

Food for thought

Strong opinions on the role of women in the profession emerged at a dinner in London to launch the findings of the Women of Vision survey.

Alison Ewbank and **Bernie Ursell** report

Take 10 female eye care practitioners, pose some challenging questions about the role of women in the profession and a lively discussion is the inevitable result. And so it proved.

The Women of Vision dinner, hosted by CIBA Vision in London in October, brought together a group of professionals to discuss new research into women in the workplace. The event followed an inaugural dinner in March when the idea of a women's group was first conceived.

Guests came from all sectors of the profession and brought a variety of experience to the table, from a final-year optometry student to a Harley Street ophthalmologist, and from long-term practice owners to those just starting out.

Opening the discussion, clinical affairs manager Jayne Schofield said that the first dinner had generated great ideas and debate. This event had prompted CIBA to collaborate with *Optician* on a series of monthly features on issues that women practitioners encountered in their lives.

The collaboration also resulted in the Women of Vision Survey of more than 800 eye care practitioners which revealed significant gender differences in working practices, job satisfaction and future career plans (*Optician* 22.10.10 and 05.11.10).



Daska Barnett (seated front right) runs a practice in west London where all the employees are female

Key findings from the survey were circulated in advance of the October dinner to form the basis for the discussion, in which Schofield encouraged all to take part. 'There are no rules, no right or wrong answers, but what made your hackles rise or your toes curl?' was her opening question.

Money talks

Not surprisingly it was salaries that came immediately to mind, given that the survey found women in the profession earn less than men both in actual earnings and pro rata when working hours are taken into account.

'There's absolutely no justification for that,' said Daska Barnett, whose west London practice currently has all-female employees. 'In other types

of work there might be different skills, but not in our profession.'

AOP education adviser Karen Sparrow observed that there was a great deal of secrecy about salaries, and not only in the eye care professions. 'Whatever our cultural background, the British don't tend to talk about salaries and compare how much they get paid. They may be concerned that the person next to them might earn more.'

For Sparrow, salaries were location driven, especially for those starting out on their careers. 'Younger optometrists will take what they're offered, particularly if they want employment in a popular urban area. Optometrists who are willing to work in "hard to fill" areas are already savvy enough to know that those

areas will command a higher salary, and they'll then negotiate even higher than that, whether they're male or female.'

Some women were choosing to study optometry for very different reasons than a long-term career, she argued. 'Manpower research in pharmacy, which may equally apply to optometry, shows that many will remain in the profession for less than five years. They won't demand a higher salary because actually they're only working for a few years.'

Lacy Rasul, regional sales manager for CIBA Vision, observed that the total household income would often have an impact on whether women continued in practice after having a family. 'If the spouse is a higher earner than the eye care practitioner, the lower earner is more likely to give up their job in situations such as childcare, for example.'

Modes of practice

The survey also showed women were more likely than men to be employed practitioners and work in multiples, and less likely to be practice owners or directors. For some this was an advantage and for others a major drawback.

South Africa-trained Karen Lockyer runs an independent practice in Battersea, south London, but also has experience in the multiple sector. She pointed out that many women returned to locum work after taking career breaks. 'Isn't that the advantage of optometry and pharmacy? They want to go and work for multiples – they don't want to open their own practices.'

Sparrow remarked that the joint venture or franchise was the stepping stone between employed status and running an independent, and might account for some of the salary differential. 'The average joint venture or franchise director is probably earning £20k+ more than the average employed person in that position and, yes, there are probably proportionately more directors who are male, so instantly you have a salary difference of £20k+.'

Sparrow also observed that women were less likely than men to be confrontational where pay was concerned. 'They're more likely to be glad if they keep the same salary, let alone get an inflationary increase. Also if they're in a location they like, if they're an employed practitioner, it's the manager that makes or breaks it. And if it's a nice manager, and your

salary's OK, and it only takes you 10 or 15 minutes to get to work, you'll probably stay, especially if childcare is an issue and you have other calls on your time.'

Ophthalmologist Sarah Janikoun, who practises in London's Harley Street and at St Thomas' Hospital, commented that, in the current economic climate, there were fears about jobs and even suggestions that optometrists' salaries might be reduced.

Sparrow agreed that the economy had implications for earnings. 'What tends to happen in these circumstances is that large employers freeze salaries, stretch people further – such as having one optometrist instead of two – and make bonuses less attainable. So there are ways large corporates can reduce their salary outlay without necessarily reducing an individual's base salary.'

Opinions were divided over whether sales bonuses were acceptable in a healthcare profession, although several had their own schemes. 'We run a bonus,' said Barnett. 'But ours is done on overall performance of the practice as whole, and is nothing to do with the individual and what they do.'

So are women less likely to make their bonuses than men? Sparrow suspected they were and posed two interesting questions: do women earn less bonus because they're less motivated, or are they motivated by different things? 'They may go for a rewarding day in terms of the interaction, communication and problems they've solved for their patients,' she suggested.

But there was one point on which all the employers present agreed. Did they pay the women in their own practices less than the men? 'No way!' was the emphatic response.

Returning to work

Another important issue that arose from the discussion was the need for women returners to access advice and support.

Rosie Gavzey, an optometric adviser and former AOP chairman, was concerned about women going back to work after taking time out of practice. 'A problem for me, working for a PCT, is their competence after not doing a sight test for perhaps four or five years. Some are really not good and there isn't yet any coordinated help for them.'

At the AOP, Sparrow had helped about 15 optometrists, mainly female, who had been out of the workplace

for up to 14 years. 'If you measured it now at this minute and they've not gone back to work, their competency wouldn't be that great, but it increases massively in a very short time.'

Confidence was often the problem, coupled with changes to regulations and working practices. 'At the very least they need to talk to someone about how they get on the PCT list, and the possibility of work experience with a user-friendly optom once they get their CET and GOC number. It's basically like being a pre-reg again.'

That type of support existed within the AOP, but in a 'fledgling state' at the moment. Barnett commented that the scheme needed to be 'much more than fledgling'. 'It needs to be a fundamental part of what we're offering our profession and it should be properly resourced,' she said.

...and enjoying it

The survey found that, for women, contact lens work was the most enjoyable element of the job. Some of those present were surprised but most agreed that building a close relationship with contact lens patients was particularly fulfilling for women.

The discussion then turned to whether newly qualified practitioners were as interested in contact lens work as those who had been in practice for longer. 'Are the training institutions putting so little emphasis on contact lenses that it's becoming marginalised?' asked Barnett.

Nicola Roper, a third-year optometry student who already has a degree in biomedical sciences, spoke of her own experiences. 'At Manchester, the contact lens clinic is one of the most focused and exciting. But we don't start contact lenses until the second year, whereas we do optom exams for the full three years. The contact lens session this year has been cut from three hours to 1.5 hours and we're expected to get through the same amount of work. That's a bit of a crusher.'

Others suggested that lack of confidence in their contact lens skills was a problem for those just out of university or college. 'What's different in contact lens clinics is that we share one patient between four or six people, which just makes the whole experience different. I imagine I'll pick up more once I'm a pre-reg and I'm seeing patients on my own,' said Roper.

Contact lens optician Rhian Evans, who practises in south-west London, was concerned that students

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perceived single-vision contact lenses as 'the easy way out' and were not fitting an adequate range of lens types. 'Multifocals and torics are not complicated, in fact they're pretty much your bread and butter in practice,' she observed.

Flexible working

A key finding from the survey was that flexibility of hours and days was important to women, yet very few women, or men, achieved this. But among the practice owners present, several offered flexible working arrangements.

Lockyer employed women optometrists on Saturdays when their partners were at home and at Hayley Wainer's practice in the City, where lunchtimes are busiest, some worked until 4.30pm so they could be at home soon after their children arrived back from school.

'I think some companies are missing a trick here,' said Sparrow. '9.30 to 2.30 or 3 o'clock, or the term-time contract, is very attractive but it's just not out there. As much as you say to employers, "In the long term this will work really well for you and it will cover your busy time", practice managers are looking for simplicity... they just go for the easy route.'

Fear of litigation

Women are usually regarded as more risk averse than men, and the survey results support that view; women are significantly more likely than men to agree they feel vulnerable to the possibility of litigation in relation to their work.

Janikoun had her own perspective on this finding: 'If you ask what

one would expect in five years' time for optometry, my immediate thought is that I would expect a lot more referrals in future because women don't take risks on the whole compared to men. They will say "I don't know what this is so I'd better refer it, and because I don't know what it is I'd better refer it urgently".

'It's about education. We're wasting people's time doing pointless CET; we should be updating them and making them better practitioners,' she said.

For Sparrow, an aversion to risk was not surprising even though optometry carried one of the lowest risks of all professions. 'Nowadays, the GOC investigates far more cases than ever before. A GOC investigation is horrible and can destroy homes and families. This has initiated a fear of litigation and means more practitioners refer in order to cover their backs.'

The 'nine to fiver'

The surprisingly high proportion of women, and men, who say they plan either to cut down their working hours or leave the profession led some of those present to question the commitment of new recruits to their career.

There were reports of difficulty motivating and retaining young optometrists, and large numbers of women dropping out at the age of around 28-30. There was also a trend towards more 'nine to fivers', with limited experience in some areas of practice.

For Gavzey, there would always be those in the profession who were just interested in 'knocking out the refractions' and others who 'wanted to

educate themselves'. 'I think there is a danger of a two-tier system. There's increasingly a split in the profession between those who have time for patients, and those who just want to come in, do their job and get home.'

Jo Cashell, who took over an independent practice in south east London while still in her 20s, pointed out that most of those attending the dinner were practice owners and were not representative of most women in the profession. 'We really need to get optometrists off the high street to come in and say what they think.'

There was general agreement that getting women to attend meetings outside the working day was very difficult because of childcare and other commitments. 'Men are very happy to come along but women feel guilty about leaving their children. It's a whole guilt thing,' said Wainer.

Choice of career

Sparrow described an initiative with the potential to increase the commitment of practitioners to their chosen career. The Careers in Optics group is piloting a schools programme in five regions across the UK, holding interactive careers events on all levels of the profession. The aim, she said, was to make sure that teenagers made a proactive rather than an accidental career choice.

But the consensus among the parents present was that, however successful and rewarding their own careers, they would not advise their daughters to go into optometry or dispensing optics.

Summing up the discussion, Schofield asked if there were one strong message to come out of the Women of Vision survey, what would that message be? For Sparrow it was 'Equal pay for more equal work', while for Janikoun the issue was 'Dumbing down'. Schofield's own take was equally direct: 'If you're bored with optometry, you're not doing it right.'

But it fell to Barnett to make perhaps the most perceptive comment on the survey findings. 'They're relevant because as the proportion of women increases, these are increasingly the profession's views not just women's. These are the issues for the profession as a whole.' ●



Women's views are increasingly those of the profession as a whole

● In January, *Optician* begins a series of monthly features examining women's issues in the profession, sponsored by CIBA Vision. Bernie Ursell is a medical writer and public relations officer