



CORRESPONDENCE

In reply: Because it's 2018: the need for early career development for female anesthesiologists

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To the Editor,

In their letter in this issue of the *Journal*,¹ Drs Byrick and Craig propose that women in Canadian anesthesiology are not receiving national (i.e., Canadian Anesthesiologists' Society [CAS]) award recognition, in part, because they are not receiving adequate support and formative experience in education, research, and administration early on in their careers.

Drs. Byrick and Craig are likely correct insofar as many of the award recipients currently receiving national awards will have had to have been in practice for many years to accrue the accomplishments that now render them competitive for the CAS awards. The data they reference from 1998–1999² provide an accurate aggregate reflection of the amount and type of work contributions made at that time by current mid and later career anesthesiologists.

Nevertheless, the data upon which Drs Byrick and Craig draw likely do not accurately depict the current workload of Canadian anesthesiologists. As seen in the Table, male physicians worked fewer hours on average in 2017 than in 1998; whereas female physicians' workload has not changed.^{3,4} The data do not tell us whether male

Table Average number of hours worked per week (excluding call)

Year	Male physicians	Female physicians
1998	55.5	48.2
2017	52.2	48.1

Data derived from 1998 and 2007 Canadian Medical Association physician resource and workforce surveys^{3,4}

physicians are now also choosing to work less early in their careers, but it is certainly plausible that they would choose to do so, given society's shifting attitudes toward division of labour by sex.

As male physicians are now working fewer hours overall, they too will likely have less exposure to administrative, education, and research positions in their early careers and will presumably assume fewer of these positions later on. Perhaps this will lead to a leveling of the awards and leadership playing fields between men and women.

Given the overall reduction in workload by physicians of both sexes, early career mentorship will be important for all anesthesiologists to maintain engagement in non-clinical work. If, however, men continue to win more than their proportionate share of awards and occupy more than their proportionate share of leadership roles, as is currently the case,⁵ we in the Canadian anesthesiology community must ask ourselves what other forces are driving the ongoing and persistent underrepresentation of women. Workload patterns and a lack of early career mentorship for women likely do not tell the entire story.

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