EDITORIAL

THE INVISIBLE WOMEN IN MEDICAL WORKFORCE: TIME FOR ACTION

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With the advent of social media, a number of platforms are available for medical graduates to connect with each other in order to engage in formal and informal discussions related to the profession. There are many close groups managed by associations, institutions as well as there are ones privately managed by individuals and teams. Among privately created groups what stands out for me are the ones for female medical doctors from Pakistan.

Though started as professional networks they soon become a hub to share personal stories of the medical graduates/specialists as they struggle to maintain work/life balance. Bullying and harassment at work, mistreatment at home by in laws, career breaks because of child care, relocation of the spouse or personal mishaps are just few among many stressors that women have to face once they graduate. Many participants reported these as the reasons for not continuing as medical doctors and seek advice from others.

On the other hand, we read commentaries using terms like "doctor bride" phenomenon where women have stopped practicing to look after their children and/or because of social pressure[1]. These further results in a backlash from the community regarding enrolment of young girls in medical schools.

There is considerable literature published related to gender and career choices in medical education[2-4]. These studies have focused on motivation to enter the medical school, work hours and income as well as family influences[5-7]. Gender has also been investigated as a variable in the research on satisfaction with specialty choice but with inconsistent results. However, most of these studies are conducted outside Pakistan. In a comprehensive study examining the factors affecting retention of medical workforce in Pakistan, it was observed that majority of women want to practice, and it is only a very small proportion who discontinued because of social pressures at home[8].

The main reasons that are affecting their career intentions are that:
a) The postgraduate training programs are very rigid.
b) Harassment and Bullying are prevalent in hospitals both public and private with no avenues for complaints or support.
c) Job sharing and flexibility at workplaces are almost non-existent along with childcare facilities.
d) There are limited opportunities for mentoring and career guidance.
e) While Fellowship programs offer stipend, if a graduate wants to opt for a minor diploma no stipend is paid, while working hours are still long. On the top of that living expenses are additional financial burden if a trainee must move away from their place of residence.
f) Traditionally a medical graduate can start practice immediately after house job but most of the time it is evening practice that is economically viable. This means for a graduate with family, the children will go to school in the morning while mum will be away in the evening. Due to this sole reason we have medical graduates working as school teachers in their area.
g) Security and safety are of concern for both male and female doctors.

It was in late 2000, that concerns were raised about increasing number of women entering medical schools, [9-11] but no concrete steps were taken. According to the data provided by the Pakistan Medical and Dental Council (PMDC) as of on 30th June 2019, [12] the number of female graduates with basic MBBS qualifications is more than male graduates in the provinces of Punjab, Sindh and AJK (Figure 1).

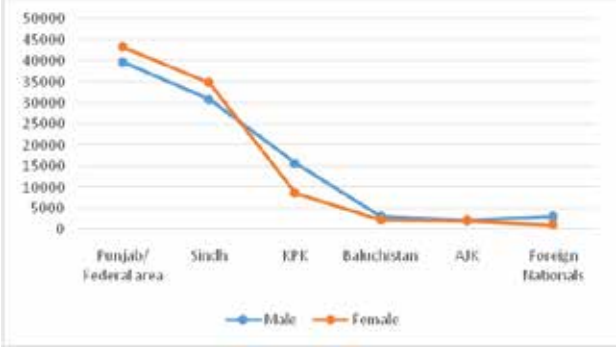

Figure 1: Percentage of medical graduates registered with basic MBBS qualifications based on gender.

However, this is not the case when we look at the data for the doctors with postgraduate qualifications who are registered with PMDC (Figure 2). It is not known how many of these registered doctors are practicing medicine. There is also no information available in public domain about various specialties and what is the gender composition within those specialties. Again anecdotally, it is known that many specialties are not attracting any female trainees.

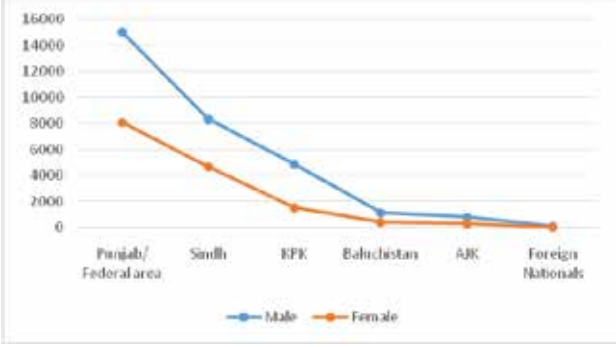

Figure 2: Percentage of medical graduates with additional postgraduate qualifications based on gender.

This is a serious issue and it is time that the stakeholders join hands to form an action plan to ensure that our workforce is equipped with specialists in all disciplines and the majority of women medical workforce stays in the profession with opportunities for postgraduate training. In order to make that plan, women representation on respective committees and organizations is required who can provide their input and advocate on behalf of their peers.

A quick scan of the two key organizations i.e., PMDC and College of Physicians and Surgeons Pakistan responsible for the medical education in Pakistan shows that there are hardly any women in the leadership position. An Adhoc Council with ten nominated members was formed in January 2018 to look after the matters within PMDC[13]. The Council has neither any female member nor any of the minutes of their meetings available externally have ever raised this issue. We are still observing that new female medical schools are given approvals but there is no evidence or data if they are really required in the current scenario.

College of Physicians and Surgeons Pakistan has an elected Council to manage its affairs. There are only three female elected members in the current Council which was elected in 2018[14]. None of the two organizations have ever had a woman as the President/Chair.

In addition, Pakistan Medical Association which is another stakeholder for advocacy on behalf of medical graduates has no female representaion[15]. Apart from the representation of female members, a further scan of regular publications where they were available shows that increasing female participation is not on agenda anywhere in Pakistan by any organization or professional association responsible for undergraduate or postgraduate medical education.

It is timely that this issue is taken seriously at all levels and nationwide discussions are held with the graduates and trainees to find ways to support them and actions are taken. It may be pertinent to set a quota for female representations within the key organizations including all the specialty groups that are functioning in Pakistan with a mandate to provide much needed support to women who are still invisible. These women representatives need to be elected by the women and supported by the institutions where they work so they can devote time within work commitments rather than juggling with another task on the top of fulltime job/training and family commitments.

Health is one of the top priorities for any individual. It is therefore essential to ensure a balanced, effective, and relevant workforce of health professionals in Pakistan that caters to the 160 million Pakistanis. This means we need to take action now and utilize the medical graduates to their full potential through a much-needed action plan. One of the key points in that action plan may be to ensure that by 2025 we have a minimum of 25% women on all key organizations representing the interest of medical workforce and devise a strategy with realistic timeframe and actions.

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