

Faculty of
Pharmaceutical Medicine



Women in Pharmaceutical Medicine Report

September 2022

About FPM

The Faculty of Pharmaceutical Medicine is a charity and professional membership body on a mission to advance the science and practice of pharmaceutical medicine. We provide a collective voice for our 1,500 members who are striving to advance the research and development of new medicines to help prevent and overcome diseases that impact on the lives of patients worldwide.

This report was prepared by Camila Pulliza, Will Strange and Eleanor Kingwell-Banham, with input from across FPM. Copyright 2022 Faculty of Pharmaceutical Medicine. All rights reserved.

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MESSAGES FROM OUR LEADERS



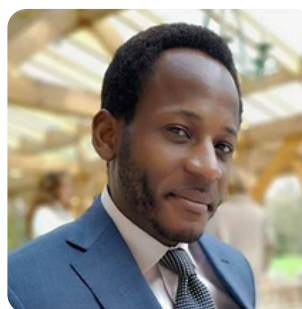
Dr Marcia
Philbin
CE of FPM

“You cannot be what you cannot see”. Marian Edelman’s words have resonated since she spoke them. When I applied to the Royal Society of Chemistry’s Inclusion and Diversity Fund for a grant towards the Women in Pharmaceutical Project in autumn 2019, the aim was to find out if there were barriers that prevented women from progressing in their careers. Following the tragic death of George Floyd in 2020, the RSC launched another fund supporting projects focused on black members and I took the opportunity to explore the specific experiences of black women. I hope that the recommendations in the report will help organisations to benchmark their own progress on gender and ethnic equality and take action to dismantle barriers that impede progress.



Dr Flic
Gabbay,
President of
FPM

I strongly support this report. I joined industry 40 years ago when the percentage of women in leadership positions in pharma was so low that female leaders were celebrities! Many comments in the report resonate with my own experiences. Whilst we have made progress, it is not enough. Few people would openly admit to being sexist or racist but unconscious bias is present in all, regardless of gender or ethnicity, as illustrated by the report. The training recommendations are critically important. We are all biased and must have personal insight, not only to reduce barriers, but for the overall success of our organisations. The journey to mutual respect can be uncomfortable but it is a journey we must take and this report is very timely.



Dr John
Ndikum,
Chair of
FPM's EDI
Forum

”

In reading this report four things stood out for me:

1. The paltry number of ethnic minorities in the industry in general,
2. The limited number of parental/childcare support schemes,
3. The large proportion (a quarter) of women who felt their companies weren't open to having discussions about gender and racial inequality,
4. The prevalence of racism and sexism still extant.

While there has been a shift and increase in the number of women in the field, it's clear that more work needs to be done at the structural level to build an environment where diverse groups can thrive. A new cohort requires an environment conducive to their growth and this doesn't appear to be happening. Highlighting, as has been done here, is the first step. Encouraging policies that lead to these environments will be an ongoing - but worthwhile - challenge. What is clear is that putting new wine in old bottles will avail nothing useful over the long term.

The report was upsetting to read because of the facts laid out - but it's absolutely vital that work like this is done and awareness is raised, since it's likely many are unaware of the scale of the problem.

Royal Society of Chemistry

The Royal Society of Chemistry (RSC) is the membership body for scientists who work in the chemical sciences.

As part of the IDC (Inclusion and Diversity Committee) Strategy, a fund was established to provide grants to support projects which address inclusion and diversity in the chemical sciences. In 2020, FPM was awarded two grants totalling £10k from the Inclusion and Diversity Fund for the Women in Pharmaceutical Medicine project. The FPM is grateful to the RSC for its generous support of this project.

EXECUTIVE SUMMARY

The Women in Pharmaceutical Medicine project aims to evaluate potential differences in the experience and barriers in the career progression of women in pharmaceutical medicine. Findings gathered from this project will help in the creation and promotion of equality, diversity, and inclusivity policies at FPM, through our new Equality, Diversity, and Inclusivity (EDI) Forum (established in April 2021). Understanding these barriers will also help us to develop recommendations that will address the structural and cultural factors that hinder the career progression of women in pharmaceutical medicine. A separate project stream attempts to explore the specific experiences of black and other minority ethnic women to identify potential differences in factors affecting career progression (1).

Through a detailed survey and a series of focus groups, we have gathered compelling evidence that, while the experiences shared by women in our specialty are more positive than those reported in other sectors, like in academia or in the National Health Service (NHS), shared anecdotes of gender and ethnicity bias by participants show that biases are present in the workplace that may inhibit career advancement for women, particularly women of colour, in pharmaceutical medicine. Particularly worryingly, of those who experience sexism or racism in the workplace, only 8% of people (men and women) reported it. You do not have to look far to see why this number is so low; 75% of those who reported sexist or racist incident did not feel supported by their employers.

There is also evidence of structural inequalities related to returning to work after parental leave, flexible working, mentoring, and opportunities for career progression. All of this may be reflected in the lower number of women (especially black women) in senior positions of leadership, a lower average salary for women and a lower number of women who hold Fellowship of FPM.

As a first step, FPM has produced a series of recommendations (p. 34) and a separate guidance document for employees and employers to help them navigate parental leave, "Guidance for parental leave".

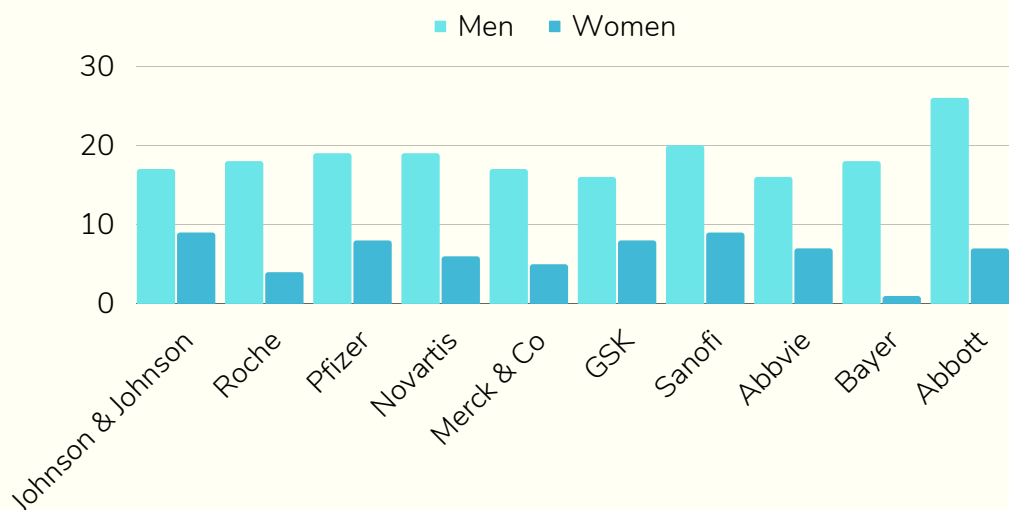
INTRODUCTION

FPM is serious about tackling inequality in pharmaceutical medicine and promoting a fair and inclusive environment within FPM, and across the pharmaceutical industry. We are also advocating a diverse and equitable research and development framework that takes account of the needs of all patients and ensures that all members of the public can access the medicines they need. This initial study is one of our first steps towards these goals.

Despite comprising most of the healthcare workforce (65%), women make up a small percentage of top leadership positions (2). Recent research by RSC has uncovered an uneven distribution of women in senior-level roles within the science, technology, engineering, and mathematics (STEM) fields (3). These differences appear even more pronounced in the pharmaceutical medicine industry (4,5).

While the overall number of women working in STEM fields suggests that there are minimal barriers for entry, the bottleneck in the number of women moving into more senior roles and leadership positions points to barriers to advancement (4).

Such findings may be due to gender bias, as research shows differences in the perception of men and women in the industry (6). These range from responsibilities in personal relationships, to their capacities as leaders and managers. The perception of women as



Total number of men and women in leadership roles 2018. Graph adapted from Results Healthcare. (2018)

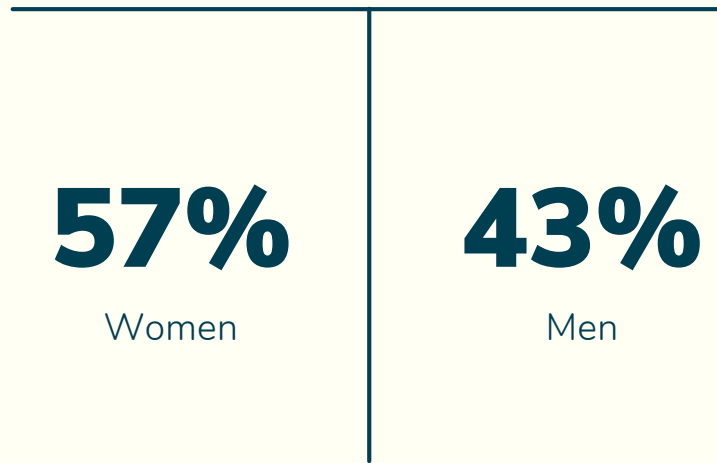
less competent or rational than their male counterparts is not limited to pharmaceutical medicine but applies broadly to women working in STEM fields (7).

The Women in Pharmaceutical Medicine project is timely. The gender pay gap is widening across the UK, especially for people in part-time work (38% of women in the UK labour market work part-time). There are fears that the effects of the COVID-19 pandemic will increase the gender pay gap across all work patterns, as women have borne the brunt of the impact from school closures (11). EDI reports have been published by a wide range of organisations in 2020, all of which point to an ongoing problem with sexism and racism within their particular fields. Added to this, the UK government's Commission on Race and Ethnic Disparities report of 2021, which claimed that structural racism does not exist in the UK, has been widely criticised (8-10). Much evidence suggests that the glass ceiling still exists, and for ethnic minority women, this is even more acute (1). They have to break through the "concrete ceiling".

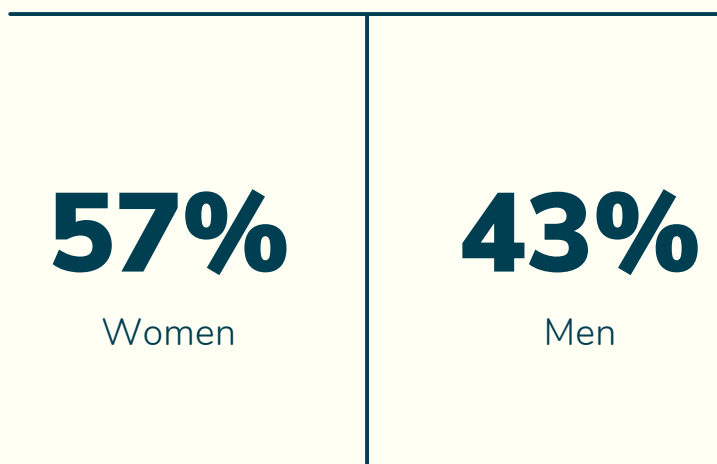
We hope that the actions taken within FPM through this project, and the creation of the EDI Forum, will serve as impetus to driving social and structural change across pharmaceutical medicine.

Gender Distribution in Medicine and at FPM

People graduating from undergraduate medical
courses in UK 2022 (GMC)*

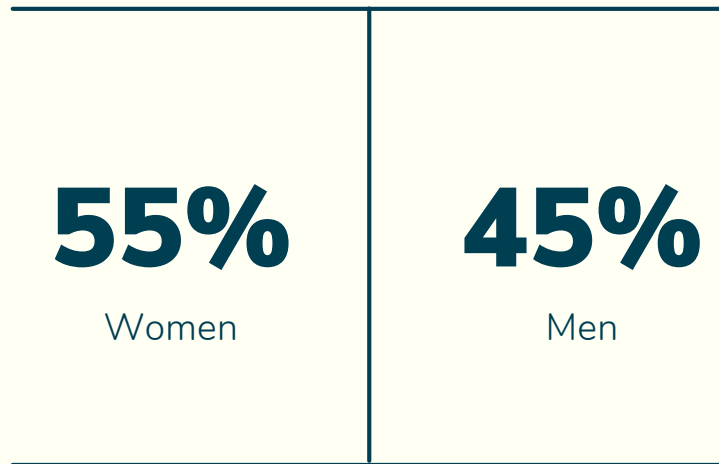


People graduating from postgraduate medical
courses in UK 2022 (GMC)*

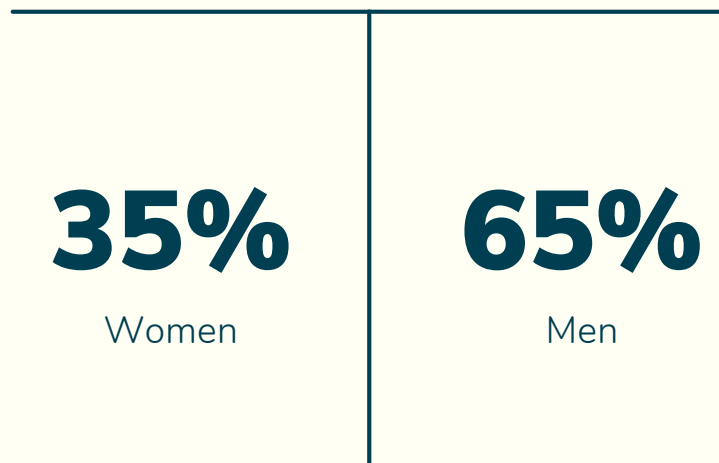


*<https://data.gmc-uk.org/gmcdata/home/#/reports>

FPM Associate members (Pharmaceutical
Medicine Speciality Training trainees) 2022

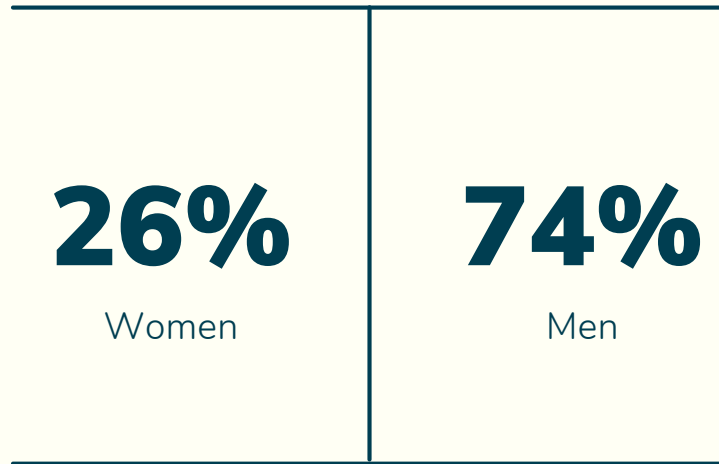


FPM Members * 2022

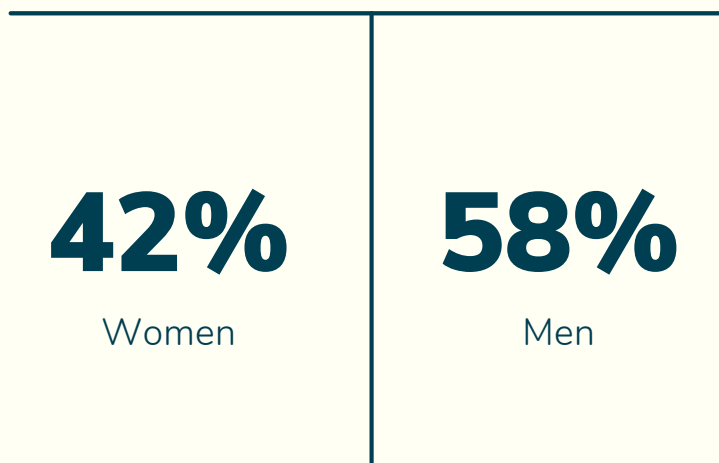


*Have completed Pharmaceutical Speciality Training, or hold an FPM Diploma or equivalent qualification

FPM Fellows* 2022



FPM Affiliate members 2022 (have not completed specialist training or qualifications in pharmaceutical medicine)



*On the GMC specialist register for pharmaceutical medicine for 2+ years OR have been FPM Members for 8 years +

BACKGROUND

Recent studies and reports published by organisations seeking to evaluate the number of women in leadership roles influencing the creation of this project include the RSC's Inclusion and Diversity body's "Breaking the Barriers" report, the Institution of Engineering and Technology's (IET) "Women in STEM report", and the Royal College of Physicians' (RCP) "Gender Pay Gap" report and the "Diversity and Inclusion" report. These reports uncovered the differences in role distribution, pay gaps, and work experiences for women in STEM.

Role distribution

The RSC's project aimed to explore the underlying factors contributing to high female attrition and the unequal distribution of women in senior roles in the chemical sciences. Major findings uncovered in the report included an unequal number of opportunities for women, a poor organisational culture including little to no management support and unequal distribution of workload that disproportionately affected women, and discrimination and harassment in the workplace. An even starker imbalance in opportunities was shown for black women. When evaluating individual elements contributing to such findings, factors such as funding opportunities, poor management, unfair recruitment procedures, and the lack of work-life balance were identified (12).

The IET's report sought to evaluate the experiences of women in STEM. The report aimed to uncover the distribution of women in the workforce in the UK, specifically those in STEM-related fields. The report highlighted the unequal distribution of men and women in management positions, differences in career progression, and the gender pay gap. Despite comprising 50% of enrolment, only half of the female graduates pursued careers related to their degrees. Given the corporate impact that gender diversity has on financial performance, like outperforming those with the least returns on sales by 16% and returns on invested capital by 26%, statistical findings in the report argue for better representation in the workplace (13,14). Major factors contributing to gender inequalities in the field of STEM underlined by the report included a lack of flexible working policies for women in senior positions, recruitment bias during job applications resulting in fewer women selected and even fewer from black and ethnic minorities, and the lack of salary monitoring (13).

Pay distribution

In terms of salary, RCP conducts an annual report on gender pay gaps. At RCP, where over 60% of employees are female, gender ratios have remained mostly constant for the past few years. As expanded in the 2019 report, the median gender pay gap was 17.8% and the mean was 14.8%. When compared to the reported rates from previous years, both mean and median rates from 2019 show an increase in the gender pay gap at RCP. Some explanations for such gap include differences in salary based on office locations, an increase in employed females in positions in the lowest pay quartile accompanied by a decrease in the number of females in the upper pay quartile positions, and the hiring of female apprentices in work-based training programs which are subject to lower pay (15).

Work environment

RCP's Diversity and Inclusion Report aimed to explore the promotion of diversity and inclusion through the expansion of roles for women and minorities. The report wished to evaluate the effects of the promotion of RCP's diversity and inclusion goals at all levels. Despite comprising most student members, women accounted for only 27% of Fellows at RCP, with an even greater unequal distribution of black and minority women across the different membership categories. Another major finding discussed was organisation's image, which, whether that be online, waiting rooms, conferences, or board meetings, was found to be white male-dominated (16).

Industry Policies

Many companies seek to understand and address gender inequality in the industry within their organisations, including GlaxoSmithKline (GSK) and Alexion.

GSK (99,400 employees) outlines the company's goals and objectives toward inclusion and diversity at all levels. GSK's latest 2020 commitments include: annual compulsory inclusion training, the One80 tool for manager feedback assessments, outlined targets to increase ethnic diversity in senior positions, and diversity shortlists for senior positions, among others. Thus far, the company reports an increase in awareness among the employees. While the increase of ethnic diversity targets has been implemented in the U.S. and HQ, the

company aims to expand these goals and increase transparency (17).

Some initiatives led by smaller companies like Alexion (2,500 employees) include the appointment of a Chief Diversity Officer, to cultivate diversity and inclusion within the company. The role aims to shape the company's diversity, inclusion, and belonging (DI&B) strategy across all levels, from employee programs to corporate responsibility initiatives. As part of their commitment to ED&I (and DI&B), Alexion's Nominating and Corporate Governance Committee has implemented a policy that ensures a gender and ethnically diverse pool of candidates for any job openings for the board of director positions. To account for any potential bias during recruitment, the company ensures that job profiles demonstrate a range of skills and culture as well as leadership during hiring (18,19).

UK Research and Innovation's (UKRI) "Equality, diversity and inclusion in research and innovation: UK review" (20) and McKinsey's "Diversity Matters" document (21) both highlight recruitment policy changes that shift the focus away from 'skills' to 'values' as ways to enhance employee diversity. Their research shows that effective changes can be simple to introduce and implement. For example, asking applicants to reflect on why they would be a good addition to the organisation during the application process "positively affected outcome measures for BME applicants but had no effect on non-BME applicants" (20: p.28).

WIP GENERAL SURVEY

To gather survey responses, the FPM website and social media platforms shared news posts introducing the project. These included links to the questionnaire. There were no restrictions on who was able to access the questionnaire. Those able to access the link were able to complete the survey. In total, 190 people took part in the survey (117 female and 70 male, 2 self-identify their gender, and 1 preferred not to say).

Questions included in the survey focused on general demographics data (like occupation, work arrangements, and income) as well as perceived barriers in the workplace related to gender and ethnicity. Questions aimed to gather a general overview of the factors contributing to the career progression of women in pharmaceutical medicine, as well as individuals' perceptions on aspects related to sexism and racism in the work environment/career progression. Participants were able to skip survey questions.

FOCUS GROUPS

Participants were able to express interest in participating in the focus group sessions during the initial survey. A second news post was also distributed by FPM to gather participants. Six focus groups composed of a maximum of seven participants per session were organised. These were scheduled for different dates and times to accommodate participants. The sessions were held via Teams and lasted about an hour.

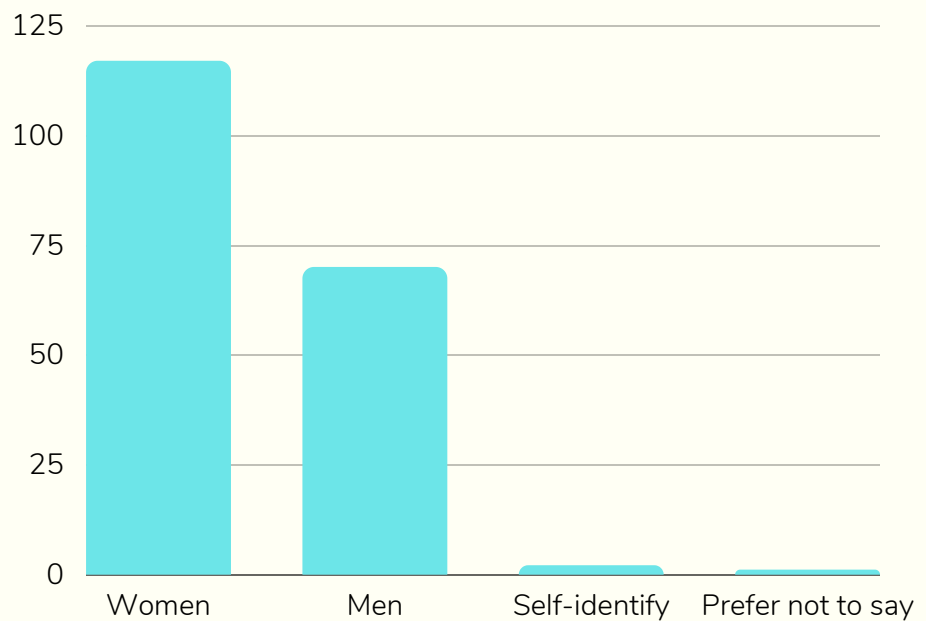
The focus groups were designed with the goal to explore and evaluate individual experiences working in pharmaceutical medicine on a more personal level compared to the general WIP project survey. Questions focussed on the work environment for women in STEM, the career prospects for women in pharmaceutical medicine, workplace needs for women, industry experiences of black and ethnic minority women and role support for women. The sessions allowed participants to discuss any changes that they thought were needed within the industry.

Demographics

Gender

The survey had a total of 190 participants. Women comprised 61.5% of responders, while men comprised 37% of responders.

Participants were able to skip questions. The calculations displayed throughout the report on the survey findings show percentages calculated with the total number of responses for each question unless otherwise noted.



Survey participants by gender

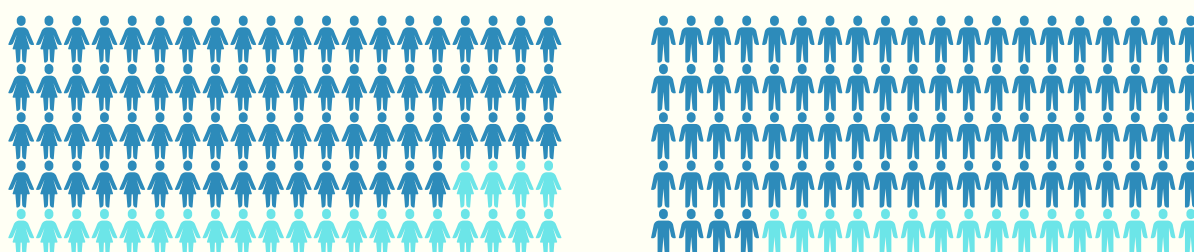
Ethnicity

The ethnicity categories in the survey followed the UK government's recommended statistical services guidelines.

Most survey participants (70.9%) were White, 16.4% of participants were Asian/Asian British/ any Asian background, 6.35% of participants were mixed ethnicity, 3.7% of participants were Black/ African/ Caribbean/ Black British.

Ethnicity	Number
White (English/Welsh/Scottish/Northern Irish/British)	89
Any other White background	42
Asian/Asian British (Indian)	19
Black/African/Caribbean/Black British (African)	7
Any other mixed/multiple-ethnic background	7
Mixed ethnicity (White and Asian)	5
Any other Asian Background	5
Other	5
Asian/Asian British (Chinese)	4
White Irish	3
Asian/Asian British (Pakistani)	2
Asian/Asian British (Bangladeshi)	1
TOTAL	189

Families



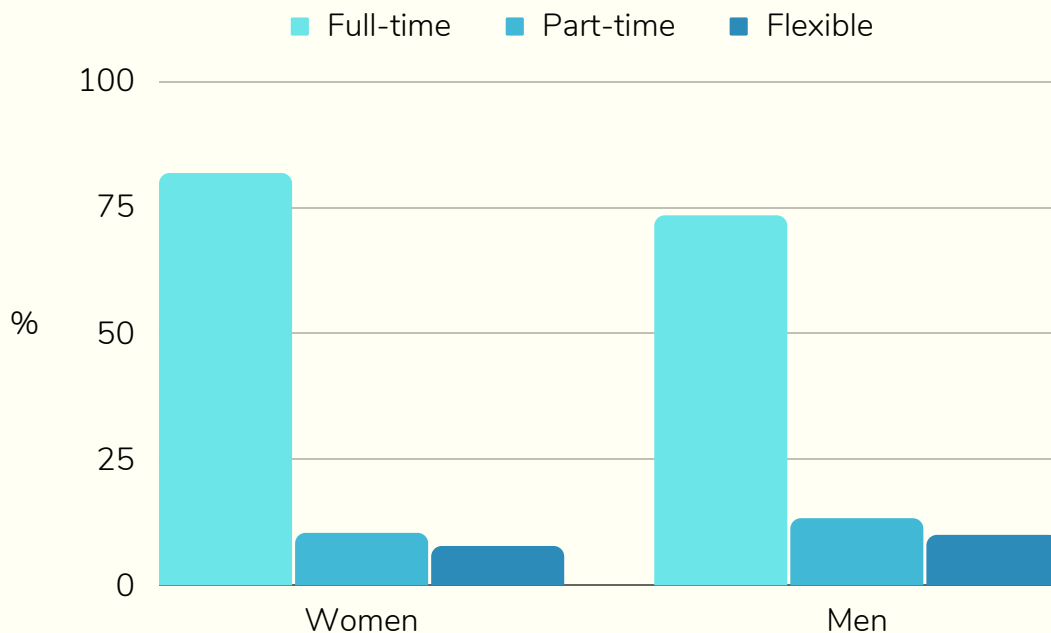
*117/117 women and 70/70 men answered the question

Nearly 79% of survey participants have children. When the distribution of participants who are parents is analysed by gender, 76.9% of women and 84.3% of men have children.

Work

In terms of working practices, 73% of participants work full-time, 10% work part-time, and 7.9% have flexible working arrangements. These percentages are based on 189 responses. Among women participants, over 81.7% work full-time, 10.4% work part-time, and 7.8% have flexible working arrangements. Among men participants, 73.3% work full-time, 13.3% work part-time, and 10% have flexible working arrangements. Participants that reported being retired or on career breaks were excluded from these percentages. These percentage calculations are displayed in the graph and are based on a total of 175 responses.

When the work arrangements for women that have children were analysed, survey results showed that 80.9% of women that are mothers work full-time.



*116/117 women and 70/70 men answered the question

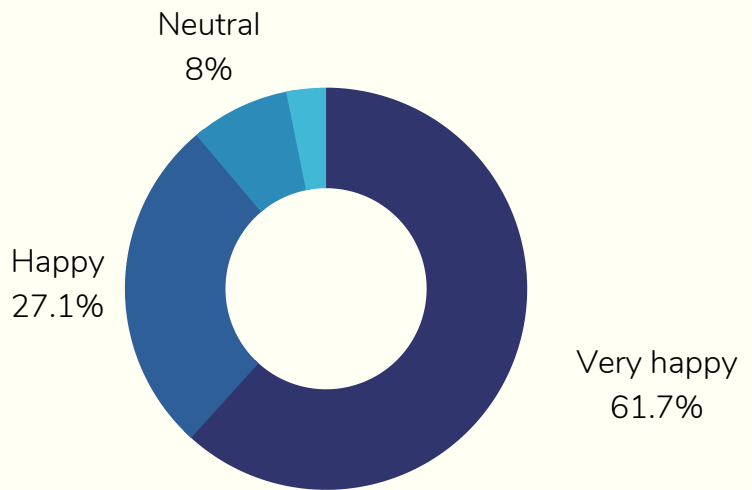
Percentage of people in full-time work, part-time work, or working flexible hours

Job satisfaction

*189/190 participants answered the question

Survey participants predominantly report feeling happy with their career choice.

Career satisfaction by gender shows that more men (69.6%) when compared to women (56.4%) report feeling “very happy” with their career choice.



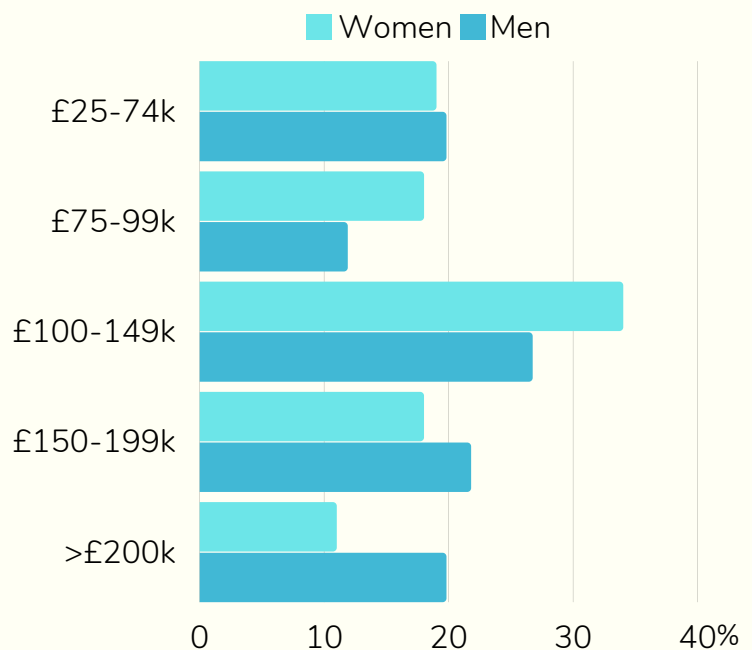
How happy are you with your career choice?

Income Distribution: (GBP or GBP equivalent)

By gender

Most survey participants (29%) report a basic income in the £100-149k range. Only 9.9% of participants reported a basic income greater than £250k.

When the survey results are analysed by gender, women predominantly report a basic income in the £100-149K range, while men predominantly report a basic income of £150k to >£200k.



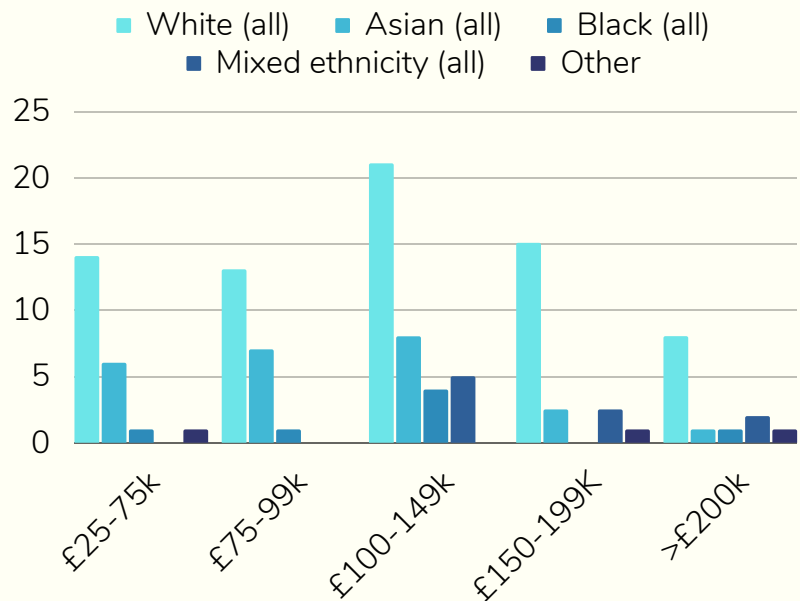
What is your basic salary?

*114/117 women and 66/70 men answered the question

By ethnicity

White, Black, Mixed-ethnicity and Asian/Asian British women participating in the survey have a similar range of incomes, with the largest proportion of women, regardless of ethnicity, reporting a basic income in the 100-149K range.

*113/117 women answered the question



Occupation

Most participants (over 31%) are company directors. Only 2.6% of participants occupy a president or CEO position in their company. About 4.7% of participants are owners of the company they work for.

Within the data set there is an indication that, as in other fields, men are more likely to achieve higher level leadership position than women. 50% of men in our survey hold “Senior” positions (e.g. Director, Vice President, C-suite), whereas 43% of women who took our survey hold “Senior” positions. Most women (32%) have a director role in the company they work for, less than 1% have a president or CEO position, and over 2% are owners. Most men (~29%) have a director role in the company they work for, over 5% have a president or CEO position, and over 8% are owners. 44% women are mid-level managers, compared to 32% of men who took our survey.

Roles	Women	Men
Entry-level (Associate/Analyst)	11	2
Mid-level (inc. Independent pharmaceutical physician/Research physicians/Medical advisors/Professors/Technical experts/Regulators)	52	22
Senior (Director/Vice president/C-level executive)	50	34
President/CEO	1	4
Owner	3	6
Retiree	0	2

*117/117 women and 70/70 men answered the question

Gender & Ethnicity

33.9%

of survey participants (based on 189/190 responses) believe there is a gender bias within the organisation they work in. Survey results showed that over 42.2% of women (based on 116/117 responses) in the survey believe there is a gender bias, while 18.6% of men (based on 70/70 responses) believe there is a gender bias within the company they work for.

30.5%

of survey participants (based on 190/190 responses) believe there is an ethnicity bias within the organisation they work in. When the results were evaluated by gender, 32.5% of women (based on 117/117 responses) believed there is an ethnicity bias, while 25.7% of men (based on 70/70 responses) believed there is an ethnicity bias within the organisation they work for.

30%

of participants (based on 190/190 responses) believe their gender holds them back from progressing in their careers. Evaluation of the data by gender showed that 8.6% of men (based on 70/70 responses) believe their gender holds them back, while 42.7% of women (based on 117/117 responses) believe their gender holds them back.

21.6%

of participants (based on 190/190 responses) perceive their ethnicity as a potential barrier to career progression. An analysis of the data by ethnicity showed that 10.45% of White (based on 134/134 responses) and 47.27% of non-White (based on 55/55 responses) participants believe their ethnicity holds them back from progressing in their careers.

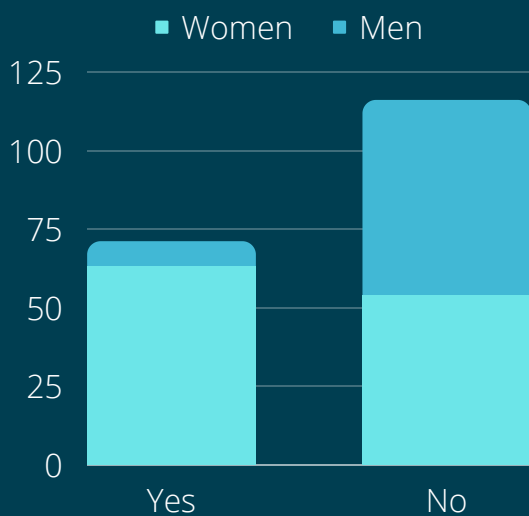
Sexism & Racism in the Workplace

Survey questions targeting gender and ethnicity at work showed that 38.1% of study participants have been subject to sexism, while 23.8% have been subject to racism at the companies for which they work.

The breakdown of survey findings by gender show that 53.9% of women completing the survey have been subject to sexism at work, while 11.4% of men report being subject to sexism at work.

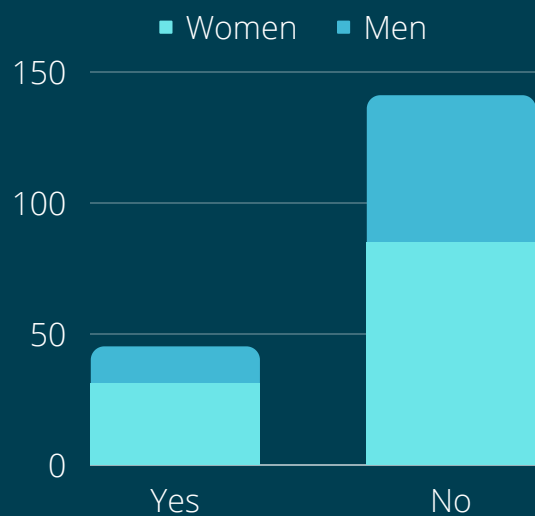
Evaluation of the data also shows that 26.7% of women report being subject to racism, while 20% of men report being subject to racism in the workplace.

Number of participants who have been subject to sexism at work



*116/117 women and 70/70 men answered the question

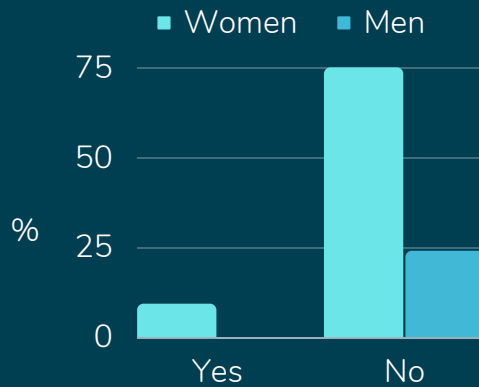
Number of participants who have been subject to racism at work



*116/117 women and 70/70 men answered the question

For those reporting having experienced sexism or racism in the workplace, 10.7% of women reported the incidence, while none of the men participating in the survey reported the incidence to their employer. Among those reporting the event, 75.4% did not feel supported by their organisation.

If you experienced sexism or racism in the workplace, did you report this to your employer?

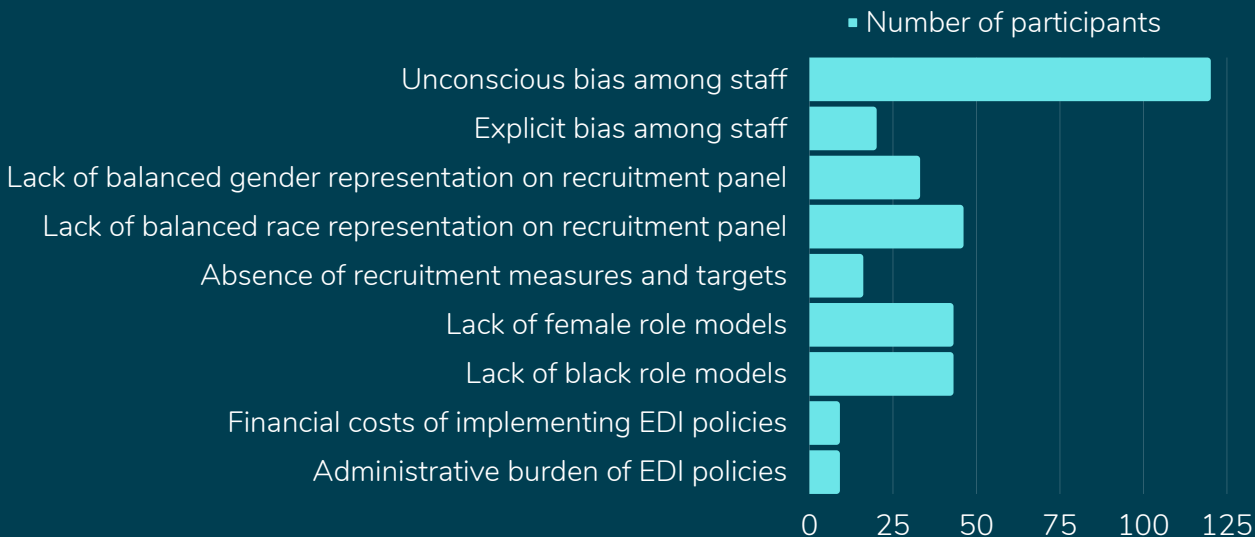


*84/117 women and 24/70 men answered the question

Barriers to gender & race equality

The main perceived barrier among survey participants to gender and race equality in the workplace is unconscious bias among staff (72%). Similar findings were observed among men and women participating in the survey. Additional perceived barriers to gender and race equality in the workplace include failure to acknowledge different experiences, dismissal of microaggressions in the workplace, the notion that racial and ethnic inequality is not an issue, poorly designed paternity leave, male-dominated executive boards, differences in leadership styles, and the perception that there are no barriers.

What is the main barrier to gender and race equality?



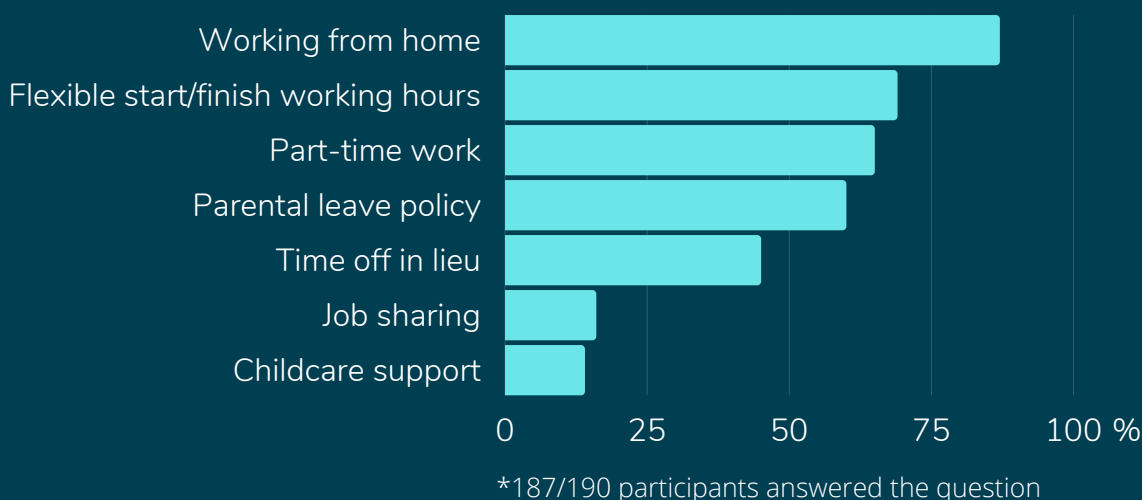
*168/190 participants answered the question

Work place policies

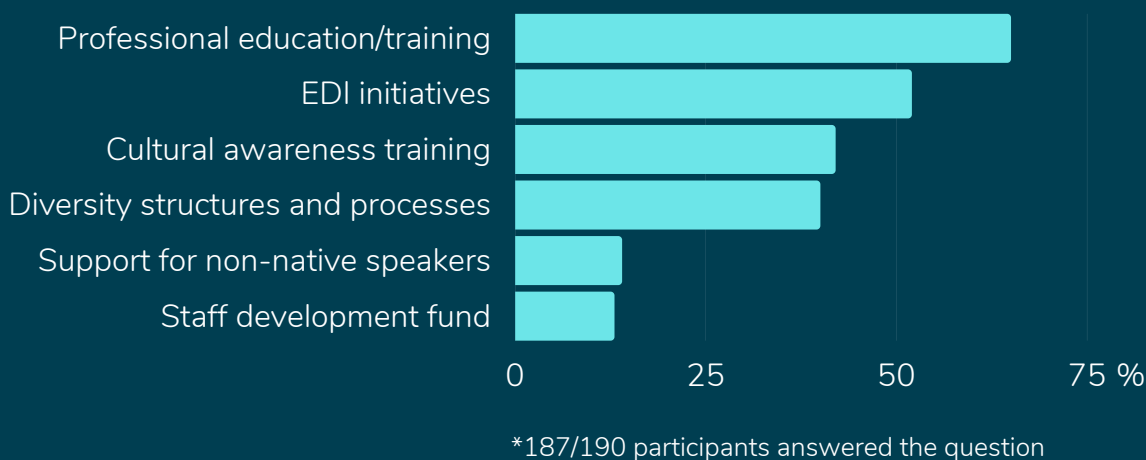
It is clear from our survey that most workplaces have policies in place that aim to create a supportive and diverse environment.

Among the top five company policies offered for survey participants are: working from home (87.2%), flexible start/finishing working hours (69%), professional education/training (65.8%), part-time work (65.2%), and parental leave (60.4%). Policies on offer by a given company may vary by location. Organisations may tailor company policies to a country's mandatory workplace policies.

Are any of these available where you work?

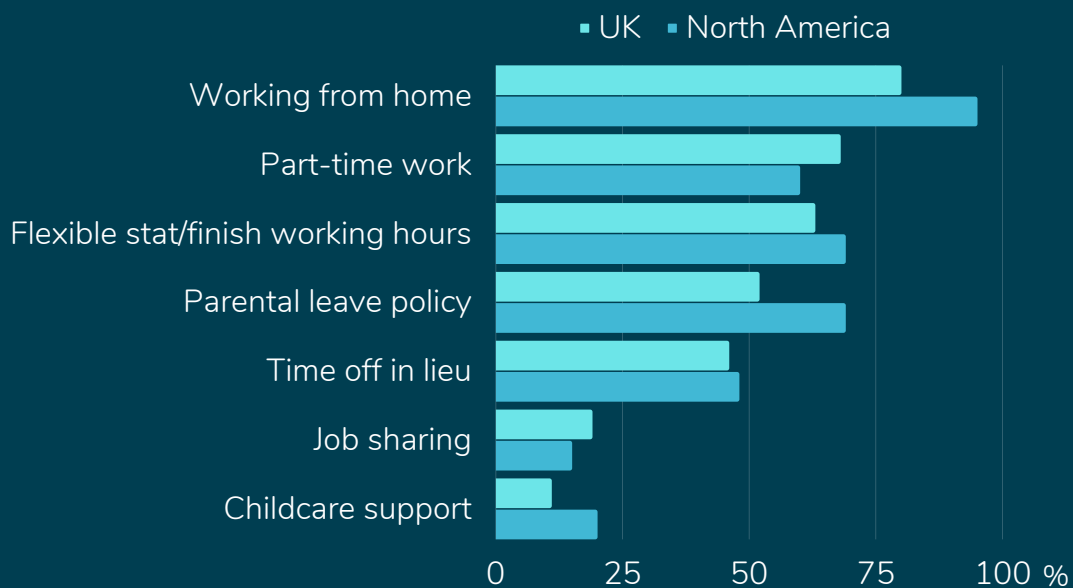


Are any of these available where you work?



Survey results show that the organisation headquarters for over half (52%) of responders were in the UK, with 21% were based in North America (USA and Canada). A comparison of company policies between the UK and North America shows key differences in parental leave and childcare support. Among UK participants, 52.1% have a parental leave policy and 11.5% have childcare support policies on offer in the company they work for. Among North American participants, 70% have parental leave and 20% have childcare support policies on offer.

Are any of these available where you work?



*96/99 UK participants answered the question

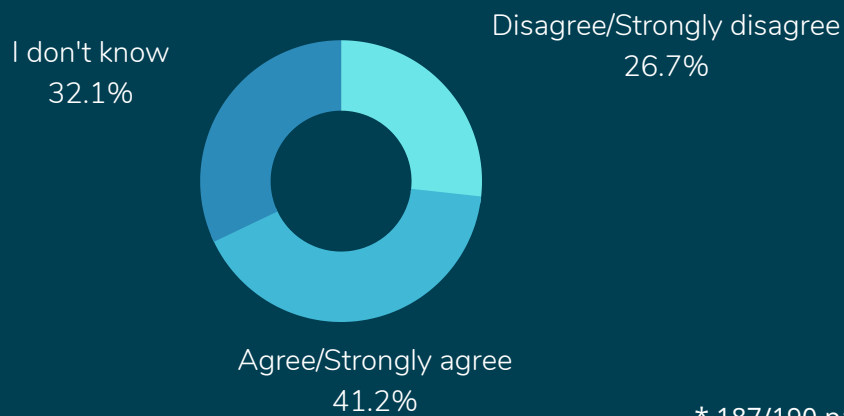
*40/40 North American participants answered the question

Key Findings

26.7%

of survey participants believe the company they work for does NOT ensure a proper gender balance on recruitment panels. Additionally, over 23.9% of survey participants believe gender diversity is NOT a priority for managers or the CEO in their place of work. When asked about the idea of creating more opportunities designed for women, like women's networks, over 29.6% of participants believe that such are unfair to men employees. A key recurring survey finding was that of flexible working. Most survey participants (95.8%) believe flexible working is relevant to all employees, not just women and/or mothers.

My company ensures gender balance on recruitment panels

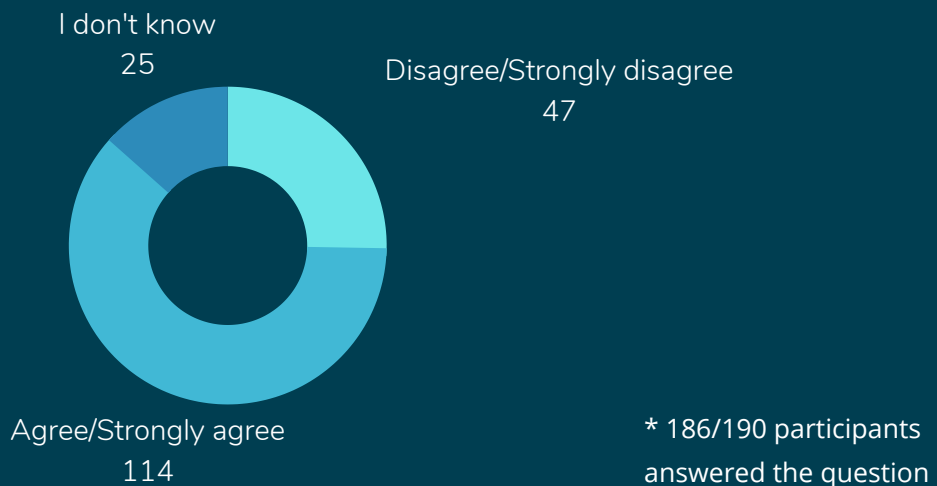


* 187/190 participants answered the question

61.2%

of survey participants believe opportunities for advancement are the same for men and women. In terms of the distribution of roles for women, 86.5% report that the company they work for have women in senior roles. Survey findings also show that 44.3% of participants believe that their company has already benefited from gender equality work.

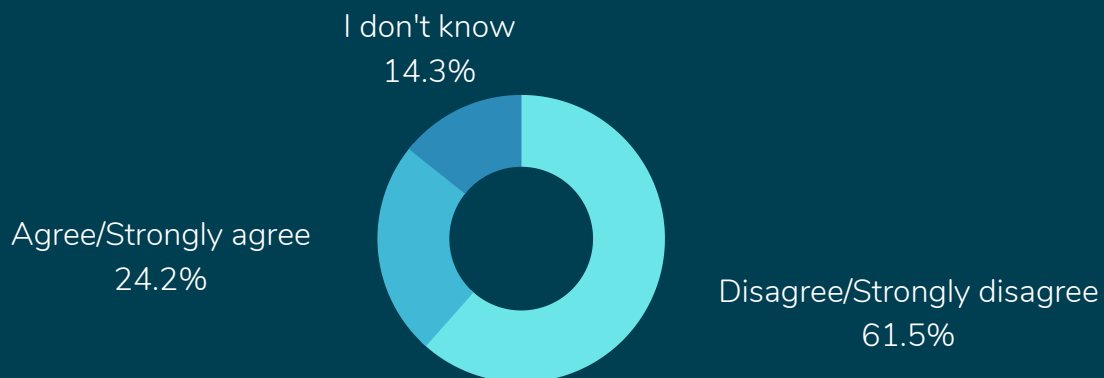
Women have the same opportunities for advancement as men in my company



61.5%

of participants believe that salary discussions are NOT encouraged in the workplace. Evaluation of the data by gender showed that 67.3% of women and 52% of men report that salary discussions are NOT encouraged in the workplace. Findings also show that nearly 31% of participants believe their pay grade does NOT match their current position. When evaluated by gender, results show that 66.7% of men and 55.4% of women believe that their current pay grade matches their position. When asked about the gender pay gap in pharmaceutical medicine, 8.8% of participants believe that such is not the fault of industry but rather of personal choice.

Salary discussions are encouraged in my workplace



* 182/190 participants answered the question

Work Environment

Focus group discussions showed that the workplace experiences of women in pharmaceutical medicine are mostly positive. Yet, shared negative experiences by some participants show that women are often criticised for behaviours men are praised for. Additionally, individual hostility and structural hostility directed at women in the workplace have been observed. Focus group sessions showed that inequality in the workplace does exist, however, there is a danger that this is overlooked as it is not as overt as that experienced in academia or the NHS.

Participants report having experienced outbursts by male colleagues, some of which included sexist commentary. Many of these occurrences are dismissed, and at times not even considered hostile by others in the workplace. Female participants have also experienced individual hostility, particularly at the C-suite levels, from other women in the workplace. As observed by some participants, it is more common for women to have “allies” in the workplace that are men, rather than women and it is felt that senior women tend to be threatened by junior women advancing in their careers.

On the positive end of the spectrum, several women participating in the sessions report not having experienced hostility in the workplace at all. As suggested by some participants, this may be the result of a shift in the culture of pharmaceutical medicine in recent years.

Some participants believe there are no differences in the work environment between men and women, but rather those who are and are not parents. As pointed by some participants, the pharmaceutical medicine work environment may pose a greater strain on those who are parents than those who are women.

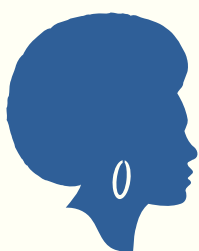
“In academia and the NHS there is a lot of sexism and patronising, but I haven’t experienced the same thing in Industry.”



Career prospects

Despite the perception that the work environment is the same for men and women, there is an assumption that men cover senior positions. As shared by focus group participants, women in senior roles have often been overlooked or dismissed in meetings or company events. When discussing career prospects, participants shared experiences from the earlier parts of their careers where they saw their male colleagues progress much faster than the women working in the same company, despite having the same level of experience. While the reason leading to these differences is not certain, some participants believe it may be due to women not being as assertive as men in negotiating or putting themselves forward for promotions or salary increases.

Conversely, other participants stated that differences in career progression may be due to women facing additional pressures when reaching more senior positions. There is a recurring perception that women are forced to make more compromises than men, particularly when they decide to become mothers. Some women shared that they felt a need to hide their pregnancies in fear of potential setbacks in their careers.



"The support you need in your career is different whether you're male or female."

"It seems there is a better gender balance in the more technical roles, than commercial or medical affairs. Women's career progression may depend on which route you take."





“My male counterparts can get away with things that I can't. There is less acceptance when I push back on things.”

“There's this weird pyramid, despite the last 5-10 years of increasing gender equality... 70% of our workforce [at my organisation] is female... Career progression for women seems to stop at C-suite level.”



It is important to note that at times, as shared by several participants, this is suggested or assumed by employers or fellow colleagues and not by women. Pregnancies or other changes to family life may lead to differences in support systems for men and women that present additional barriers for career progression. This may be due to an increase in hours or the need for relocation. Focus group sessions showed that women are often met with a reduction of hours or responsibilities when faced with personal life changes, while men are granted more flexible work arrangements.

There is also a perception of a ceiling for the career progression of women in the industry. In attempts to break through past C-level suites, some participants believe that women may take on behaviours to reach seniority that are not natural to them and therefore have a mental load, but don't necessarily improve their leadership or ability to do their job. Other participants, however, believe the career prospects for men and women are the same, or at the very least, similar. This sentiment aligns with the perception that the new generation entering the industry is much more assertive.

A change in the demand for promotions, as stated by some participants, may take place with the women now entering the industry.

Black and ethnic minority women

When asked about the experiences of non-White women in comparison to White women due to ethnicity or race, some participants believe that there are differences within the pharmaceutical medicine environment, while others believe that the experiences are the same. Those who perceive the experiences for both groups to be the same point to differences in the cultural environment of the company they work for as the root cause and not ethnicity or race.

However, about the same distribution of participants, who also believe that there are differences in the work environment and career progression for men and women, believe the differences for non-White women are likely to be even greater. Some participants have experienced or seen colleagues of Black or ethnic minority backgrounds ignored during site visits, events, clinical trial monitoring, among others. While participants have shared that some of these instances are followed by amends, possibly after intervention by someone of seniority or in the same department, it has been suggested that the norm is for these experiences to be dismissed.

Some participants believe that explicit differences are present for non-White women that may hinder career progression. To counteract these, participants suggest changes to recruitment systems where interviewers do not know the gender or race, or even family name, of applicants to limit bias.

"I have black colleagues who turn up and people assume they are not as experienced as they are."





"Companies need to ask what are the valued attributes for an organisation, and can they be more diverse?"

Needs to change

When prompted to consider what needs to change within pharmaceutical medicine, focus group participants emphasised the need for employer and employee collaboration through structural change.

Like any highly professional discipline, career progression in pharmaceutical medicine is competitive. As noted by some of the participants in the project, collaboration or support between colleagues, especially female-female support, is not common. Support is more likely to take place between colleagues in different companies working toward different goals as they do not see each other as competition. While some participants have come across senior women who have been supportive, they suggest this may be due to differences in career paths. There was a consensus among participants that colleagues may be more inclined to help one another if they feel they are in enough of a senior position and if the two are not direct competitors.

While it is important to promote the support of other women, participants believe the responsibility should lie in the structuring of organisations and company culture and not in the individual. To propel structural change, participants argued for more open discussions among employees, diversity in styles of leadership, and mentorship.

"What women need varies according to the individual. Managers have to ask about their needs."



DISCUSSION

While project results are predominantly positive, as many women share positive professional experiences in the industry, it is important to recognise the negative experiences shared by participants currently in pharmaceutical medicine. Recognition of positive experiences like peer mentorship and the perception of similar prospects for men and women by study participants is as important as the recognition of the negative. This is necessary to increase awareness among everyone in the industry to account for the perceived micro-aggressions and advancement barriers for women in the specialty. Despite the perception of equal opportunity shared by some of the women in the project, areas that need to be evaluated to improve the work environment for employees in pharmaceutical medicine include work flexibility, family life, differences in leadership, and general assumptions on the capacities of women in the industry.

"There's very little flexibility in the pharmaceutical industry if you don't want to work full-time. I know men and women who want a more balanced home and work life, and a lot of people struggle with that."



Flexibility

Flexible working policies are necessary for all. The pharmaceutical industry is very rigid in terms of hours that must be worked. Paying lip service to flexible working policies is pointless when the structural policies and procedures are not flexible themselves. Company policies promoting flexibility in the workplace are necessary when discussing travel requirements, work arrangements, and meeting schedules. Role flexibilities, like in the availability of working from home arrangements, could help diminish individual barriers to career progression.

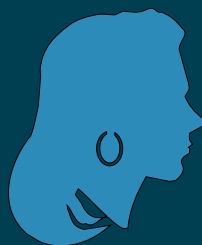
"A lot of women may go back for 4 days a week, but the jobs aren't set up for that and you just end up doing 5 days work, but you get paid less for doing it."



Family life

Parenting responsibilities seem to be disproportionate between men and women. The onset of the pandemic has made this clear. It is also far less common to see men with part-time work schedules, especially after parental leave, when compared to women. Thus, there is a need for policy in the workplace that focuses on women with families, as the responsibilities oftentimes fall on them. This is necessary as women feel that they cannot have a family life while simultaneously progressing in their careers.

As uncovered in the focus group sessions, it is not uncommon for women who are pregnant and go on maternity leave to find a previously promised position or role given to another colleague who is not seen as having "conflicting" family commitments.



"We definitely see fewer women in leadership in the pharmaceutical industry... the fact that we have a role that we want to do as well, mothers, partners, and other roles in our lives, does not mean that we don't want to be leaders in our work. The work should be such that it does not differentiate between me not being able to work after 6 o'clock and somebody else who does not have those commitments."

Participants believe conversations on individual needs while on and upon return of paternal leave should be a right/expectation, rather than a compromise or a favour. This is crucial, as poorly developed or the lack of paternal leave policies may influence whether individuals choose to continue working in the industry.

However, the normalising of the modern family and the shedding of traditional gender roles may be beneficial to addressing gender inequalities in pharmaceutical medicine. General WIP project survey and focus group discussions show that well-developed parental leave policies, and not just maternity leave, that promote open communication between employers and employees must be on offer for all.

Assumptions & unconscious bias

Evaluation of survey and focus group session findings showed how underlying assumptions affect the experiences and career progression of women in the industry. From assuming the black woman in the room is the secretary to assuming a woman will want to work part-time after maternity leave, or even assuming women do not have the necessary skills for a leadership position, assumptions appear as a key barrier hindering career progression.

While these derail from the explicit outburst of discrimination women have shared during focus group sessions in previous appointments in academia or in the NHS, these assumptions (which may be perceived as micro-aggressions) present as barriers influencing the career advancement of women in pharmaceutical medicine. This is because they may result in women not feeling suitable or comfortable for a given role, or even choosing to leave the specialty.

"People do make a lot of assumptions about what a woman may or may not want when she has children, sometimes they're made with good intent but I wish people would just ask the women what she'd like... there is an assumption that the woman will be the primary carer, and I think that in a lot of circumstances this is the wrong assumption to make now. I think it causes quite a lot of problems."



Altogether, focus group discussions emphasise that assumptions should not be made and that women should be consulted and given opportunities to succeed in the industry.

Leadership

Another factor that may be hindering career advancement for women in pharmaceutical medicine is the limited number of female role models and even fewer black & minority ethnic senior female figures in the industry. The perception that there is a limited number of positions for women, may fuel more competitiveness between women and may ultimately lead to women taking up more "male-style" leadership.

Consequently, women's "style" is not seen to be one that would be good in a leadership position, further propagating the perception of women leaders as unfit.

This may result in the fuelling of the perception that to reach seniority, women must take on more aggressive leadership styles. As shared by some participants, some may even encourage or demand that other women take on similar styles of leadership behaviour to succeed in a role.

"...The career prospects once you're in a company have probably changed a tiny bit, but not as much as I would have hoped in 30 years. It seems that women have to be extraordinarily bold and assertive to get ahead and to get visibility."



RECOMMENDATIONS

We encourage all employers of pharmaceutical physicians to ...

PARENTAL LEAVE

- 1) Develop parental leave policies that promote open communication before and upon return to the office.
 - a) Emphasise attention to preferred work arrangements to the employee under question.
 - b) Avoid assumptions on changes to hours or responsibilities for new parents.
- 2) Make it routine for male employees to consider their work/life balance and the impact of life events more carefully, through policies (e.g. encouraging male uptake of shared parental leave) and culture (e.g. open discussions and leadership).
- 3) Promote global sharing of innovative best practices within and between companies.

SUPPORT & TRAINING

- 4) Implement policies and ensure leadership that fosters an environment that positively encourages incidences of sexism, racism and bullying of any kind to be reported and assurance that cases will be safely acted on as appropriate.
- 5) Establish conscious and unconscious bias and micro-aggression training, as these are perceived to be the greatest barrier to gender and race equality in the workplace.
- 6) Signpost and promote relevant EDI policies amongst the staff group, so that people know they exist and where to find them.
- 7) Develop mentoring and sponsorship programmes and networks by women for women to support women in their careers. These may help to guide women when asking for changes to their working arrangements, promotions or salary revisions. These may be especially valuable for women from ethnic minorities.

8) Ensure easy access to appropriate mental health support and resources for those subjected to workplace discrimination.

9) Embrace and promote diverse leadership styles, and adjust leadership training to promote these.

PAY

10) Promote pay scale transparency in the workplace. The creation of company policies that increase transparency in the grade and salary bands may promote more open pay discussions in the workplace.

FLEXIBLE WORKING

11) Create well-developed flexible working policies to promote career progression for all employees.

a) Include (but do not limit to) events, networking, the timing of scheduled meetings, travel requirements, work arrangements.

12) Create well-developed flexible working policies to promote career progression for all employees.

RESEARCH

13) Conduct a systemic evaluation of the structural factors that disadvantage women in the workplace

a) Develop personal development plans that go further than training courses as these are seen as tasks to be marked as done.

14) Consider a structural change of working systems and hours to allow flexible working to be successful.

15) Ensure that women's health throughout the life course is accounted for in the workplace, whether that be for pregnancy, lactation, or menopause, among others.

16) Survey (anonymously) employees to better understand job satisfaction levels and consider possible remedial activities where unhappiness exists.

What is FPM going to do?

1) FPM will do more to actively encourage the nomination of women for Fellowships and Honorary positions.

2) We will increase the transparency of our gender and ethnicity make-up within the organisation by including the number of male and female employees, Committee and Board members in our Annual Report from 2022 onwards. We will work to do the same for ethnicity, and begin collecting this data from 2023.

3) FPM will aim to develop a career support initiative with a stream specifically designed for women starting their careers.

4) We will change our recruitment and induction practices to focus on supporting staff and volunteers to understand and meet our Values.

5) FPM EDI Forum's work will focus, in part, on professional issues relating to race, ethnicity, gender and other protected characteristics.

6) We will create pre and post-parental leave guidelines to address common setbacks concerning work arrangements.

Project Limitations & Areas of Further Study

- There was not an even distribution of participants from different ethnic backgrounds and inter-sectionalities, either within the focus groups or providing survey data. This prevents us from gaining an understanding of the experiences shared by certain groups.
- We do not know at which point in their careers women and men enter the industry, or which stream of pharmaceutical medicine they pursue. This may help explain the differences in income and role distribution between men and women across the field.
- The WIP general survey and focus group sessions did not ask when pharmaceutical physicians become parents, if earlier or later in their careers. Therefore we can't assess how this impacts career progression at different stages.

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