

NOT TAKING OVER JUST CATCHING UP



President of the Medical Women's Federation
Dr Clarissa Fabre discusses the role of women in general practice and her hopes for the future

THE OLD ADAGE goes that working women "can't have it all" – they must choose between either a successful career or a happy family life. Either way, something's got to give. But as president of the Medical Women's Federation, Dr Clarissa Fabre's ambition is for women doctors to have the chance to succeed both professionally and personally.

Dr Fabre moved to the UK after qualifying in Sydney, Australia, with plans to pursue a career in paediatrics. She eventually moved into general practice following a seven-year career break to raise her three children and has worked in the UK for more than 30 years. She joined the MWF in 1978 as a junior doctor when she came up against barriers in her own career and could find few opportunities for flexible training.

She was a full-time principal at a practice in East Sussex before reducing her role to half-time following her election as MWF president last May. Her two daughters are specialist trainees in paediatrics and haematology.

A recent report showed that women GPs in Scotland now outnumber men and that general practice in the UK will eventually be 70 per cent female. Is this a good thing?

I would not say it is a good thing or a bad thing. Perhaps 50:50 would be ideal. The main point is that women GPs should not all become salaried doctors or locums, while all the men become partners and control what happens in general practice.

Are there any negatives about this so-called "feminisation of the workforce"?

I do hate that phrase! Women now make up 57 per cent of medical students and the level has been stable for several years. Women are not 'taking over', they are catching up. I would be concerned if 90 per cent of GPs were women, but 70 per cent is fine.

What challenges do women face in general practice today?

Things have not really improved in the past 10 or 20 years for women. I

am in favour of partnership-based general practice but the trend today is towards a salaried service with a few entrepreneurial GPs or private companies in charge. A two-tier system has developed. I would encourage young GPs to aim for

partnership, especially after they have had their children.

Will the way general practice operates have to change to meet women's needs?

Over the last few years, the situation has worsened in relation to women's needs. The Retainer and Returner Schemes, and the Flexible Career Scheme were excellent in providing part-time working opportunities, but all of these have dwindled or disappeared. It is essential that women with young children are able to work and train part-time in general practice. I have heard of women doctors being accepted onto training schemes and then having to withdraw because they could not find a job-share. This is unacceptable.

Are women GPs treated equally?

Yes, women are paid equally and I personally have never felt any discrimination from my male colleagues. However, I am concerned about what happens when a woman doctor becomes pregnant. At present it is left to the discretion of Primary Care Organisations (PCOs) or Health Boards as to whether they make any payments to help cover locums while she is on maternity leave. Some PCOs pay the full amount (£1,500 per week) while others pay nothing at all. This is discouraging practices from taking on a woman doctor. The MWF is campaigning strongly to make the PCO payments non-discretionary and to ensure salaried doctors have sound contracts. Once a woman doctor has had all her babies, the sky is the limit.

Dame Carol Black once said that a feminised workforce would "lose both status and influence". Do you agree?

No, I do not, and I think Dame Carol's statement was very unfortunate. However, as a consequence, the Royal College of Physicians in England funded a large 2009 study, *Women in Medicine: the Future*. For the



first time, we had accurate figures on what happened to women in medicine. It also highlighted the importance of encouraging women to go for leadership roles.

What are the implications for female GPs under the Government's health white paper?

There are no specific implications for female GPs. MWF has always stressed that women GPs at all levels should become involved with the White Paper, although there will be great temptations to remain on the sidelines. There has been discussion recently that some sessional GPs are being excluded from voting for GP consortia board positions, which is completely unacceptable.

What advice would you offer GP trainees in the face of such major changes?

General practice is still a wonderful branch of medicine to go into. It is very popular, especially because it is well-paid and family-friendly. Remember that you may have to mark time while you are having your family. You should never impose on your colleagues and always pull your weight. Put yourself forward for new challenges when the time for you is right - you will find these challenges extremely rewarding.

What brought you into medicine and do you still enjoy being a GP?

My family are not medical, but a good friend was a medical student and encouraged me to study medicine. I love my job. After my training I joined a single-handed doctor nearing retirement in a village in East Sussex. Over the years the practice has grown from 2,000 to 8,000 patients, and we now have four partners, two assistants, medical students and GP registrars.

You have two daughters training to be doctors - how do their experiences of training differ from yours?

Like many hospital doctors nowadays they are frustrated at the way junior doctors are treated as pawns to be shuffled around by managers who are concerned only to fill the rotas. Many of my daughters' friends are in general practice and they often say it would have been easier for them in that specialty. They are both on maternity leave at the moment and I tell them repeatedly to keep their training ticking over while they have their babies, and then their careers can continue full-

pace. A career break these days of more than a year is not advisable.

What is a typical working week at the MWF like for you?

I visit our London office every couple of weeks and we have regular meetings throughout the year but most of my work is done by email. At present I'm concerned with many issues including the threats to the availability of part-time training positions and maternity leave because of understaffing issues, and also the importance of leadership training and mentoring. I am also interested in broader women's issues and spend time writing for the press, addressing members' concerns, and attending dinners or meetings with people whom we are trying to influence, such as politicians, leaders of the BMA and the Royal Colleges and doctors and civil servants in the Department of Health.

What future role do you see for the MWF in general practice?

We must do our best to ensure that:

- there are opportunities for doctors to become partners
- salaried doctors are treated fairly
- women are not disadvantaged too greatly by taking time off to have babies
- the Retainer and Returner Schemes are made more robust and accessible
- maternity locum payments are protected and made non-discretionary.

Why are women so under-represented in senior positions?

Women must be encouraged to go for the senior positions. They often feel, usually wrongly, that they are under-qualified for a position, or they are reluctant to re-apply if not initially successful. Mentoring and role models are very important. I do not believe in positive discrimination, but MWF has an important role in showing young women that everything is possible.

Interview by Joanne Curran, associate editor of GPST