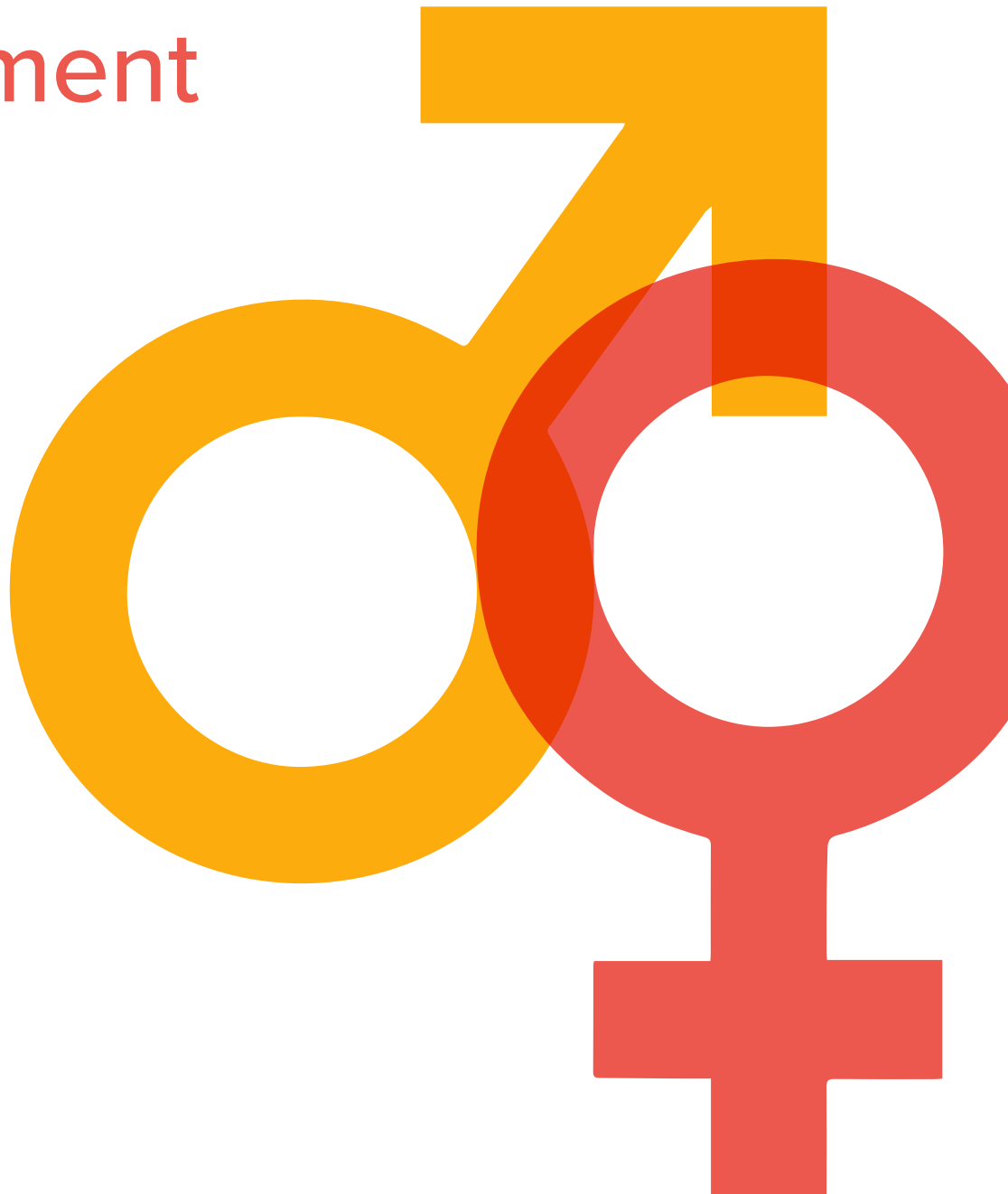




ANZCA
FPM

Gender Equity Position Statement



Version 1
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The Australian and New Zealand College of Anaesthetists (ANZCA) and the Faculty of Pain Medicine (FPM) strongly endorse gender equity because of its ethical, social and economic benefits to fellowship and the broader community.

The Gender Equity Position Statement establishes ANZCA's and FPM's gender equity strategy for all trainees and fellows across the span and scope of their careers. The specialities of anaesthesia and pain medicine offer trainees, specialist international medical graduates (SIMGs) and fellows a diversity of career choices. These are encapsulated in the following five domains of anaesthesia and pain medicine practice, where achievement in one or more domains reflects personal choice and an assumption that all fellows are equally affected by their choices, irrespective of gender:

1. Entry to and completion of training in anaesthesia and/or pain medicine.
2. Access to anaesthesia and/or pain medicine practice that is safe, rewarding, appropriately remunerated and compatible with wellbeing.
3. Recognition and advancement in research and education.
4. Representation and influence in broader professional roles, including leadership, management and health advocacy.
5. Participation in high quality continuing professional development that supports both clinical and clinical support roles.

The Gender Equity Action Plan sets out how ANZCA and FPM will implement their strategy for gender equity across all aspects of anaesthesia and pain medicine practice. It is structured according to the following five focus areas:



The actions contained within the plan reflect the governance, leadership and advocacy roles of ANZCA and FPM. In their governance roles, ANZCA and FPM will define standards of practice, implement policy, support initiatives and report on the status of gender equity. These relate to oversight of training, accreditation, continuing professional development and research.

ANZCA and FPM also recognise that numerous people and groups influence gender equity within the fellowship but outside of the direct remit of ANZCA and FPM. The Gender Equity Resource Kit contains strategies that are considered useful to the wider audience of trainees, SIMGs and fellows and has been created by ANZCA and FPM as part of their leadership and advocacy roles.

Established in 2017, the Gender Equity Working Group (GEWG) advises on issues that affect gender equity on behalf of ANZCA and FPM. Comprising 10 co-opted members and four ANZCA professional staff, the GEWG represents trainees, SIMGs and fellows from a range of practice domains, sectors and geographic settings relevant to the specialities of anaesthesia and pain medicine across Australia and New Zealand. In producing this position statement, the group followed the step change methodology "Analyse, Design, Implement, Review" endorsed by the Australian Commonwealth Workforce Gender Equality Agency. During this process, the GEWG reviewed literature and consulted with key committees and groups within and external to ANZCA and FPM. The 2017 fellowship survey provided invaluable information from the perspective of fellows.

Gender Equity Position Statement

The case for gender equity

It is well established that gender equity has substantial ethical, social, and economic benefits to society¹⁻⁵. Gender equity benefits individuals by enabling them to fulfil their potential according to personal choices. These benefits include job satisfaction, career advancement, work life balance and appropriate remuneration within their occupation of choice^{1,2,6-9}. Within organisations, gender equity enhances business performance^{1,3,4}. This is attributed to greater diversity in leadership teams responsible for strategic decision-making; improved workplace cultures that cultivate productivity, teamwork and staff retention; and greater reliability of service providers to their customers and clients. Conversely, at a societal level, gender inequity is a serious public health and social issue, due to its recognised association with domestic and sexual violence. Sexual harassment is experienced by all genders but is more likely to be experienced by women than by men⁵.

In 2017, the Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine (FPM) made a commitment to advocate for gender equity on behalf of their professional staff, trainees, SIMGs, fellows, colleagues and patients. This commitment began with an appraisal of gender equity within the specialties of anaesthesia and pain medicine in general, and more specifically within Australia and New Zealand¹⁰. Numerous reasons to celebrate were identified, however there were also several areas of apparent inequity. Women are underrepresented in leadership roles, while men utilise family and carer leave considerably less than do women. Bullying, discrimination and sexual harassment are experienced by men and women in anaesthesia and pain medicine but are more commonly experienced by women. Anaesthetists and pain medicine trainees, SIMGs and fellows are not immune to the serious negative consequences of gender inequity, despite their relatively high levels of education and income. As increasing numbers of women are entering the specialties of anaesthesia and pain medicine, inequity will become more pronounced unless action is taken to correct it.

Statement of commitment

ANZCA and FPM are firmly convinced that a commitment to gender equity will have far reaching benefits to trainees, SIMGs and fellows, anaesthesia and pain medicine practice and society at large. Consequently, they are committed to advocating for and enabling gender equity for trainees, SIMGs and fellows across the span and scope of their careers in anaesthesia and pain medicine, and for patients and the broader community.

The broad aim of gender equity is to provide everyone with the full range of opportunities to achieve equality; that being “the same finish line”. This commitment to equity extends to people of all genders: men, women, transgender people, and people of non-binary gender.

ANZCA and FPM will implement this commitment within their governance roles, particularly as these relate to training, accreditation, continuing professional development and research. However, gender equity finds its expression in many facets of fellowship including workplace processes and culture, and in personal and professional life. Consequently, ANZCA and FPM will advocate for gender equity through guidance and the provision of resources to organisations, groups and individual trainees, SIMGs and fellows to cultivate effective gender equitable governance and culture within the workplace and within professional roles.

This commitment is well timed with the launch of ANZCA's strategic plan (2018-2022) which places considerable emphasis on supporting the growth of a diverse, high quality and healthy workforce, and representing clinicians who are supported both personally and professionally¹¹. Innovation within and growth of the profession are also fundamental aspects of the strategy. Embedding gender equity principles in the implementation of the strategic plan will have a positive impact on ANZCA's and FPM's goals to broaden the professional identity of anaesthetists as perioperative physicians, to drive a culture of research and quality improvement, and to grow education, training and professional support for fellows.

The Gender Equity Working Group (GEWG) has been established to advise on gender equity matters on behalf of ANZCA and FPM. Specifically, the GEWG monitors and reports on the status of gender equity; recommends strategies to achieve gender equity within training and fellowship; and communicates its activities and findings to fellowship.

Outcomes: What gender equity looks like

Recognising the diversity of practice within careers in anaesthesia and/or pain medicine, ANZCA and FPM strive to achieve visible gender equity across the following five broad areas:

- Entry to and completion of training in anaesthesia and pain medicine.
- Access to clinical anaesthesia and pain medicine practice, across public and private healthcare sectors, that is safe, rewarding, appropriately remunerated and compatible with work life balance and wellbeing.
- Recognition and advancement in research and education.
- Representation and influence within broader professional roles, including leadership, management and health advocacy.
- Participation in high quality continuing professional development that supports clinical and non-clinical roles.

Notwithstanding, ANZCA and FPM unconditionally support an individual's right to exercise personal choice without judgment. The expression of personal choice will invariably influence the arc of one's career and this should not be attributed to gender inequity assuming that all genders are equally affected by these choices.

Causes and consequences of gender inequity

Inequity of one form or another affects people of all genders. Inequity often results from an interplay of cultural, structural, and personality factors, and is cumulative, such that the impact of inequity increases across one's career^{6-9,12-16}. Over time, gender inequity may contribute to actual differences in achievement and merit where the historical contribution of inequity is masked^{2,3,15}.

Based on information available to date, gender inequity in anaesthesia and pain medicine results from the same range of factors that affect people of all occupations, more generally. Key among these are the following factors:

- Cultural: Gender stereotyping creates barriers to trainees and fellows seeking non-traditional roles, such as leadership for women and primary carer roles for men^{6,16}. Gender stereotyping influences socialisation into groups and networks with the result that people may be unintentionally excluded from opportunities due to their gender^{3,14,17}. Unconscious gender bias influences selection and advancement processes that are otherwise intended to be based on merit, or other objective criteria^{13-15,18,19}.
- Structural: Organisational processes designed to promote good governance can act contrary to their purpose when checks and measures are not in place to counter cultural factors that promote gender inequity. These can include processes for governing recruitment to training positions, workplace appointments, selection to committees, invitations to conference speaker roles, promotion






to leadership roles and support for research. Inflexible rules and expectations regarding part time work, flexible working conditions and leave pose substantial obstacles to people who have carer responsibilities^{4,12,15,16,18-22}.

- Behavioural: Some research suggests gender-based differences in expressed self-confidence, self-promotion and other self-enabling behaviours that predominantly disadvantage women when seeking workplace training opportunities with supervisors and other career advancing opportunities^{23,24}.
- Surveillance: Failure to measure and act upon evidence of inequity perpetuates inequity and reduces any likelihood that equity will be achieved²⁵.

Strategy

In producing this position statement, the GEWG followed the step change methodology “Analyse, Design, Implement, Review” endorsed by the Australian Commonwealth Workforce Gender Equality Agency. The Gender Equity Action Plan sets out how ANZCA and FPM will implement its strategy for gender equity across all aspects of anaesthesia and pain medicine practice. It is structured according to the five focus areas shown in Table 1.

Table 1: Focus areas

 <p>Inclusive and equitable culture</p>	<p>What does this look like?</p> <hr style="border: 0.5px solid red;"/> <p>Active inclusion, attention to equity and acceptance of “difference” in others, to enable everyone to reach their full potential.</p>
 <p>Diverse and representative workforce</p>	<p>What does this look like?</p> <hr style="border: 0.5px solid yellow;"/> <p>Policies and practices that promote equal participation in the workforce at all stages and in all domains of practice and decision making.</p>
 <p>Flexible and empowering workplace</p>	<p>What does this look like?</p> <hr style="border: 0.5px solid red;"/> <p>Workplace policies and management practices that enable gender equity in part time work, primary and secondary parental leave and other flexible work practices.</p>
 <p>Attention to gaps</p>	<p>What does this look like?</p> <hr style="border: 0.5px solid yellow;"/> <p>Identification of areas where substantial gender-based disadvantage exists and managing opportunities to close gaps.</p>
 <p>Strategic and accountable leadership</p>	<p>What does this look like?</p> <hr style="border: 0.5px solid red;"/> <p>Strategic planning aimed at ensuring the sustainability of gender equity including measuring and reporting against benchmarks, making people accountable to carry out gender equity initiatives and communicating effectively to trainees, SIMGs, fellows and other stakeholders.</p>

The action plan presents the specific strategies ANZCA and FPM have committed to in their governance roles.

The Gender Equity Resource Kit contains strategies that are considered useful to a wider audience of people and groups including trainees, SIMGs and fellows who influence gender equity within the fellowship, but outside of the direct remit of ANZCA and FPM (See Table 2).

Table 2: People and groups affiliated with ANZCA and FPM fellowship that influence gender equity

Individual trainees, SIMGs and fellows.
Hospital departments.
Private practice groups.
Sub-speciality special interest groups.
Research teams.
Management committees.
Conference organising committees.
University groups.

Providing examples of strategies, deployable in the workplace or other facets of professional work or personal life, it is a guide to organisations, groups and individual trainees, SIMGs and fellows to contribute to achieving gender equity.

It is not intended that any individual person or group execute all recommended actions in the resource. Rather, the options should be judged on their merit and feasibility and adopted according to priorities and resources.

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