My last newsletter as your BCS Council Women’s Representative to promote the role of women in British Cardiology will front a refreshed website in the Forum, and link to the 2009 Annual Report, updated Women’s Network, new Career leaflet, and Agenda for our Women’s Network session at the forthcoming ASC in London. This session will be held between 1500 and 1600 on Monday 1st June in South Gallery 4, ExCeL, and all are invited. The latest HSTC Chair survey will be followed by a discussion facilitated by Nicky Edwards, West Midlands Flexible Training Representative, on ‘Organising Maternity Leave and LTFT Training’. Nicky will also be presenting in the Young Investigators’ Award session.

I started thinking about this letter during Easter leave, prompted by a programme about Women’s Suffrage. (It also reminded me to check that my sons’ GCSE syllabus including the topic had been reasonably covered! I was impressed by their objective summary.) The 1918 People’s Representation Act benefited both genders of course, and it is important to remember that consideration of all inequalities serves us well as we work for an equitable approach not only across the NHS but also society. Although there is far still to travel we must recognise the progress made over the last half-century. I recall promising my first head-mistress in the mid-1960s that of course I would never get married, hoping that somehow attitudes would change. Career books for women in medicine at the time steered us into the laboratories, not to the bedside where our less appreciated inter-personal skills might star. My generation, as we sang the ‘Women’s Marseilles’ on the 50th anniversary of women achieving the vote, were not to be so easily sidelined however, and where very occasional women had travelled before we were ready to follow and pioneer support for others. Incredulity at career choice has given way, with the progressive feminisation of medicine, to encouragement of women into relative gender shortage specialties such as Cardiology. But progress within our specialty over the last 4 years must not allow us complacency in creating initiatives, nor tolerance of remaining attitudes which may critically affect views of Cardiology during those early formative hospital years in Foundation and Core Medical training. We currently have women in 10% of Consultant, 20% of Trainee posts. Our next aim must be to reach 15% Consultant and 30% Trainee posts; we already have some exemplary regions.

This summer should see the publication of Baroness Ruth Deech’s Working Group Report on ‘Women in Medicine’. I have submitted all our documents as evidence, and look forward to our making full use of the findings in moving towards an improved gender balance in Cardiology. I would encourage colleagues and trainees to share any concerns,
and consult widely with local Trainers, Training Committee/ Chair and representatives, involving me/ my successor, and Jean McEwan, RCP Improving Working Lives’ Officer/ Associate Deans for LTFT as required with career plans where the local pathway is meeting resistance, and before a crisis occurs compromising the quality of training/ working experience. We all continually learn to recognise where supportive intervention, or frank and positive discussion of career plans, might have been helpful at an earlier stage. The periods of transition within clinical training – whether in achievement of the ST3 post, in/out of research/ LTFT training, or around completion of training – are the most vulnerable. Equality legislation has helped improve formal processes, but there remain more informal career opportunities where women do not gain fair access.

Harriet Harman has valiantly moved forward with legislative moves for compulsory pay audit to reveal sexism in organisations. Impressive in this time of recession is the refusal to delay planning for more parents to have the right to shorter hours of work. The pursuit of this measure is certainly a contribution to levelling of the playing field for men and women across society. We must not shy away from the possibility of fairer opportunities, even or especially during this time of world recession. Running banks may be the start! We may also find that the Houses of Parliament suddenly become dramatically more transparent. The theme of reduced inequalities for all I believe will serve women well. Barack Obama in the White House and Carol Ann Duffy as Poet Laureate illustrate a major change in thinking. Our HSTC Chairs are broadly appreciative of how the NHS may lead society’s attitudes to gender role evolution, but society itself is changing quite fast at present.

I took in en route to the BHF this week the small exhibition around Women’s relationship with the Royal College of Physicians over the centuries, this year being the centenary of the first woman admitted to the RCP. I have to say I was disappointed with the historic presentation in just two cabinets at either end of the dark Silver Room, there being no reference at all to the current state of play with 50% of the under 35 cohort of Physicians being women. There needs to be so much more appreciation of the challenges and implications for women’s choices and their families, and a great opportunity was missed to reflect our changing society. Dame Carol Black’s lovely modern portrait in the lower foyer adjacent to the Silver Room and the garden would have made a wonderful backdrop for an extension of the exhibition with modern day relevance.

I look forward to seeing as many of you as possible in London as I hand over my Council role this year. Please be assured of my continuing support wherever I can be of help in the future.

Jane Flint, BCS Council for Women in UK Cardiology 2005-09