

The Feminisation of the Medical Profession:

A potential new gender imbalance
and
the opinion of doctors

A dissertation submitted by
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METHOD

An online questionnaire

Convenience Sampling



Snowball sampling



59 completed questionnaires

19 men, 40 women at all stages of their medical careers across the UK

Results

**Expect the Unexpected!
An Emotional Response**



Angry



tired



confused



sad



Job satisfaction

CODING

Impact on the NHS

Part-time working ↔ difficult scheduling ↔ more doctors needed ↔ expense ↔ challenges left unaddressed

Impact on Patients

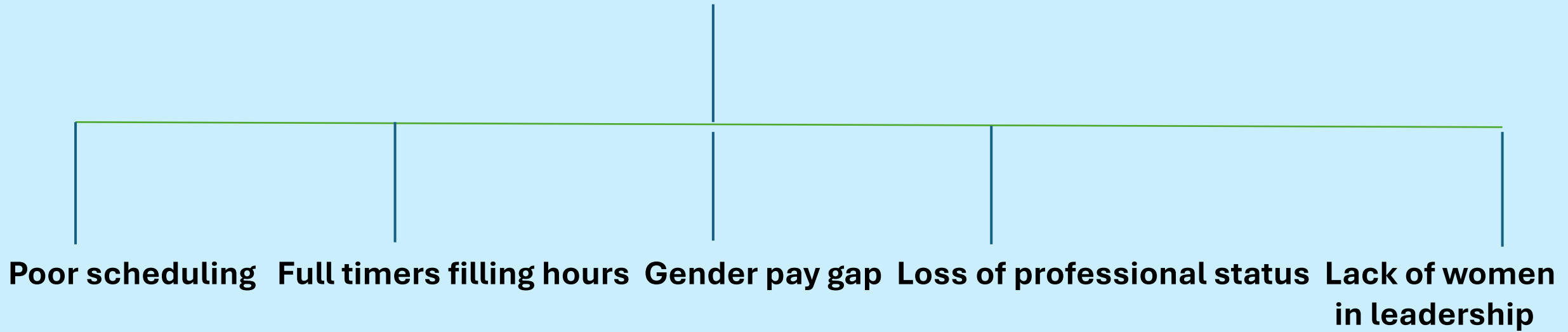
Part-time working ↔ lack of continuity of care ↔ unable to access a specific gender of doctor ↔ may have better care

Impact on Doctors

The big one!

Impact on Doctors

Part-time working/feminisation



Sexual harassment in Surgical Departments

EXTRACTS FROM THE QUESTIONNAIRE

Part time work [Less Than Full Time (LTFT)]

'Part time work is the risk', (female, consultant, full-time); 'women still bear the brunt of childcare,' (female, hospital doctor, part-time). 'I hope it will force more flexibility and creative solutions to workforce planning', (female, GP, part-time).

Full Timers Filling Hours

'work force planning with increasing part time and career break leads to (the) rest of the professional overworked and burnt out' (male consultant, full-time).

Gender Pay Gap

'depressingly pay has gone down as more women have become doctors' (female, ex-consultant, now medical academic, full-time); 'men largely paid more' (female, hospital doctor, full-time).

Loss of Professional Status

'we are valued less by the government and society as a whole' (female, consultant, full-time); 'this lowers our status as a profession' (female, GP, part-time); 'Sadly I believe the feminisation of the medical profession has contributed to the erosion of respect towards the profession (female, GP, part-time).

Lack of women in leadership

'The structures & policies are still devised primarily by men. The most senior positions in many hospitals are held by men as many women are still expected to go part time if they have children', (female, hospital, part-time).

Sexual Harassment in Surgical Departments

'As a female doctor I was exposed to sexually inappropriate and misogynistic comments during my surgical rotation far more than in any other and have no interest in exposing myself to that for my entire career' (female, GP, part-time).

'A toxic training environment where women are seen as weak and emotional (because apparently anger is not an emotion so men are not emotional) and a high incidence of sexual harassment in female surgical residents', (female consultant, full-time).

Because the surgical coffee rooms remain filled with misogyny. Because to be considered half as good as a man you have to be twice as good', (female, consultant part-time).

'It's a 'boys' club' and in my experience still maintains archaic views', (male, hospital doctor, full-time).

The Irony: Wallis *et al* (2023) in Canada researched outcomes from 1 million patients after surgery depending on the gender of the surgeon. Nearly an additional 1% of patients were alive after one year if their surgeon was a woman. This was acknowledged by the Royal College of Surgeons in the UK (2025).

Confirmation of Issues in Peer Reviewed Literature

Part time work: Lachish *et al.* (2016) acknowledges the challenge to the NHS of scheduling part time working in order to fill the clinical hours. Registered doctors have identified this issue over the past 20 years (Ferriman 2002; McKinstry, 2008; Wheeler *et al.*, 2014; Paul, 2015).

Gender pay gap: Jones and Kaya (2023) recognise the gender pay gap particularly for part time doctors. Burrows (2024) argues that it is partly because women choose lesser specialisms for family reasons.

Loss of professional status: Watts (2018) took the opinions of 226 male and female doctors who were unanimous that the profession has been devalued by feminisation in the view of the profession and the public.

Women not in leadership positions: Research In Germany by Laurence, Golich and Simmenroth (2020) identified similar challenges to the UK medical profession including a lack of women in leadership positions.

Literature on Sexual Harassment

Literature on sexual harassment has reported on the wide extent of sexual harassment 'of doctors, by doctors' (Stone, Phillips and Douglas, 2019, p.1). Cox and Jewitt (2022) revealed extensive sexual harassment ranging from sexual comments to rape, even in GP practices as well as in surgical departments, referring to a campaign called Surviving in Scrubs (2025).

Sexual harassment is an ongoing issue in the medical profession and is well publicised in academic and grey literature (Sylvester, 2025; Renton, 2023; Trueland, 2022). But it remains unresolved despite the publication of a charter by NHS England in 2023 and updated in 2025 which lists 10 obligations by NHS England and health boards to combat sexual harassment.

The route of women to the medical profession

It starts at school:

SQA (2025): 2170 girls took Biology Higher compared to 955 boys.

University of Dundee (2024) had 1271 female applicants to study medicine and 680 male applicants. 43% of female applicants were successful. 45% of male applicants were successful.

University of Edinburgh (2024) had 1121 female applicants and 622 male applicants. 36% of female applicants were successful,. 35% of male applicants were successful.

The General Medical Council (2024) reported an intake of 10,028 medical students. 66% on average were female, with Northern Ireland having the highest percentage of 72%.

What does this mean for careers advisers?

Currently nearly 70% of medical students are women and they are the future of the NHS (General Medical Council, 2024).

Participants in this research estimated that when 70% of doctors are women, it will be critical to the organisation of the NHS.

Comparing medicine to engineering: national policies and activities encourage women to enter engineering and other technical professions (Skills Development Scotland (SDS) 2024; UK Parliament, 2025; Equate, 2025).

Will it become national policy to encourage men to become doctors?

What will be the role of careers advisers?

The Role of the Careers Adviser

19 careers advisers working in education completed a specific questionnaire.

They were all adamant that they would be impartial and only follow the interests and aspirations of individual clients.

They promote a profession to all genders in groupwork but not to individuals.

They follow the interests of individual clients, not national policies.

Summary 1

Feminisation of the medical profession has taken place naturally.

The skills of female doctors are recognised and appreciated.

Many women part-time which is challenging for the NHS, colleagues and patients

Part-time work and feminisation leads to a gender pay gap, loss of professional status, and lack of women in leadership positions.

There is considerable sexual harassment in surgery which is not addressed.

Doctors estimate that when 70% of doctors are women, it will be critical for the running of the NHS.

Summary 2

Career choice starts at school with the choice of subjects to take at Higher.

Nearly double the amount of girls take Biology which is relevant to study medicine.

Nearly double the amount of girls apply to study medicine at university.

A similar percentage of female and male applicants are accepted to study medicine.

Careers advisers are adamant that they maintain impartiality despite government and organisational policies.

Careers advisers must pursue the interests of the individual client.

Despite challenges, doctors are committed to their profession and find great job satisfaction and meaning to their career. One participant described medicine as a 'deeply satisfying career that will suit many men' (female, GP, part-time).

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