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PROGRAM NAME: WOMANITY – WOMEN IN UNITY

GUEST NAME: PROF DIANNE MANNING – DEPUTY DEAN EDUCATION HEALTH SCIENCE – UNIVERSITY OF PRETORIA

SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity – Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us in studio today is Professor Dianne Manning, she is Deputy Dean for Education in the Faculty of Health Science at the University of Pretoria. Prof Manning has a BSC Honours and PhD in Anatomy and a Masters in Education; she is a faculty member of The Foundation For Advancement of International Medical Education and Research (FAIMER) in the USA as well as the Sub-Saharan branch of FAIMER and serves on the Executive Committee of the South African Association for Health Educationalists.
DR. MALKA	Welcome to the show!
PROF MANNING	Thank you so much it's a real pleasure to be here and I'm really delighted to be able to share my views with you today.
DR. MALKA	We're looking forward to them. To begin with the Faculty of Health Sciences at the University of Pretoria is home to, I read, 5,500 undergraduates and 1,500 post graduates which includes medical and dental fellowship training in over 40 disciplines, now producing first rate qualified health professionals whether it's doctors, dentists, nurses is vital for the well-being of our country's citizens and the unique health science challenges that our society faces, but educating this cohort is a tremendous responsibility, can you tell us a little bit more about the work that you do to achieve this?
PROF MANNING	Yes certainly I mean this is definitely the centre of the role that I play in the university and it encompasses quite a wide range of different things so we take the whole life span of the students journey in the university very seriously, so it starts with how we promote our faculty and some of the disciplines that we're training in to our broader constituency of school going scholars. We are obviously often recognised for our medical and dental programmes and you mentioned nursing as well, but we also have radiography, dietetics, physiotherapy, occupational therapy, biokinetics so you know we actually cover a wider range than just the medical and dental that generally, and nursing, that generally springs to mind and some of those disciplines are not really well known in some communities, for example not everybody knows what an occupational therapist is or does, not everybody knows what a biokineticist is or how they differ from a physiotherapist for example.
DR. MALKA	So because of this lack of knowledge do you often find that when students come into the mix they start off in their first year but they simply aren't aware of the types of opportunities and different disciplines that they can go into that that almost is a foundational year where they start to explore and look for those opportunities?
PROF MANNING	Yes well I mean in a sense that is true, we do often get students who apply for a particular position and get it and then come and then suddenly discover they don't really know what it is they've signed up for...
DR. MALKAshame....

<p>PROF MANNING</p>	<p>....and of course you know it's inevitable that most people want to be a doctor you know it's got the prestige, it's got...everybody knows what a doctors does, it's so prominent in TV that students watch and so on and then a lot of the people who don't get into medicine might choose another one of the healthcare positions without really being sure that that's what they want to do. Unfortunately it's not that easy to move from one to the other, once you're in the one it's quite hard to actually make a transition into the other because each of them has their own curriculum, their own way they're structured and we're not very good at creating a foundation year which then creates opportunities for people to move in a number of different directions, in fact that sometimes is a suggestion, that we have a foundation year or everybody or even a foundation programme, a sort of basic sciences degree and that we only select at the, at..after one or two or even three years. There are advantages to that but it does have other challenges, for example it lengthens the training, it means that for example a student that might want to study medicine but knows they've got to go through like almost like a pre-med type of situation, they then go to a different university, but that's the American model, the pre-med and then you select out of that and it's a thing that we are looking at from time to time but it hasn't really got a lot of traction in South Africa right now.</p>
<p>DR. MALKA</p>	<p>I think one of the other challenges is that in the field of medicine or health sciences it's constantly evolving and developing, there's got to be new innovations, how do you keep up with this both from a point of view of changes within the medical space but also in terms of the techniques and the technologies that are utilised?</p>
<p>PROF MANNING</p>	<p>Ja no, absolutely, in fact in medical education or... and I'm using medical in its broader sense, not just about medical doctors, but health professions education is the wider term that encompasses all the different disciplines we're actually in quite a fortunate position maybe more so than say for example engineering education or agricultural education because it's a very well developed discipline in its own right. Medical education has been around for oh probably at least 50-60 years, it's got a number of well recognised international journals, there are large education conferences held internationally every year and so there is already a community, I mean educators will probably call that a community of practice of people who're very much involved in the teaching of the health professions and although we follow the same principles that constitute good education across the board, there are certain things that are specific for health professions education, some of the assessment formats you will not find in other disciplines, some of the ways in which the training takes place particularly because we teach a lot right within the healthcare system itself, not so much in the university lecture theatres.</p>
<p>DR. MALKA</p>	<p>You've got several academic hospitals that you're associated with and reaching out into communities to....</p>
<p>PROF MANNING</p>	<p>Yes, yes so we have the large ones, our main tertiary hospital is Steve Biko Academic Hospital which is right across the road from our faculty and that's one of the larger hospitals in the country; we have a few of sort of smaller and not quite as....offering as many disciplines, Kalafong Hospital is one which is in the west side of Pretoria in Atteridgeville; we also have a psychiatric hospital, Weskoppies, which is associated with us; we have some students who go to Tshwane District Hospital which is another hospital, it's called District but actually that's a label designating a level of hospital which is also right within our precinct but we make a large amount of use of what we call the Primary Care platform, so that means it's clinics in the</p>

	<p>general environs of Pretoria and more widely distributed in the Gauteng area and that we believe is actually one of the most important places where our students do their learning because that's when they come in contact with the patient who's not feeling well, who's gone to the doctor you know to have their condition looked at. In the large tertiary hospitals like Steve Biko you tend to get the specialist patient whereas you want the student actually to be in contact with the primary care environment and in fact this is the way the whole health system is envisaged to be changing now under the leadership of the Minister of Health, there's a programme called the Re-engineering of Primary Care, which is basically about the way in which the patients are not all flooding to the large central hospitals like Steve Biko or like Charlotte Maxeke or Chris Hani Baragwanath but actually are going to the primary care centres and they are getting the treatment they need there, they are not being referred on to the tertiary hospitals, so we put a lot of effort into ensuring that our students are training you know right in those sort of community oriented areas so that they are in touch not only with the patients and the patients needs but also with the whole society that the patient operates in. Some people sometimes refer to what we call the Biopsychosocial Model of primary...of health professions practice which essentially talks about the biological component which is generally the disease and the illness that might be affecting that patient but the social and the psychological, the self, the patient's own understanding of their own wellness or their own illness is something that the students really need to understand so within that Biopsychosocial Model the students are getting a more holistic view of the patient so the patient is no longer a "disease" or an "interesting case" you know, we've moved away from....</p>
DR. MALKA	...it's a human being
PROF MANNING	...yes exactly....
DR. MALKA	...and I think that's a really interesting expression, Biopsychosocial Model because I was going to say ecosystem and it's just...it really delves into the depth of it of understanding things holistically and it sounds like there are an abundant...is an abundant source of practical opportunities for students to get involved.
PROF MANNING	Ja, no absolutely I mean when you mention ecosystem I mean it does also speak to very much to the environment and the environmental issues you know, things around climate change have a profound impact on patients health, things like water, clean sanitation and water can solve a large number of the healthcare issues just by giving patients access to that, so the whole environmental issue related to health is really very important indeed.
DR. MALKA	And the more I have these conversations the more I realise that absolutely everything is integrated. Now one of the things that the University of Pretoria is renowned for is that it's not just ...yes, it's an institution that's based in South Africa but it doesn't only serve from a South African point of view there's also concerted efforts in terms of developing talent for the rest of the continent, have you got any collaboration programmes that you run with other countries in Africa?
PROF MANNING	Well you know you mentioned FAIMER and the Sub-Saharan branch of FAIMER called Safri and we can talk a little bit about that later maybe but essentially we do collaborate with other countries in Sub-Saharan Africa on education programmes and we do have research programmes that we do in conjunction with individuals from a number of different countries so these are not necessarily only University of Pretoria relationships, the Health Professions education grouping in South Africa is actually distributed

	<p>across all the different universities that are training healthcare professionals and we have clusters of people who might be working together in one particular area with one particular interest which could then cut across into other countries as well, one group might be particularly interested in nursing education for example so that might encompass nursing education in Lesotho or another group might be more interested in radiography education and might be working with someone from Uganda who's coming from that discipline so it's quite a distributed grouping of individuals doing quite a lot of work in the area of Health Professions Education, not specifically centred only on one university. I mean where a university has a particular programme then that will generate a lot of research now in our case we have this very...a very strong focus on community health in the city of Pretoria or what we call the Tshwane Municipality and we have a really exciting programme which is focused around community health workers, so we're working with the City of Tshwane to train people who are known as community health workers, they're generally people who may not have a matric for example so they're not really going to become your healthcare worker that we train at University of Pretoria but we get them training which enables them to work in their own community and identify the healthcare needs and work with the persons in that community and we work together with them.</p>
DR. MALKA	<p>And I suppose that also goes to the new model which you spoke about the minister coming through in terms of serving at the primary level....</p>
PROF MANNING	<p>...yes, yes,....</p>
DR. MALKA	<p>.....so offering that healthcare</p>
PROF MANNING	<p>...yes, yes, exactly. Stellenbosch for example have got a different model, they're working in a slightly more rural environment so they've established an actual branch of their medical school some distance away from Stellenbosch in a rural community but the principles are the same 'cause you're dealing with the underserved populations of those areas.</p>
DR. MALKA	<p>And you're taking the services to the communities and the individuals that need it as opposed to having the communities come to you.</p>
PROF MANNING	<p>...yes....yes, absolutely ja, no that's exactly how it works so we each develop our own model and then those become a platform for research because you know you obviously want to know whether what you're doing is working in the way that you intended it to do and what else is happening you know, so you use this as the basis for research but it's not research for the sake of a publication, it's research to improve the service that we can provide to patients and obviously improve the education of the practitioners who are going to provide that service.</p>
DR. MALKA	<p>So sort of a very practical outlook that's going to deliver meaningful benefits to communities.</p>
PROF MANNING	<p>Ja, absolutely.</p>
DR. MALKA	<p>Now in previous programmes with doctors who've specialised in various fields from gynaecology to radiography to nuclear medicine and anaesthesiology, all of the ladies who have come on board spoke about the gender challenges that they encountered as they were either trying to get in to study or as they started in the early portion of their career, but I read in one of your recent articles that the pendulum has almost swung into women's favour with the majority of undergraduates being women, in South Africa the figure quoted was lead 62%, can you tell us what you think has helped to contribute to this shift?</p>

PROF MANNING	I think it's a really interesting thing 'cause it's not just here, it's pretty much a worldwide phenomenon except for in some countries where it's still not culturally the norm for women to you know become doctors in large numbers but in the UK, in the US, in Australia you know, Canada, New Zealand, the same sort of countries you know we have similar kind of cultural norms to ourselves, it is also in that region, it's sort of 60 to 65%. I can't actually put my finger on one particular cause, I suppose it's a shift, I think it's probably a generation of women coming through whose mothers went to university or other family members and are feeling more empowered themselves you know I myself was, none of my family, the older generation, my parents and my parents siblings went to university but having gone through that myself it was automatic that my daughter would go to university, it wasn't even a thought.
DR. MALKA	You're so right, that we always want life to be better for our children so whatever we've done they're going to do and more.
PROF MANNING	No, absolutely so I think the empowerment of girls at school, you know, giving them the view that they can go to university, they can become a doctor or a nurse or a physiotherapist or what something....well nursing I think has been a well recognised women's....
DR. MALKApretty traditional, stereotyped....
PROF MANNINGyes, stereotype but you can do other things in health besides one of those so I think that's part of it. I think there might also...and I have no proof of this at all but I think there might also be a shift in the way boys and girls are active at school. I think boys there's the tendency to be very involved in sport for example or very involved in new technologies you know spending a lot of time on computer games or computer technologies and things like that, whereas girls might still be concentrating more on their studies I mean this is a very broad generalisation obviously there are a lot of girls who are also playing sport and a lot of girls who also you know are really keen on computers and computer games and things like that but I suspect that that might be a little bit of shift and so what we're finding is that you know when we select on school leaver academic performance, it's that percentage of girls that are getting the top places, it's not that we are selecting girls deliberately, we don't have a gender bias at all in our selection process. It does have another implication that in some disciplines that are not traditionally specialities that women would go into, for example surgery, because there are fewer women graduates you are now getting fewer professionals in those disciplines which is now leading people to ask should we now have a gender selection including places reserved for male students so that we get the distribution of specialties that we want, but I have seen a lot more women starting to take up things like orthopaedic surgery or urology which may not necessarily have been where they want.....
DR. MALKA	But I think also once people have got those opportunities, that they've seen other women go into those fields, it's role model effect that those opportunities open up.
PROF MANNING	Ja absolutely.
DR. MALKA	But are you finding that young women once they've graduated that they are staying in the industry and not leaving it?
PROF MANNING	You know that's a really hard question to answer because particularly in South Africa there's no real system for tracking where professionals are and it's a question that we're asking all the time because actually we also want to know where those who are still in practice are practicing, what

	<p>disciplines they're practicing in and where are....you know are they rural, are they in urban areas are they in primary care, where are they and in fact we just recently had a conversation with the Health Professions Council asking them when they're moving to a more on-line registration process if we can have access to some of that data so that it's much easier for us to track. I mean anecdotally you do hear that women doctors you know take time out to have children, to have families and if they go back they go back in a part time basis, I mean just my own experience my family, the family practice I belong to is a practice of women and they all work part time you know so they run the practice in a way that some of them can have certain times off, none of them are working full time and I suspect that there's quite a lot of that.</p>
DR.MALKA	But at least they're still in the industry, in the discipline....
PROF MANNING	...they're still in...yes...
DR. MALKAso they haven't left it...
PROF MANNING	<p>....yes I know very few women doctors who just have given up practice totally, except obviously when they get older but it's an interesting phenomenon in the UK they've noticed that women tend to retire earlier than men, I don't know what the reason is but it's the Australians who've done most of the research into where do people practice and their particular focus is actually the rural divides, so they're looking to see if women will go into the rural areas 'cause I think there's a sense that women will be less keen to go into rural areas 'cause it won't have the same facilities that they're looking for, the same shopping, the same entertainment, the same schooling for their children.</p>
DR. MALKA	<p>Exactly I think you need to look at those...the infrastructure that you require as an individual, it's not just the fact of going into an area of....you may want to go into it but has that area got the material assets that you need. Part of the reason I ask this question is at the end of last month, October on the 26th, there was a release of the World Economic Forum report on the Global Gender Gap Report and what it found was that there has been a decrease in terms of the economic pillar which fell to 59% so they measure it across four dimensions. Interestingly the education is high, it's at 95%, survival rate is at 96%, the political empowerment is at 23% but there's this economic decline and one of the reasons that I wondered if we've got such a high level of young people, men and women, graduating university that maybe there may just be a delay in terms of getting them into the workplace because it is quite disconcerting that economic empowerment is on the decline for women.</p>
PROF MANNING	<p>Ja I mean I think there probably is still a lot of gender bias in certain workplace environments, I think it may be decreasing now but I think for quite a while there's been a sense that you know girls don't need a university education as much perhaps a male sibling or if they do they shouldn't take something that's going to take a long time, post graduate I think is an area that one really needs to look because you know a basic BSC or BCom degree is really an entry level in the workplace and to really rise significantly one needs those post graduate qualifications and extended programmes and so on and maybe possibly because of having children, I'm not really sure but I suspect that women are not really being encouraged as much to go into those post graduate qualifications which obviously then increases the employability and the economic contribution.</p>
DR. MALKA	So education would be one of the key drivers from your point of view in terms of trying to increase economic participation.

<p>PROF MANNING</p>	<p>Oh absolutely, yes I do think so. I mean obviously there's ait's very much linked to education is the attitudes, I mean if you have parents or males in your family, a husband perhaps, that encourages you to study further, then you're more likely to. If you belong to a family or community where it's less respected and to be a good mother and just stay at home and have children is more respected then it creates that swing and I suppose you know you spoke about pendulums as well, you know at one time it was like frowned on to be a working mother, then it was almost like a bad jeevana that you were a working mother and I think we...I think we're probably coming closer to finding a little bit of a balance but I think in many cases there still is that whole thing about if you want everything you've got to do it yourself and you're not necessarily going to be supported by other people and even other women you know so I think we've still got a way to go. I do believe that women are more empowered than they have been in you know in the past, if it's not showing itself through in economic data then that's a concern because the opportunities I do think are there more than they have been previously.</p>
<p>DR. MALKA</p>	<p>And whilst we're on the subject of economic empowerment there was a bill, the South African Women's Empowerment and Gender Equality Bill, which seems to have hit a big wall of administration, it went from the National Assembly only to be shifted back to the department for further revisions, but what I found interesting about it and attractive about it is its intent to promote and achieve equality for women across the board both in the political sphere as well as in the private sphere and politically South Africa's doing really well in terms of its composition of women but in the private space its really under-performing. What are your perspectives on legislation?</p>
<p>PROF MANNING</p>	<p>Well I think legislation only goes so far, you know, legislation can do what its intended....well hopefully do what it's intended to do....</p>
<p>DR. MALKA</p>	<p>...if it's implemented...</p>
<p>PROF MANNING</p>	<p>....yes, ja well yes, exactly first it has to be implemented but legislation does not force people to change the way they behave or force people them to change the way....or to a certain extent it must force them to change the way they behave because maybe there are certain things that have to take place in the workplace but it doesn't necessarily change the way people think and then those attitudes will still play out in negative ways perhaps, so I suspect that a lot more needs to be done in letting people understand what's needed or change and I think women can do that as well in the informal ways, I think mothers have a very powerful role to play in shaping the way their children see the world but of course it's a generational thing you know, these things take time, but I don't think legislation is necessarily going to solve all the problems overnight but it will be good to have the legislation in place so that it creates a platform for change to occur.</p>
<p>DR. MALKA</p>	<p>I think....my view from a point of view of legislation is about being able to equal the playing field. Definitely advocate meritocracy but unless these opportunities are created then they don't exist, so that's a part of the view and sometimes when I look at quotas, for instance, I think it is in terms of ownership of land across the African continent from the AU's driving, they're trying to drive for 30% ownership amongst women compared to 70% men but almost when you look at those types of figures it almost shifts and says well okay well men are entitled to 70% and women are entitled to 30% and it doesn't mean that at all.</p>
<p>PROF MANNING</p>	<p>No, no you're absolutely right. I mean I wouldn't like myself to be regarded as some staunch feminist where you know women must be given things which they weren't given before but I think the whole range of</p>

	opportunities opens up the space for women to develop themselves rather than being relying on other people to develop them but and again it comes back to the whole issue of role modelling and feeling empowered and although South Africa politically has obviously promoted the idea of women being in positions of power, I don't necessarily think that trickles down right throughout society...
DR. MALKA	...it doesn't...
PROF MANNING	...I mean I think there're far too many households where the woman is probably more subservient to what either her husband or her father thinks is right for her and I think that's going to take a lot longer to change, longer than we probably anticipated.
DR. MALKA	Well if the figures stand to be believed based on that same World Economic Forum's Global Gender Gap Report we will get to equality by the year 2183.
PROF MANNING	Okay, well we won't be here to see it but....it seems like a long way away so one would hope that things do change in the meantime.
DR. MALKA	Far too long I think we have to accelerate efforts there.
PROF MANNING	Definitely.
DR. MALKA	Today we're talking to Professor Dianne Manning who is the Deputy Dean for Education in the Faculty of Health Science at the University of Pretoria.
DR. MALKA	Now Prof Manning turning more towards a personal perspective, can you please share with us some of the few landmarks in your career and when you understood that your paths in health science and education would merge and also what some of the gender challenges were that you experienced and how you overcame them?
PROF MANNING	Shew. I think in a way my career has come almost full circle. I had always wanted to be a biology teacher at school and but then at the time of leaving school I saw much more exciting opportunities or I thought would be more exciting in something like medical research, so I started a degree in medical science, which is what I did my doctorate in, but of course as an academic staff member then with teaching at the same time and in my very first teaching job I had a professor, head of my department, who was very interested in education and really promoted our whole department to do the best we possibly could, which did not just mean reproducing the same thing that you had done every year for the last 20 years or give the same lecture that you were given when you were a student, he really encouraged us to think about new ways and better ways and this was actually at a pivotal time in the world interest in medical education and so at that point I suddenly realised that I was more interested in education than I was in test tubes and animal research models and things like that, so although I completed my PhD in experimental embryology I did very little research in that field after that and I had an opportunity to do an early research project into changing the curriculum of the university I was at at that time which was University of Natal, which is now called University of Kwa-Zulu Natal and went to an international conference and suddenly I realised that this is what I felt really strongly about that you know I felt really at home in this environment and this is something that I'd really like to make a difference in, so I think that was, you know those were sort of two pivotal times, the encouragement of my head of department and then being involved in this project which took me to an international conference. I started sort of delving and medalling a bit in education but very soon started getting comments back from reviewers of my work like "clearly she does not understand the theories of education" you know which was a little bit of a shock 'cause I thought I was doing quite well and didn't really

	<p>know that there were theories of education so that's when I decided I needed to do a master's in education so that I equip myself with a solid foundation in the theory of it and then in my studies towards my masters the supervisor of my masters research project really changed the way I saw education and I saw teaching and learning completely, she really opened my eyes to the...almost like the social context of education and how the social environment influences how students learn and that really shaped how I see education you know, still, and it shapes the way I see what's going on in my own faculty and in university education by and large, and then perhaps the other really defining moment was we spoke earlier about this American organisation FAIMER, the Foundation for Advancement of International Medical Education and research, rather a mouth full, this is an international programme which brings people from all over the world, developing countries, to the United States, to enhance not only their knowledge of education but leadership and research, it's very focused on leadership so that people are equipped with more skill to go back and effect change in their own environment and their own country.</p>
DR. MALKA	<p>And it also seems community driven too.</p>
PROF MANNING	<p>Yes, yes no absolutely, its total focus is improving the health of the community you come from through education. So I had the opportunity to apply for that fellowship and was accepted and that then gave me access to another whole group of people across the world, its...so I'm in contact with many, many people in a number of different countries and we all speak a similar language, this language of health professions education for the better health of our communities and that has also, you know, really given me a different focus on education and then you spoke about gender challenges, to be honest I don't think as an academic I had really great gender challenges by and large. At one stage in my career I did land up in a department with a woman head of department who I felt was not supportive enough and I think one does sometimes find this that women are not always that supportive of other women, although you know we would like to see it differently.</p>
DR. MALKA	<p>There is a wonderful phrase that I'll repeat from Madeline Albright who says that there's a special place in hell reserved for women who don't help other women.</p>
PROF MANNING	<p>Yes, indeed, well I can identify with that but what it did it made me consider where I was, what I was doing and what else I could be doing and I realised I had to move out of that environment and go and do something that was much better suited to where I wanted to be and where I wanted to make a difference so...and along the way you know I have come across other women who have been supportive and role models or mentors but I can't say that I've ever had a very close relationship with one particular woman who became a mentor to me, in fact I would say that I probably had more male colleagues or male supervisors who've been mentors. This FAIMER programme has one of the directors of the programme is a woman who runs a woman's leadership institute at a university in Philadelphia and I regard her as a role model as well but some of my other colleagues from the FAIMER programme and the other associated programmes across the world, I regard many of them as really good role models for myself and it's interesting because you know I came to the FAIMER programme relatively late in my career so in my group I was probably one of the oldest, if not the oldest, and that's the state, the norm of my relationship with the FAIMER people but I have been very positively influenced by many women who are significantly younger than myself and</p>

	<p>see them as role models as well, so I think you know my mother was a very strong woman and she really encouraged me to become the best I could be and to become the best at university and get a career that I felt I could thrive in and it's possibly because she came from a generation where women didn't go to university and I think if she had gone to university she would have been incredibly successful so I suppose even right from a very young age I did have a very positive role model in my mother.</p>
DR. MALKA	<p>One of the things that I've picked up from our conversation today is that there's a big sense in terms of almost going back to the ecosystem analogy with the social component, psychological component and the biological component and also the global effects within your networks and stretching across generations which I find really refreshing. We're now coming to the end of our conversation today, can I ask you in closing the discussion to share a few words of inspiration or wisdom which you'd like to pass on to our listeners?</p>
PROF MANNING	<p>Sure yes I would. You know there's that very well known phrase which if I've seen further it's because I've stood on the shoulders of giants, which is often attributed to Isaac Newton although I believe he got it from someone else, but nevertheless, I think this is such a positive way of seeing the world and I sincerely believe that it is our job to make sure that those who come after us do see further, so they must be better than us, otherwise we do not make progress so in terms of inspiration I would say to young women look around at those who inspire you, they may be family members, they may be teachers, they may be women in politics for example and don't just aspire to be like them but aspire to be better than them, to go beyond where they are.</p>
DR. MALKA	<p>I think that's wonderful, standing on the shoulders of giants, leveraging it and going beyond. Thank you so much for joining us today it's been a pleasure having you on this show.</p>
PROF MANNING	<p>It's been my pleasure, thank you so much!</p>
<p>PROGRAMME END</p>	