Women General Practitioners in Australia

by Margaret Regal Kilmartin MBBS FRACGP

Submitted in fulfilment of the requirements
for the
Degree of Doctor of Philosophy

University of Tasmania

December 2006

Volume 1
This thesis may be made available for loan and limited copying in accordance with the Copyright Act 1968.

This thesis contains no material which has been accepted for a degree or diploma by the University of Tasmania or any other institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis, nor does the thesis contain any material that infringes copyright.

Signed: \( \text{[Signature]} \)

Dated: \( 18 \text{-} 12 \text{, 2006} \)
Women General Practitioners in Australia

Thesis Abstract

This thesis addresses the key issues in the professional and non-professional lives of women general practitioners (WGPs) in Australia. It investigates their socio-political place within the medical profession, organisations and Colleges particularly relating to General Practice and leads on to proposals that may ameliorate the dominant masculine culture that pervades the medical profession.

The investigation comprised a Delphi Study involving 40 WGPs and semi-structured interviews with 25 eminent General Practitioners (15 women, 10 men), both components including a breadth of geographical and work-backgrounds. The two studies were underpinned by relevant literature, history and sociological theory.

The Delphi Study highlighted the value of the whole-person concept and identified key issues that affect the professional and non-professional lives of WGPs. Developing satisfying relationships with partners and children and preserving their health and wellbeing were of primary importance to WGPs as wives, mothers and professionals. The women sought job satisfaction and most displayed distinctively non-masculine models of work. Male domination was evident in all aspects of the lives of the WGPs taking part in this study.

Interviews with the eminent GPs highlighted the existence of masculine power and patriarchy in the hierarchical structures of organisations of General Practice and in the General Practice environment. These interviews also provided insights to how the WGPs coped with the inequities they encountered.

It is concluded that we cannot examine the professional life of WGPs in isolation and problems of gender equity in the medical profession must be recognised as a first step towards their rectification. The thesis highlights the problems faced by WGPs in Australia and provides proposals for fostering a culture of inclusivity of both sexes in medical practice. There are indications that generational change will bring improvements to domestic problems and inappropriate work professional practices together with a culture inclusive of both male and female GPs.
Acknowledgements

THANK YOU

To the participants of the Delphi Study and Semi-structured interviews for their generosity and time to share with me their experiences and opinions.

To my supervisor, Associate Professor Christopher Newell for his support and guidance and for stimulating my intellectual curiosity during the process of this thesis.

To Dr. Martin Line for critiquing the drafts of my chapters and providing me with an example of how excellence in scholarship can be attained.

To Dr. David Woodward for his valuable appraisal of the drafts of my chapters and for his ongoing interest and encouragement in the progress of my thesis.

To Sara Usoalii for her invaluable advice and assistance with the technological requirements to enable this thesis to reach its conclusion. I appreciate the inspiration and confidence that Sara shared with me during the long journey of my thesis.

To the following people who have helped me by providing helpful comments on chapter drafts or by offering advice and direction:

Professor Judi Walker
Professor Alex Thomson
Dr. Jenna Mcad
Dr. Emily Hansen
Dr. Frank Meumann
Mr. Edward Rock
Mrs. Jan Steele.
To the librarians in the Clinical Library in University of Tasmania and the Royal Australian College of General Practitioners for their considerable advice and support in accessing the literature for this thesis.

To the Royal Australian College of General Practitioners for providing funding through research grants to support the conduction of the Delphi Study and the Semi-structured interviews.

To my children Christopher and Lucy for making it possible for me to undertake this thesis.

To my husband Martin for his continuing contribution and everlasting encouragement to enable me to reach the conclusion of this thesis. Thank you for everything.
Statement of Co-Authorship

The co-authored paper entitled "The balancing act: key issues in the lives of women general practitioners in Australia" presented in Appendix 3 recognises the contribution of others in its preparation. The various studies contained within this thesis were principally considered, planned, conducted and written by the candidate.

Signed by Co-Authors:

[Signature]

Date: 8/12/2006
Chapter One: A Literature Review of The History of Medical Women

1.0 Introduction 1

1.1 Early History of Women Healers and Women In Men’s Uniforms
   1.1.1 Women as Healers 2
   1.1.2 Women Healers Who Adopted the Uniform of Male Doctors 4

1.2 The History of Women in Medicine and Science 7
   1.2.1 Discrimination Experienced by Women in Medicine and Science 7
   1.2.2 Medical Women in Research 15
   1.2.3 Conflicting Priorities for WGPs in Future Generations 18
   1.2.4 Harassment, Discrimination, Bias and Micro-inequities 19
   1.2.5 The History of Women Doctors in Organisational Positions of Power 22
   1.2.6 The Historical Status of Women in Rural Australia 23

1.3 The History of Pioneering Medical Women 26
   1.3.1 Pioneering Medical Women in America 26
      1.3.1.1 Introduction 26
      1.3.1.2 Elizabeth Blackwell 27
      1.3.1.3 The Hunt Sisters 28
      1.3.1.4 Mary Putnam Jacobi 29
1.3.2 The History of Pioneering Medical Women in Britain 31
1.3.2.1 Introduction 31
1.3.2.2 Elizabeth Garrett Anderson 32
1.3.2.3 The First Women at Edinburgh 34
1.3.2.4 Pioneering Women in Military Medicine 35

1.3.3 Pioneering Medical Women in Australia 36
1.3.3.1 Introduction 36
1.3.3.2 First Female Applicant for Australian Registration 37
1.3.3.3 First Registered Female Practitioner in Australia 39
1.3.3.4 First Female Medical Students 39
1.3.3.5 Early Female Appointments to Australian Hospitals 40

1.3.4 Some Notable Early Women Practitioners in Australia 41
1.3.4.1 Lilian Cooper 41
1.3.4.2 Eleanor Bourne 41
1.3.4.3 Amelia Corlis 42
1.3.4.4 Roberta Jull and Gertrude Meade 42

1.3.5 Pioneering Rural WGPs 43
1.3.5.1 Alice Laverack 43
1.3.5.2 Freda Gibson and Merna Muller 43
1.3.5.3 Ellen Kent Hughes 44

1.3.6 Hospitals Founded by Medical Women 45

1.3.7 Further Stories of Medical Women 46
1.3.7.1 Elma Linton Sandford Morgan 47
1.3.7.2 Women in the Professional Workplace 50
1.3.7.3 WGPs Who Owned a General Practice 51

1.4 Conclusion 52

Chapter Two: Women GPs in Australia: a Changing Environment

2.0 Introduction 53
2.1 Changes in General Practice in Australia

2.1.1 What is General Practice? 54
2.1.2 The Rise of Specialisation 56
2.1.3 The Establishment of Medicare, a Government Subsidy for Medical Practice 58
2.1.4 Quality Assurance and Professional Development 61
2.1.5 Vocational Registration 63
2.1.6 Strategic Directions in the 1990s 65
2.1.7 Blended Payments, the Better Practice Program and the Practice Incentives Program 68
2.1.8 Accreditation of General Practices 70
2.1.9 Organisations and Colleges Concerned with General Practice
   2.1.9.1 The Australian Medical Association 75
   2.1.9.2 The Royal Australian College of General Practice 76
   2.1.9.3 The Rural Doctors Association of Australia and The Rural Doctors Associations (RDA) 77
   2.1.9.4 The Australian College of Rural and Remote Medicine 78
   2.1.9.5 Rural and Urban Divisions of General Practice and the Australian Divisions of General Practice 79
   2.1.9.6 Australian Association of General Practice 80
   2.1.9.7 Australian Federation of Medical Women and the Medical Women's International Association (MWIA) 81
   2.1.9.8 Australian Association of Academic General Practice (AAAGP) 82
   2.1.10 Training for General Practice, the Family Medicine Program and The RACGP Training Program 83
2.1.10.1 Reviews of Vocational Training for General Practice

2.1.10.2 General Practice Education and Training (GPET) from 2001-2005

2.1.10.3 Academic General Practice

2.2 Literature Review of the Demographics of Women General Practitioners in Australia

2.2.1 Introduction

2.2.2 Australian Medical Workforce Reviews

2.2.3 General Practice and Women General Practitioners as an Increasing Component of the Primary Care Workforce

2.2.4 Part-Time Versus Full-Time Work by WGPS in Australia

2.2.5 WGPS in Rural or Urban General Practice

2.2.6 WGP Work Patterns and Patient Characteristics

2.2.7 Age Distribution of GPs

2.2.8 Work Setting in General Practice

2.2.9 Special Interest Practice

2.2.10 Registrars in Training for General Practice

2.2.11 Fellowship of The Royal Australian College of General Practitioners

2.2.12 Medical Students

2.2.13 Country of Graduation

2.2.14 Overseas Trained and Temporary Resident Doctors

2.2.15 General Practice Activity in the States and Territories of Australia

2.2.16 Limitations of Published Demographic Data

2.3 Review of the Literature Regarding Medical Women in Australia

2.3.1 Introduction
2.3.2 Marriage, Parenthood and Gender Roles 118
2.3.3 Domestic Work and Children in the Household 120
2.3.4 The Triple Challenge 121
2.3.5 Medical Women as Second Class Citizens 122
2.3.6 Do Women Waste Their Medical Training? 124
2.3.7 When Women Occupy a Minority Group 125
2.3.8 Women’s Incomes and Hours Worked 127
2.3.9 Balance and Generational Difference 128
2.3.10 The Way Women Work 129
2.3.11 Medical Women Working in Politics, Leadership and Decision Making 132
2.3.12 Strategies for Supporting WGPs Working in Rural Practice 133
2.3.13 World Organisation of Family Physicians (Wonca) and WGPs Working in Rural Practice 139
2.3.14 The Effect of Gender for Women in Medicine and Law 140
2.3.15 Gender Disadvantage a Cause of Morbidity in Medical Women 143
2.3.16 Discrimination, Harassment and the Dehumanising of Female Medical Students, Interns and Registrars 145
2.3.17 The St. Hilda’s Resolutions 147
2.3.18 WGPs in the WONCA Working Party on Women and Family Medicine 148
2.3.19 Women in Academia 150

2.4 Conclusion 154

Chapter Three: Current Relevance of this Research to the Lives of WGPs in Australia

3.0 Introduction 155
3.1 WGPs’ Relationships and Self-Care 156
3.2 WGPs in the Professional Workplace 158
### Chapter Four: Theory in Qualitative Research as it Relates to this Thesis

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 Introduction</td>
<td>180</td>
</tr>
<tr>
<td>4.1 Theory</td>
<td>180</td>
</tr>
<tr>
<td>4.1.1 Framing the Research</td>
<td>183</td>
</tr>
<tr>
<td>4.1.2 Method Driven Research Projects</td>
<td>184</td>
</tr>
<tr>
<td>4.1.3 Research as both Theory Construction and Theory Testing</td>
<td>185</td>
</tr>
<tr>
<td>4.2 The Application of Social Theory to Research on WGP's in Australia</td>
<td>186</td>
</tr>
<tr>
<td>4.2.1 The Position of Women in Sociological Theory</td>
<td>189</td>
</tr>
<tr>
<td>4.2.2 Feminist Theory</td>
<td>194</td>
</tr>
<tr>
<td>4.2.3 First, Second and Third Wave Feminism</td>
<td>195</td>
</tr>
<tr>
<td>4.3 Gender, Sex and Power</td>
<td>202</td>
</tr>
<tr>
<td>4.4 Patriarchy</td>
<td>204</td>
</tr>
<tr>
<td>4.5 Women in their Private and Public Spheres</td>
<td>213</td>
</tr>
<tr>
<td>4.6 Sociological Studies Regarding Women's Position and Careers in Professions and Organisations</td>
<td>215</td>
</tr>
<tr>
<td>4.6.1 The Contingent Approach</td>
<td>215</td>
</tr>
<tr>
<td>4.6.1.1 Normative Barriers</td>
<td>215</td>
</tr>
<tr>
<td>4.6.1.2 The Structural Barrier Approach</td>
<td>217</td>
</tr>
<tr>
<td>4.6.2 The Embedded Approach</td>
<td>220</td>
</tr>
<tr>
<td>4.6.3 The Essentialist Approach</td>
<td>221</td>
</tr>
<tr>
<td>4.7 Conclusion</td>
<td>227</td>
</tr>
</tbody>
</table>

### Chapter Five: Methodology

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0 Introduction</td>
<td>228</td>
</tr>
<tr>
<td>5.1 Qualitative and Quantitative Research</td>
<td>230</td>
</tr>
</tbody>
</table>
5.1.1 The Difference between Qualitative and Quantitative Research
5.1.2 Rigour in Qualitative Research
5.1.3 Why Qualitative Methodology was Chosen for this Research
5.1.4 Reflexivity
5.1.5 Why the Delphi Study and Semi-structured Interviews were used in this Thesis

5.2 The Delphi Study
5.2.1 Description of the Delphi Technique
5.2.2 History of the Delphi Technique
5.2.3 Why the Delphi Technique was Chosen as the Methodology in this Research
5.2.4 Accuracy, Reliability and Validity of the Delphi Technique
5.2.5 How the Delphi Study was conducted
5.2.5.1 Aim and Objectives
5.2.5.2 Ethical Approval
5.2.5.3 Reference Group
5.2.5.4 Demographic Details of the Reference Group
5.2.5.5 The Study Population
5.2.5.6 Demographics of the WGPs who were Expert Participants
5.2.5.7 The Delphi Technique, Data Collection and Analysis

5.3 The Semi-structured Interviews
5.3.1 Semi-structured Face-to-Face Interviews
5.3.2 The Objectives of the Semi-structured Interviews
5.3.3 Procedure for the Interviews
5.3.3.1 The Interview Guide
5.3.3.2 Sampling
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3.3.3 Demographics of the Interview Participants</td>
<td>266</td>
</tr>
<tr>
<td>5.3.3.4 Interview Process and Ethics</td>
<td>267</td>
</tr>
<tr>
<td>5.3.3.5 Advantages and Limitations of Interviews</td>
<td>270</td>
</tr>
<tr>
<td>5.3.3.6 Analysis of the Interviews</td>
<td>271</td>
</tr>
<tr>
<td>5.3.3.7 Triangulation</td>
<td>273</td>
</tr>
<tr>
<td>5.3.3.8 Validity and Reliability</td>
<td>274</td>
</tr>
<tr>
<td>5.3.3.9 Transparency</td>
<td>275</td>
</tr>
<tr>
<td>5.3.3.10 Consistency</td>
<td>275</td>
</tr>
<tr>
<td>5.3.3.11 Communicability</td>
<td>275</td>
</tr>
<tr>
<td>5.4 Conclusion</td>
<td>277</td>
</tr>
</tbody>
</table>

### Chapter Six: Results of the Delphi Study

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0 Introduction</td>
<td>279</td>
</tr>
<tr>
<td>6.1 Ten Key Issues in the Professional Lives of Women General Practitioners in Australia (in rank order)</td>
<td>280</td>
</tr>
<tr>
<td>6.2 Ten Key Issues in the Non-Professional Lives of Women General Practitioners in Australia (in rank order)</td>
<td>281</td>
</tr>
<tr>
<td>6.3 Job Satisfaction</td>
<td>282</td>
</tr>
<tr>
<td>6.4 Balancing Professional and Non-Professional Life</td>
<td>284</td>
</tr>
<tr>
<td>6.5 Finding Balance Between One’s Career and the Career of a Partner</td>
<td>287</td>
</tr>
<tr>
<td>6.6 Management of Time</td>
<td>289</td>
</tr>
<tr>
<td>6.7 Time for Self-Care</td>
<td>291</td>
</tr>
<tr>
<td>6.8 Time to Nurture a Quality Relationship with a Partner</td>
<td>293</td>
</tr>
<tr>
<td>6.9 Time to Care for Children and to Share Their Life Experiences</td>
<td>295</td>
</tr>
<tr>
<td>6.10 Time for Social Contacts and Friendships</td>
<td>297</td>
</tr>
<tr>
<td>6.11 Having Time for Non-Medical Interests</td>
<td>298</td>
</tr>
<tr>
<td>6.12 Providing a Focus for Family Life</td>
<td>299</td>
</tr>
<tr>
<td>6.13 Juggling the Complexities of Competing Priorities in WGPS Professional and Non-Professional Lives</td>
<td>300</td>
</tr>
<tr>
<td>6.14 Receiving Fair Remuneration</td>
<td>301</td>
</tr>
<tr>
<td>6.15 Having Sufficient Income to Pay Expenses and Provide</td>
<td>302</td>
</tr>
</tbody>
</table>
7.2.6 The Way WGs Work 344
7.2.7 Models of General Practice 351
7.2.8 Part-time Work 356
7.2.9 Models of Work for WGs who were RACGP Training Program Employees 361
7.2.10 Remuneration for WGs 362
7.2.11 Safety Issues for WGs 366
7.2.12 Balance, Support and Equality 368
7.2.13 Education and Training for General Practice 370
7.2.14 WGP Educators in the RACGP Training Program 373
7.2.15 Working in Rural General Practice 374
7.2.16 Wives Supporting Men in General Practice 377

7.3 Masculine Power and Patriarchy 379
7.3.1 Introduction 379
7.3.2 Patriarchy, Power, Politics and the Dominant Masculine Culture 379
7.3.3 Violence and Aggression 383
7.3.4 Patriarchy 384
7.3.5 Politics 385
7.3.6 A Culture of Bullying, Power, Egotism, Subversion and Domination 387
7.3.7 Validation of the Ways of WGs 388
7.3.8 Women in the Decision-Making Process and Culture Change 389
7.3.9 WGs in the Club, Working in the Male Model, Wearing the Same Uniform as the Men and Behaving as the Men Behave 391
7.3.10 Confrontation and Change 393
7.3.11 Industrial Negotiation 394
7.3.12 Power Structures in Academia 395
7.3.13 Bias in Attitudes Towards Women 397
7.3.14 Hearing The Voice of WGPs
7.3.15 The Ethos of Rural General Practice
7.3.16 Education and Training for Rural General Practice
7.3.17 Hairy-chested attitudes in Rural Divisions of General Practice
7.3.18 Changing the Public Perception of Rural Medicine
7.3.19 A New Free Flowing Culture in Divisions of General Practice

7.4 The Difference between Men and Women and Generational Change
7.4.1 Introduction
7.4.2 WGPs in the Medical Profession
7.4.3 The Differences between Men and Women
7.4.4 Socialisation
7.4.5 Issues for Undergraduate Medical Students and Postgraduate WGPs
7.4.6 Generational Change
7.4.7 The Bean-Counters and the Number-Crunchers who Determine the Future for WGPs

7.5 WGPs in Medical Organisations and Colleges
7.5.1 Introduction
7.5.2 Factors that Determine WGPs Organisational Subscriptions
7.5.3 WGPs in Medical Organisations and Colleges
7.5.4 Organisational Structure and Cultures
7.5.5 The Mandate and Structure of the RACGP
7.5.6 WGPs in the RACGP
7.5.7 Membership of WGPs in the AMA
7.5.8 Encouraging Women to Join the AMA
7.5.9 The Women in Medicine Committee
7.5.10 Structure, Operation and Function of the Australian
Federation of Medical Women

7.5.11 The Academic Association of Australian General Practice 447
7.5.12 Genesis, Membership and Function of AAGP 447
7.5.13 GP Perception of the AAGP 448
7.5.14 Academic WGPs 448
7.5.15 Leadership by WGPs in the Medical Organisations and Colleges 452
7.5.16 The Experiences of WGPs in Leadership 457

7.6 Conclusion 462

Chapter Eight: Masculine Power and the Games that Boys Play

8.0 Introduction 464
8.1 The Status Quo for WGPs 465
8.2 Relationships 469
  8.2.1 Time Constraints 471
  8.2.2 Role Strain 474
  8.2.3 Achieving Balance 477
  8.2.4 Equality and Equity 481
  8.2.5 Juggling 483
  8.2.6 Having a Partner, Children and a Home 485
  8.2.7 Self-Care 496
8.3 WGPs in the Professional Workplace 500
  8.3.1 Women’s Work and Men’s Work 504
  8.3.2 Women in the Medical Profession 507
  8.3.3 WGPs Owning and Managing a Practice 510
  8.3.4 Job Satisfaction 516
  8.3.5 The Macho Approach to Work 517
  8.3.6 WGPs Style of Work 519
  8.3.7 Perceptions of the Work Practices of WGPs 521
  8.3.8 Models of Practice 525
  8.3.9 Providing Continuity and Coordination of Patient Care 529
8.3.10 Safety at Work 531
8.3.11 Remuneration 532
8.4 The Differences Between Men and Women 535
8.5 Generational Change 539
8.6 Training for General Practice 542
8.6.1 Educational Processes in General Practice 549
8.7 Medical Organisations and Colleges 552
8.7.1 Power in Organisations 558
8.7.2 Reasons Why WGPs Do Not Join Organisations 560
8.7.3 Bureaucracy in Organisations 562
8.7.4 Professionalism 562
8.7.5 How Organisations Operate 566
8.7.6 Masculine Power and Patriarchy 569
8.7.7 The Old Boys' Club and the Games that Boys Play 571
8.7.8 Token Women and Achieving Gender Balance 576
8.7.9 Organisational Finance 578
8.7.10 Fairness, Femininity and Feminism 579
8.7.11 Male Domination and Bullying 583
8.7.12 Styles of Management in Organisations 586
8.7.13 Aggression 587
8.7.14 The Decision-Making Process of Organisations 590
8.7.15 The Rural Ethos 594
8.7.16 WGPs in Academia 598
8.7.17 WGPs in Leadership of Medical Organisations and Colleges
8.7.17.1 Creating Change to the Barriers Preventing Leadership 610
8.7.17.2 The Future for WGPs in Leadership, Organisations and the Medical Profession 614
8.8 Conclusion 616

Chapter Nine: Significant Conclusions Reached in this Thesis 617
Appendix 1 622
Appendix 2 623
Appendix 3 627
Appendix 4 628
Appendix 5 630
Appendix 6 633
Appendix 7 636
Appendix 8 637
Appendix 9 638
Appendix 10 645
Appendix 11 662
Appendix 12 664
Appendix 13 665
Appendix 14 667
Appendix 15 668
Appendix 16 669
Appendix 17 673
Appendix 18 676
Reference List 678