical royal colleges or deans of medical schools. A recent report on women in academic medicine showed only 11% of the professorial staff in the UK's medical schools are women compared with 36% of clinical lecturers.<sup>4</sup> The proportion of women decreases at each increase in academic grade. This is also the case in the USA, where only 15% of full professors and 11% of department chairs are female.<sup>5</sup> One factor influencing the career progression of women in academic medicine and to leadership positions in general is the difficulty they have in taking on extra duties, which may involve out-of-hours work, for example, when childcare is difficult to find or when there are periods of time away from the family presenting work at international conferences. Not making themselves available for these activities may be a career choice for women, but some would call it a barrier.<sup>6</sup> Another complicating factor is the legacy from the lower numbers of women in the profession until the 1980s, which is still working through, resulting in fewer women currently eligible for these prestigious posts.

The questions raised by this research are not easy to answer, and prompt value-laden conclusions depending on what colleagues think of women in the workplace generally. The report has made recommendations, based closely on the results of the research. Most of these are related to improved data collection and workforce planning, with an emphasis on the need for career guidance. There is a need to publicise this work to encourage awareness of the future problems for the men and women in the workforce if the current demographic change is not considered urgently in policy making.

## Conflict of interest

Jane Dacre was Chair of the RCP Women and Medicine Research Steering Group. Susan Shepherd is Senior Policy Officer at the RCP, Steering Group member and project manager.

## References

- 1 Elston MA. *Women and medicine: the future*. London: RCP, 2009. [www.rcplondon.ac.uk/pubs/brochure.aspx?e=277](http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=277)

Jane Dacre, Professor of Medical Education; Director of Education, UCL Medical School

Susan Shepherd, Senior Policy Officer, Royal College of Physicians

- 2 McKinstry BH. 'Are there too many female medical graduates? Yes.' *BMJ* 2008;336:748.
- 3 Dacre J. 'Are there too many female medical graduates? No.' *BMJ* 2008;336:750.
- 4 Medical Schools Council. *Women in clinical academia: attracting and developing the medical and dental workforce of the future*. A Report by the Medical Schools Council. London: MSC, 2007.
- 5 Magrane D, Lang J, Alexander H. *Women in US academic medicine: statistics and medical school benchmarking 2004–2005*. Washington, DC: Association of American Medical Colleges, 2005.
- 6 Dacre J. Academic Vice President, Royal College of Physicians. *Clin Med* 2008;8:13–5.

**Address for correspondence: Professor J Dacre,  
UCL Medical School, Gower Street, London WC1E 6BT.  
Email: [jdacre@medsch.ucl.ac.uk](mailto:jdacre@medsch.ucl.ac.uk)**

NCC-CC GUIDELINES

# Rheumatoid arthritis

## National clinical guideline for management and treatment in adults

Rheumatoid arthritis (RA) is a chronic, progressive autoimmune disease, affecting over 400,000 people in the UK. In most people with RA, the disease is characterised by synovitis of the peripheral joints, resulting in swelling, stiffness, pain, joint destruction and functional disability. The guideline covers the management of people with RA all the way through the disease process – from early identification to severe disease.

Increasing evidence has supported the need for early recognition of RA, aggressive drug intervention for active disease, and close monitoring of disease control. The management of RA is not limited to pharmacological treatment, but is multi-faceted, involving interventions given by various members of a multidisciplinary team. Annual review and ongoing access to the multidisciplinary team should be made available to deal with the impact of RA on the musculoskeletal system and other organ systems, to ensure that medication is appropriate, and just as importantly, to address the psychological and social consequences of the disease.

As well as providing a comprehensive guide to the management of RA for GPs and specialists, the guideline will also be relevant to nurses, physiotherapists, occupational therapists, podiatrists, orthopaedic surgeons, commissioners, primary care trusts, and strategic health authorities.

The guideline provides a single useful and accessible reference for promoting a consistent high quality of care and improved quality of life for people with RA.



**Royal College  
of Physicians**  
Setting higher medical standards

*The National Collaborating Centre  
for Chronic Conditions*

**This guideline is part of a series commissioned by NICE which aims to ensure that standards of care throughout England and Wales are uniformly high.**

**Developed by the National Collaborating Centre for Chronic Conditions at the Royal College of Physicians**

Published FEBRUARY 2009  
ISBN: 978-1-86016-359-3  
Price: £32.00 UK, £35.00 overseas  
(prices include postage and packing)

► **Please quote the reference Clinical Medicine when placing your order**