

2010

Report on the TTS “Women in
Transplantation – Past, Present
and Future” Website Survey
July 2010 edition



The
Transplantation
Society

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Preface

The Transplantation Society have developed an initiative called “Women in Transplantation – Past, Present and Future” which aims to find ways in which to encourage and support women working as professionals in the field of Transplantation.

The initiative is being led by Professor Kathryn Wood and a Steering Committee comprised of women drawn from the world of transplantation and from most regions of the TTS (please see www.tts.org); Monica Dolton, Project Officer and Executive Assistant to Professor Wood and Filomena Picciano, Director of Society Operations, TTS.

This version of the report, based on replies to the WIT questionnaire received from more than 330 women transplant professionals working in 41 countries is very much a work in progress, being updated each time new questionnaires are received. This version was updated in July 2010, when 335 completed questionnaires had been received. The original edition of the report concentrated on seeking the views of women who had attended TTS New Key Opinion Leader meetings and 98 replies were received (not included here). Subsequently, a revised and amended version of the questionnaire was made generally available on the TTS website and various email shots were sent out to groups of women about the initiative, encouraging them to participate in the survey.

Introduction

This report describes a synthesis of results of the questionnaire which was made available on the TTS website. As well as completing the questionnaire, women were also invited to register as members of the initiative and to attend one of several networking events which have been, or will be held at various scientific meetings, for instance; ESOT, in Paris, September 2009; TTS Transplantomics Meeting, San Francisco, February 2010 and the forthcoming XXIII International Congress of the TTS in Vancouver, Canada. The initiative has also been promoted via the TTS website and at the TTS stand at various meetings. A printed postcard has also been produced for distribution at both TTS and regional society meetings and the TTS website has a page dedicated to the initiative.

The replies to the survey were totally anonymous to the author of this report and the questions were divided into two sections. The more personal demographic questions at the end of the survey were optional for the respondents although most choose to answer them. The questions concerned were:

- 1) Age group
- 2) Are you presently married or have a life partner?
- 3) Do you have any children?
- 4) Do you plan to have a child or more children?
- 5) Country of Residence

6) In terms of professional development and opportunities in the transplantation field, how do you perceive your country compared to others?

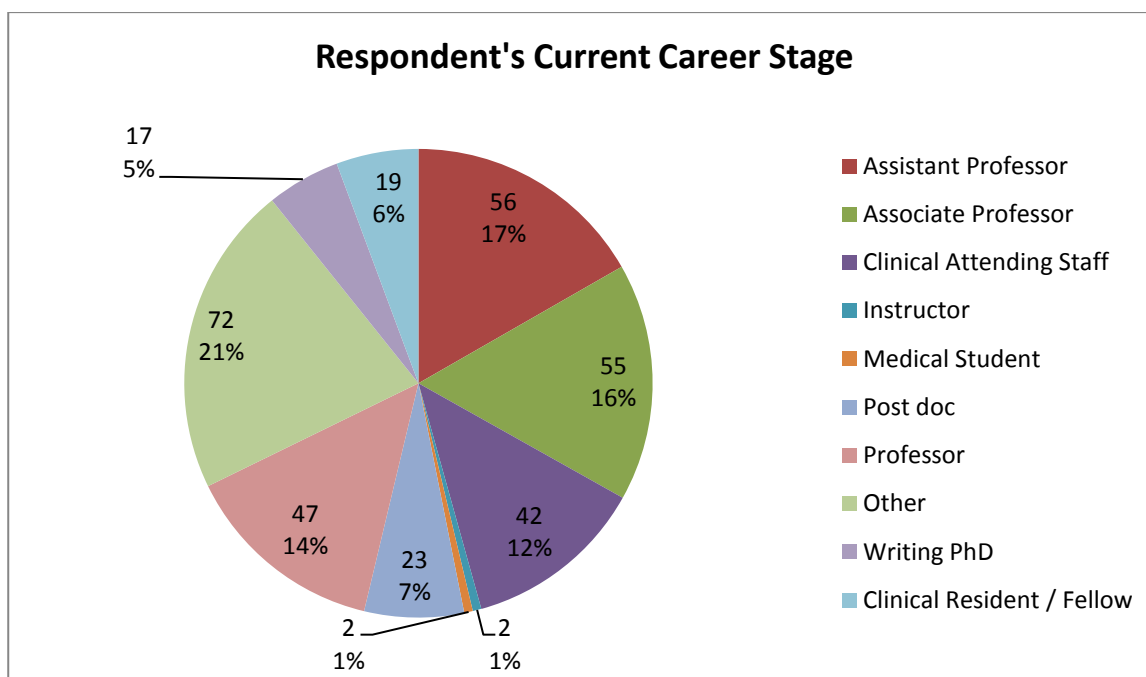
It should be said at this stage, that it is recognised that many of the issues raised are, of course, clearly common to anyone undertaking a career in transplantation research, men and women alike, but our specific aim for this initiative was to focus on the needs of women.

Findings

Career Matters

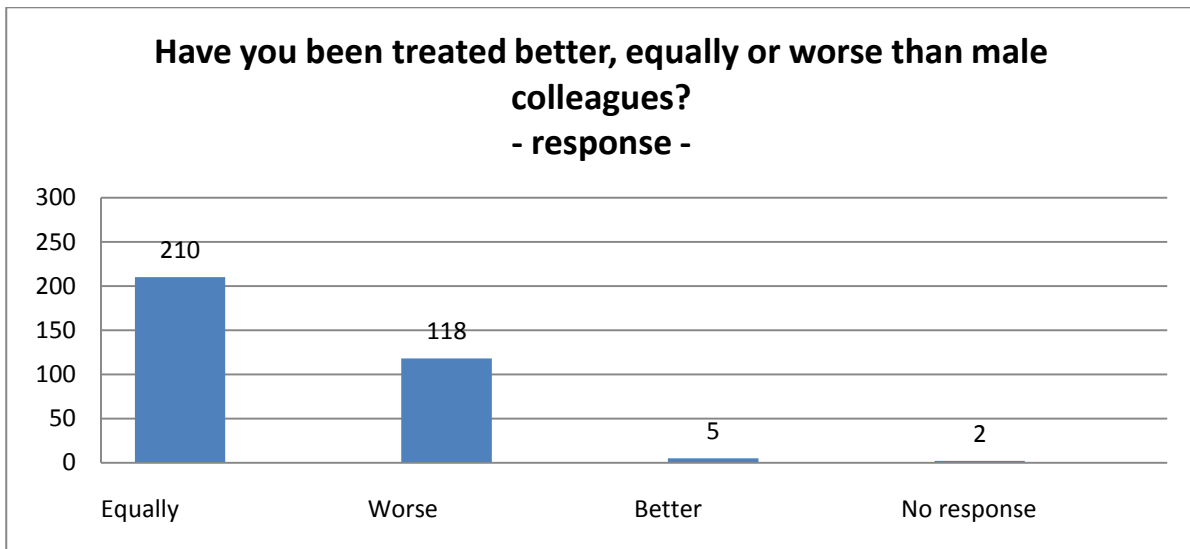
Respondents were asked several questions in relation to their career, including what stage they were at, how they felt they were treated compared to male colleagues, what issues they felt hindered their progress, and how long a career break they would consider taking, if at all.

Of 335 surveys received so far, the number and percentage of respondents at the following stages of their career; Assistant Professor; Associate Professor; Clinical Attending Staff; Instructor; Medical Student; Post doctoral fellow; Professor; Clinical Resident / Fellow; Writing PhD or at another stage are as follows:



The category "Other" includes the following (not exhaustive list): Lab Technician Supervisor; HLA Lab Director; Administrator Research; Consultant; Chief Transplant ID – Asst Prof of Infectious Diseases; Specialist Registrar, Director, Live Kidney Donor Program, Ph.D. (Director Histocompatibility / Molecular Genetics, Director for Research Partnerships, Government professional and commissioned officer in last quarter of professional life, Chief of Multivisceral Transplant Unit, Gastroenterology specialist; Consultant Surgeon; Director of a Research Center; Laboratory Director; former faculty member, currently a field based scientist with pharmaceutical industry; Clinical Nurse Consultant; Second Chief kidney transplant; Physician Assistant; Pediatric Nurse Practitioner.

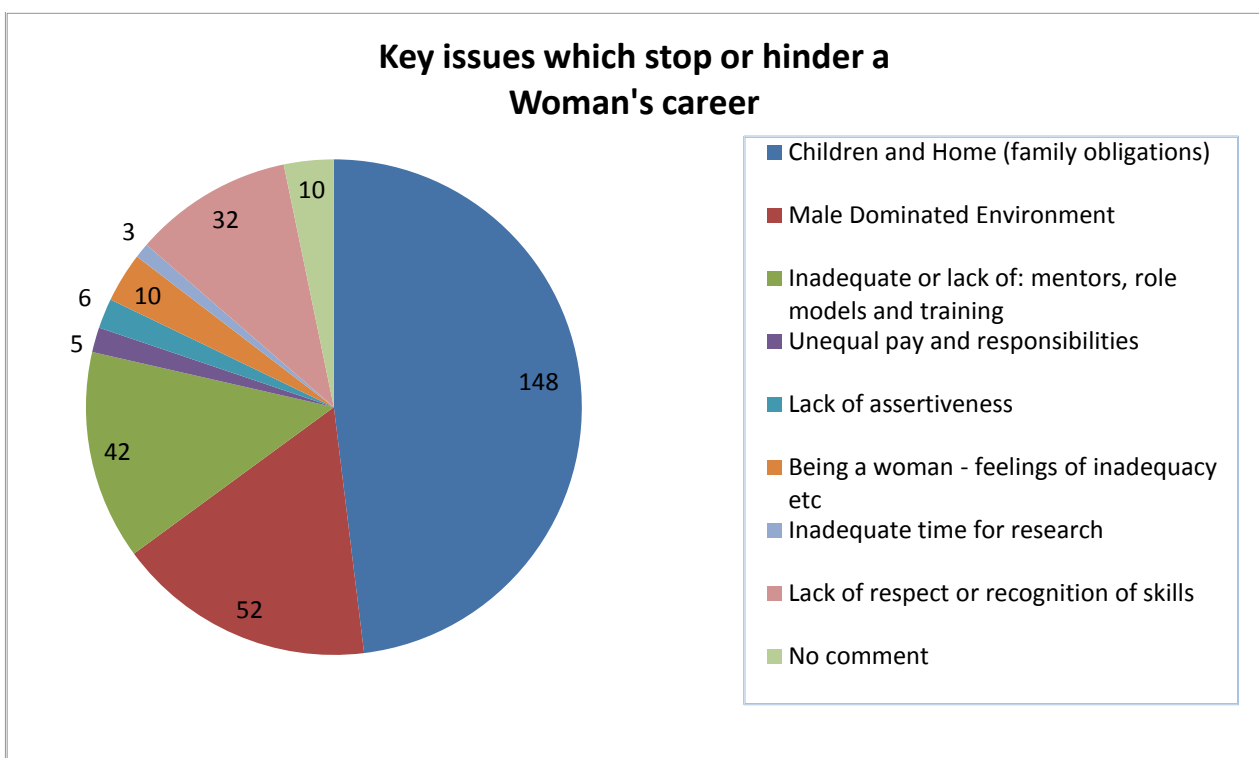
When asked the question “Do you think that you have been treated better, equally or worse than male colleagues ?” the response was:



That is; Better = 5 or 1.5% , Equally = 210 or 63%, Worse= 118 or 35% No Response = 2 or 0.5%. It is interesting to note that five respondents felt that they had been treated *better* than their male colleagues. These respondents came from the USA (2), Italy, Poland and the Philippines and were an Assistant Professor and Advanced Practice Nurse , Surgical Visiting Fellow, A Professor and a member of the clinical / attending staff in an organisation where women outnumbered men, respectively.

Key issues that stop or hinder a woman’s career

As you may expect, there were several key issues that were felt to have an impact on women’s career development, broadly broken down as follows (please note that often more than one issue was provided and these have been noted);



Some of the specific issues which are thought to stop or hinder a woman's career were; that there is a perception that women are not as serious about a career as men; that progress is difficult in a male dominated environment, and that sometimes, women are limited by their own issues and ideas. The lack of suitable mentors and role models and access to training was also an important issue which concerned many women. By far the most pressing issue for women however, were the obligations they felt they had due to children and family / home life – this accounted for almost half of the replies, and continues to do so. The impact was felt in many ways, in terms of the logistics of organising work and family life, the view that women with children are not as dedicated as those without (or as dedicated as men are) and the lack of time available to devote to career prospects in terms of gaining further qualifications, writing up publications etc. Specific comments included;

“the fact that your most important "trajectory" years for advancing your career overlap with your most fertile reproductive years”

“Male dominated world, where positive female qualities are not seen as so positive (in surgery, as it is my case) whereas they clearly are appreciated by patients and allied health professionals. Having people's skills is seen like not being "strong enough" in Surgery” (sic)

The *“old generation of men clinicians, mainly surgeons, often underestimate women potential” (sic)*

“Old Boy networks. Frank bias against women doctors. My section head in fellowship often made remarks like telling a male resident in my presence that he should not do his own laundry because "that is what you get a wife for”

“I think there may still be a biased view that women may not work as hard due to family and child rearing issues”;

“the field is still a tremendously demanding one from a time perspective, which is generally hostile to women (especially those who have gone through surgery training and are in their reproductive years)”

“..... my position in the institution is unique and poorly understood by promotion committees ...”

“Different standards for men and women for advancement. Women need to achieve a higher bar for advancement than men” (sic)

“The people making the decisions at the top tend to be men, so if a woman is not able to replicate similar views or male attitudes to work etc. then she tends to get sidelined. I have always believed that there are alternative ways to approaching training, education and clinical dilemmas. But I tend to get labelled as a feminist when I put these ideas forward”.

“As a female I feel I get offered less 'projects' to take on and less opportunities to become involved in management issues”. (sic)

It was also evident that how women felt about themselves and low levels of self-esteem are an issue which affects career progression, although this, of course, would presumably apply in any career choice - although we know from other comments that transplantation is at least perceived to be a male dominated arena. One respondent replied:

“The majority of people working in the field of transplantation are men and they want to work with men because they think that women are not sufficient enough”.

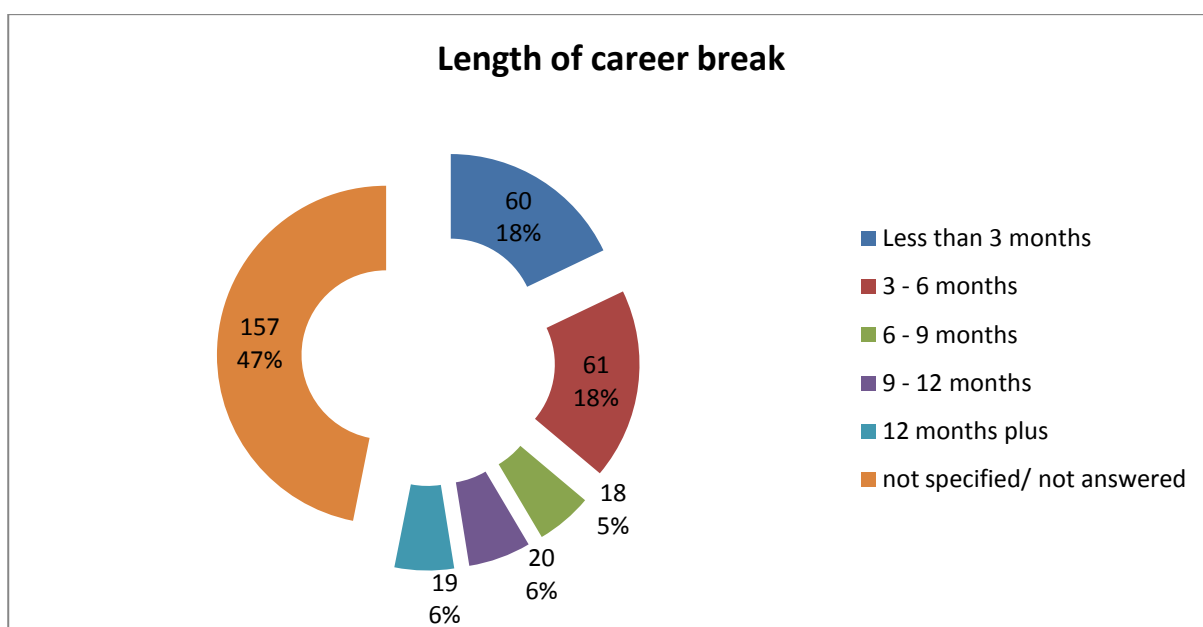
“Women have a very low opinion of their self and they afraid to dream that seems to be impossible”
(sic)

and another felt ;

“The women themself. We are feeling less confident in what we are doing independent of how good we are compared to our male colleagues” (sic).

With regards to a career break, 107 (32%) women had, to date in their career, taken a career break or changed direction and 227 (68%) had not. (There was one ‘no response’). Most often the break was to due to having a child and taking maternity leave but other reasons such as caring for a family member who was ill, treatment for own illness, doing a PhD whilst working, moving to a different country for better career opportunities, taking a year out to do charity work abroad and changing career direction after 30 years were given. Changing career due to lack of funding support was also cited as a reason.

When asked how long they had been / would be away from work if they had / intended to have a break, the responses were as follows:



Evidently, most women who specified a time span felt that less than 6 months was all the time they should reasonably take away from their career, and almost half of those thought that less than 3 months was all they should take. Most of those who thought that 6 months and under was a wise limit were at the following stages of their career, either; an Assistant or Associate Professor or Professor, Clinical attending staff or a Postdoc. Interestingly, when compiling the figures for this edition of the report, the same five categories were evident in the replies - it would seem, therefore, that this is a consistent issue for women who have reached this stage in their career. Does this indicate a ‘crisis point’ in a women’s career progression? and if so, is there anything that can be done to ameliorate the situation?

When asked if respondents thought that women scientists and clinicians could *‘reach the top’* in their career most people – 301 or 90% answered “yes” – whilst 32 or 10% answered “No”. Two women chose not to answer.

The reasons why respondents thought that women were **not** able to reach the top were given as: discrimination at various stages (and the idea that women are not assertive); family commitments which

take all the energy; too many other responsibilities early on in career, e.g. family and children which are not taken into account in traditional methods of measuring productivity; lack of research support and faculty positions.

One respondent thought it could be achieved

“only if no family commitments or job with reduced clinical commitments”

Another said:

“There are only so many places at the 'top of the mountain', already crowded by men. Women can make the climb, but it will take effort, determination, perseverance and luck”.

and another felt that if a man and a woman applied for the same position it would go to the man for preference.

Of those that answered “yes” there were three qualifications to the statement; 1) that women who do so are the exceptions and have benefitted from support and mentoring of the kind most usually given to men; 2) that it depends on how you define “the top” - motherhood places restrictions on travel and childcare that most men do not have to contend with; and 3) that success comes at great personal expense, i.e. that it is more difficult for women to be successful and many family and personal sacrifices have to be made.

Information, Advice and Guidance

It became clear from the first survey amongst New KOL participants that mentoring and role models played an important part in helping to support more junior women through the ranks and that there was a great need for information, advice and guidance (IAG) on a whole cross section of issues. This need for mentoring and good roles models for women has continued to be evident in the subsequent replies received.

With regards to information, advice and guidance useful to the respondents at this current stage of their career (whatever that may be) the information that was considered helpful can be broken down into the following ;

- How to balance work and family
- How to connect to a suitable mentor and how to provide mentoring
- Career information especially about transition opportunities, opportunities after promotion and what options are available for further professional growth within current employment sector
- How to gain access to free journals and literature
- A way to network, information about networking opportunities, the chance to share expertise with other women in the field, which societies and committees to join
- How to access skills training: management and leadership skills, assertiveness, team building, mentoring, grant writing, personal and professional development, contracting, negotiating, institutional management, self-promotion
- Raising research funds; how to raise research funds from non-governmental sources.
- Information on how the workforce of the future is going to look and what they are going to need. This would help target skills acquisition and management experience
- Guidance on strategies for promotion – what is required and when should it be pursued
- How to improve and elevate the profile of a research group and its output

An interesting recent comment from one respondent was;

“As a single 37 year old woman who has probably missed out on marriage/families due to long hours, lots of time spent studying, I guess I would be interested in talking to other single female specialists about how they handled this, about decisions to or to not have a child alone, about how to structure your life without family. These are the kind of questions I don't feel able to ask the single woman I work with as they are very personal, but I would really like to know what she thinks.”

It could be argued that there may well be many women in a similar position in the field of Transplantation (and, of course, in a much wider scope) - perhaps this would be a suitable discussion subject for an on-line forum group – the participants could be fairly anonymous but it might help to provide support and ideas for those women who find themselves in a similar situation.

Suggestions for IAG that would be particularly helpful at early stages of a career are:

- Better guidance on the academic promotions process, how to negotiate start up packages and salary increases
- Guidance on developing a financially successful research agenda, publications record and research projects, how to write successful grant applications
- Career enhancement - Guidance on which are the best meetings to attend, societies to join etc, what types of academic work are most helpful towards promotion?
- Where to find ‘women-friendly’ programmes in residency, fellowships, early career
- The importance of a scientific mentor as well as a clinical one, and of finding role models and career mentors in general
- Orientation for professionals in the field – who’s who, potential mentors, current topics of interest, how to cultivate referrals in a male dominated speciality
- Develop Time management skills and skills in statistics
- Personal advice such as; be assertive, focus on one area, do not underestimate the importance of networking, learn to say “No”, consider practicalities such as research vs. clinical time, maternity leave, motherhood etc., set goals, be open to new ideas
- Ensure that your successes are visible – self- promote!
- The genuine truth on how much commitment a dedicated physician needs to make.
- Information on the role of public relations and its importance to progress in a research environment
- Understand the politics both locally and nationally and how that might impact on your future career

Advice which respondents would offer to young women clinicians and scientists at an early stage of their career, presumably based on the givers own experiences, is as follows:

Career Advice

- Mentorship is key - choose your mentor(s) well.
- Seek protected time for academic activities.
- Develop your own area of clinical/research expertise.
- Learn to advocate for your own personal/professional needs.
- Be prepared to be judged/scrutinized by strict standards when compared to your male peers; be firm and decisive in everything you say or do

- Be very focused on your research and training, don't get lost in clinical routine that is time consuming and not helpful, spend some time in an excellent research facility abroad
- Avoid getting into the loop of sexual discrimination
- Become involved early in your career in your professional societies. Find a niche of particular interest for yourself and become expert in that area.
- Continue on with your MD/PHD program fresh out of undergrad, it's much too difficult to juggle it all later.
- Seek personal advice / coaching as to regards exposure / profiling
- Develop your own network and build an independent power base.
- Do not forget to think about your career. Men are always thinking how to improve their careers but women love their job and think it will come by itself.
- Do not be afraid to accept challenges and take chances that may occur.
- Do not give up, do not become desperate, be patient, follow your purpose and keep in mind that basic research means also disappointments because science is not routine!
- Don't choose transplantation unless you are really sure you want it. It's no easy ride! long hours, hard work,
- Education and experience are important, be visible and be seen as a problem solver
- Focus on research; learn to network and promote own work; collaborate
- Go for the best in terms of publications
- Go for the best in terms of postdoctoral positions
- Apply for the highest fellowship/award available
- Pursue a graduate degree in addition to clinical training - even if main goal is to practise as a clinician.
- It is important to be able to sense subtle discrimination before it effects daily work.
- Learn as much as possible about academic structure and rules at your Institution, know you rights and obligations, be informed about funding opportunities, create collaborations
- Learn how to say "no" to opportunities that are not congruent with your career goals
- Make sure that you ask for what you want/expect/need. Many women do not ask because they think they won't get it.
- Plan ahead if you are considering a career break.
- Plan carefully and keep options open. Make it clear to your bosses and supervisors what your plans are, get their support early on.
- Plan the direction you would like your career to take and seek help in reaching goals
- the worst limits put on your career will those you place on yourself
- To be fluent in both written and oral English (this reflects our country situation)
- To become super-organized and efficiently work down the to-do lists.
- To delegate what can be delegated.
- To make sure that they know the guidelines for promotion within their university and when the targets for promotion have been met, apply for promotion.
- volunteer to participate in academic events, committees etc as much as possible
- You need to think of "promotion/advancement" as soon as you enter your first job
- Connect with those who can help you. Don't take unfair treatment quietly.
- FOCUS on a single area of investigation.

Personal Advice

- It is a long road. Keep going. If you want to make it there is no reason not to
- Look always for equilibrium in your life
- Think through, plan, time management, but you can 'have it all'
- Personal relationships and family are paramount. Do not jeopardize these.
- There is no one 'right' way to succeed.
- Get used to chaos; it is not so bad.

- Figure out what you love and do it.
- Approach science how a toddler approaches walking. Yes, you will trip and fall, but that fall will make you stronger. Always keep that child-like curiosity within you. Do not lose it.
- Ask for help in moments where personal life is dominating (such as the birth of children)
- Consider not having children if you want to really succeed....unless you are extremely organized and energetic.
- Persevere regardless of what happens
- Keep your own unique features
- Don't delay, no perfect time.
- If you plan to have children and would like to be scientist think it through carefully, it is not the friendliest environment for young mothers
- Reach high because women can be just as successful as men.
- Remember why they have gone into their chosen field-do not lose the enthusiasm. Be persistent.
- Accept and acknowledge offers of help both scientific and domestic
- Be aggressive, speak your mind, Be assertive.
- Be definite about your choices. No one should sway you if you believe you are right
- Be yourself
- Believe you can do it!
- You must be your own advocate; you need to involve yourself in high profile activities that garner the attention of those in power to promote

The Future – Challenges and Achievements

With regards to the future, the next big challenges that people felt they faced were broken down into several categories and were mainly centred on the following;

Securing Promotion, typically achieving the status of Professor from Associate Professor or taking the step up to Associate Professorship. Promotion was the most often cited challenge. Others wanted to find a position which suited them and allowed them to fulfil their potential e.g. to be the best that they could be in that role.

Another respondent felt under pressure to prove her worthiness;

“To maintain my credibility. I feel that I need to demonstrate all the time that the position that I received was deserved (I am sure that this condition is not common in the male colleagues)”.

For some, transition between career stages was their main concern together with how to manage the next step up;

“Making the transition between PhD/early post doc to a senior independent researcher. Probably something which will be made more difficult by this coinciding with the desire to begin a family before I'm too old”

For others, securing equality was a challenge:

“Currently running one of the most productive departments of the hospital but not being paid the same as my male counterparts in orthopedics, neurosurgery or cardiothoracic surgery”.

Almost equally important was:

Succession planning; ensuring the continued success and growth of labs, departments or institutions, finding “good” people to continue the research theme, securing suitable funding and ensuring growth during challenging economic times.

One respondent wrote

“go on preparing young professionals in my field of interest and keeping up with the latest lab methodologies to apply in the every day work.”

Succession planning also included putting plans in place to allow the respondent to retire or reduce their work commitments.

“To decide if I want to continue learning and improving or I to retire early” (sic).

Others were thinking about life after work;

“Letting go and considering what to do when work life is less or over”.

Securing research funding also featured in several respondent’s replies as their main challenge, and was usually either to expand a research portfolio or to keep a current one “afloat”. There was recognition that this was increasingly difficult in a very competitive field and in the current difficult economic climate.

The other major challenge was seen as **balancing the needs of family with career**. Concerns were; how to devote enough hours to enable success in science whilst raising a family, the difficulties of juggling family and home especially as one becomes more successful, the time required away from family to attend meetings etc and how and when to fit in maternity leave without it being too disruptive to career plans.

One respondent said that their challenge was;

“managing to juggle work commitments with a 2 year old. I have decide not to have any more kids due to my age. but feel my job currently would be impossible to manage if I had 2 kids”

another was concerned about

“The impact of continual adjustments to the needs of my family.”

A third said that they were challenged by having to;

“Continue to balance family and building a career. I understand that I will never achieve the top of my career, because I chose to spend more time with my family”

With regard to how the respondents saw themselves in the future, promotion and leadership roles along with appropriate recognition at national and international level all featured often in the responses. Many wished to develop their expertise and skills for the benefit of patients, to see their research efforts translated into the clinical setting, and to continue to have an impact on research and treatment – to *“make a difference”*. With regard to this, one respondent in particular wanted to be instrumental in “Empowering organ transplant patients to be responsible for their lives” and saw their next challenge as making sure that the Disabilities Act is applied to those awaiting organ transplantation. Several others wished to use their experience to provide mentorship for up and coming people in the profession or to take on a more consultative role at different levels. Some of the responses were;

“I will probably retire in about 5 years and would hope to leave a department equipped to deal with future challenges”

“I would like to have a fully funded laboratory full of diverse scientists. I would love to make a significant contribution to my field.”

“I hope to carry on in the same capacity of lab supervisor for many years. My goals are to: 1) continue to provide a safe and productive environment for junior researchers and those in training, 2) continue to develop and learn new cutting edge techniques, and 3) advance the field of transplantation through our research efforts.”

“To increase my ties to academia and to add a teaching responsibility to work closely with graduate students. My goal is to broaden the perspective of the next generation of scientists to understand what is entailed in taking an idea to proof of concept to the development of new technology that possesses clinical relevance.”

“combination of work and private (family) life.”

“I would like to have a fair salary and time commitments for the various tasks I do. Perhaps having a leadership role in the medical school to help young women get a fair salary and opportunity for what they do” (sic)

For some women however, there was the recognition that due to family commitments they would not reach their full potential;

“I would like to have a position with responsibility but do not see myself as the head of a large center or company as I have a family and want to put them first”.

Professional Meetings

In response to the question asking whether or not attending professional meetings has an impact on career development, the answers were as follows:

Yes: 314 (94%)

No: 12 (3.5%)

No response: 9 (2.5%)

The kinds of impact that attending a meeting can have were perceived by the respondents as:

The opportunity to :

- Network - (comment from respondent: “Which is why I think WIT networking at such events could be very powerful”)
- Learn about new therapies, ideas, procedures
- Review outcome data
- Gain information and get to know peers from other countries; exchanging ideas
- Be seen and be a “player”
- Keep up with areas outside main focus
- Get referred to the right committees and meet new women in the field

- Obtain an idea of the broader scope of transplantation
- Forge collaborations with investigators outside own institution
- Develop visibility / increase exposure
- Keep up to date with state of the art practices
- Present work and establish a reputation
- Boost confidence
- Recruit post-docs
- Access to greater opportunities to get involved
- Build positive relationships with mentors
- Socialise
- Make connections with other female professionals
- Obtain ideas which can then be applied to own clinical practice
- Stimulate research ideas

Other comments include:

“Certainly early in my career, it was a training experience which was particularly helpful in the absence of mentoring. At meetings, I could learn from observation about the best presenters and presentations.”

“Learning about what other centers are doing is not only exciting but helps provide insight as to how you can best help out your own medical center with great ideas and this helps with career goals. through learning and observations”

“Meetings can be helpful, but as the meetings are growing in size quality doesn’t always improve.”

“The opportunity to present data helped me to: 1) learn how to organize and configure data to reach conclusions; 2) learn to prepare and present oral talks; 3) accumulate a series of slides which later served as the basis for seminars. “

One valuable suggestion was;

“With recent cut-backs many academic centers have implemented travel freezes so other ways of networking or online forums would make sense.”

The key Transplantation meetings, which for the purposes of the survey were considered to be; The TTS International Congress, The American Transplant Congress and the European Society for Organ Transplantation meeting (ESOT) were attended by the respondents in the following numbers;

TTS International Congress = 173

American Transplant Congress = 210

European Society for Organ Transplantation = 116

Obviously some respondents had attended more than one meeting and some had attended all three. 35 respondents did not reply to this question and we assume, therefore, that they have not attended any of the above meetings.

Other meetings attended included those run by various Societies and other organisations:

Societies:

AAI – American Association Of Immunologists
AASLD – American Association For The Study Of Liver Diseases
ABTO – Brazilian Society Of Transplantation
AIDPIT - Artificial Insulin Delivery, Pancreas And Islet Transplantation
American Association Of Tissue Banking
ANZSN – Australia And New Zealand Society Of Nephrology
ASAIO – American Society For Artificial Internal Organs
ASBMT – American Society For Blood And Marrow Transplantation
ASH – American Society Of Haematology
ASHI- American Society Of Histocompatibility And Immunogenetics
ASN - American Society Of Nephrology
AST - Association Of Surgical Technologists Winter Meeting
AST Distinguished Fellows Symposium
ASTS – American Society Of Transplant Surgeons
ATC - American Transplant Congress Winter Symposium
Belgium Transplant Society
British Transplant Society
Canadian Society Of Transplantation
Canadian Transplant Forum
Catalan Transplantation Society
Cell Transplant Society
Congreso Argentino De Trasplantes
Congreso Latino Americano Y Del Caribe De Trasplantes
Congress Of The Asian Society Of Transplantation
CST – Canadian Society Of Transplantation
CTA – Canadian Transplant Association
CTS - Collaborative Transplant Study
EASL - European Association For The Study Of The Liver
EBMT – European Group For Blood And Marrow Transplantation
EDTA – European Dialysis And Transplant Association
EFI – European Federation For Immunogenetics
ELITA- European Liver And Intestine Transplant Association
ESSR – European Society For Surgical Research
European Association Of Tissue Banking
European Council
FASEB - Federation Of American Societies For Experimental Biology.
FOCIS. – Federation Of Clinical Immunology Societies
German Surgery Society
IDSA - Infectious Diseases Society Of America
International Liver transplant Society Meetings
International Paediatric Transplant Association
International Society For Cellular Therapy
International Society For Heart And Lung Transplantation
International Transplant Society
IPITA, International Pancreas and Islet Transplantation Association
IPTA, International Paediatric Transplant Association
ISEH – Society For Haematology And Stem Cells

ISEM – International Society For Experimental Microsurgery
ISODP - International Society For Organ Donation And Procurement
Italian Society Of Organ Transplantation
IXA, International Xenotransplantation Association
MESOT Middle East Society For Organ Transplantation
Mexican Society Of Nephrology
Mexican Society Of Transplantation
Scandinavian Transplantation Society
SCCM - Society Of Critical Care Medicine
SFT - Société Francophone De Transplantation
SOBRADPEC –Brazilian Society For Experimental Research In Surgery
Society Of Transplant Of Latin America And Caribbean (STALYC).
South African Transplant Society
UNOS – United Network For Organ Sharing

Other meetings:

American Cell Biology Society Meetings
 Asian Pacific Congress of Nephrology
 Banff Conference on Allograft Pathology
 Basic Science Keystone Meeting
 Basic Science symposia of the TTS
 Beaune Seminars in Transplantation
 Biology and Clinical Applications of Cord Blood Cells meeting
 College of Surgeons Immunosuppression Meeting USA
 Cornea and Eye Bank Meetings
 Dutch transplant meetings
 Dutch National Congress on Transplantation
 ELPAT – Ethical, Legal and Psychosocial Aspects of Organ Transplantation
 European Bone Marrow Transplantation Conference
 First and Second Training Courses in Blood and Marrow Transplantation
 Gene Therapy Meetings
 German transplant Congress
 Great Lakes Transplant Immunology Forum
 Hesperis
 Innate Immunity in Transplantation meeting
 Institute of Cancer Research Workshops
 The Italian Congress - SITO
 International Congress on Immunosuppression
 International course of transplant in Aguas Calientes Mexico
 International Histocompatibility Workshop
 International Transplant Nurses Society meetings
 International Umbilical Cord Blood Transplantation Symposium
 Istanbul declaration workshops,
 Keystone meetings
 Keystone symposium on tolerance and on Tregs.
 Local and national Canadian meetings
 NATCO – Organisation for Transplant Professionals
 Non Heart Beating Donor Meeting
 Onelambda Desensitization Workshop - Beijing
 Ontario Chapter of the International Nurses Association
 other local/national Immunology meetings

Renal Week (American Society of Nephrology)
Scandinavian Transplant committees and congresses
SEOPF
S.I.T.O.
TERMIS meeting, Portugal
Transplant related meetings in the Middle East region
TTS CMV guidelines meeting 2008
TTS ID section meeting
TTS New KOL meeting in Buenos Aires
WHO committees
WCN World Congress of Nephrology
World transplant Congress
Wyeth international congress
XX International Congress of the Transplantation Society, Vienna, Austria

In answer to the question on whether attending a meeting as above had led to any changes at work, the responses were; "Yes" = 284 (85%); "No" = 40 (12%) ; no response = 11 (3%). Therefore, the overwhelming response was that attending a professional meeting did lead to changes at work and that these changes were extremely positive. The type of changes that were experienced by the respondents were:

- Expanded Network (128 respondents agreed)
- Access to opportunities (74 respondents agreed)
- Increased confidence (61 respondents agreed)
- Access to research collaborations
- Appropriate academic recognition
- The opportunity to interact with leaders in the field
- Receiving invitations to present data at meetings
- Invitations to participate in multicentre trials
- Increased understanding of specific areas, e.g. the immunology of rejection, the mechanism of immunosuppressive drugs, how to initiate desensitization protocols, assurance that current protocols are suitable
- Better understanding of new products
- Opportunities to sit on boards, take a representative role
- New knowledge informed change in practice (sic)
- Information gained to confirm or reject Research Hypothesis

One respondent commented

"At every meeting I return with several different clinical approaches to my patients or more information I can provide about future developments in their condition".

and another

"Definite expansion of network and career opportunities, particularly in research and collaborating with other institutions. Also, meeting other women in the field is inspiring, especially since I am the only woman in the Department of Surgery here, currently".

One comment which highlighted the issues of not being able to attend meetings for whatever reason, was that

".....- if I can't attend, interpretation is "clearly not interested"

Demographics

Supplementary Information

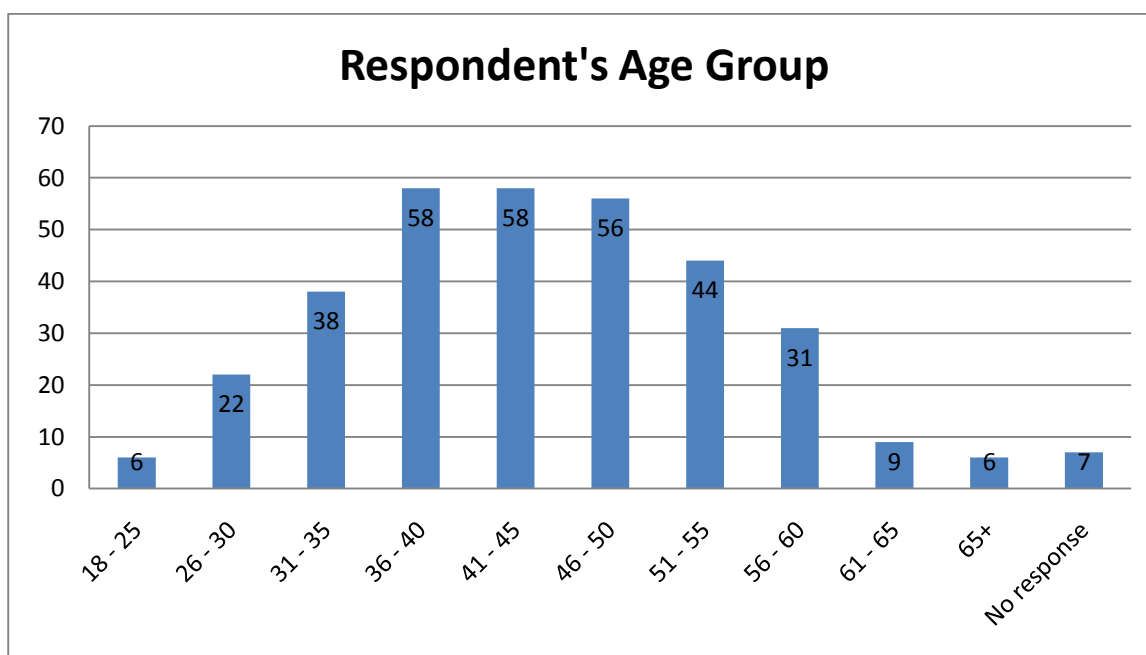
We felt that the supplementary information would be helpful in terms of understanding the constituency of respondents and that it might help us to better focus future WIT efforts.

Respondents were given a choice of whether or not to answer the following questions:

1. Age Group
2. Are you presently married or have a life partner?
3. Do you have any children?
4. Do you plan to have a child or more children
5. Country of residence
6. In terms of professional development and opportunities in the transplantation field, how do you perceive you country compared to others?

For the most part, people who completed the survey also provided answers to the supplementary questions. The results are as follows:

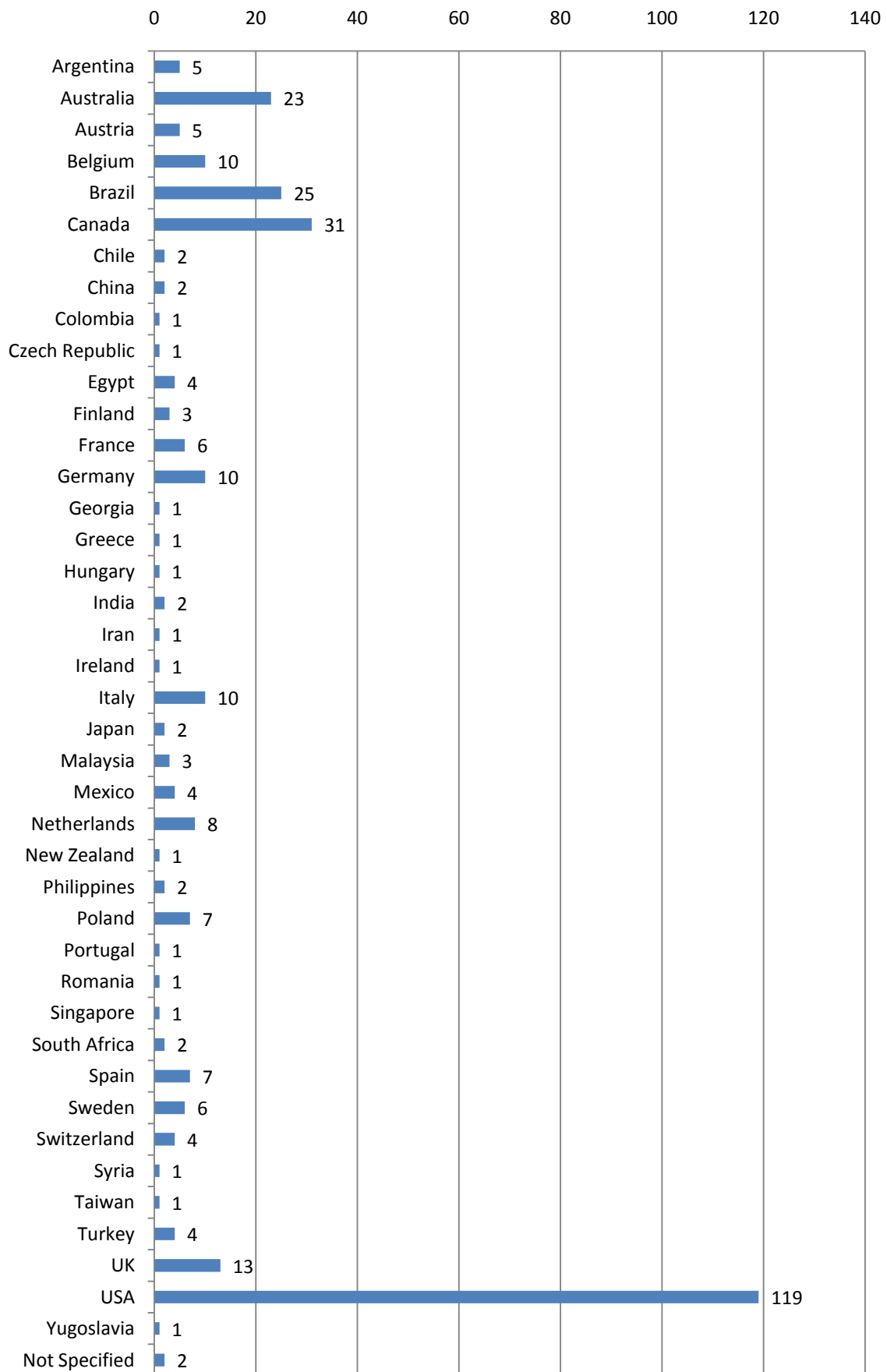
Age Group



Age Group	No. in group	36 – 40	58	56 – 60	31
18 – 25	6	41 – 45	58	61 – 65	9
26 – 30	22	46 – 50	56	65+	6
31 – 35	38	51 – 55	44	No response	7

Respondent - Country of Residence and No. of responses;

Respondents by Country



Family:

Are you married or with a life partner ?		
252 YES	74 NO	9 no response

Do you have any children ?					
None = 155	1 child = 53	2 children = 89	3 children = 26	4+ children = 10	No response = 2

Do you plan to have a child or more children?		
Yes = 81	No = 239	No response = 15

Interestingly, of the 155 women who did not already have at least one child, 84 did not intend to have any children. Of those 84, 35 were 45 years of age or under and 48 were 46 years of age and over. (One respondent in this category did not specify their age). Therefore, it can be said that 25% of the (335) women surveyed had decided not to have children. Whilst there may be other factors involved which have an impact on these figures, many of these women have, presumably made a conscious decision not to have a family. How far are these decisions being driven by the realisation that they would not be able to combine a progressive career with children and the demands of family life?

In answer to the question “In terms of professional development and opportunities in the transplantation field, how do you perceive your country compared to others?” The responses were as shown below, (the countries from which answers were received are also shown – some countries have been mentioned more than once in the replies but are not enumerated here)

BETTER = 126

(Australia, Austria, Belgium, Brazil, Canada, Finland, Germany, Italy, Netherlands, Philippines, South Korea, Spain, Sweden, Taiwan, UK, USA)

EQUAL = 146

(Argentina, Australia, Austria, Belgium, Brazil, Canada, China, Czech Republic, Egypt, Finland, France, Georgia, Germany, India, Iran, Italy, Mexico, Netherlands, Poland, Spain, Sweden, Switzerland, Turkey, UK, USA)

WORSE = 51

(Argentina, Australia, Austria, Brazil, Canada, Chile, China, Colombia, Egypt, France, Germany, Greece, Hungary, Italy, Ireland, Japan, Malaysia, Mexico, Netherlands, New Zealand, Philippines, Poland, Romania, Singapore, South Africa, Spain, Syria, Turkey, USA, Yugoslavia)

NO RESPONSE = 12

It is obvious that some countries are featured in all three categories i.e. better, equal and worse opportunities available. It could be concluded therefore, that the perception of the amount of opportunities for professional development in one's own country, as opposed to elsewhere, may be due more to the respondent's particular circumstances, such as the localized situation, personal circumstances etc, rather than the country itself (The quote below in reference to New Zealand would seem to bear this out). However, there were some clear areas which only appeared to offer worse access to opportunities in the opinion of the respondents, these were:

Chile, Columbia, Greece, Japan, Malaysia, New Zealand, Romania, Singapore, South Africa, Syria and Yugoslavia.

One respondent said (of New Zealand)

"I only consider my country to be worse than others in opportunities because we are a small country and it is not possible to train completely in transplantation without some overseas experience. Otherwise, I live and work in a country with a very positive attitude to women in medicine and I think opportunity here outweighs that in other countries".

With this in mind, would the opportunity to work in a supported way overseas in other clinics and laboratories, help women in this particular situation to develop their career? and would it increase and expand opportunities for them once they returned to their own country?

Acknowledgement

The responses to the survey were immensely interesting and gave a good picture of the issues which surround career development for women in quite diverse situations. We wish to thank ALL of the women who took the time to complete and send us their survey and for their honesty and candour in the replies they gave us.

Summary and Next Steps

The replies we have received will help us to carry forward the TTS Women in Transplantation initiative in an informed and effective way, allowing us to tackle the most pressing issues facing women in their careers first.

One of the most often cited issues was the lack of access to good mentors and contact with other women in the field. To this end, the WIT initiative has already begun helping women to network and make useful contacts. Work is currently being undertaken in order to start a mentoring scheme – making it possible for women to access mentors who are in their region or country or nearest geographical area, and possibly across the same discipline too. One change which has already been made as a result of listening to the views of women, has been to change the name of the initiative from *Women Leaders in Transplantation* to *Women in Transplantation – Past, Present and Future* - it quickly became evident at the first networking event that younger women felt that they did not 'qualify' to join the initiative as they were not yet leaders in the field. This new title better reflects the intention of the initiative to help women develop as leaders, using the experience and wisdom of those already there.

Other suggestions for actions arising from the surveys are:

- With advances in technology allowing for on line forums, video conferencing etc. mentorship and education through these means could be developed as part of the next phase of the WLIT programme – giving greater access to these than women might otherwise have had
- Provide skills training, such as time management, statistical skills, grant writing etc , possibly by using web based seminars to allow as many as possible to participate
- Use the suggestions for Information, Advice and Guidance from the survey participants to develop guides which try and answer as many of the issues as possible by either providing the information itself or guidance on where to seek information - these could then be published and made available to WIT registrants through the networking events and published on the TTS WIT website for easy access. The same information could be distributed through the mentoring scheme and in other education and training formats which the WIT may engage in at a later stage.
- Source and synthesize information on Institutions, departments etc who have ‘women friendly’ working policies – engage with Institutional Diversity Officers and other stakeholders to determine the level and types of support available to women which may not be immediately obvious – seek examples of how “thinking outside the box” have helped women to cope with the challenges if available and promulgate the ideas
- Produce a series of orientation guides in various disciplines to help women to find their feet quickly and efficiently in order to alleviate some of the obstacles and free up time and energy for more important issues – again publish on the web for wide access
- Use the experiences of the survey respondents to compose a guide for juniors and those new to the field of what issues they should be thinking about now, right at the beginning of their career before they progress to far eg continue an MD or PhD straight after graduation as it becomes increasingly difficult later on when other commitments take time and energy
- Run seminars on key topics (web based, at WIT events or international, national or regional science meetings on the key topics cited, eg promotion, succession planning and successfully finding research funding
- As the value of attending meetings is evident, encourage institutions, societies and other stakeholders to provide funding for travel fellowships to allow juniors to attend some of the key meetings – perhaps as a condition of receipt of a travel fellowship ask them to spend an hour or so giving a cascade presentation to some of their women colleagues who did not receive the same opportunity but who could benefit from the information gained.
- Set up on line forum groups to help women address specific issues, e.g. personal difficulties encountered due to long working hours etc
- Develop opportunities for women to work in other areas / countries in a supported way to help develop experience and skills that they are unable to gain in their own country and so help with career progression

Finally, a few comments from the women who responded to the survey about the WIT initiative:

“Glad to see ongoing efforts by women to mentor women. The doors are open but there is still a lot of work to do before the playing field is level.”

“China is a developing country and there were long history in the feudalism. The women's society condition were very low and lamentable. Now following the national gate was open and open, our women' condition seem better, but in the traditional concept of the people Alpha Male is deep-rooted and difficult to exchange, especially in the science and clinical field. So I real agree and hope to join in this great work and want to do some things together with you and TTS”. (sic)

“I need this organization to help me developing the current transplantation situation present in my country”. (sic)

“Thanks TTS, nKOL and WLIT are fantastic initiatives”

“It is very appreciated that TTS is trying to address problems which woman scientist/clinicians are having”. (sic)

“Thank you for making this opportunity possible to share thoughts and to connect with other women in transplantation”.

End