

**Tell us what your organisation thinks are the priorities to achieve gender equality in Australia.
(800 words max)**

The Australian and New Zealand College of Anaesthetists (ANZCA) is responsible for training, assessing, and setting standards for all specialist anaesthetists and specialist pain medicine physicians wishing to practice in our region. Around 1 in 3 anaesthesia and 1 in 4 pain medicine fellows are female, with the proportion of female trainees in both specialities approaching 50%. The college strongly endorses [gender equity](#) because of its ethical, social, and economic benefits to our fellows, trainees, specialist international medical graduates and the broader community. In 2019 the [Gender Equity Subcommittee](#) released a [Gender Equity Position Statement](#) which states our commitment to advocate for gender equity.

ANZCA has actively promoted female leadership and speakers through our panel pledge and establishment of a female speaker bureau. Gender equity is a standing item in Professional Affairs for the college, ensuring it is promoted throughout college activities. In 2022 ANZCA ran a gender equity survey to collect data and opinions from members about gender equity in anaesthesia workplaces. We received a high response rate, though female response rate was higher implying there is still a perception that equity is “women’s work”. We encourage the government to highlight the importance of all genders partaking in efforts in to improve gender equity.

Our first major finding was a yearly gender pay gap of 30% less for women. Controls for percentage of work done in public sectors and total hours, a gender salary difference persisted. Age or years in practice did not affect this value. This documents that even tertiary educated women working in a healthcare system governed by anti-discrimination laws are still being prevented from earning equally to their male counterparts.

A major contributory factor to the gender pay gap is caregiving. Women are the primary caregiver for dependents in their household four times more frequently than men. Likewise, women took on average ten months more parental leave than men. Women reported that their anaesthesia career had somewhat or significantly affected the size or timing of their family, while men predominantly reported no effect. Women’s partners on average worked 16 hours more per week than men’s partners. Women reported their domestic partners contributed less to domestic responsibilities than men. Women also reported a greater adverse impact of their relationship status on employment opportunities, work location and leadership opportunities. Meanwhile, women reported greater satisfaction with part-time work opportunities than men. Government policy can promote gender equality by promoting flexible work opportunities and introducing more fixed parental leave arrangements for all genders. Setting the expectation that men, women, and non-binary partners will provide equal time caregiving will minimise employer discrimination based on the likelihood of future dependents.

Parenthood has a greater negative impact on women’s medical careers than men’s, including advancement in training, number of hours worked and career support experiences. 45% of women agreed or strongly agreed that they were discriminated against due to pregnancy status. ANZCA are addressing this through our Unconscious Bias Toolkit, which helps interview panels avoid such discrimination. Furthermore, a recent survey of Australian and New Zealand doctors found structural biases and a strong paternalistic culture resulted in many women delaying childbearing (Kevric et al., 2022). Training occurs during prime reproductive years, and female doctors are more likely to experience fertility issues, pregnancy loss and complications of pregnancy compared to the general population. After experiencing a pregnancy loss, 75% of women returned immediately to work, without any leave (Rangel et al., 2021). The government could alleviate this discrimination through policies allowing flexible leave for all genders and driving cultural shift towards more involvement by all genders in child rearing. Furthermore, statutory leave entitlements following miscarriage, stillbirth and early infant loss to ensure women cannot be discriminated against.

ANZCA’s survey showed a statistically significant difference in satisfaction with leadership opportunities in clinical or administrative domains for women. All directors and senior managers have responsibility to ensure women are represented meaningfully at all levels of the hierarchy. Concerted efforts must be made to prevent women from being appointed to tokenistic roles with limited influence while male leaders remain the gatekeepers to participation. Women reported higher levels of postgraduate

education than male anaesthetists. By demanding female anaesthetists be more qualified than men, thereby spending more time in unpaid education rather than progressing towards leadership, female career progression and income is reduced. Female respondents observed that decision making roles or roles of influence within public departments were unequally distributed between genders in favour of men, whereas most men perceived no gender-based differences. This furthers the argument that gender equity must be promoted by all genders. Overall, the results of our findings were that more women reported their gender was a barrier to a career in anaesthesia. The government needs to ensure policy allows highly educated women to work for equal pay, equal work without discrimination, bullying or harassment.