
New research reveals why there are more men than women in surgery

Friday 8 February 2019

New research released today by surgeon Dr Rhea Liang provides insights into why so many more surgeons are men than women, despite the increasing number of women in medicine.

In the UK and Australasia, women account for just 11 per cent of consultant surgeons despite the fact that approximately 60 per cent of medical students are women.

The research confirmed factors identified in earlier reports as reasons women leave surgical training, and contributed six new factors: unavailability of leave, a distinction between valid and “invalid” reasons for leave, poor mental health, absence of interactions with other women in surgery, fear of repercussion, and lack of pathways for independent and specific support.

The qualitative research titled *Why do women leave surgical training? A qualitative and feminist study*, was conducted by Dr Liang, a General Surgeon, in conjunction with Professor Tim Dornan, of Queens University Belfast, UK and Professor Debra Nestel of Melbourne University and published by leading medical journal *The Lancet*. It asked women to describe in-depth why they had chosen to leave surgical training soon after they had started it, despite having aspired to the profession since childhood.

“They leave because of various stresses, which accumulate like a tower of stacked blocks. Eventually, an individual’s tower can reach a height that it will topple in the absence of efforts to stabilise it, often the final ‘toppling’ precipitator appearing relatively minor,” says Dr Liang.

The research also found that by analysing ‘leavers’ experiences in depth, it was possible to see how these factors discriminated selectively against women.

“Our findings suggest that women might be better helped by interventions that do not focus unduly on gender. These interventions are likely to improve surgical training for both women and men because many factors, such as long working hours and unpredictable lifestyle affect all trainees, and changing societal expectations mean that previously female factors, such as childrearing, are increasingly shared,” Dr Liang said.

Dr Liang also wears another hat as Deputy Chair of the RACS Operating with Respect Committee, which looks at how cultural change can be effected in the surgical workforce.

“I am fortunate to have a role with RACS to reshape the culture of surgery on the foundations of collaboration and respect. This also means dealing with unacceptable behaviours as we strengthen surgical education and training. It is not going to be a quick fix and we know this is a long-term investment and that we need to start somewhere.”

Ends.

About the Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

www.surgeons.org

Media inquiries: Abderazzaq Noor, Manager, Communications & Advocacy on t: +61 3 9276 1217 | m: +61 429 028 933