

Equality in Cardiology; Encouraging and supporting the female cardiologists of today & tomorrow

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Despite making up over half of medical students and CMTs in the UK, women are grossly under-represented in cardiology.

Women account for 28% of cardiology trainees and only 13% of cardiology consultants.

Causative factors identified:

- Lack of female role models
- Concerns about radiation in pregnancy
- Concerns about work-life balance
- Concerns about lack of opportunity to work less than full time

OBJECTIVES

This Equality in Cardiology project seeks to address several of the potential reasons for the gender imbalance within the specialty



METHODS

Recognising that efforts need to be focused on medical students & junior doctors, several Women in Cardiology meetings were organised locally:

- “Show case” of female cardiologists in every sub-specialty within cardiology
- Adequate time for questions to explore and address concerns

Local mentorship scheme

- Female medical students considering a career in cardiology are paired with a consultant cardiologist
- Career advice, assistance with CV building
- Facilitation of work experience placements

National initiatives

- BCS WIC Council representative
- Working group to build resources for pregnant cardiologists/those undergoing IVF

RESULTS

To date 21 medical students have been matched with a Consultant Cardiologist /Cardiology SpR and are benefitting from regular mentoring.

There is no ‘quick fix’ for the under representation of women within cardiology and on a larger scale much more work, on a larger scale required.

This grassroots project is still in its infancy and there are many more initiatives planned including:

- BCS resource on radiation in pregnancy
- National team to advise/assist with queries re working in cardiology when pregnant.
- WIC showcase on BCS website – demonstrating successful women in all cardiology sub-specialties.
- Local WIC representatives across the UK to promote networking, local and national events

CONCLUSIONS

Equality in cardiology is a long term goal. Much more work is required, with engagement from men and women in cardiology to promote equality.

By focusing efforts on those yet to decide on their future career we can demonstrate that women are welcome and wanted in cardiology.