What organisations can do to improve women's ability to achieve their potential

Chief Medical Officer – Professor Dame Sally C Davies FRS FMedSci
Human carpet at Manchester University

At Manchester University in 1975, students organised a “human carpet” in front of the University Council Chamber and disrupted a Council meeting.
Men and women face different health challenges across the life course

- Health issues specific to women’s biology:
  - Pregnancy and breastfeeding
  - Specific STIs
  - Osteoporosis

- Health issues specific to women’s gender:
  - Eating disorders
  - Domestic abuse
  - Common psychological disorders
Women are the ones who have babies!

Trends over time in age-specific fertility rates per 1,000 women in England and Wales 1960-2008

Source: Hoorens et al., Low fertility in Europe: Is there still reason to worry?, 2010, p.82
An increasing number of women breastfeed their children

Incidence of breastfeeding across the UK, 1995-2010

Source: Infant Feeding Survey, 2010
All parents have a role in improving children’s development...

Child maths and language scores at age 5 by number of supportive parents

Women are well represented across the medical workforce

Percentage of male and female staff in the medical workforce

Source: Adapted from BMA, The UK medical workforce, 2010; Health and Social Care Information Centre, 2011; House of Commons, Hansard written answers for 21 May 2007, Column 1134W
Female medical students have outnumbered male students since the mid-1990s.
Retention rates are high and not correlated with gender

Percentage of male and female participation in the NHS after qualification

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years after</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>5 years after</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>15 years after</td>
<td>85%</td>
<td>84%</td>
</tr>
<tr>
<td>25 years after</td>
<td>81%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Source: Goldacre, M., Retention in the British NHS of medical graduates trained in Britain: cohort studies, 2009
Women progress as quickly as men when working full time

Percentage of men and women in hospital practice who always worked full time and achieved consultant status

Source: Adapted from Taylor et al. Career progression and destinations, comparing men and women in the NHS: postal questionnaire surveys, 2009
However, women practitioners are more likely to work part time

Percentage of practitioners who have not always worked full time (1977, 1988, 1993 cohorts)

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
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</thead>
<tbody>
<tr>
<td>General practice</td>
<td>78%</td>
<td>16%</td>
</tr>
<tr>
<td>Hospital practice</td>
<td>54%</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>66%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: Taylor et al. Career progression and destinations, comparing men and women in the NHS: postal questionnaire surveys, 2009
Women are underrepresented in senior positions

Percentage of male and female practitioners in the UK by grade, 2010

- All medical staff
- All Hospital grades
  - Consultant
  - SAS grades
- All training grades
  - Registrar Group
  - GP Registrars
  - FY2
  - FY1
- GPs (excl retainers)
- GP provider/performer
- Salaried/other GP
- GP retainers

Source: Adapted from Taylor et al., Career progression and destinations, comparing men and women in the NHS: postal questionnaire surveys, 2009
This is even the case in nursing, a disproportionately female profession.
Women’s salaries are consistently lower than men’s

Percentage of women’s salaries to men’s across medical specialties

* Also includes nuclear medicine and radiology

Source: Adapted from Connolly et al., The Pay Gap for Women in Medicine and Academic Medicine: an analysis of the WAM database, 2009
Women specialise in some areas over others

Percentage by medical specialties of men and women practitioners, 2009

Source: Adapted from Taylor et al. Career progression and destinations, comparing men and women in the NHS: postal questionnaire surveys, 2009
Women concentrate disproportionately in certain work environments...

Percentage of female consultant posts by specialty

- **More people oriented**
  - General practice: 44%
  - Paediatrics: 44%
  - Psychiatry: 38%
  - Public health: 49%
  - Obstetrics and gynaecology: 33%

- **More technology oriented**
  - Medical group: 25%
  - Pathology: 39%
  - Radiology: 31%
  - A&E: 23%
  - Anaesthetics: 29%
  - Surgical group: 8%

Source: NHS Information Centre for Health and Social Care, 2008, in Deech, B. Women doctors: making a difference, Department of health, 2009
...but the unequal representation of women may also be due to discrimination

- **Pregnancy** and **maternity leave**, as well as **provision of childcare**, impact women’s progression (1)
- There is a lack of high ranking female **role-models** or **mentors** (2)
- **Indirect discrimination** may also play a role (3)
  
  *e.g. perception that a career path is too difficult because of male dominated work culture, unsocial hours, lack of opportunities for part time work*

Sources: (1) Deech, B., Women doctors: making a difference, Department of Health, 2009 (2) BMA, Women in academic medicine: developing equality in governance and management for career progression, 2008 (3) Taylor *et al.*, Career progression and destinations, comparing men and women in the NHS: postal questionnaire surveys, 2009
The increasing feminisation of medical professions is part of a wider transformation of the health infrastructure

• A number of trends are currently eroding the Oslerian ideal of professional commitment in medicine:
  – *Wider policy changes with the European Working Time Directive* (1)
  – *Men’s concurrent demands* for more flexible working environment and greater work-life balance (2)

• Women’s employment remains more vulnerable in time of recession and austerity measures
  
  *e.g. cuts in childcare funding* (3)

These changes are also having a long term impact on the delivery of health care

- Emerging evidence suggests that feminisation is having an impact in two areas:
  - *Patient-centred care* (1)
  - *Coordination of care* (2)

- Female doctors may be more aware of treatments for conditions with greater prevalence in women (3)
  - *e.g. use of the Osteoporosis Guidelines*

- The practitioner’s gender can affect patients’ willingness to use services (4)
  - *e.g. cervical cancer screening*

So, women have an increasing impact in the health infrastructure

- The proportion of women in the workforce continues to increase
- If women’s and men’s career profiles are increasingly similar, a number of challenges remain to be addressed
- Women have contributed to transforming the health infrastructure and improving the provision of care
Women are underrepresented in academic medicine...

Proportion of women in academic medicine in the UK, 2007

Sources: Adapted from Margerison, C., et al., 2007 in BMA, Women in academic medicine: developing equality in governance and management for career progression, 2008
Gender Profile of NIHR Senior Investigators 2014/15

- 202 Senior Investigators
- Of which 34 are female
- 17% of current Senior Investigators are women.
- Also 3 female Emeritus Senior Investigators
NIHR Personal Training Award
Gender Proportion

Cumulative Data of All Personal Awards where information has been provided (2008-2012)

- Male
- Female

Applied
- 732 (40%)
- 1,097 (60%)

Awarded
- 155 (42%)
- 218 (58%)
Relative gender proportions over time

Annual data 2008-2012 %

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>2008</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>2009</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>2010</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>2011</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>2012</td>
<td>66%</td>
<td>34%</td>
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</tbody>
</table>

Legend:
- Pink: Female
- Blue: Male
...and have limited access to positions of power

Percentage of men and women responding being part of academic committees and panels

Member of the European Commission Expert Group

Editor of an academic/professional/learned journal

Member of an international advisory/policy committee

Member of a grant giving panel

Member of an advisory/policy committee

Sources: Adapted from Margerison, C., et al., 2007 in BMA, Women in academic medicine: developing equality in governance and management for career progression, 2008. p.50
The Athena SWAN Charter encourages good practices for women’s employment in higher education and research

The beliefs underpinning the Charter are:

• The **advancement of science**, engineering and technology (SET) is fundamental to quality of life across the globe

• It is vitally important that **women are adequately represented** in what has traditionally been, and is still, a male-dominated area

• Science cannot reach its full potential unless it can benefit from the **talents of the whole population**, and until women and men can benefit equally from the opportunities it affords

Sources: Athena SWAN
Membership is based on the commitment to six principles

1. To address gender inequalities requires **commitment and action from everyone**, at all levels of the organisation.

2. To tackle the unequal representation of women in science requires **changing cultures and attitudes** across the organisation.

3. The absence of **diversity at management and policy-making levels** has broad implications which the organisation will examine.

4. The **high loss rate of women in science** is an urgent concern which the organisation will address.

5. The **system of short-term contracts** has particularly negative consequences for the retention and progression of women in science, which the organisation recognises.

6. There are both personal and structural obstacles to women making the **transition from PhD into a sustainable academic career** in science, which require the active consideration of the organisation.

Sources: Athena SWAN
Strict criteria frame the attribution of awards

**Silver department**: in addition to university wide policies, the department has:
- A significant record of activity and achievement in promoting gender equality
- Identified particular challenges
- Implemented activities and
- Evidence to demonstrate activities’ impact

**Silver university**: a significant record of activity and achievement by the university in:
- Promoting gender equality
- Addressing challenges across the full range of SET departments within the university
- Providing evidence of the impact of Athena SWAN activities

Sources: Athena SWAN
One of the things the panel and I were very concerned about going forward, is how both the academic and NHS partners are supporting women in clinical academia so that they can develop into and be appointed to senior leadership positions.

I now write to tell you therefore, that when we next run the competition for NIHR BRCs and BRUs we do not expect to short-list any NHS/University partnership where the academic partner (generally the Medical School/Faculty of Medicine) has not achieved at least the Silver Award of the Athena SWAN Charter for Women in Science.
BRCs and BRUs will have to achieve a silver award to be shortlisted for future funding

<table>
<thead>
<tr>
<th>Award</th>
<th>University</th>
<th>Medical School (or equivalent)</th>
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<tbody>
<tr>
<td><strong>Biomedical Research Centres (n=11)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver</td>
<td>1 (+1)</td>
<td>1 (+1)</td>
</tr>
<tr>
<td>Bronze</td>
<td>10 (-1)</td>
<td>2 (+1)</td>
</tr>
<tr>
<td><strong>Biomedical Research Units (n=20)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver</td>
<td>4 (+4)</td>
<td>1 (+1)</td>
</tr>
<tr>
<td>Bronze</td>
<td>16 (-4)</td>
<td>7 (+7)</td>
</tr>
</tbody>
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NOTE: Brackets refer to increase from 2012 to 2013
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