

**PWG_10_163_P_PWG Proposition Gender
Imbalance_2010Oct**

Author	Diana Fernandes (PT)
Type	Policies and Recommendations
Date	2010Oct29
Comments	



PWG Proposition for:

Policy on Gender Imbalance

PERMANENT WORKING GROUP OF
EUROPEAN JUNIOR DOCTORS

Policy on Gender Imbalance

Proposition contents

Preamble

What do we know about gender imbalance in medicine?

Implications of gender imbalance on medical practice?

How to cope with gender shifting in medical career?

Conclusions

References

1. Preamble

In the medical profession the tendency in Europe is moving towards a progressive increasing number of female physicians. In Eurostat data published in September 2010, Czech Republic, Estonia, Latvia, Lithuania, Hungary, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Croatia and Former Yugoslav Republic of Macedonia have a majority of practicing female physicians. In 1996 only 35% of physicians in the EU27 were women, compared to 41% in 2006. This gender shifting is also occurring in other non-European countries such as Canada and the USA. Cultural, demographic and social factors are some of the multiple explanations for this change.

The gender imbalance in the medical profession is being discussed worldwide.

PWG – European Junior Doctors, as the representative structure of European Junior Doctors has also been working on this subject. At Killarney’s Autumn Meeting 09, PWG discussed the potential impact of the increasing number of women doctors, and a Working Group on Gender Imbalance was then created in order to follow the situation and gather information.

The goal of this document is to raise awareness to gender shifting in Medicine and promote discussion about this theme. It also intends to identify possible consequences to the medical practice allowing national members to plan actions to cope with change concerning the best interests of doctors and patients.

2. What do we know about gender imbalance in medicine?

It is known that the health workforce in Europe is ageing, rates of retirement are increasing, medical migration is rising, but moreover it is increasingly feminized. Not so long ago women were excluded from medical schools, now they are the majority of new graduates in medicine around Europe. The Royal College of Physicians published a Report in June 2009, concerning Gender Imbalance: *Woman and medicine – the future*. The aim of this study was to consider the impact on Medicine in the UK of the increasing proportion of women on medical profession. This report showed:

- **Trends in entry to the profession:** women have been the majority of medical school entrances since 1990s. In 2007 the female proportion was 57%.
- **Specialty preferences and choices:** female doctors tend to choose more predictable working patterns and people oriented specialties.
- **Modes of working in Medicine:** women are more likely to work more in part-time and to take career breaks at some stage of their careers (for example: maternity leave, childcare).
- **Advancement and leadership capacity in medical career:** women are represented in leadership roles, but not as much as they should considering the increase in proportion of female professionals.

Many other countries published articles documenting this gender shifting. It is also an issue being discussed in a variety of specialties.

3. Implications of gender imbalance on medical practice:

There are no published studies documenting how this shifting in medicine affects medical practice and health outcomes, however, many implications of this imbalance can be stipulated.

- Specialties that have traditionally attracted males may become underserved.
- Average career lifetime 'participation rate' of female doctors tend to be lower than for male doctors. Women are more likely to work less than full time and take career breaks at some stage of their careers.
- Additional number of doctors will be required to sustain capacity as the proportion of woman in the medical workforce increases.

4. How to cope with gender shifting in medical career?

Coping with the increasing number of female doctors can be attained by providing:

- more flexible working arrangements
- improvement of childcare assistant facilities
- institution's policies towards social wealth parenting equity (shared maternity / paternity leaves)

In conclusion, workforce patterns are changing, the female proportion in medicine will continue to increase, and so PWG finds important to continue gathering information about gender shifting throughout Europe and to create a long-term action plan that can be put into action and lead to a better work-life balance.

References

1. Proportion of female physicians, tertiary level academic staff and managers increasing, Eurostat Newsrelease, March 2009
2. Women and Medicine: the future – REPORT, Royal College of Physicians, June 2009
3. The feminization of Medicine and Population Health, Philips S. P. and Austin E. B., JAMA 2009; 301 (8): 863-864
4. Specialist human resources for health in Europe: are we ready?, EURO OBSERVER, Summer 2010, Vol.12, Number 2
5. How to Encourage More Women to Choose a Career in Cardiology?, Warnes et al, JACC, Vol.44, Number 2, 2004: 238 – 241.