doctors of bc
Better. Together.

GENDER EQUITY IN BC MEDICINE

WHAT WE HEARD

What was the goal of this member engagement?

Research and member input indicate that female physicians tend to experience poorer work-life integration, gender-based income gaps, and lower representation in leadership opportunities. Based on this research, we wanted to hear your thoughts on gender equity in medicine, and suggestions on how we might advocate for policy solutions that reflect BC physician experiences and needs.

How did we seek member input?

In-depth interviews
We conducted 1-on-1 interviews with physicians with gender equity research experience and/or knowledge for their in-depth input on this issue.

All-member online engagement
Based on key themes from these interviews and a literature review, we sought broader physician input on this issue.

What did we ask?

We used 2 tools to gather member input:

A survey asking for input on 6 proposed focus areas for policy development.

An ideas board asking for additional suggestions to better understand or address gender equity in BC medicine.

Who participated?

143
surveys completed (including 503 comments to open-ended questions)

123
contributions shared on an ideas board (ideas, comments, likes)

Type of practice
Family physician: 42%
Specialist: 53%
Other: 5%

Practice setting
Community-based: 23%
Facility-based: 32%
Both: 45%

Geographic setting
Urban: 63.6%
Semi-urban: 21.8%
Rural: 14.6%

Gender
Female: 84%
Male: 13.5%
Another gender/not specified: 2.5%

WHAT DID WE LEARN?

Female respondents outlined challenges they have faced, and both male and female respondents discussed the need to better understand this issue and suggested potential solutions.

Key themes: challenges

- Patients, other health care providers, fellow physicians, and family members can be sources of gender bias and gendered expectations in subtle but persistent ways, which can impact stress levels, income, and career progression/satisfaction for female physicians.
- Referral bias can contribute to pay inequity, whereby complex or time-intensive patients are disproportionately referred to female physicians. Responses suggested this may be due to a perception that women are more suited to providing emotional support and counselling.
- Responses suggest that female-dominated specialties and/or those that focus on providing care to women or children (e.g., family medicine, pediatrics, obstetrics) may be under-compensated.
- Lack of female representation in clinical, academic, and professional leadership can mean fewer opportunities to influence decision-making on fee codes, clinical operations, and policy.
- Gaps in research contribute to lack of understanding or skepticism about gender equity issues, and uncertainty about best solutions.
- Women in medicine from different backgrounds may face added or different equity challenges, based on intersecting identity factors.

Suggested solutions

- Better fund and incentivize provision of care to complex patients, to reflect the value of this work and the time it takes.
- Appropriately compensate female-dominated specialties and/or those focused on the treatment of women and children.
- Make referrals more transparent and fair so that women are not disproportionally referred more complex patients or lower-paying procedures.
- Increase female representation in clinical, academic, and professional leadership, combined with opportunities for mentorship for women moving up in their medical careers.
- Improve access to childcare, improve parental leave for both men and women, and challenge gender norms to improve work-life balance for female physicians.
- Apply a gendered lens to fee changes, new fees, and new payment models to address or avoid potential gender-based inequity.
- Provide training, guidance, and policies to address conscious and unconscious gender bias by health care providers, patients, and health system administrators.
- Continue to research and improve understanding on gender equity issues in medicine, but also use current research to identify possible steps that can be taken now.
- Consider the impact of intersectionality to avoid creating one-size-fits-all solutions that may address the needs of some women, but not others.

WHAT'S NEXT

Doctors of BC will use these findings to inform actionable policy commitments and recommendations specific to gender equity in BC medicine. These will be used to advocate for improvements in key areas, for the purpose of contributing to systemic change. We will share the final policy statement with recommendations and commitments in the coming months.

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