TALKING POINT

Sex distribution of distinction awards

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As the DHSS is putting more information on to its computer, figures for the sex distribution of distinction awards have become available. Table I shows the overall distribution of awards by sex. A total of 39.6% of men consultants and 15.5% of women consultants receive awards of any grade; this is out of a consultant population of 11 041 men and 1244 women. The difference between the two groups increases progressively with the grade of the award.

TABLE I—Distribution of distinction awards by sex (31 December 1979)

Grade of award	Percentage (number) holding awards	
	Men	Women
A+	1.03 (114)	0.08 (1)
A	3.79 (418)	0.56 (7)
B	10.62 (1173)	4.26 (53)
C	24.12 (2663)	10.61 (132)
Total	39.56 (4368)	15.51 (193)

These figures do not include community physicians, who hold 94 awards but for whom the sex distribution is not available.

TABLE II—Age distribution of consultant population by sex (30 September 1978)

Age	Percentage (number)	
	Men	Women
Under 30	0.03 (3)	0.08 (1)
30-34	4.3 (475)	5.9 (74)
35-39	14.7 (1625)	17.2 (214)
40-49	36.2 (3996)	36.8 (458)
50-59	30.7 (3387)	32.1 (399)
60-64	13.0 (1432)	7.2 (90)
65 and over	1.1 (123)	0.6 (8)

Two factors which might account for the much lower proportion of women receiving awards are age and specialty. Table II shows the age distribution of men and women consultants. Though there are proportionally slightly more very young women consultants and slightly fewer over 60 than men consultants, the age distribution is similar. Age, therefore, could account for only a minor part of the difference in the distribution of awards.

Table III shows the percentage of consultants of each sex in those specialties which have been shown to rank above the average in the league table of awards points.¹ Here the difference is larger with only 36.8% of women in the top 15 specialties as against 46.6% of men.

In view of these figures, most of the difference between the 39.6% of men and the 15.5% of women who receive awards must be due to other variables. It would be useful to have figures for the amount of time men and women consultants spend in such meritorious activities as committee work and

undergraduate or postgraduate teaching. In the absence of this information, speculation is inevitably subject to the prejudices of the speculator. Recently, however, the chairman of the Advisory Committee on Distinction Awards has said that the overwhelming requirement for an award without which other criteria carry limited weight is direct service to patients or their general practitioners.² It would be surprising if women were deficient in this area.

TABLE III—Distribution of men and women consultants within those specialties ranking above average in award points¹

Rank	Specialty	Men in specialty		Women in specialty	
		% of total	(Number)	% of total	(Number)
1	Cardiothoracic surgery	1.0	(111)	0.2	(3)
2	Neurosurgery	0.7	(81)	0.1	(1)
3	Cardiology	0.9	(96)	0.4	(5)
4	Neurology	1.3	(148)	0.3	(4)
5	Infectious diseases	0.2	(24)	0.2	(2)
6	General medicine	9.3	(1028)	2.8	(35)
7	General surgery	8.5	(936)	0.7	(9)
8	Plastic surgery	0.7	(81)	0.1	(1)
9	Dermatology	1.5	(171)	2.0	(25)
10	Radiotherapy	1.4	(154)	2.5	(32)
11	Obstetrics and gynaecology	5.5	(611)	7.0	(87)
12	Clinical neurophysiology	0.3	(34)	0.6	(7)
13	Pathology	11.4	(1256)	14.5	(180)
14	Paediatrics	3.7	(404)	5.2	(65)
15	Nuclear medicine	0.2	(18)	0.2	(2)
	Total	46.6	(5153)	36.8	(458)

References

- ¹ Bourne S, Bruggen P. Distinction awards for England and Wales, 1977. *Br Med J* 1979;i:638-9.
- ² Clayton S. Procedures and criteria for selection for Distinction and Meritorious Service Awards. *Health Trends* 1979;iii:73-76.

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Family planning fees

We published examples of improved fees for part-time medical services on 20 October (p 1015). The fees quoted for family planning were for doctors conducting sessions concerned with patients with marital difficulties or instructing other doctors in family planning.

Doctors who do family planning sessions (including those concerned with birth control, IUD insertions, subfertility, research, and interviewing doctors at vasectomy sessions), for which they received increased fees from 1 April 1978 under Advance Letter (MD)6/78, should receive the fees set out below with effect from 1 April 1979. The revised fees are set out in Advance Letter (MD)9/79.

For consultant or specialist work:

(i) Regular, occasional, or additional sessions (one-and-a-half to two-and-a-half hours) or emergency attendances . . . £26.10 per session or attendance.

(ii) Sessions of not more than one hour . . . £17 per session.

For other medical work:

(i) Regular, occasional, or additional sessional (one-and-a-half to two-and-a-half hours) or emergency attendances . . . £17.40 per session or attendance.

(ii) Sessions of not more than one hour . . . £11.20 per session.

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