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Inspiring future generations: embracing plurality and difference in higher education

Making the most of Athena Swan: how research can help

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Part 1: Abstract

The Athena Swan Charter recognises higher education institutions working for gender equality through an awards scheme. In 2011, the Chief Medical Officer warned she did not expect to short-list any NHS/University partnership for 2015 funding for NIHR Biomedical Research Centres and Units where the academic partner had not achieved at least the silver award ([Davies, 2011](#)). Although this resulted in many medical schools developing gender equality strategies there is little research on gender equality interventions and no robust evidence base to help medical schools prioritise resources.

This paper describes a project whereby a Russell Group medical school aimed to provide evidence to underpin its application for an Athena Swan silver award. The research project included a literature review of gender equality interventions in academic medicine; an investigation of staff views towards a range of interventions using Q Methodology and a series of focus groups to discuss and validate the findings.

Part 2: Outline

Background

The number of women entering medical school has increased significantly, with the proportion of female graduates rising from around a quarter to over a half in the past fifty years. Women play an increasingly important role in the UK medical workforce, for example, 45% of doctors in the UK are female and 32% of consultants are female.

Despite this, few women reach leadership positions ([Health, 2010](#)) and women doctors are under-represented in key medical leadership roles ([Association, 2014](#)). For example only 9% of Deans of Medical Schools in the UK are women (three out of 33), and only 17% of NIHR Faculty senior investigators are women. There are 'missing women' in leadership through editorships, presidents of influential medical societies and those affiliated to the representative bodies ([Baecher-Lind, 2012](#)). Men and women can share similar leadership aspirations but medical schools have failed to create and sustain an environment where women feel fully accepted and supported to succeed ([Pololi et al., 2013](#)). Less than a quarter of clinical academics and only 14% of clinical professors are women.

The situation is mirrored in pay disparities and within specialisms and there is evidence of a growing deficit of compensation with seniority ([Ash et al., 2004](#)). Based on average salaries there is a raw pay gap of £15,245 such that women doctors earn 18% less than male doctors overall. In academic medicine, women earn 17% less than men whereas women in the NHS earn 21% less than men. Disparities also exist within grades with male professors in medical schools earning 15% more than female professors ([BMA, 2009](#)). According to the Times Higher Education, the proportion of male academics overall earning the top bracket of academic pay is more than double that of women (2014).

The BMA is keen to address this under-representation of women in the medical academic workforce and is undertaking research in this area in an attempt to better understand the issues ([BMA, 2003](#), [BMA, 2004](#)). By the same token, infrastructure funding for medical research will only be allocated to those places that show a considerable progress towards gender equality according to the Athena Swan Charter as stipulated by Chief Medical Office Professor Dame Sally Davies. This has resulted in many medical schools quickly developing gender equality strategies. However, there is little research on gender equality interventions and no robust evidence to help Schools prioritise resources. This project aimed to conduct research to provide evidence to underpin our application for an Athena Swan Silver award.

Method

There were three phases to our project: a literature review of gender equality interventions in academic medicine aimed at producing a descriptive framework; an investigation of staff views using Q Methodology; and a series of focus groups.

♦ *The literature review*

The literature review surveyed current English language research across academic medicine with a view to helping us develop a descriptive framework of potential interventions for implementation within the School of Medicine. Our review found surprisingly few examples of good practice and no robust evidence of effectiveness for interventions aimed at improving gender equality in academic medicine. Even though the literature contains comparatively little information on national and international interventions in academic medicine, we found a consensus that the under-representation of women is not simply 'a woman's problem' there is clear evidence of gendered leadership cultures, the gendering of excellence and unconscious bias. We found that gender equality interventions evaluated in the literature fall into three broad domains: societal, organisational and individual, similar in content to those identified by Morley ([Morley, 2013](#)). In order to overcome the gender disadvantage in academic medicine there is a need for simultaneous efforts to address all these areas ([Tosi and Mankin, 1998](#)). In our framework we also categorised interventions into 'good practice' and 'positive action'. Good practice refers to measures which should be adopted throughout the institution and which benefit everyone. Positive action is aimed specifically at reducing gender inequality but is by no means synonymous with setting employment targets or quotas ([O'Connell, 2012](#), [Bell et al., 1996](#), [McCrudden, 1986](#)). It is no substitute for laws which tackle direct and indirect discrimination but recognises that these are only capable of bringing about a limited amount of social change. Discriminatory attitudes are deeply embedded in society meaning that under-represented groups suffer. It is this structural inequality which positive action aims to address.

♦ *Q methodology*

The views of a diverse sample of 56 school staff (across grade, gender and Institute) were then elicited using Q methodology which is a structured approach to identifying the range of subjective viewpoints on a socially debated topic ([Watts and Stenner, 2012](#)). A range of viewpoints was identified on which interventions were a priority in terms of establishing gender equality.

♦ *Focus groups*

Finally, several focus groups were facilitated by the research team in order to share the results with Athena Swan teams across the School and to validate and discuss the findings.

Summary

In summary, the literature on societal, organisational and individual reasons for gender inequality in academic medicine leadership is compelling and provides the context for what is happening across higher education in general and the School of Medicine in particular. This paper tells the story of how our research team tackled the research gap in our medical school by adopting a qualitative research enquiry and using the findings to critically inform the School's senior team in their Athena Swan accreditation endeavours. This paper not only illustrates the gender equality interventions framework we produced it also shares the experiences and learning from working as an in-house research project team on such a potentially controversial culture change initiative.

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