Gender Equity Resource Kit

Version 1
February 2019

ANZCA and FPM Gender Equity Resource Kit for trainees, SIMGs and fellows

The Gender Equity Resource Kit/Framework for trainees, SIMGs and fellows contains strategies that are considered useful to a wider audience of people and groups that influence gender equity within the broader fellowship however who operate outside of the direct remit of ANZCA and FPM (See Table 1). It guides and supports organisations, groups and individual trainees, SIMGs and fellows to contribute to achieving gender equity within their sphere of influence.

The resource kit (Table 2) replicates the structure of the ANZCA and FPM Gender Equity Action Plan and includes a wider range of strategies that are potentially deployable in the workplace or other facets of professional and personal life. It is not intended that any individual or group execute all of the recommended actions in the resource kit. Rather, these should be judged on their merit and feasibility and adopted according to local priorities and resources.

Table 1: 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.

Table 2: The Gender Equity Resource Kit for trainees, SIMGS and fellows

FOCUS AREAS	OBJECTIVES	EXAMPLES OF STRATEGIES
Inclusive and equitable culture *Active inclusion, attention to equity and acceptance of "difference" in others, to enable everyone to reach their full potential.*	Consistently communicate in a non-gender specific and gender inclusive manner.	• Use contemporary expressions of gender – man, woman, transgender and non-binary – where gender is specified in verbal and written communication. • Promote equality and minimise bias by using gender neutral language and or refer to gender in the non-binary plural: "all" or "any" rather than "both". • Use photo media strategically to achieve gender balance and or to enhance representation where gender inequity exists.
	Persuade people that everyone benefits from gender equity.	• Have conversations to identify how gender diverse teams are beneficial and the negative consequences of inequity.
	Make it a habit to consciously appraise and improve inclusion and gender equity.	• Educate people about unconscious bias and consciously reflect on its role in everyday practice. • Make a conscious and deliberate effort to be objective when appraising others' values, behaviours, abilities and choices; to remove gender as a discriminator and strive to include people of all genders equally when awarding opportunity. • Encourage everyone to endorse gender equity when achieved and, if not, to question why not. • Appoint a gender equity and diversity champion.
	Initiate an activity or program aimed at raising awareness of and/or improving gender equity.	• Generate resources on, and/or educate people about, the causes and consequences of gender inequity, such as unconscious bias, pipeline loss and the association between inequity and merit. • Lead a gender equity self-appraisal, promotion or pledge. • Profile trainees, SIMGs and fellows who are role models for gender equity. • Actively promote the participation of trainees, SIMGs and fellows in non-traditional or underrepresented roles. • Use storytelling and other forms of communication to celebrate success in achieving progress toward gender equity. • Embed gender equity messaging into routine business communications and multimedia.
	Seek endorsement and promotion of gender equity from people of influence.	Write to and or meet with leaders from, for example: • Government health services. • Hospital executives responsible for culture change and leadership initiatives. • Public and private hospital departments. • Private practice groups.

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Diverse and representative workforce *Policies and practices that promote equal participation in the workforce at all levels of practice and decision making, from entry to training up to an including executive leadership.*	Generate a gender equity scorecard.	• Measure the status of gender equity within everyday workplace settings and group processes.
	Set benchmarks for gender equity that take into account the current and future fellowship population and fellows' preferences.	Aim to achieve: • Equal proportional representation of men and women among trainees and SIMGs. • Proportional representation within groups that is not less than current population-based gender representation. • Proactive management of group membership to ensure proportional gender representation keeps in pace with that of the changing ANZCA and FPM populations. • Equal representation as the long-term target.
	Aim for equal numbers of men and women entering and completing specialist anaesthesia and pain medicine specialist training.	• Promote the specialities of anaesthesia and pain medicine to medical students and junior doctors as good career choices for all genders. • Employ role models in vocational recruitment activities. • Aim for equal representation of men and women among trainees.
	Manage private and public practice work referrals and recruitment processes.	• Develop job descriptions, recruitment and advertisement documentation that convey a culture of gender equity (See Focus Area 1) and promote flexible family-carer friendly conditions (Focus Area 3). • Advertise positions widely and transparently. • Manage recruitment processes to ensure these achieve gender equity. • Be aware of unconscious bias in selection decisions. where possible, blind the process for gender and/or check for unconscious bias.
	Maximise gender equity in decision making.	• Employ relevant and appropriate strategies to improve gender equity in the membership of committees and leadership teams. Appraise eligibility criteria and nomination processes to minimise unconscious bias. Advertise through open expression of interest and identify and encourage women to seek nomination. • Lead inclusive strategic discussions and decision-making through consultative practice, openness to feedback, fit for purpose voting processes and attention to unconscious bias when weighting the value of others' opinions.

FOCUS AREAS	OBJECTIVES	EXAMPLES OF STRATEGIES
Flexible and empowering workplace *Workplace policies and management practices that enable gender equity in part time work, primary and secondary parental leave and other flexible work practices.*	Facilitate flexible and family/carer friendly work practices.	• Specify part-time training, flexible hours, use of leave and family/carer friendly rostering for trainees, SIMGs and fellows within conditions of appointment and without detriment to roles, work allocation or promotion. • Express support for all trainees, SIMGs and fellows to access family/carer friendly work and leave arrangements. • Endorse all genders to engage in key societal roles such as caregiving and breadwinning and encourage equal participation in work, career advancement, family life and recreation. • Actively promote and encourage men to access family/carer friendly work and leave arrangements. • Use storytelling and other forms of communication to profile trainees, SIMGs and fellows who adopt non-traditional roles and engage with flexible approaches to work.
	Provide family and carer friendly facilities in the workplace and other settings for trainees', SIMGs' and fellows' activities including conferences and committee meetings.	• Provide facilities and work scheduling that enables breast feeding. • Provide creches and parents/carers viewing rooms at meetings.
	Support and empower people to develop and practice equitably.	• Educate supervisors and managers to appreciate that interindividual differences in confidence and self-promotion may differentially advantage or disadvantage people in regards to their seeking and accepting opportunities for development and autonomy in clinical and professional practice. • Consciously appraise and adjust to individual differences among trainees, SIMGs and fellows to enable them to achieve their full potential.
	Promote technology aimed at improving participation and performance in people with limited or disrupted access to the physical workplace.	• Provide remote access to hospital networks to obtain information on patients, organisational information and professional development. • Provide remote real-time tele/videoconference participation in departmental meetings.
	Develop initiatives to support confidence and capability when career is disrupted by leave or part-time work.	• Deliver or enable participation in return to work programs. • Provide stay in touch initiatives and outreach support during extended leave. • Support mentoring. • Provide IT capability that enables remote participation in meetings and professional development activities.

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Attention to closing gaps *Identification of areas where substantial gender-based disadvantage exists and managing opportunities to close gaps.*	Identify priority areas.	• Use local data to make priority list to address areas of inequity.
	Prevent pipeline loss and undertake succession planning for women in leadership and academia.	• Map out key attributes and credentials relevant to merit-based advancement and their milestones across career stages. • Mentor women early in their careers. Involve, guide and support them in worthwhile initiatives that develop skills, experience, confidence, networks and reputation. Be active in succession planning. Pose the question 'who are your emerging women leaders, including meeting convenors, keynote speakers, committee chairs, clinical discipline leads, research and educational leaders, supervisors of training and departmental directors. Actively encourage and support them to take on leadership roles. • Accept the legitimacy of female leaders' power and influence based on merit, avoiding gender stereotyping when appraising their leadership styles, decisions and achievements.
	Adopt a systematic approach to developing leadership capability.	• Implement and or promote leadership development including the following methods, as examples: short courses and post graduate education, mentoring, shadowing and deputising in leadership roles.
	Address inequity in academia and continuing professional development.	• Apply ANZCA and FPM's recommended benchmarks when planning for invited speakers, presenters and panellists at meetings, noting a preference for gender equity in each category. • Incorporate best practice in attracting women speakers, presenters and panellists at meetings.
	Promote wellbeing and work life balance.	• Utilise the ANZCA Health and Wellbeing Framework and related resources. • Be a role model of respectful inclusive behaviour and advocate for workplace practices that support a similar culture. • Advocate for effective workplace policies and practices that discourage, identify and respond to bullying, discrimination and harassment. • Proactively intervene to curb unacceptable behaviour you witness and support those who are affected by it as targets or witnesses. • Ensure you and others know how to report unacceptable behaviour and seek support, if affected by it.

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Strategic and accountable leadership *Strategic planning aimed at ensuring the sustainability of gender equity including measuring and reporting against set targets.*	Establish a formal group to lead gender equity.	• Support an individual or group to monitor and lead change in gender equity.
	Seek perspectives on gender equity from stakeholders.	• Identify and consult with locally relevant stakeholders.
	Develop and implement a gender equity diagnostic process to measure, monitor and share the status of gender equity.	• Create or adopt self-assessment tools to measure gender equity. • Identify locally relevant measures of gender equity. • Monitor obstacles to gender equity. • Include gender equity in the terms of reference for membership in committees, as an agenda item in business meetings and in annual reports, where relevant. • Publish data to enable evaluation of trends and comparison against benchmarks.
	Collaborate with external groups to accelerate progress with gender equity.	• Include gender equity on the agendas of high-level strategic planning meetings including those of international anaesthesia and pain medicine coalitions, inter-disciplinary specialist colleges, university and pre-vocational post graduate groups and other groups.
	Promote research and information sharing.	• Establish a research strategy and potential research questions for gender equity. • Collect and share articles and resources supporting gender equity.