Women in Academic Medicine

Developing equality in governance and management for career progression

Executive summary and recommendations

July 2007

WASSET2006M

ATHENA PROJECT

HIGHER EDUCATION FUNDING COUNCIL FOR ENGLAND hefce

Medical Schools Council

Imperial College London 100 years of living science 100

MEDICAL WOMEN'S FEDERATION

BMA

Women in Academic Medicine (WAM)

Executive Summary

A full WAM report will be available in pdf format on stakeholder websites in Autumn 2007.

Stakeholders

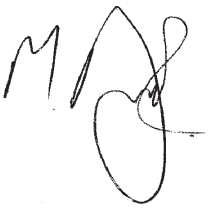
The Women in Academic Medicine (WAM) Project was funded through the Higher Education Funding Council for England's (HEFCE) Leadership, Governance and Management Fund, the British Medical Association's Health Policy and Economic Research Unit (HPERU) and the Medical Academic Staff Committee (MASC), Imperial College London and the Medical Women's Federation. The Project was also supported by the Athena Project and the Medical Schools Council (formerly Council of Heads of Medical Schools).

WAM Team

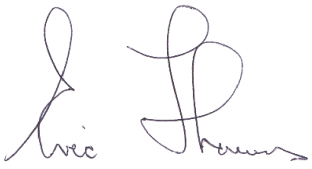
The Women in Academic Medicine project was devised, managed and completed by a team led by Dr Anita Holdcroft (Imperial College London), and ably assisted by Tania Fisher (HPERU, BMA) and Jaspal Sunita Kaur-Griffin (project manager, Imperial College London).

Foreword to the WAM report

As the champions of this project, that collected data for the first time across all sectors of the medical profession in order to identify strategic issues relating to gender inequalities in academic medicine, we would endorse the listed recommendations. They are based on quantitative and qualitative evidence collected by this study from hundreds of doctors from Higher Education institutes and medical specialties. The university sector would be well advised to further develop the strengths and economic advantages that medical women could contribute to accelerating progress in academic research, teaching and management. We therefore recommend this report to the University community, to professionals and to politicians for action.



Professor Michael Arthur
Vice Chancellor
University of Leeds



Professor Eric Thomas
Vice Chancellor
University of Bristol

Academic medicine is the work undertaken by clinicians with responsibilities to both their University and their NHS Hospital Trust. They usually combine service delivery with research, teaching and / or administration **(Royal College of Physicians, 2004).**

Women in Academic Medicine (WAM) project

Aims

The WAM study aimed to:

- **test personal and institutional assumptions on career progression**
- **identify barriers to women's careers**
- **provide a baseline database for future studies to evaluate improvements**
- **identify solutions (e.g. good practice, training)**
- **facilitate the sharing of good practice**

It is hoped that the findings will assist in both raising awareness of the current gender disparities that exist in academic medicine and provide possible solutions that universities, medical schools and individuals working in academic medicine can use to address these issues.

This project is particularly timely given the new responsibilities of UK legislation, the Gender Equality Duty for England, Wales and Scotland. This places a requirement upon public bodies to ensure that they have due regard to the need to eliminate unlawful discrimination and harassment against either women or men and also to ensure that their policies do not maintain or lead to gender inequality. The recommendations suggested here should assist institutions in meeting these new requirements.

Background

Despite the increasing feminisation of the medical workforce, women doctors are still strikingly under-represented in the university sector compared to their male counterparts, particularly at more senior levels. This is despite women accounting for more than 40% of medical graduates in the past 20 years. One in 5 medical schools do not have a female professor, two out of the 33 heads of UK medical schools are women and at professorial level only 11% of clinical academics are women.

Academic medicine is currently failing to attract and retain women doctors. Given the demographic changes in medical schools and the availability of a major competitive employer such as the NHS, unless the reasons for this are addressed it is unlikely that this situation will be reversed.

The under-representation of women in senior academic positions has also been found in the field of Science, Engineering and Technology (SET). The Athena Project was set up to promote good practice in this field. It has raised the profile of SET through a variety of initiatives, but these have not to date had an impact in medicine.

The Athena Survey of Science Engineering and Technology (ASSET2006) on-line questionnaire collected responses from male and female medical doctors across the UK. The respondents were self-selected and came from most specialties, health care and higher education (HE) sectors. Of the 1,162 respondents, 38% were working in HE, 53% were in the NHS and the remaining (7%) were working in other sectors or on a career break. Three quarters (73%) of WAM respondents were female (HE 68%, NHS 77%). Men and women in both HE and the NHS identified barriers to career progression, but for women these were often of a greater magnitude and there were HE/NHS differences.

A literature review, focus groups and interviews with key stakeholders were also undertaken. This part of the project supplied examples of good practice that have been included in the recommendations. A Project Steering Group with key stakeholders including HE and NHS sectors provided broad expertise and input into the questionnaire, focus groups and recommendations.

Key findings

In the full WAM report, findings from the survey results are structured under four headings:

- ***Appointments and promotions processes***
- ***Structures, systems and activities in place regarding career progression***
- ***Organisational arrangements and culture***
- ***Flexibility in working life***

The full report includes further detailed survey results, supported by qualitative results from the focus group and stakeholder interviews and examples of good practice. Under each heading, the research results are followed by recommendations for good practice.

Below are some findings from each of the four areas identified by WAM as being key to women's career progression:

Appointments and promotions processes

- 37% of all WAM respondents received encouragement from senior colleagues or professional contacts to apply for a job at the next level (NHS female 37%, male 33%, HE female 38%, male 43%).

- 68% of all WAM respondents had at least some knowledge of the criteria and 66% of the processes for promotion.
    - Criteria – NHS female 67%, male 73%, HE female 66%, male 79%.
    - Promotion – NHS female 65%, male 69%, HE female 61%, male 77%.

- Despite appraisal being a professional requirement for doctors, 12% of WAM respondents did not have regular appraisal (NHS female 9%, male 4%, HE female 16%, male 14%).

Structures, systems and activities in place regarding career progression

- 11% of respondents considered the lack of role models and 24% considered the availability of personal mentor were important factors to career progression.
    - Lack of role models – NHS female 13%, male 3%, HE female 16%, male 4%.
    - Availability of mentoring – NHS female 26%, male 21%, HE female 29%, male 19%.

Organisational arrangements and cultures

- 34% of HE respondents were on editorial boards or journals compared with 12% of NHS respondents (NHS female 9%, male 19%, HE female 30%, male 40%).

- 23% of HE respondents were on grant giving panels compared with 9% of NHS respondents (NHS female 6%, male 17%, HE female 20%, male 30%).

- 9% of HE respondents achieved an editorship, compared with 3% of NHS respondents (NHS female 2%, male 6%, HE female 6%, male 14%).

Flexibility in working life

- 53% of female respondents (male 42%) saw working conditions as influential in their current choice of employment. Those who saw working conditions as influential were asked to select the most important from a range of eight factors. Flexible working was ranked top by men and women in both sectors (NHS female 26%, male 11%, HE female 32%, male 18%).

- A quarter of WAM respondents did not know whether their contract allowed for flexible working (NHS female 18%, male 24%, HE female 37%, male 34%).

In conclusion, the same problems face both men and women but not equally. The results highlight important factors that are impeding recruitment and retention of women in academic medicine as well as solutions. Some solutions may be activated immediately through the recent legislation on the right to request flexible working and gender equity duty. Others warrant active measures from senior managers to clinical staff as identified in our recommendations. Our findings are thus timely and identify for the first time gender differences and their magnitude in career progression between the NHS and HE sectors.

There is an urgent need to implement the following recommendations if universities and other public bodies are to meet their statutory responsibilities as well as enabling the advantages that women bring such as diversity and skill mix. Our hope is that this will be to the benefit of patients, academic excellence and the UK economy.

Recommendations

(The key to the abbreviations is at the end of this section)

Appointment and promotion processes

Recommendation	Who takes action	Examples of good practice
1.1 Both the promotions criteria and process need to be made explicit and transparent to staff	G, I	
1.1.1 Build regular positive feedback into appraisal and promotion processes	I	Short term mentoring
1.1.2 Promotion criteria and process should be regularly reviewed in open discussion	S	Practice of parading CV before department is intimidating Prevent procedures being enshrined in male culture
1.1.3 Prior to each promotion		
1.1.3.1 Undertake positive review of staff	I, D	Test CVs against objective measures
1.1.3.2 Organise an open meeting to promote awareness	I, D, S	
1.1.4 Encourage awareness by making training in GED obligatory	HoD, S	
1.2 Appraisal should be an annual process and timed to fit in with the promotion cycle	G, I	
1.2.1 Senior staff appraisal should include how well they have discharged their key responsibility for the career development of their staff	I, S	
1.2.2 Ensure promotion opportunities recognise a range of activities	I	Including teaching and clinical workload
1.2.3 Encourage confidence to apply for senior posts	I, S, HoD	Actively identify posts for women
1.3 Appointments committees should reflect the diversity of staff required (e.g. women, ethnic groups)	G	
1.3.1 Composition of appointments committees should be monitored	I	Focus for impact assessment of human resources policy Use co-option if lack of female staff
1.3.2 Ensure that advertisement of senior posts includes LTFT option (to widen the pool of applicants)	I	

Recommendation		Who takes action	Examples of good practice
1.3.3	Promotions committees should view career breaks positively and recognise their impact on career development	I	
1.4	**Gender monitoring of appointments and promotions should be in place**	G, I	
1.4.1	Regular monitoring of salaries, start-up packages and promotions to identify disparities and assess progress	I	Dissemination of results to staff
Structures, systems and activities in place regarding career progression			
2.1	**Career choice, progression and development**		
2.1	**Equal Opportunity and diversity training should be provided**	I, S	
2.1.1	Institutions should have evidence of a fair, broad and thorough search before approving appointments	I	Evidence provided in open forum Inclusion of women in developing job description, in search team and among candidates
2.2	**Role models, mentoring and networking**		
2.2	**Mentoring for women staff should be mainstreamed and monitored**	I, D, P, S	
2.2.1	Establish mentoring schemes as an essential and valuable activity	I	
2.2.2	Time for mentoring should be recognised in job plans	I, D, S	Applies to mentors and mentees
2.2.3	Establish and constantly update a database of mentors	I, P, S	Medical academics can choose or be allocated a suitable mentor
2.3	**Role models and networking should be recognised and encouraged**	I, D, HoD, S	
2.3.1	Actively promote flexibility in career routes and highlight those who are successful despite "unconventional" career paths	I, P, D, S	

Recommendation	Who takes action	Examples of good practice
2.3.2 Increase the presence of female role models	I, D, S	Use visiting female professorships
2.3.3 Improve visibility of female clinical academics	I, J, D, S	Use of female first names
2.3.4 Prioritize schemes that promote networking	I, D, S	
2.3.4.1 Active encouragement for women to attend conferences/national meetings		Facilitating taking families will contribute to more productive networking
2.3.4.2 Encourage informal networks		Single sex networks
Organisational arrangements and cultures		
Organisational arrangements and cultures should encompass and ensure the following:		
3.1 Workplace and personal factors		
3.1.1 Ensure open, transparent and fair allocation of teaching and administrative loads	I, HoD	Ensure that individuals do not take on an inequitable share of tasks that are not recognised in the promotional process
3.1.2 Ensure administrative and committee responsibilities have fixed terms of office and are rotated so as to ensure opportunities to all staff and to avoid individuals taking on a disproportionate workload	I, HoD, S	Maximum term of office is clear Open, regular access to these 'measures of esteem' is available for women Monitoring and reporting of terms of office and selection process
3.1.3 Greater recognition needs to be given to the teaching role in undergraduate and postgraduate education	I	
3.1.4 Monitor hours of work and actively discourage long hours culture	I, HoD, S	Develop appropriate outcome measures e.g. job diaries Recognise clinical commitment in job planning

Recommendation		Who takes action	Examples of good practice
3.2	**Gender equality**		
3.2	**Measures of gender equality should be benchmarked against European targets and exemplars**	G, I, P	
3.2.1	Gender equality must be systematically integrated into all policies and programmes of organisations and their cultures (gender mainstreaming)	G, I, P, HoD, D, S	Compare with European policy, other HEIs, NHS and other public bodies e.g. Benchmark data against national data from ASSET (Medical) Gender equality schemes should include an action plan based on the evidence of data collected. The scheme will be assessed on the outcomes of the action plan.
3.2.2	Senior leaders should take a clear lead and steer on challenging policies, practices and 'sub-texts'	I, HoD	Target men and encourage training in responsible management
3.2.3	Ensure important departmental business is not conducted in settings or at times in which women are generally not present	I, HoD, D, S	
3.2.4	Promote positive action by the development and use of tools	I, S, HoD, D	Use GED tools to monitor and evaluate changes
3.2.5	Develop a culture in which individuals are supported when confronted with unacceptable behaviour	I, HoD, S, P	The values and ethos of the department does not tolerate unacceptable behaviour
3.3	**Measures of esteem**		
3.3.1	Journals and bodies awarding grants should take steps to minimize gender bias	G, I, J, S	Examine entire review and decision making processes Include women in Editorial Boards and conference programme boards to reflect GED Institute blinded peer reviews
3.3.2	Encourage leadership programmes that develop and maintain skills	G, I, P, HoD, S	See Leadership Foundation Senior Clinical Academic programme: http://www.lfhe.ac.uk/support/clinical/scalbroc.pdf
3.3.3	Recognise the value of different approaches to delivering key goals	I, S	Women may be generally less aggressive or competitive than men but may have a more softer and more people oriented approach that is equally effective

Recommendation		Who takes action	Examples of good practice
Flexibility in working life **Arrangements to improve working life should include the following:**			
4.1	**Work-life balance**		
4.1.1	Leaders of the profession and universities should visibly and vigorously support programmes that encourage career progression	I, P	Ensure the availability of quality, locally-delivered caring facilities (i.e. child and adult care)
4.1.2	Promote a positive attitude to those working reduced hours	I, HoD, S	
4.1.3	Recognise and use the inherent advantages of informal flexible working in academia	I, S	Allow staff flexibility to organize academic work to fit their domestic commitments
4.1.4	Forms of academic assessment and accountability should take into account LTFT working, career breaks and measure output against similar post holders.	I	
4.2	**Arrangements for flexible (LTFT) working**		
4.2 1	Visible support and take up by Vice Chancellors and Deans	I	
4.2.2	Enable a flexible career structure	I	Increase retention of female doctors
4.2.3	Create opportunities for job-share in research and senior positions.	I	Guidance and training for line managers Creation of opportunities at senior level
4.3	**Importance of lifestyle and personal factors**		
4.3.1	Encourage women to recognise the need to invest in quality child care to support their career	S	
4.3.2	Seek innovative solutions to suit personal and family circumstances	I, S, D	Recognise geographical immobility is an issue
4.4	**Career breaks**		
4.4.1	Ensure provision of contact between staff and departments for staff taking a career break	D, S	
4.4.2	Establish infrastructure for career breaks	I, D	Institute 'keep in touch' days Provide phased returns following a career break

Abbreviations: GED = Gender Equity Duty; Staff (S) = all medical doctors; flexible = less than full time (LTFT); I = institution (HEI = Higher Education Institution); D = department; P = profession/professional societies; HoD = head of department; G = government (e.g. professional governance, clinical excellence award administration); J = journals.

British Medical Association, BMA House, Tavistock Square, London, WC1H 9JP. www.bma.org.uk