

Women Leadership in Medicine: Narrowing the Gender Leadership Gap Globally

Dr Mumtaz Patel^{1*}

¹Royal College of Physicians, London, UK

Correspondence:

Mumtaz Patel

E-mail: Mumtaz.Patel@rcp.ac.uk

Introduction

Women are hugely under-represented in health leadership positions globally.¹ Despite 75-80% of trainees, health workers and faculty interested in global health being women, by contrast those in senior leadership positions is comparatively small.² This disparity in global health leadership negatively impacts negatively on health outcomes for women and children worldwide.³

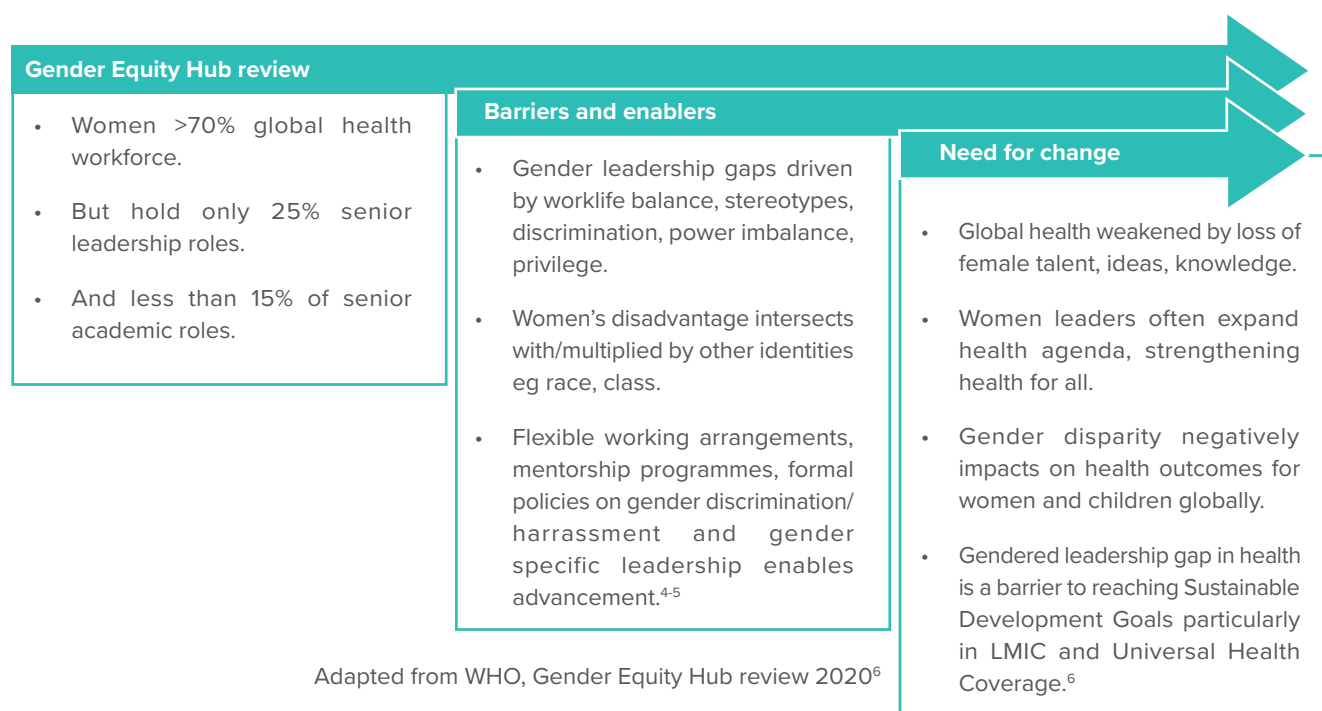


Figure 1: Global Women Health Leaders – scale of challenge and need for change

Research has shown the main barriers to women's advancement in global health careers include, work life balance, gender discrimination, implicit bias, sexual harassment and assault.¹ Gender stereotypes, power imbalance and discrimination constrain women's leadership and seniority.⁶ Women's limited opportunity to enter leadership roles can be compounded by the intersection with other identities such as race, religion or caste, making it even harder for women from marginalised groups to attain leadership roles.⁷ The leadership gender gap is worse in low and middle income countries (LMIC) with only 5% of global health leadership positions occupied by women.⁸ There are significant gaps in the research from LMIC where there is the greatest need for rapid progress in health to achieve the WHO sustainable development goals (SDG) and attain universal health coverage (UHC).⁶

There is emerging evidence which shows that implementing flexible working arrangements, providing mentorship programmes, and instituting formal policies on gender discrimination and harassment, and gender-specific leadership training can break down the barriers for women to attain leadership positions in global health.¹ Studies have shown these interventions can have

an immediate effect.⁹ Gender-specific leadership training to empower women and peer mentorship support groups provide a safe forum to discuss and address barriers. A recent study showed peer mentoring at key career transition points resulted in sustained improved in women's career success and retention.⁹ Formalised peer mentor-mentee relationships are also effective in promoting women in global health and medical careers including in LMIC.⁴

The Royal College of Physicians (RCP) has sought to address the challenge of how to motivate and inspire women to aspire towards leadership roles as a key strategic goal. Thematic analysis emphasised three key themes related to the advancement of women in medicine: (1) practical difficulties including childcare needs, lack of timely careers advice, and part-time working; (2) social barriers include maternal identity and cultural pressure with respect to a work and family balance; and (3) the importance of building resilience through role modelling, mentorship, and support from others.¹⁰ This led to the commissioning of the RCP's 'Lady Estelle Wolfson Emerging Women Leaders Programme', among the consultant and SAS workforce in 2017.¹¹ The emphasis of this programme is to build leadership capability, capacity, credibility within aspiring female leaders through mentoring and protected gender specific leadership development and networking opportunities.

In 2020, following my appointment as RCP Global Vice President, I developed the Global Women Leaders programme which aims to narrow the gender leadership gap globally. It is mapped to RCP's broader strategic aims including its charitable objectives.¹²⁻¹⁴ The programme is based on developing individual and organisational leadership and providing mentoring support. The programme promotes system change to enable and empower women to advance into senior leadership positions. We started with doing a Global stories webinar across four continents on International Women's Day 2021. Role modelling, mentoring, and building networks with early career support and leadership training was found to be the key to addressing the challenges women face in their leadership careers.

We then conducted focus groups in Pakistan in May-June 2021 with key stakeholders and trainees. We identified Pakistan as the first country to launch the programme as the gender leadership gap was the greatest there on the world economic forum data.¹⁵ We had very good partners in Pakistan including our international advisors who engaged key stakeholders. We launched the programme in Pakistan on International Day in March 2022 in collaboration with Pakistan Society of Internal Medicine (PSIM) and University of Health Sciences. We delivered the online Champions workshops in November 2022. We then recruited participants in March 2023 and delivered face-to-face workshops over 3 days in Lahore in May 2023. We also held a champions networking event in which the champions and participants presented their outputs from the workshops. We completed the programme for the first cohort in July 2023 with 2 further online workshops.

The formal evaluation of the programme has been extremely positive. Prior to the programme 64% of attendees in Pakistan had confidence in their leadership before the programme started. After the final date 100% of attendees had confidence in their leadership.

- 'All the aspects of leadership were beautifully covered in this three day workshop.
- It was very well organised and thoroughly enjoyed the interactive sessions'

The programme impact has been very positive too with significant outputs from both the champions and participants. These include creation of an advisory board, constitution of research advisory committee, development of research themes and related quality improvement projects, creation of policy forums (International Women's Day, Story-telling workshops, quarterly meetings with key policymakers). Our collaboration has brought together different organisations and workstreams under the umbrella of RCP – Women in Global Health, WHO, Women in Gastroenterology, Women in Medicine). The champions and participants launched the Women's Medical Association of Pakistan which was an amazing collaborative output.

There have been some changes in policy with the collective work of our champions in June 2023 which include passage of 3 bills through parliament in Pakistan: 1) Mandatory day care in workplaces; 2) Paramedic in Schools; 3) Maternity and Paternity leave (30 days paid leave for each parent).

We have presented our programme and findings widely at international conferences including, DEMEC, 2021 and 2023, AMEE 2022, IN4OBE conference in 2022, PSIM conference in 2023. We plan to present at the AMEE conference in August 2024.

Our next steps for the programme include delivering the programme for a second cohort of participants in Pakistan in 2024 with a celebratory networking event in April 2024. We have formally launched the programme in Jordan last March 2023 and are planning to start recruitment of champions and then participants in Jordan in Autumn 2024. We will continue working with our international advisors and key partners who are interested in programme and aim to roll the programme to other regions. We have had early discussions with India, Iraq, Nigeria, Hong Kong, and Eastern Europe with a WHO partnership. We will continue evaluating the longer-term impact and success of the programme. We will continue working on building partnerships and securing funding for longer term sustainability of the programme.

A huge thank you to all of our international advisors and partners throughout the world who have supported and collaborated with us to make the programme a great success.

Patel Mumtaz. Women Leadership in Medicine: Narrowing the gender leadership gap globally. MMJ. 2024, May. Vol 1 (2).

References

1. Female global health leadership: data-driven approaches to close the gender gap. Lancet 2019; 393: 521-523.
2. Downs JA, Reif LK, Hokororo A, Fitzgerald DW. Increasing women in leadership in global health. Acad Med 2014; 89: 1103–07.
3. HRH Global Resource Center. Resource spotlight: gender and health workforce statistics. https://www.hrhresourcecenter.org/gender_stats (accessed Dec 25, 2020).
4. Kwedi Nolna SK, Essama Mekongo PE, Leke RGF. Mentoring for early-career women in health research: the HIGHER Women Consortium approach. Glob Health Epidemiol Genom 2017; 2: e3.
5. Glimcher LH, Lieberman J. Harvard's women four years later. Nat Immunol 2009; 10: 559–61.
6. https://www.who.int/hrh/resources/en_exec-summm_delivered-by-women-led-by-men.pdf?ua=1.
7. Linkage Inc, Intersectionality in the Workplace and the Advancement of Women Leaders, 2020.
8. <https://globalhealth5050.org/wp-content/uploads/2020/03/Power-Privilege-and-Priorities-2020-Global-Health-5050-Report.pdf>.
9. Dennehy T, Dasgupta N. Female peer mentors early in college increase women's positive academic experiences and retention in engineering. Proc Natl Acad Sci USA 2017;114: 5964–69.
10. Boylan J, Dacre J, Gordon, H. Addressing women's under-representation in medical leadership. Lancet, 2019, Volume 393: e14.
11. Ferry G. Inspirational women in medicine. Lancet 2017; 390: 1825.
12. <https://www.rcplondon.ac.uk/about-us/who-we-are/our-2022-24-strategy>.
13. <https://www.rcplondon.ac.uk/global-strategy>.
14. <https://www.rcplondon.ac.uk/projects/outputs/2020-vision-independent-report-diversity-and-inclusion-royal-college-physicians>.
15. World Economic Forum. Global gender gap report, 2018. http://www3.weforum.org/docs/WEF_GGGR_2018.pdf.