

Women and Senior Leadership in Medicine

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On behalf of Dr Penny Newman

The male bias in medical leadership

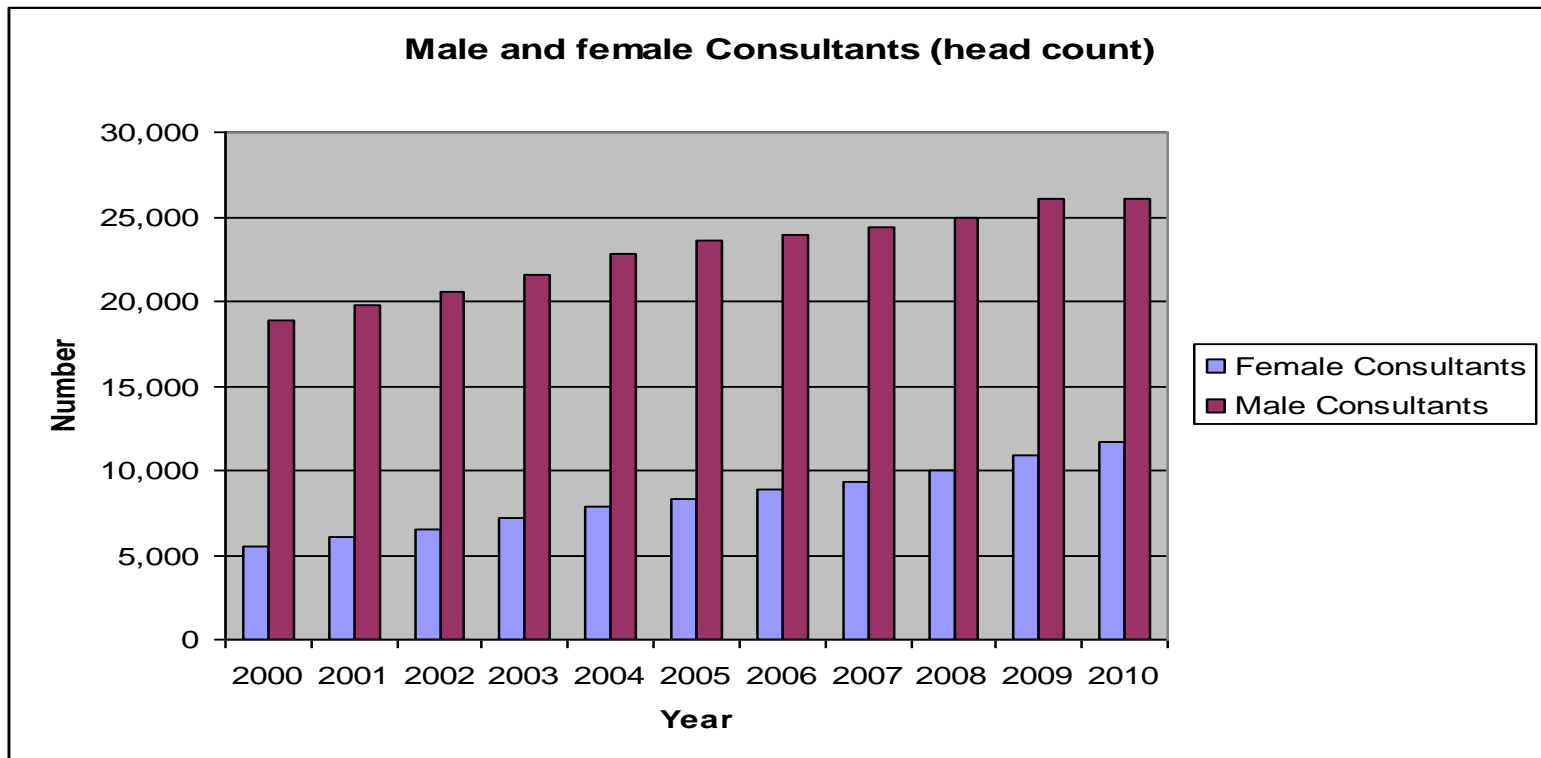
The current picture

Does it matter?

Why does it happen?

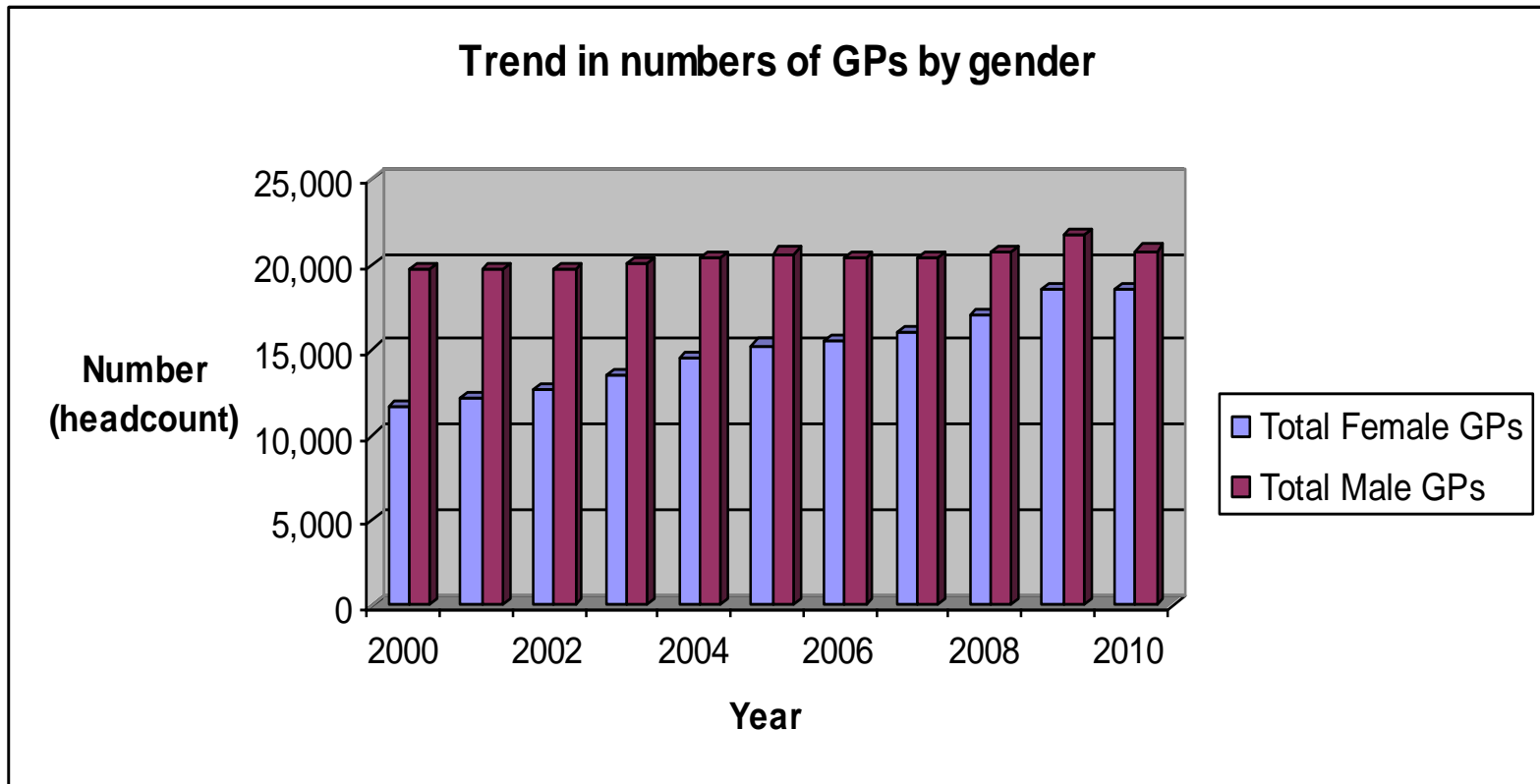
What can be done?

Hospital Drs - 42% women Consultants - 31% women

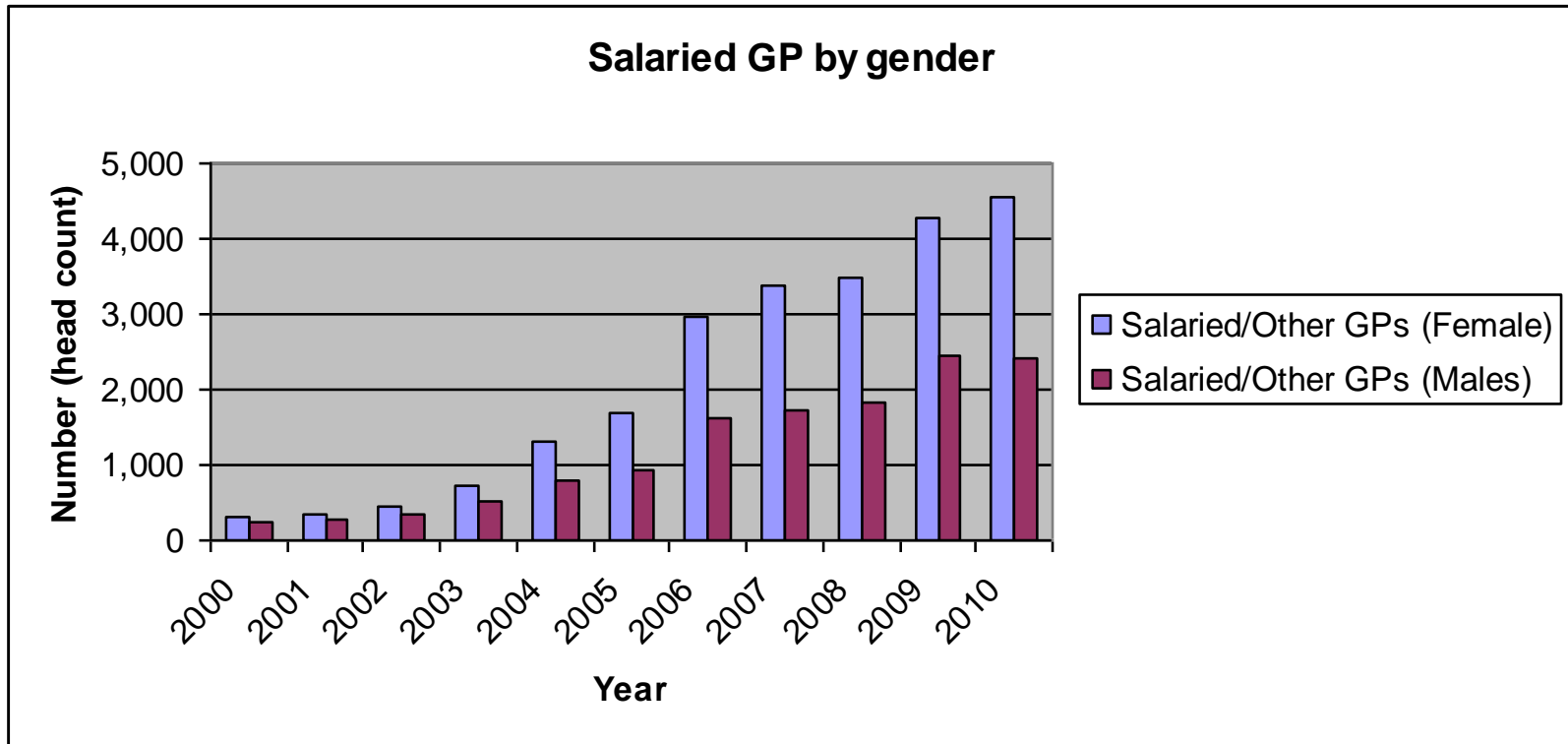


GPs – 45% women

GP partners - 38% women



Salaried GPs – 68% women (locums not recorded)



First wave CCG pathfinders

NHS

Leadership Academy



The NHS Leadership Academy - developing outstanding leadership in health

Women doctors - Facts

Women majority medical students since 1991

- 24% in 1960/61 to 60% in 2008/9 (range 41-69%)

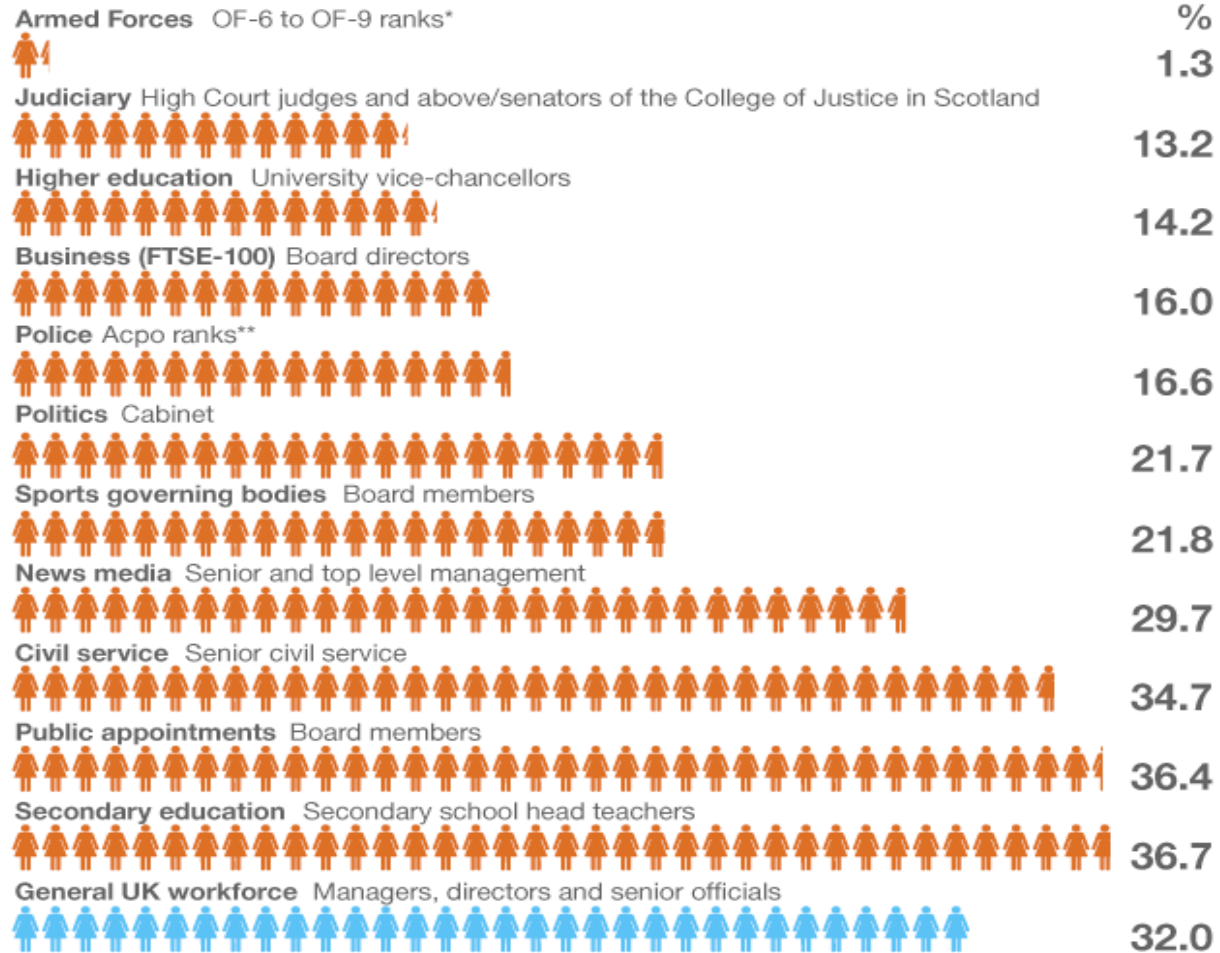
Relatively few achieve senior leadership positions

- Hospital - 44-59% female lower grades, 31% consultants:
<10% surgery to 40% paediatrics
- General practice - 60% female registrars, 45% GPs, 38% partners, 68% salaried
- Under represented in academia, BMA, Royal Colleges, Medical and Clinical Directorsand now CCGs

Increasingly work part-time

- 34% of female consultants (cf 15% male) and 50% of female GPs (12% male), increased by 200% 1996 – 2007

Women in 'top jobs'



*Brigadier equivalent and above

**ACPO ranks are chief constable, deputy chief constable and assistant chief constable, and in London, Met commissioner, deputy commissioner, assistant commissioner, deputy assistant commissioner and commander

Source: BBC (<http://www.bbc.co.uk/news/uk-18187449>)

Does it matter?

Leadership needs to change

- Working in challenging financial circumstances
- Serving a population with increasingly complex health needs
- Devolved, clinically led decision making requires new leadership behaviours
- Common values and approaches are required to enable system leadership



The problem is not access to medical school but how we ensure that the female medical workforce is able to fulfil its potential once in employment. Baroness Deech October 2009



The business case for increasing the number of women on corporate boards is clear. When women are so under-represented on corporate boards, companies are missing out..... Lord Davies February 2011



The gap matters not only because of the familiar glass ceiling is unfair, but also because the world has an increasingly urgent need for more leaders. All men and women with brains, the desire and perseverance to lead should be encouraged to fulfil their potential.



I have seen myself what women, often in the toughest circumstances, can achieve for their families and societies if they are given the opportunity. The strength, industry and wisdom of women remain humanity's greatest untapped resource. We simply cannot afford to wait another 100 years to unlock this potential. UN Women Director Michelle Bachelet March 2011

The NHS Leadership Academy - developing outstanding leadership in health

Does it matter?

Yes

- Fishing from the whole talent pool
- Mix of leaders who reflect needs of patients and communities
- New leadership behaviours
- Patient-centred consultation style
- Female role models
- Career progression
- A return on investment
- Improved Board performance
- Change in culture > 3 women

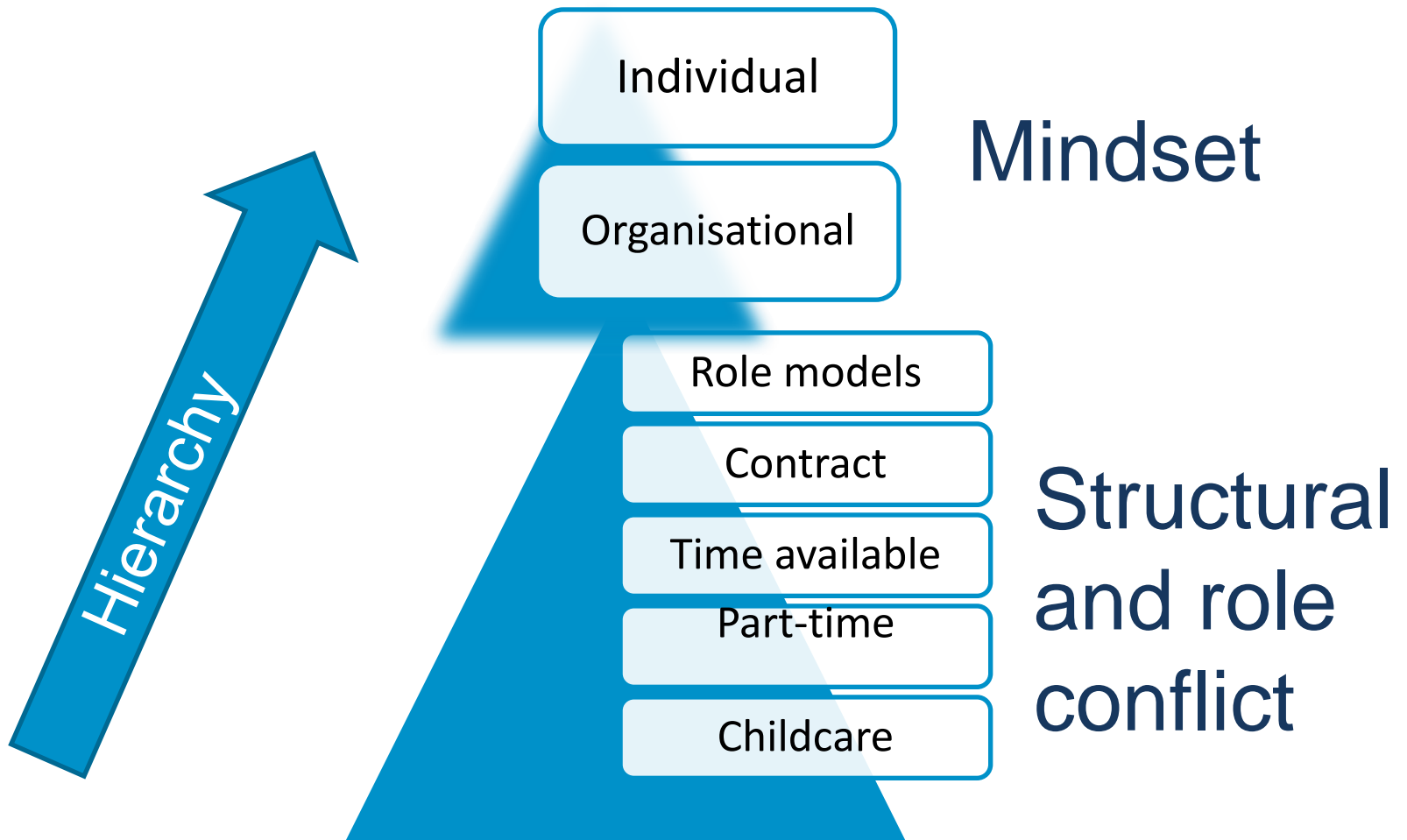
No

- Individual expertise vs gender
- Women's "choice"
- Not held back

Women and leadership

- NHS Leadership Academy 360 feedback
 - 1,386 participants (16,313 records) against the NHS leadership competencies
 - Women rated higher than men on all domains
 - Women rated themselves lower than men
- Consistent with other studies
 - Harvard Business Review - 360 feedback, 7,280 leaders, women rated higher in 12/16 leadership competencies

Barriers – “cumulative disadvantage”

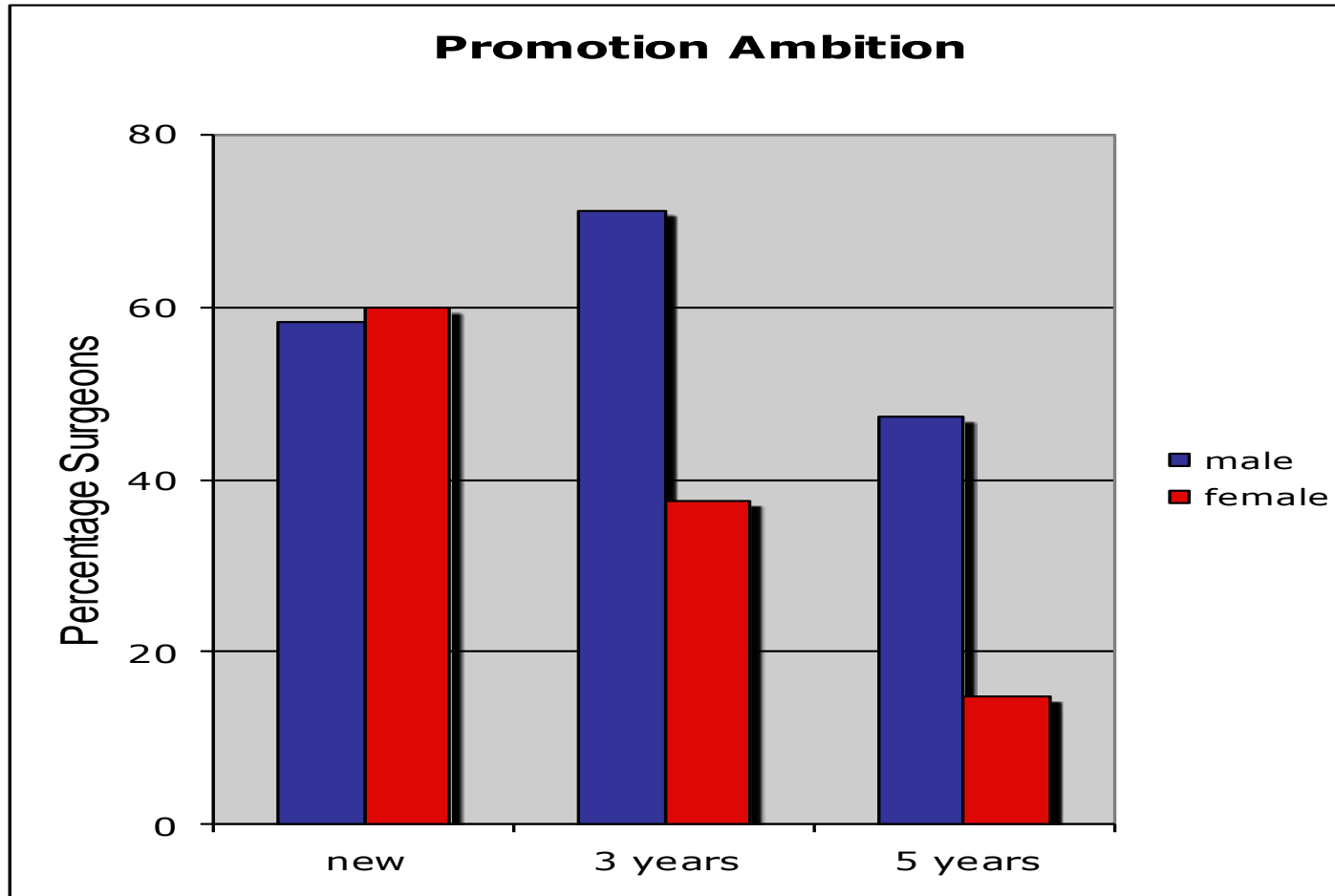


Ambition gap – lower expectations and ambitions, less confidence and more cautious

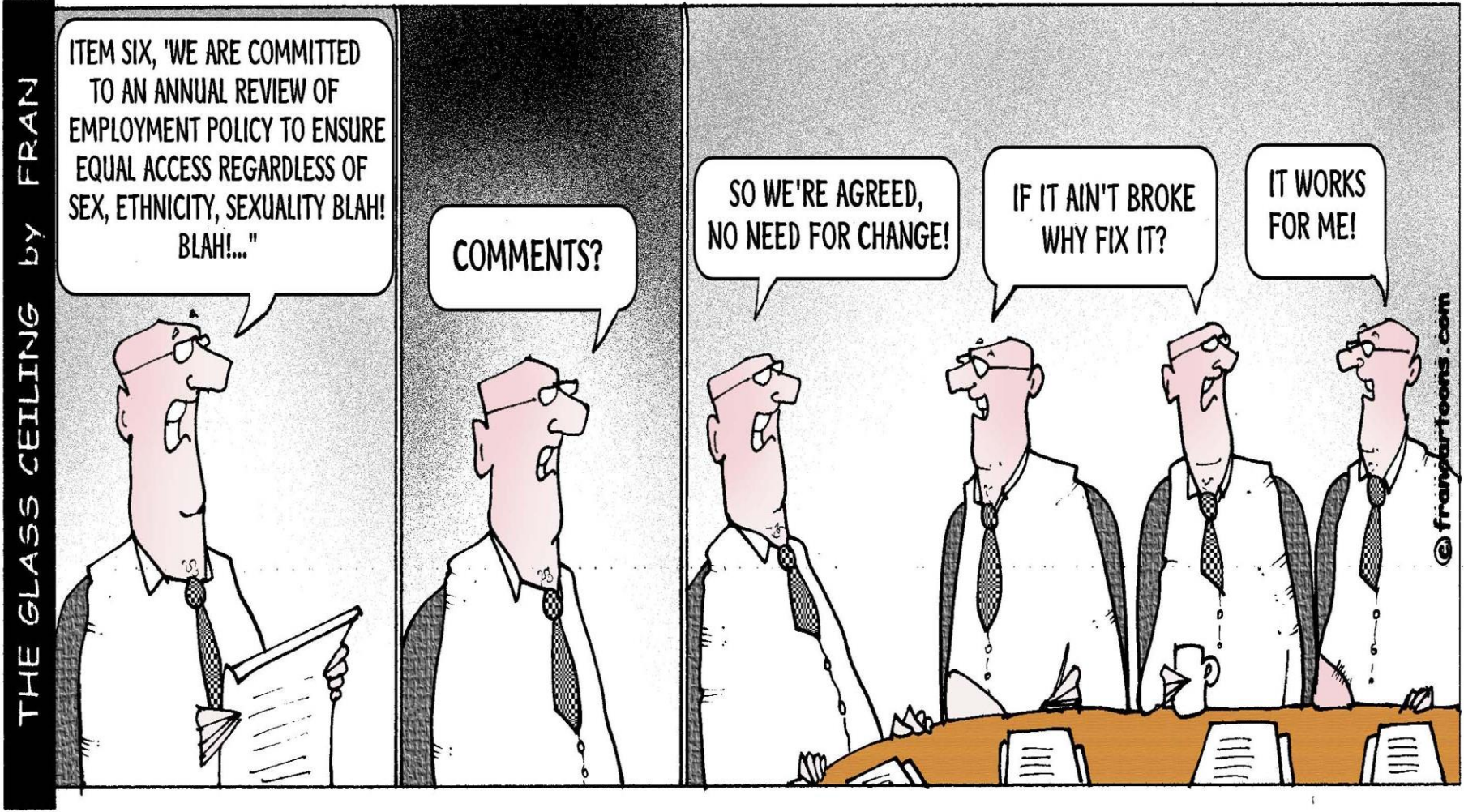
- 70% men have higher confidence vs 50% women
- 31% men have feelings of self doubt vs 50% of women
- 20% of men applied for roles when only partially meeting the JD vs 14% of women
- 2% of men had left work to care for children vs 21% of women
- 52% of men have career clarity vs 45% of women

Ambition and gender at work, February 2011, survey of 2,960 Institute of Leadership and Management members

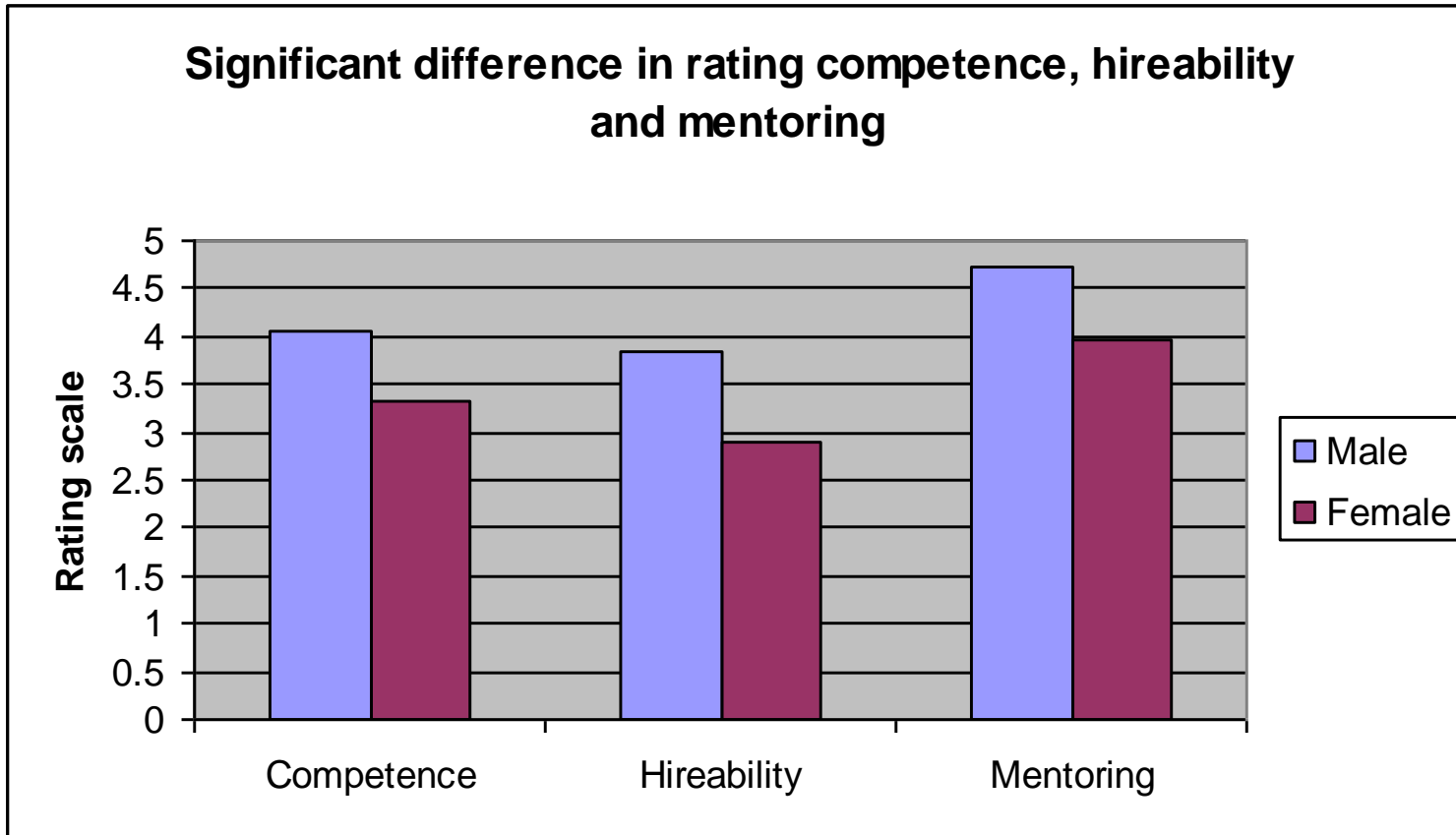
Gender Differences in Ambition?



Peters & Ryan, Exeter University & RCS



Unconscious bias?



Moss-Racusina C, Dovidio J, Brescoll V, Grahama M, Handelsman J, Science faculty's subtle gender biases favour male students Proceedings of National Academy of Sciences of the USA, August 2012

What can be done?

The fixes:

Society

Systems

Women

Fix society



Pros and cons of quotas – The New Statesman, September 2012

Pros

- The quickest and most effective way to ensure more equal numbers of men and women on boards
- Force the break up of otherwise unchallenged elite circles
- If women are promoted, they can act as positive role models
- Once on the board, women are more likely to hire more women
- Quotas are not discriminatory - they simply correct existing discrimination

Cons

- Quotas discriminate against the men
- If women are employed through quotas, they will be seen as "token", will be less respected and will have less power
- Quotas set women against each other, which might destroy co-operation and unity
- A quota might be seen as a ceiling vs a floor, stalling progress on equality in the long run.

Davies report March 2011 – 25% target*

Directorships	Oct 2008	Oct 2010	May 2012
UK	11.8% (plateau)	12%	16%

* Cranfield International Centre for Women Leaders, Cranfield University School of Management

Fix the system

- **Commitment from a high profile figure**
 - **Continual measurement processes**
 - **Targeted resources**
 - **The possibility of sanctions**
 - **Robust recruitment and selection**
 - **Part-time and flexible working**
 - **Ramp on and off schemes**
 - **Raise awareness through awards**
- **Other examples = Athena SWAN awards, 30% Club**

Fix the women

- Role models
- Action learning sets, coaches, mentors, sponsors and networks = developmental relationships
- Leadership development/courses

Fix ourselves!

FMLM Top Tips for Women Medical Leaders

- Manage yourself – self belief, positive behaviours, overcome setbacks
- Manage others – lead by example, build a great team, manage undermining behaviour
- Work smart – be time efficient and savvy
- Work life balance – make time for yourself, get robust support, prioritise and compromise
- Personal development – establish mentors, coaches, network and sponsors, learn from others, attend courses
- Your career – be ambitious and passionate, may need to be flexible, take every opportunity
- Enjoy it!

“Becoming a leader is synonymous with becoming oneself. It is precisely that simple, and it is also that difficult.”

Warren Bennis

Summary

- Women doing well at school is not translating into senior leadership positions
- NHS needs the most able vs most obvious
- Women and leadership – complex barriers
- Needs to be addressed at a system, organisational as well as individual level – not just a “woman’s issue”

Inspiring women leaders in medicine

www.linkedin.com/groups/Inspiring-Women-Leaders-in-Medicine-4494986

<http://www.leadershipacademy.nhs.uk/discover/inclusive-leadership/inclusion-activity-women-doctors/>

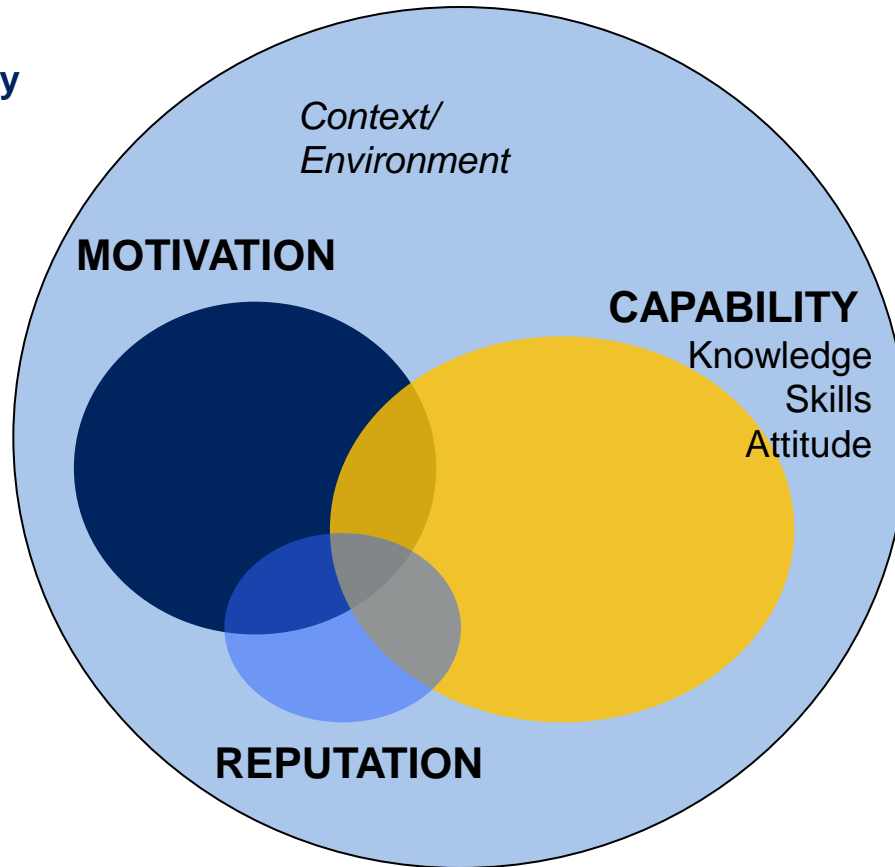
Penny Newman penny.newman1@nhs.net

Measuring your success

- Rate your motivation, competence and reputation 0-10 and scale accordingly
- Talk with the person sitting next to you – where would you like to be?
- What do you need to do to manage your motivation, competence, reputation and success as a senior female leader?

The Success Model

Definition of my
future career
success =



The Performance Coach

Women prop up the NHS

There were 1,350,377 staff in the NHS Workforce in 2011

- 80% Non Medical Staff - 27% qualified nurses
- 16% NHS Infrastructure Support - 3% managers & senior managers
- 8% Medical and Dental Staff - 3% Consultants and 3% GPs

The workforce as a whole continues to be female dominated
- 78% in all occupational groups (North East 2008)