



Gender Equality in Irish Medicine Survey Results

Key Themes



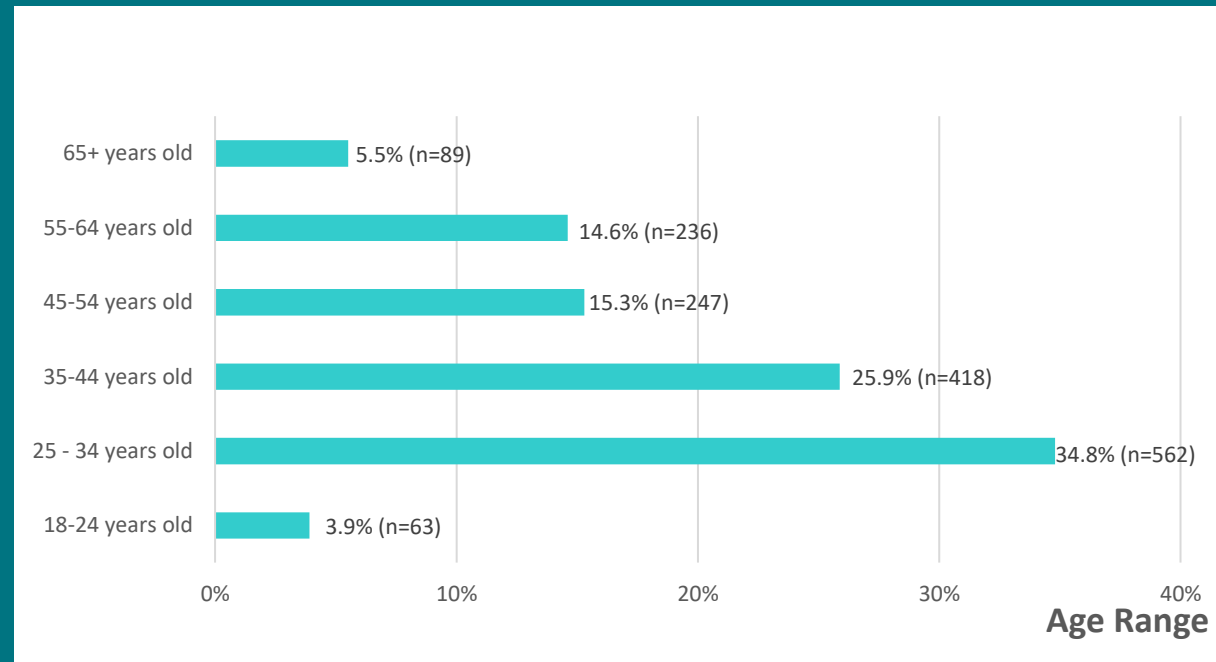
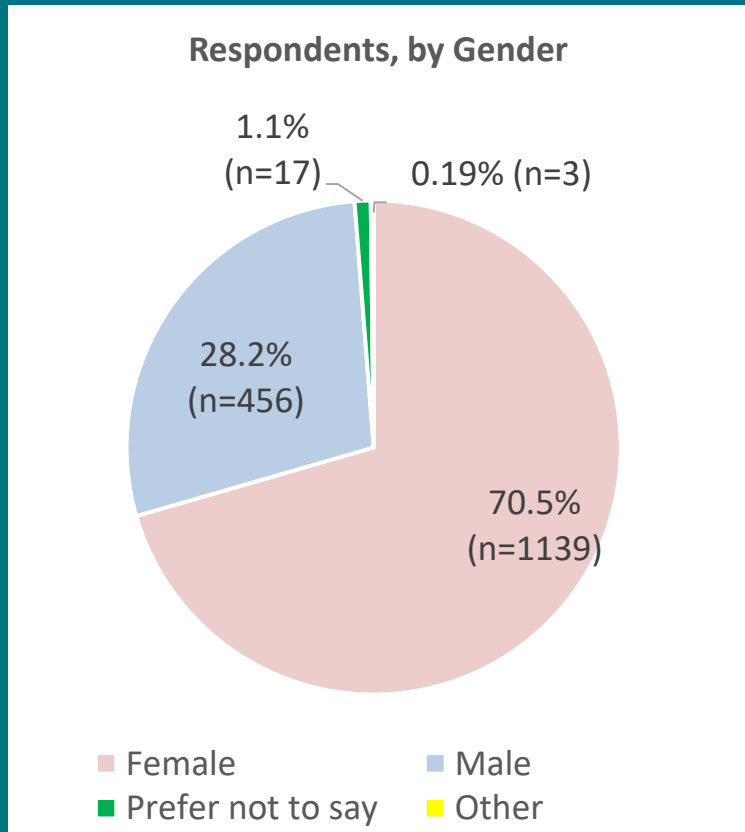
Gender Inequality in Irish Medicine

Key facts

- Gender breakdown of clinically active doctors on the MC register - 47% are female and 53% are male.
- In specialist training the gender breakdown is 57% female and 43% male, yet in HSE consultant posts 60% are male and 40% are female (NDTP, 2023)
- Females tend to be over-represented in specialties such as Public health, General Practice, Psychiatry and under-represented in surgical specialties
- The median earnings of female medical practitioners is 31.5% less than male medical practitioners (CSO, 2019)

Socio-demographics of Respondents

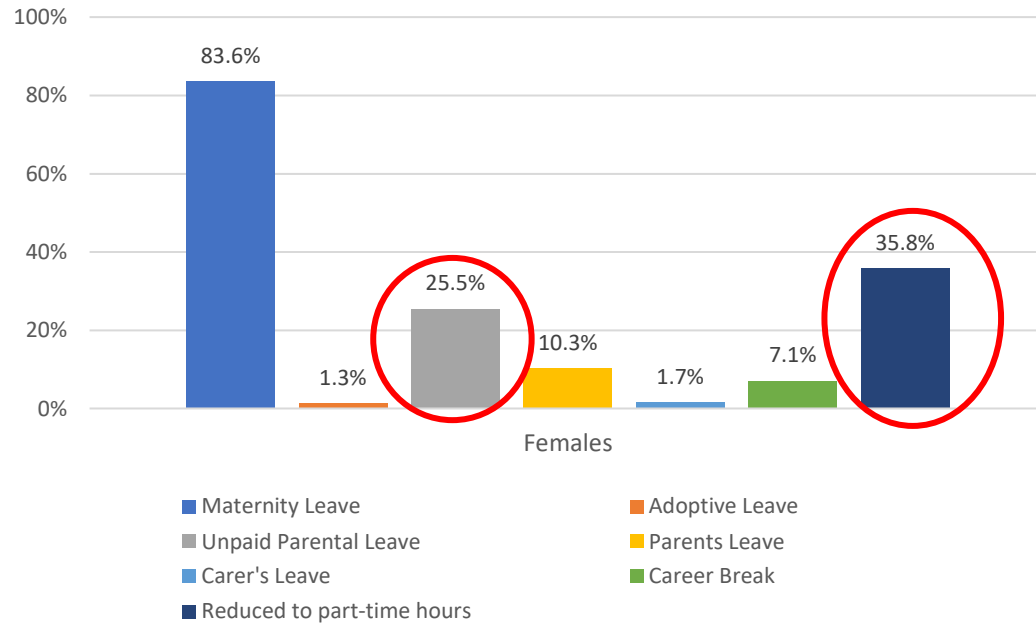
(Total 1615, Respondents)



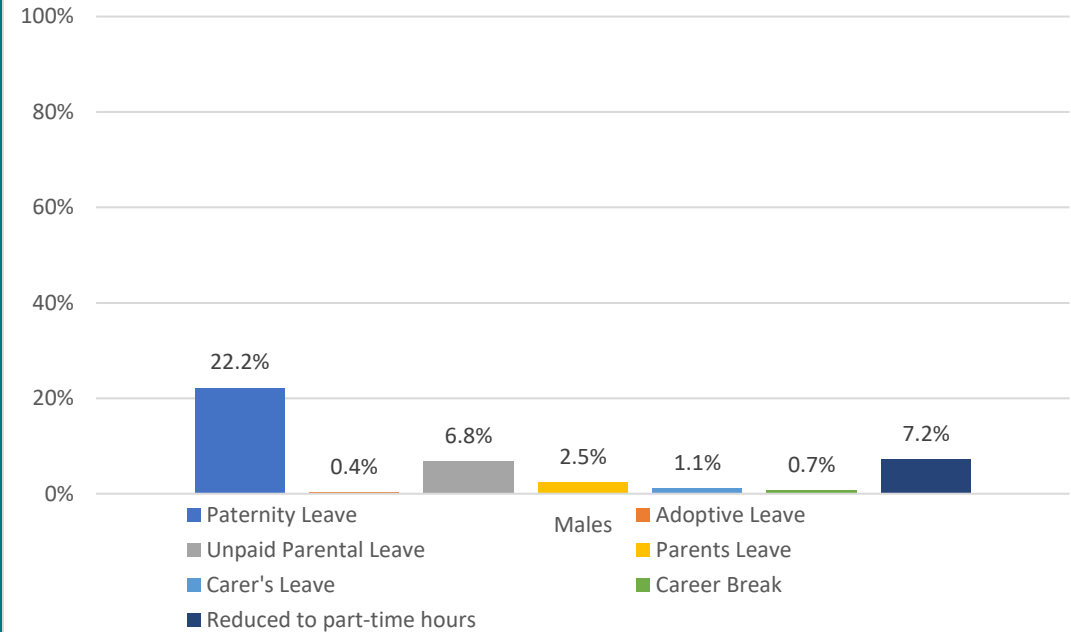
55.7% of respondents indicated have/have had children or dependent relatives



Leave taken by Female Doctors with Children or Dependent Relatives



Leave taken by Male Doctors with Children or Dependent Relatives



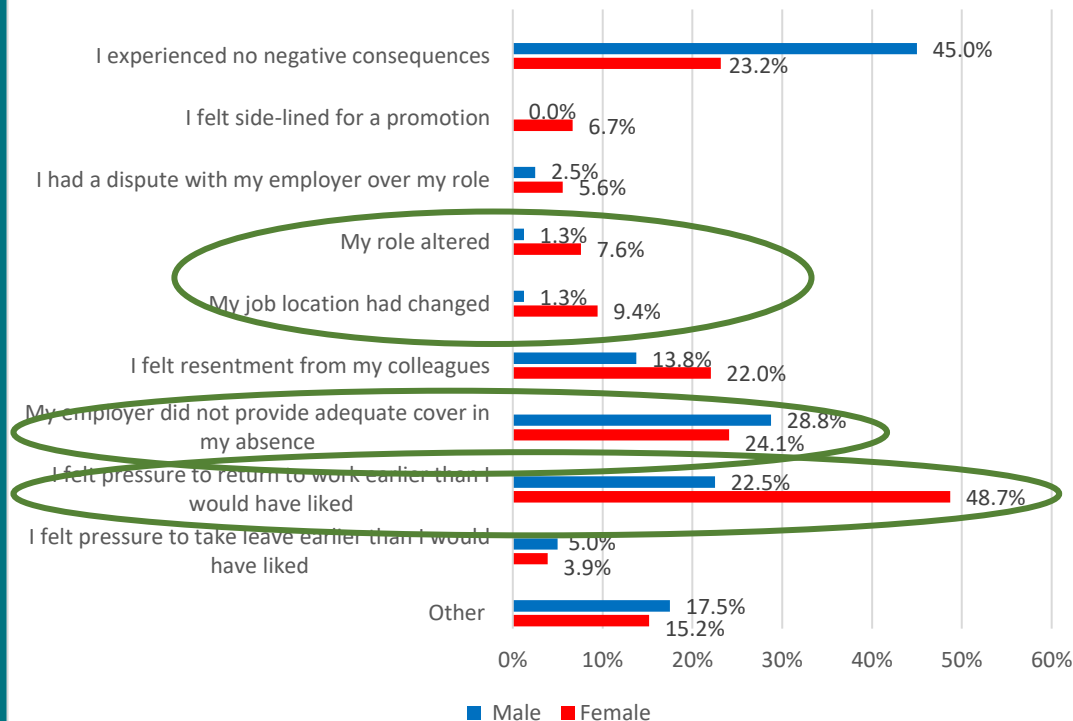
Dependent Relatives and Parental Leave



Dependent Relatives and Parental Leave

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Consequences of Taking Leave or Reducing Hours, by Gender

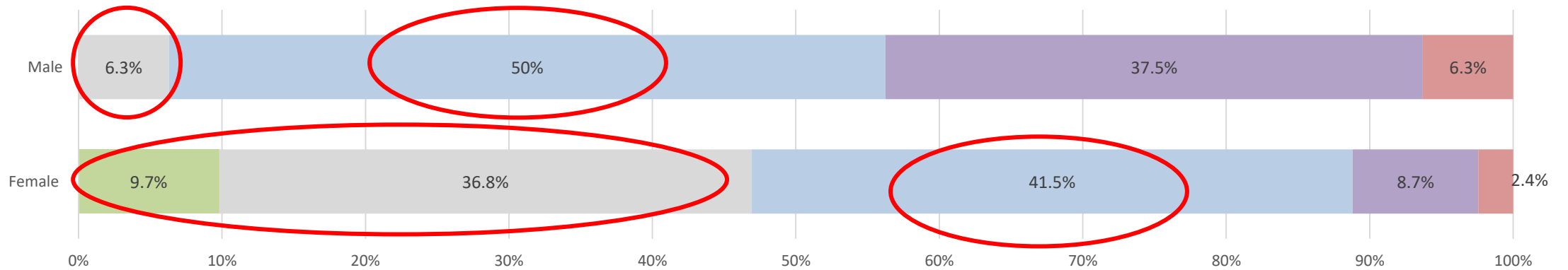


Doctors left the Medical Council Register to care for dependent relatives

Responsibility for Childcare



Responsibility for Childcare Within Families



■ I have Sole Responsibility

■ My partner/spouse (or ex-partner/spouse) takes some responsibility, but mainly I am responsible

■ Share responsibility equally with my partner/spouse (or ex-partner/spouse)

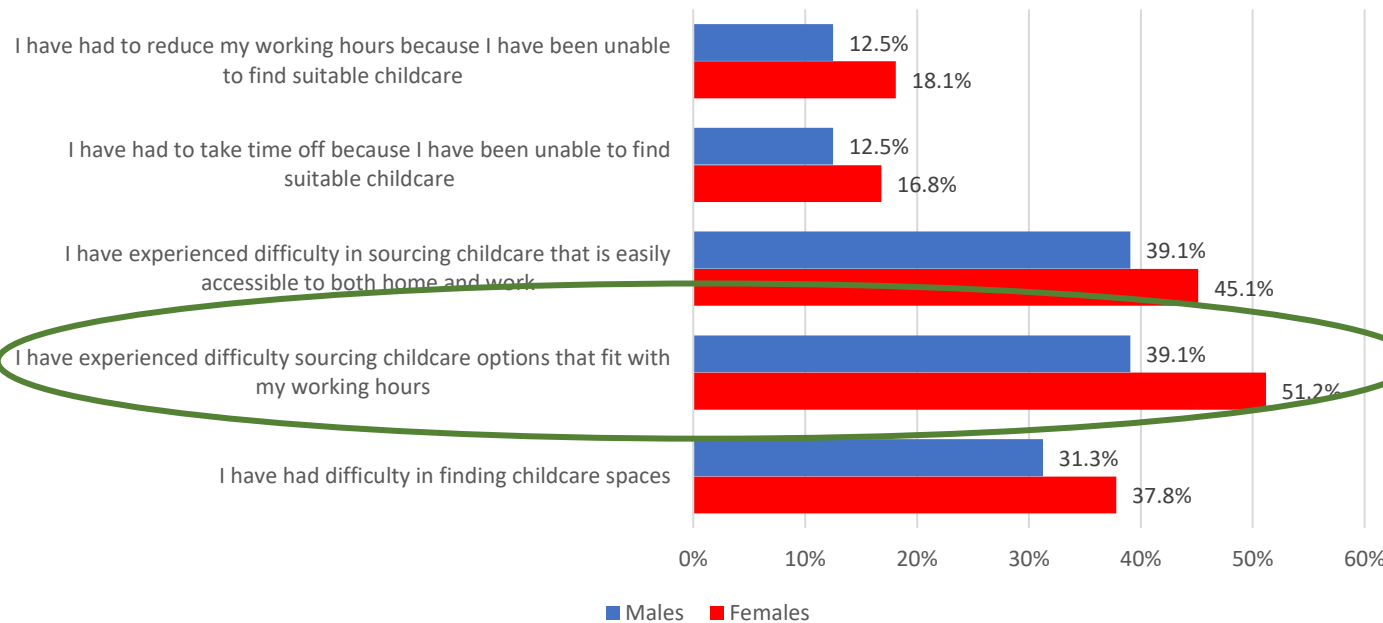
■ I take some responsibility, but my partner/spouse (or ex-partner/spouse) is mainly responsible

■ Partner/spouse (or ex-partner/spouse) has sole responsibility

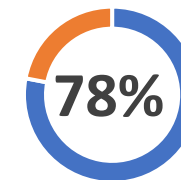


Difficulties in Accessing and Cost of Childcare

Difficulties Experienced by Doctors in Accessing Childcare Services



Half of respondents requiring formal child care spend over €1,000 per month, a quarter spend over €1,500



78% of doctors with dependent children believe the HSE should provide childcare facilities on site in line



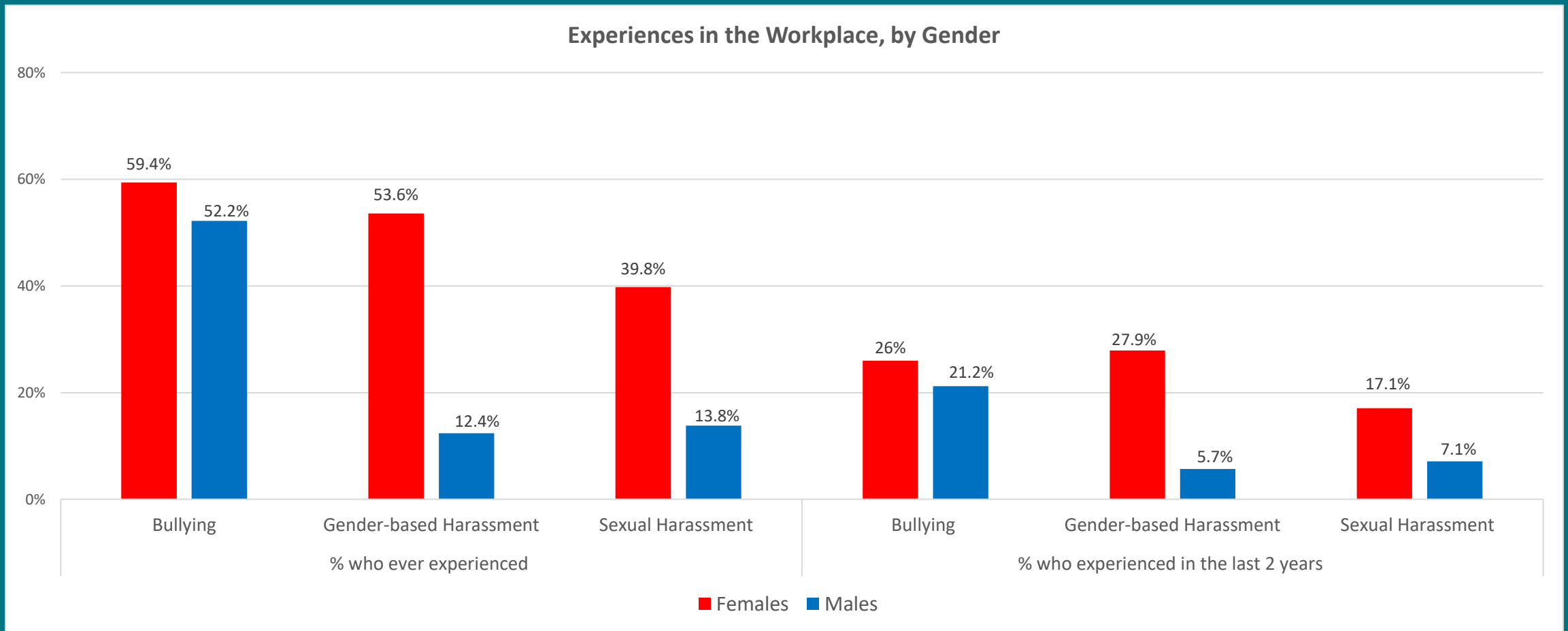
Pregnancy and Breast-feeding

(550 respondents)

- 89% of doctors stated that no health and safety assessment was carried out in relation to their pregnancy
- 68% of doctors said that restrictions to working hours, shift work in relation to their pregnancy had not been respected
- 48% of doctors who had been pregnant in the last 6 months said they were not aware of the new HSE Breast-feeding policy



Bullying and Harassment





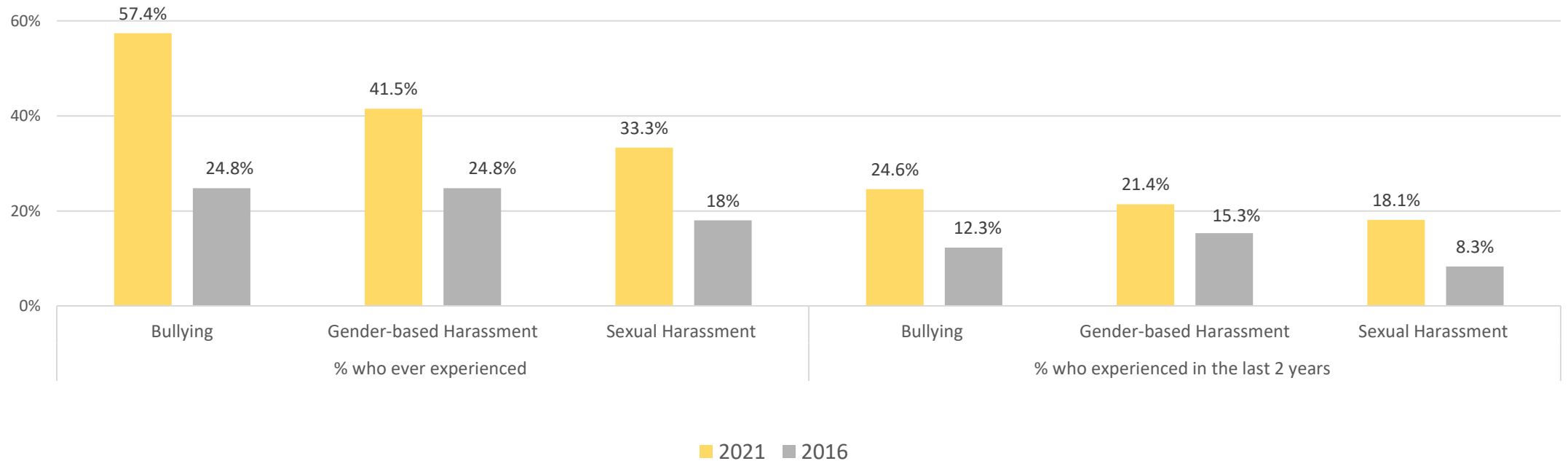
Experience of Bullying and Harassment by Perpetrator	Manager/Supervisor	Another Doctor	Another HCP	A Patient
Bullying Total	15.1%	43.7%	19%	14.1%
Females	14.4%	45.3%	19.7%	14.7%
Males	17.1%	39.3%	17.6%	12.4%
Gender-based harassment Total	6.4%	23.9%	8.9%	19.9%
Females	7.9%	31.1%	9.9%	26.3%
Males	3.1%	6.4%	6.2%	4.8%
Sexual harassment total	3.2%	15.2%	3.7%	16.8%
Females	4%	20.3%	2.7%	20.6%
Males	1.2%	2.4%	6.2%	7.9%

Bullying and Harassment

Bullying and Harassment



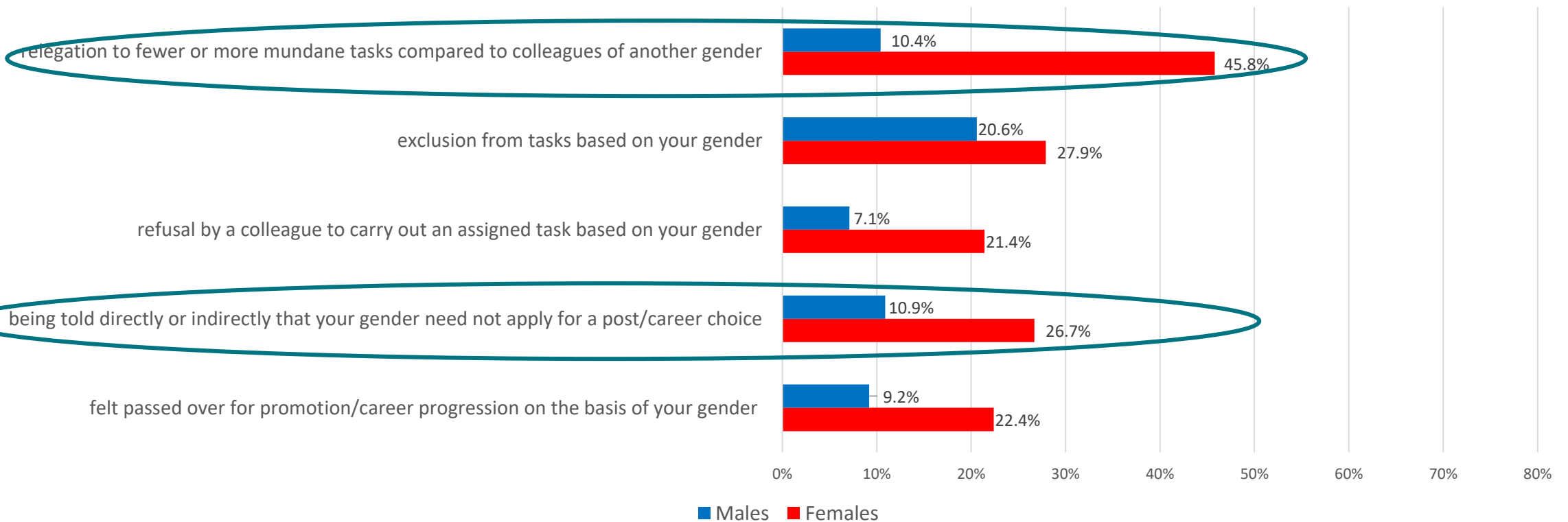
Comparison of Workplace Experiences (2021 and 2016 Gender Equality Surveys)



Gender Discrimination



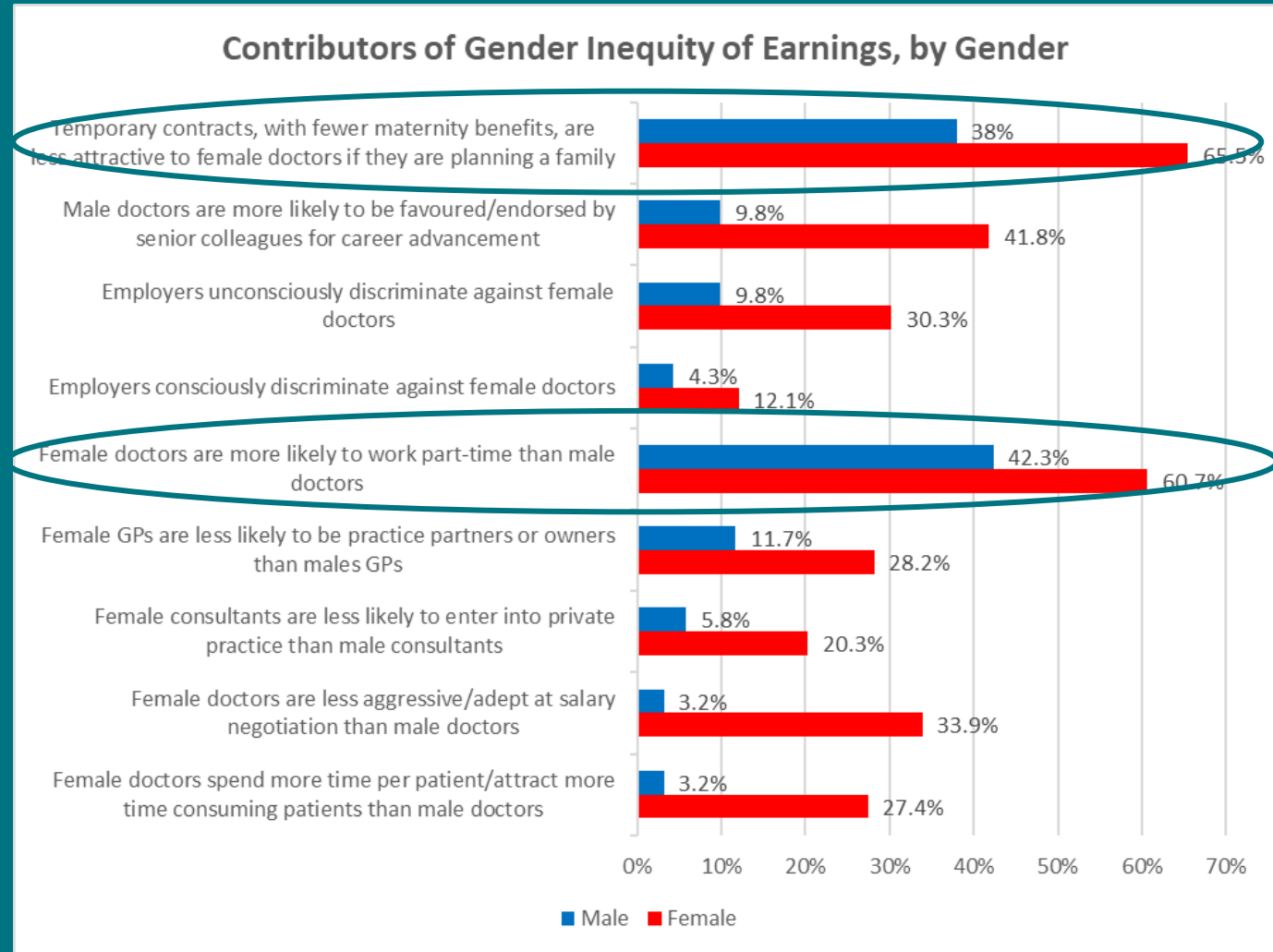
Experiences of Gender Discrimination in the Workplace, by Gender



Equity of Earnings



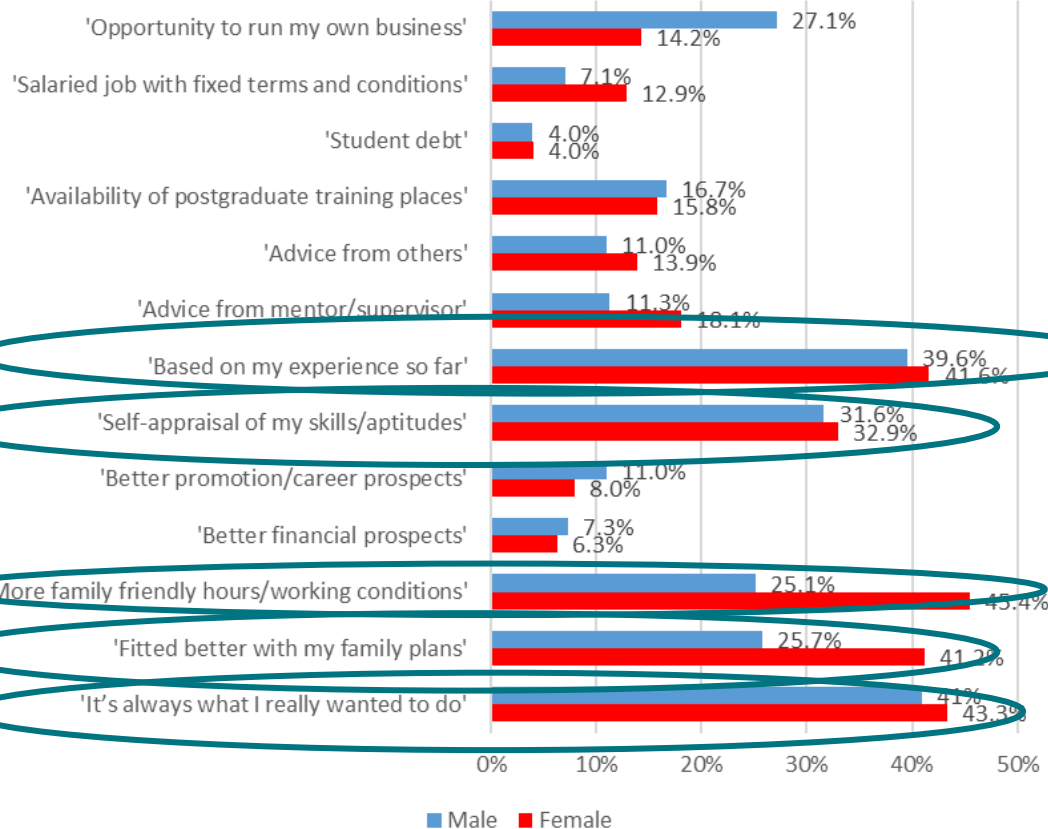
66.7% of female doctors & 40.8% of males doctors believe that on average female doctors earn less than male doctors



Career Choices



Factors that Strongly Influenced Choice of Speciality, by Gender



- Of NCHDs in training with children 76.4% of females and 36.7% of males have considered changing their career speciality
- 7.7% of NCHDs had applied for a flexible training post of which 6 out of 10 had been successful



Leadership

45% of male and 75% of female doctors believe that men and women have equal leadership opportunities

Barriers to Clinical Lead roles

- Insufficient work/life balance
- Lack of resources/
administrative supports
- Inadequate back filling of roles
- Boys-club

Barriers to GP Partnership roles

- Insufficient work/life balance
- Lack of flexibility
- Lack of locum availability
- Onerous OOHs commitments
- Lack of opportunity
- Insufficient business training



Supports Required

Equal maternity-paternity leave

More flexible working hours, Job sharing

Reduce stigma associated with part-time work

Less onerous out-of-hours, on-call obligations

More localized or regional training

Compliance with EWTD, less shift work

More female mentorship, role models,

More flexible training options, and Partner matching

Recognition of career gaps

Adequate backfilling of roles

Better locum availability

Better childcare options,

Cultural change-less of the "old boys club"

Leadership training

Better admin supports

Address unconscious bias

Same options for all



Panel Discussion