



Women in medicine—strength in leadership

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I have always been proud of being what former US President Barack Obama once coined a “girl dad.” Even though balancing being the Chief Executive Officer of the College and being a father has been difficult, with many just-to-the-minute moments that have included getting off a flight and heading to a piano recital, or deliberately booking the last flight out of Toronto, Ont, to Vancouver, BC, so I can make it to soccer practice—I want to push back against the stereotype that women should be the ones to sacrifice their time and energy for the sake of their children and be there as often as I can for my wonderful daughters.

Together with my partner, our parenting goal is to nurture strong, assertive daughters who will be able to advocate for themselves in the face of racism and who will believe they are capable of anything—the only limit being the sky.

Those deep values and beliefs have also been part of my leadership style and approach. Having grown my career in public health, where the workforce is predominately led and driven by women, I have made it a point to amplify and reinforce the voices of women and be a support and confidant when misogyny rears its ugly head.

I have also been grateful for the opportunity to work with, learn from, and be mentored by excellent women leaders who have helped me on my own career development and trajectory—notably Dr Eileen de Villa, who supported me and gave me an opportunity when she brought me on in Peel Region in 2016.

However, I am cognizant that there is much more work left to be done in having gender equity in medicine. Study after study has shown,¹⁻⁴ clearly, that a pay gap exists between women and men for the same work as physicians, which has serious implications for services, well-being, and value. Most recently, a Commonwealth Fund report has deemed that women physicians in primary care are paid the least of all physicians.⁵

We also know that maternity and parental leave for physicians in practice continues to be grossly inadequate, and that harassment and bias remain altogether commonplace.⁶ It has often been hypothesized that female family doctors—by being a women-dominated specialty much like nursing—receive less attention, support, and remuneration because their voices are not as present or represented at decision-making tables.⁷

There are solutions that can be implemented to improve equity and empowerment. Drs Michelle Cohen and Tara Kiran have identified implementing anti-oppression training, challenging the hidden curriculum in medical education, and having fair and transparent hiring and referral processes, among other suggestions related to compensation and reporting, to be methods of closing the gender pay gap.⁶ The growth and work of the not-for-profit organization Canadian Women in Medicine, now established for 5 years, has provided a forum and venue for thoughtful leadership and collective action on these challenges.⁸

The CFPC continues to do its part in advocating for women by having a leadership team composed of bright, talented women and a whole College machinery committed to fighting gender disparity in medicine.

Leading by example is also crucial, and the advice from Drs Cohen and Kiran that “men in leadership roles should not just mentor women but should also actively sponsor their careers”⁶ reinforces the approach I have committed to in my career to date. We can all be part of elevating the discourse and conversation, offering a safe space, calling out misogyny, and listening to women's voices, particularly in instances where society has fallen short.

By remaining committed to these ideals, I am confident we will see progress toward a fairer and brighter future that sees my daughters and all women leading and standing in their intrinsic strength. 🌱

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