substudy examining preoperative NT-proBNP as a predictor of major perioperative vascular events will shed more light on NT-proBNP thresholds.

Declaration of interest
None declared.

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Female anaesthetists: lean in
Editor—I applaud the editorial board on the superbly timed publication of Galley and Colvin’s editorial1 on gender inequality, dramatically coinciding with this week’s media furore that accompanied legal firm Slater and Gordon’s report on related issues.2 Of the 1975 women questioned in their survey, one-third felt that it was impossible to climb the career ladder, with a further one-quarter of mothers feeling discriminated at work, prompting England’s Employment Minister to say, ‘The government is committed to making sure that more businesses make the best use of women’s talents throughout the organisation, from boardroom to the shop floor’.3 As the husband of a wife employed in the City of London, I can attest that the NHS (and Anaesthesia) is certainly better than many private sector employers in managing maternity leave and re-integrating mothers on return to work (whether full time/part-time/job sharing) and demonstrates a far fairer attitude towards females with respect to recruitment, career opportunities, and career progression. Nevertheless, as Galley and Colvin comprehensively suggest, there is some way to go before we achieve a level playing field. To further this process, and in addition to the 30% Club4 framework suggested by the authors, may I recommend that all my colleagues read the Cranfield report5 (the annual female FTSE bench-marking report), the Davies report6 (10 ideas proposed to increase female representation in board positions), and if nothing else, Lean in: Women, Work and the Will to Lead7 (essential reading for all those determined to right inequality, including male colleagues keen to do their part, and lean in too).

Declaration of interest
None declared.

Gender differences in academia
Editor—Galley and Colvin1 note the gender differences that still exist in some areas of the anaesthesia community. We agree that women lag behind their men colleagues in other specific areas of academic anaesthesia.

On behalf of several members, the Australian Society of Anaesthetists (ASA) conducted a survey investigating the gender differences in the professional lives of its members. The original survey was conducted in 1993, with a follow-up survey conducted in early 2010. Over this 17 yr period, the proportion of female members of the ASA increased from 17% to 24%, with similar increases in the proportion of College fellows and trainees. One section of the survey asked questions related to academic issues including the holding of an academic appointment and membership of professional committees.

Results from the surveys showed that not much had changed. In 2010, women were less likely than men to hold academic appointments, although the difference was not statistically significant (13% vs 23%, P=0.25) and this had not changed between the two surveys. In both surveys, fewer women than men were serving on professional committees, and this proportion had also not changed over time. However, women in 2010 were significantly more likely than women in 1993 to have been asked to sit on such committees but refused (27% vs 8%, P=0.002). Comments from this section included the following quotes: (from a female) ‘Too busy, was approached to be on local ASA committee several years ago but after attending one meeting realized I would not be able to devote the time or energy needed’; (from a male) ‘No spare time to do the job properly and still be able to maintain existing family and professional commitments’.

Gender disparity is still an issue—but many of us, whether male or female—may struggle to maintain an academic interest in our busy professional and personal lives.

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4 http://www.30percentclub.org.uk (accessed 11 August 2013)
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