

Working Time Directive in an All Female Specialty

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Is OBGYN an All Women Specialty in Oman?

Oman is not the only country where obstetrics and gynecology is a specialty dominated by female doctors, the trend is the same even in the west. Gerber and Sassao reported that as the proportion of men entering obstetrics and gynecology residency programs declined, the number of women entering general obstetrics and gynecology (OBGYN) was declining at an even more “dramatic rate”.¹ Men graduating from internal medicine residency programs demonstrated no change according to the same authors. The number of women entering OBGYN residencies increased from 16% in 1975 to 73% in 2002 according to accreditation Council for Graduate medical education reports.²

A study by Schnuth et al. revealed that male medical students viewed their gender as a negative factor in pursuing obstetrics and gynecology and they might be persuaded not to enter obstetrics and gynecology by their female peers.² Female medical students believed that women make better obstetricians and gynecologists than men. Curtis in 2001 wrote a guest editorial on discrimination against men joining the OBGYN specialty.³

The opinion on whether female patients prefer female obstetricians and gynecologists is divided. There are a few studies to suggest that female patients do not have gender preference for physicians but one study from Syria mentioned that women preferred to be delivered by female doctors.^{4,5,6}

Why Do not Women Like to Pursue a Career in Obstetrics and Gynecology?

Although more women take up OBGYN residency, they felt more strongly than male students. They felt that length of training, level of stress, time demands, insurance costs, and time on call were negative fluencies to choose OBGYN specialty as a career.² According to Cheng et al. in all age groups, the female obstetrician-gynecologists spent fewer hours working, which may suggest a pattern of practice in which they may have taken time out early in their careers to have and to raise family which carried over time. This suggests that more obstetrician-gynecologists will be needed

to provide an equivalent level of patient care.⁷ The same authors concluded that in spite of the increase of female obstetrician-gynecologists in the workforce, their hours of practice were not at the same level as their male counterparts.

Becker et al. reported that 89.8% of residents showed evidence of moderate burnout and 34.2% were considered depressed in obstetrics and gynecology. The study also showed that 96% were concerned about malpractice, while 35% were not pursuing fellowship solely because of malpractice concerns.⁸

It is very obvious that for the same reasons as above, women are not keen to choose OBGYN as a career in this country as well.

Training Needs for OBGYN Specialists in Oman

Obstetricians and gynecologists are urgently needed in Oman. OBGYN is a surgical specialty and defining exactly how long it takes to train a surgeon may be impossible, but Jackson and Tarpley estimated that around 15 000 to 20 000 hours are required.⁹ If elite expertise is attained after around 10 000 hours of practice, surgeons must train for twice this time to master both cognitive and manual skills, but the same authors suggested that 20,000 hours may be an overestimate for just routine work.⁹

Assuming at least 10,000 hours of clinical training is necessary for a specialist (not consultant), it comes to around 50 hours per week for 50 weeks per year and at least 4 years training. The European Working Time Directive has been introduced in the UK and its effects on patient care and specialist training remains hotly disputed.

With flexible rostering and the experience from Holland where surgeons apparently have managed to reduce working hours through a continuation of flexibility, smarter working, structured training, and non-trainee posts for routine work. This strategy is worth a try.¹⁰

Oman needs to produce specialist/senior specialists, and to achieve this, it would require 50 hours training per week and flexible working hours perhaps with a longer duration of training. The non trainee posts have to be increased for this to be achieved. The reduction in working hours should be enforced to even the

service/non trainee staff in an all women specialty as most women doctors have many more demanding roles to play such as mother, wife, daughter in law, etc.

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