Female representation on the FPM Board of Examiners: Is 10% Acceptable?

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Much is written about equality and diversity, and we are reminded almost daily (whether by the Cabinet, or industrial boards, or the entertainment industry) of the need to ensure that female/male ratios are improved.

Does it matter? Should we celebrate the first "female" astronaut, etc? Doing so ensures that female achievement is recognised, but it also particularises that achievement, as if women deserve praise for achieving despite being women. Most women don't go around feeling "female" in their interactions at work. They focus on the job rather than their gender. It is interesting, however, that I still get patients (usually older women) saying, "Oh, I didn't expect a lady doctor", though they are often grateful for this, because "it is easier to discuss things with another woman".

A recent BMJ supplement explored some of the sexist comments made to or about female doctors, and also emphasised that these comments are frequently left unchallenged by male doctors in the room. Indeed, some of those male doctors are complicit in the undermining of females in the workplace. As de Beauvoir noted, the patriarchal system is ingrained into all our psyches, including women themselves, from an early age. On a hopeful day I feel that things are improving, but sadly I am often reminded that, although things are much better than during the era of "first wave feminism", there is still a long road to travel.

The number of females in senior NHS roles, for instance, varies greatly, although anaesthesia has always had a greater number than other specialties. However, the current ratio of male to female persistent pain consultants in the UK is approximately 3:1, which leaves something to be desired in terms of gender equality. It will be intriguing to see how these ratios alter over the next decade as the ratio of female graduates alters.

For pain clinicians, the FPM and its examinations set standards for the whole discipline, and it is therefore important that we draw on the full range of talent available to us to help achieve that. In turn, this means ensuring that the full diversity (geographical, gender, class, ethnicity) of FPM membership is reflected on its board of examiners. Yet currently only 2 out of 23 examiners are female, approximately 10%, far below the 25% that would be expected in terms of pain consultants, and of course extremely low compared to the 50% that might be expected in a world where there is equal gender representation!

We would like to see more women join the FPM examining team, not because they are women per se, but because the involvement of women ensures a full range of perspectives from people with diverse backgrounds and experiences, resulting in less danger of "groupthink". It is also worth noting that painful pain states are often more prevalent in females, and some of the problems associated with ongoing pain have psychosocial contributors that are more likely to be part of women's lives. It is not impossible that being female enables greater empathy with this, and that this in turn might better ensure these factors are considered in the reviewing of the written clinical questions.

It has also been shown that female representation and having a role model within a group makes it easier for us to feel "yes I can do that". This may indeed be why many of us are where we are now; I certainly recollect useful advice and support from female anaesthetists in my early years.

Do female candidates feel more comfortable with female examiners? Certainly, knowing that there is space for females is vital in any environment, particularly when there is the stress of an assessment process. A more gender-balanced exam board may also make female candidates feel, even subconsciously, that the environment is balanced and thus may help put candidates at ease so that they can perform at their best.

A diverse board can also aid in disrupting stereotypes and help change the story of medicine as an upper-class male-dominated arena. Mixed gender groups will inevitably be somewhat different to male dominated groups and a greater proportion of women can be valuable. I therefore believe that women should put themselves forward and hopefully be elected to the board.

So, what does being an examiner involve? Apart from the time commitment of writing and reviewing questions, there are two examination sessions per year (a total of 6 days in London).

Becoming an examiner is challenging but perfectly doable. The team includes District General Hospital consultants and academic 'high flyers'; both are needed so that the questions reflect not only the latest scientific knowledge but also ongoing clinical practice. I found writing questions to be demanding at first; because I had to sit down and structure my knowledge for the topics I was assigned. But developing the ability to do that concisely was rewarding. In the examination room itself, I found that pain consultation skills are transferable to, e.g. rephrasing a question so that less able candidates can give their best. The reading and the exam itself is certainly ongoing CPD for the examiners themselves and some of the skills refreshment during the exam preparation and feedback sessions is extremely valuable.

The camaraderie among the examination team is infectious and not only have I made new friends, but I also feel that I am doing something positive for our Faculty and our profession by contributing towards the maintenance and improvement of standards in pain treatment.

I would encourage more women to think of applying, not only to adjust the ratios but to be the role models for the next generation of female pain clinicians. Anyone thinking of applying is welcome to contact one of the two current examiners: rhian.lewis3@wales.nhs.uk or Suellen.walker@ucl.ac.uk.