



Convegno Internazionale

ASPETTI DEL LAVORO MEDICO IN EUROPA

Gorizia - giovedì 8 maggio 2014

Female Doctors in Europe

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Medicine is fast becoming a woman's domain. Are we talking about gender equality or about the feminization of the profession?

- Women doctors will soon outnumber men in medical schools.
- This shift of the gender balance in medicine is followed in many European countries.
- But many women are still not reaching the highest positions.
- And women doctors still suffer from gender pay gap.

For over 400 years men have dominated the medical profession and that has been seen as the status quo, but now new research asks if medicine is fast becoming a woman's domain. Over the past 30 years the proportion of women attending medical schools has steadily risen in many countries worldwide. This partly reflects the increasing number of women applying for medical courses and their increasing examination success in science.

Medicine is a less attractive career for men who are opting for finance and information technology instead. Having more male graduate students apply to medical school would help bridge the gap.

Despite many years of feminist discourse society still expects women rather than men to reduce work commitments to look after children and not to return to full time work until the children are older. Research among general practitioners has shown that many women in their 50s, when their children are relatively independent, continue to work part time, often because of other caring demands. In addition, more female general practitioners plan to retire before the age of 60 than men, shortening their working life further.

This unequal distribution means that some specialties feel the implications of part time working and maternity leave, such as lack of continuity of care and resource use disproportionately.

This is a fact all around the world, in the United States for instance, the number of female physicians has increased by over 400% since 1981, while male physician ranks have increased by just 52%. The overall physician population has increased 35% since 1981.

Another important issue is that women in hospital medicine tend to avoid the more demanding specialities which require greater commitment, have more antisocial working hours and include responsibility for management. Instead of taking on a specialist career, many women prefer to look for a better work-life balance when they have young children of their own.

In Spain and in other European countries, there is a general fear that this gender imbalance will have a negative effect on their NHS. Politicians are concerned, too. In most of the European countries the debate is whether women doctors who had received expensive medical training but went part-time after starting a family, cause a burden on the NHS. This has led to further concerns that the capacity of the workforce might be reduced by part-time working in some European countries.



On the other hand, some studies suggest that women dominate in specialties such as general practice, and paediatrics with far fewer female doctors working in fields such as cardiology and surgery. Nevertheless, women are not reaching the highest positions in medicine for a variety of potential reasons, including fewer women applying for distinction awards and limited access to top jobs.

It is not the abilities of female doctors that are in question. It is that study after study has found women doctors tend to work fewer hours than their male counterparts. Experts admit the unfairness of it all but there is a worrying absence of a profound change in our society in terms of responsibility for child care. There is an urgent need to take a balanced approach to recruitment.

In Great Britain, a section in the General Medical Council's 2013 reported the number of female doctors by speciality for 2012, and shows how many are attracted to general practice rather than other areas of medicine: general practice 29,272; anaesthesia 3,118; paediatrics 2,477; psychiatry 1,778; general medicine 1,054; general surgery 467; trauma and orthopaedics 191.

Compare this with the number of male doctors by speciality, reflects a huge difference in general surgery as well as trauma and orthopaedics, both of which involve the complex, antisocial hours that deter so many women: general practice 31,711; anaesthesia 6,940; paediatrics 2,578; psychiatry 3,302; general medicine 3,737; general surgery 3,779; trauma and orthopaedics 3,629.

In Spain, half of practicing physicians are men and half are women. Due to the recent data presented by the Study Coordinator of "Fundación CESM", Dr. Miguel Ángel García, more than 65 percent of students are women, meaning that in a few years time they will represent a clear majority within the profession. Currently, the presence of women is 46.9 percent.

This trend started in the 80s and in the last decade it has accelerated. The effect is beginning to be seen. In 2012, a total of 107.352 female doctors and 121.565 male doctors were registered in the Spanish General Medical Council, while in 1994 there were 54.278 female doctors registered and 107.811 male doctors. The number of female doctors has doubled in the last years.



	TOTAL	Male	Female
1994	162.089	107.811	54.278
1995	162.650	107.688	54.962
1996	165.560	108.340	57.220
1997	168.240	107.060	61.180
1998	171.494	109.031	62.463
1999	174.916	110.193	64.723
2000	179.033	111.320	67.713
2001	180.417	110.237	70.180
2002	185.908	111.851	74.057
2003	190.665	113.077	77.588
2004	194.668	114.138	80.530
2005	199.123	115.296	83.827
2006	203.091	116.037	87.054
2007	208.098	117.360	90.738
2008	213.977	119.018	94.959
2009	219.031	120.216	98.815
2010	223.484	121.232	102.252
2011	226.424	121.439	104.985
2012	228.917	121.565	107.352

(Colegios Oficiales de Médicos de España - 31/12/2102)

According to the 2012 report of the Spanish National Institute of Statistics, the number of registered doctors rose by 2,493 people (1.1%), reaching a total of 228,917. In 2012, for every 100,000 people there were 497.6 registered doctors. Depending on their employment status, the rate of non-retired doctors registered was 452.4 physicians per 100,000 inhabitants.

In Spain the percentage of women among physicians is 46.9%

Health Professions	
Nurses	84.3%
Psychologists	76.7%
Pharmacist	71.0%
Physiotherapists	67.7%
Opticians-Optometrists	64.4%
Podiatrists	57.3%
Dentists	52.3%
Physicians	46.9%
Veterinarians	43.6%
Dental Prosthetic	21.4%

(INEbase – www.ine.es)

According to the data base published by José María Romeo Ladrero, in the medical internship examination of 2013, most women were attracted to general practice. The number of female doctors by speciality: general practice 1.243 (female rate 70.07%), paediatrics 365 (female rate 87.32%), obstetrics 229 (female rate 87.40%), internal medicine 215 (female rate 68.69%), and anaesthesia 188 (female rate 59.68%) compared with the number of male doctors by speciality.

Dr. Vicente Matas, responsible of Medical Research in our organization in Andalusia (SMA), recently published the following data according to the number of female and male in the internal medical examination:



	Female	% Female	Male	Total	% Total
1 st Year	4.591	67,1%	2.251	6.842	23,1%
2 nd Year	4.749	65,4%	2.509	7.258	24,5%
3 rd Year	4.771	64,9%	2.576	7.347	24,8%
4 th Year	4.678	64,6%	2.562	7.240	24,4%
5 th Year	768	56,3%	596	1.364	4,6%
TOTAL	19.557	65,1%	10.494	30.051	100,0%

(Dr. Vicente Matas, Centro de Estudios CESM- Sindicato Médico de Granada)

The degree of feminization is around two thirds in all years except students of the fifth year that exceeds 56%

The degree of feminization is higher in Psychologists (82.1%) followed by Pharmacists (76.5%), and in third place, Physicians (64.5%).

	Female	% Female	Male	Total	% Total
Physician	18.097	64,5%	9.978	28.075	93,4%
Pharmacist	830	76,5%	255	1.085	3,6%
Psychologist	440	82,1%	96	536	1,8%
Biologist	101	59,8%	68	169	0,6%
Radiophysics	36	36,4%	63	99	0,3%
Chemist	53	60,9%	34	87	0,3%
TOTAL	19.557	65,1%	10.494	30.051	100,0%

(Dr. Vicente Matas, Centro de Estudios CESM- Sindicato Médico de Granada)

	Female	% Female	Male	Total	% Total
Madrid	3.851	66,2%	1.964	5.815	19,4%
Andalusia	3.084	64,4%	1.706	4.790	15,9%
Catalonia	3.002	63,8%	1.707	4.709	15,7%
Valencian Community	1.782	64,8%	970	2.752	9,2%
Castilla- Leon	1.150	64,9%	623	1.773	5,9%
Galicia	1.000	69,9%	430	1.430	4,8%
Basque Country	939	70,4%	394	1.333	4,4%
Castilla- La Mancha	727	62,5%	436	1.163	3,9%
Canary Islands	698	63,9%	394	1.092	3,6%
Murcia	606	61,7%	376	982	3,3%
Aragon	650	68,5%	299	949	3,2%
Asturias	482	62,4%	291	773	2,6%
Extremadura	415	63,2%	242	657	2,2%
Navarre	398	66,3%	202	600	2,0%
Balearic Islands	326	60,6%	212	538	1,8%
Cantabria	312	65,8%	162	474	1,6%
La Rioja	121	62,1%	74	195	0,6%
INGESA (Ceuta & Melilla)	14	53,8%	12	26	0,1%
TOTAL	19.557	65,1%	10.494	30.051	100,0%

(Dr. Vicente Matas, Centro de Estudios CESM- Sindicato Médico de Granada)

According to the Spanish National Institute of Statistics, among the registered health professionals by sex and age, there is a large female presence. In seven of the eleven health professions tested in 2012, there were more women than men.



However in Spain, there is still some discrimination among women in the Spanish NHS in terms of licenses and permits. According to the Spanish Association of Pediatrics, the non-use of breastfeeding exposes children to increase the risk of numerous health problems such as sudden infant death, gastrointestinal problems or respiratory infections.

Another important issue is the incompatibility of breastfeeding with on-call duties of 16 hours or 14 hours. Other health professions such as nurses, due to their work shift, have better chances to schedule breastfeeding with work. In addition, if physicians decide not to commit to on-call duties they will suffer an important decrease on their income. The only way to solve this problem is issuing new National and European regulations providing more flexibility in this matter.

The Spanish plan for reconciling work and family life for women in the workplace has implemented several measures to protect pregnancy, maternal leave and paternal leave. Nevertheless, specific measures are needed in order to prevent the burnout syndrome on female doctors, provide workplace flexibility or integrate child care in the workplace (such as nurseries in hospitals).

However, we must not forget that practitioners share the inescapable need to study daily. Female doctors during maternity leave, miss the opportunity to what in Spain is called, "Professional Development". Their counterparts have no other implications than addressing promptly their duties, while female doctors have an extra burden to develop their profession. New regulations suggesting alternatives that lead to a better solution are required.

Given the difficulties to reconcile, what attracts women? The answer to this question is their medical vocation.

Nevertheless, the National Health Systems must adapt to the demands of a labor market where women's presence is increasing.

In Spain there are over 22 million women, and their life expectancy will reach 85.1 years old in 2020. Data from 2010 of the Monitoring Centre for Occupational Diseases dependent body of the Spanish Ministry of Labour, reveal that 39 percent of occupational diseases occur in women, an important fact if we take into account that the presence of women in the workplace is increasing: 7,174,500 women, compared with 8,281,800 male employees in the third quarter of 2010. 60 percent of these diseases are mostly due to biological agents (majority female presence in the health sector), skin problems (42 percent) and physical agents (40 percent). Shift work and mental health burden inherent to some medical specialties start to be considered as new diseases.

Several studies, some developed by the International Labour Organization (ILO), according to the responsible of Occupational Health and Safety in CESM, Dra Pilar Bartolomé, reveal that 15 years of night work is equivalent to five years of life. In addition, employees working in night shifts are divorced three times more than their colleagues and 40 percent are more likely to have neuropsychological, digestive and cardiovascular disorders. Some experts suggest that these shifts for women, lead to disturbance cycles of menstruation, infertility, abortions, or premature birth. Others problems such as rheumatoid arthritis, metabolic alterations, weight gain or diabetes, are also being detected.



Fortunately, many countries have already taken into consideration the risk on health of night shifts and some specific provisions have been implemented to provide early or flexible retirement for workers with this kind of shift. From age 35, night work is prohibited, for example in the Nordic countries, especially for women and the ILO suggest that night work should be voluntary from age 40.

Conclusion

Despite some experts argue that the rapid increase in women doctors may be leading to 'over-feminisation' of medicine, I believe that women are merely achieving equality although a gender pay gap still exists in medicine.

For many years the relative lack of female doctors was bemoaned, but the tables are turning and soon male doctors will be in a minority. The case for this is simply on grounds of equal opportunity but there are also strong economic and workforce planning reasons. This situation is creating serious workforce problems, and has profound implications for the way the different National Health Systems work.

However, in the absence of a profound change in our society in terms of responsibility for child care, we need to take a balanced approach to recruitment in the interests of both equity and future delivery of services. There is very little information on future work intentions and it is important to determine if there are differences between men and women in terms of their long term commitment to service provision in relation to their retirement plans.

"The work of women should be managed from another perspective, taking into account their needs and aspirations, not men's"

Susana Monereo, Endocrinology and Nutrition, Hospital of Getafe, Madrid (Spain). *Diario Médico*, 23/07/2012

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