A senior doctor like me: Gender match and occupational choice

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Institute for Fiscal Studies (IFS)

3rd Health Economics conference
Toulouse
19 June 2025

Disclaimer

This work is partly funded by the National Institute for Health Research (NIHR) Policy Research Programme through the Policy Research Unit on the Health and Social Care Workforce, PR-PRU-1217-21202. The views expressed are the authors' and not necessarily those of the NIHR or the UK Department of Health and Social Care. Statistics may differ from official publications due to definitional differences.

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  - key driver of persistent pay gaps (Bertrand, 2020)
- Important role for job characteristics (Goldin, 2021; Amer-Mestre and Charpin, 2021)
- Non-economic social influences on women's job choices $\Rightarrow$ possible distortions to the allocation of talent (Cuberes and Teignier, 2016; Hsieh et al., 2019)

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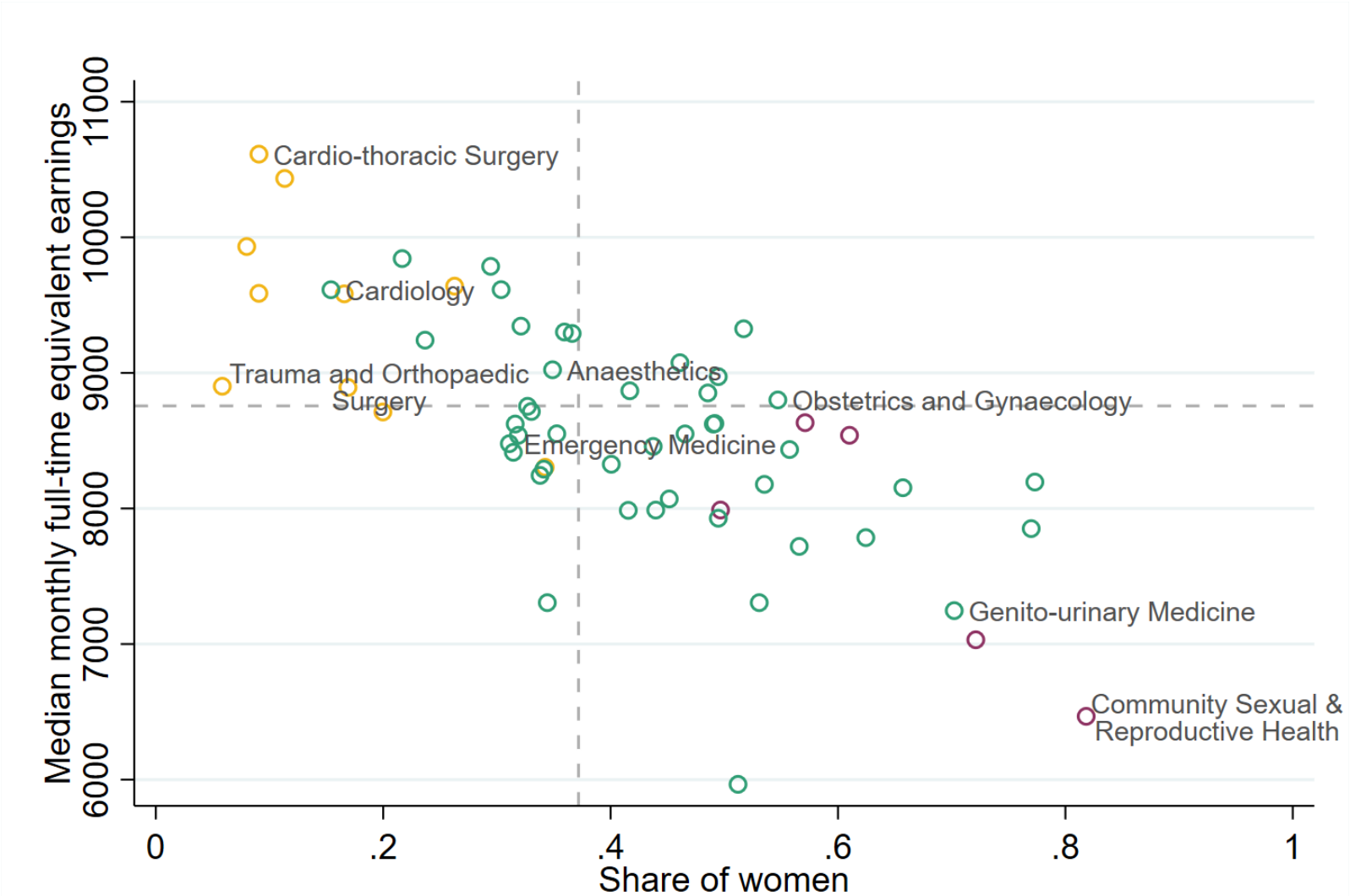
- Our setting: medical specialty choice among doctors in the UK
- Consequential choice
  - For doctors: earnings and working conditions vary across specialties
  - For patients: patient-doctor demographic match $\rightarrow$ patient outcomes (Wallis et al., 2022; Frakes and Gruber, 2022; Kristiansen and Sheng, 2022)

Higher earnings in male-dominated specialties



Note: Senior doctors' monthly earnings 2012-2021, linearly scaled for contracted hours. Yellow = surgical specialties, purple = community specialties, dashed lines = overall averages.

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Main findings:

- Exposure to more women specialists during early career increases probability a junior doctor will choose their specialty
- Highly nonlinear relationship

Agenda

1. Motivation
2. Literature
3. Setting: Junior doctors' specialty choice
4. Identification strategy and NHS payroll data
5. Main results on specialty choice
6. Heterogeneity and mechanisms

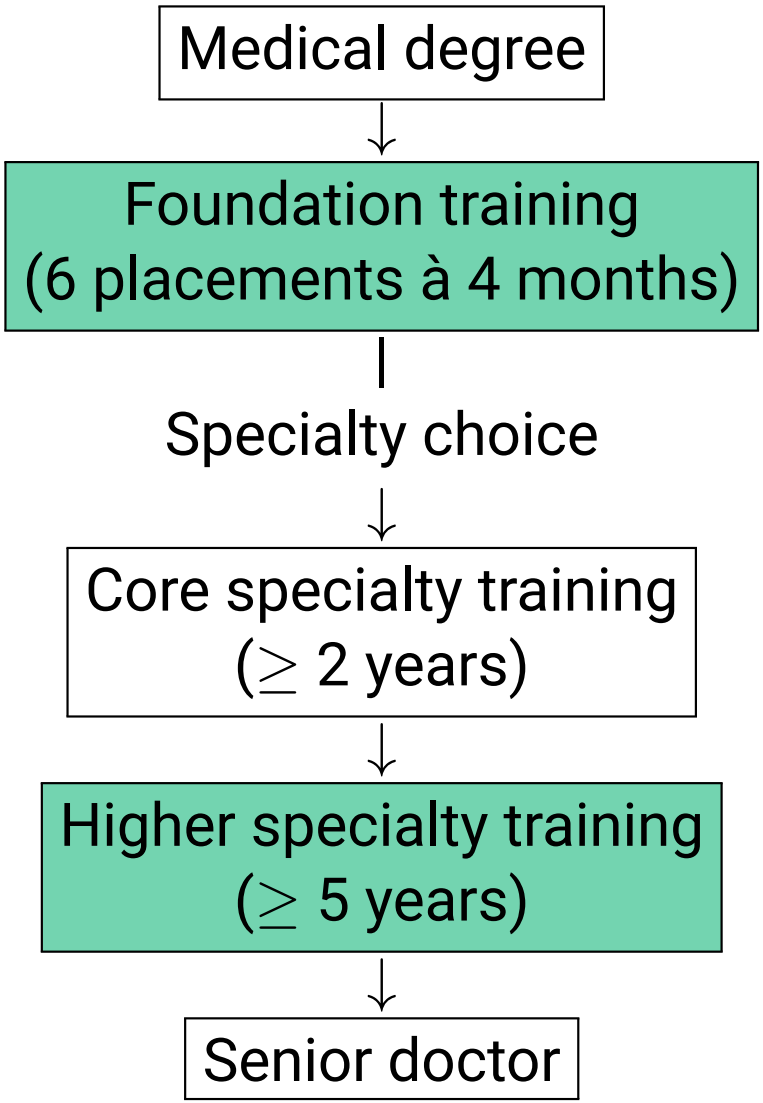
Literature

- Instructor-student gender match $\rightarrow$ occupational choice
  - Carrell et al. (2010); Mansour et al. (2021); Griffith and Main (2021)
  - extend from children/students to professionals, and from single universities to the NHS hospital sector
- Short interventions from visiting female 'role models' $\rightarrow$ university subject choice
  - Porter and Serra (2020); Breda et al. (2021); Agurto et al. (2021); Patnaik et al. (2023); Basiglio et al. (2023)
  - study a more sustained, 'natural' interaction
- Medical specialty choice
  - Jagsi et al. (2014); Arcidiacono and Nicholson (2005)
  - causal questions remain unanswered

Setting: Specialty choice of doctors in the English NHS

- Large increases in women entering medicine
- But women's participation in some specialties (surgery, cardiology, gastroenterology) stubbornly low
  - Internationally common
- Specialty choice $=$ consequential career decision
  - both men and women make large investments
  - modest labour supply adjustments around childbirth (Kelly and Stockton, 2022)
- Potential mechanisms: taste for working with same-gender colleagues, (beliefs about) own ability, gender-specific returns to ability Details

Medical training in the NHS



← Variation: exposure to senior women

← Outcome: settled specialty choice conditionally on choosing hospital sector

Identification

- Outcome: Does a junior doctor choose the placement specialty, conditionally on remaining in the hospital sector?
- Identification challenge: non-random exposure to senior women
- Exploit centralised allocation of Foundation placements
  - based on preferences and national ranking
- Conditioning on hospital and specialty fixed effects
  - junior doctors cannot predict this variation at application
  - no evidence of sorting on observable characteristics Details

Data

- Electronic Staff Record: NHS payroll data 2012–2021
- Hospital, seniority, specialty, gender $\rightarrow$ variation in share of senior female colleagues that junior doctors work alongside
- Restrict to placements in short-term physical health hospitals
- 3 cohorts of doctors
  - 26,014 placements corresponding to 6,728 doctors who go on to pursue higher specialty training in the hospital sector

Main Specification

LPM that doctor i who completed a Foundation placement at hospital h in specialty s is observed in s during higher specialty training:

$$Y_{hsi} = \beta_0 + \Sigma_{q=1}^{3} \beta_q f(wshare_{hs}) + \beta_4 \Gamma_h + \beta_5 \Delta_s + \beta_6 \mathbf{X}_i + \beta_7 \mathbf{Z}_{hsi} + \epsilon_{hsi}$$

- Y_{hsi} = 1 if doctor chooses the specialty
- $wshare_{hsi}$ = share of senior women during placement, linear spline with knots at 20% and 40%
- Γ_h, Δ_s = sets of hospital and specialty fixed effects
- $\mathbf{Z}_{hsi}$ = placement characteristics: order, length, starting month, senior doctors' age
- $\mathbf{X}_i$ = junior doctor characteristics incl. age, cohort, UK nationality
- ϵ_{hsi} = standard errors clustered at the junior doctor level

Summary statistics: Foundation Placements

	All placements		Stayers	
	Women	Men	Women	Men
Months in placement	4.53	4.54	4.50	4.54
	(1.10)	(1.11)	(1.05)	(1.10)
Female senior doctors	4.41	3.93	4.61	4.07
	(5.85)	(5.52)	(6.09)	(5.61)
Female senior doctors (share)	0.26	0.23	0.26	0.23
Share of placements with female senior doctor share				
$<$ 20%	0.46	0.51	0.45	0.50
20% - 40%	0.29	0.29	0.29	0.30
Selected specialty shares: Surgery	0.40	0.44	0.39	0.44
Paediatrics	0.08	0.05	0.08	0.04
Emergency/Intensive/Acute	0.16	0.17	0.18	0.18
Obstetrics/Gynaecology	0.06	0.03	0.06	0.03
Cardiology	0.04	0.05	0.04	0.05
Geriatric medicine	0.12	0.11	0.12	0.11
Observations	36,691	28,132	13,860	12,154

"Stayers" are junior doctors who stay in the hospital sector after foundation training. Standard deviations in parentheses.

Probability junior doctors pursue specialty training in the placement specialty

	Women		Men	
Share female senior doctors				
Share, if <20%	0.167***	(0.049)	0.092	(0.056)
Share, if 20% - 40%	-0.013	(0.061)	-0.030	(0.063)
Share, if ≥40%	-0.053	(0.048)	-0.080^{+}	(0.048)
R^2	0.166		0.110	
Observations	13,860		12,154	

Excludes placements in General and Acute Internal Medicine. Standard errors in parentheses, $^{+}$ $p < 0.1$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Observations are placements.

- Effect driven by male-dominated departments (similar results for other non-linear specifications)
- Effect size: +10pp senior women in a male-dominated department $\rightarrow$ 1.6pp increase $=$ 23% of mean or 41% of the gender gap
- No impact on leaving the hospital sector

Heterogeneity

- The effect is stronger when senior women in the department:
  1. do *not* receive performance-related pay Details
  2. are younger Details
  3. tentatively: work part-time Details
- The effect is stronger
  1. in specialties where on-call duties are less important Details
  2. in more geographically dispersed specialties Details
  3. in growing departments Details

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- Suggests role for relatability, access/contact time, fewer other barriers to qualified women entering the specialty
- Similar effects in more or less competitive specialty training programmes

Summary

- Exposure to senior women specialists during a junior doctor's early career increases the probability that she chooses their specialty
  - Only at low shares of senior women
  - A 10pp increase in senior women closes $\backsim$40% of the gender gap in specialty choice
- No impact on the probability women remain in the hospital sector $\rightarrow$ choices are shifted between hospital specialties
- Heterogeneity points to role for relatability, contact time and absence of other barriers to women's entry to the specialty

Thank you!

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Motivating framework: Mechanisms

- Exposure to senior women during a placement could affect
  - beliefs about the share of women in the specialty
    - many possible foundations for homophily (Akerlof and Kranton, 2005; Alan et al., 2023; Drechsel-Grau and Holub, 2023)

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    - better teaching/mentoring/advising in matched senior-junior pairs (but mixed evidence in school settings, cf. de Gendre et al., 2023)
    - worse performance during placement under stereotype threat (Dee, 2013; Benjamin et al., 2010)

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- Clinical supervisors’ references not a plausible mechanism

Motivating framework

Following Delfino (2021), worker i of gender g chooses a specialty j with prospective returns:

$$U_i^j = w^j + \theta_g^j a_i^j + \alpha_i(s_g^j)$$

where

- w basic wage in the specialty
- θ_g gender-specific return to individual-specific ability a_i^j
  - higher and more dispersed performance-related pay in surgery
  - could include non-monetary returns (prestige, 'warm glow')
- $\alpha_i(\cdot)$ taste for working with same-gender colleagues, whose share is s_g^j
  - many possible, observationally equivalent underlying reasons: management style, information exchange, cognitive effort, identity costs, etc.
  - most relevant when a specialty is very gender-imbalanced

Back

Sorting test

Test for sorting on observable junior doctor characteristics

	Woman		Age		UK national	
Share female senior doctors						
Share, if $<$20%	-0.025	(0.037)	-0.031	(0.209)	-0.010	(0.022)
Share, if 20% - 40%	-0.008	(0.039)	0.072	(0.221)	-0.008	(0.022)
Share, if $\geq$40%	0.044	(0.028)	-0.156	(0.174)	-0.009	(0.016)
Observations	64,660		64,660		64,660	

Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Each regression conditions on all covariates in the baseline specification except the outcome and the number of years observed in the late stage, including the fixed effects.

Back

Share of senior women and other placement characteristics

Table: Differences in placement parity and duration by share of senior women

	Duration	First year	Fourth placement	Later placement
Share female senior doctors				
Share, if $<$20%	0.075	-0.130***	0.061*	0.069*
	(0.083)	(0.034)	(0.028)	(0.029)
Share, if 20% - 40%	0.041	0.084*	-0.027	-0.056
	(0.089)	(0.038)	(0.033)	(0.035)
Share, if $\geq$40%	-0.011	-0.199***	0.109***	0.091***
	(0.059)	(0.029)	(0.026)	(0.027)
Observations	64,660	64,660	64,660	64,660

Standard errors in parentheses. Each regression conditions on all baseline specification covariates except the outcome and the number of years observed in the late stage, including the fixed effects.

Back

Probability that junior doctors remain in the hospital sector for higher specialty training

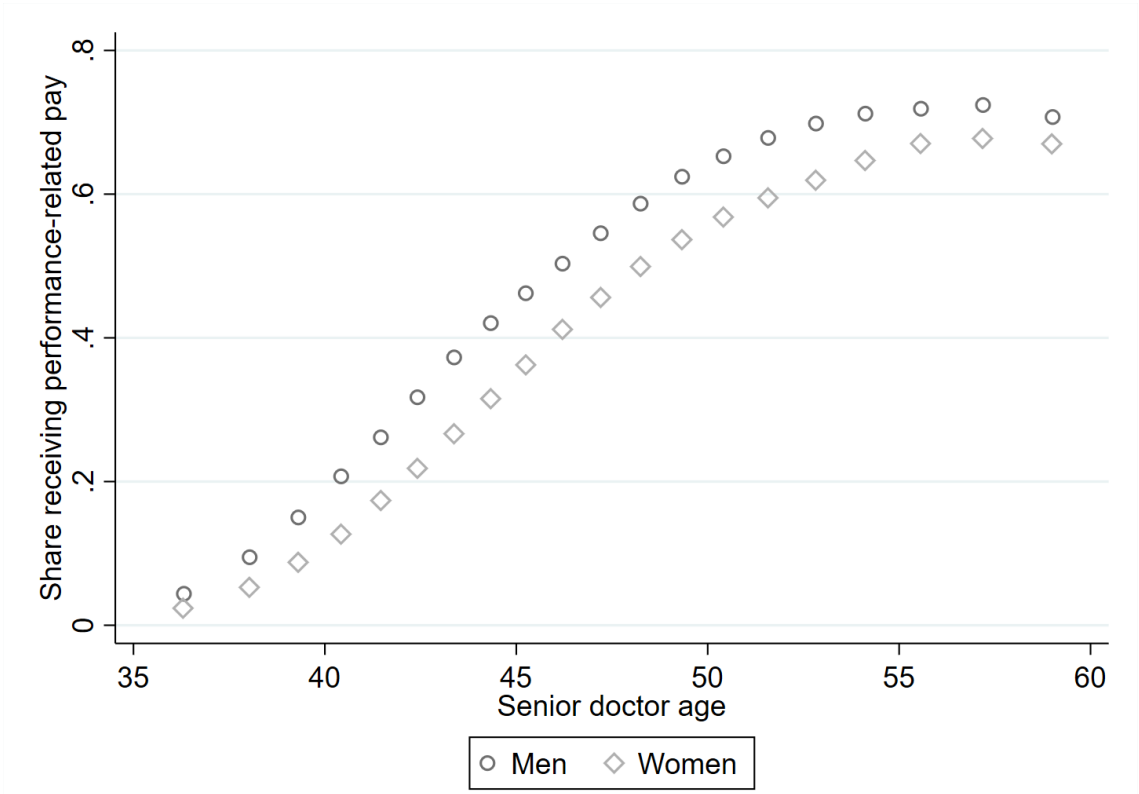
	Women		Men	
Share female senior doctors				
Share, if $<$20%	0.002	(0.046)	0.014	(0.052)
Share, if 20% - 40%	-0.046	(0.049)	-0.001	(0.059)
Share, if $\geq$40%	0.028	(0.035)	-0.071	(0.045)
R^2	0.046		0.059	
Observations	36,871		28,116	

Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Observations are at the foundation placement level.

Back

Performance-related pay: background

- Performance-related pay is common
- Median pro-rata award $=$ £754 $=$ 11% of median basic earnings
- Gender gap in performance-related pay:



- Higher and more variable in some specialties, e.g. cardiology and gastroenterology

High-performing senior women and specialty choice

	Women		Men	
No senior women	0.010	(0.014)	-0.039*	(0.017)
Share female senior doctors × no senior woman with performance-related pay				
Share if <20%, no PRP	0.264**	(0.092)	-0.188	(0.103)
Share if 20%-40%, no PRP	-0.119	(0.086)	0.031	(0.083)
Share if ≥ 40%, no PRP	0.031	(0.070)	-0.059	(0.058)
Share female senior doctors × ≥ 1 senior woman with performance-related pay				
Share if <20%, some PRP	0.140	(0.085)	-0.033	(0.099)
Share if 20%-40%, some PRP	0.067	(0.079)	-0.017	(0.088)
Share if ≥ 40%, some PRP	-0.087	(0.057)	-0.136*	(0.064)
Observations	13,757		11,881	

Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. 'High' performance-related pay above median (£754) pro rata. Also conditions on junior doctor and placement characteristics and trust and specialty fixed effects.

Back

Heterogeneity by senior doctor age

Younger versus older senior doctors: Selected coefficients

	Women		Men	
No senior women	0.004	(0.014)	-0.034*	(0.017)
Senior men older, senior women older				
Share female senior doctors if <20%	0.090	(0.102)	0.016	(0.118)
Senior men younger, senior women older				
Share female senior doctors if <20%	0.037	(0.134)	-0.149	(0.159)
Senior men older, senior women younger				
Share female senior doctors if <20%	0.191*	(0.088)	-0.051	(0.101)
Senior men younger, senior women younger				
Share female senior doctors if <20%	0.277**	(0.101)	-0.176	(0.114)
Observations	13,756		11,881	

Standard errors in parentheses clustered at the junior doctor level, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Conditions on senior doctor age, junior doctor and placement characteristics and trust and specialty fixed effects.

Back

Part-time working female senior doctors

	Women		Men	
No senior women	0.002	(0.014)	-0.037*	(0.017)
Share female senior doctors × no part-time working senior woman				
Share, if <20% and no PT	0.159	(0.083)	-0.127	(0.097)
Share, if 20% - 40% and no PT	-0.029	(0.073)	0.090	(0.079)
Share, if ≥ 40% and no PT	-0.032	(0.063)	-0.138**	(0.053)
Share female senior doctors × at least one part-time working senior woman				
Share, if <20% and PT	0.270*	(0.113)	0.058	(0.121)
Share, if 20% - 40% and PT	-0.090	(0.113)	-0.167	(0.113)
Share, if ≥ 40% and PT	-0.059	(0.065)	-0.034	(0.078)
Observations	13,756		11,881	

Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Part-time working senior women defined as aged 55 or younger and working 80% of full-time or less. Also conditions on junior doctor and placement characteristics and trust and specialty fixed effects

Back

On-call duties: background

- All workers, but women especially, dislike atypical and unpredictable working hours (Mas and Pallais, 2017)
- Use composition of earnings to characterise specialties as ‘high prevalence of on-call work’ if in top quintile
  - of senior doctors receiving on-call allowances (81%), or
  - of on-call allowances relative to basic earnings (4.3%)
- Includes obstetrics and gynaecology, anaesthetics, some surgical specialties (but not general surgery), intensive care medicine

Prevalence of on-call duties and specialty choice

	Women		Men	
Share female senior doctors × low prevalence of on-call duties				
Share, if low and <20%	0.223***	(0.055)	0.077	(0.065)
Share, if low and 20% - 40%	-0.073	(0.067)	-0.096	(0.067)
Share, if low and ≥ 40%	-0.068	(0.051)	-0.081	(0.051)
Share female senior doctors × high prevalence of on-call duties				
Share, if high and <20%	-0.020	(0.101)	0.056	(0.108)
Share, if high and 20% - 40%	0.127	(0.153)	0.284	(0.162)
Share, if high and ≥ 40%	0.056	(0.122)	-0.062	(0.123)
Observations	13,756		11,881	

Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Also conditions on junior doctor and placement characteristics and trust and specialty fixed effects.

Back

Geographic concentration of jobs and specialty choice

- Specialty concentrated in a few specialist hospitals $\rightarrow$ less geographic flexibility for doctors
- Senior doctors in placement specialties work in up to 174 hospitals
- Specialties present in $\leq$ half those hospitals $=$ 'geographically concentrated'
  - renal medicine, intensive care, clinical oncology, cardio-thoracic surgery, neurosurgery
  - account for just 7% of placements $\rightarrow$ most placements are in widely spread specialties

Geographic concentration of jobs and specialty choice

	Women		Men	
Share female senior doctors × geographically dispersed specialty				
Share, if disp. and <20%	0.184***	(0.050)	0.077	(0.060)
Share, if disp. and 20% - 40%	-0.061	(0.064)	-0.034	(0.067)
Share, if disp. and ≥ 40%	-0.037	(0.054)	-0.107*	(0.053)
Share female senior doctors × geographically concentrated specialty				
Share, if conc. and <20%	-0.124	(0.172)	-0.021	(0.191)
Share, if conc. and 20% - 40%	0.441	(0.236)	0.332	(0.226)
Share, if conc. and ≥ 40%	-0.107	(0.092)	-0.013	(0.108)
Observations	13,756		11,881	

Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Also conditions on junior doctor and placement characteristics and trust and specialty fixed effects.

Back

Growing departments

	Women		Men	
Shrinking department	0.000	(0.013)	0.006	(0.018)
Growing department	-0.008	(0.011)	-0.004	(0.014)
Share female senior doctors × shrinking department				
Share, if low and <20%	0.123	(0.094)	0.081	(0.116)
Share, if low and 20% - 40%	0.012	(0.114)	-0.120	(0.120)
Share, if low and ≥ 40%	0.006	(0.096)	-0.046	(0.104)
Share female senior doctors × constant-size department				
Share, if high and <20%	0.093	(0.074)	-0.023	(0.084)
Share, if high and 20% - 40%	0.145	(0.103)	0.143	(0.106)
Share, if high and ≥ 40%	-0.120	(0.070)	-0.029	(0.077)
Share female senior doctors × growing department				
Share, if high and <20%	0.222**	(0.072)	0.132	(0.080)
Share, if high and 20% - 40%	-0.125	(0.080)	-0.052	(0.083)
Share, if high and ≥ 40%	-0.016	(0.067)	-0.143*	(0.066)
Observations	13,741		11,880	

Standard errors in parentheses, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. The omitted category for the dummy is a department with no change in size. Also conditions on junior doctor and placement characteristics and trust and specialty fixed effects.

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