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**GENDER
EQUITY IN
MEDICINE**



GENDER EQUITY IN MEDICINE WORKING GROUP

NOVEMBER 2021

Report to the Fellowship Committee and RACP Board on the outcomes and recommendations from the Gender Equity in Medicine Working Group.

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1. EXECUTIVE SUMMARY

1.1 BACKGROUND

In February 2020 the Board approved the establishment of the Gender Equity in Medicine Working Group (GEMWG) as a body reporting to the Fellowship Committee (FC) for a 12-month term from the date of its first meeting. The membership is provided in Appendix 1. The GEMWG's purpose was to undertake preliminary work to define gender equity, understand the gender equity experiences of members, and make recommendations to the FC and Board on the role and actions the College should undertake to support gender equity in medicine.

The GEMWG developed a work plan (refer to Appendix 2) that identified deliverables to address the GEMWG's purpose, as per its terms of reference.

1.2 GENDER EQUITY PRINCIPLES

Gender Equity Principles were developed by the GEMWG to underpin and guide the College's gender equity in medicine activity (refer to Appendix 3; approved by the FC in June 2021).

To supplement these principles, a Gender Equity in Medicine Glossary was also developed (refer Appendix 4).

1.3 UNDERSTANDING GENDER EQUITY EXPERIENCES AND SYSTEMIC BARRIERS FOR OUR MEMBERS

The GEMWG was tasked with gaining an understanding of the gender equity experiences and systemic barriers to gender equity for our members. Analysis was undertaken of existing data from the 2019 gender equity in medicine

poll and the 2019 trainee selection survey, and feedback from the 2019 Gender Equity in Medicine event. Further mechanisms to gain understanding have been the Advancing Women in Healthcare Leadership Program (AWHLP) in which the College is a partner organisation, and the Gender Equity in Medicine Reference Group (GEMRG) which was formed as consultative member group to extend member engagement opportunities for gender equity issues.

The GEMWG and GEMRG have engaged in activities including the RACP Online Community (ROC), where members posted and discussed gender equity issues and concerns, hosting sessions at RACP Congress 2020 and 2021 to discuss gender equity in medicine challenges and solutions, provided updates and discussed members' gender equity experiences and issues at various peak and regional College body meetings, and provided input into questions for the 2021 trainee selection survey to collect trainees' feedback regarding their experiences during the annual training selection and recruitment process.

From these initiatives and member engagement activities, the main concerns raised regarding gender equity included lack of support for flexible training opportunities and its impact on training, flexible employment opportunities and transparent selection/recruitment practices, and the deficit of women in leadership roles.

As a partner in the AWHLP, the College has had the opportunity to liaise with other organisations regarding similar programs of work. An Advancing Women in Healthcare session at RACP Congress 2021 was held to provide insights into the gender equity challenges at individual, organisational, and systems levels, and to advocate for evidence-based approaches to better support gender equity in medicine.

1.4 REVIEW OF COLLEGE POLICIES

The GEMWG, with support from the GEMRG, has reviewed several College policies and resources (Appendix 5) and provided feedback on how these could better support and align with the gender equity in medicine principles.

1.5 RECOMMENDATIONS

Through this work, the GEMWG has developed six recommendations for the College to consider that would enable it to better support gender equity in medicine:

- 1** Gender equity in medicine as a College strategic priority.
- 2** Improve gender representation and equity on College bodies and College leadership.
- 3** Advocate for gender equity in medicine.
- 4** Support gender equity in medicine through College policies.
- 5** Support gender equity in medicine activity through partnership in the Advancing Women in Healthcare Leadership Program.
- 6** Establish a gender equity in medicine College body to oversee the implementation of the GEMWG's recommendations and drive member engagement on this issue.



2. REPORT

2.1 INTRODUCTION

Over 2018 and 2019, member engagement with and concerns regarding gender equity in medicine issues were expressed in the results of a 2019 gender equity member poll, strong engagement with and feedback arising from the 2018 and 2019 RACP Congress Women in Medicine and 2019 Gender Equity in Medicine events, and growing interest from and awareness of members regarding the impact of gender inequity on the physician workforce.

This led the Fellowship Committee (FC) to recommend the establishment of a Gender Equity in Medicine Working Group (GEMWG) to undertake preliminary work to define gender equity in the context of the College, understand the gender equity experiences of members, and make recommendations to the FC and Board on the role and actions the College should undertake to improve its support for gender equity in medicine.

In February 2020, the Board approved the [terms of reference](#) (TOR) and establishment of the GEMWG.

The GEMWG held its inaugural meeting on 14 September 2020, with subsequent meetings in December 2020, April 2021, and August 2021. In addition to meetings, out-of-session discussions ensured a steady progression of identified work plan initiatives. Through these initiatives, the GEMWG has fulfilled the objectives outlined in clause 1.2 of its [TOR](#), culminating in a series of recommendations for action to be taken by the College for consideration by the FC and the Board. The GEMWG is comprised of 13 members with broad representation across the College's membership (Appendix 1).

2.2 GEMWG PURPOSE

As set out in its TOR, the GEMWG's purpose was to undertake preliminary work to define gender equity, understand the gender equity experiences of members, and make recommendations to the FC and Board on the role and actions the College should undertake to improve its support for gender equity in medicine.

The GEMWG developed a work plan (refer to Appendix 2) to guide its activities over the term of its establishment and set out deliverables to address the objectives outlined in its [TOR](#). The work plan was approved by the FC in February 2021. Details of the activities and initiatives undertaken to address the GEMWG's work plan and TOR are outlined below.

In response to significant member interest in the College's gender equity in medicine activities and the large number and high calibre of Expressions of Interest to join the GEMWG that were subsequently received, the FC proposed the establishment and TOR of a Gender Equity in Medicine Reference Group (GEMRG) to support the work of the GEMWG in an advisory and consultative capacity. This was approved by the Board in July 2020.

2.2.1 DEFINING GENDER EQUITY

The GEMWG and GEMRG collaborated to develop a Gender Equity in Medicine (GEM) Glossary (Appendix 4), defining relevant gender equity terminology for the College.

The GEM Glossary will assist members to better understand terminology used within the College's gender equity in medicine activities and was developed from evidence-based resources produced by organisations that included the [Australian Human Rights Commission](#), [European Institute for Gender Equality](#), [Monash Centre for Health Research and Implementation](#) (MCHRI), [Statistics New Zealand/Tatauranga Aotearoa](#), [UNICEF Glossary of Terms and Concepts](#) and [World Health Organization](#) (WHO).

There was strong support from the GEMWG and GEMRG to include Aboriginal and Torres Strait Islander and te reo Māori terminology in the GEM Glossary. As such, the NSW Aboriginal Land Council has been contacted to assist with identifying the most culturally sensitive and inclusive approach to introducing Aboriginal and Torres Strait Islander terminology. Advice will also be sought regarding the process to introduce te reo Māori terminology.

The GEM Glossary is intended to be a living document that will be updated as required to ensure it is current and reflective of best practice. The body responsible for this will be determined by the outcome of this report's recommendations. There is an opportunity for the GEM Glossary to be integrated into other areas of work within the College, such as College body governance documents and the College Style Guide for College written work, to ensure members and staff are familiar with relevant gender equity terminology.

2.2.2 RACP GEM PRINCIPLES

GEM Principles (refer to Appendix 3) were developed to set out what gender equity in medicine means for the College and to provide a foundation to support the GEM initiatives the College undertakes.

The College's leadership is committed to gender equity, supported by the following principles:

- *Advocating for evidence-based gender equity initiatives in healthcare.*
- *Embedding gender equity in College activities and culture.*

- *Enabling change to address barriers and issues to gender equity in medicine.*
- *Embedding gender diversity in all levels of College leadership.*

2.3 UNDERSTANDING GENDER EQUITY EXPERIENCES AND SYSTEMIC BARRIERS

The College has undertaken several initiatives since 2019 that have enabled the GEMWG to form an understanding of gender equity experiences of and barriers to gender equity for College members, and inform the development of its recommendations.

2.3.1 GENDER EQUITY MEMBER POLL

In June 2019, the College conducted its first member poll focused on the gender equity experiences of Fellows and trainees in the physician workforce. The poll was sent to 26,631 members and received 1,671 responses (6%; 721 male, 911 female, 1 other and 38 prefer not to say). Results from the poll (Appendix 6) indicated that members would like the College to play a stronger, leading role in supporting gender equity in medicine and that members are experiencing gender-based discrimination in the workplace, with nearly half of the respondents advising they believe their gender has had a negative effect on their overall career.

2.3.2 GENDER EQUITY IN MEDICINE MEETING

In response to the results of the gender equity member poll, the College convened a Gender Equity in Medicine meeting in August 2019. The purpose of the meeting was to showcase important gender equity initiatives and discuss the role the College and membership can play to promote gender equity. Approximately 60 members across Sydney and Melbourne attended this event in person and virtually.

The following key themes and discussions arose from this meeting:

- Gender discrimination driven by stereotypes, imbalance, and privilege disadvantages women's ability to attain leadership roles and career goals.
- There is underrepresentation of women on decision-making bodies, including those of the College, and therefore a lack of role modelling experiences and examples.
- Appropriate diversity in the composition of training position recruitment panels is important to encourage fair recruitment practices.
- There is a need to support and improve the provision of flexible working arrangements as well as remove the stigma surrounding it. The lack of job-sharing and flexible training opportunities leads to inequitable experiences and training opportunities.
- There are unconscious biases relating to women's capacity, capability, and credibility.
- There are many strong female and male leaders in medicine who are undertaking invaluable work to advocate for and improve gender equity as well as address issues and barriers around gender inequity.

2.3.3 **TRAINEE SELECTION PULSE SURVEY**

The College, through the Education, Learning and Assessment team, conducted a trainee selection pulse survey in November 2019 to further understand trainees' experiences of local selection, specifically the interview process. Promotion of the survey and circulation of the [results](#) allowed significant discussion at key committees and increased awareness and evidence of trainees' experiences with selection and recruitment. The College has also developed the [Trainee Selection and Recruitment Guide](#) as a resource to support training providers and Fellows with their local selection practices.

The survey was sent to 7,400 trainees and received 512 responses (7%; 297 female, 200 male, 5 non-binary and 10 prefer not to say). Overall, respondents were satisfied with their selection and recruitment experiences, with

positive responses sitting at 75% or higher. Almost one-third (31%) of respondents advised that they were asked questions relating to family planning, carers' responsibilities, extended leave, or marital status. There are plans for a similar pulse survey to be conducted in late 2021 to determine whether any improvements have occurred.

The GEMWG has provided feedback on the 2021 trainee selection pulse survey questions and structure to enable better and more meaningful responses to be collected from trainees regarding their experiences during the selection and recruitment process.

2.3.4 **ADVANCING WOMEN IN HEALTHCARE LEADERSHIP PROGRAM**

In November 2019, the College agreed to be a partner in the Advancing Women in Healthcare Leadership Program (AWHLP). The AWHLP is a large Australian collaborative research partnership that includes several national professional societies, health institutions and specialist medical colleges, leading health services, and State and Federal governments. The program aims to develop an evidence-based, healthcare-tailored strategy at organisational and individual levels, to promote gender equity in healthcare leadership, and to improve attainment of career goals for women. It is anticipated that the evidence-based outcomes of the project will inform the College's own strategies on how it can best address systemic challenges to gender equity encountered by members. The program outcomes will further guide the College's contribution to making measurable improvements in the advancement of women in healthcare leadership in alignment with other peak training bodies and employers.

The College has established its partnership and collaboration with the AWHLP until 2024 through financial and in-kind support, the appointment of the AWHLP Lead as a co-opted member on the GEMWG, the appointment of the RACP President-elect on the AWHLP's Steering Committee, and the appointment of the GEMWG Chair as the RACP representative on the AWHLP's Advisory Group.

Through [research from the AWHL](#) the following issues and systemic barriers to gender equity in medicine have been identified:

- Barriers to advancing women in leadership include reduced capacity due to career disruption and external responsibilities, credibility assumptions around women in leadership, and perceived capability and confidence.
- Gender-based barriers stem from organisational constraints and culture, unrelated to individual capability.
- The primary focus of current research strategies in this area has been on 'fixing' the individual rather than addressing the systematic level changes.
- Underrepresentation of women in leadership limits their influence and impact which hampers diversity and gender equity goals.
- Gender balance in leadership and performance is enhanced by addressing structural barriers such as career flexibility and family-friendly policies.
- Increasing the number of women in leadership positions enhances awareness, engagement, knowledge, attitudes, support, and beliefs around gender equity.
- Promotion, awareness, and implementation of policies that support gender equity decreases barriers and improves commitment, engagement and attitudes towards organisational efforts. This is also helpful in building a culture of awareness, workforce engagement, opportunity, and motivation.
- Formal mentoring programs improve women's ability, skills, and productivity, with women in junior and senior positions equally likely to become mentors.
- Developing organisational leadership and ability supports women's careers by enhancing skills, attitudes and behaviours including expanding participation in broader activities and networks.

2.3.5 GENDER EQUITY IN MEDICINE REFERENCE GROUP

The GEMRG has been involved in the ROC pilot, where it utilised the platform to collaborate and provide feedback and input into the GEM Glossary and review of College policies to support gender equity in medicine. The GEMRG is an active group of 21 members that provides perspectives and real time feedback on gender equity in medicine specific activities and initiatives.

2.3.6 ANALYSIS OF RACP MEMBER STATISTICS AND INSIGHTS

The College publishes an annual Member Statistics and Insights Report (MSIR), detailing key insights about the College's membership composition that are drawn from College data records. The GEMWG discussed and analysed the [2019](#) and [2020 MSIR](#) at their first and second meetings and noted that the College is undergoing transformational change in the composition of its membership, with females accounting for 55% of Basic Trainees, 60% of Advanced Trainees and 56% of new Fellows (as per the 2020 MSIR). This is anticipated to translate into an improvement in the gender distribution of the College's membership over the next five years. If this trend continues it is anticipated that the College may see gender parity in membership within the next ten years. Although the overall numbers of male and female members are nearing parity, this data does not translate into gender equity.

To further support the 2020 MSIR data, an analysis of 42 College bodies was conducted by the GEMWG secretariat. This indicated that 47% of members and 38% of Chairs on these College bodies were female. Strategies for advancing women in leadership roles within the College may not have evolved with the changing membership demographic. There is also evident gender disparity across College specialties, with our membership data showing Cardiology has 19% female participation and Endocrinology having 62% female participation.

The GEMWG acknowledged the importance of visible gender diverse leadership and recommended that gender composition of College bodies was included in future MSIRs. The FC supported this recommendation and referred this request to the College's Business Intelligence Hub (BI Hub) for actioning. The 2021 MSIR will incorporate the gender composition of College bodies, which will assist the College in developing strategies to improve gender equity representation on decision making bodies and in leadership roles at the College. This aim is already enshrined in the most recent edition of the [Governance of College Bodies By-law](#).

In addition to this, the GEMWG has discussed the potential to include the gender breakdown of members on the College's national examination panels to provide further transparency and opportunity for improvement.

2.3.7 ROC PILOT

The RACP Online Community (ROC) pilot was launched in April 2021 to provide a platform for members to communicate and collaborate with each other. Through the ROC open forum, members involved in the pilot shared and discussed gender equity experiences and concerns, specifically flexible training and parental leave. Members' responses on this thread indicated the following concerns and experiences:

- Lack of clarity regarding minimum time requirements for the accreditation of terms particularly relating to trainees taking parental leave.
- Difficulty balancing and managing flexible training requirements with employment requirements/service delivery, training rotations and available flexible training opportunities.
- The potential to utilise College accreditation and advocacy to improve support for flexible training and gender equity.
- Negative long term career impacts of being unable to train flexibly and the importance of a robust flexible training policy to enable and support gender equity.

- Lack of job security for trainees intending to take parental leave with employers offering 12-month employment contracts rather than length of training contracts.
- Pressure to delay family planning to meet training and clinical service requirements.
- A majority of trainees and Fellows want to create an inclusive workplace and want policies and processes that support flexible training and enable gender equity.

From this discussion thread on the ROC, several pilot members formed an informal group – the Gender Equity in Training Taskforce (GETT) – to consider the issues members face due to unconscious bias relating to carer/parental responsibilities and lack of clarity in College policies and make recommendations on how to improve these policies and better support gender equity in medicine. The GETT proceeded to collaborate on reviewing and developing recommendations to improve the College's Flexible Training Policy, Progression Through Training Policy and Training Provider Standards. Their resulting recommendations were tabled with the GEMWG at its August 2021 meeting.

2.3.8 GEM AT CONGRESS

The GEMWG hosted an Advancing Women in Healthcare session at RACP Congress 2021 to discuss gender equity in medicine challenges at individual, organisational, and systems levels, and advocate for evidence-based approaches to better support gender equity in medicine. This session focused on the work of the AWHLP and Monash Health Women in Medicine initiative and outlined and discussed the requirement for a strong leadership commitment in organisations to improve gender equity, the need for relevant groups and committees to be involved in the transformation, the importance of mentoring and leadership programs, a need for change in policies and establishment of new positions to improve support for gender equity, and addressing the barriers to gender equity with a systems level approach. This proposed Colleges and other professional bodies working together to change culture, policies and processes at a systems level as against solely by specialty or industry group.

2.3.9 GEM UPDATES AT COLLEGE BODIES

The GEMWG Chair, members and secretariat have attended several College body meetings to provide updates and discuss members' gender equity experiences and issues. To date, discussions and updates have been provided to the following College bodies:

- Adult Medicine Division Executive Committee
- College Council Executive Committee
- South Australian Regional Committee
- College Council
- New South Wales and Australian Capital Territory Regional Committee
- Northern Territory Regional Committee
- Queensland Regional Committee
- Victorian Regional Committee
- Tasmanian Regional Committee
- Western Australian Regional Committee
- College Trainees' Committee

The respective College bodies have been supportive of the work of the GEMWG, and members at these meetings raised similar experiences and concerns (including difficulty accessing flexible training and part time employment, and lack of women represented on decision making bodies and in leadership roles). In support of the GEMWG's work, the College Trainees' Committee sent a letter to the GEMWG to outline the gender equity in medicine issues and barriers experienced by trainees relating to recruitment and employment (Appendix 7). The gender equity concerns raised in the letter are similar to other member experiences and include inappropriate recruitment practices, impact of parenthood on job security and limited flexible training opportunities.

2.3.10 KEY GEM THEMES EMERGING

From these initiatives and member engagement activities, the main gender equity in medicine themes that members have raised include:

- Lack of support for flexible training opportunities and its impact on training.
- The need to support flexible employment opportunities and hold transparent selection/recruitment practices.
- Existing policies and processes need to be reviewed and improved, and new ones developed, to support gender equity.
- The importance of improving the representation of women in leadership roles.
- The need for a clearly communicated commitment by College leadership to achieving gender equity in medicine.

2.4 LIAISING WITH OTHER ORGANISATIONS

The College CEO is a member of the Champions of Change Coalition: Health Group, which is tasked with supporting gender equity in medicine through improving representation of women in leadership roles in health, supporting women to take advantage of the growth in high-paid careers within health, and cultivating inclusive cultures across the health sector.

The College President-elect attended a 'Gender Parity in the Public Hospital Medical Workforce' event co-hosted by RACS NSW and Women NSW during International Women's week in March 2021. The event was held to address the barriers for female Fellows in NSW in securing equitable access to the public health system.

The College has also liaised with the Australian Medical Association (AMA), the Royal Australasian College of Surgeons (RACS), and the Chair of the Victorian Women in General Practice Committee regarding their gender equity in medicine work and opportunities for collaboration in the future.

The College's partnership with the AWHLP enables collaboration with other Colleges, institutions, and partner organisations involved in the program to better support the advancement of women in leadership roles as well as improve support for gender equity in medicine at a systems level.

2.5 EXAMINING COLLEGE SYSTEMS, POLICIES AND STRATEGIES

The GEMWG was tasked with examining the College's systems, policies, and strategies to better support gender equity in medicine. To achieve this, the GEMWG engaged in the following initiatives to improve the College's policies and processes to support gender equity in medicine.

2.5.1 UPDATING COLLEGE GENDER IDENTIFIERS

The College's main database for housing all stakeholder information, particularly member data, only allows for binary (male or female) options for recording a member's gender. The College also only collects binary gender information on its members through many of its data collection methods, including surveys, applications, and forms.

The GEMWG acknowledged the limitations and exclusive nature of only offering binary options for identifying members' gender and recommended that the College expand this field. Updating the gender field aligns with the College's Strategic Goals by reflecting the diversity of its membership, promoting inclusivity, and ensuring the College continues to evolve with its membership.

The GEMWG considered best practice examples from Aotearoa New Zealand and Canada, and utilised recommendations from the Australian Government Guidelines and New Zealand Statistical Standards to develop an updated list of gender identifiers for the College to use when collecting member data.

The following updated College gender identifiers were recommended by the GEMWG and approved by the FC:

- Male
- Female
- Self-described (please specify):
- Prefer not to say

Implementing the updated gender identifiers College-wide will enable the College to improve its reporting on member insights, promote inclusivity and respect for its members, and empower College members to express their gender identity.

This work is currently with the College's BI Hub for implementation and is anticipated to be utilised for any activity that the College undertakes to collect gender information, including but not limited to surveys, polls, registrations, forms, applications, or member information systems.

2.5.2 REVIEW OF COLLEGE POLICIES AND RESOURCES

The GEMWG undertook work to identify College policies and resources that support or may affect gender equity in medicine. Sixteen College policies and resources were identified and reviewed by the GEMWG and GEMRG, and recommendations were developed as to how each resource can be improved to better support gender equity in medicine (refer to Appendix 5). The groups also identified other policies or resources that the College should consider to better support gender equity in medicine.

The GETT (refer to 2.3.7) submitted a report to the GEMWG detailing recommendations on how to improve the College's Flexible Training Policy, Progression Through Training Policy, and Training Provider Standards. Although not endorsed by the GEMWG, the work of the GETT was acknowledged and commended by the GEMWG, which agreed that the GETT report should be included in the GEMWG's report to the FC and the Board to illustrate the depth and breadth of views on these matters.

3. RECOMMENDATIONS

Through the detailed work of the GEMWG, the following recommendations for how the College can better support gender equity



1. GENDER EQUITY IN MEDICINE AS A COLLEGE STRATEGIC PRIORITY

To show the College's commitment to improving and supporting gender equity in medicine and the commitment to enact and implement change, particularly from leadership, it is essential to incorporate gender equity in medicine in the College's Strategic Plan, and adopt the Gender Equity in Medicine Principles and use of the Gender Equity in Medicine Glossary developed by the GEMWG.

- a)** It is recommended that the College adopt the Gender Equity in Medicine Principles (Appendix 3).
- b)** It is recommended that the College endorse the use of the Gender Equity in Medicine Glossary (Appendix 4) across College activities.
- c)** It is recommended that the College commit to work to support gender equity in medicine in the College Strategic Plan.



2. IMPROVE GENDER REPRESENTATION AND EQUITY ON COLLEGE BODIES AND COLLEGE LEADERSHIP

Having balanced gender representation on decision making bodies and in leadership roles has a significant impact in improving gender equity.

Through the work of the GEMWG, the College will include reporting of gender distribution on College bodies through the annual Member Statistics and Insights Report. From this new data, further work will be required to develop and implement initiatives to improve the gender distribution across College bodies and leadership roles/positions (including speakers and presenters at College events).

- a)** It is recommended that the College develop and implement initiatives to track and improve the gender distribution of members on College bodies and leadership roles/positions.





3. ADVOCATE FOR GENDER EQUITY IN MEDICINE

The College needs to play an important role in working with our members and relevant organisations to advocate for gender equity in medicine. Such advocacy will need to be undertaken through various College teams and bodies. Advocacy on behalf of our members to address gender equity in medicine in the health system may include:

- supporting flexible training/work, job sharing/ part-time work;
- advocating for transparent and equitable recruitment and selection practices;
- advocating for the implementation of policies and processes that support gender equity in the workplace;
- advocating for the implementation of the Advancing Women in Healthcare Leadership Program outputs where applicable; and
- developing and promoting a position statement on gender equity in medicine issues.

a) It is recommended that the College work with and through the relevant teams and College bodies to advocate for gender equity in medicine.

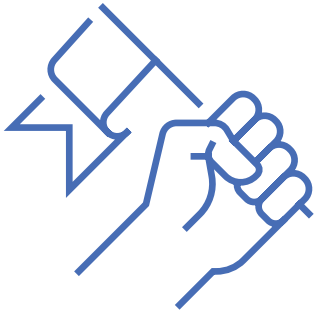


4. SUPPORT GENDER EQUITY IN MEDICINE THROUGH COLLEGE POLICIES

The GEMWG, GEMRG, and GETT have undertaken a review of several College policies and resources to identify areas for improvement to support gender equity in medicine (Appendix 5).

The GEMWG request that the College consider the feedback from the GEMWG, GEMRG, and GETT and work with the teams responsible to update the respective policies and ensure they reflect the College's gender equity in medicine principles.

a) It is recommended that the College work with the respective teams to update relevant College policies to ensure they reflect the College's gender equity in medicine principles.



5. SUPPORT GENDER EQUITY IN MEDICINE ACTIVITY THROUGH PARTNERSHIP IN THE ADVANCING WOMEN IN HEALTHCARE LEADERSHIP PROGRAM

The College has partnered with the Advancing Women in Healthcare Leadership Program to support the improvement of gender equity in medicine and utilise the outcomes of the project to inform the College on how it can best address systemic challenges to gender equity encountered in physician training as well as those encountered after attainment of Fellowship.

- a)** It is recommended that the College support gender equity in medicine activity through its partnership with the Advancing Women in Healthcare Leadership Program, as per the Multi-Institutional Agreement.



6. ESTABLISH A GENDER EQUITY IN MEDICINE COLLEGE BODY TO OVERSEE THE IMPLEMENTATION OF THE GEMWG'S RECOMMENDATIONS AND DRIVE MEMBER ENGAGEMENT ON THIS ISSUE

It is proposed that a new Gender Equity in Medicine College body is established for a three-year term to transform the recommendations into an action plan and oversee the implementation of this work in collaboration with other areas of the College.

This College body should be reviewed after its first term to evaluate its progress and determine its continuation. A key partner will be the Membership Diversity Advisory Group.

- a)** It is recommended that a new Gender Equity in Medicine College body is established for a three-year term to transform the GEMWG recommendations into an action plan and oversee the implementation of this work in collaboration with other areas of the College.
- b)** It is recommended that the new Gender Equity in Medicine College body report to the Fellowship Committee.
- c)** It is recommended that the Gender Equity in Medicine Reference Group (GEMRG) continue to provide advice and feedback on the College's gender equity in medicine work and be open to all College members through the RACP Online Community (ROC).

4. FUTURE OF GENDER EQUITY MEDICINE AT THE COLLEGE

The GEMWG has undertaken the foundational work to provide recommendations on the role the College needs to play and the actions it needs to take to support and achieve gender equity in medicine. This work and the associated recommendations, if enacted, will enable the College to play an important role in supporting and improving gender equity not only for the College but also for the wider health system alongside and in collaboration other organisations and specialist medical colleges.

The development and advancement of the College's gender equity in medicine work is dependent on the Fellowship Committee (FC) and Board's review and approval of the GEMWG's recommendations.

The Board approved the establishment of the Membership Diversity Advisory Group (MDAG) in mid-2021 to advance diversity, equity, and inclusion of the membership in all College activities. An opportunity exists for the College to inform the work of the MDAG with that of the GEMWG to support and ensure alignment between the evolving areas of diversity and gender equity.





APPENDIX 1:

GENDER EQUITY IN MEDICINE

WORKING GROUP MEMBERSHIP

MEMBER	ROLE
A/Prof Catherine O'Connor	Chair, College Policy and Advocacy Council Representative
Dr Nathalie de Vries	Aotearoa New Zealand Committee Representative
Dr Sally Gordon	College Trainees' Committee Representative
Dr Natasha Gorrie	College Trainees' Committee Representative
Dr Susan Harch	College Trainees' Committee Representative
A/Prof Peter Hill	Fellowship Committee Representative
Debra Letica	Consumer Advisory Group Representative
Dr Fabiola Martin	Membership Representative
Dr Dylan Mordaunt	Membership Representative
Dr Swati Mukherjee	Membership Representative
Dr Lauren Shearer	Membership Representative
Dr Manoshayini Sooriyakumaran	College Trainees' Committee Representative
Prof Helena Teede	Co-opted Member, Chief Investigator, Advancing Women in Healthcare Leadership Program

APPENDIX 2:

2020–2021 GENDER EQUITY IN MEDICINE WORK PLAN

INITIATIVE	COLLEGE GOAL	DELIVERABLE / MEASUREMENT OF SUCCESS	ROLE
1. Explore the College's role in gender equity.	<ul style="list-style-type: none"> • Experience • Career & Workforce • Effective & Sustainable 	1.1 Define gender equity for the College.	• Lead
		1.2 Understand the gender equity challenges faced by members.	• Lead and support
2. Provide recommendations to the Fellowship Committee and the Board for gender equity initiatives that improve gender equity for the College.	<ul style="list-style-type: none"> • Experience • Education & Professional Development • Career & Workforce • Effective & Sustainable 	2.1 RACP policies, systems, strategies, and culture are analysed to determine whether they support gender equity.	• Lead and support
		2.2 RACP Communications reflect Gender Equity principles	
3. Support external gender equity programs and initiatives.	<ul style="list-style-type: none"> • Education & Professional Development • Research & Leadership • Effective & Sustainable 	3.1 RACP supports the Advancing Women in Healthcare Leadership Program (AWHLP).	• Lead and support
		3.2 Relationships and/or partnerships developed with organisations delivering similar initiatives.	

APPENDIX 3: RACP GENDER EQUITY IN MEDICINE PRINCIPLES

The College's leadership is committed to gender equity, supported by the following principles*:

- Advocating for evidence-based gender equity initiatives in healthcare
- Embedding gender equity in College activities and culture
- Enabling change to address barriers and issues to gender equity in medicine
- Embedding gender diversity in all levels of College leadership

*Endorsed by the Fellowship Committee on 17 June 2021

APPENDIX 4: GENDER EQUITY IN MEDICINE GLOSSARY OF TERMS AND CONCEPTS

The Gender Equity in Medicine Glossary endorsed by the Gender Equity in Medicine Working Group on 26 August 2021

TERM	DEFINITION	ADAPTED FROM/ REFERENCE
Binary (gender binary)	The classification of gender into two distinct, opposite forms of masculine and feminine, whether by social system or cultural belief.	Lorber, Judith; Moore, Lisa Jean (2007). Gendered bodies : feminist perspectives. Los Angeles, Calif.: Roxbury Pub. Co. p. 2. ISBN 978-1933220413. OCLC 64453299
Cisgender	A person whose gender identity corresponds with their chromosomal karyotype and/or the gender they were assigned to at birth.	Merriam-Webster Dictionary
Discrimination (gender discrimination)	<p>Gender identity discrimination is “when a person is treated less favourably than another person in a similar situation because of that person’s gender-related identity, appearance, mannerisms or other gender-related characteristics of the person.”</p> <p>Intersex status discrimination is “when a person is treated less favourably than another person in a similar situation because that person has physical, hormonal or genetic features that are:</p> <ul style="list-style-type: none"> • neither wholly female nor wholly male • a combination of female and male, or • neither female nor male.” 	Australian Human Rights Commission

TERM	DEFINITION	ADAPTED FROM/ REFERENCE
Diversity	Differences in the values, attitudes, cultural perspective, beliefs, ethnic background, sexual orientation, gender identity, skills, knowledge, and life experiences of each individual in any group of people.	European Institute for Gender Equality
Gender	<p>A social and cultural construct recognising and distinguishing the different attributes of individuals, including their norms, behaviours, roles, and responsibilities, as well as their relationships with each other.</p> <p>Gender may not necessarily be objectively identifiable and as a social construct, gender, gender-based roles, and other attributes can change over time and vary with different cultural contexts.</p>	<p>Monash Centre for Health Research and Implementation (MCHRI)</p> <p>World Health Organization</p> <p>UNICEF Glossary of Terms and Concepts</p> <p>Chetkovich, C 2019, 'How non-binary gender definitions confound (already complex) thinking about gender and public policy', Journal of Public Affairs Education, vol. 25, no. 2</p>
Gender accommodating/sensitivity	Being aware of not only gender differences but also respectfully and sensitively adjusting and adapting to these differences.	UNICEF Glossary of Terms and Concepts
Gender balance	This is a human resource issue calling for equal participation of genders in all areas of work (including at senior positions) and in initiatives that organisations lead or support.	UNICEF Glossary of Terms and Concepts
Gender-based constraints	Constraints that individuals face that are a result of their assigned gender at birth or their chosen gender identity.	UNICEF Glossary of Terms and Concepts

TERM	DEFINITION	ADAPTED FROM/ REFERENCE
Gender bias	Making decisions based on gender that result in favouring one gender over the other.	UNICEF Glossary of Terms and Concepts
Gender disparities	Statistical differences (often referred to as “gaps”) between genders, often between men and women, or boys and girls, that reflect an inequality in some quantity.	UNICEF Glossary of Terms and Concepts
Gender equality	<p>The concept that all genders have equal conditions, treatment, and opportunities for realising their full potential, human rights, and dignity, and for contributing to (and benefitting from) economic, social, cultural, and political development.</p> <p>Gender equality is the equal valuing by society of the similarities and the differences of all genders, and the roles they play. It is based on individuals, regardless of gender, being full partners in the home, community, and society. Equality does not mean that each gender will become the same but that an individual’s rights, responsibilities, and opportunities will not depend on their assigned or chosen gender. Gender equality implies that gender dependent interests, needs, and priorities of individuals are taken into consideration, recognising diversity and accepting that human beings should be free to develop their personal abilities and make choices without the limitations set by gender-based stereotypes and prejudices.</p>	UNICEF Glossary of Terms and Concepts

TERM	DEFINITION	ADAPTED FROM/ REFERENCE
Gender equity	<p>The process of being fair to all genders accommodating for adjustments to opportunity needs and importantly the equality of outcomes and results.</p> <p>Gender equity may involve the use of temporary special measures to compensate for historical or systemic bias, discrimination or lack of similar opportunities across all genders. It refers to differential treatment that is fair and positively addresses a bias or disadvantage that is due to gender roles or norms or differences between genders. It is about the fair and just treatment of all genders that considers their different needs, cultural barriers and (past) discrimination of the specific group.</p>	UNICEF Glossary of Terms and Concepts
Gender expression	How someone expresses their sense of masculinity and/or femininity externally.	Human Rights Commission New Zealand/Te Kāhui Tika Tangata
Gender fluid (diverse)	A change over time in a person's gender expression or gender identity, or both.	Harvard Medical School
Gender gap	Disproportionate differences between genders, particularly as reflected in attainment of development goals, access to resources and levels of participation. A gender gap indicates gender inequity.	UNICEF Glossary of Terms and Concepts
Gender identity	<p>An individual's internal sense of belonging to a gender they identify with at a certain time point.</p> <p>Gender identity can also be broadly defined as meaning 'the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person (whether by way of medical intervention or not), with or without regard to the person's designated sex at birth.'</p>	Statistics New Zealand/Tatauranga Aotearoa Australian Human Rights Commission Sex Discrimination Act 1984

TERM	DEFINITION	ADAPTED FROM/ REFERENCE
Gender inequity	<p>Legal, social, and cultural situation in which gender determines different rights for individuals, reflected in their unequal access to or enjoyment of rights, as well as the assumption of stereotyped social and cultural roles.</p> <p>These affect their status in all areas of life in society, whether public or private, in the family or the labour market, in economic or political life, in power and decision-making, as well as in social gender relations.</p>	European Institute for Gender Equality
Gender neutral	Anything – a concept, an entity, a style of language, behaviour – that is not associated with any gender.	UNICEF Glossary of Terms and Concepts
Gender norms	Accepted attributes and characteristics of gendered identity for a specific society or community. They are the standards and expectations to which gender identity generally conforms.	European Institute for Gender Equality UNICEF Glossary of Terms and Concepts
Gender parity	A numerical concept concerning relative equality in terms of numbers and proportions of different genders.	European Institute for Gender Equality
Gender questioning	An individual that is not yet able to identify their gender due to either being unsure, still exploring, or concerned about applying a social label to themselves for various reasons.	Cambridge Dictionary
Gender roles	Social and behavioural norms that, within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex. These often determine the traditional responsibilities and tasks assigned to different genders.	European Institute for Gender Equality UNICEF Glossary of Terms and Concepts

TERM	DEFINITION	ADAPTED FROM/ REFERENCE
Gender stereotyping	<p>Ascribing certain attributes, characteristics and roles to people or individuals based on their gender.</p> <p>Gender stereotyping becomes harmful when it limits a person's life choices, such as training and professional path, and life plans.</p>	UNICEF Glossary of Terms and Concepts
Intersectionality	Intersectionality refers to overlapping social identities and the possible experiences of oppression, domination, and/or discrimination.	UNICEF Glossary of Terms and Concepts
Intersex	Differences in sex development or 'intersex' encompasses a broad range of congenital variations in the development of sex characteristics. Intersex denotes a number of different variations in a person's physical, hormonal or genetic characteristics that do not match strict medical definitions of female or male sex.	European Institute for Gender Equality
Masculinities / Femininities	<p>These are dynamic socio-cultural behavioural categories used in everyday language that refer to certain behaviours and practices recognised within a culture as being "feminine" (stereotypically carried out by women) or "masculine" (stereotypically carried out by men). They change with culture, religion, class, over time and with individuals and other factors. The values placed on femininities and masculinities vary with culture also. Any person may engage in forms of femininity and masculinity. As an example, a man can engage in what are often stereotyped as "feminine" activities, such as caring for a sick parent or staying home to raise children.</p>	UNICEF Glossary of Terms and Concepts
Non-binary	An umbrella term for gender identities that are outside the binaries of wholly man or woman, or wholly boy or girl.	<p>Medical News</p> <p>Bergman, S. Bear; Barker, Meg-John (2017). Genderqueer and Non-Binary Genders. New York City: Palgrave Macmillan. p. 43.</p>

TERM	DEFINITION	ADAPTED FROM/ REFERENCE
Sex	Refers to the biological and physiological reality of being males or females, according to physical, hormonal, or genetic features utilised by strict medical definitions.	UNICEF Glossary of Terms and Concepts
Sexual orientation	A person's capacity for profound emotional, affectional, and sexual attraction to, and intimate and sexual relations with, individuals of a different gender, the same gender or more than one gender.	European Institute for Gender Equality
Structural discrimination	A form of discrimination resulting from policies, despite apparently being neutral, that have disproportionately negative effects on certain societal groups.	UNICEF Glossary of Terms and Concepts
Transgender	A person who has a gender identity different to their chromosomal karyotype and/or sex assigned at birth.	European Institute for Gender Equality
Transphobia	Transphobia is a form of oppression, discrimination and fear against those who identify as transgender. Transphobia can be other or self-directed.	Medical News Today University of California San Francisco

APPENDIX 5: GEMWG AND GEMRG COLLEGE POLICIES AND RESOURCES REVIEW AND FEEDBACK

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
<p><u>Code of Conduct</u></p> <p>Sets out the principles Directors, members, and staff of the College must observe; ensuring the highest possible standard of behaviour and ethics are maintained at all times and ensuring all members of the College community are treated with fairness, dignity and respect.</p>	<p>Clause 4.2 of the code states that members “not engage in any form of bullying or harassment or physical or verbal conduct, which a reasonable person would deem to be unwelcome, offensive, humiliating, or intimidating.”</p>	<ul style="list-style-type: none"> • 4.2 Respect for others <ul style="list-style-type: none"> 4.2. b: Acknowledge and be mindful that social and political identities can combine to create different modes of discrimination and privilege and aspire to mitigate these. 4.2. c: Not use offensive language or behaviour in the workplace and endeavour (or stronger word) to speak out against such behaviour if witnessed. 4.2. d: Not engage in any form of unlawful discrimination and endeavour to speak out against such behaviour if witnessed. 4.2. f: Not engage in any form of bullying or harassment or physical or verbal conduct, which a reasonable person would deem to be unwelcome, offensive, humiliating, or intimidating and endeavour to speak out against such behaviour if witnessed. • The addition of a phrase to the effect of 'be actively mindful of implicit bias in my actions and that of members as a whole, even when not intentionally prejudiced', or something to this effect that acknowledges the potential for hurt/distress even when not associated with the more overt behaviours like actual illegal acts or overt bullying. • Consider the mention of unconscious bias.

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
<p>RACP Organisational Values</p> <p>The RACP organisational values describe the core ethics or principles that our organisation aspires to.</p>	<p>Several of the College values below provide a foundation for supporting gender equity:</p> <ul style="list-style-type: none"> • We are accountable – we act with integrity, taking responsibility for actions and outcomes • We collaborate – we share information, foster participation and build relationships for common goals • We lead the way – we reflect, adapt and learn in delivering best practice • We are respectful – we value diversity and recognise each other's needs and contributions. 	<ul style="list-style-type: none"> • Strengthen the language around diversity and inclusion e.g. under the Strengthen People and Culture section, include the use of belonging or sense of belonging (a sense of belonging, which is associated with greater academic achievement, improved self-worth and overall wellbeing*). <p>*Reference</p> <p>Factors identified as contributing to the shortfall of women are: (1) the lack of flexible training, of part time posts, of childcare facilities, and of female role models; (2) an unfounded female fear of radiation; and, possibly, (3) sexist attitudes discouraging women from pursuing cardiology and its subspecialties.¹ The group further propose a "triple A" strategy, based on Awareness and Acceptance of the existing gender inequalities, and Action to improve the recruitment and opportunities of female cardiologists. Such actions include: (a) focused censuses, questionnaires (that should be addressed to both males and females), and their divulgation; (b) development of—and access to—flexibility and childcare programmes, part time jobs, and female mentors; and (c) control of possible sexist behaviours.¹ ref</p> <p>Andreotti F, Crea F. Women in cardiology: a European perspective. <i>Heart</i>. 2005;91(3):275-276. doi:10.1136/hrt.2004.054593</p> <p>Global Prevalence and Impact of Hostility, Discrimination, and Harassment in the Cardiology Workplace https://doi.org/10.1016/j.jacc.2021.03.301</p> <p>2020 American Heart Association and American College of Cardiology Consensus Conference on Professionalism and Ethics: A Consensus Conference Report</p> <p>Ivor J. Benjamin, C. Michael Valentine, William J. Oetgen, Katherine A. Sheehan, Originally published 11 May 2021 https://doi.org/10.1161/CIR.0000000000000963 Circulation.</p>
<p>Appointments to College Bodies Policy</p> <p>Guides the process of appointing members to College bodies.</p>	<p>Recognises the importance of ensuring diversity on College bodies.</p>	<ul style="list-style-type: none"> • There is no other mention of diversity of any kind - perhaps an inclusive statement such as "In addition, diversity, including but not limited to cultural and gender, are recognised as valuable in such roles".

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
<p><u>Governance of College Bodies By-law</u></p> <p>Sets out the general governance requirements for all College bodies.</p>	<p>Clause 1.4 addresses the importance of ensuring diversity on College bodies and the benefit this may have on the College, membership and community.</p>	<ul style="list-style-type: none"> • Mandatory disclosure: board's approach to diversity should be described in a publicly disclosed diversity policy, including measurable targets and a time period over which such targets will be achieved.
<p><u>Physician Health and Wellbeing Strategy</u></p> <p>Aims at improving the health and wellbeing of physicians, which will in turn enable high quality patient care.</p>	<p>A strategic objective of the strategy is to identify and address barriers to equity and diversity of representation in the College and College governance.</p>	<ul style="list-style-type: none"> • Include mention that burnout is highest amongst female doctors (per ASMS report). • Per RACP Organisational Values, strengthen the language around diversity and inclusion e.g., under the Strengthen People and Culture section, include the use of belonging or sense of belonging.

COLLEGE RESOURCE

KEY COMPONENTS ENABLING GENDER EQUITY

SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY

College Awards

The College awards approximately 100 fellowships, scholarships, grants and prizes to those who strive to further medicine and improve healthcare outcomes.

A number of College awards are named after notable women in the College's history, acknowledging their invaluable contribution (Penelope Lowe Prize, Jan Edwards Prize, Rue Wright Memorial Award, Sue Morey Medal, Dr Helen Rarity McCreanor Travelling Fellowship and Marjorie Hooper Scholarship).

Whilst named after notable women in the College's history, these awards are not exclusively awarded to one gender only.

The Priscilla Kincaid-Smith Oration is delivered each year at Congress, honouring Professor Priscilla Kincaid-Smith, past RACP President.

- Consider reviewing what is holding women back from applying for career development fellowships (typically later in career).
- [Terms and conditions Clause 2.4](#) "Applications for Full-Time research given priority" - this needs to be altered to give women a more equal footing.
- [Terms and conditions Clause 4.3b](#) needs rewording of "for more than 60% of the recipients' time".
- [Terms and conditions](#) - No clause around how maternity or carer's leave dealt with.
- Research Establishment Fellowship - may disadvantage women with stipulation that completion of higher degree research should be in last 7 years (consider if maternity or extended parental leave taken during this time).
- Consider more than 1 year can be taken for scholarships completed on a part-time basis.

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
<p>Guideline for Speakers and Chairs Entitlements</p> <p>Outlines entitlements for speakers at College events</p>	<p>Supports speakers with primary carer duties by reimbursement of travel expenses for accompanying persons, such as children up to two years old, and consideration for reimbursement of associated child-minding expenses.</p> <p>Supports parents by ensuring appropriate breastfeeding and changing facilities are provided.</p>	<ul style="list-style-type: none"> • Including under section 6 that where possible a gender balance of total speakers should be sought. <p>Addition of 6.4.3: "Where possible, there should be diverse representation on the panel!"</p> <p>Incorporate gender equity guidelines for conferences and events similar to WONCA guidelines.</p> <p>Not to have an age limit on support for childcare expenses as per other international organisations.</p>
<p>RACP Writing Style Guide</p> <p>An internal document, providing reference for staff when writing and editing a wide range of documents, both for internal and external purposes.</p>		<ul style="list-style-type: none"> • Include a section on how to use gender-neutral language, for example: <ul style="list-style-type: none"> they, them or their rather than he or she or his or hers different sex rather than opposite sex machine-made, artificial, or synthetic rather than man-made inclusion of the gender equity glossary.
<p>Pomegranate Health Podcast</p> <p>Pomegranate Health is an award-winning podcast that delves into the culture of medicine.</p>	<p>A number of podcast episodes have highlighted the impacts of gender inequity on both physicians and patients, including Episode 16: Mind the (Gender) Gap.</p>	<ul style="list-style-type: none"> • Discuss opportunities for future podcast episodes relating to gender equity.

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
<p><u>RACP Member Statistics and Insights Report</u></p> <p>Member data collected as of 30 June each year.</p>	<p>Provides a breakdown of male and female members as it relates to membership type, jurisdiction, specialty, etc.</p>	<ul style="list-style-type: none"> • Include the collection of gender distribution on College Bodies, Chairs of College bodies, Examiners, Directors of Physician Training.
<p><u>Travel Policy</u></p> <p>This policy provides guidance on travel entitlements for members traveling for College related events.</p>	<p>Supports meeting attendees with primary carer duties by reimbursement of travel expenses for accompanying persons, such as a nursing child, and consideration for reimbursement of associated child-minding expenses, for children up to two years old.</p>	<ul style="list-style-type: none"> • Not to have an age limit on support for childcare expenses, as per other international organisations. • Full childcare and breastfeeding facilities to all conference attendees.
<p><u>Flexible Training Policy</u></p> <p>Outlines the flexible training options available for trainees and details provisions for part-time training and interruptions (including parental leave).</p>	<p>Acknowledges the varying responsibilities of College trainees and supports flexible arrangements for completing training.</p>	<ul style="list-style-type: none"> • Promote policy and educate training providers about flexible training arrangements. • Develop a Flexible Training Toolkit to assist with creating flexible training opportunities.

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
<p>Training Provider Accreditation Policy</p> <p>The College is required to have clear standards to assess and monitor physician training providers and their training program; this is done via the Training Provider Accreditation Program. This policy sets out how the Training Provider Accreditation Program will assess, accredit, and monitor training providers that deliver RACP training programs.</p>		<ul style="list-style-type: none"> • Inclusion of flexible training opportunities or equitable recruitment processes should be required for accreditation of training sites. There is no mention of the requirement for a Training Provider to provide flexible training opportunities to obtain accreditation. • Training providers to clearly articulate flexible training program policy and provisions in recruitment advertisements • RACP should prospectively gather data on number of trainees who train part-time in each location, thereby identifying sites that are not supporting flexible training • Withhold accreditation of sites as training providers unless they are able to provide flexible training opportunities. There are multiple examples of training programs that are simply not gender equitable: trainees who have carer responsibilities (mostly women) who are unable to train at 1FTE due to these responsibilities, are simply prevented from pursuing this training as a result. <p>Withholding accreditation unless providers can facilitate flexible training opportunities would be essential to addressing systemic gender inequalities.</p>

COLLEGE RESOURCE

KEY COMPONENTS ENABLING GENDER EQUITY

SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY

[Trainee Selection and Recruitment Guide](#)

Provides guidance for external providers to recruit trainees based on an equitable, merit-based selection process, comprising of diverse and representative interview panels and appropriate questioning.

The guide recommends:

- a selection committee that comprises a diverse range of individuals, not only by position but also by gender, age, and other balances in line with applicable jurisdictional policies
- the recruitment and selection process must adhere to the principles of equity, fairness, and non-discrimination

- All medical staff involved in recruitment of RACP trainees must be familiar with relevant employment and anti-discrimination legislation (Fair Work Act) in addition to the College Code of Conduct, Flexible training policy and have training in gender equality.
- Trainees to be invited to provide formal feedback on whether the recruitment process was fair and equitable.

Quotes in parentheses from the relevant RACP webpage <https://www.racp.edu.au/fellows/local-selection>

Issue 1: Trainees have had jobs offered to them in writing and then the contract never issued after disclosing they were pregnant.

"The [Fair Work Ombudsman](#) defines 'unlawful workplace discrimination' as occurring when an employer takes adverse action against a person who is an employee or prospective employee because of the following attributes of the person: sex, family or carer's responsibilities, pregnancy, etc"

Issue 2: Trainees have been questioned regarding pregnancy plans and parental leaves plans ahead of employment interviews and in interviews.

Trainees are still asked in pre-interviews and in interviews about whether or not they intend to take parental leave during the tenure of the job for which they are applying, despite the College clearly stating this is not acceptable:

"Asking inappropriate questions during interviews or pre-interviews or behaving in an unprofessional or inappropriate way through the selection or recruitment process isn't acceptable to the RACP. This conduct can be unlawful and also contravenes the standards of member conduct required under the RACP Code of Conduct."

Issue 3: Trainees have received feedback after interviews to the effect that they should not have mentioned past maternity leave taken during a job interview as 'it's not a good look'.

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
<p><u>Training Provider Standards</u></p> <p>These standards outline what training settings are required to do to achieve and maintain RACP accreditation.</p>	<p>Standard 6 refers to trainee support and wellbeing and sets out the criteria training providers must meet.</p> <p>Standard 6.4 stipulates that 'A trainee has access to flexible work arrangement in accordance with the RACP's Flexible Training Policy'.</p>	<ul style="list-style-type: none"> 6.4 – Add 'and in line with relevant National/ Federal legislation which provides for flexible work arrangements for people with carer's responsibilities e.g. Fair Work Act (Australia), Anti-Discrimination Act 1977 (NSW), etc' after 'A trainee has access to flexible work arrangements in accordance with the RACP's Flexible Training Policy (PDF)'. <p>Add 'Reasonable steps are taken to accommodate a trainee request to work flexibly' after 'Information on flexible work arrangements and their accessibility is available to a trainee'.</p> <p>What is 'reasonable'? I worry this provides a way out for training providers to avoid providing flexible training opportunities. How hard do they have to try and who is accountable for determining that reasonable steps were in fact taken? Is it up to the trainee to have to take a provider to task if they don't provide flexible training opportunities in line with the FT policy? A trainee should be able to train at 0.5FTE if they need to. Why is there is loophole for the provider not to have to facilitate a request for flexible training? The largest group of trainees who would be disadvantaged would be trainees who have carer's responsibilities (predominantly women, caring for young children) – once again reinforcing the gender inequality due to being a carer.</p> <p>Fair Work Act (Australia) refers: Flexible work arrangements can only be denied on reasonable business grounds. Given many consultants work part-time across all specialties and trainees in different locations/ specialties are enabled to train part-time, it is not reasonable for Hospital A Specialty X to decline flexible training since Hospital B Specialty X is able to accommodate flexible training.</p>

COLLEGE RESOURCE	KEY COMPONENTS ENABLING GENDER EQUITY	SUGGESTED IMPROVEMENTS TO ENABLE AND SUPPORT GENDER EQUITY
		<p>It would seem most unusual therefore that a particular service could argue that they cannot support flexible training based on reasonable business grounds if other services are able to support flexible training/working.</p> <p>The decision to provide or not provide flexible training should not be at the whim of a head of department who is not supportive of flexible training on a personal basis.</p>
	<p>Gender Equity in Training Taskforce Submission</p> <p>Arising from a discussion thread on the RACP Online Community (ROC) on how to improve support for flexible training, several ROC pilot members involved in other College bodies, including the GEMRG, formed an informal group – the Gender Equity in Training Taskforce (GETT) – to review and develop recommendations to improve the College’s Flexible Training Policy, Progression Through Training Policy and Training Provider Standards.</p> <p>The GETT submitted and presented their report and recommendations to the GEMWG at their final meeting on 26 August 2021. While the GEMWG did not resolve to endorse the GETT’s recommendations, GEMWG members acknowledged the GETT’s input into the review and commended them for their work. The GEMWG agreed that the GETT report and recommendations should be included in the GEMWG’s report to the Fellowship Committee and the Board to illustrate the depth and breadth of views on these matters.</p>	

APPENDIX 6: RACP GENDER EQUITY IN MEDICINE MEMBER POLL RESULTS (2019)

OVERVIEW

- Topic – Gender Equity
- 10 question poll ran 20 June to 27 June 2019
- 1671 completions – approx. 6 per cent of membership
- Respondents primarily female Fellows
- Voting sustained over 3 days – as opposed to 24 hour readership pattern with eBulletins
- Parallel SurveyMonkey poll held, due to hospital firewalls blocking some poll emails
- Email feedback as well

RESULTS

WHAT IS YOUR GENDER?



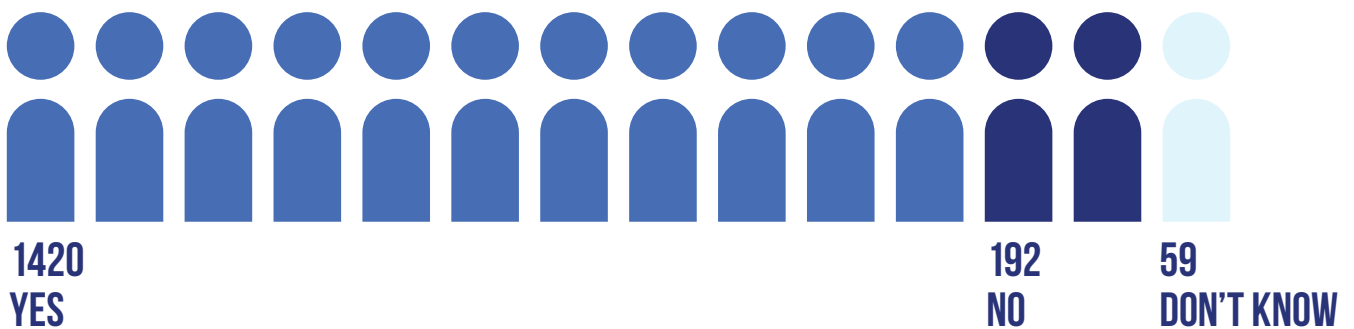
ARE YOU:



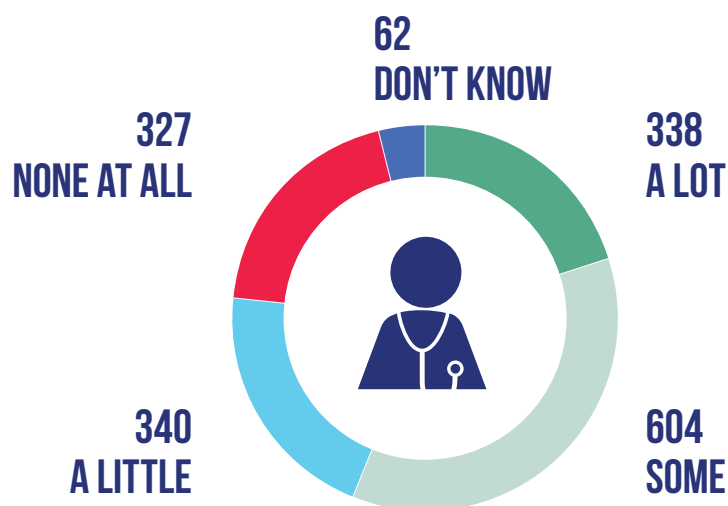
WITH REGARD TO PROMOTING GENDER EQUITY IN THE PROFESSION, DO YOU THINK THE RACP DOES?



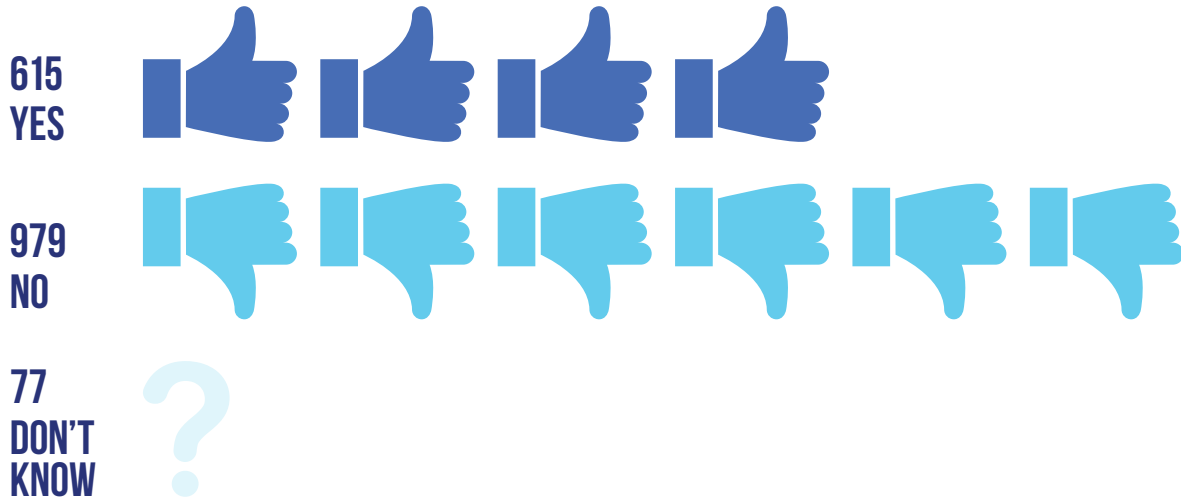
DO YOU THINK ITS APPROPRIATE FOR THE RACP TO PLAY A LEADING ROLE IN PROMOTING GENDER EQUITY IN THE PROFESSION?



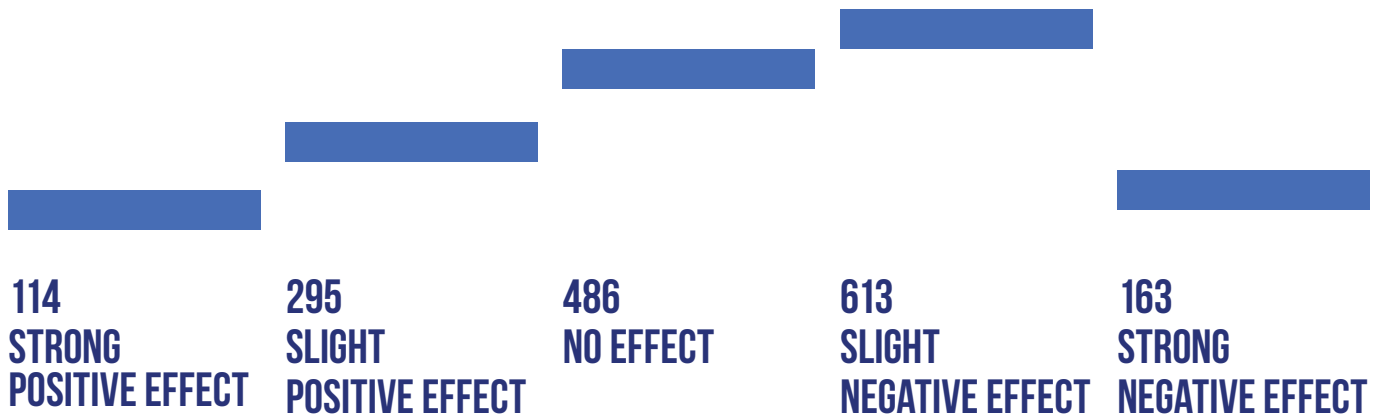
TO WHAT EXTENT DO YOU THINK GENDER-BASED DISCRIMINATION CURRENTLY OCCURS IN YOUR WORKPLACE?



HAVE YOU PERSONALLY EXPERIENCED GENDER-BASED DISCRIMINATION IN YOUR CURRENT WORKPLACE?



WHAT EFFECT, IF ANY, DO YOU THINK YOUR GENDER HAS HAD ON YOUR OVERALL CAREER?



HAVE YOU EVER MADE A REQUEST FOR YOUR CURRENT EMPLOYER TO ACCOMMODATE YOUR RESPONSIBILITIES AS A PARENT OR CARER (FOR EXAMPLE, BY REQUESTING FLEXIBLE WORKING)



IF YOU ANSWERED YES TO Q8: DID YOUR EMPLOYER IMPLEMENT YOUR REQUESTED CHANGES?



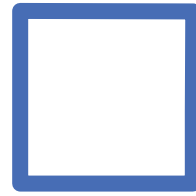
**190
YES,
COMPLETELY**



**273
YES, TO
SOME EXTENT**



**118
NO**



**1090
NOT APPLICABLE I
ANSWERED NO TO Q8**

IF YOU ANSWERED YES TO Q8: OVERALL, HOW DID YOU FIND THE PROCESS OF REQUESTING CHANGES TO ACCOMMODATE YOUR RESPONSIBILITIES AS A PARENT OR CARER?



**112
VERY
DIFFICULT**



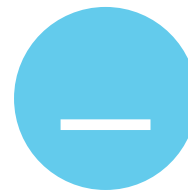
**195
QUITE
DIFFICULT**



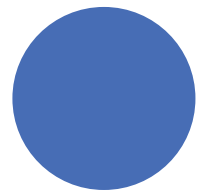
**204
QUITE
EASY**



**61
VERY
EASY**



**13
DON'T
KNOW**



**1086
NOT
APPLICABLE
ANSWERED
NO TO Q8**

LEARNINGS:



WORDING OF SUBJECT LINE CAN LEAD TO EMAIL BLOCKING



POLLING SOFTWARE HAS LIMITED AUTOMATION – PARALLEL QUESTION TRACKS NOT POSSIBLE



POLL DURATION CANNOT BE EXTENDED MID POLL



WELCOMED BY MOST RECIPIENTS



CONSIDER INCLUDING FREE TEXT FIELD NEXT TIME



CONSIDER LENGTH AND FREQUENCY OF POLLS

APPENDIX 7: LETTER FROM CTC TO GEMWG



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College Trainees' Committee

29 September 2021

Associate Professor Catherine O'Connor
Chair, Gender Equity in Medicine Working Group
Royal Australasian College of Physicians

Via email:
gemwg@racp.edu.au

Dear Associate Professor O'Connor

RE: Gender Equity in Medicine issues

We write on behalf of the College Trainees' Committee in regards to a number of issues identified by trainees relating to gender equity in medicine, including support for female trainees in medicine and the availability of flexible training options. The CTC would be keen to engage with your Working Group regarding current activities and strategies to support gender equity in medicine, given the relevance of your activities to our trainee cohort.

Issues raised via the state-based and College Trainees' Committee have included:

- Ongoing reports of trainees being asked in job interviews (or by panel members in informal settings) about their plans for pregnancy and parenthood;
- Concerns from trainees about the impact of parenthood on job security; and,
- Limited access to flexible training opportunities – including flexible training being limited to specific terms within training networks which do not therefore allow trainees to complete their mandated training requirements.

Trainees have more limited recourse to address the above, given the need to continue to work effectively within their training environments in spite of the above structural issues.

The CTC would be very interested to engage with the Gender Equity in Medicine Working Group regarding potential avenues for the College to support trainees facing challenges with regards to equitable job opportunities or access to flexible training, and to support your current endeavours.

Thank you for your kind consideration of this letter, and we would look forward to your response.

Kind regards,

Dr Davina Buntsma
Chair, College Trainees'
Committee

Dr Hashim Abdeen
Deputy Chair, College
Trainees' Committee

Dr Elizabeth Keeling,
Deputy Chair, College
Trainees' Committee



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The recommendations within this document endeavour to represent all Australian and New Zealand trainees. The RACP is encouraged to continue to actively engage with its trainee membership to understand the full extent of gender equity issues in training.