Middle Articles

OPPORTUNITIES IN MEDICINE

Working Capacity of Women Doctors

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In recent years educational opportunities for women wishing to study medicine have improved. Since 1948 all medical schools have become coeducational, and now nearly 25% of the students are women. Apart from the Royal Free Hospital Medical School, which has a predominance of women students, the proportion varies from 12% in a London teaching hospital to 36% at a provincial one. A recent inquiry (Jefferys, Gauvain, and Gulesen, 1965) suggests that a woman has only a slightly lesser chance than a man of being admitted to a medical school, and, once accepted, her chances of qualification and registration are about equal. It is, however, the later careers of women doctors which cause most concern.

In an attempt to assess the contribution which women in this country are making to medicine Robb-Smith (1962) at Oxford, Kahan and Macfaul (1962) of the Middlesex Hospital, Whitfield (1964) of the Birmingham Medical School, and Lunn (1964) of Sheffield University, surveyed women graduates of their own schools, but there has been no study on a national basis.

To fill this gap two postal surveys of medically qualified women in the United Kingdom have been undertaken; the first of these was conducted by the Medical Practitioners Union (M.P.U.) to find out what proportion of qualified women were professionally employed, and also to reveal factors which either assisted or prevented them from following their profession. Data from this survey principally relating to the marital state of women doctors are included in this paper. A full report of their results will be published at a later date. The second survey, by the Medical Women's Federation (M.W.F.), asked for no personal details, and, apart from the date and type of qualifications, only required information about the amount of work being undertaken, and if not working at all whether the practitioner wanted to do professional work, and if working part-time whether she wanted more work. It was conducted on a regional basis to discover the extent of unemployment and underemployment among women doctors in various parts of the country, and also to facilitate contact between those with jobs to offer and those requiring work.

Selection of the Population for Circularization

There is no list of medical practitioners classified by sex, nor is there any list giving a full record of professional activity. The method of finding the number of women who should receive the questionary differed in the two surveys. In the M.P.U. survey the 1960 *Medical Directory* and the New Registration lists for 1960–2 were searched for the names of women resident in the United Kingdom not described as retired.

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For the M.W.F. survey the secretaries of 24 regional associations of the Federation each searched the B.M.A. divisional lists corresponding to her area. These lists consist of the names and addresses of doctors of both sexes, whether members or non-members of the B.M.A. (Lawrie and Newhouse, 1965). Retired doctors cannot be identified. The lists included 1963 qualifications.

Results

During 1962 11,594 M.P.U. questionaries were sent out; those who had not replied were recirculated in 1963. In March 1964 12,724 M.W.F. questionaries were dispatched. There were about 200 replies to each survey which indicated that the intended recipient was dead, had already received a questionary, lived abroad, or was a man; finally 8,209 of the M.P.U. and 9,075 of the M.W.F. questionaries were submitted for analysis. Omitting the incorrectly directed forms, the response rate in the M.W.F. survey was 72%, in the M.P.U. 73%. Of the replies to M.W.F. questionaries 1,214 (13.3%) stated that the doctor had retired on account of age.

Amount of Work Undertaken

Both surveys estimated the amount of medical work undertaken by each doctor. For the M.P.U. survey the questions asked were: "Are you working full-time, or more than 50%, or more than 25% of the time, or are you not in professional work?" The M.W.F. survey asked, "Are you working full-time, five or more, or four or less 'sessions' a week?" A session implied a morning, afternoon, or evening's work.

In this report, for purposes of comparison between the two surveys, the amount of work undertaken is classified as either full-time or part-time. There is good agreement between the two surveys (Table I). Approximately 80% of the respondents in both surveys had professional work. Nearly half were in full-time work.

TABLE I.—*Working Pattern of Women Doctors. The Two Surveys Compared*

Survey	Working Full-time	Working Part-time	No Medical Work	Total
M.P.U. (1962)	3,863 (47·0%)	2,813 (34·3%)	1,533 (18·7%)	8,209
M.W.F. (1963)	3,846 (48·9%)	2,381 (30·2%)	1,634 (20·8%)	7,861

The amount of work done has been related to the year of qualification and is based on the analysis of the M.W.F. data (Table II). Apart from the recently qualified group, of whom 63% were working full-time—many doing hospital jobs—the proportion in full-time work is lowest at 44% among those qualifying during 1950–9 and highest at 55% among those qualifying 20 years earlier. Among the group qualifying before

1929, 49% are in full-time work, but this group contained many nearing the age of retirement. That only 63% of the group who had been qualified for four or less years were working full-time, and that 21% were not working at this stage in their careers, is surprising ; it may reflect the tendency for early marriage and a rising marriage rate in recent years.

TABLE II.—*Working Pattern of Women Doctors by Date of Qualification (M.W.F. Data)*

Year of Qualification	No. in Group	Working Full-time		Working 5 or More "Sessions"		Working 4 or Less "Sessions"		No Medical Work	
		No.	%	No.	%	No.	%	No.	%
-1929	942	465	49·4	105	11·1	161	17·1	211	22·4
1930–	1,124	617	54·9	172	15·3	151	13·4	184	16·4
1940–	2,297	1,052	45·8	348	15·2	445	19·4	452	19·6
1950–	2,637	1,170	44·3	316	12·0	545	20·7	606	23·0
1960–3	861	542	63·0	65	7·5	73	8·5	181	21·0

Effect of Marriage and Children on the Professional Career

The M.P.U. survey asked detailed questions about the amount of work undertaken in relation to the number of children. In this communication the information is summarized and only the amount of work undertaken by single women (Table III) and married women with and without children is discussed (Table IV).

TABLE III.—*Professional Work by Single Women Doctors (M.P.U. Data)*

Years Since Qualification	Full-time		Part-time		None		Total
	No.	%	No.	%	No.	%	
<5	420	95·5	5	1·1	15	3·4	440
5–9	380	91·3	25	6·0	11	2·6	416
10–14	326	87·9	36	9·7	9	2·4	371
15–19	239	83·3	44	15·3	4	1·4	287
20+	608	67·6	195	21·7	96	10·7	899
Total	1,973	81·8	305	12·6	135	5·6	2,413

Single women worked predominantly in full-time jobs. The proportion in part-time jobs rose from 1% in the recently qualified to 21.7% in the group who had been qualified for 20 or more years. Only 39 (2.6%) of those qualified for less than 20 years were not working. Among those qualified longer than 20 years more than 10% had no professional work, but some of this group are elderly.

Among married women with children the proportion in full-time work varied between 15% in those qualified for five to nine years and 33% in those qualified for 20 years or longer. It is only in this latter group that the "not working" rate fell below 20%. But five years after qualification approximately 50% of women with children were in part-time medical work.

Married women without children were in an intermediate position. Nearly 60% of them remained in full-time jobs, and though towards the beginning and end of their professional lives approximately a fifth were not working, in the intermediate period between 10.5 and 12.4% were without any work.

In the small group of 105 widowed and divorced women who had been qualified for less than 20 years, 70% of those both with and without children were in full-time jobs.

Effect of Postgraduate Degrees and Diplomas

This analysis was made on the data from the M.W.F. survey. The group qualifying during 1960–3 is not included, as many of its members would not have had time to sit the necessary examinations. Among the remainder, 3,199 (46%) held one or more postgraduate degrees or diplomas (Table V) ; those with non-medical university degrees are included in this group. The proportion of the more highly qualified in both full-time and part-time work is higher than among those who hold only a qualifying degree or diploma, and the proportion without work is lower, 33% as compared to 67%.

TABLE V.—*Effect of Postgraduate Degree or Diploma (1960–3 Group Omitted) (M.W.F. Data)*

Working Category	No. in Group	Qualification Alone		Qualification Plus Postgraduate Degree or Diploma	
		No.	%	No.	%
Full-time	3,304	1,554	47·0	1,750	53·0
5 or more "sessions"	942	487	51·6	455	48·5
4 or less "	1,304	791	60·6	513	39·4
No professional work	1,450	969	66·8	481	33·2
Total ..	7,000	3,801	54·3	3,199	45·7

The effect of certain selected diplomas was also examined. The Membership or Fellowship of one or more of the Royal Colleges accounted for 623 (8%) of all postgraduate qualifications ; 60% of the holders of these diplomas were in full-time work, 31% in part-time work, and 9% were not working. Among the small group of 126 with the Diploma of Psychological Medicine 67% were working full-time, only 5% not working. There were 759 with the Diploma in Public Health, of whom 64% had whole-time jobs and 20% part-time. The popularity of this diploma is declining ; it is held by 21% of those qualifying before 1930 but by only 10% of the 1940–9 and 5% of the 1950–9 groups. The most popular diplomas during 1950–9 were the D.Obst.R.C.O.G. and the D.C.H.

Wish to Work

In the M.W.F. survey all doctors in part-time work or without work were asked to indicate if they wanted some, or more, professional work (Table VI). The survey does not reveal how much work these women doctors were prepared to undertake or, indeed, if their other commitments would allow them to avail themselves of any opportunities offered, but there

TABLE VI.—*Desire for Medical Work Among Part-time and Unemployed Women Doctors (M.W.F. Data)*

Year of Qualification	Working 5 or More "Sessions"			Working 4 or Less "Sessions"			No Professional Work		
	No. in Group	Wanting More Work		No. in Group	Wanting More Work		No. in Group	Wanting Work	
		No.	%		No.	%		No.	%
-1929	105	9	8·6	161	29	22·2	211	46	30·6
1930–9	172	22	7·1	151	40	26·5	184	51	27·7
1940–9	348	34	9·8	445	145	32·6	452	200	44·2
1950–63	381	45	9·1	618	202	32·7	787	370	47·0
Total	1,006	110	10·9	1,375	416	30·4	1,634	667	40·8

TABLE IV.—*Professional Work of Married Women Doctors (Omitting Widowed and Divorced) (M.P.U. Data)*

Years Since Qualification	Married—No Children							Married—with Children						
	Full-time		Part-time		None		Total	Full-time		Part-time		None		Total
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%	
<5	192	58·5	70	21·3	66	20·2	328	49	16·8	111	38·0	132	45·2	292
5–9	95	55·2	59	34·3	18	10·5	172	111	15·1	369	50·5	252	34·4	732
10–14	82	59·9	38	27·7	17	12·4	137	206	20·1	498	48·7	319	31·2	1,023
15–19	57	54·8	35	33·7	12	11·5	104	199	23·7	424	50·6	215	25·7	838
20+	132	46·2	95	33·2	59	20·6	286	460	33·2	663	47·9	261	18·9	1,384
Total	558	54·3	297	28·9	172	16·7	1,027	1,025	24·0	2,065	48·4	1,179	27·6	4,269

seems no reason to doubt that there was a genuine desire for more medical work.

The total number of women wanting work was 1,193, and these are scattered widely throughout the country. Even in the London area, which includes Kent and Surrey and which comprises 28% of the respondents, there were only 332 women doctors wanting some or more work.

Among all the respondents 10% of those working for five or more "sessions" wished for additional work; the proportion rises to 30% in those with fewer "sessions" and to 40% among the group with no medical work at all. The greatest demand comes from those qualifying since 1940.

Regional Differences

As the M.W.F. survey was conducted on a geographical basis we were able to examine the extent of employment of women doctors in different regions of the United Kingdom (Table VII). The proportion in full-time employment varied between 28.6% in the Carlisle and Lake District and 55.4% in North-west Lancs. It was noticeable that in areas which included the large conurbations—London, Manchester, Birmingham, Liverpool, and Glasgow—more than 50% of women worked full-time, whereas in Scotland, apart from the Glasgow area, and in the more rural areas of England, such as Devon and Cornwall, fewer women were fully employed. The proportion of women in part-time employment had no constant relation to the degree of full-time employment. Scotland appeared to have the fewest women doctors in part-time work. In Birmingham, Manchester, and Liverpool the level of part-time employment was high. In the Oxford and Cambridge areas, though the proportion in full-time employment was comparatively low, part-time work was as frequent as in the very large towns.

TABLE VII.—*Proportion of Women Doctors in Full-time and Part-time Work, by Region (M.W.F. Data)*

Region	No. of Respondents	In Full-time Work		In Part-time Work	
		No.	%	No.	%
Carlisle and Lake District	56	16	28·6	19	33·9
Aberdeen and North	188	74	39·4	33	17·6
Oxford and District	175	71	40·6	61	34·8
Cambridge and District	191	80	41·8	66	34·5
Devon and Cornwall	158	68	43·0	49	31·0
Wilts, Somerset, and Glos	298	130	43·6	97	32·5
Edinburgh and S.E. Scotland	473	207	43·7	168	20·7
Hants and Dorset	291	135	46·4	92	31·6
Sheffield and District	183	88	48·1	63	34·4
Yorkshire	357	172	48·2	126	35·3
Ipswich and Colchester	81	40	49·4	22	27·2
Sussex	196	98	50·0	50	25·5
Cardiff and District	156	56	50·6	39	25·0
East Midlands	282	143	50·7	86	30·5
Birmingham and W. Midlands	548	280	51·1	197	35·9
Manchester and District	437	225	51·6	51	36·3
N. Ireland	221	114	51·6	70	31·7
Swansea and District	137	71	51·8	47	34·3
Northampton and District	63	33	52·4	19	30·2
Liverpool and District	344	183	53·2	111	33·1
London and suburbs	2,313	1,211	53·2	712	30·8
N.W. Wales	84	45	53·5	20	23·8
Glasgow and Western Scotland	528	289	54·7	110	20·8
N.W. Lancs	101	56	55·4	27	26·7

As a result of the interest created by the M.W.F. survey, regional boards and other authorities have asked the secretaries at the regional level, or the central office of the Federation, for the names of women who might be available to fill vacancies. The lists compiled during the survey have been of practical value.

Analysis of a Sample Not Replying to the Questionary

As 28% of those circulated in the M.W.F. survey failed to reply an attempt was made to discover whether these women differed in any important respect from those replying to the questionary. As a preliminary step the names of the 3,525 women who did not reply to the M.W.F. questionary were checked with the *Medical Directory* and the *Medical Register* of 1965. Of these, 390 (11.1%) were found to have qualified before 1927 and had therefore probably retired; a further 97 (2.8%) had overseas addresses, were deceased, or were males initially circularized in error. A 10% random sample of the remainder, consisting of 303 names, was selected for further investigation. With the assistance of the statistical branch of the Ministry of Health comparable information to that of the original survey was obtained by recirculariza tion and by personal contact for all but 19 of the group. Twenty-two of the women were either retired, resident overseas, or deceased. Among the remaining 262, 120 (45.8%) were in full-time work, 82 (31.3%) in part-time, and 60 (22.9%) were not professionally employed.

These figures do not differ significantly from the analysis of the amount of work undertaken by the respondents and do not suggest that the "non-repliers" were either biased by being predominantly in full-time work or by being unemployed.

A similar investigation is also being undertaken by the M.P.U.

Discussion

Both the M.W.F. and the M.P.U. surveys show that the overall wastage among women doctors is not as alarming as is sometimes suggested. Nearly half of the respondents to the survey were in full-time work, about 30% in part-time work, and 20% were not professionally employed. The single women, who comprised 30% of the sample, were predominantly in full-time work. It was among the married women, particularly those with children, that wastage occurred. Among this group the proportion of those without professional work varied between 60% of those qualified for less than five years to 19% of those qualified for 20 years or longer. Among all married women with children, 26% were without medical work, compared with 15% of married women without children and 6% of single women. The figures based on the M.W.F. survey show that, except for the newly qualified and the oldest group, the amount of work done is directly related to the length of time since qualification. These figures do no more than emphasize an obvious truism—that the present pattern of domestic life, combined with the rigid staffing establishments of the health services, makes it difficult for women with young children to undertake responsibilities outside the home.

Factors which exercised a favourable influence on the amount of work undertaken were the possession of a postgraduate qualification and the locality in which the doctor lived. An additional qualification may make it easier to find a job that can be combined with family responsibilities, since consultant work in many specialties is often on a sessional basis. Secondly, more women doctors were in full-time, and in some cases in part-time, work in the larger towns than elsewhere. In these areas there is a considerable variety of work available in hospitals, clinics, and university departments. The work is also probably more accessible than it is in rural areas. As most married women with children have to make special domestic arrangements before they accept work, long periods spent in travelling add to their difficulties.

Since most of the single women are in full-time work the table relating to the desire for work among part-time workers may be presumed to refer chiefly to married women. It was noticeable that among those with five or more sessions a week less than 10% wanted more work, whereas among those with fewer sessions or no work up to 47% of the groups wished for work. It seems probable from these figures and from inquiries made by the Architects Association and the British Federation of University Women that married professional women wanting a less than full-time post prefer regular work occupying half to two-thirds of their time. In the medical profession, how-

ever, in many parts of the country opportunities for worth-while part-time work are not available.

The results of the two surveys show the pattern of work among women doctors when there is no special policy to retain them in the profession. At present, apart from some courses for the Diploma in Public Health and the Diploma in Psychological Medicine, all higher qualifications leading to consultant and senior status demand a full-time postgraduate training lasting at least seven years, several years of which will require residence in hospital, often in bachelor quarters.

In the Public Health Service part-time workers are often accepted only on a casual basis, a system which is particularly difficult for married women. Few general practitioners avail themselves of regular part-time help from their women colleagues, whose help is often sought when a locum is urgently wanted to meet an emergency.

Mr. Kenneth Robinson (1965), the Minister of Health, has said that it would be a tragedy if, for a woman, marriage and the practice of medicine came to be regarded as incompatible. Subsequently he has said that arrangements are being made to help married women to return to medical work (*Hansard*, 1966). These courses would be very valuable, but, in addition, women when undergraduates should be encouraged to take a sensible look at their circumstances and plan to make these compatible with their professional ambitions. There are now a few part-time junior hospital posts in the National Health Service, but more opportunities should be available for post-graduate work and postgraduate study on a part-time and non-residential basis.

However, other professions with more flexible staffing establishments for the benefit of married women are still experiencing wastage among their qualified women, and there are indications that many of these women also want to work but experience difficulties. Scarce and expensive domestic help, community attitudes to the working mother, and the existing tax arrangements are some of the factors which limit the married woman's contribution to her profession. The whole problem of wastage in the professions merits further and full exploration.

Summary

Surveys of women doctors conducted by the Medical Practitioners Union and the Medical Women's Federation give similar results.

Nearly 50% of the respondents were in full-time work, 30% in part-time work, and 20% not working. There is a significant increase in the proportion in full-time work 20 years after qualification. About 30% of the women doctors were single, working predominantly in full-time jobs, but among recently qualified married women, with presumably young children, 60% were without professional work. Approximately 1,200, a third of those not fully employed, wished for some or more medical work.

Factors which exerted a favourable influence on the careers of women were possession of a postgraduate qualification and residence in a large town.

It is suggested that the health services should adopt a more flexible attitude to part-time workers, and, as well as at the consultant level, opportunities for part-time employment and study should be available in all grades.

Social factors which affect the employment of all professional women should be urgently examined.

We wish to thank the British Medical Association for financial and other generous help to the Medical Women's Federation; the members of the Federation who organized the survey in its regions; the Medical Practitioners Union for permission to use some of the data from their survey; the secretariat of both the M.W.F. and the M.P.U.; Dr. E. R. Bransby for his valuable help and information; Miss Joan Walford for statistical assistance; Professor R. S. F. Schilling for his advice; and, not least, the medical women of the United Kingdom, most of whom completed and returned both the M.W.F. and M.P.U. questionaries.

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MEDICAL HISTORY

Royal Victoria Hospital, Netley

[FROM A SPECIAL CORRESPONDENT]

It has recently been announced that the old building of the Royal Victoria Hospital at Netley is to be pulled down by the Ministry of Public Building and Works. This remarkable edifice was threatened with demolition before it had even been completed. The need for so vast a military hospital arose in the Crimean War, when the invaliding hospital at Fort Pitt, Chatham, and the Royal Military Asylum in Southampton proved inadequate. There was a special debate in the House of Commons; a Select Committee chose the site for its convenience to transport ships coming up Southampton Water; and on 19 May 1856 Queen Victoria laid the foundation stone, her first official act after the end of the war. The *Illustrated London News* records that the Queen was shown the plans "by Mr. Mennis, architect of the War Department," and "Her Majesty, having signified her approval of them, they were placed in the copper box prepared for the purpose, together with the coins, medals, and cross, and the vellum document recording the event." Should this box now come to light, it will be interesting to see if the cross is a Victoria Cross, for it had only recently been instituted. For the salute fired at this point "a gun of the *Hardy* prematurely went off; two seamen were blown to pieces, and several others were injured," but the celebrations carried on undampened, to end with fireworks in the evening.

Someone is said to have compared the splendour of the proposed building with the simplicity of the then newly erected Osborne House: "the Sovereign, her eyes filling with tears, observed, 'I am only too glad to think, if indeed it be the case, that my poor brave soldiers will be more comfortably lodged than I am myself.'"[1] Queen Victoria's complacency on this score was soon to be shattered, for in September 1856 she first met Florence Nightingale. Mrs. Woodham Smith[2] describes the result. "'She put before us,' wrote the Prince in his diary that night, 'all the defects of our present military hospital system and the reforms that are needed.' 'I wish we had her at the War Office,' wrote the Queen to the Duke of Cambridge, the Commander-in-Chief." The Secretary of State at the War Office was Lord Panmure, a diehard and a procrastinator. At the Queen's command he met Miss Nightingale at Balmoral and offered to send her the plans of Netley, so that she might "make observations." He intended a compliment, but she took up the matter with typical thoroughness, prepared a report stuffed with statistics condemning the plans root and branch, and suggesting alternatives. Only then did Lord Panmure discover that building had gone so far that radical alterations would be impossible: he tried to soothe her—her objections were no doubt sound, but there were "susceptibilities" to be considered. She turned to the Prime