



## The effect of gender bias on medical students and career choices: a cross-sectional study

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**Dear Editor,**

Gender equality amongst healthcare professionals is no doubt paramount to allow both equal opportunity and provision of good quality healthcare. The General Medical Council encourages that all colleagues should be treated fairly, but studies have previously demonstrated gender bias against female medical students (1). Whether this might have any impact on the students' decision-making process and career pathways has yet to be explored.

We aimed to evaluate whether doctors gave students gender-specific advice and the extent to which this advice influenced the students. Furthermore, we explored whether students felt their gender affected their career choices. We carried out a cross-sectional national study of British clinical medical students. A standardised questionnaire was completed by 94 students (54.3% female). The response rate was 88.7%.

Results showed that 43.6% (n=41) of students received career advice based purely on their gender, and 63.4% (n=26) of these said that this would influence their career choices. Importantly, 82.9% (n=34) of the students who received gender-specific advice were female.

Additionally, 41.2% (n=21) of females felt their gender would restrict their career choices compared with only 11.6% (n=5) of males (p=0.00142). 37.3% (n=19) of females thought their gender would unfairly disadvantage their

career progression compared to 4.65% (n=2) of males (p=0.00016).

Our results highlighted that doctors gave more gender-specific advice to females compared to males, and that this advice significantly impacts students' decision making process. Furthermore, females disproportionately felt their careers would be disadvantaged and restricted compared with males. This shows an enormous disparity between male and female attitudes towards medical careers. This can have both long and short-term effects on training, career choices and patient interaction. Further research investigating why females feel their gender will restrict their careers, and why doctors give gender-specific advice, particularly targeted at females must be undertaken to identify the root cause of the problem.

We therefore advocate that medical schools: 1) promote gender equality through seminars, talks and increase accessibility to good female role models; and 2) train clinical teachers to impart generic career advice as opposed to gender-specific career advice.

**Conflict of Interest:** None declared.

**References**

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