

## Addressing women's under-representation in medical leadership

Although nearly half of all doctors in the UK are women, other than the highest college rank of president, other senior echelons of medicine have disproportionately low numbers of women. For example, less than one quarter of hospital Trust medical directors and just 13% of all clinical professors on university contracts are women.<sup>1</sup> Although women are under-represented in positions of senior leadership, no conclusive evidence suggests that they are disadvantaged in their endeavours or unwilling to deliver the necessary commitment, resulting in few women reaching medical leadership roles. The Royal College of Physicians (RCP) has sought to address the challenge of how to motivate and inspire women to aspire towards leadership roles as a key strategic goal.

We aimed to identify the enablers for women achieving leadership roles in medicine and to explore how the issues of inclusivity and the societal construct of masculinity and femininity influence the advancement of women in medicine. Throughout 2017, we interviewed 12 women in medical leadership roles, including current and past Presidents of the medical royal colleges. Thematic analysis emphasised three key themes related to the advancement of women in medicine: (1) practical difficulties including childcare needs, lack of timely careers advice, and part-time working; (2) social barriers include maternal identity and cultural pressure with respect to a work and family balance; and (3) the importance of building resilience through role modelling, mentorship, and support from others.

When our interviewees were asked about the gender disparity that exists with regards to clinical excellence awards (CEA), many suggested that women are less likely to put themselves forward, perhaps lacking the

self-belief of their male counterparts. Overall, for physicians seeking national awards, women account for 32% of applicants for bronze awards, 24% for silver awards, and 17% for gold awards. Therefore, fewer women apply (particularly for senior awards) than men. Of those who do apply, there is a higher success rate for bronze and silver awards than for gold awards.<sup>2</sup> Assuming that women are not less clinically excellent than are their male counterparts, is it true that women are not confident to apply, or perhaps not qualified to apply, or is the application process less suited to women?

The RCP, as a professional representation body, has been exploring ways to create and sustain the climate for change to promote leadership that is more representative of patients, staff, and the public. An Equality and Inclusion task group reviewed the RCP approaches in a several key areas, including the appraisal systems regarding CEAs.<sup>3</sup> Recommendations included making the process more open and the selection procedure and demographics of the scorers available, ensuring there is evidence that the scorers have had diversity training, and introducing a system to ensure fair gender and ethnic representation.

The RCP is absolutely committed to positive imagery of women in medicine and to increasing the visibility of women's achievements in medicine. To celebrate the legacy of pioneering women, acknowledge the challenges overcome, and demystify the barriers to female medical leadership, the RCP introduced the exhibition *Women in Medicine: A Celebration* in September, 2017. The exhibition acknowledges female clinicians' participation and achievements in medicine, in the past and present, and is now on tour because of popular demand.

The credibility and transferability of our qualitative research into female doctors in leadership positions recognised, among other things, the importance of strong supportive role models for aspiring female medical

leaders. This finding, combined with the outpouring of positive feedback about the exhibition<sup>4</sup> led to the commissioning of an RCP fellowship programme, the Estelle Wolfson Emerging Women Leaders Programme, among the new consultant workforce. The emphasis is on mentoring and protected leadership development and networking opportunities for aspiring female leaders.

Here we have considered different strategies the RCP has employed to recognise women in medicine and widen access to leadership opportunities. By recognising women in medicine through the exhibition and widening access to leadership opportunities through the Estelle Wolfson Emerging Women Leaders Programme, the RCP is showing its commitment to representative and effective medical leadership.

In 2017, Mark Porter<sup>5</sup> stated "It's about challenging the structures that entrench inequality, but also about challenging our own behaviour and attitudes, and those we experience every day. Until we are truly equal, we are all diminished". The RCP, through the initiatives described, has tried to address the challenge identified by Porter.

We declare no competing interests.

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- 1 Women and medical leadership infographics. 2014. <https://www.kingsfund.org.uk/audio-video/women-and-medical-leadership-infographics> (accessed Jan 2, 2019).
- 2 Clinical excellence awards: successful candidates 2017. 2017. <https://www.gov.uk/government/publications/clinical-excellence-awards-successful-candidates-2017> (accessed Jan 7, 2019).
- 3 Royal College of Physicians of London. Equality and Inclusion committee: Report of the RCP Equality and Inclusion Task and Finish Group. London: Royal College of Physicians, 2018.
- 4 Ferry G. Inspirational women in medicine. *Lancet* 2017; **390**: 1825.
- 5 Mark Porter. It doesn't have to be this way – Mark Porter's ARM speech in 10 quotes. 2017. <https://www.bma.org.uk/connecting-doctors/b/work/posts/a-state-of-affairs> (accessed Jan 7, 2019).

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