

Gender Equality in Medicine

Saturday February 18th at 9:30am

The Gibson Hotel, Point Square,
North Dock, Dublin, D01 X2P2



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann



Introduction

The IMO Conference on Gender Equality in Medicine took place on Saturday February 18th, 9:30am at The Gibson Hotel, North Dock, Dublin. An excellent line-up of speakers discussed a wide range of topics addressing the issue of gender equality and inequality in medicine. The conference included panel discussions, reflections, and individual speakers, as well as the presentation of the results of the Imo's Gender Equality in Medicine survey.



Welcome

Dr Clive Kilgallen, President of the IMO, opened the event with a few words of welcome and a brief introduction to the day's speakers and agenda.



What is Gender Equality and why is it so important?

Dr Catherine Day, Former Secretary General of the European Commission and Chair of the Citizen's Assembly on Gender Equality gave the first keynote speech of the conference. Dr Day was the first female Secretary General of the European Commission (2002-2015) and Chaired the Citizen's Assembly on Gender Equality. Dr Day explained the process behind the Citizen's Assembly on Gender Equality and how it operated (mostly) online throughout the Covid-19 pandemic.



Key findings and recommendations from the Citizen's Assembly

- Citizens were extremely motivated to have their say and engage with the topic.
- Over 500 recommendations were reduced to 45 priorities, ranging from changing the constitution to improving the terms and conditions for care in our society, better work/life balance, quotas for local and European elections and on public and private boards and fighting domestic and gender based violence.
- Imo's survey on Gender Equality mirrored many of the issues that came up during the Citizen's assembly, including pay inequality, inequality with regards to childcare and other forms of care and domestic labour, and gender-based and sexual harassment.

In conclusion, Dr Day welcomed the commitment of the delegates and called on men to become champions for change and for women to bring forward their idea to address gender inequality. Dr Day noted that recent Irish referendums have been helpful in tackling in equality, but that there is still progress to be made. Dr Day added that the IMO Gender Equality Survey indicates that *"...women in the profession feel they still carry a greater share of caring for children, those with disabilities and older relatives and that this affects their careers. They feel men are still preferred for promotion, encouraged by other men to apply for training and opportunities."*

IMO Gender Equality in Medicine Survey – Presentation of Results

Vanessa Hetherington, IMO Assistant Director, Policy and International Affairs presented the results of the IMO's survey on Gender Equality in Irish Medicine. The IMO Survey was open to all doctors in Autumn 2021 and aimed to assess the multiple factors that contribute to gender inequalities in Ireland.

Key findings:

- half of male doctors and 41.5% of female doctors with children state that they share responsibility for childcare equally with their partner or spouse, but 46.5% of female doctors report that they are either mainly or fully responsible for childcare within families, in comparison to just 6.3% of male doctors.
- Three quarters of doctors who responded to our survey believe bullying and harassment in medicine is a serious issue.
- 45.8% of female and 10.4% of male doctors have experienced relegation to fewer or more mundane tasks compared to colleagues of another gender, and 26.7% of females and 10.9% of males have been told directly or indirectly that your gender need not apply for a post/career choice.
- 66.7% of female doctors and 40.8% of males believe that on average female doctors earn less than male doctors.
- 76.4% of females and 36.7% of males have considered changing their career speciality as their current working conditions did not seem conducive to caring for a child.

Feedback:

We asked doctors about the types of supports required to support women in taking up leadership roles in medicine. A number of themes emerged including *“more family friendly training options”*, *“flexible working”*, *“better childcare options”*, *“better locum availability”*, *“adequate back-filling of roles”* and *“addressing unconscious bias”*.



Panel Discussion – Overcoming Barriers to Gender Equality in Medicine

Hosted by Dr Madeleine Ní Dhalaiigh, this panel hosted the key themes that emerged from the IMO survey on Gender Equality in Medicine.

Guests:

- Dr Ina Kelly, Former IMO President and Chair of IMO Women in Medicine Working Group
- Dr Sarah Fitzgibbon, GP and founder of Women in Medicine Ireland Network
- Dr Paddy Hillery, Consultant in Emergency Medicine.
- Dr Rachel McNamara, Chair IMO NCHD Women in Medicine Working Group
- Dr Syeda Amna Azim, NCHD Committee Member



Key themes and topics

- The balancing of work and family commitments with the panel in agreement that currently for medical doctors the two highly intertwined domains are out of balance. Significant mismatch in current working practices and parenting, with Dr McNamara referring to the current, unsustainable training model for medical practitioners. Almost 80% of NCHDs are dissatisfied with their work-life balance, as per the most recent IMO Survey on Mental Health and Wellbeing.
- A lack of opportunities in terms of training and promotion for female doctors across their working lives.
- Intersectionality needed - gender and nationality combine to create even further inequality and unfairness.
- Negative impacts bullying and sexual harassment can have on individual medical doctors and teams and the importance of gender equality in medicine for all patients and doctors alike.

Reflections on Gender, Work-Life balance and Leadership in Medicine

Dr Suzanne Crowe, President of the Medical Council, gave her personal reflections on Gender Equality in Medicine, Work Life Balance and leadership. Situating her observations within the context of her role as a medical doctor, as president of the Irish Medical Council, and as a mother, she gave an account of how these facets of her life intersect, intertwine, and often conflict. This account was followed up with potential solutions for better enabling gender equality and a work-life balance going forward for medical doctors.



Dr Crowe emphasised that despite the growing trends towards more women than men entering and working in medicine, and an almost split by gender in terms of medical council members, she said that a “50-50 gender split is not enough, and that a wide range of measures and shifts in attitude are required to bring about the change required to make medicine a more equal environment”. In terms of bringing the role of men to the fore in tackling gender inequality, she also noted that increasingly, male counterparts are increasingly seeking to be involved in their family lives. Dr Crowe signals that there is a deep conflict between two important and intertwined aspects in the lives of medical doctors - work and family – and it is through instances where this dissonance is felt by men, not women, that may end up being a key driver in changing work practices within the medical profession.

In terms of her own experience of working whilst pregnant - two aspects in medicine that continue to operate in conflict - the expectation to work dangerously long hours and in unsafe conditions for pregnant women before and coming back from taking maternity leave was evident in her experience and in the experiences of pregnant, female doctors more broadly. In this regard, she highlights the need for a cultural shift in values, noting a fellow female colleague who mentioned she was scheduled for a 72 hour weekend after her maternity leave.

Taking such personal experiences and situating them in a broader medical workforce context, a series of interlinking potential solutions were given by Dr Crowe. These included:

- training schemes that account for caring responsibilities.
- tax breaks in relation to childcare
- reduced costs e.g. for exams when not working
- networking through events and coffee mornings
- acknowledgement that the world is changing and work-life balance is wanted.
- that any new hospital not accounting for childcare is a major failure
- that there needs to be cultural awareness among all medical doctors
- support for those working with a disability or chronic disease
- ensure that women are supporting women
- every doctor should have their own GP.

Advancing Gender Equality in Medical Education and Training

The Education and Training Session hosted by Dr Clive Kilgallen heard from three speakers on initiatives to advance Gender Equality in Medical Education and Training. Dr Sarah Fink, Head of Athena Swan Ireland explained the Athena Swan Charter and the awards system, Professor Anthony O'Regan, Dean of the Institute of Medicine and Chair of the Task Force on the NCHD Workforce examined the barriers to implementing less than full time (LFT) training. and Mr Padraig Kelly, RCSI Associate Director Operations, Planning and Postgraduate Education, discussed the RCSI PROGRESS report which aims to address gender inequalities in Surgery.

Dr Sarah Fink, Head of Athena Swan Ireland

Sarah Fink presented the Athena Swan Charter which provides a framework for addressing gender inequality in higher education and research institutions. It's based on a methodology of self-assessment, action planning, and continuous progression.

Institutions, academic departments, or professional units can apply for Athena Swan awards – either Bronze, Silver and Gold which are conferred by Athena Swan depending on the actions and steps taken and are subject to peer review.



Professor Anthony O'Regan, Dean of the Institute of Medicine and Chair of the Task Force on the NCHD Workforce

In examining the implementation of Flexible or Less than Full Time Training in Ireland and other jurisdictions, Professor Anthony O'Regan presented some of the key drivers and challenges associated. By comparison with other jurisdictions, Ireland has just 32 flexible training posts (0.5WTE) representing less than 1% of posts with strict criteria for qualification.

A major challenge is defining less than Full time training where an NCHD works on average 50-60 hours per week and even 0.8 of 48 hours a week would still be 40 hours and considered a full working week in the eyes of most.



Mr Pdraig Kelly, RCSI Associate Director Operations, Planning and Postgraduate Education

On the gender imbalance in surgery, Mr Pdraig Kelly discussed the circumstances which led the RCSI to establish a short life working group in 2016, and the publications of the PROGRESS report in 2017. Having implemented the 25 recommendations to address gender equality, the RCSI has seen the number of women applying for surgical training increase by 233%.

The proportion of females receiving awards and recognition continues to increase with an average of 38% across Honorary Fellowship and Key Note Talks. 24% of the RCSI Council is Female include both President and Vice President. Mr Kelly noted the success of the RCSI Women in Surgery Fellowship and how gender diversity in Surgery is rebalancing year on year and year, but that ongoing challenges remain.



IMOFs Presentation on Gender and the Pension Gap

Nives Paic, General Manager of the IMO Financial Services

Nives Paic explained that there are essentially two gaps; a pension and a protection gap. Research has shown that while women worry more about how their families would cope financially in case they fall seriously ill or were to die, less women than men protect themselves. Nives also demonstrated that there is a bigger risk for women than men to suffer from a serious illness and that more women than men claim once insured. Nives pointed out that female doctors tend to start contributing into a pension at a later stage and not continuously, likely due to having to take time out for childcare or caring for elderly family members. This results in female doctors retiring with a lower tax-free lump sum and pension than their male colleagues even under the same contract.

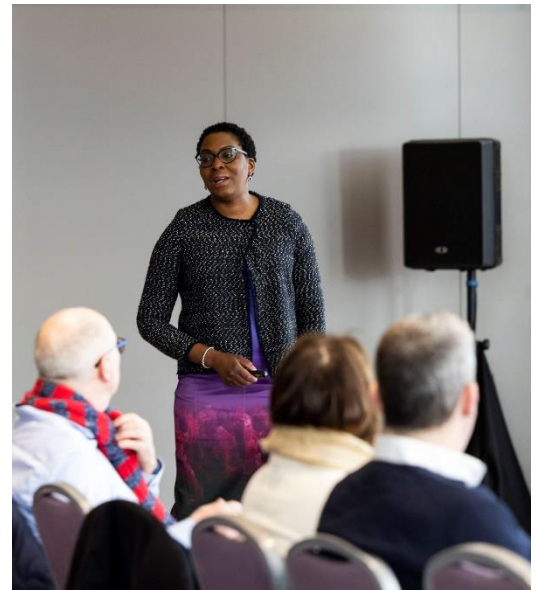


Interactive Sessions

Gender Diversity and Addressing Unconscious Bias – Dr Gozie Offiah, Senior Lecturer and Director of Curriculum at the Royal College of Surgeons in Ireland

With over 15 years' experience as a clinician, medical educator and leader, Dr Gozie Offiah, has developed this workshop which aims to address unconscious biases related to gender within the Irish Healthcare system. Most published evidence on gender in the medical workforce does not examine the effects of gender bias and stereotyping by ethnic heritage. These gendered perceptions of women in the workplace can negatively affect female doctors' career progressions.

After examining the literature on gender inequality and intersectionality, participants broke into groups and discussed real-life scenarios where doctors experienced gender bias and the actions to be taken.



Active Bystander Training – Professor Louise Crowley, School of Law, University College Cork and Director of the LLM (Children's Rights and Family Law at UCC)

Prof Louise Crowley developed the campus-wide Bystander Intervention initiative which seeks to educate and empower staff and students to challenge the normalisation of sexual abuse and to recognise their role as pro-social bystanders to effect change and bring about a new normal of safety and respect.

The aims of this interactive session are to:

- Introduce participants to the concept of an active bystander.
- Educate participants to recognise all forms of sexual hostility, harassment and violence; acknowledge yet challenge intervention inhibition; develop a sense of personal responsibility for the wellbeing of others.
- Empower participants to understand the range of ways they can step up, and upskill them to make safe and effective interventions, and a safer workplace and society for all.
- Develop a workplace culture which stands against unacceptable behaviour and abuse.

