

# UNPACKING THE GENDER DISCREPANCY: FACTORS INFLUENCING FEMALE PARTICIPATION IN FCPS PURSUITS FOLLOWING MBBS GRADUATION IN PUNJAB, PAKISTAN

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## Abstract

This study aimed to determine the gap between female and male participating graduates in the FCPS program by male and female MBBS graduates in Punjab, Pakistan. It explores the social, cultural, and economic factors that act as barriers for women to pursue specialization. A qualitative approach was used to conduct research on 20 female MBBS physicians. In this process, in-depth interviews were conducted to gather rich and detailed insights about their decision-making processes regarding FCPS specialization. Participants were recruited initially through personal and professional networks (Allama Iqbal Medical College & Jinnah Hospital). Snowball sampling was used to gather data for this purpose. Thematic analysis identified themes relating to family and societal pressures, challenges and barriers (resource constraints, mentorship gap, competitiveness), the strength of the support system (family, institutions, mentors), and worrying aspects of gender and bias. Provision of fair resources allocation, Family support system and gender mainstreaming within the institution, that support FCPS can chalk out policies, such as study leave facilities, financial assistance, and flexible working hours are recommended to cover the niche in medical profession.

## 1. Introduction

In Pakistan, most promotions and positions in medicines have always been male-dominated. Females have always lagged behind in their representation. Though education; and social women have made some advancements, most of the gender gaps are still faced in many areas of the medical profession. (Ahmed, 2019). The FCPS is one of the highest qualifications awarded in the hierarchical medical teaching system in Pakistan, and can only progress with career and specialization in view. The FCPS examination is conducted by the College of Physicians and Surgeons, Pakistan, and for physicians to achieve eminence in their respective fields of action. Specialization through the FCPS is a requirement for MBBS graduates in Pakistan, with ambitiously high achievements in their medical careers. However, in the province of Punjab, Pakistan, a disturbing trend is surfacing in the large gap in

evolution and success in female participation and success rates of FCPS programs.

Despite the increasing enrolment of women in medical schools in Punjab (Aziz et al., 2019), their participation in FCPS programs is disproportionately low. The 2019 study by Aziz et al. found the significant participation of females mostly in FCPS programs throughout Pakistan, and is noted to be less than that of males. This raises questions about what causes women to realize specialization. Thus, this research aims to unpack the gender discrepancy in FCPS pursuits by examining various potential factors.

Although the medical education system of Punjab seems accomplished when more female 55,154 graduates in 2023 compared to male ones 50,223 for MBBS, there arrives an alarming disparity when it comes to FCPS specializations. The number of male doctors crossing that figure by completion and clearing FCPS programs is about

two-thirds higher than that of female doctors: 12,231 to 7,006. (College of Physicians and Surgeons Pakistan, 2022). This means only 24% for men and a mere 13% of women will actually complete the specialization process in the Punjab Medical Field.

## 1.1 Objectives

1. To understand the social, cultural, and economic constraints that restrict the female MBBS graduates and stop them from enrolling in FCPS courses in Punjab, Pakistan
2. To determine the importance of support from family, child care, and workplace policies for female participation in FCPS Specialization.

## 2. Literature Review

Specialization through the FCPS was pursued under the opportunities that had opened up for the development of a career for MBBS. However, a pronounced gender gap is observed in the participation of female graduates under the umbrella of FCPS programs, especially in Punjab (Aziz et al., 2019). The current review focuses on explaining the likely causes and reasons for the gap.

### 2.1 Socio-cultural Barriers

Traditional gender roles within Pakistani society can also act as a barrier and discourage women from choosing professions that are time-consuming (Butt, 2012). Moreover, cultural conditioning emphasizes family commitment for women. This may not coincide with the demanding study schedules required to complete FCPS exam.

### 2.2 Work-Life Balance Issues

The work-family balance for preparing for the FCPS is tougher for female graduates than for the male counterparts. The thematic analysis applied to the interview data attempted to identify recurrent themes and patterns that describe societal expectations, resource disparities, and challenges of work-life balance that have an impact on female participation in FCPS programs. Thematic analysis is being done in the interview transcripts to find out the recurring themes and patterns explaining the societal expectations, resource disparities, and challenges in work-life balance, which usher disadvantages to the female

applying and participating in FCPS programs (Akbar et al., 2018).

This is a disadvantage that can be furthered, especially if the health care system does not house the facility of flexible working or the support of childcare systems available within the system itself to support a woman in specialization (Hassan et al., 2017).

### 2.3 Access to Resources and Support Systems

Research has claimed the potential disparity in various types of resources that can hinder women from enrolling in FCPS programs. These can be feeble structures of a reasonably suitable study material, coaching programs, or similar mentoring support designed for female medical graduates (Hassan et al., 2017).

### 2.4 Unconscious Bias

This might be responsible for creating a gender gap in medical education. Studies have shown that unconscious male and female faculty members are mainly biased towards females' competence in consideration of different specialties (Haider & Butt, 2020). This could potentially affect their selection or evaluations in programs, increasing the disadvantage of women in FCPS programs.

### 2.5 Financial Constraints

The cost of preparing for FCPS, including examination fees and possible coaching expenses, may fall harder for female graduates of poor families (not yet cited but can be explored further).

### 2.6 Confidence and Self-Efficacy

The difference in confidence or self-efficacy level in female graduates as compared to their male may be the reason why they do not pick up FCPS programs.

### 2.7 Gender Disparities in Medical Education

Females had to contend with several challenges and disparities in seeking and pursuing medical education in Pakistan. Despite a gradual increase in the number of female students, gender disparities persisted. There has and continues to be gender-based disparities at the highest levels, in the middle and lower cadre status of class performance; and career opportunities were visible and exist even today (Qasim, 2020). It has emanated very evidently that, though females form

a substantial proportion of medical school entrants, they have still not been able to turn their in-built academic performances into success in the postgraduate examination like FCPS (Khan et al., 2018).

**2.8 Importance of Addressing Gender Gap in FCPS Pass Rates**

The gender gap in FCPS results has far-reaching implications for the medical profession and for the delivery of healthcare in Pakistan. First, it further aggravates already prevalent gender imbalances in medical specialties, thereby limiting the number of females in key healthcare areas. By decreasing diversity and inclusivity in the medical workforce; hampers other efforts aimed at improving the potential a gender-balanced health system innumerable (Siddiqui, 2021). This gap also calls for actions focused on providing gender equity with equal opportunities in the profession (Khattak & Iqbal, 2019).

**2.9 Research Gap**

This study had investigated to probe the gender Gap in FCPS pass rates of MBBS graduates in Punjab, Pakistan. This study assessed determinants

of this gap and, hence, the underlying challenges that female physicians face in scoring success in postgraduate examinations. This review further aims to identify and recommendations to be made for policy interventions and institution reforms.

**3. Methodology**

This qualitative study used a snowball sampling technique to understand the experiences of female MBBS graduates regarding their decisions regarding FCPS specialization in Punjab, Pakistan. In this process of research, 20 in-depth interviews were conducted to gather rich and detailed insights about their decision-making processes regarding FCPS specialization. Participants were recruited initially through personal and professional networks (Allama Iqbal Medical College & Jinnah Hospital). Other participants, identified for this study upon referrals by this group through snowball sampling. Thematic analysis was applied to the interview transcripts to identify recurring themes and patterns explaining societal expectations, resource disparities, and challenges to work-life balance influencing female participation in FCPS programs.

**4.Data Analysis**

**Themes of the Study**



S#	Themes	Sub Themes
1-	<b>Family and Societal Pressures</b>	<ul style="list-style-type: none"> <li>• Family Obligations</li> <li>• Societal Expectations</li> </ul>
2-	<b>Challenges and Barriers</b>	<ul style="list-style-type: none"> <li>• Resource Constraints</li> <li>• Mentorship Gap</li> <li>• Competitive Concerns</li> </ul>
3-	<b>The Power of Support and Encouragement</b>	<ul style="list-style-type: none"> <li>• Family as a Pillar</li> <li>• Institutional Encouragement</li> <li>• Senior Mentorship</li> </ul>
4-	<b>Gender and Bias</b>	

**4.1 Family and Societal Pressures**

A very prominent theme is immense pressure due to family and societal expectations. These obligations may create a conflict for any aspiring specialist, making it quite a challenge to dedicate

enough time and attention in the long run that FCPS training requires.

**4.1.1 Family Obligations**

Qualitative responses demonstrated where physicians felt the pressure to place family

obligations, including child care or elder care, above being able to spend substantial time intensely studying for FCPS. One participant indicated:

*"My in-laws expect me to prioritize family responsibilities over my career advancement. They don't understand why I need to study for FCPS when I'm already a doctor."*

#### 4.1.2 Societal Expectations

This may create the feeling that a good doctor has to attend to patients first instead of running after specialization, making female doctors less likely to work for FCPS. According to societal norms, the role of a woman is confined to the home environment and care-giving activities only. A female physician quote that:

*"There is immense pressure to get married and bear children as soon as possible. Following FCPS means that all of these things will be delayed, which my family sees as unacceptable for a woman of my age."*

#### 4.2. Challenges and Barriers

Many respondents identified perceived challenges and limitations as restrictions to the pursuit of FCPS. These could include limited access to resources and training opportunities, lack of mentorship, and even anxieties related to the competitiveness in the very process of attaining an FCPS.

##### 4.2.1 Resource Constraints

This could act as a major disincentive, particularly to doctors in remote areas where access to quality training facilities, good libraries, or research opportunities is limited.

##### 4.2.2 Mentorship Gap

This could lead to uncertainty and discouragement without experienced mentors or role models who have done it successfully through the FCPS process. One respondent stated that:

*"There's a lack of female mentors in many specialties. It's hard to success when you do not see many women who have gone before you."*

##### 4.2.3 Competitive Concerns

Some doctors may perceive the competitiveness of FCPS programs to be too high, or some may even believe that they lack the qualifications to pursue these programs; some may simply fear failure.

#### 4.3. The Power of Support and Encouragement

This explains that the main role played by the support systems is to motivate doctors to pursue FCPS. The support may be from the family, seniors in the profession, or even from the institutions through the guidance and provision of facilities. In the case of a strong support system, they will most likely remain hooked to pursue FCPS specialization.

##### 4.3.1 Family as a Pillar

The responses indicated that families should be aware of the rigors of FCPS and offer emotional and practical support, such as managing a household. One female doctor described the support of her husband as:

*"My husband's support has been most vital. He shares in household chores and encourages me to follow my dreams. It makes all the difference."*

##### 4.3.2 Institutional Encouragement

Medical institutions that are supportive of study-leave programs, financial support, or quiet study spaces would go a long way to encourage the pursuit of FCPS. In the words of one of the participants, "Balancing pregnancy and childcare with the gruelling demands of FCPS training feels nearly impossible at times. The system is not designed with women in mind."

##### 4.3.3 Senior Mentorship

What would make all the difference is the availability of supportive seniors who can take them under their wings and help them out, share their experiences, and recommend them. All female doctors remarked that senior mentorship was very important in the pursuit of an FCPS career. One respondent quoted this as:

*"It has been wonderful to connect with some of the successful female FCPS holders. Their advice and encouragement are what gives me the hope that I can do it too."*

#### 4.4. Gender and Bias

A worrisome finding was that of gender roles and possible bias within medical offices. Some respondents commented that barriers included stereotypes and misconceptions about women and gender norms. The feeling that participants got was one of unsupportiveness or a biased attitude

on the part of the institutions and senior colleagues. One female doctor stated;

*"The males among the colleagues are mainly encouraged and supported to pursue FCPS, while females are primarily taken to focus on clinical work."*

These findings highlight the very complex factors at work in a doctor's decision to pursue FCPS specialization. Moreover, the possible bias of the FCPS selection committees and inequitable distribution of resources and opportunities among the male and female candidates are also reasons for not performing FCPS by female MBBS doctors.

### 5. Recommendations

According to the findings, some of the suggestions to alleviate these issues and pave the way for a more inclusive environment for FCPS specialization are as follows:

1. **Family Support Programs:** International collaborations that include the family to support and make them appreciate doctors' journeys toward FCPS;

2. **Resource Allocation:** Provision of fair resources allocation, such as training facilities, research opportunities, online resources, among many others can serve as a significant step toward bridging the gap.

3. **Mentorship Programs:** These may be formal or informal, in which trainee aspirants are paired with an experienced mentor who is capable of offering them constructive advice.

4. **Enabling Workplaces:** Institutions that support FCPS can chalk out policies, such as study leave facilities, financial assistance, and flexible working hours.

5. **Diversity and Inclusion:** Gender mainstreaming within the institution to take care of the bias against them. This will help in making the environment friendly and supporting to female FCPS.

It would work out a more balanced system if, among the themes being discussed, we address those by acting on the recommendation for change so that doctors inject more balance in the choices they make while selecting their FCPS specialty. This will ensure a healthier and more diversified pool of medical specialists.

### 6. Conclusion

The study underlined the many different factors at play in a doctor's decision to undertake FCPS. It

also highlighted the need for a reduction of societal pressures, sufficient resources and support, and a greater degree of inclusiveness within medical institutions. This includes family support programs, resource distribution, mentorship, supportive workplaces, and diversity and inclusion efforts. By adopting these recommendations, we can have a system that will foster more doctors, especially women, to pursue higher training and, subsequently, contribute towards a more balanced and better-qualified pool of specialist doctors in Pakistan.

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