

Women in the UK academic medical workforce: a comparison with the NHS.

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Objectives: to compare the data on the characteristics of medical women (such as grade, place of work etc.) working as clinical academics with those working in the UK National Health Service; to identify where data is lacking and gender differences.

Design: this is a comparative review of the sources of medical workforce data available within the UK.

Setting: the female workforce in UK Universities and the NHS.

Participants: the review includes all specialties in the University and NHS.

Main Outcome: Numbers of females in academic grades as full time equivalents.

Results:

The first available gender specific data for the FTE (Full Time Equivalent), (mean, range) workforce numbers for female and male medical academics is from 2004 (Council for Heads of Medical Schools 2005). The data in the Table demonstrate a marked increase in female to male ratio from lecturers to professors. There was wide variation between Medical Schools and 7 had no female professors. The corresponding data from the Department of Health for English NHS consultants in 2004 is 25% women and the intake into Medical Schools is over 60% women.

Number of medical schools	Lecturer (Trainee)		Senior Lecturer (Consultant)		Professor (Consultant)	
	F	M	F	M	F	M
England n = 24	92.1 (3.8, 0 – 17.2)	195.9 (8.2, 0 - 29.4)	240.5 (10, 0 – 48.1)	815.8 (34, 0.6 – 111.6)	88.3 (3.6, 0 – 15.0)	772.5 (32.2, 2.0 – 113.9)
Wales n = 2	10.0 (0 – 10)	8.1 (0 – 8.1)	13.4 (0 – 13.4)	54.7 (2 – 52.7)	5.8 (0 – 5.8)	45.9 (11.0 – 34.9)
Scotland n = 5	47.7 (9.5, 8.4 – 19.3)	84.9 (17.0, 9.6 – 35.3)	35.8 (7.2, 0 – 10.5)	128.9 (25.8, 0 – 44.3)	19 (3.8, 0 – 6.0)	127.2 (25.4, 3.0 – 40.0)
N. Ireland n = 1	4.0	18	4.97	44.3	4.0	30.0
Total	153.8	306.9	294.7	1041.7	117.1	975.6
Ratio F:M	1:2.0		1:3.5		1:8.3	

Conclusions:

In England a tenth of professors are women compared with a quarter of consultants. Medical students thus lack female role models when they come to consider a career in academic medicine. Women in academic medicine are working in lower grades than men. The gender difference becomes apparent in senior academic positions. The large variations between Medical Schools suggest that some workforce policies are to the detriment of women's academic careers.