

# WMA STATEMENT ON GENDER EQUALITY IN MEDICINE

*Adopted by the 69<sup>th</sup> WMA General Assembly, Reykjavik, Iceland, October 2018*

## PREAMBLE

1. The WMA notes the increasing trend around the world for women to enter medical schools and the medical profession, and believes that the study and the practice of medicine must be transformed to a greater or lesser extent in order to support all people who study to become or practice as physicians, of whatever gender. This is an essential process of modernization by which inclusiveness is promoted by gender equality. This statement proposes mechanisms to identify and address barriers causing discrimination between genders.
2. In many countries around the world, the number of women studying and practicing medicine has steadily risen over the past decades, surpassing 50% in many places.
3. This development offers opportunities for action, including in the following areas:
  - Greater emphasis on a proper balance of work and family life, while supporting the professional development of individual physicians.
  - Encouragement and actualization of women in academia, leadership and managerial roles.
  - Equalization of pay and employment opportunities for men and women, the elimination of gender pay gaps in medicine, and the removal of barriers negatively affecting the advancement of female physicians.
4. The issue of women in medicine was previously recognized in the WMA Resolution on Access of Women and Children to Health Care and the Role of Women in the Medical Profession which, among other things, called for increased representation and participation in the medical profession, especially in light of the growing enrolment of women in medical schools. It also called for a higher growth rate of membership of women in National Medical Associations (NMAs) through empowerment, career development, training and other strategic initiatives.

## RECOMMENDATIONS

### **Increased presence of women in academia, leadership and management roles.**

5. National Medical Associations/Medical Schools/Employers are urged to facilitate the establishment of mentoring programs, sponsorship, and active recruitment to provide medical students and physicians with the necessary guidance and encouragement necessary to undertake leadership and management roles.
6. NMAs should explore opportunities and incentives to encourage both men and women to pursue diverse careers in medicine and apply for fellowships, academic, senior leadership and management positions.
7. NMAs should lobby for gender equal medical education and work policies.
8. NMAs should encourage the engagement of both men and women in health policy organizations and professional medical organizations.

### **Work-Life Balance**

9. Physicians should recognize that an appropriate work-life balance is beneficial to all physicians, but that women may face unique challenges to work-life balance imposed by societal expectations concerning gender roles that must be addressed to solve the issue. Healthcare employers can show leadership and help tackle this

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imbalance by:

- Ensuring women who go on maternity leave are able to access all their rights and entitlements;
- Introducing programmes which encourage men as well as women to take parental leave, so that women are able to pursue their careers and men are able to spend important time with their families.

10. Hospitals and other places of employment should strive to provide and promote access to high quality, affordable, flexible childcare for working parents, including the provision of onsite housing and childcare where appropriate. These services should be available to both male and female physicians, recognizing the need for a better work-life balance. Employers should provide information on available services which support the compatibility of work and family.

11. Hospitals and other places of employment should be receptive to the possibility of flexible and family-friendly working hours, including part-time residencies, posts, and professional appointments.

12. There is a need for increased research on alternative work schedules and telecommunication opportunities that will allow flexibility in balancing work-life demands.

13. NMAs should advocate for the enforcement and, where necessary, the introduction of policy mandating appropriate paid parental leave and rights in their respective countries.

14. Medical workplaces and professional organisations should have fair, impartial and transparent policies and practices to give all physicians and medical students equal access to employment, education and training opportunities in medicine.

### **Pregnancy and Parenthood**

15. It should be illegal for employers to ask applicants about pregnancy and/or family planning in relation to work.

16. Employers should assess the risks to pregnant physicians and their unborn children, when a physician has recently given birth and when she is breastfeeding. Where it is found, or a medical practitioner considers, that an employee or her child would be at risk were she to continue with her normal duties, the employer should provide suitable alternative work for which the physician should receive her normal rate of pay. Physician should have the right to not work night shifts or on-call shifts during the later part of pregnancy, without negative consequences on salary, employment or progression in residency.

17. Pregnant physicians should have equal training opportunities in post-graduate training.

18. Parents should have the right to take adequate parental leave without negative consequences on their employment, training or career opportunities.

19. Parents should have the right to return to the same position after parental leave, without the fear of termination.

20. Employers and training bodies should provide necessary support to any physician returning after a prolonged period of absence including parental, maternity and elder-care leave.

21. Mothers should be able to breastfeed (or be given protected time for breast pumping) during work hours, within the current guidelines from the WHO.

22. Workplaces should provide adequate accommodation for women who are breastfeeding including designated areas for breastfeeding, breast pumping, and milk storage, which are quiet, hygienic, and private.

### **Changes in organisational culture**

23. The medical profession and employers should work to eliminate discrimination and harassment on the basis of gender and create a supportive environment that allows equal opportunities for training, employment and advancement.

24. Family friendliness should be part of the organizational culture of hospitals and other places of employment.

### **Workforce planning and research**

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25. NMAs should encourage governments to take the increasing number of women entering medicine into consideration in the context of long-term workforce planning. A diverse workforce is beneficial to the health care system and to patients. Organizations delivering healthcare should focus on ensuring systems are appropriately resourced to ensure that all those working within them are able to deliver safe care to patients and are appropriately and equitably rewarded. Governments should also work to counteract negative attitudes and behaviour, bias, and/or outdated norms and values from organizations and individuals.

26. NMAs should encourage governments to invest in research to identify those factors that drive women and men to choose certain fields of specialization early on in their medical education and training and strive to address any identified barriers in order to achieve equal representation of men and women in all fields of medicine.

27. NMAs should encourage governments and employers to ensure that men and women receive equal compensation for commensurate work and strive to eliminate the gender pay gap in medicine.