

The Joint Pledge on Ending Sexism in Medicine – guidance

The BMA has developed the Ending Sexism in Medicine pledge as a commitment to address the gender inequality that medical students and doctors experience. You can find the full pledge at: [A joint pledge to end sexism in medicine \(bma.org.uk\)](https://bma.org.uk). This guidance brings to life the high-level goals contained in the Pledge by providing examples of actions that could be taken by signatories to achieve the goals.

Why sign up to the pledge?

We know that many organisations with an interest in the medical profession share our vision for ending sexism in medicine. The pledge is an opportunity to commit publicly to this goal. Organisations who sign up to the pledge can work in collaboration, hold each other to account, share what works and use our varied areas of influence to deliver real change. Who can sign up to the pledge?

Any organisation or group that share our commitment to work in partnership to end sexism in medicine. This could include government bodies, regulators, representative or membership bodies, employers, medical education institutions, charities, social enterprises and support networks. This also includes organisations across all four nations of the United Kingdom.

Why has the pledge been developed?

There remains a high prevalence sexism and sexual harassment in the medical profession. [The BMA's Sexism in Medicine report](#) found that 91% of women had experienced sexism within the last two years, while 70% felt their clinical ability had been doubted or undervalued because of their gender, and 56% had received unwanted verbal conduct relating to their gender. The [Surviving in Scrubs](#) campaign provides harrowing individual testimony of the impact of sexism, sexual harassment and sexual assault in healthcare.

Gender based discrimination is not just caused by organisational cultures and individual behaviour. It is also built into the structures of medical careers. The training and career pathway for doctors was built to benefit those who work full time with no career breaks and the ability to work additional and unpredictable hours. This structure is particularly exclusionary of women and those with disabilities who are more likely to take career breaks and work flexibly. This has caused the medical progression to have a significant gender pay gap. The Department of Health and Social Care's 2020 [Independent Review into gender pay gaps in medicine in England](#) found a full-time equivalent gender pay gap of 18.9% for hospital doctors, 15.3% for GPs and 11.9% for clinical academics.

How can organisations take action to achieve the goals?

Below we have tried to bring to life the goals by providing examples of actions that could be taken by signatories to achieve the goals, with the background and evidence base to support those actions. Change is incentivised with effective target setting and means of monitoring progress. We encourage this approach when actions are taken to meet the general high-level goals we have set out that set out in the pledge.

1. Eliminate sexism from career progression opportunities

BMA's Sexism in Medicine report found that 67% of women respondents felt that their gender had a negative impact on their career progression. These experiences are backed up by the evidence of a significant gender pay gap in medicine.

Addressing unequal career progression opportunities will require structural changes to career pathways, pay structures and medical education that were not designed to accommodate the diversity of career paths now undertaken by the medical workforce.

It will also require addressing individual behaviours and workplace cultures that treat women less favourably. A key theme from the BMA's Sexism in Medicine survey is that women doctors are offered fewer career-enhancing opportunities than men and they are less encouraged to go for senior positions, particularly those with caring responsibilities.

'I have had consultants giving more opportunities to training the male doctors at work...I have seen other females experience the same things. It's a common culture with all make consultants in general surgery' **Respondent to the BMA's Sexism in Medicine survey.**

Actions that could be taken to meet this goal:

- Reviewing and amending pay scales to make them fairer for those who take career breaks and work less than full time.
- Transparency and monitoring of how career-enhancing opportunities are allocated.
- Design the training pathways and working environments to reflect the diversity of the medical workforce.

2. End sexual harassment in medicine

'I have been subject to sexual harassment from patients that has gone unchallenged by senior male colleagues; my own objections to this treatment were ignored, even when raising a DATIX [Reporting process used by some NHS Trusts] I felt unsafe reviewing the patient on the ward.' **Respondent to the BMA's Sexism in Medicine survey**

There are concerning levels of sexual harassment and other sexual harms medicine, the BMA's Sexism in Medicine survey found that 56% of women who responded received unwanted verbal conduct relating to their gender that caused them embarrassment, distress or offence.

Actions that could be taken to meet this goal:

- Organisations to develop sexual harassment policies, these should be written with the involvement of groups most impacted by sexual harms and inclusive of behaviour from patients and their relatives. Policies must be communicated to all employees.
- Leaders can be visible to their employee's role modelling the behaviours they expect. Making commitments to staff to take sexual harassment seriously and hold them accountable if they fail to create a safe and inclusive workplace.
- Providing the training for line managers and those in positions of responsibility to ensure they have the competency to identify and support those who experience sexual harassment.

3. Ensure there are multiple channels for reporting sexual harassment and sexism

As with other forms of discrimination, many people who are experiencing or witnessing sexism are opting not to report it. Strong and trusted reporting channels are fundamental to addressing sexism. The BMA's Sexism in Medicine survey found that only a third of those who experienced sexism chose to raise it with anyone.

Actions that can be taken to meet this goal:

- Monitor the success of reporting structures, collecting data on time taken to complete the process, outcomes from cases and any differences in experiences between doctors based on protected characteristics.
- Communicate the different reporting structures available within an organisation with transparency around what the process will entail. Encourage colleagues to engage with the processes.

4. Promote the benefits of gender diversity in medicine

In 2021 the population in England and Wales was 51% female and 49% male. There were 0.77 million more females than males. In addition, 0.5% of respondents to the England and Wales census (262,000) said their gender identity did not match the sex they were registered at birth.

A medical workforce that represents the population has significant benefits, such as: encouraging the most talented individuals to progress in their careers based on merit which leads to better care for patients; diverse teams lead to better decision-making, and ultimately clinical advances; and on a day-to-day basis, patients benefit from having a medical workforce that reflect them, and are more likely to personally understand their concerns. Doctors are patients and having a gender diverse workforce is beneficial in key areas that have been overlooked e.g. managing menopausal symptoms, access to breastfeeding facilities in medical training, appropriate risk assessments for pregnant doctors, provision of PPE that fits doctors of all shapes and sizes, clinical trials that trial the effects of new medicines on women of all backgrounds, flexible training and working structures that accommodate doctors with caring responsibilities.

Actions that could be taken to meet this goal:

- Leadership teams to set achievable targets on improving the diversity of their staff.
- When developing and communicating actions to address gender inequality state clearly the business case and intended benefits.
- Fund research into the benefits of gender diversity in medicine for the medical population and the UK population.

5. Guarantee safe and supportive environments for pregnant doctors and medical students

A theme from the BMA's sexism in medicine survey was pregnant doctors working in an environment where pregnancy and having children is viewed negatively. There was evidence of doctors being made to feel guilty for taking time off during their pregnancy and a fear that they would be seen as less committed because of them having children.

'When pregnant and unwell at work I was told Well what do you expect? This is the problem with too many female doctors.' **Respondent to BMA's Sexism in Medicine survey.**

Medical students and doctors will also need support if they miscarry or experience a stillbirth. If this happens before 24 weeks of pregnancy the entitlements employees are owed is the same as sick leave.

Actions that could be taken to meet this goal:

- Develop model risk assessment for pregnant and breastfeeding doctors that consider the impact of the working patterns and environments of doctors and medical students.
- Leaders being alert to potential bullying and harassment directed towards pregnant doctors and dealing effectively with those who perpetuate this behaviour.
- Ensuring that exam timings and conditions are compatible with medical students and doctors who are pregnant or breastfeeding.
- Creating a miscarriage policy that recognises the difficult time this physically and emotionally causes; the policy will be greatly improved if it includes paid time off.

6. Remove detrimental impact that having children and other caring responsibilities can have on career progression and work-life balance

As with other professions, the medical profession currently has a motherhood pay penalty, with the gender pay gap emerging at the average age women doctors have children. The BMA's Sexism in Medicine survey found doctors with childcare responsibilities, disproportionately women, were more likely to feel their gender had a negative impact on their career progression and more likely to be discouraged from going for senior positions.

'There's no flexibility to be both a fulltime surgeon and a fulltime mum. Especially in surgery, it's still very old school and rigid.' **Respondent to the BMA's Sexism in Medicine survey.**

Actions that could be taken to meet this goal:

- Adjusting workplace hours and environments to make them more compatible with childcare responsibilities.
- Addressing the bullying, harassment and unfair treatment that doctors who work flexibly due to caring responsibilities can face.

7. Actively challenge gender stereotypes in medicine

Gender stereotypes have a significant impact on the career pathways of doctors and medical students. We know that these stereotypes are being perpetuated with 61% of the respondents to the BMA's Sexism in Medicine survey being discouraged to work in a particular speciality because of their gender, with 39% going on to not work in that specialty as a result.

These gender stereotypes can be around family planning and caring responsibilities, with women medical students and doctors being expected to want and be able to have children and that they will plan their career paths around this. Women are being steered towards general practice and away from specialties that are belied to be incompatible with caring responsibilities. There are also stereotypes in place that certain areas of medicine are more suited to certain genders. This impacts both genders as you can see from these quotes from respondents to the Sexism in Medicine survey.

'Many positive attributes required in surgery are often attributed to men, even when there is variation within and between genders. There is an assumption that there is a right way to be a surgeon and this is thus correlated with maleness and masculinity.'

'I have worked pretty much my whole career in obs and gynae and then sexual health. I still often get asked why would a guy want to do that sort of work, as if that is an inappropriate job for a man.'

Actions that could be taken to meet this goal:

- Review career's advice communication given in medical schools and doctors in training to ensure that it does not perpetuate gender stereotypes around medical specialties or discourage medical students and doctors from joining certain specialties based on their gender or any other protected characteristic.
- Provide active by-stander training to encourage colleagues to call out gender stereotypes from other NHS and patients.
- Promote role models of those who challenge the traditional stereotypes.

8. Increase the visibility and voices of women

Despite 46% of UK-registered doctors being women, being a doctor is still intrinsically seen as a male role. The strongest theme from the BMA's sexism in medicine survey was women doctors being called a nurse or other NHS staff position. This stereotype is leading to women doctors being undervalued, undermined and having their competency doubted by colleagues and patients.

'As a male F1, I have often had questions deferred to me by patients when doing ward rounds with female consultants, despite them introducing themselves and obviously leading the ward round.'
Respondent to the BMA's Sexism in Medicine survey.

The survey also found that the contributions of women were not properly recognised and there were not credited for their work.

Action that could be taken to meet this goal:

- The development of well-resourced staff and member networks to strengthen the collective voices of groups who have traditionally been left out of decision making.
- Implement practices that doctors and medical students from groups who are historically underrepresented at senior levels are giving platforms at panels and events.
- Membership organisations to encourage gender diversity in elected and representative roles.

9. Employees in more senior roles to recognise gender bias in the workplace

Senior doctors have an important role to play in addressing sexism. The BMA's Sexism in Medicine survey highlighted that a lot of sexist behaviour occurs in the experiences between senior and junior doctors. For example, 47% of women who responded to the survey said they were treated less favourably by senior doctors because of their gender.

The survey also highlighted the significant power that those in senior roles if they play a positive role in calling out sexism.

Actions that could be taken to meet this goal:

- Training for managers to ensure they have the knowledge and competencies to recognise sexism and address incidents they become aware of.
- Implementing reverse mentoring of 360 feedback to increase awareness of the experiences of younger and less senior doctors.
- Include addressing EDI related targets in manager's goals and objectives or their medical appraisals.

10. Support women's health

Organisations adjusting accommodate the mental and physical health needs of their staff or members lifts barriers to workforce participation. Research such as the BMA's menopause survey and the Department of Health and Social Care's Women's Health Strategy demonstrated that women are uncomfortable raising health matters in the workplace and a lack support is causing problems with retention and career progression.

'Consider female needs: provide better changing room and toilet facilities. Provide access to sanitary products and start designing the workplace around women as well as men. Currently everything in medicine, especially in theatres, is designed to be used by men.' **Respondent to the BMA's menopause survey.**

Areas where more needs to be done around protecting women's health at work include; menstrual health, conditions such as endometriosis and menopause; fertility treatment; domestic violence and pregnancy and pregnancy loss.

Actions that could be taken to meet this goal:

- Access to high-quality occupational health services and risk assessments
- Implementing policies to support doctors and medical students who are disabled or have long-term conditions.

Acknowledging diversity in sexism

People's experience of sexism will vary and for many doctors and medical students their gender is one part of their identity that leaves them more open to discrimination. Unfortunately, sexism is not the only form of discrimination that is prevalent in the NHS. People's experiences of discrimination are not based on a single factor, but rather the combination of multiple factors that intersect and interact in complex way. Many doctors and medical students also face differences in treatment based on other characteristics such as their ethnicity, faith, sexual orientation, gender identity, disability, age and socio-economic background.

To address sexism meaningfully we must commit to better the experiences of all doctors and medical students, which means being explicit about when there is an intersection between different characteristics and discrimination that arises from that intersection. One example of an action that addresses an intersectional sexism issue is improving access to surgical headscarves in theatres.

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