

Letters

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Women in medicine

Amanda Howe's editorial in February's Journal¹ raises and discusses important issues around the implications of the 'feminisation' of the GP medical workforce. However, I think she over-emphasises the benefits of women doctors over men. A recent careful meta-analysis² of women in medicine concluded that there were no gender specific competences, and there is conflicting evidence that men and women practice medicine differently. However, patients may have gender-shaped expectations that could interfere with doctor-patient communications.

Most GPs in the third age (over 50 years) are men working full-time, while newly qualified GPs are men and women (30:70%) wishing to work flexibly and hold a portfolio of roles.³ A pilot survey of third-age female GPs in Wessex has shown a striking intention to retire by 55 years of age. We are enlarging the survey, but, if confirmed, it could have a significant impact on workforce planning.

Amanda is right to bring the gender issue to the fore, especially after the widely published recent comments of the President of the Royal College of Physicians, but both sexes must be careful to look at these complex and important issues without allowing personal perception to overly influence the debate.

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Conflict of interest

A man.

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2. Kilminster S, Downes J, Gough D, *et al.* Women in medicine — is there a problem? A literature review of the changing gender composition structures and occupational cultures in medicine. *Med Educ* 2007; 41(1): 39–49.
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We read with interest Amanda Howe's response¹ to the papers by Gravelle² and Rossdale³ in February's Journal. Our own survey of all GPs in Scotland based on a relatively high response rate (67%) found that women GPs at all stages of their careers work significantly fewer hours than men.⁴ As importantly, they were much less likely to become involved in non-GMS educational and managerial activities (0.73 versus 1.1 sessions weekly, $P < 0.01$) with serious consequences for the development of the speciality.

Additionally, if the Rossdale's findings on out-of-hours referrals are also mirrored in-hours then the impact on secondary care is likely to be significant.³ Empathy and communication skills are important, but so is the ability to live with risk in general practice as is the ability, under pressure, to 'clear the decks'.

We found the median age of GPs in Scotland to be between 45 and 50 years. They were mostly male and working full-time, as are those aged between 50 and 60 years. This 'wave' of full-timers is shortly to crash on the shores of retirement, with those behind them increasingly part-time. While we agree that it is very important to have women in general practice, someone will have to look after the patients 10–20 years from now. On current recruitment and retention, given the likely female work pattern and without big imports from other countries our feminised workforce will not cope with future demands.

We need to accept that we will either need to employ more doctors in primary care in the future to make up this

demographically-induced shortfall, find ways of allowing women to work longer hours and partake in the full range of general practice activities, or encourage more men to consider a career in primary care.

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3. Rossdale M, Kemple T, Payne S, *et al.* An observational study of variation in general practitioners' out-of-hours emergency referrals. *Br J Gen Pract* 2007; 57(535): 152–154.
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Author's response

The strategies suggested by McKinstry and Colthart have my support — the issue of encouraging women and men to be GPs is a duty of all those who advocate for the discipline, and enabling women to take part in the full gamut of possibilities of their chosen career is only fair. I also accept Smith's point that 'women and men are different', but the position of the editorial was to counteract the oversimplistic argument that 'more women equals more problems'. Planning for fewer hours in front-line practice over a working lifetime for all doctors fits the current preferences of younger doctors for a portfolio career. Mentoring students and junior doctors to aspire to a full professional application of their training