



Women in Surgery

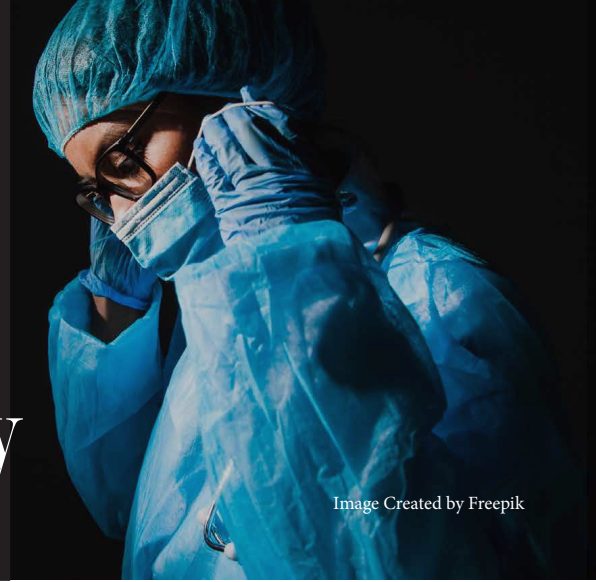


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How I became a Woman in Surgery

Two weeks into medical school in 1984, we started dissection and I was hooked. The ulnar nerve is behind the medial epicondyle whether the person is old, skinny, black, upper class.....

I love the clarity. I enjoyed other aspects of medicine too – but surmised from psychology, pharmacology and sociology that poverty and education have far more influence on health than tablets. Whereas surgery is perfection. You do lots of academic thinking, then one step further is calm focussed precision fixing. It's like Karate.

I'm pretty sure that having a Black Belt in Karate and a prize in Physiology intrigued people who thought women were too weak or stupid to do surgery, so I got treated as an honorary male. My second Registrar interview in 1994 was with a dozen 50+year old white male surgeons.

It was a rare senior who went beyond the "oh yes, some women do that" to give the advice they'd give if you were a man. In 1990, I was Mr Clive Quick's House Officer. He advised a Casualty job next and Professor Slome's evening Course as best to get through the Primary FRCS exam. I did both. I then chose a series of SHO posts (rotations were a novelty). I picked those where there was a House Officer, so I wouldn't get stuck on the wards. The ATLS course was new in 1994 – amazing that after 2½ days intense learning you have that clarity, so no bullshitting Registrar can ever talk over you and no Consultant can keep saying you have to do multiple

months of 80+hour weeks to understand trauma. Education is power.

I got married as an Orthopaedic Registrar and we had three children, then our fourth as a Consultant. My husband is a nurse. I sometimes think we got together because both found it refreshing not to be treated like a weirdo. Luckily, he was willing to drop his hours around the children.

It's a blur from a couple of decades of sleep deprivation. Progression in training in the 1990s meant operating etc most of the night, then looking in control at the 8am trauma meeting before carrying on. Being up with a colicky baby was a breeze after that. Weekends were 82 continuous hours you just got through. Once a student nurse fed a patient due for a tibial nail one Sunday morning and I was secretly grateful I couldn't operate. The 1999 NCEPOD report 'Who operates when?' abolished nocturnal operating unless life- or limb-threatening; it also turned surgery into a team endeavour. I had my first miscarriage after a weekend on-call. I sat at home sobbing, with the TV full of Dunblane primary school massacre, selfishly thinking I'd never be a Mummy; when I returned, another Registrar said he'd never taken two days off work for a cold. Luckily, things worked out.





Council Painting by Anthony Oakshett

There's another barrier for women. People don't see us for the big roles and support us to get there. The NHS would be better for some surgical thinking. I did an MA in Education and an MBA in Health Service management. I was the ninth woman elected onto Council of the Royal College of Surgeons of England in 2011 (just hone a 100-word statement). I like having the deep discussion in the room, then the united front to the outside. I have led on major writing projects: undergrad curriculum in surgery (to provide clarity for ALL doctors), pregnancy guide for surgeons, mentoring guide, guide on avoiding unconscious bias, www.rcseng.ac.uk/career and www.rcseng.ac.uk/study. I like external roles. I led on the Academy's 2015 "Exercise the miracle cure" – most ill-health (70%) has proximate causes: nutrition, inactivity, smoking and alcohol. I led on a 2017 BMJ paper showing how much social care is preventable, because physical decline is different from ageing and can be reversed with exercise. Full text versions on www.scarlettmcnally.co.uk. Please share! Then maybe we'd get some cycle lanes, outside gyms and school sports facilities, and less misery, overflowing hospitals and preventable cancers and dementia... but we'll always need surgery! At my Trust, I led a prize-winning 2017 project training HCAs into Band 3 'Doctors' Assistants' (£9.70/hour) to do admin and routine clinical tasks freeing up Doctors in training (see my website for Job Description and info).

Even last Summer, another senior Surgeon was on our table for breakfast with Surgeons from other Colleges "so, Scarlett, if you are here, who's looking after your children?" I worry about the opportunity costs: I educate him about the gender pay gap and parenting teenagers being a team commitment rather than conversing on pan-College initiatives; I also fear he isn't recommending me for the future big NHS roles I'd love. I wanted Sir Bruce Keogh's job.

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If you would like to share your story with us, please send a short statement detailing how you came to choose a career in surgery, highlighting any barriers you faced, and how you overcame them, as well as a photo and biography to ASGBI's Communications Manager, Vicki Grant at vicki@asgbi.org.uk. We would love to hear from you!

