Chapter 4

Training Martians and Venusians on Jupiter: Gender Equity in Medical Training

Stella Vig
Croydon University Hospital, UK

Paul Dent
Croydon University Hospital, UK

ABSTRACT

The challenge of diversification in the medical workforce cannot be ignored. Society and societal norms have also progressed at pace and terms and attitudes that were acceptable are now outdated. Trainers must be professionalised to ensure that training of trainees remains an exemplar role. It is accepted that boys and girls learn differently but have the same potential. Equity of opportunity ensures that the modern society retains and values all genders. By exploring whether these differences continue into the post-graduate education system, the medical profession can accommodate and mitigate to ensure equity. This chapter will explore the need for professional trainers, the educational needs of the modern-day medical trainee, and the challenges that need to be accommodated to ensure that the medical workforce retains a passion long into their careers.

TRAINING MARTIANS AND VENUSIANS ON JUPITER

Master Craftsmen and Professional Trainers

Medical Education is key to ensuring that skills and communication developed by the profession are passed on from generation to generation. The apprentice model was embedded as a tool to enable this, with an apprentice defined as a person who is learning a trade from a skilled employer, having agreed to work for a fixed period at low wages. The term apprentice is derived from the French, appendre, to learn and applications were made to become an apprentice to learn from the expert. The expectation of the learner was that they would continue with the teacher until the craft was learnt.

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The time spent in training enabled an individual to experience a wide range of clinical conditions. In surgical specialties, this would allow the apprentice to participate through assistantships and then through supervised operating finally to independent surgical operating. This required a relationship to be developed between the master and the apprentice which was largely subservient. The relationships were often male to male as the medical profession initially excluded the female gender. A social and educational medical hierarchy and language developed to facilitate this. This norm was unchallenged and was acceptable before the millennium where the medical profession embraced diversity.

The diversification has occurred at pace and is in terms of ‘feminisation’ as well as reaching out across social classes. The change in acceptance in educational and social norms dictate that educational theory, learning styles and delivery methods are changed to accommodate the new medical generation.

This chapter will explore the need for professional trainers, the educational needs of the modern-day medical trainee and the challenges that need to be accommodated to ensure that the medical workforce retains a passion long into their careers.

**Diversification in the Medical Workforce**

Data from the Universities and Colleges Admissions Service show that across the UK 59.0% of those accepted to medical school in 2017 were women with an increase since the late 1990s (Moberly, 2018). In the USA, a third of practising medical professionals are female (Kaiser, 2018) with 50% of medical students being female (Association of American Medical Colleges, 2017). Despite the investment of time in ensuring that there is widening participation is the medical profession, there is attrition in the non-male medical workforce, so that men continue to be over-represented both in clinical senior roles as well as in academia. The number of women entering the surgical professions has increased over the last 10 years in the USA as well as the UK. The pace of change at senior level and across surgical specialities has been relatively slow and movements such as the #ILookLikeASurgeon and #HowIBecameAWomanInSurgery Twitter hashtags, “New Yorker Cover Challenge,” and the American Women in Surgery have highlighted the need for change.

The diversification is compounded by a societal change. The generations until the Millennium were brought up considering three stages of life (Gratton & Scott, 2017). These were education, career and then retirement. For many in the medical profession, this developed an institutionalisation of the workforce who were devoted to the care of their patients and their career.

The current generations consider their lives in a very different way. The trainees are keen to develop portfolio careers and are not afraid to undertake gap years. Many students will take a break between their final year in school prior to the university degree. In the UK, the medical students who continue into the first two years of their medical careers (The Foundation Programme) decide to take a career break rather than continue into speciality training (Table 1) (Foundation Programme, 2017).

| Table 1. Percentage of trainees entering speciality training in the UK from the foundation programme |
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| 71.3% | 67% | 64.4% | 58.8% | 52% | 50.4% | 42.6% |