

**Sexism** - NOT

the belief that men and women are different and are suited to different roles in society and are prejudiced against each other. Sexism is a form of discrimination against people based on their sex.

# Sexism in medicine



## Foreword

This project has grown over the past two years, developing from a small survey circulated through social media and word of mouth. When I presented those initial findings to colleagues, I asked for help in proving what I knew was an issue within the NHS: gender inequality and everyday sexism.

The support the BMA has provided has led to this piece of work, which at times has proven difficult to read. These facts and figures demonstrate that there is a significant issue with gender bias, and the free text responses show the real human cost of these sexist thoughts, behaviours and institutional factors – impacting not only the individuals who were brave enough to contribute to its findings but also on the workforce as a whole.

This survey has shown that women are disproportionately affected by sexism and gender bias. The institutional factors that accompany a medical career are still disadvantaging women, which feeds into the culture that women are 'less than'. Women doctors appear to be working in an environment that consistently undervalues them and doubts their capabilities.

I believe this survey has made huge progress in defining the issues, but the next step of this project will be to determine the most effective way of tackling sexism and gender discrimination in medicine. This will take a collaborative approach, with stakeholders and regional BMA groups and committees. It is important that we hear from the people who are affected when forming solutions to these unacceptable occurrences, so that we can best support them as we move towards a more equal culture.

I would like to take this opportunity to thank the BMA for their ongoing support with this campaign.

**Dr Chelcie Jewitt**, founder of Sexism in Medicine project. Junior doctor, emergency medicine

When Dr Chelcie Jewitt contacted the BMA about the Sexism in Medicine campaign we were deeply troubled by the findings. We knew that gender bias and sexism was unfortunately something that too many doctors experience. We were therefore keen to collaborate with Dr Jewitt to circulate this survey to doctors across the UK. We will build on the knowledge base that is necessary if we want to take effective action in eradicating gender inequality.

This piece of research found that sexism and gender bias is disproportionately experienced by women. In spite of 46% of UK-registered doctors being women and a pattern of women medical school entrants outnumbering men, being a doctor is intrinsically seen as a male role. This stereotype is leading to women doctors being undervalued, having their competency doubted and their morale impacted.

It is disappointing that a doctor's gender is playing a role in how they are treated at work and the opportunities they receive. This problem is amplified when you consider the structures and institutions that doctors are working in remain designed around stereotypically male working patterns. It appears that the medical profession has still not factored in the demographic changes to the profession and are failing to support doctors who are pregnant and have caring responsibilities.

The significant finding in this report about the number of respondents who have experienced sexual harassment in the past two years is alarming, and we encourage BMA members who have been victims of this behaviour to contact us for [support](mailto:support@bma.org.uk) by emailing [support@bma.org.uk](mailto:support@bma.org.uk).

This report focuses on the findings of the survey. This is just one important step to addressing gender inequality in the profession. Now we have heard from our members, the BMA will engage with stakeholders and develop recommendations and actions to effectively address the unacceptable experiences of sexism and discrimination that have been brought to our attention.

**Latifa Patel**, BMA acting representative body chair

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## Introduction

This report presents the findings from the sexism in medicine survey, circulated in April 2021. The survey was circulated to gather evidence on the experiences, if any, of sexism experienced by doctors working in the NHS. We wanted to understand more about the individual impact that sexism was having on doctor's day-to-day working lives and on career opportunities. We received 2,458 eligible responses, 82% of respondents were women and 16% were men. 0.5% were non-binary and 0.3% preferred to self-describe. 29.6% of respondents worked less than full time (LTFT). LTFT is an acronym used throughout the report and it refers to a working pattern for doctors similar to part-time in other industries and professions. More detail on the demographics of respondents are in appendix I.

This was a collaborative piece of work between the BMA and Dr Chelcie Jewitt who founded the Sexism in Medicine campaign following on from her experiences as a trainee.<sup>1</sup> At the BMA we are aware from our members that women do face discrimination and gender bias and were keen to do more to investigate the extent of these experiences so we can do more to support our members and contribute to eradicating gender inequality in the profession. This report is a piece of qualitative research as it is based on a survey that was self-selecting and open to anyone who met the criteria rather than a specific representative sample.

***I often wondered as a junior, why female consultants could be so easily provoked by what seemed at the time to be insignificant misnomers. Now I realise it's the cumulative effect this has over the course of years, compounded by the fact that it does not cease as you advance in your career. I often talk to my juniors about this and hope that in the future, this becomes less of a reality for them.***

Woman, junior doctor, Asian, full-time

The survey did find a concerning level of sexism in the medical profession, stemming from patients, fellow doctors, and other NHS staff. These experiences of sexism present in a variety of forms in the institutions and structures that doctors work in.

The survey focused on sexism and gender-based discrimination; however, it is important to recognise that sexism will not be the same for each person and may be experienced differently for those who share other protected characteristics such as disability and race. There is still much more work to be done to understand the experiences of people who can receive multiple forms of discrimination. We did find some helpful information on how sexism may impact doctors who share other protected characteristics.

<sup>1</sup> <https://www.bma.org.uk/news-and-opinion/i-still-experience-sexism-at-work-how-about-you>

## Introduction

This was a wide-ranging survey that asked respondents about:

### 1. Conduct of colleagues and patients

- Doctors being treated more or less favourably because of their gender
- Perceptions around seniority and competency
- Unwanted verbal and physical conduct
- Differences in workplace responsibilities

***When reviewing a patient on another team's ward, the male consultant from the other team approached the male SHO and I after we'd entered the ward. The male consultant did not look at me or even turn his head in my direction when talking to us. He spoke directly to the SHO even though he knew I was the consultant. He continued to ignore me even when the SHO pointed to me and said that I was the consultant.***

Woman, consultant, White, LTFT

### 2. Impact of gender on career progression

- Influence of gender on specialty and wider career choices
- Opportunities in training based on a trainee's gender
- Differences in support to apply for career and pay progression opportunities

***I have seen opportunities for progression (eg acting up consultant roles during the pandemic) offered to men over women who were perfectly suitable for the extra responsibility, with no transparency of why those choices were made.*** Man, consultant, Asian, full-time

### 3. Impact of having children

- Attitudes and support towards flexible working and caring responsibilities
- Attitudes and support towards pregnancy and parental leave

***The constant and relentless eye rolling and sighing around pregnant members of staff, especially when they call in sick. Can we please stop this?*** Man, junior doctor, Black, full-time

### 4. Reporting on sexism

- Confidence in reporting incidents of sexism
- Action taken after reporting incidents of sexism

Respondents were also given the opportunity to provide free-text responses sharing their anecdotes of sexism they had experienced or witnessed at work. We received 1,820 free-text responses that were analysed and sorted into key themes. This included: assumed not to be a doctor or a more junior doctor; undermined, ignored and undervalued at work; different treatment from patients; sexist comments, jokes and language; negative attitudes, gender norms and level of support for pregnancy, motherhood and caring responsibilities; unequal career and pay progression opportunities; sexual and objectifying comments; and workplace policies and institutional sexism.

## Key findings

Across virtually all survey questions there were significant differences between how men and women responded, with women reporting a higher level of perceived sexism, relating to them personally, to their colleagues and in general.

Some of the most notable findings from the survey are:

- **91%** of women respondents had experienced sexism at work within the past two years
- **84%** of all respondents said there was an issue of sexism in the medical profession
- **28%** of men respondents said that they have/had more opportunities during training because of their gender, in comparison to 1% of women respondents
- **74%** of all respondents think that sexism acts as a barrier to career progression
- **42%** of all respondents who witnessed or experienced an issue relating to sexism in the past two years chose not to raise it with anyone
- **61%** of women felt they were discouraged to work in a particular specialty because of their gender, with 39% going on to not work in that specialty
- **70%** of women respondents felt that their clinical ability had been doubted or undervalued because of their gender, in comparison to 12% of men
- **31%** of women respondents experienced unwanted physical conduct in the workplace as did 23% of men respondents
- **56%** of women respondents had received unwanted verbal conduct relating to their gender as did 28% of men respondents.

This report focuses on the results from the survey, which is a necessary step to build evidence on the prevalence of sexism and gender discrimination that doctors are currently facing. The findings clearly show that the prevalence of sexism in the NHS is unacceptable and senior leaders need to take a proactive approach in tackling sexism and gender discrimination.

### Next steps

The BMA will be engaging with stakeholders to develop recommendations that can effectively tackle the issues raised in this report. Under each theme identified in this report these will need to focus on:

#### Experiences in the workplace

1. Eliminating sexist language and gender bias that have been normalised in the workplace.
2. A change in culture where women's opinions are valued equally and they are treated with the same level of respect.
3. Making women doctors more visible to NHS colleagues and wider society to challenge the perception that being a doctor is a male role.

#### Career progression

4. Transparency around medical training and recruitment to ensure all doctors receive equal opportunities.
5. Redesigning the structures and institutions that doctors are working and training in that may be favouring one gender over others.

#### Impact of having children

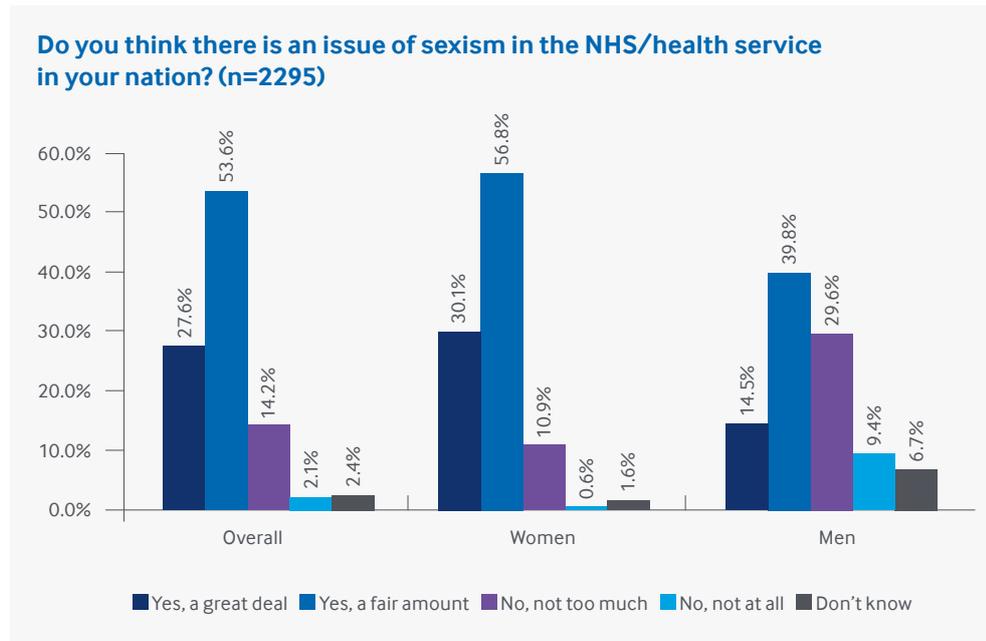
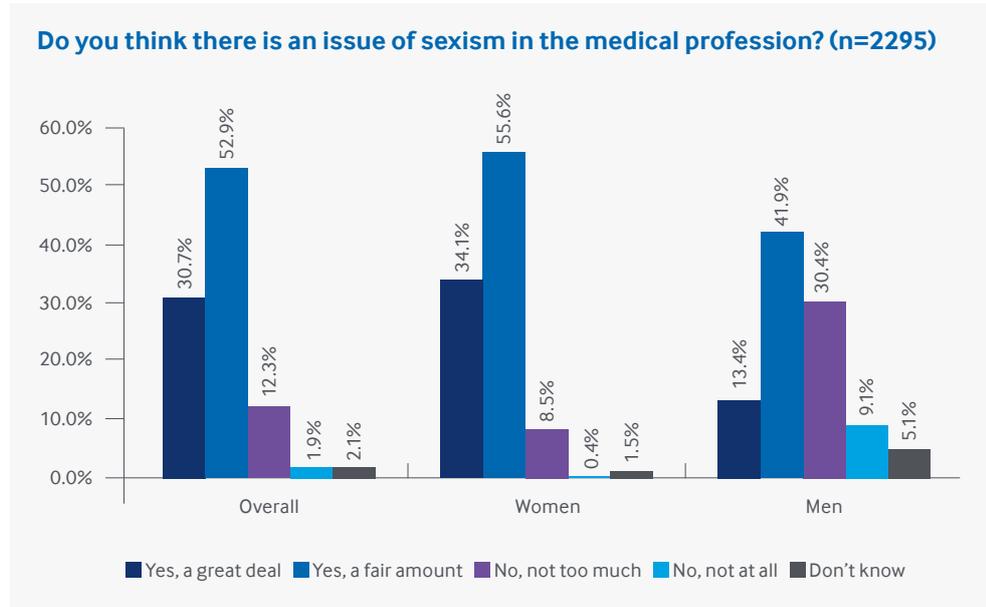
6. Challenging gender norms around caring responsibilities and specialty choices that are impacting doctors' career choices and progression.
7. Ensuring pregnant and breastfeeding women are having their health protected at work and ending a culture where women are made to feel guilty for planning to or having children.

#### Reporting sexism

8. Strengthening reporting processes so doctors feel comfortable raising issues of sexism and confident that adequate action will be taken.

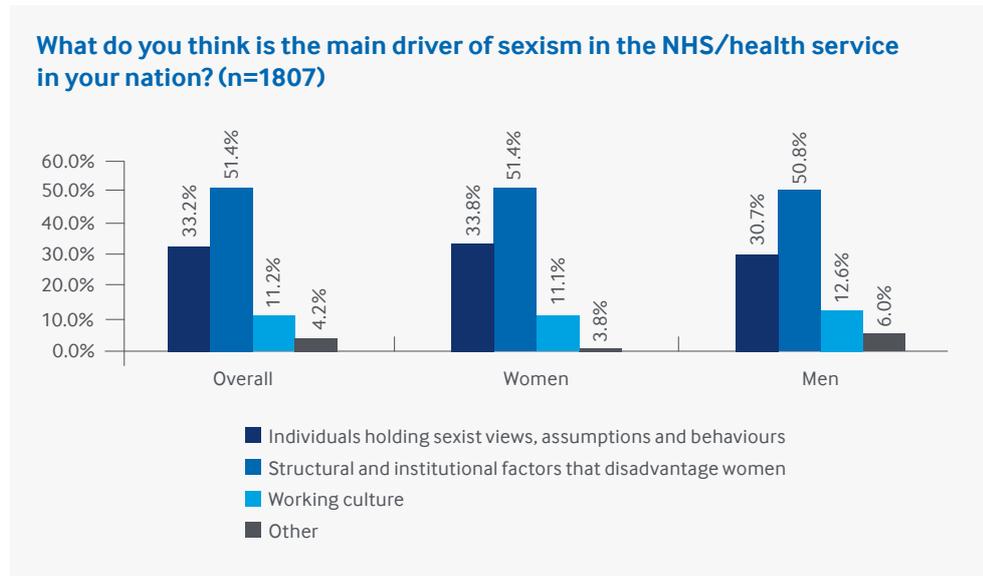
# General views and drivers of sexism

The majority of respondents said there was an issue of sexism in the medical profession and the NHS more widely.



## Main drivers

Understanding the factors that are driving sexism is necessary if we want to eradicate it. Respondents shared that two of the strongest drivers were individuals' attitudes and structural/institutional factors that led to women being disadvantaged.

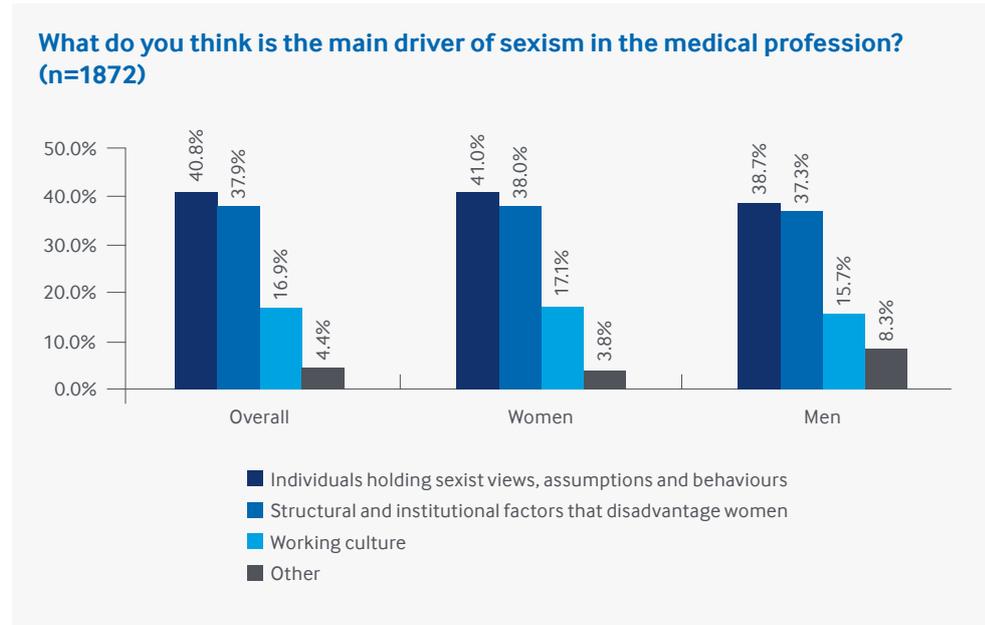


***I have been affected by structural sexism – working LTFT means that I am financially disadvantaged as a result of my childcare commitments. I pay the same amount for examinations and registration fees as my full time colleagues (although some organisations including the BMA provide a reduction in yearly fees for those working LTFT).***

Woman, junior doctor, White, LTFT

Men and women respondents had very similar responses to what the main drivers of sexism are in the NHS. 51% of both men and women respondents said the main driver was structural and institutional factors that disadvantage women. 34% of women respondents and 31% of men respondents said it was individuals holding sexist views, assumptions and behaviours and 11% of women and 13% of men said it was the working culture.

## Main drivers

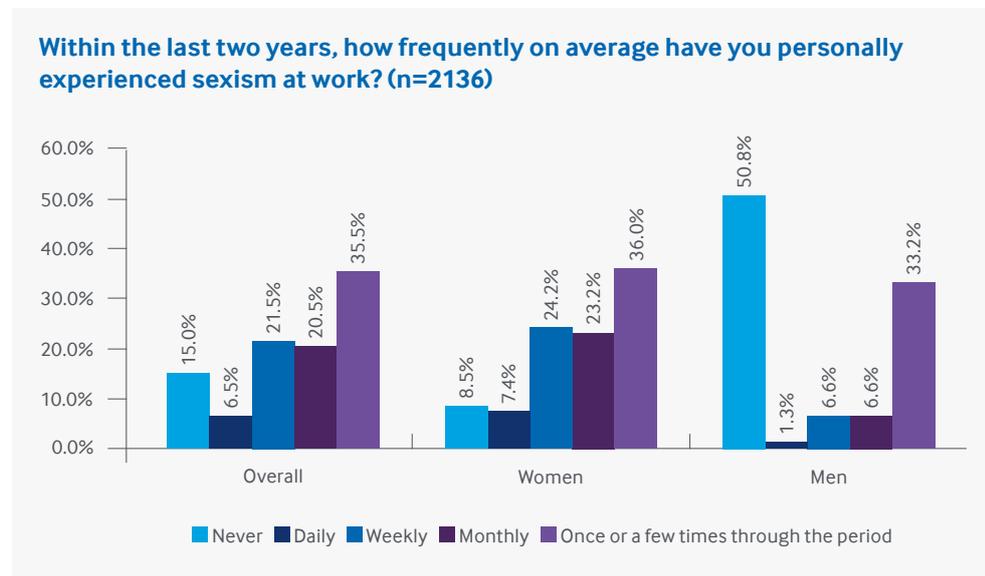


When asked about drivers of sexism in the medical profession specifically, 41% of respondents said that the main driver of sexism was individuals holding sexist views, assumptions and behaviours, 38% said it was structural and institutional factors that disadvantage women, and 17% said it was working culture. Identical to the question on drivers in the health service the gender breakdown of the results shows men and women answering this question in the same way.

## Experiences in the workplace

A key finding from this survey is that for many doctors, the perceptions that colleagues and wider society have about their gender is having an impact on the way they are treated and viewed at work. According to this survey, it appears that women are significantly more likely to say that their gender plays a negative role in how they are treated and leads to them being subject to more negative or inaccurate assumptions about their competency, seniority and value as a doctor.

### How often had doctors experienced sexism?



Respondents, of all genders, reported unacceptable levels of sexist experiences at work. However, there is a significant gender difference among respondents. Just 9% of women respondents said that they had never experienced sexism at work over the past two years in comparison to 51% of men.

***Male colleagues speaking over me, my reproductive choice being discussed and questioned at work; being told 'Not to worry, I will get there' when stating I do not want any children. Being called sweetheart, darling, honey, babe, by patients and colleagues; being labelled nurse daily despite telling patients I'm their doctor.*** Woman, junior doctor

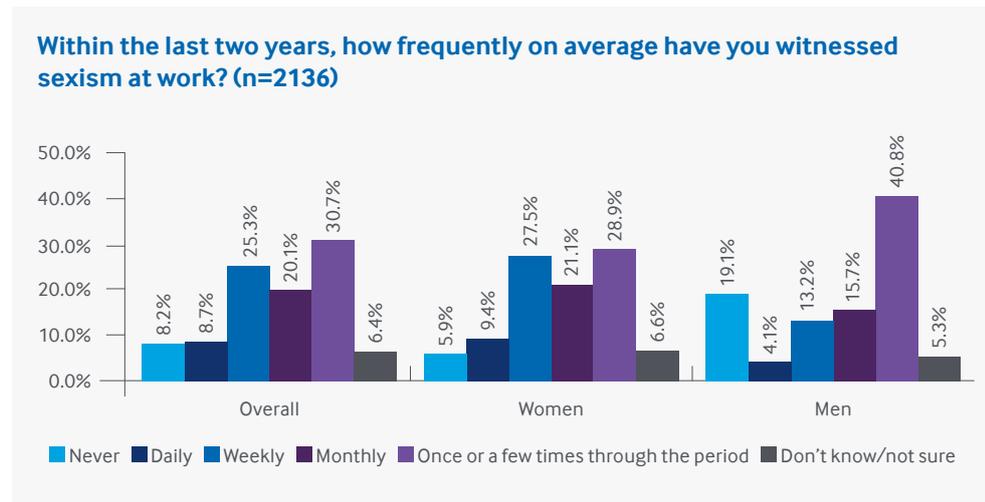
The age of respondents also had a significant impact on their likelihood of experiencing sexism at work. For example, 91% of respondents in the 26-35 age band said they had at least one sexist experience within the last two years.

***I am a young female doctor and look younger than my age – I see sexism in play at work almost daily. This can be in the form of comments from patients, on occasion inappropriate advances based on my gender and age. I also notice engrained differences in the way my male colleagues are respected by nurses and other healthcare professionals. I often feel belittled by junior male colleagues who are able to confidently relay a point and I feel less heard.***

Woman, junior doctor, White, full-time

The picture around specialties is very mixed: doctors in general practice are more likely to report never having experienced sexism than doctors overall (20% versus 1% overall). There are some significant differences between grades: consultants and GPs are more likely to report they have never experienced sexism within the last two years (19% consultant, 26% GP contractor, 18% salaried GP versus 15% overall). Conversely, junior doctors are more likely to have experienced sexism in the last two years: combining daily and weekly experiences we see 37% of trainees reporting experience of sexism versus 28% for survey respondents overall.

## Experiences in the workplace



The vast majority of respondents have witnessed sexism at work. Just 6% of women respondents and 19% of men respondents said they had never experienced sexism at work over the past two years.

The patterns from different respondents over witnessed experiences compared with personal experiences were similar, with younger doctors, junior doctors and women doctors being more likely to say they have witnessed sexism in the past two years. Only 3% of junior doctors responded that they had not witnessed sexism.

***As a white male consultant I have seen female colleagues spoken to in a way I suspect I would not have been, both by males and female doctors, nurses and managers.*** Man, consultant, White, full-time

### Sexist language, comments, and behaviour

A significant theme from the free-text responses was the use of sexist language, comments, and jokes.

Respondents shared experiences of this behaviour coming from other doctors, nurses, non-medical staff and patients. This included not using the title 'doctor' when addressing women doctors or using informal language such as 'sweetheart', 'dear' and 'the girls'.

***A consultant I respected and I felt respected me and my input (and overall still do) referred to me as a 'little girl' to another colleague. He was trying to tell this colleague who I would be working with that day and just meant that I was good at my job and I think realised himself once he said it that he had made a mistake. However, it just made me realise even if I am a valuable team member this is still how I will be viewed as a 'little girl'. I can't imagine a male colleague being referred to as a 'little boy' maybe a 'young man' at best.***

Woman, junior doctor, White, locum

Examples of gendered language were shared in relation to describing women's behaviour, most commonly in a negative way to dismiss women's opinions. Terms such as 'bossy', 'hysterical', and 'overemotional' were used to describe women.

## Experiences in the workplace

Respondents also gave examples of sexist jokes that came from colleagues and patients. One consultant shared:

***I receive comments on a frequent basis that men may perceive as 'banter', that I find humiliating and degrading as a woman.*** Woman, consultant

A few respondents shared examples of aggressive, misogynistic, and intimidating language that was directed to them or their colleagues because of their gender. There were also examples of doctors openly stating that they did not like working with women or criticisms of the increasing number of women joining the profession. A junior doctor described her first day on a ward:

***Turned up to my first day on a ward and introduced myself to the male consultant (I was the only female doctor working on this particular surgical team). Instead of introducing himself, he just said (along the following lines of) 'and do you know why the NHS is in the state it is? Back when I was training, there were 99 men for every woman and it was great. Now look at it.'*** Woman, junior doctor

### Sexually inappropriate and objectifying comments and behaviour

A theme that emerged from the qualitative responses were experiences of doctors being subject to sexual and inappropriate comments related to their gender. These comments could be defined as sexual harassment or sexual assault.<sup>2</sup> There were also many examples of doctors having their appearance and body shape commented on. While this mainly came from women respondents, this was an area where men respondents also shared examples of experiencing sexually inappropriate behaviours.

***I was advised I was not pretty enough to cause a distraction in meetings so they could treat me like a bloke.*** Woman, White, GP, full-time

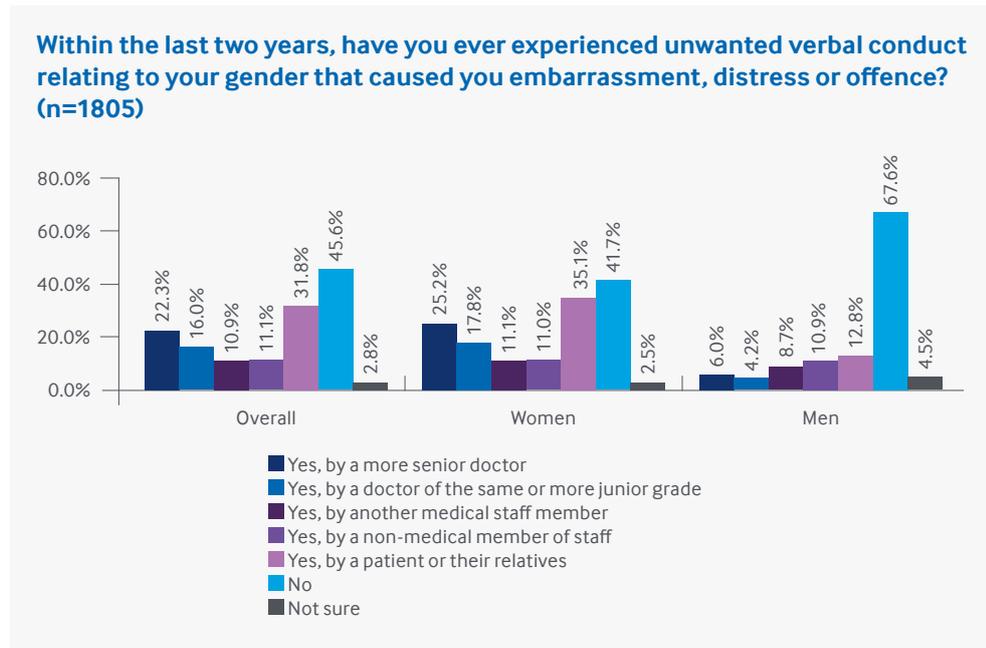
Many respondents shared examples of colleagues and patients commenting on their professional experience. There were also comments on their clothing, what they should or shouldn't be wearing, and conversations about the shapes and sizes of their bodies. As one junior doctor shared:

***I've walked into a male bay and all the patients started commenting on my legs and relatives got involved too. This was embarrassing for me and I just wanted to leave the bay.*** Woman, junior doctor, White, full-time

Many examples were shared of sexual comments and 'jokes', particularly from respondents who worked in secondary care. Experiences included male doctors asking female colleagues to sit on their lap in meetings, unwanted physical contact, innuendoes and inappropriate comments from patients and fellow doctors while women doctors were carrying out procedures.

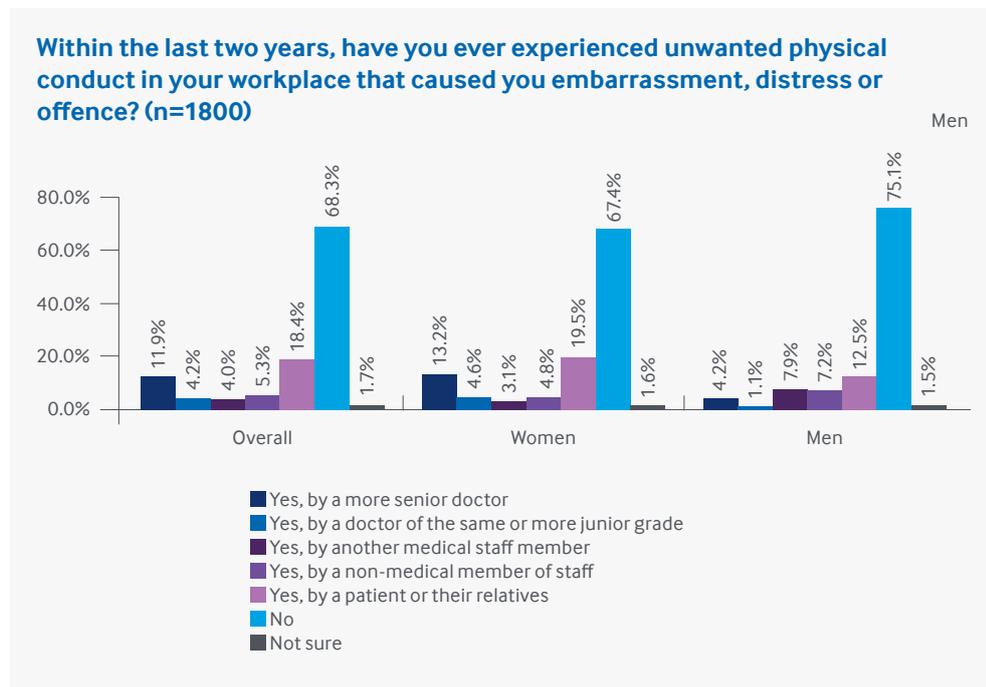
<sup>2</sup> [Sexual Harassment](#): Citizens Advice

# Experiences in the workplace



**A surgical registrar asked me to sit on his lap at handover, after I offered him a seat.** Woman, junior doctor, White, locum

Across men and women respondents the survey showed a concerning level of unwanted verbal conduct based on gender that caused embarrassment, distress, or offence to respondents. 56% of women respondents answered yes to this as did 28% of men respondents. Women respondents were more likely than men respondents to experience unwanted verbal conduct from patients (35% versus 13%), from more senior doctors (25% versus 6%), from doctors of the same or more junior grade (18% versus 4%) and from another medical staff member (11% versus 9%). 11% of men and women respondents had received unwanted verbal conduct by non-medical members of staff.



## Experiences in the workplace

A troubling number of respondents reported that they experienced unwanted physical conduct in their workplace that caused them embarrassment, distress or offence. Overall, 31% of women respondents experienced this conduct versus 23% of men respondents. This is not as significant a gender difference as seen in response to other questions. Women respondents were more likely than men respondents to experience this conduct from patients (20% versus 13%), from more senior doctors (13% versus 4%), and from doctors of the same or more junior grades (5% versus 1%). Men respondents were more likely than women respondents to experience unwanted physical conduct from other medical staff members (8% versus 3%) and non-medical staff members (7% versus 5%).

***During surgery in female dominated theatres I have been asked about my personal life, asked about making judgements on other attractiveness and subjected to innuendo. I have been touched, which may be acceptable to others but is an invasion of my space.***

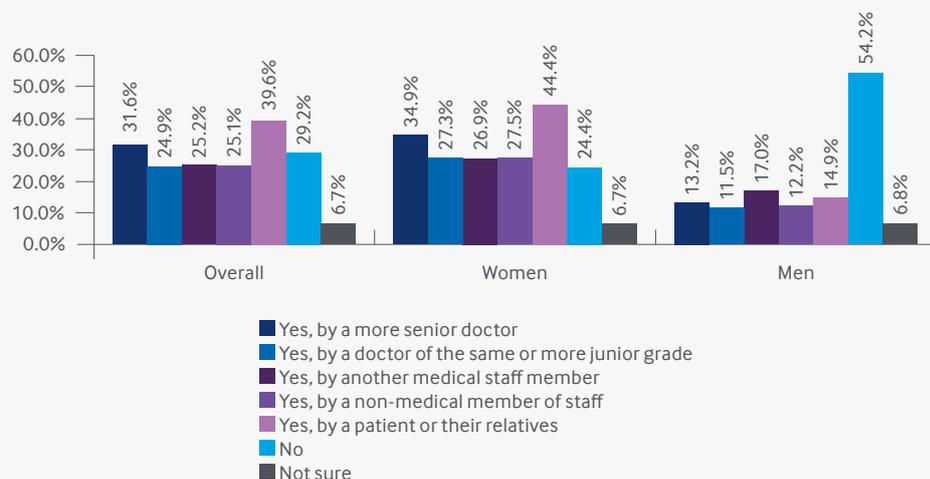
Man, consultant, Asian, full-time

The youngest age band was more likely to report unwanted physical conduct from senior doctors (19% versus 12% overall) and from patients/relatives (28% versus 18% overall). Doctors working in paediatrics are less likely to experience unwanted conduct (83% versus 68% overall). Both junior doctors (20% versus 12% overall, especially foundation years) and SAS grades are more likely to have experienced unwanted conduct from a more senior doctor (though as noted, for early years trainees most other doctors will be more senior – range 18% to 26% depending on grade versus 12% overall), and foundation year trainees also report this from patients/relatives (36% versus 18% overall). Consultants and GPs are conversely much less likely to have experienced unwanted conduct within the last two years.

***I have been asked to massage consultants' shoulders during surgical MDTs.*** Woman, White, junior doctor, LTFT

## Difference in workplace responsibilities

**Within the last two years, have you ever felt that you have been disproportionately asked to do specific tasks because of your gender? (n=1944)**



## Experiences in the workplace

The survey found that a significant number of women believe that they are allocated certain tasks because of their gender (69% of women respondents versus 39% of men respondents). Women doctors were most likely to say they felt like they were asked to do specific tasks because of their gender by patients (44% women versus 15% men) and by senior doctors (35% women versus 13% men). Women respondents were also more likely than men respondents to have been asked to do specific tasks because of their gender by doctors of the same or more junior grade (27% women versus 12% men), by another medical staff member (27% women versus 17% men), and by a non-medical member of staff (28% women versus 12% men).

***I have been asked to take over rotas as 'girls are more organised'. I was specifically given all the administrative tasks from a particular consultant as the 'boys just don't do it as well'. Patients or other staff members who have mistaken me for a nurse will often ask me to perform nursing jobs.*** Woman, junior doctor, Asian

Respondents were given the opportunity to share examples of the tasks they believed they were disproportionately allocated because of their gender. Many caveated their responses stating that they did not always mind undertaking these tasks, there was just a clear double standard, and the additional time taken to carry out these tasks was not recognised. Multiple women GPs made the point that the types of patient concerns they were disproportionately asked to see (patients with women's health and mental health concerns) tended to need longer appointments and this had not been considered in work planning, as one GP shared:

***As a female GP, working a total triage system, having the time consuming and complicated gynaecology cases allocated to my list, while the male colleagues pick/get allocated by the receptionists the straightforward and quick five-minute consultations. We deal with the same number of patients per session, but mine take rather longer, meaning less time to have a break and mentally prepare for a meeting etc.***

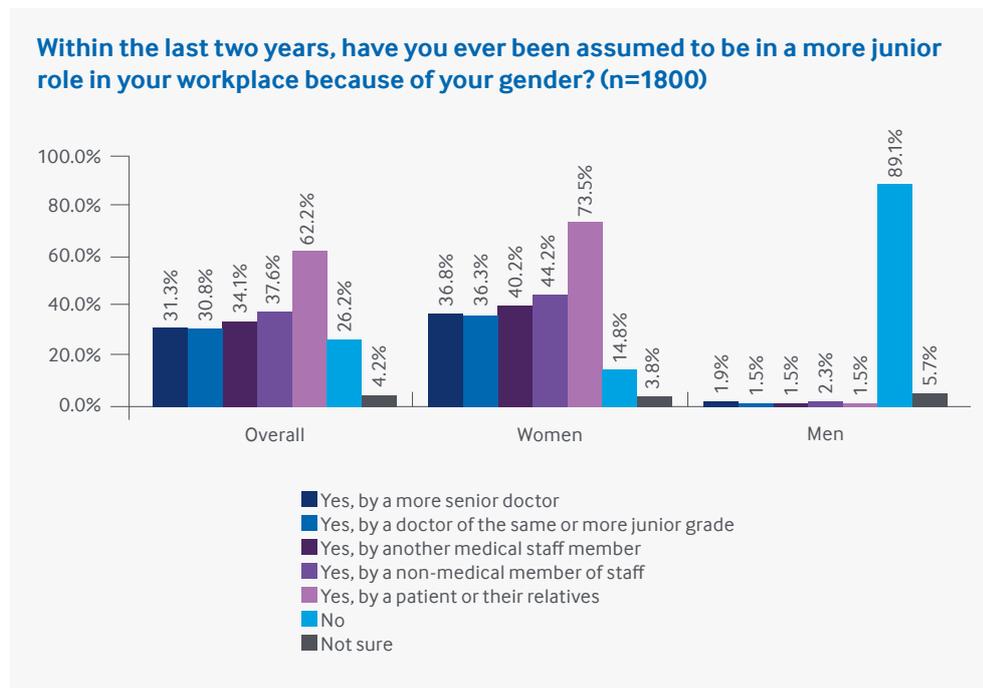
Woman, GP, White

The main types of tasks raised that were disproportionately asked of women:

1. **Personal care for patients** – this included changing patient beds, helping them use toilet facilities and general non-medical welfare.
2. **Administrative and organisational tasks** – this included taking notes, looking after the office space.
3. **Women's health/men's health** – in some cases this was based on patients preferring to see a doctor of the same gender.
4. **Getting refreshments** for patients and colleagues.
5. **Specific areas of medicine, medical tasks** – this included men doctors being more likely to be asked to go to theatre, women doctors being more likely to do ward rounds and child health.
6. **Nursing tasks** – women respondents shared that men doctors were more likely to be supported by nurses.
7. **Communicating with patients** – this included breaking bad news and dealing with challenging patients.
8. **Staff welfare** – this included supporting colleagues when they were upset or feeling burnt out.

## Experiences in the workplace

### Perceived seniority and competency



There is a striking difference between women and men doctors around perceived seniority, with 89% of men doctors saying this was not an issue, versus 15% of women respondents. Women were more likely to say that they had been assumed to be more junior by a more senior doctor (37% versus 2%), by a doctor of the same or more junior grade (36% versus 2%), by a another medical staff member (40% versus 2%), by a non-medical staff member (44% versus 2%) and most significantly, by a patient or their relatives (75% versus 2%).

Respondents in the younger age bands (26-45) were more likely to say yes to this question in relation to both clinical and non-clinical colleagues (eg by a senior doctor 39% versus 31% overall, same/junior doctor 38% versus 31% overall, non-medical colleague 46% versus 38% overall). Doctors working in the general practice specialty (33% versus 26% overall) are more likely not to be assumed to be junior, as are consultants (32%).

The free-text responses shared by respondents strongly support these findings on the role of gender in perceived seniority, with a significant number of respondents sharing experiences of women being assumed to be more junior or not a doctor. The most common was calling a woman doctor a nurse. Multiple respondents caveated this by stating they did not find being mistaken for one of their nursing colleagues as insulting, as one junior doctor, who is a woman shared: 'I have great admiration for my nursing colleagues but would prefer patients to recognise my role as a doctor'. The reason why this is received as sexism is that it reinforces a stereotype that can make it more challenging for women to be valued in the medical profession.

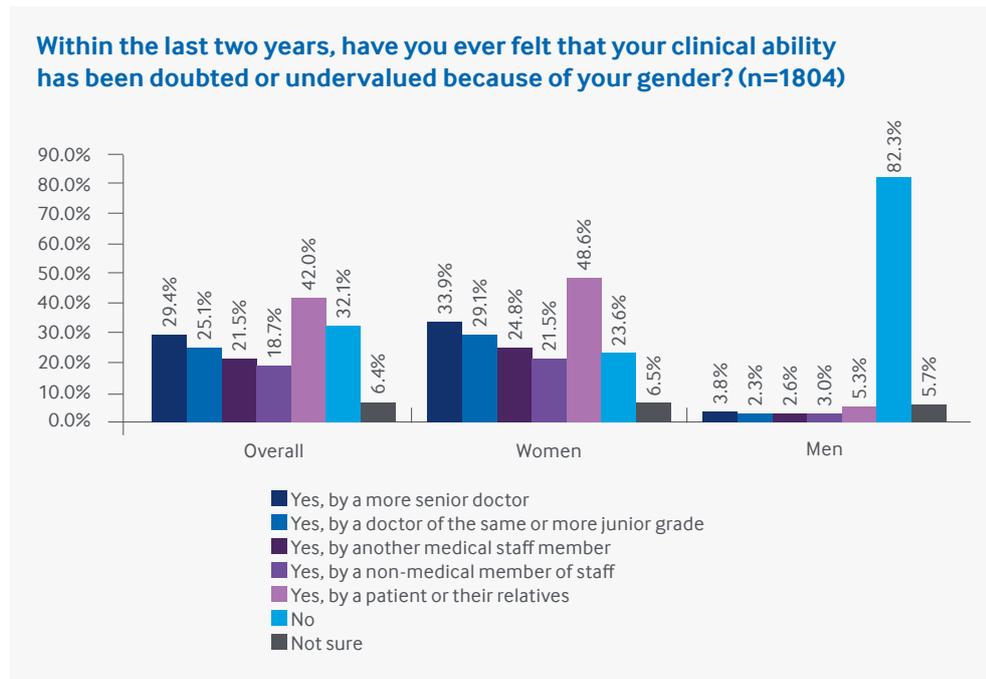
***I am a surgeon. The departmental theatre hat uniform policy is for surgeons to wear blue caps and nurses pink.***

Women, junior doctor, full-time

***As a male F1, I have often had questions deferred to me by patients when doing ward rounds with female consultants, despite them introducing themselves and obviously leading the ward round.***

Man, junior doctor

## Experiences in the workplace



Linked to assumptions around perceived seniority, there was also a pattern of gender stereotypes impacting perceived ability. When respondents were asked whether they felt their clinical ability has been doubted or undervalued because of their gender, 70% of women said yes versus 12% men; this is a significant gender difference. Women respondents were most likely to have their clinical ability doubted/undervalued by patients (49% versus 3%), more senior doctors (34% versus 4%), doctors of the same or more junior grade (29% versus 2%), other medical staff (25% versus 3%) and by non-medical members of staff (22% versus 3%).

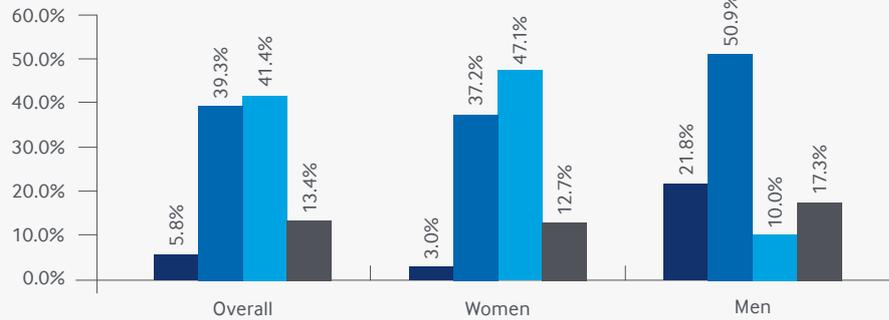
Exactly the same pattern in relation to age and grade emerged as the question on perceived seniority, with younger doctors and junior doctors being more likely to say their clinical ability had been doubted.

***As a male SAS doctor, I frequently work with female consultants. There is a tendency for other specialties to speak and defer to me, rather than my consultant colleagues.***  
 Man, White, SAS, full-time

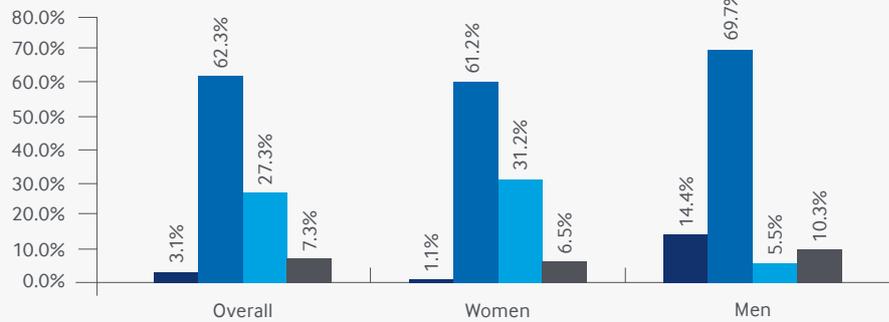
# Differences in treatment from colleagues and patients

Within the last two years, do you feel that the following groups treat/have treated you any more or less favourably than they do colleagues of a different gender?

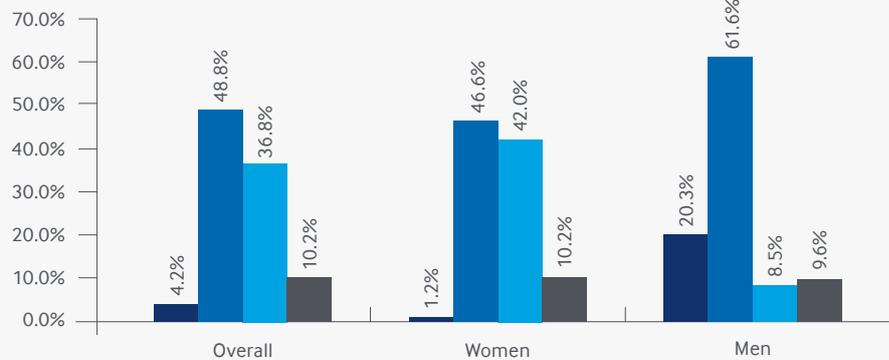
**A more senior doctor (n=1827)**



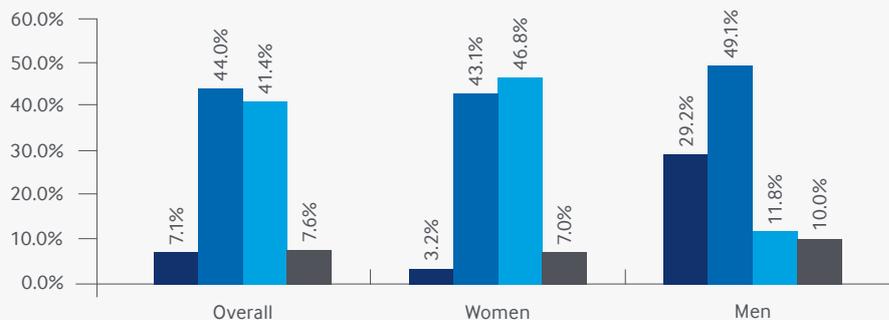
**A doctor of the same or more junior grade (n=1827)**



**Another medical staff member (n=1827)**

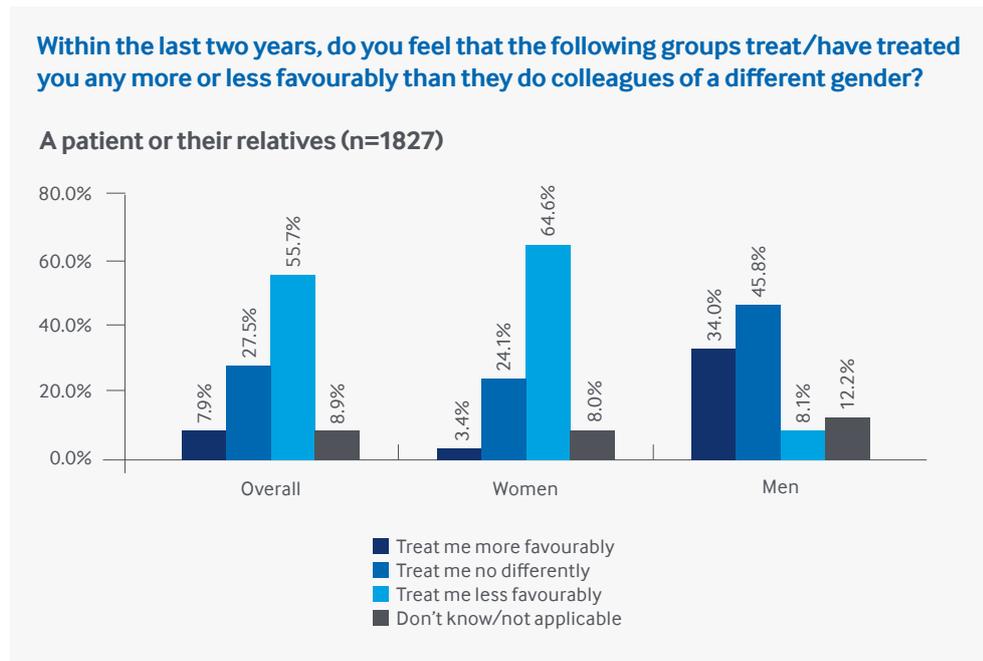


**A non-medical member of staff (n=1827)**



- Treat me more favourably
- Treat me no differently
- Treat me less favourably
- Don't know/not applicable

## Differences in treatment from colleagues and patients



When respondents were asked how they were treated by senior doctors, doctors of the same grade or more junior doctors, other medical staff, other non-medical staff and a patient or their relatives, to each of these, women respondents were more likely than men respondents to say they were treated less favourably.

The strongest gender difference came from the treatment from patients and their relatives, where 65% of women respondents said they were treated less favourably because of their gender versus 8% of men respondents. 34% of men respondents said they felt that they were treated more favourably than colleagues of a different gender, versus 3% of women respondents. The free-text analysis strongly supports this finding that many patients do not treat men and women doctors equally. Junior doctors are more likely to be treated less favourably by patients/relatives (all trainees 67% versus 56% overall).

Most often the examples were more minor, such as being mistaken for a nurse, but there were rarer and more severe examples of patients sexually harassing women doctors.

There were examples of patients being surprised when they found out their doctor was a woman and some who believed that they would be receiving lower quality treatment as a result. One hospital doctor shared her experience:

***I had a patient refuse to have a colonoscopy performed by me as he believed I was less senior than the male colleague he had spoken to about the procedure – he requested that the male colleague performed the procedure instead. I was in fact more senior with more experience in performing colonoscopy than my male colleague.***

Woman, hospital doctor, White

## Differences in treatment from colleagues and patients

There were multiple examples of patients making sexist comments. For example, asking 'when they can see a real doctor' or one junior doctor shared:

***When I asked one man whether I could listen to his chest with my stethoscope, he replied 'you can do anything you want to me'. I had male colleagues around in this situation who clearly overheard and did not do or say anything.*** Woman, junior doctor, White, full-time

When asked about treatment from senior doctors, 47% of women respondents felt they were treated less favourably because of their gender, versus 10% of men respondents. In relation to this 3% of women respondents said their gender led to them receiving more favourable treatment from senior doctors, in comparison to 22% of men respondents.

Muslim respondents reported that they felt senior doctors treated them less favourably because of their gender than other respondents overall (55% versus 41% overall).

Respondents were most likely to say that they felt no difference when asked about treatment by doctors of the same or more junior grade, with 61% of women respondents and 70% of men respondents saying this. 31% of women respondents felt they were treated less favourably versus 6% of men respondents and 1% of women respondents felt like they were treated more favourably because of their gender versus 14% of men.

Looking at treatment by other NHS staff, both medical and non-medical, there was the same pattern of women respondents being more likely to say they are treated less favourably and men respondents more likely to say that they are treated more favourably. When looking at medical staff, 42% of women respondents said they were treated less favourably because of their gender versus 9% of men respondents. 1% of women respondents said they were treated more favourably because of their gender, in comparison to 29% of men. For non-medical members of staff, 47% of women respondents said they had been treated less favourably because of their gender versus 12% of men respondents. 1% of women respondents said that their gender led to them being treated more favourably, versus 29% of men respondents.

The free-text responses did support these findings, where there were many examples shared by men and women respondents that other staff were more supportive of men doctors. As one GP locum shared:

***It is more subtle with administrative staff, but I have been spoken to in patronising and disrespectful fashion on a number of occasions, and I would be surprised if male doctors, particularly older male doctors, experience quite the same.*** Woman, GP, White, locum

This finding links to one of the strongest themes to come from the free-text responses, doctors experiencing or witnessing undermining behaviour. This included having women's opinions being taken less seriously, patronising comments or being mocked in meetings and struggling to get their voices heard.

***I regularly sit in meetings, where women including myself are spoken over, called angry or bossy because we are assertive. I have a unique perspective in that this has only happened to me since transitioning to be trans feminine.*** Non-binary, consultant, White, full-time

## Differences in treatment from colleagues and patients

There were many examples from respondents of women doctors being ignored with colleagues and patients solely engaging with their colleagues who were men. As one consultant shared:

***When reviewing a patient on another team's ward, the male consultant from the other team approached the male SHO and I after we'd entered the ward. The male consultant did not look at me or even turn his head in my direction when talking to us. He spoke directly to the SHO even though he knew I was the consultant. He continued to ignore me even when the SHO pointed to me and said that I was the consultant.***

Woman, consultant, White, LTFT

Women respondents shared that they believed that their own or women colleagues' work and contributions were not properly recognised. There were examples of men being credited for the same work. For example, one SAS doctor shared:

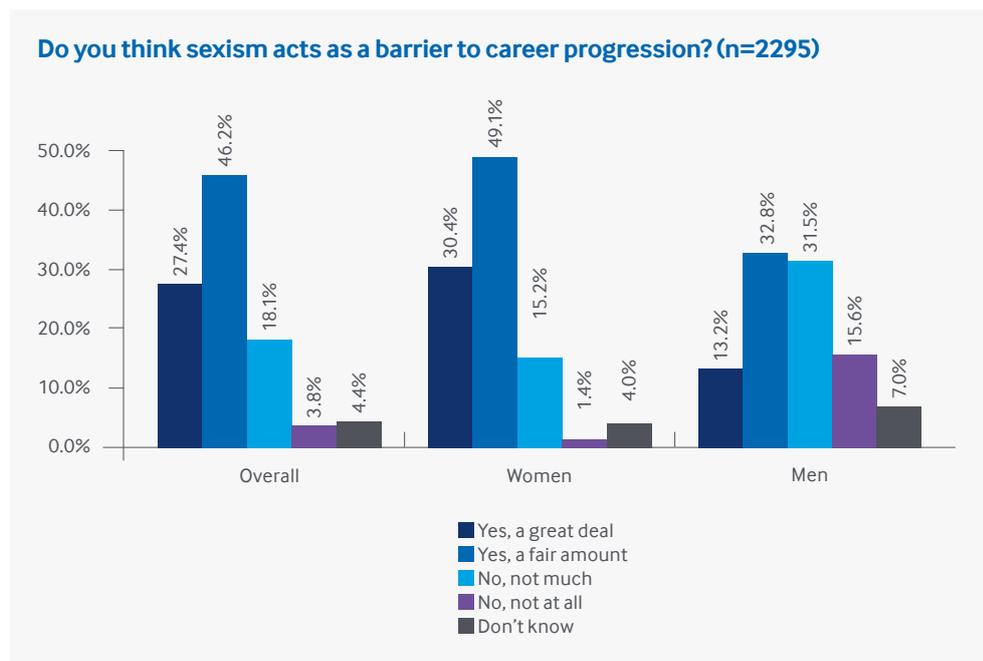
***Although I am senior by age and experience, I am frequently undermined by a younger male colleague. Often he takes credit for things that I have done. Even when I take the lead with something emails or congratulations from managers often come to him.*** Woman, SAS doctor, White, LTFT

## Career progression

The gender pay gap in medicine<sup>3</sup> and the lack of women in senior leadership positions have demonstrated that gender does play a role in a doctor's career progression. The survey asked several questions that related to the role that sexism may play in career progression. A significant 74% of respondents said sexism acts as a barrier to career progression, with 26% answering 'yes, a great deal'.

The experiences that respondents shared showed a sizeable number of examples that relate to women doctors not getting the same opportunities as their male counterparts and facing more constrained career choices and less support and encouragement to take on senior positions.

***Throughout the pandemic the male members of the team have been given countless opportunities to go and do interesting projects and research, while all the female trainees are left covering the routine work (aka left holding the baby). Opportunities have not been based on merit (for example giving junior non-research trainees time to do research projects having asked all the academic trainees to return to front-line work), nor an open and transparent process where anyone could get involved – the male trainees just get invited to do these things by the male professors and then disappear from clinical service.***  
 Woman, junior doctor, White, full-time

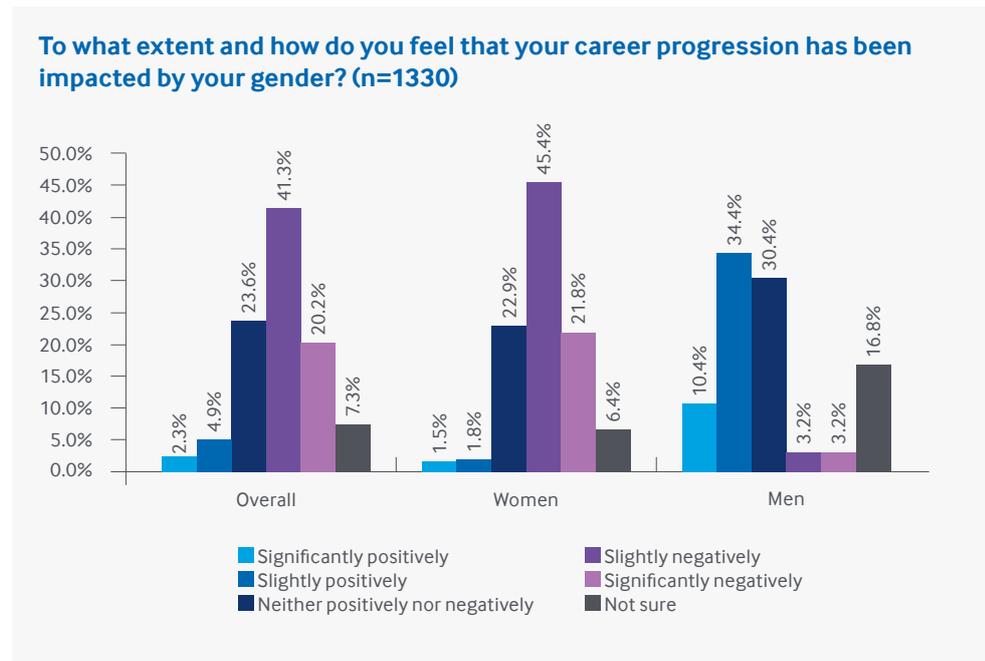


When asked whether sexism acts as a barrier to career progression there was a significant gender difference. 80% of women respondents felt like sexism acts as a barrier to career progression, with 30% saying that it was a great deal. In comparison, 46% of men respondents said that they believed sexism was a barrier to career progression, with 13% saying this was a great deal.

There are also some differences between doctors from ethnic minority and White ethnic backgrounds: for instance, 23% of White doctors reported sexism is a great deal of a barrier to career progression, versus 27% overall and between 40% and 50% of Black and Asian doctors reported a great deal of sexism.

3 Department of Health and Social Care (December 2020), Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/944246/Gender\\_pay\\_gap\\_in\\_medicine\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf)

## Career progression



***I am expected to work without the same chances to follow my own interests. It is a question of not being offered the same opportunities to teach or become involved in management.***

Woman, salaried GP, White, LTFT

Respondents were asked about how their gender, if at all, had impacted their own careers. 67% of women respondents said that perceptions about their gender had negatively impacted their career, with 22% saying the negative impact was significant. 3% said their gender had positively impacted their career, with 2% saying the positive impact was significant. 23% felt that their gender had not played a role in their career progression. In comparison, 6% of men respondents said their gender had negatively impacted their career, with 3% saying the negative impact was significant. 45% of men respondents said that gender had positively impacted their career progression, with 10% saying this positive impact was significant. 34% said that their gender had not had an impact on their career progression.

The survey found that overall doctors with caring responsibilities and those who worked part-time were more likely to say that their gender had had a significant negative impact on their career progression. This supports the wider evidence we have that the gender pay gap in England emerges at the average age that women doctors start having children.<sup>4</sup>

***There's no flexibility for you to be both a full time surgeon and a full time mum. Especially in surgery, it's still very old school and rigid.***

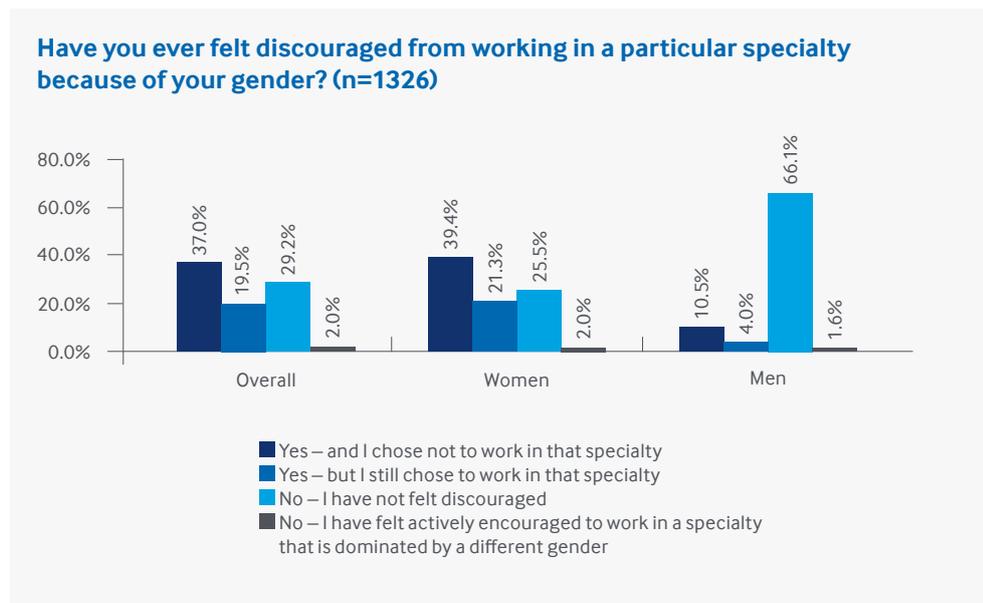
Woman, Asian, SAS, full-time

***I was asked at an interview if I was planning on having children.***

Woman, White, GP, full-time

<sup>4</sup> Department of Health and Social Care, Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England (2020) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/944246/Gender\\_pay\\_gap\\_in\\_medicine\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf)

## Career progression



Medicine has a high level of horizontal segregation where certain specialties are dominated by particular genders. The survey found that 61% of women respondents had been discouraged from working in a particular specialty because of their gender, in comparison to 15% of men.

This discouragement is having an impact on career choices as 39% of women and 11% of men said that they chose not to work in a specialty as a result. Women respondents most frequently said they were discouraged to work in surgery or trauma and orthopaedics, men respondents said they were most likely to be discouraged from working in obstetrics and gynaecology.

The respondents who worked less than full time and locum doctors were more likely to say that they were discouraged to work in a particular specialty, as did those who are disabled. Doctors who now work in general practice were also more likely to say that they had been discouraged in working in a different specialty and then opted to not work in that specialty. Drawing on the experiences shared in the free-text responses the significance that gender plays in doctors' careers is based on some of the deep-rooted gender-based stereotypes that remain in medicine. For example, the perceived gender norms around caring responsibilities that exist across society. Women doctors, even when they have no children, go into their careers with an assumption from colleagues that they will eventually need to work in a specialty that is most compatible with flexible working and family-friendly hours, for example general practice. A key theme from respondents who raised this factor as an example of sexism in medicine was how this advice around specialty choices from senior doctors was unsolicited and felt like an invasion of their personal life choices.

Another gender norm that impacted career choices were stereotypes around male and female characteristics and how these made them more capable in certain specialties. The strongest example of this was questions around women's ability to perform as well as men in surgery.

**Many positive attributes required in surgery are often attributed to men, even when there is variation within and between genders. There is an assumption that there is a right way to be a surgeon and this is thus correlated with maleness and masculinity.**

Woman, junior doctor, White, LTFT

## Career progression

These gender stereotypes impact both genders, for example an SAS doctor shared:

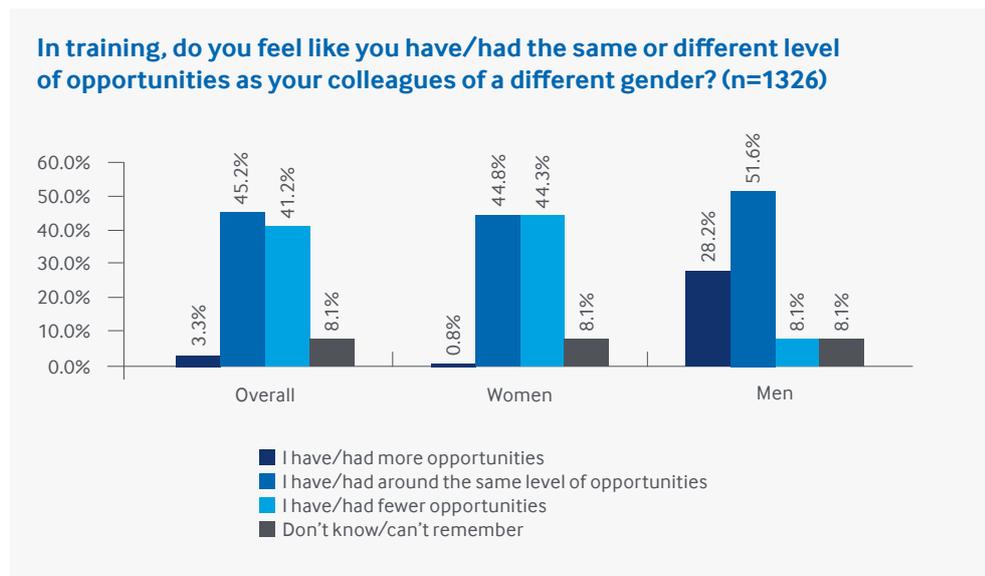
***I have worked pretty much my whole career in obs and gynae and then sexual health. I still often get asked why would a guy want to do that sort of work, as if that is an appropriate job for a man.***

Man, SAS doctor, White, full-time

Doctors with a long-term health condition or disability were also more likely to say they were discouraged from working in a particular specialty because of their gender and chose not to (46% versus no condition 35%). Doctors working in the specialty of general practice reported they had been discouraged from working in another specialty (49% versus 37% overall), and this particularly relates to salaried and locum GPs. Whereas those in general surgery also felt more discouraged but still chose to work in that specialty (76% versus 20% overall).

The survey also asked a follow-up question of those who were discouraged on which specialty this related to, in order to test whether there is any support to commonly held assertions and anecdote around 'male' and 'female' specialties.

Please specify which specialty?	
Women respondents (n=389)	Men respondents (n=15)
Surgery (41%)	Obstetrics and gynaecology (53%)
Trauma and orthopaedics (19%)	
Cardiology (4%)	
Obstetrics and gynaecology (4%)	
Emergency medicine (3%)	
General medicine (3%)	



## Career progression

It is concerning that a high number of respondents believed that their gender played a role in the level of opportunities that they had in training. It suggests that there is a gap in transparency and scrutiny of trainers' decisions and advice to ensure that preferential treatment is not being given.

Once again, there is a significant gender difference between men and women respondents. 28% of men respondents said that they have/had more opportunities during training because of their gender, in comparison to 1% of women respondents. 8% of men respondents said they have/had fewer opportunities in training because of their gender, compared to 44% of women respondents.

Doctors with a disability reported having fewer opportunities during training because of their gender (48% versus 39% no disability). SAS grade doctors feel they have had fewer opportunities than other branches of practice and overall (56% versus 41% overall). This finding aligned with the free-text responses where one of the strongest themes that emerged was unequal opportunities for career progression. For trainees, this was mainly senior doctors showing preferential treatment to their juniors who were men and giving them more experience in theatre or more complex procedures whereas women would be asked to do ward rounds and administrative work.

A trainee described her time during training as having a:

***...general feeling that one need to outperform the male colleague to get the same training opportunities or recognition.***

Woman, junior doctor

***I have had consultants giving more opportunities to training the male doctors at work eg laparoscopy surgeries. I have seen other females experience the same things. It's a common culture with all male consultants like in general surgery.***

Woman, junior doctor, Asian, full-time

### Applying for senior positions and distinction awards

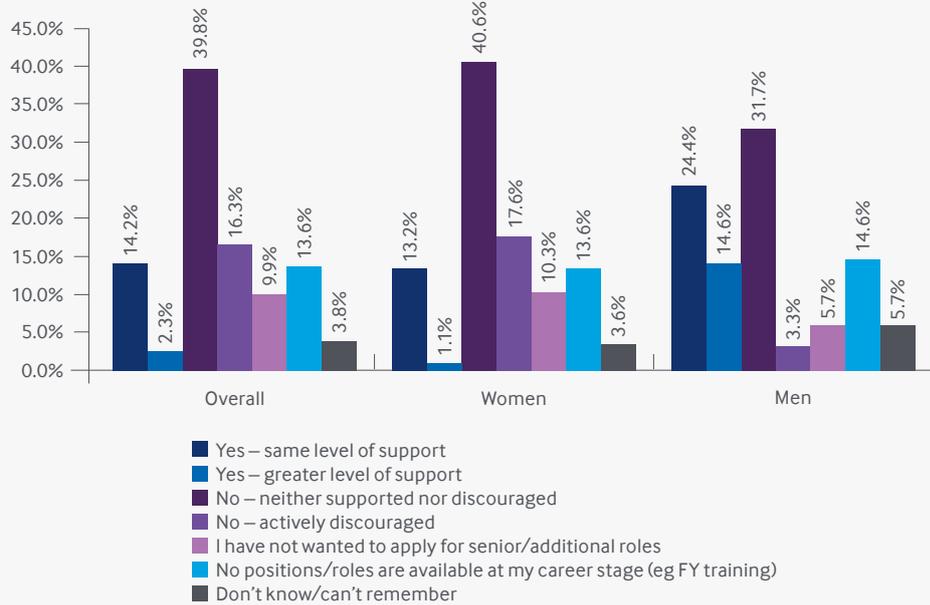
Unequal opportunities did not end with doctors in training; the survey reported that the gender of a doctor can impact the level of support and encouragement they get to apply for senior positions and pay awards. In some cases women feel actively discouraged to apply.

***I feel it is more subtle than can be described – the lack of women in clinical director roles in my trust, the rewarding in CEAs of those whose achievements reflect a team performance.***

Woman, consultant, White, full-time

## Career progression

Do you feel you receive/have received the same or different level of support or encouragement to apply for and take up senior positions (eg GP partner, clinical director) or additional roles as your colleagues of a different gender? (n=1328)

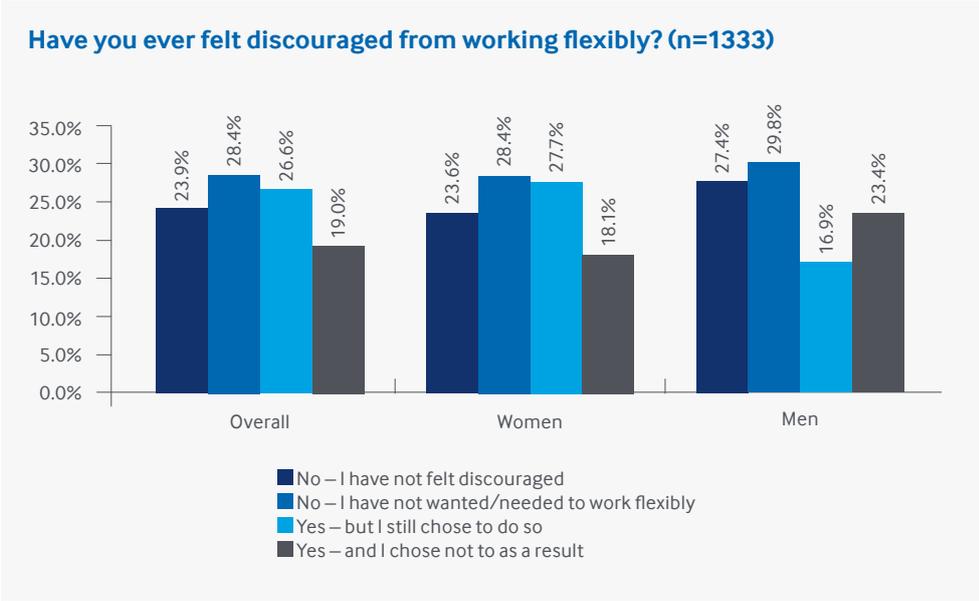
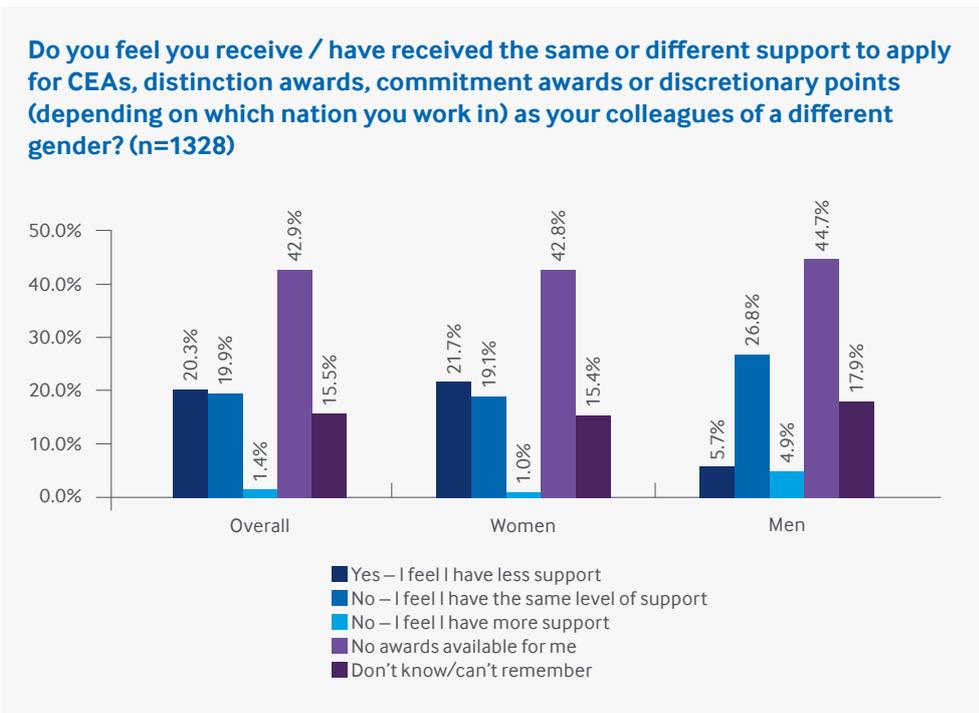


The most common response was that respondents felt neither supported nor discouraged. 41% of women respondents said this and 32% of men. 13% of women respondents said they received the same level of support and 1% said they felt they had a greater level of support. This is versus 24% of men respondents who said they had the same level of support, and 15% said they received a greater level of support. 18% of women respondents said they felt actively discouraged versus 3% of men.

***I have seen a female colleague take on and then drop a leadership position. She was not supported, the position was ill-defined and expectations not achievable. When she tried to resolve this she was side-lined so her position became untenable. She has since been overlooked for promotion whilst a male colleague has been supported over her.*** Man, consultant

Doctors with caring responsibilities were also more likely to state that they were actively discouraged from senior positions.

# Career progression



## Career progression

Understanding more about the impact of flexible working on doctors is essential if we want to eradicate gender inequality in the profession; this is because flexible working is disproportionately undertaken by women. Many respondents, when asked to share their personal experiences of sexism, referenced the attitudes towards flexible working and the systematic and structural barriers in medical career paths that doctors who work flexibly encounter, and workplace policies that lead to doctors who work flexibly missing out on opportunities, and negative attitudes around the value and commitment of doctors who work flexibly.

The survey included one closed question on this matter, asking respondents if they had been discouraged to work flexibly over the past two years. This was one of the few questions where the experiences of men and women doctors were not as significantly different. 46% of women respondents were discouraged from working flexibly and 40% of men respondents were. 28% of women respondents and 30% of men respondents said they did not want/need to work flexibly. 28% of women respondents and 30% of men respondents. Where the gender difference emerges is the impact that discouragement has. For women respondents 28% still chose to do so in comparison to 17% of men. This question demonstrated that the majority of doctors would be interested in flexible working but it remains an unpopular option unless doctors feel like they have to take this option.

## Impact of having children

A key theme that emerged from the survey was that there is not enough structural or cultural support for doctors who have children. This includes uncompassionate attitudes towards pregnant doctors, lack of childcare support and negative attitudes towards women doctors becoming pregnant, seeing it as an inconvenience.

Numerous examples were shared by women respondents on their workplaces being unaccommodating to doctors who have caring responsibilities; these disproportionately impact women as they continue to take on the majority of caring responsibilities.

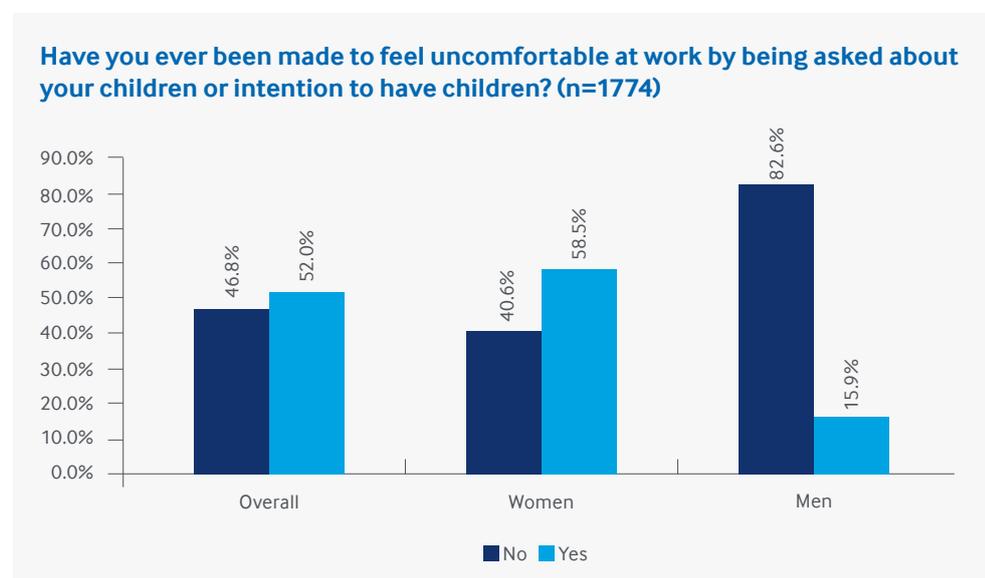
***As a male full-time consultant I find the NHS is not a very caring and supportive employer when it comes to childcare... I have experienced on more than one occasion a sense of surprise that I as a father, rather than their mother should be asking for support to be able to leave work and deal with this situation. I have been asked 'can't their mother do that'. Having experienced this I can only guess at how difficult it is for my female colleagues to ask the same thing. There's a culture of expectation that senior doctors don't need support as a carer because senior doctors have in the past been male... How is the culture of the NHS still like this in the 21st century?*** Man, consultant, White

A finding from the survey was that pregnancy and motherhood were viewed by some doctors as a negative implication that women joining the profession had caused. Women doctors, whether they had children or did not, had experiences of being told of the inconvenience it would cause if they were to get pregnant and advised on what stage in their careers they should choose to have children.

***On return from maternity leave, my divisional director said my male colleague should slip oestrogen into my (and the other women in the department) morning coffee to help with workforce planning.*** Woman, consultant, White, full-time

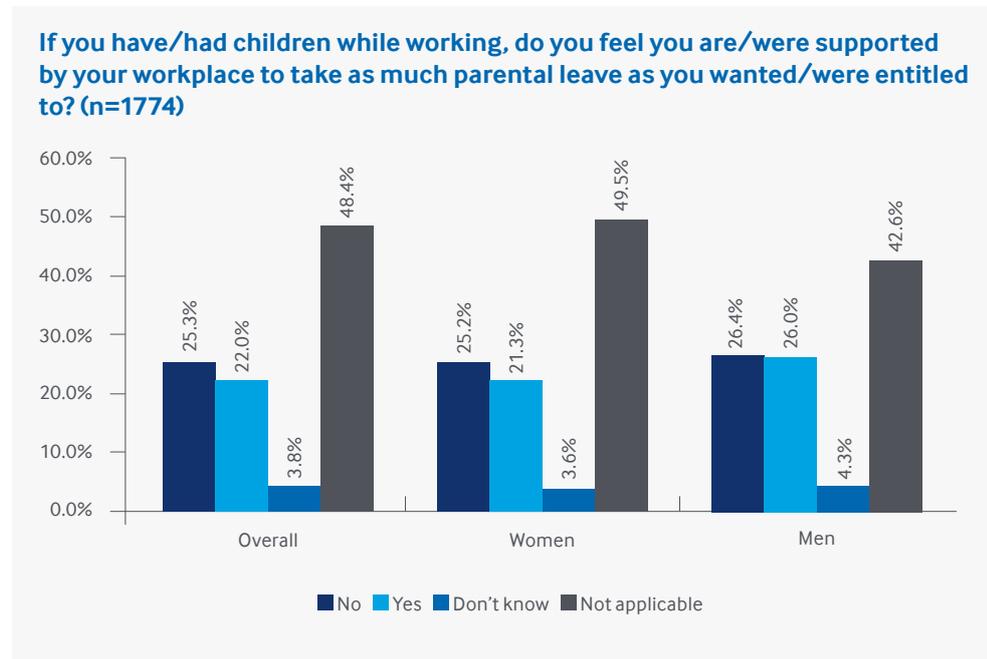
Respondents had personally experienced or witnessed pregnant colleagues being unsupported and working in an unsympathetic environment. For example, a trainee shared the story of her interaction with a colleague:

***When pregnant and unwell at work was told 'Well what do you expect? This is the problem with too many female doctors'*** Woman, junior doctor, White, LTFT



## Impact of having children

Women respondents were significantly more likely to say they had been made to feel uncomfortable when asked about having children or the intention to have children. 59% of women respondents said this had happened to them in comparison to 16% of men.



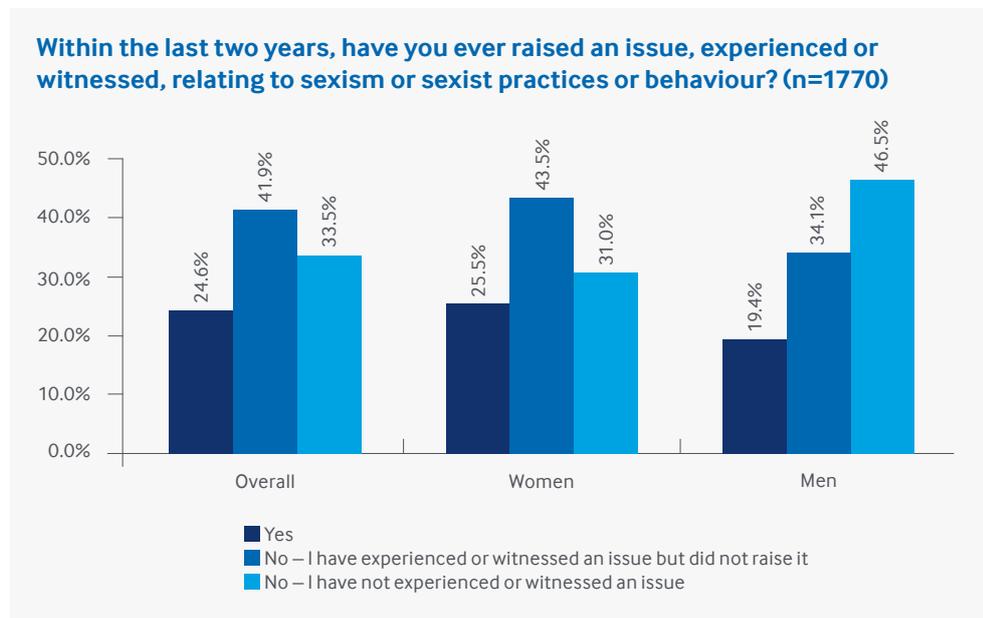
There was no significant gender difference between the men and women respondents when asked if they were supported by their workplace to take as much parental leave as they wanted/were entitled to. 25% of women respondents said they hadn't been supported in comparison to 26% of men respondents.

Respondents working in general practice felt less supported (37% versus 25% overall); GP partners were more likely to say that they felt less supported. As employers themselves, if GP partners are needing more support, this would need to come from NHS England/Government.

Doctors with caring responsibilities were also more likely to state that they were actively discouraged from senior positions because of their gender.

## Reporting sexism

The extent of sexism that this survey has shown suggests that there is a problem with the reporting processes and/or the action taken following on from this. The survey asked several questions on the experiences of doctors reporting incidents of sexism.



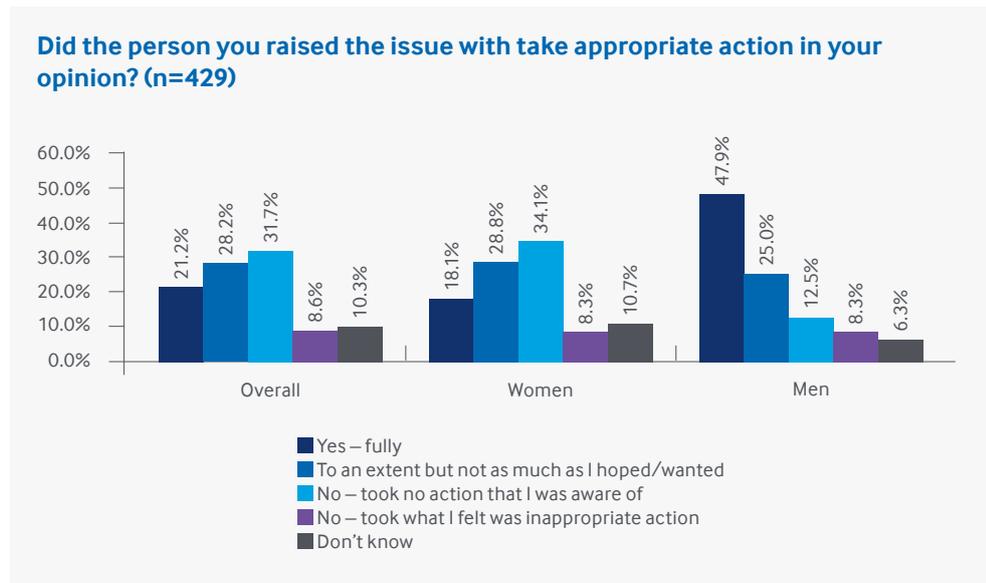
25% of respondents had raised an issue, experienced or witnessed, relating to sexism within the last two years. 44% of women respondents and 34% of men respondents had experienced or witnessed an incident of sexism but did not raise it.

The extent to which respondents feel able to raise issues varies by age, with younger doctors (age 26-35) experiencing or witnessing an issue but not reporting it being much higher at 54% compared with 42% overall. Junior doctors were more likely to not report an issue they experienced or witnessed (FY 68%, higher grades 49% versus 42% overall).

The survey asked 'Who did you raise this issue with?'. While there were some differences in terminology that makes this difficult to aggregate, and respondents could state more than one person or function, the top five answers for whom respondents raised sexism issues with were:

Rank	Who raised with (approximate percentage of respondents)
1	Perpetrator themselves (19%)
2	Clinical lead/director (15%)
3	Manager (12%)
4	Other consultant (8%)
5	Another colleague (6%)

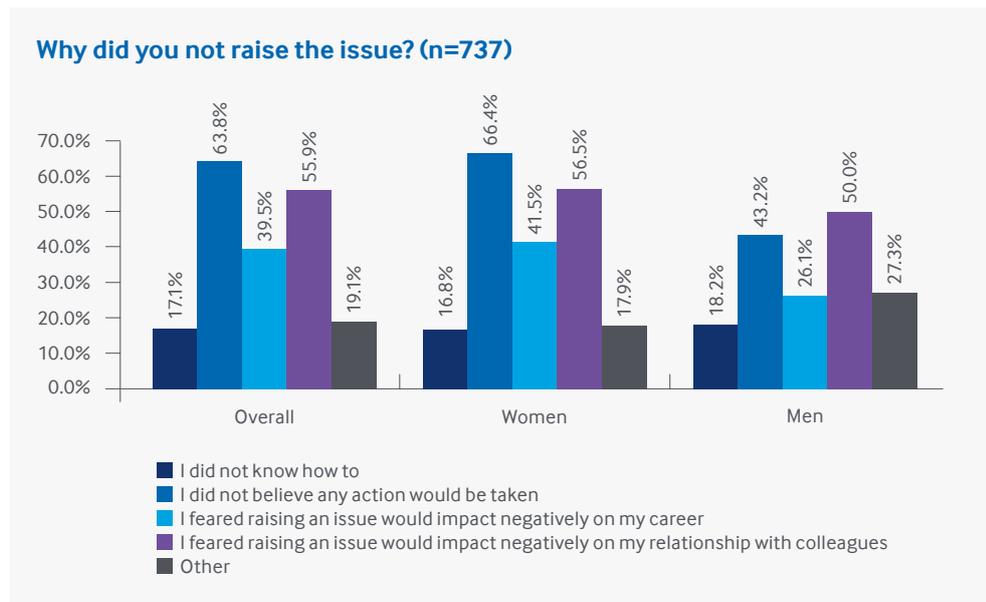
# Reporting sexism



When asked about whether they felt that appropriate action was taken after they raised an issue of sexism there were some interesting differences between women and men respondents. 48% of men respondents said they fully felt that appropriate action was taken, in comparison to 18% of women respondents.

29% of women respondents and 25% of men respondents felt that some action had been taken but not to the extent they wanted. 8% of women and men respondents felt that the action taken was inappropriate.

Unfortunately, 34% of women respondents felt like no action had been taken in comparison to 13% of men respondents. These findings could suggest that when women are raising issues relating to sexism they are not being taken as seriously as men.

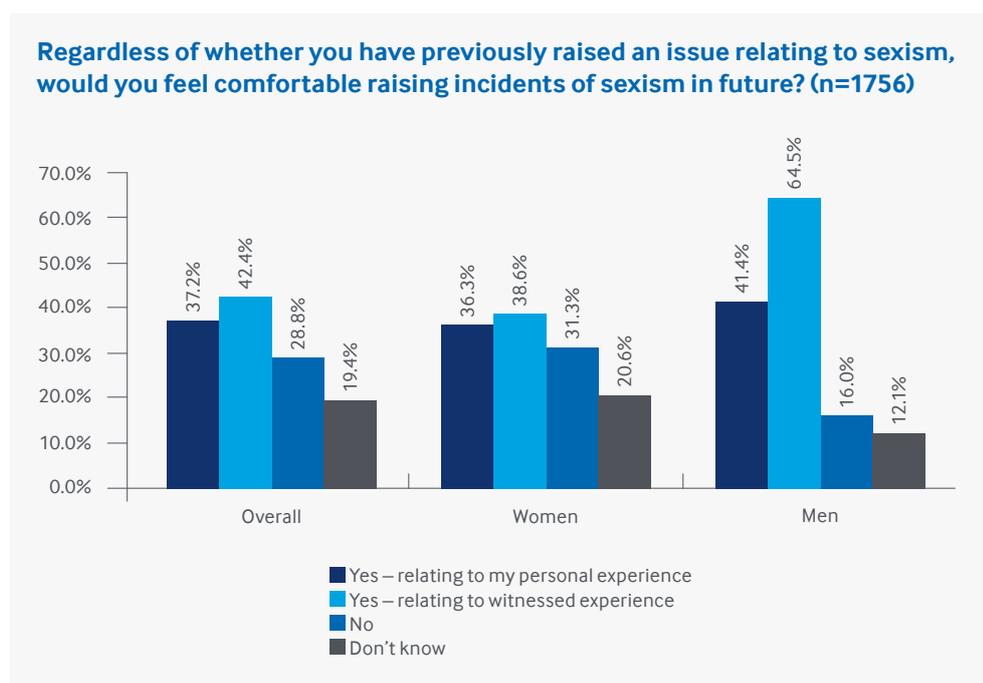


## Reporting sexism

As mentioned above 44% of women respondents and 34% of men respondents had experienced or witnessed an issue of sexism but did not raise it. The respondents were asked why they chose not to act on it. There was quite a lot of variation amongst respondents on why they did not raise the issue. 66% of women respondents and 43% of men respondents said they did not raise an issue because they believed no action would be taken. 57% of women respondents and 50% of men respondents said they did not raise an issue because they feared it would impact negatively on their relationships with colleagues.

The youngest age band (and particularly foundation years trainees) were less aware of how to report (23% versus 17% overall) and more fearful (particularly higher-grade trainees) of a negative impact on their career (45% versus 40% overall).

Within the 'other' option, there were two additional and important answers that were reported by several respondents. A small number noted that they had been explicitly asked by the victim of sexism not to take action around what they had witnessed. A greater proportion (over 30% of those who provided free-text comments) stated that they did not report because they felt the incident they had experienced or witnessed was too trivial or minor – and in many cases endemic/systemic – to raise. It is not possible to tell from those answers the extent to which respondents either had previously attempted to raise and failed, whether the volume of incidents made it practically impossible to do so, and/or whether there is some threshold whereby some level of micro-aggressions is felt to be 'just part of working'.



## Conclusion

The results from the Sexism in Medicine survey have demonstrated that we have significant steps to take to achieve gender equality in medicine. In spite of the significant increase in women who have joined the profession over the past decades, it seems that too many people still view medicine as a male profession. The failure to address structures and policies that favour a workforce of men, allowing sexist attitudes and gender bias to remain prevalent has led to unequal opportunities for women. Sexism is impacting women's long-term career progression and causing problems in their day-to-day working lives.

Now we have this new body of evidence, the BMA and Dr Jewitt will continue to collaborate to engage with doctors on what solutions we can find that will advance the position of women in the profession and create a working environment that provides every doctor with equal opportunities and does not tolerate any discrimination or inappropriate and exclusionary behaviour.

## Appendix I

### Background and demographics of respondents

#### Gender

82.1% of respondents identified as women, 16.2% as men, 0.5% were non-binary and 1.1% preferred to not say or preferred to self-describe.

98% identified as the same gender as the sex they were assigned at birth, 0.7% did not and 1% preferred not to say.

#### Ethnicity

Asian Chinese/Other/Asian British	2.9%
Asian Indian/Pakistani/Bangladeshi/Asian British	10.6%
Black, Black British, Caribbean or African	1.4%
Irish	3.8%
Mixed Asian and White	1.3%
Mixed Black/African/Caribbean and White	1.1%
Other ethnic group (including Arab)	2.1%
Other mixed group	1.7%
White British/English/Northern Irish/Scottish/Welsh	66.0%
Prefer not to say	2.0%

#### Disability

17.7% of respondents had a physical or mental health condition or illness, that has lasted or is expected to last 12 months or more and 79.7% of that group identified as disabled.

#### Age

25 and under	5.6%
26 to 35	38.8%
36 to 45	26.0%
46 to 55	17.2%
56 to 65	10.8%
66 to 75	1.0%
76 and over	0.1%

#### Religion (optional question)

Any other religion	1.1%
Buddhist	1.0%
Christian	34.8%
Hindu	4.4%
Jewish	1.2%
Muslim	4.9%
No religion	48.8%
Sikh	0.4%
Prefer not to say	3.4%

## Appendix I

### Sexual orientation

87.9% of respondents identified as Straight or Heterosexual, 3.4% as Gay or Lesbian, 3.9% as Bisexual, 0.7% had another sexual orientation.

### Main country of work

81.3% of respondents said England was their main country of work, 9.0% said Scotland, 3.5% said Wales and 2.8% said Northern Ireland.

### Grade

Consultants	28.6%
GP contractors	7.5%
GP locum	3.4%
GP trainees	3.3%
Junior doctors – foundation years	9.9%
Junior doctors – specialty registrars	22.4%
Locally employed/trust grade	4.3%
Locum junior doctors	2.9%
Salaried GPs	8.5%
SAS doctors	5.4%

### Working hours

66.1% of respondents worked full-time, 29.6% worked less than full-time/part-time and 4.3% were locums.

### Caring responsibilities

48.6% had caring responsibilities for children, 13.2% for disabled adults or older people, 56.2% had no caring responsibilities.

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