Equality lens
An equalities analysis of the medical workforce

What are the key messages?
1. White male doctors occupy the majority of senior medical posts: in 2015, 66% of consultants were male and 34% female.
2. The proportion of women doctors is increasing in many specialities: there are now more women working as salaried GPs, and in obstetrics and gynaecology.
3. From the data we have, the proportion of doctors from BME backgrounds has remained broadly unchanged over the last five years with white doctors increasing slightly.
4. There are big gaps in the reporting of ethnicity of up to 23% in some areas of medicine, indicating that many doctors don’t feel comfortable disclosing this information.

How did we reach these conclusions?
The Equality Lens brings together data on gender and ethnicity from across the workforce in all UK countries, between 2010 and 2015, providing a unique insight into how representative the medical workforce is. We will update the information resource on an annual basis. It is important to stress that, although there has been a lot of research into the factors behind the underrepresentation of women and ethnic minority doctors, we don’t have the definitive answers. The Equality Lens is designed to provoke debate and intervention.

We have highlighted the key patterns which have major implications for:
- our members and the wider medical workforce
- researchers and policy analysts looking at the NHS from an equalities perspective, and
- regulators, education, and training bodies working to increase diversity in the medical workforce.

Why is this data important?
NHS and education providers have a legal duty to promote equality amongst their workforce and students. NHS organisations which embrace diversity also demonstrate improved health outcomes and a more positive staff and patient experience.¹ ² ³

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¹ On gender, the Equality Lens consists of data from the GMC’s State of Medical Education and Practice (SoMEP) 2011-2015, Medical Schools Council and national carrier figures; on ethnicity we used data from the GMC SoMEP reports 2011-2015 and Medical Schools Council. We did not incorporate the GMC’s 2016 SoMEP report as it would have distorted the rest of the data for which 2016-17 figures have not been published.


³ NHS Leadership Academy (2015) Inclusion, equality and diversity | NHS Leadership Academy, available online:
Spotlight on gender and ethnicity
We have initially focussed on gender and ethnicity because these are the characteristics with the most robust published data available. The information resource highlights the medical specialities where women and particular ethnic minorities and IMGs (international medical graduates) are underrepresented, and specialities that have made the most progress in tackling discrimination, bias, and promoting change.

This analysis will compliment new national and UK policies on equalities, including the requirement to publish gender pay gap information and Workforce Race Equality Standard reporting (in England).

It also has important implications for longer term plans to attract more women and people from BME backgrounds into medical careers. The Equality Lens provides a detailed analysis of which specialities these groups are working in, enabling education bodies and employers to take targeted action to address underrepresentation. This would benefit the following programmes:

- Improving the recruitment and retention of women and BME doctors.
- Providing flexible working, part time opportunities and support for doctors returning from parental leave and those who take time off for caring responsibilities.
- Tackling negative behaviours that prevent women and BME doctors from progressing — including discrimination at work, bullying and harassment, unconscious bias and differential attainment in training and widening the participation in medicine from all ethno-cultural groups.

Gender equality across the medical profession

Women in the medical profession: the big picture 2011-15
Overall, women doctors increased by 2% to 107,220, however men still form the majority (53%, 129,688) of UK doctors.

Where are women under-represented?
Substantial gender gaps persist particularly at senior levels of the workforce — for example, by 2014 66% of consultants were male and 34% female, indicating gender equality is still restricted at senior levels.

Amongst GP partners, the ratio was 56%/44% male to female in 2014 — this is also indicative of gender imbalance at a senior level. However, this may reflect a broader shift away from partnerships to salaried roles in general practice (see below).

Specialities with the biggest gender gaps:
- Surgery remains the speciality with the biggest gender gap: by 2015 the percentage of men was over eight times the percentage of women (11%).
- 73% of ophthalmologists were male, and 27% were female.
- 67% of specialists working in anaesthetics and intensive care were men; 33% were women.

Where are the numbers of women increasing?
- Staff and associate specialist (SAS) doctors: the gap narrowed considerably in 2013 and is now 56% men to 46% women.
- Salaried GPs — the proportion of women is now three times the proportion of men. This has led to discussions about the ‘feminisation’ of the GP workforce.

Which areas are the most gender-balanced?
- Public health is the most gender neutral speciality with a 50/50 split amongst women and men.
- In obstetrics and gynaecology the proportion on women has been consistently increasing over the last five years, to just under 50%.
- In paediatrics women have overtaken men; in 2015 they represented 51% of the workforce.

http://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/
For the last five years women students have outnumbered men, representing 55% of students in 2014, although student numbers have declined over the last five years. Amongst trainees, the breakdown was 54% to 46% (men to women) in 2014. These trends continue in the 2015 data.

UK differences

Many of the UK trends are reflected in national data. However differences have emerged:
- The gender balance amongst GPs in Wales is the most equal of the four countries: almost 50/50 (men to women).
- Scotland has the biggest gender gap amongst doctors in training with women now representing 60% of trainees and men, 40%.
- Northern Ireland appears to have the most gender-balanced workforce: (a 50/50 split). The proportion of women GPs has more than doubled over the last 30 years — in 2013, the gender split was 45/55 women to men.

Analysis: What is behind these UK trends?

It is noticeable that women are increasing in areas such as SAS doctors and salaried GPs, which are paid less on average than consultants and GP partners. This has potentially important implications for the gender pay gap in medicine.

This pay gap is intensified amongst doctors working part time. Women doctors are more likely than men to work part time because of childcare and other caring responsibilities. They are more likely to be paid less, progress more slowly through their careers and face discrimination. Women are less likely to undertake additional activities as consultants, and to apply for Clinical Excellence Awards.

Many women opt for careers in medical specialities which provide opportunities to plan workloads, work flexibly and take time off to have children. To achieve this, they are more likely to change career paths, and less likely to work in the specialities they aspired towards as medical students.

If we are to continue to attract women into medicine and retain the increasing numbers of female students, medical schools, deaneries and LETBs (Local education and training boards) and the Royal Colleges — must ensure that flexible working is realistic across specialities, and increase support for women combining work with childcare in senior roles. Mentoring and leadership training — currently only accessed by a minority — could be powerful levers for women at different stages of their careers.

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5 No overall comparison data is available for Wales
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7 BMA, 2015 General practice in Northern Ireland: The case for change bma.org.uk/-/media/files/pdfs/working%20for%20change/negotiating%20for%20the%20profession/general%20practitioners/ngpc_gms_strategy_caseforchange.pdf?la=en
8 Ercolani MG et al, The lifetime cost to English students of borrowing to invest in a medical degree: a gender comparison using data from the Office for National Statistics, BMJ Open, 2015 bmjopen.bmj.com/content/5/4/e007335.full; Robson L, Equal pay and less than full time trainees, BMA 2016 bma.org.uk/connecting-doctors/my_working_life/b/weblog/posts/equal-pay-and-less-than-full-time-trainees
10 Ercolani MG et al 2015; Rimmer A, Why do female doctors earn less money for doing the same job? BMJ Careers, 2014 careers.bmj.com/careers/advice/Why_do_female_doctors_earn_less_money_for_doing_the_same_job?
11 King’s Fund, Advancing women in medicine: how can we move from rhetoric to action? 15 January 2015 kingsfund.org.uk/blog/2015/01/advancing-women-medicine-how-can-we-move-rhetoric-action
12 Rimmer A. Five facts about the gender pay gap in UK medicine, BMJ Careers, 12 July 2016 bmj.com/content/354/bmj.j3878
13 Women in Medicine, Kings Fund 2014
14 Peters K and Ryan M, Machismo in surgery is harming the specialty, BMJ Careers, 2014 careers.bmj.com/careers/advice/Machismo_in_surgery_is_harming_the_specialty Taylor K et al Career destinations, job satisfaction and views of the UK medical qualifiers of 1977 JRSM 2006;101:191-200
Ethnicity equality across the medical profession

The medical workforce and ethnicity 2010-2014

- **White** doctors increased from 51% (116,523) in 2010 to 53% (125,940) in 2014. This is reflected in the biggest groups of doctors: GPs, and those eligible to be consultants.

- **Asian or Asian British** doctors have only increased from 49,361 (22%) to 53,996 (23%) – the proportions of **black or black British** doctors and those from **mixed ethnic backgrounds** remain unchanged.\(^{15}\)

- Whilst the representation of BME doctors is much higher than UK ethnicity statistics,\(^{16}\) census data shows **black and Asian communities** as a proportion of the UK population are growing faster than the proportion of BME doctors in the medical workforce.

- There remains a large number of doctors choosing not to record ethnicity (16%, 38,905 doctors).

Where are the prominent differences in doctors’ ethnicity/country of qualification?

- **Surgery** has changed very little; white doctors increased slightly to just over 60% (7,975 doctors). There was a slight change from 16% to 19% in Asian or Asian British doctors, with black or black British doctors unchanged at 2%. This trend is reflected amongst EU doctors, however for IMG doctors there was a slight increase amongst Asian or Asian British doctors from 56% to 59%.

- In **Emergency Medicine**, white doctors made up 65% of the profession in 2014, compared to 16% of Asian or Asian British doctors, and 2% of black or black British doctors. **Occupational Medicine** and medical academics\(^{17}\) indicate similar trends.

- Doctors **qualifying outside the UK** fell by 2% to 81,400 (34%) between 2010 and 2014. EU doctors increased by 13% between 2010 and 2014 to 23,967 doctors although the 2016 data shows a drop.\(^{18}\) Whilst numbers of IMGs are considerably higher, they dropped by 6% to 57,433 between 2010 and 2014. A small increase in non-UK GPs (2% to 13,359 doctors) and more significantly amongst non-UK specialists (20% to 29,014 doctors) took place 2012-14.\(^{19}\)

- The proportion of **medical students** from Asian or Asian British backgrounds has slightly increased from 21 to 23% whilst black or black British students have remained static (3%). Amongst **trainees**, the proportion of Asian/Asian British students has fallen (by 2% to 3,302 doctors).\(^{20}\) This contrasts with the more radical gender shift taking place.

Biggest changes in ethnicity/Primary Medical Qualification over the last five years

- Asian or Asian British doctors specialising in **obstetrics and gynaecology** have seen the greatest increase of 4%. Black or black British doctors occupy a larger proportion (7%) in this specialty group compared to other specialities, however this figure is still dwarfed by white doctors (48%).

- In **paediatrics**, Asian or Asian British doctors increased by 4% to 26% of the profession (1,372 doctors). This is also the specialty in which the 2nd highest proportion of black/black British doctors are practicing – however this is only 191 doctors (4%). Amongst EU doctors, the biggest increase took place amongst white doctors (75-81%). For IMGs, the biggest increase was in Asian or Asian British doctors (54% to 62%).

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\(^{15}\) Asian/Asian British doctors have increased from 6,440 (2010) to 7,568 (2014); Doctors of mixed descent have increased from 3,563 (2010) to 4,531 (2014) however the percentages remain static at 3% and 2% respectively.


\(^{17}\) In occupational medicine, white doctors represented 65% of doctors in 2014, Asian/Asian British 7% and black/black British 2%. Amongst medical academia, white doctors make up 69%, Asian/Asian British 12% and black/black British 1%


\(^{19}\) This is based on data over the last two years (2014 and 2015 SOMEP reports). PMQ breakdowns for UK countries are not available in previous SOMEP reports.

\(^{20}\) Black/black British doctors have increased by 4%. This is over a 2-year period (2012-14 –there is no data for 2010-11).
In psychiatry, the proportion of Asian or Asian British doctors has increased from 19% to 24%. Similarly IMG Asian or Asian British doctors increased from 49% to 53%. Among EEA doctors, the greatest increase was in white doctors (73-78%).

**Unreported data**
- There is a consistently high level of underreported data regarding ethnicity. Overall this totalled 38,905 doctors in 2014 – five times the number of doctors identifying as black or black British.
- The highest levels of unrecorded data (23%) feature in occupation medicine and general practice: we still don’t know the ethnicity of 13,731 GPs.

**UK differences**

Whilst national breakdowns are not available for all specialities, the snapshot data indicates that:
- The largest proportion of doctors who qualified in EEA countries are registered in Northern Ireland – 9% (579 doctors), closely followed by England (8%, 15,374 doctors).
- The UK country with the highest proportion of IMGs registered is Wales (26%, 2587 doctors) – only a marginally higher proportion than England (25%, 47,489 doctors).
- In 2015, the countries with the lowest proportion (52%) of white doctors registered are: England (97,654 doctors) and Wales (5,117 doctors). These are also the countries with the highest proportions of black, British, Asian and Asian British doctors (29%, 54,396 doctors in England, 21%/2070 doctors in Wales). England and Wales also registered the highest levels of BME doctors in 2013.  

**Analysis: what is behind these UK trends?**

Despite high profile initiatives to increase diversity in medicine these statistics indicate very little change in most medical specialities and at senior (consultant) level. Doctors from BME backgrounds and IMGs are still less likely to pass speciality exams than UK doctors. Unconscious bias is perceived by trainees and trainers to play a critical role in this underachievement.

The prejudice which BME doctors face in the NHS has been widely reported. High levels of bullying and harassment have been exposed amongst groups of doctors with a significant proportion of BME doctors, for example, those that include SAS doctors.  

A 2015 survey indicated that 35% have experienced bullying, harassment and or victimisation. Almost 60% of cases went unreported, indicating that the NHS has not yet fostered a culture in which doctors feel comfortable disclosing this discrimination. This evidence provides a reminder of the need for sustained diversity training and awareness raising amongst NHS staff.

The fact that almost a fifth of doctors in some specialities don’t report their ethnicity is another big concern. While the reasons for this are unclear, it may indicate that doctors don’t feel comfortable disclosing their ethnicity to their regulatory body. This suggests that NHS stakeholders still have more work to do to ensure that we understand how race impacts on career progression.

22 BMJ, Ethnic minority and non-UK doctors are more likely to fail exams, GMC data show, 22 July 2016 careers.bmj.com/careers/advice/Ethnic_minority_and_non-UK_doctors_are_more_likely_to_fail_exams_GMC_data_show
25 BMS SAS doctor survey 2015 bma.org.uk/collective-voice/committees/staff-associate-specialists-and-specially-doctors-committee/sasc-survey; whilst we don’t have the ethnicity breakdown for SAS doctors as a specific group, the ethnicity is recorded for the group of doctors not on the GP or specialist registers, which includes SAS doctors, foundation doctors, specialty (including GP) postgraduate doctors in training, and doctors who have not been entered onto the Specialist Register.
What the BMA is doing
On gender equality we are
– leading a programme of work to support women’s careers in medicine, including promoting leadership training and role models
– facilitating doctors to work flexibly and combine their careers with having a family and/or caring by shaping national policies and guidance produced by training bodies and stakeholders
– highlighting the gender pay gap in medicine and tackling the underlying causes.

On ethnicity and IMGs we are
– developing a major programme to tackle the bullying and harassment of doctors
– taking forward the work on differential attainment to ensure that doctors from BME and IMG backgrounds receive tailored support through the assessment process.

Call to action
We don’t have all the answers. To make sustainable changes:
– we need all NHS stakeholders to put this on their agenda;
– we need all doctors and medical students, men and women, from all ethnic backgrounds to ask their employers, training bodies, and governments in all parts of the UK: what are you doing to increase diversity amongst doctors?

We will use the Equality Lens to start a conversation with education bodies, NHS organisations and employers to ensure we deliver diversity for doctors.