

Endorsing gender equity

ANZCA and FPM strongly endorse gender equity because of its ethical, social, and economic benefits to fellowship and the broader community. In 2017, a Gender Equity Working Group (GEWG) was established to achieve equal opportunities for all genders.

With four of the past five ANZCA presidents women and strong female representation of trainees (51 per cent between the ages of 31 and 35), some may wonder if the college has a gender equity problem. We do have much to celebrate but there is more that we can do to ensure equal representation of women and men across our fellowship and in leadership and management positions.

As one of their first initiatives, the working group and ANZCA team sought to understand how gender equity affects FANZCAs and FFPMANZCAs using information sourced from ANZCA and FPM databases and responses to the 2017 ANZCA and FPM fellowship surveys. The latter included data from the 1992/5838 (35 per cent) FANZCAs and 124/396 (31 per cent) FFPMANZCAs who responded. All datasets include fellows residing in Australia, New Zealand and overseas.

Cause to celebrate

The historical gender imbalance within anaesthesia and pain management is rapidly diminishing as women enter and complete training. Forty-five per cent of ANZCA trainees are female, indicating more women than previously are being admitted to training. Similarly, recent and imminent female representation in the roles of ANZCA president and FPM dean are closing the gender gap within executive leadership. There appears to be balanced gender representation in clinical anaesthesia and pain medicine practice and opportunities to engage in research success with ANZCA research grants.

Many other issues addressed in the fellowship survey, not reported here, demonstrated small or no gender differences.

Traditionally, women's visibility in research and scholarship has been low due in part to poor representation as invited speakers, panellists, convenors of conferences and delegates¹⁻³.

But ANZCA has been pro-active on this issue by promoting, mentoring and actively advocating for gender balance in conferences and leadership opportunities. This has been achieved through the Emerging Leaders' Conference, placing the issue on the agenda at the 2017 ANZCA Annual Scientific Meeting (ASM) with a conscious effort to identify and attract female speakers and introducing an onsite crèche for fellows with children attending the ASM. Of the speakers and facilitators at the 2018 Sydney ASM, 33 per cent are women.

Areas for action

In line with other sectors, female FANZCAs are underrepresented in departmental leadership and, compared with men, female FANZCAs and FFPMANZCAs want more opportunities in leadership, education and research.

Across society, low female representation in high income professions is a well-recognised hallmark of gender inequality. Women currently comprise 32 per cent of FANZCAs and 25 per cent of FFPMANZCAs and no fellows are registered as transgender or non-binary gender. These figures demonstrate that across all ages, anaesthesia and pain medicine are now male dominated professions. In any discussion of gender equality, it is important to set quotas for representation that are realistic in comparison to the population. Based on representation in fellowship, we accepted 32 per cent and 25 per cent as parity when evaluating current gender representation within anaesthesia and pain medicine, respectively.

The fellowship survey data confirms that both men and women have family responsibilities and that about one quarter of men and women struggle to achieve a satisfactory work life balance. Meanwhile, male trainees are underrepresented in parental leave. Here, their 4 per cent representation is much lower than other sectors. This however may reflect how the primary and secondary parental leave data has been captured. The data on bullying, discrimination and sexual harassment is worrying overall and reflects similar results from other medical colleges. ANZCA takes an active role in eliminating the incidence and impact of these behaviours for the benefit of all fellows and trainees by developing a working party and position statement on Bullying, Discrimination and Sexual Harassment (BDSH) and more recently through the establishment of the Trainee Wellbeing Working Group. However, the survey results oblige us to address these behaviours as an ongoing strategy.

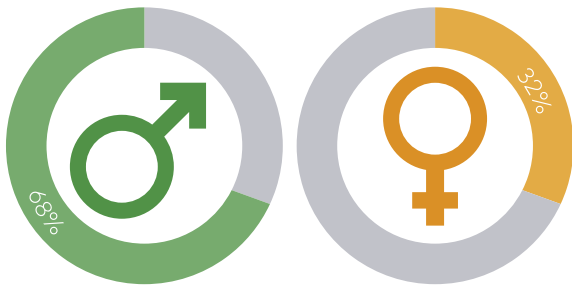
Survey scorecard

Anaesthesia and pain medicine practice and satisfaction with practice

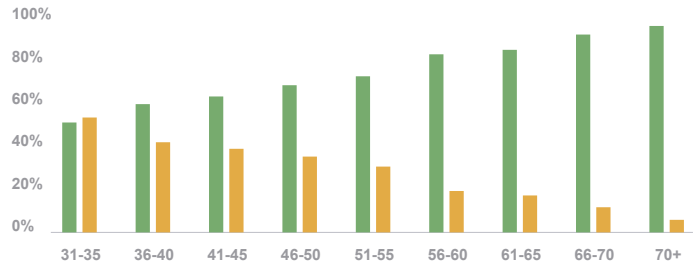
Access to meaningful and well-remunerated work is another key marker of gender equality⁴. Overall, male FANZCAs currently report more hours of work per week (M 43% v F 37%) with similar data reported for FFPMANZCAs. There were no gender differences in proportions of FANZCAs practicing clinical anaesthesia, acute or chronic pain, intensive care or rural practice, nor were gender-based differences observed in the provision of sub-speciality pain services, among FFPMANZCAs. While the distribution of public versus private practice is not known for FANZCAs, more female than male pain medicine specialists report working in the public sector, in some capacity (M 76% v F 97%) and more females than males report working exclusively in the public sector (M 32% v F 61%). More male than female FANZCAs report feeling "very or quite satisfied" with their practice profile (M 71% v F 64%), with similar findings reported by FFPMANZCAs. Approximately 10 per cent of FANZCAs and FFPMANZCAs desire more clinical work with no gender differences however, more FANZCA men report wanting to work less overall (M 32% v F 24%). Approximately 10 per cent of FANZCAs desire less administration duties however this is higher for FFPMANZCAs (M 19% v F 26%). No income data is available.

ANZCA/FPM fellows male/female ratio

(as at December 2017)



ANZCA fellows



Male/female ratios in age groups

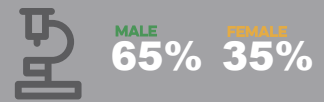
ANZCA/FPM trainees male/female ratio



Heads of anaesthetic departments male/female ratio



Research grants male/female ratio



Why trainees take leave during the training program

Exceeded maximum hospital time limit



48% 52%

Clinical time other than anaesthesia



54% 46%

Illness



37% 63%

No position



64% 36%

Parental leave



4% 96%

Study for exams



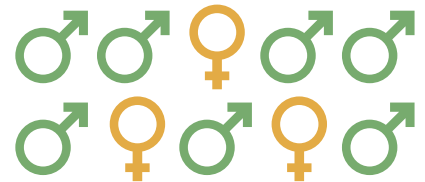
56% 44%

OTHER

51% 49%

Committee positions

MALE 68% FEMALE 32%



ANZCA Supervisors of training

61% 39%



Endorsing gender equity (continued)

Leadership and management

Unbalanced gender representation in senior leadership has received considerable attention within the business and academic sectors. This is not simply because of its association with income, but because it is recognised that the perspective and values of leaders influence working conditions, promotion opportunities and culture within the organisations they lead⁵⁻⁸.

Within ANZCA accredited hospitals, the head of department roles favour males (M 80% v F 20%) and slightly more men than women report having leadership or management roles (M 25% v F 19%). In contrast, while men outnumber women as ANZCA Supervisors of Training (M 61% v F 39%), the percentage of female SOTs is slightly greater than the percentage of female FANZCAs overall. Overall, 41 per cent and 42 per cent of male and female FFPMANZCAs report having leadership and management roles, demonstrating women are relatively overrepresented compared to their population within the FPM. Meanwhile, among FANZCAs who are dissatisfied with their practice profile, more women than men want opportunities to advance in leadership (M 13% v F 22%). This is similar for FFPMANZCAs.

Research and education scholarship

Among FFPMANZCAs, 36 per cent of men and women report having a research component to their practice. This is less for FANZCAs (M 16% v F 12%). Based on three-year data, gender balance has been achieved within recipients of the ANZCA Foundation research grants (M 65% v F 35%), including lead investigators (M 64% v F 36%). Slightly more female than male FFPMANZCAs reported desiring an opportunity to conduct more research (M 37% v F 45%) whereas, no gender differences were reported among FANZCAs.

Approximately 50 per cent of FANZCAs and FFPMANZCAs of both genders report having educational roles within their practice and approximately 30 per cent of FANZCAs and 40 per cent of FFPMANZCAs report volunteering to ANZCA committees and or educational initiatives, in some capacity. Here, gender imbalances tend to even out across all roles, which include organiser, lecturer, mentor and facilitator. However, more female FANZCAs report teaching trainees in the workplace (M 81% v F 88%) and seeking more opportunities to advance in educational roles (M 17% v F 27%). This data is similar for FFPMANZCAs.

Wellbeing: Bullying, discrimination and sexual harassment

The fellowship survey included questions on quality of life and options to complete the Kessler (K10) questionnaire and a questionnaire on bullying, discrimination and sexual harassment.

Quality of life is reported as “very good” to “excellent” for the majority of FANZCAs (M 88% v F 88%) and FFPMANZCAs (M 86% v F 79%). However, many FANZCAs and FFPMANZCAs struggle with work-life balance. For example, approximately one-quarter of FANZCAs (M 25% v F 27%) disagreed or strongly disagreed with the statement “my work situation leaves me enough time for my family and/or personal life”. The percentage was higher for FFPMANZCAs (M 34% v F 54%). In another expression of work-life balance, a high percentage of FANZCAs “agreed” or “strongly agreed” that “there were occasions when I think I should have taken time off for illness but did not do so” (M 60% v F 61%). This was similar for FFPMANZCAs.

The K10 measures 10 markers of psychological wellbeing and generates a composite severity score in the low, moderate, high and very high range. A small number of FANZCAs (M 10.5% v F 12.4%) and FFPMANZCAs (M 16% v F 4%) scored in the two highest grades. Fortunately, very few respondents rated any of the 10 individual measures as occurring “most” or “all of the time”. Overall, however, the responses to the quality of life and K10 questions suggest that work-life balance and mental health are important issues for all genders.

The BDSH questionnaire measured fellows’ exposure over a three-year period to a range of unacceptable behaviours. The results, which are more detailed than can be reported here, are concerning overall and in terms of gender imbalance. Here, they reveal that more FANZCA women than men reported being personally subjected to bullying (M 33% v F 42%), discrimination (M 14% v F 28%) and sexual harassment (M 3% v F 8%). In all categories, more women than men witnessed these behaviours, and felt less adequately prepared and supported to deal with them. The results for FFPMANZCAs are not dissimilar.

Obstacles to gender equity

Gender equity initiatives must address factors that hinder participation in the workforce and or promotion. Key factors include gender imbalance in recruitment and training or continuing professional development and or disruptions caused by parenting leave or inflexible working conditions. Where do we stand on these issues?

Data on ANZCA trainee leave patterns indicate that gender influences reasons for interruptions to training with female ANZCA trainees more likely to take leave for parenting roles (M 4% v F 96%) and illness (M 37% v F 63%) while more male trainees interrupt training due to no position being available (M 64% v F 36%). However, time to complete training is slightly longer for males versus female, at 5.9 versus 5.2 years, respectively. As training in pain medicine is often completed after FANZCA training, equivalent data are not currently available.

A number of gender-based preferences for continuing professional development (CPD) are apparent. For instance, interrogation of the ANZCA CPD platform over the last four successive years demonstrates that the percentage of female FANZCAs completing CPD is consistently between 1 per cent and 10 per cent higher than men in eight categories (morbidity and mortality review; team-based scenarios; formal courses; learning sessions, problem-based learning discussions; trainee work-based assessment and cardiac arrest sessions) whereas CPD activities were weighted toward men by between 1 per cent and 10 per cent in two categories (journal reading and patient satisfaction surveys). Delegate registration databases indicate that, relative to their population, women are over represented at ANZCA Special Interest Group meetings (M 53% v F 47%). Analysis of the 2017 Fellowship survey revealed few gender-based differences regarding satisfaction among FANZCAs and FFPMANZCAs with a range of CPD activities provided by ANZCA and FPM.

When considering obstacles to achieving their desired changes in their practice, more female than male FANZCAs reported feeling that they are “too busy with family commitments” (M 17% v F 26%) however this was somewhat reversed for FFPMANZCAs (M 22% v F 16%). In contrast, female FANZCAs reported feeling that they “lack the necessary skills” to make desired changes to practice (M 5% v F 11%) and this was slightly more pronounced for female FFPMANZCAs (M 5% v F 16%).

Blind spots

Our research has provided a snapshot on data related to gender equity however it does not give the complete picture. Within its remit, ANZCA will continue to gather data with the aim of monitoring progress in achieving gender equality.

Benchmarking

In this article we accepted a benchmark of 32 per cent and 25 per cent for FANZCAs and FFPMANZCAs, respectively. As the gender distribution of younger anaesthetists and pain specialists is changing rapidly, the benchmarks will need to follow suit in coming years. However, we should also ask ourselves “is this the right approach?” Rather than adopting benchmarks that reflect imbalance, several key opinion leaders advocate that we should set benchmarks to model gender equality (as well as racial and other expressions of diversity), rather than just reflect it^{1,2}. We endorse this approach.

ANZCA's Communications team is also developing a social media strategy to support the college's gender equity commitment.

Associate Professor Leonie Watterson
Chair, Gender Equity Working Group

The Gender Equity Working Group comprises:

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Dr Bridget Effenev, Queensland member
Dr John Leyden, NSW member
Dr Nicole Phillips, NSW member
Dr Mark Priestley, NSW member
Dr Lindy Roberts, WA member
Professor Kate Leslie, Victoria member
Dr Mike Todd, trainee, member, NZ
Dr Suzanne Cartwright, FPM member
Ms Jan Sharrock, member, GM, Fellowship Affairs
Ms Hannah Sinclair, member, Membership Manager
Ms Kate Galloway, Committee Support Officer
Ms Gabby White, Membership Services

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