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The third Women in Surgery (WinS) annual conference 19th October, Royal College of Surgeons of England, London, UK

Sascha Dua*

General Surgery, North East Thames Deanery, London, United Kingdom

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The third Women in Surgery (WinS) annual conference was held on 19th October 2009 at the Royal College of Surgeons in London and was well-attended by 180 women medical students, junior doctors and consultants. WinS has a membership of circa 2850 women from all surgical disciplines at all stages of training. The organisation, part of the Royal College of Surgeons of England, was created as a successor to the group WIST (Women in Surgical Training) itself launched in 1991 to provide a forum for women in what was then, and continues to be, a male-dominated profession. WinS provides a source of support for many female surgeons, whose experiences and challenges in surgery may be quite different from their male counterparts. WinS is a national organisation working to promote surgery as a career for women and to enable women who have chosen a career in surgery to realise their professional goals.

WinS' message is to encourage, enable and inspire women to fulfil their surgical ambitions. The promotion of surgical subspecialties is achieved by increasing awareness amongst junior doctors, medical students, and even education of girls of school-age. Although women comprise 70% of medical students, only 6.5% of surgical consultants are female. WinS also provides an invaluable support network of colleagues and mentors for those of us who are at senior trainee or consultant level, with continuing professional development for a and a network of faculty who can provide guidance for other women in their subspecialty. A number of illustrious speakers from a distinguished group of surgeons and non-surgeons provided some fascinating presentations, the most notable of which are highlighted herein.

The conference started with an interesting presentation from the ever-inspiring Professor Averil Mansfield (Fig. 1), currently chairperson of the BMA and former Vice President of the RCSEng. Professor Mansfield started the meeting by introducing a photograph of Elizabeth Davis-Colley, the first female fellow of the Royal College of Surgeons of England in 1911. Miss Davis-Colley's appointment was not without controversy, Professor Mansfield said, and a simple postcard was sent out to each member of the college asking the straightforward question, "Should we let women in? Yes or No?" Unsurprisingly, Professor Mansfield stated, "the answer was a resounding no". Professor Mansfield has attained some incredible goals over her vast career, apparently independently of her gender. She sets a fine example for women surgeons of all grades, and wanted to highlight, in particular, the upcoming 2011 International Women in Surgery Centenary marking 100 years of women in surgery. The celebratory conference will take place at the Royal College of Surgeons of England in London (4th and 5th November 2011) with our United States and Australian counterpart women in surgery groups. A request was made to the audience to contact other women in surgery internationally and invite them to the conference (details at the end of this report).

Sir Liam Donaldson (Fig. 2), the United Kingdom Chief Medical Officer holds one of the most influential offices in the National Health Service and apart from the President of the Royal College of Surgeons, was the only man to speak at the conference. Sir Liam said, "Today the problem is not access to the medical school but rather how we ensure that the workforce is able to fulfil its potential once in employment." Sir Liam said that "The Chief Medical Officer's annual report (2006) has demonstrated that role models show us what can be achieved once barriers are tackled" and highlighted to the audience by the inspirational examples of Linda de Cossart, Averil Mansfield and Claire Marx, Eleanor Davis-Colley.

* Tel.: +44 07966347244.

E-mail address: saschadua@hotmail.com



Fig. 1. (L- R) Professor Averil Mansfield, MP Diane Abbott MBE and opportunites in surgery events organiser organsier Jane Roberts.



Fig. 3. Chief Medical Officer, Sir Liam Donaldson. Photographs kindly provided by The Royal College of Surgeons of England.

Sir Liam presented data from the report that there was still a disproportionately low percentage of women in surgical specialities in comparison to the potentially less-technically demanding and more “people-orientated” specialities of general practice and public health medicine. Sir Liam also noted that specialities such as surgery were less ‘planable’ and as such, were less appealing for women with – or planning to have families, who may choose a different career path, in order to circumnavigate this problem.

A number of areas were highlighted in which the progress of a female surgeon may be impeded. Discrimination in the workplace, the pressures of family and it’s accommodation with a high-stress career, achieving a work-life balance, academic awards and publications. Sir Liam commented that it was often “difficult to attain academic milestones” for women in surgery due to the combination of caring for a family and specific career demands.

Sir Liam said that women demonstrated higher academic performance in medical school, “were natural team workers, had higher emotional intelligence and were less autocratic”, all qualities that would be welcomed in surgery (Fig. 3). Sir Liam proceeded to describe the national clinical assessment scheme, designed to encourage feedback from colleagues and team players about a surgeon’s performance. The process is designed to make surgeons “more conscientious and careful”. Data from an 8-year longitudinal study has revealed that fewer referrals to NCAS (National Clinical Assessment Service) were made by colleagues about female

surgeons which was a significantly consistent finding after 8 years worth of data.

Sir Liam went on to highlight another important area in surgical careers – the increasing role played by medical management. More and more doctors of both genders are becoming interested in adding medical management skills to their repertoire, and societies such as the British Association of Medical Managers (BAMM) and BAMMino (the equivalent society for doctors in training) have devised ways for junior doctors and consultants from all specialities to become actively involved in the field of medical management and leadership. For junior doctors interested in learning more about global healthcare, Sir Liam publicized the CMO clinical advisors scheme, recruiting select junior doctors to his own office once a year.

Patricia Hamilton, consultant paediatrician at St George’s Hospital, London gave an interesting talk about her other role as chair of group called Medical Education, England (MEE). Dr Hamilton said that “a quarter of all hospital doctors are physicians and a quarter of all doctors are surgeons, together comprising half of the hospital doctor workforce.” However, the number of consultant female surgeons is still vastly underrepresented – a mere 6.5% vs. 44% of paediatric consultants (Table 1). Dr Hamilton postulated that this was likely to be a lag phenomenon reflecting a time of low rate of applications to the profession “from a previous era”. From the most recent 2007 data, 27% of ST1 applicants were female in comparison to 4% years before. However a high rate of attrition still



Fig. 2. (L-R)Diane Adamson, Elspeth Hill, Helen Pandya, Mehtab Ahmad, Helen Fernandes, Gillian Mobb, Scarlett McNally and Beryl de Souza.

Table 1

Percentage of females among ST1 acceptances and consultant/GP posts, NHS England 2007.

	% Females of STI acceptances	% Females of NHS consultants/GPs
ACCS (A&E)	52.1	23.2
Anaesthetics	52.6	28.8
Clinical radiology/radiology group	40.8	31.3
CMT/medical group	50.9	25.0
O&G	78.6	32.8
Ophthalmology	35.9	21.1
Paediatrics	72.4	44.0
Pathology ^a /pathology group	60.7	38.5
Psychiatry	51.8	37.7
Public health	77.1	48.8
Surgery/surgical group ^b	27.0	6.6
General practice	61.8	42.0

^a Includes clinical pathology, histopathology, medical microbiology and virology.

^b Excludes ophthalmology, includes OMFS.

Sources: WDAT and NHS Information Centre (2008b),

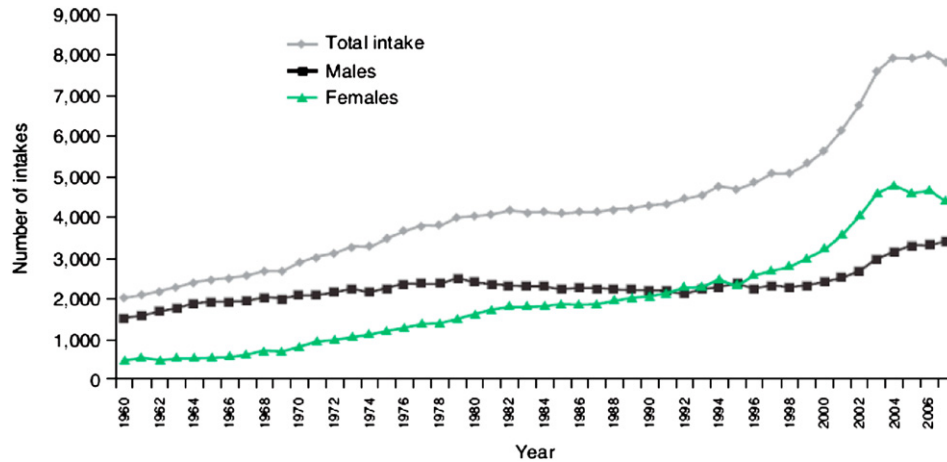


Fig. 4. Graph demonstrating rising intake of women to medical school from 1960 to 2006.

continues to be a problem in surgical specialities, with many women leaving surgery before becoming consultants.

The concept of NHS Medical Education England (MEE) and its proposed functions were recommended in *Aspiring to Excellence*, the report of Sir John Tooke's independent inquiry into Modernizing Medical Careers and the recruitment problems of 2007. A professional body that would cover medical education and training and workforce planning. The MEE council comprises 29 members including BMA/JDC representatives, GMC and PMETB representatives, patients and medical school council members. Dr Hamilton said that "we are at the moment, overproducing specialists" and the aim of the workforce planning was to 'match workforce to capacity and our needs' echoing previous comments from Sir Liam Donaldson. An envisaged excess in numbers of specialist surgical CCT holders was projected, whereas with an ever expanding community health issue secondary to improved life expectancy, the number of GP CCT holders was 'insufficient' to match projected demand in this sector.

Diane Abbott, the first female black member of the UK parliament gave an entertaining and inspirational speech highlighting her own stunning accomplishments in the fiercely competitive field of central politics. Miss Abbott commented that 'confidence and excellence give you the resilience to act your part', to our almost exclusively female audience. Miss Abbott made an important point regarding the distinction between positive discrimination versus positive action. Miss Abbott denounced the former term, in favour of the second term, believing in 'giving people with

potential the opportunity to compete on a level playing field'. She went on to add that the most important thing was 'recruiting from the widest possible talent pool.' of which the proportion of women still needs to increase. During her ascendance in politics, Miss Abbott "realised the importance of support of other women." She implored her audience that whilst progressing up the surgical ladder themselves, 'give some thought to what you can do for a rising generation'.

Further interesting presentations from Professor Jane Dacre, vice president of the Royal College of Physicians, surgeon turned author Gabriel Weston and Diane Adamson (Fig. 4), WinS training representative who has developed a scheme for increasing awareness of a career in surgery with sixth-formers. An excellent choice of workshops took place in the afternoon session. Subjects such as clinical excellence awards, medical management and appraisals and basic surgical skills were widely popular and variously appealing to delegates of all professional stages.

Drinks in the Hunterian Museum followed by a well-attended dinner also at the Royal College of Surgeons provided a suitable ending to a productive day, in addition to valuable networking opportunities! WinS continues to gain momentum as an invaluable source of support for female surgical trainees, medical students and consultants alike, with the constantly changing demands posed by an evolving NHS. Details of the upcoming 2011 international conference will be posted on the RCSeng website nearer the time (<http://www.rcseng.ac.uk/career>). If you would like to contact WinS please email ois@rcseng.ac.uk.