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The status quo of Gastroenterology training in the UK

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The status quo of Gastroenterology training in the UK

We read with great interest the recent commentary by Matharoo and colleagues¹ highlighting some of gender and ethnicity discrepancies that exist in the gastroenterology workforce in both the US and beyond.

In this article¹, the authors review the imbalance in demographics of gastroenterologists and describe appropriate strategies to improve inclusivity including early mentorship, further opportunities and sponsorships and a more flexible working environment.

As referenced by Matharoo et al., in the UK, advances have been made in the support and mentorship of women through the BSG section Supporting Women in Gastroenterology (SWiG) which was established in 2014¹.

However UK data from the Joint Royal Colleges of Physicians Training Board (JRCPTB), which oversees applications to Gastroenterology, obtained using the Freedom of Information Act 2000², has demonstrated that in spite of a concerted effort to advance the role of female gastroenterologists, recruitment remains at a dismal level (Table 1).

Between 2014-2018 successful applications from female candidates remained between 30-40%. This was despite data showing that consistently over 50% of those entering medical school per year identified as female³.

Whilst the JRCPTB now only stores demographics on total applications rather than successful applicant's, this negative trend has continued, with only 28% of applicants identifying as female in 2020.

Applications from ethnic minorities appears to be showing some improvement from 2018 onwards, and reflecting on the reasons behind this positive change may allow transfer of these lessons to other areas that still require development.

The benefits of an inclusive workforce have been described in multiple areas. A diverse medical workforce allows doctors to represent the populations they serve and enables patients to better connect with their practitioner as well as being enriching for staff⁴.

We agree that education is needed at an early stage of medical training to meaningfully contribute to tackling discrimination in medicine. In addition to mentorship and the support of emerging leaders, more flexibility is needed in training in order to appeal to aspiring gastroenterologists that are dissuaded from a career in this fascinating speciality due to other factors such as family obligations and work-life balance choices.

Just as the pathology encountered in gastroenterology is diverse, so must be our workforce. We fully support the conclusion that the events of 2020 have offered a platform to rebalance the diversity within his field. We now need to come together as a community to identify concrete strategies to enact this change.

Declaration of interest

We declare no competing interests

References

1. Matharoo MK, Sethi A, Charabaty A. Towards meaningful change: the future of gastroenterology belongs to women, diversity, equity, and inclusion. *Lancet Gastroenterol Hepatol*. 2021;6(7):518-20.
2. Legislation.gov.uk. Freedom of Information Act 2000 2000 [Available from: <https://www-legislation-gov-uk.abc.cardiff.ac.uk/ukpga/2000/36/contents>. [Accessed 18 June 2021].
3. Moberly T. Number of women entering medical school rises after decade of decline. *BMJ*. 2018;360:k254.
4. Heller A. Diversity in the medical workforce: are we making progress? The King`s Fund: The King`s Fund; 2020 [Avaliable from: <https://www.kingsfund.org.uk/blog/2020/02/diversity-medical-workforce-progress>. [Accessed 18 June 2021].