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 Cite this as: *BMJ* 2023;380:p551  
<http://dx.doi.org/10.1136/bmj.p551>  
 Published: 08 March 2023

## DISSECTING HEALTH

# Scarlett McNally: International Women's Day—and how institutions and individuals can reduce sexism in healthcare

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On International Women's Day, let's pause and consider whether there's a link between the burden that a medical career places on women and the imminent strikes by doctors in training. Does the traditional medical training model expect too much relentless, self-sacrificial overwork? Does it rely on undervalued back-up from a supportive partner to help sort out childcare and home administration? Women have outnumbered men at medical school in the UK for 30 years.<sup>1</sup> Yet a recent BMA survey found that 91% of female doctors had experienced sexism at work since 2019.<sup>2</sup> We must do better for the next generation of women in medicine.

We've all seen change in other spheres—smoking bans, drink-driving awareness, improved seatbelt use. But for change to happen it must be understood, and it's possible only through action by institutions and individuals.

Female doctors are treated differently.<sup>3</sup> They're expected to be nicer,<sup>4</sup> tidier, and prepared to spend more time with patients and trainees.<sup>5</sup> Trainers, other staff, and patients have different expectations of female doctors than of men.<sup>5</sup> In 2021 the Kennedy review of diversity in surgery highlighted the impact of micro-aggressions on female surgeons, such as a greater propensity to call them by their first name than their title when compared with men.<sup>6</sup> More female doctors leave training, owing to multiple recurrent setbacks like a “tower of blocks”<sup>7</sup>—each block being a factor in someone's decision to leave, the final falling tower being the decision to go.

There's a triple whammy of negative perceptions, difficult structures (especially around child rearing), and a lack of support to undertake leadership roles. Many doctors don't appreciate that women in medicine have a different experience—and they therefore don't consider change to be necessary.<sup>8</sup> Some of us in healthcare don't realise how our own behaviour can be misinterpreted, nor how easy it is to change.<sup>9</sup>

### Active bystanders

There are institutional failings. For example, shared parental leave (allowing men to share parental leave to take time off work to look after their baby) has appallingly low uptake: only 2% of couples in the UK choose to take it.<sup>10</sup> In countries and companies with a “use it or lose it” leave policy for fathers or the second parent, as many as 90% of men take such leave.<sup>11</sup>

This week the BMA has launched a pledge to eliminate sexism in medicine, endorsed by the Medical Women's Federation. This includes

monitoring of promotion and retention by gender. But, while the pledge is a start, the real changes will result from institutional and individual action.

Institutions are urged to promote the benefits of a diverse workforce, to eliminate systemic discriminatory policies that affect career progression for different genders, and to ensure equity in opportunities for and visibility of women.

Individuals must consider allyship and being an active bystander—being a passive supporter is not enough. Senior doctors and other staff should call out sexism and should work on their own biases. Doctors with caring responsibilities and those working flexible and part time hours should have equally good access to career opportunities and leadership development. Gender stereotypes must be challenged.

Every person deserves to be supported to reach their full potential. Rather than being tempted to be judgmental, instead be neutral, positive, receptive, and focused on practicalities.<sup>9</sup> Calling out sexism can involve calmly acknowledging that a patient or fellow staff member would not have acted towards or spoken about a man in that way. Eliminating sexism encourages respect for women of all identities and backgrounds—whether visible, protected, physical, or unique. Once we show respect for people regardless of gender, with clarity about expectations of each job role, we can do this for everyone.

Competing interests: Scarlett McNally is president elect of the Medical Women's Federation and sits on the gender pay gap review committee. She was a council member of the Royal College of Surgeons of England in 2011-21 and led its Opportunities in Surgery work.

Provenance and peer review: commissioned, not externally peer reviewed.

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