

## Supplement 2 – Full responses to questions asking for descriptions

**Do you perceive any gender biases or obstacles to the career success or satisfaction of faculty by gender in your environment? If yes, please describe what you have seen.**

### **Description:**

- Open gender bias towards females
- There are basically no female doctors in significant leadership positions in our organisation. It is a case of everything being run by late middle-aged white men
- Differential arrangements for male and female trainees, assumption that male trainees to not have caring responsibilities
- Most male colleagues have less responsibilities for childcare and household chores, and more freedom to organise home life around the demands of their career. I am not willing to outsource childcare beyond the 45-50 hours weekly currently where strangers mind my child so am not able to participate in many CPD activities and strategic meetings, most of which are arranged for evening and weekends
- Very difficult for women in the profession
- Speed of progression through training appears slower for females who take maternity leave
- Male junior colleagues (with support to make lead) with very little experience, knowledge and qualification, repeatedly criticising all aspect of my work and sending anonymous letters with such criticism with unfounded malicious manipulated data to wide distribution such as to MPs, GMC, CQC, CEO
- Bias towards interventional training of men rather than women
- Positive discrimination for female gender
- Sexual harassment of junior trainees and AHPs
- Aware of bias against female cardiology appointments
- Women are markedly disadvantaged in intervention particularly around maternity leave and the need for flexible working arrangements
- Perception that more difficult for women to advance in cardiology
- I think Cardiology would be a very difficult choice for a female who wants to start a family. It is not a family friendly speciality

- No access for CEA at all – seems to be reserved for male colleagues. Difficulties to get annual leave during school holidays.
- Department doesn't promote women - male dominated
- There's a dearth of female cardiologists. We've struggled to appoint at consultant level, and the only applicants have been male. It makes for an off-putting all-male department. Not sure how to remedy that - we can't appoint any women if they never apply. There aren't that many female trainees although the number is slowly rising I think
- Constant undermining of my suggestions and work by managers and/or leads
- Female middle and senior managers appear to hate male doctors
- Demands of training in certain sub-specialties discourage family life / parenting etc.
- I have had colleagues say to a team that they (male) would prefer if I was more feminine. I have been taken off an on-call rota to favour a male colleague who was married with children because the advisor didn't think I needed the money as much as he did- and was told that this was not for discussion
- As a female foreign medical graduate, I experience gender and ethnic bias in professional communications on daily basis. I often find it difficult to put in a word in professional debate and feel forced to be more insistent and assertive than necessary, to be able to make a point, whilst male colleagues speak at liberty and at length. I often feel left out because I am unable to share jokes and banter of male colleagues. I am subject to open intimidation and undermining by male colleagues in professional discussions. I feel ignored or not taken seriously, being spoken to in a condescending way, inappropriate banter in clinical meetings).
- I think the gender biases are there, complex and often subconscious there are no women consultants in my unit of 6
- Bullying and lack of respect. Assumption that I have used my femininity to get things rather than my intellect or ability
- I am aware of negative attitudes towards women among some colleagues
- Perceived differently, particular by other female (non-medical) health care professionals, different expectations from then than of male colleagues, especially in stressful situations
- I don't think there is sufficient support / mentorship for women to progress in a very competitive environment if they also want a family. In some departments in the country the ethnic representation at Consultant level doesn't reflect the trainee representation.

- Lack of mentor and fewer opportunities to do research go on funded courses and fewer job opportunities - part time working in cardiology was seen as a mistake and unable to do and I felt very excluded and discriminated against - where I trained there has never been a female consultant cardiologist (and still today)
- Managers treat me with disrespect. Overlook me for management roles
- Too many to mention. Inherent ubiquitous societal gender bias. Not being included in work and social activities with work colleagues due to gender. being told not to have any ore children (no male colleague has had this experience, as far as I know). Being subjected to unwanted sexual advances, and unacceptable behaviours with "laddish" culture. Invasive questioning about my personal and sex life. Accused of being aggressive if I speak up about an issue or topic.
- Whilst doing my DPhil I became pregnant and was told I would not come back anyway after giving birth so would I want to stop my higher degree?
- Complex - women don't apply and may not progress. Hopefully this survey may contribute to understanding why
- Cath lab when pregnant
- Cath lab - attitudes to those who do AND those who do not go in when pregnant
- I don't feel comfortable answering this question
- Family commitments make it difficult to go the extra mile

**In your professional career, have you ever been left out of opportunities for professional advancement based on gender? If yes, please describe**

**Description**

- I believe that at on several occasions over the decade of my consultant career, professional internal advancement or development has been blocked by male colleagues due to my gender and the perceived threat.
- Certain posts are only available to or actively marketed towards female trainees only
- Very little help provided by the main (male) lead of the department in my area of subspecialty. Distribution of infrastructure (junior doctors, nurses etc.) not fairly distributed by the main male lead - this affects my professional advancement.
- The hospital reward system is heavily tilted towards favouring male English consultants. The Board, the CEA. the additional senior responsibilities are reserved for men.

- not invited to committee or external meetings
- As a trainee, male colleagues were given more opportunities.
- Further training management roles
- location in UK
- Dedicated sessions, no relocation for my skills when the trust closed stopped certain services (GA for procedures)
- A professor gave a job to the female candidate as she reminded him of his daughter!
- I was unsuccessful at a substantive Consultant interview on gender grounds (informal feedback). I have been denied support and opportunity to develop interventional practice in subspecialty I trained in. I am subject to unsubstantiated allegations casting shadow on my character and ability by several senior male Colleagues who put it in writing and relayed it directly to colleagues working with me. As a newly appointed Consultant I have been bullied and undermined by established senior Colleagues for several years. I am subject to professional exclusion
- Opinions not asked at team meetings, not given conference speaking opportunities compared to male colleagues, not offered organisational positions, compared to male colleagues, awarded less salary (PA's) than male colleagues working equivalent hours
- see above - fewer chances to go on courses esp. funded conferences
- Should have been Clinical Lead, but actually working with Managers that do not respect me. Prob a blessing!
- Opportunities around research, developing services
- Preferential allocation of training lists to other trainees, not specifically on the basis of gender, but more an unconscious bias towards those with whom the trainer understands better and "gels" with. Birds of a feather flock together.

**In your professional career, have you ever had increased opportunities for professional development based on your gender? If yes, please describe**

**If yes, please describe**

- Routine pro-male gender bias
- It was near impossible for a female to complete the hours required when I trained. Some did but at great personal cost usually.

- Being a man and less responsible for child care as an SPR probably helped my career as able to work harder
- Probably, as a white male again this may have been subconscious
- in interventional cardiology
- I think it's easier for men to have a career focus in an environment that doesn't offer much slack and so they have a competitive advantage
- As a female interventional cardiologist as we are fewer in number we stand out and I have been asked to be a panellist or speaker at meetings where I may not have been asked as a white male.
- very strong network of female cardiologists in ACHD. Role modelling and support

**In your professional career, have you encountered unwanted sexual comments, attention or advances by a superior or colleagues? If yes, please describe.**

**If yes, please comment/describe/give examples**

- So many it is impossible to start - I believe this is endemic in cardiology/cardiothoracics as it is in the film industry - I really mean this.
- It's how people get to meet each other at parties!
- Unwanted advances from several colleagues
- Criticism made repeatedly by the male clinical lead - over all aspect of my work, communication, clinical, conduct despite lack of appropriate data.
- Inappropriate comments, Unwanted physical contact, Attempted sexual assault
- inappropriate touching, guess the boob size, sexual "banter"
- A female colleague a given me unwanted gifts of a sexual nature and has initiated unwanted embraces or other physical contact.
- Sexist comments
- I experienced sexual harassment from two Consultants as a junior Registrar. Unsubstantiated allegations of an extramarital affair with one of senior Consultants was spread by other Consultants during my training
- From a male senior consultant in the changing rooms
- Multiple comments about my breasts, touched inappropriately, one consultant came to my house at 11pm to "check I was ok" then proceeded to ask me to go to bed with him!
- some inappropriate behaviour from consultant when HO

- Regular comments about what I wear. Physical abuse as a house officer but far fewer of these in the last 10 years and almost none recently.
- Consultants making suggestive comments and inappropriate attempts at touching
- Been asked to go for dinner during a professional examination (how does one answer that question?!) being asked to go to senior colleague's homes, out of hours, to discuss work when this seemed unnecessary. Discussions of sexual activities which I did not wish to hear, questioning about my own sexual activities. Inappropriate touching. I didn't really understand until I was much older that this was an issue. If you grow up with it you just accept it and to complain about it makes you stand out as a problem person
- Inappropriate comments by Consultants when I was a trainee
- Appearance, attire
- Female consultant making awkward and unwanted advances
- Innuendo to female junior staff by colleague
- As a trainee, approached by senior trainees e.g. inappropriately at conferences. As a consultant, often assumed to be junior to my own (male) registrar by patients, assumed to be a nurse by other health professionals