

Are there too many female medical graduates?

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More women now graduate from medical school than men, and soon male doctors will be in the minority. But are we risking future staffing problems, or is there still some way to go before we reach true equality? Two experts debate the issue in this week's BMJ.

Increasing numbers of female graduates will create a major shortfall in primary care provision and may also affect education, research, and development, argues Brian McKinstry, senior research fellow at the University of Edinburgh.

Evidence is growing, he says, to demonstrate the negative consequences of the feminisation of primary care in the UK and elsewhere. For example, fewer women than men choose to work out of hours, and the increase in women doctors may have partly influenced the recent abandonment of out of hours work by general practitioners in the UK, he claims.

But according to McKinstry we are yet to feel the full effects of this feminisation. For instance, above the age of 45 years men, mostly working full time, are in the majority, whereas general practitioners younger than 45 years are mostly female and working part time. As older, mainly fully time doctors retire, unless employment behaviour changes, there will be a major shortfall in primary care provision, he argues.

This demographic change may also affect education, research, and development, he adds. An American study of women in internal

medicine found that women with children had fewer publications than men with children, while Scottish data indicates that women contribute about 60% of the activity of men in development aspects of general practice such as training, teaching, research, and committee work.

He concludes that in the absence of any profound change in societal views on responsibility for child care, a balanced approach to recruitment in the interests of equity and the future delivery of services is vital.

But Jane Dacre from University College London, argues that rather than worrying about having too many women in medicine we should be focusing on ensuring equality of opportunity.

Although women outnumber men in most medical schools by about 3:2, they are under-represented in some areas, especially in clinical academia and in specialties requiring more acute and on call responsibilities and more technical skills.

Dacre believes that medicine needs and wants to attract the best and brightest people whatever their sex. But in order to welcome more women into senior positions, she says, institutional barriers that prevent their progression such as a lack of rota flexibility, low acceptance of career breaks and part-time working, and the need for greater availability of child care and easily accessible and funded part time training options needs to be addressed.

The feminisation of medicine should be welcomed as an opportunity to be creative with workforce planning and to recognise that a more flexible way of working is essential to delivering good quality patient care at all times of the day and night, she says.

In an accompanying editorial, Jenny Firth-Cozens from The London

Deanery, acknowledges that the implications of the proportional rise in female doctors must be taken into account. But she warns that any financial estimation that compares the cost of employing male or female doctors must take into account sex differences in the costs of poor performance, litigation, re-education, and rehabilitation that are consistently higher for male doctors.

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