

GENDER INEQUITY IN MEDICINE



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TIP SHEET

Gender inequity persists in Canadian clinical and academic medicine, particularly in leadership.

Gender diversity in medicine promotes creative solutions to complex health problems, increases patient access to best care, and improves delivery of high-quality care.



Women outnumber men in Canadian medical schools but are underrepresented in leadership roles, invited opportunities, and overall compensation (2).



In Canadian medical schools, women are less likely to reach higher ranks than men, even after controlling for age, experience, productivity, and specialty (1).



Women are paid an average of 30%-40% less than men through fee-for-service models of payment even after adjusting for age, experience, & workload (1).



Women physicians were five times more likely than their male colleagues to experience opposition to career advancement (3).

Contributing Factors

Unconscious Bias

Gender norms and cultural ideas impact how women are perceived in medical fields.

Family and Domestic Responsibilities

Women continue to play a primary role in family and domestic responsibilities (3). As a result, women may not have the same access to opportunities and advancement.

Pay Inequity

Research shows women physicians focus more on cognitive and caring tasks which are not financially rewarded in the current physician remuneration system (3).

Mentoring and Representation

Lack of visibility of women in leadership can discourage other women from pursuing those roles (3), and there is a shortage of women mentors.



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Take Action for Gender Equity



Amplify and celebrate women's voices and accomplishments.



Measure and address leadership and pay gaps. Value all types of work.



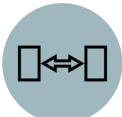
Promote equal gender representation in hiring, on committees, and more.



Recognize how gender intersects with other marginalized identities. Amplify minority voices.



Advocate for policies and practices that support women.



Offer to sponsor or mentor women and provide opportunities.

Want to Learn More?



Read: *Advancing Gender Equity in Medicine* by Tricco, A.C., Bourgeault, I., Moore, A., Grunfeld, E., Peer, N., & Straus, S.E., published in CMAJ 193(7), 2021. <https://www.cmaj.ca/content/193/7/E244>.

References

1. Tricco et al. (above)
2. Leigh et al. (2020, June). Improving gender equity in critical care medicine: a protocol to establish priorities and strategies for implementation. *BMJ Open*, 10(6). doi: [10.1097/CCM.0000000000003625](https://doi.org/10.1097/CCM.0000000000003625)
3. Canadian Medical Association. (2018). *Addressing gender equity and diversity in Canada's medical profession: A review*. CMA. [cma.ca/sites/default/files/pdf/Ethics/report-2018-equity-diversity-medicine-e.pdf](https://www.cma.ca/sites/default/files/pdf/Ethics/report-2018-equity-diversity-medicine-e.pdf)

