The role of mentoring in advanced endoscopy - how to overcome the gender bias and support women in HPB endoscopy

Interview between Dr Fran Moroni and Dr Noor Bekkali

Dr Noor Bekkali completed her training for Gastroenterologist in 2016 at the Academic Medical Centre (AMC) in Amsterdam after completing her doctorate (PhD). Her training incorporated dedicated training in pancreatobiliary (PB) medicine at AMC and subsequent PB-endoscopy fellowships at the University College London Hospitals and the Freeman Hospital in Newcastle. She is now holding a consultant Gastroenterologist post at the John Radcliffe Hospital in Oxford since 2018. She participated in the European Society for Gastroenterology (ESGE) working subgroup to develop minimal standards and training for EUS and ERCP and is part of the JAG UK EUS-user group. She is involved in national & international trials relating to PB endoscopy and co-organised annual EUS/ERCP and Live Endoscopy courses. Further interests include Green Endoscopy, Cholangioscopy, Diagnostic and Interventional EUS such as endoscopic management of severe pancreatitis and EUS-guided biliary drainage.

Q&A with Dr Fran Moroni, interviewer, and Dr Noor Bekkali, interviewee.

**Q: You have been very successful in your career and your achievements speak for themselves. How easy was to start your path in HPB endoscopy?**

A: My journey was challenging. Although I was selected to do interventional endoscopy based on my endoscopic skills, I found myself having to compete with three other selected registrars who happened to be males. I was unable to make numbers and therefore moved abroad for more hands-on. I ended up doing 2 fellowships and only in the fellowship without other fellows, I managed to reach the numbers I was comfortable with to feel competent. Then when I reached competency in both ERCP and EUS, it took 3 years to be appointed from Locum to a substantive consultant post.

**Q: This is very much a boys’ game, what barriers did you come across as a female HPB endoscopist in your career?**

A: The barriers are very subtle. Calling a female fellow ‘feisty’ like I was, whereas that word would not be used for a male endoscopist. Even female nurses are more likely to be nicer to the male endoscopists whereas female fellows or even registrars had to own their ‘respect’

**Q: How important are mentors, role models and sponsors to progress in this career?**

A: Role models are important and one of the reasons a lot of women suffer from imposter syndrome is the lack of having role models. I was lucky to have a female radiologist mentoring me in the first few years and I will be forever grateful.

**Q: do you think female endoscopist should be mentored by female colleagues? Why?**

A: I don’t necessarily think it has to be a woman but if it is possible, it might be better. The reason being that the female mentor will be able to relate to a lot of the problems or subtle microaggression the new endoscopist might be facing. Men tend to say, “well, I don’’t think they meant it that way” which might feel like gaslighting.

**Q: How can BSG help female trainees to feel supported in the journey through HPB and advanced endoscopy?**

A: More senior role models who have already gone through the whole climbing the ladder and who will have gained respect locally and nationally to stand up for the rights of female endoscopists. E.g. Dr Bird-Liebermann is great in that or a foreign person like Roser Vega from UCLH.