PUBLICATION of what you are now reading and the photograph on the right would have been impossible just three years ago. Finding two female consultant surgeons in the same room is a rare enough event in 1995.

In October 1991 all 157 consultant, general surgeons in Scotland were men and there were only a handful of females in surgical specialties.

Hilary Sanfey and Margaret McQueen, both just into their forties and based at Edinburgh Royal Infirmary, hold two of the most prestigious surgical posts in the country.

Miss Sanfey carries out half of the liver transplants in Scotland, for which the major problem is finding enough donors to meet the demand at the right time.

Last October Miss McQueen became Scotland's first consultant in orthopaedic trauma. She is also involved in the world's largest survey of the treatment of wrist fractures and a co-founder of Sort-It, a charity which is about to launch a £5m appeal for the UK's first specialist trauma unit.

Their appointments signal the first breach in one of the grossest examples of sex discrimination: those who don't play rugger simply have not had a fair kick of the medicine ball.

In the space of 20 years the proportion of women graduating from Scottish medical schools has risen from one third to one half. Within some schools, like Glasgow, this will increase to nearly two-thirds by 1997. Despite this, virtually none is likely to wield a consultant's scalpel.

Assuming equal ability, such discrimination represents an overall estimated annual waste of at least £6m in medical training expenditure and an even greater wastage of human potential.

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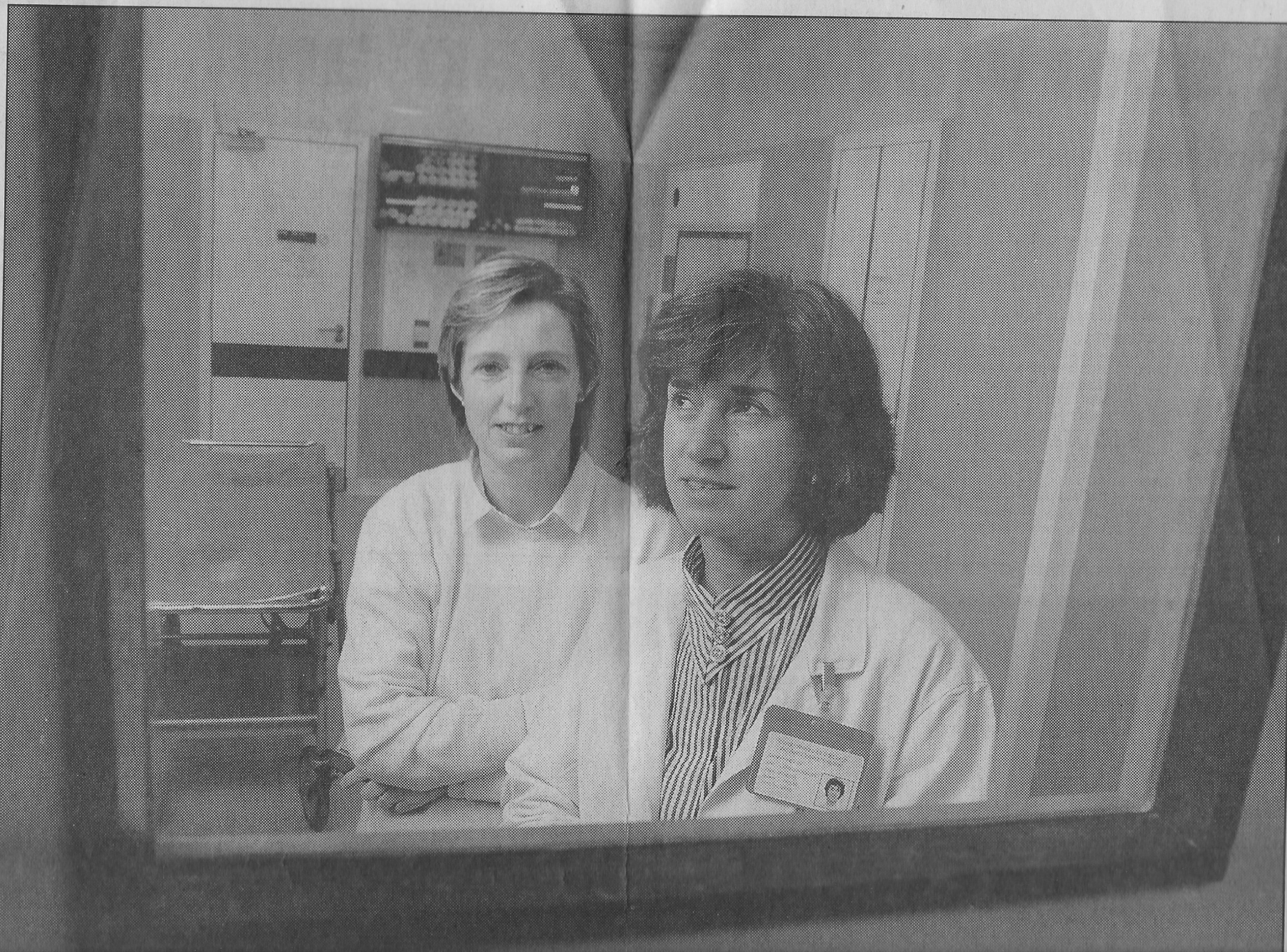

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"Rather than real discrimination, it is just women's perception f how they will be treated," said McQueen.

"Women do not go into surgery ecause it is perceived that it is much harder to get on in a surgical specialty. It is a very competitive ield but it is difficult for everyone and it is just as hard to get on in other hospital specialties."

She graduated at Edinburgh in 1971 in a class of 150 of which one third were female.

"They had to have higher entry qualifications — usually five As at Highers — than men, because at that time women were discriminated against from the start. That is not longer the case," McQueen said.

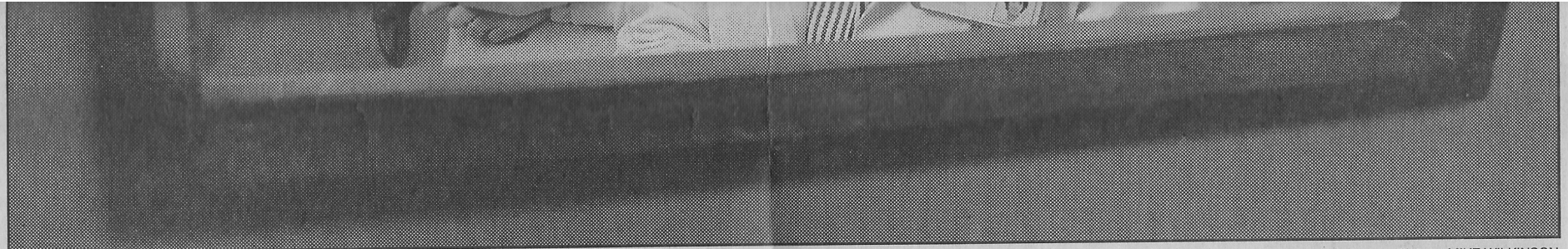
She was intent on a career in orthopaedics from the start and was appointed Scotland's first female consultant in the specialty in 1987.

"I was never conscious of discrimination against me when I was training because I think it was considered by my senior colleagues to be very avant-garde and adventurous to have a female orthopaedic trainee.

"Of my class some left after house jobs and others to have children and a number went into general practice because it was perceived to be easier. Nowadays it certainly is not."

Sanfey's career has been much more widely travelled. After graduating in Dublin she took in London, Barcelona and finally an assistant professorship at Charlottesville, Virginia, before coming to the Scottish Liver Transplant Unit in 1992.

"We are not perceived by people in the hospital as being equal to a male colleague" she said.



Consultant surgeons, Margaret McQueen, left, and Hilary Sanfey, have achieved what few women have in medicine. Picture: MIKE WILKINSON

Cutting through the glass ceiling

Britain's hospitals face a shortage of junior doctors, but many career paths remain closed to women. **Chris Holme** speaks to two women surgeons who made it to the top

"I have certainly been asked questions at interviews that were inappropriate, like: Do you really think we are going to give this job to a dolly bird or do you think a woman can do this job."

Both Sanfey and McQueen would not tolerate any such interrogation of female candidates at the interview panels on which they now sit. They reject the idea of establishing female networks to combat surgery's old boys' club mentality and the myths as to which of the sexes makes a better surgeon.

Schoolgirl expertise in needlework does not imply dexterity with sutures, and orthopaedics does not require a prop forward's muscles.

"What you need for surgery is stamina," said Sanfey.

"There is no doubt in my specialty that if you use brute force you are not doing it correctly," added McQueen.

They argue that the UK hospital career structure brutalises both men and women, particularly in surgery. It can take 15 years or more from graduation to consultant, with moves every year or two to another hospital usually in another city.

This creates havoc for spouses with their own careers and any family life. It becomes discriminatory because these are the very years when women would be having children.

A welter of changes in the last three years may yet signal an improvement. By October 1993, women occupied 14 out of a total of 482 surgical consultancies and a further 36 in the associated specialist grade.

The Calman report will shorten training time across the UK, in response to European pressure. In addition, a Scottish Office working party set out an innovative programme to develop opportunities for part-time training.

SANFEY said these offer no panaceas. The part-time avenue carries a second-class stigma, and theoretically can extend training to an absurd 30 years. It is also very difficult to shorten training yet maintain standards and still reduce the workload of junior doctors.

"In the USA, medicine is still white-male dominated, but at least there is a well-structured residency programme where you are in the same post for six years. You know where you are starting off and you know when you will finish. It is a big help for women," she said. McQueen agreed: "It will never be easy to combine the two, but it is perfectly feasible to maintain a family and a career provided you can plan ahead."

Married to a chest physician, and with three young children, she is cheerfully disarming about which role is more demanding.

"I come back to work for a rest. It's easier than being a full-time mother," she said.

So far the scheme for part-time training has attracted nearly 70 applicants, mostly women. Just one has opted for general surgery, although some have chosen other surgical specialties.

The task of developing the scheme has fallen to Dr Graham Buckley, executive director of the Scottish Council for Postgraduate Medical and Dental Education. He says the quality of the female applicants readily discounts any notion of second-class training.

"They really have been very impressive. My own view is that general surgery is not a suitable job for a man either. The way people have to work in it makes it a total commitment which does not allow other things in your life," he said.

Buckley added that there is Scottish Office support for expanding flexible training, but the long-term solution is for it to be integrated from the outset as a normal route for career development, rather than simply as an adjunct.

"We should also think about taking this further beyond the time they become consultants. The actual demands on NHS consultants as a whole have increased both in intensity and the length of time they work," he said.