



ANZCA Diversity, equity and inclusion (DEI) background paper

1. Introduction

The Australian and New Zealand College of Anaesthetists' purpose is to serve our communities by leading high quality care in anaesthesia, perioperative and pain medicine, optimising health and reducing the burden of pain. Underpinning this purpose are the principles that:

(a) Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

(b) The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.¹

Our college statement on diversity, equity and inclusion seeks to;

- Position the college as pro-actively promoting these principles.
- Promote the consideration of equity, diversity and inclusion by our fellows, trainees and specialist international medical graduates in all interactions with patients and the community for the known benefits to health and wellbeing outcomes.
- Promote a diverse and inclusive anaesthesia and pain medicine workforce which increases organisational effectiveness and productivity, reduces staff turnover, and is more innovative with ideas and insights from a broader range of perspectives.

As such, the intent of the statement is;

1. To promote and create inclusiveness as a positive action and raise awareness of and focus on the impact of equity, diversity and inclusion within the community as it relates to the healthcare setting, including both staff and patients, within Australia and New Zealand.
2. Confirm that the college is a leading advocate for diversity, equity and inclusion that is committed to embedding this in its policies, work and activities.

2. Background

A range of evidence exists to support the benefits for organisations who choose to employ diversity, equity and inclusion policies and strategies.²

To inform the college statement, the working group referenced this evidence as well as conducting an environmental scan of similar organisations to the college, including other medical colleges. This revealed that many similar statements, strategies and action plans exist.

In addition, many college policies, position statements and action plans currently reference and promote diversity, equity and inclusion, including Aboriginal, Torres Strait Islander and Māori health, gender equity, regional and rural health, global health, and to combat bullying, discrimination and sexual harassment.³

There is however, no overarching diversity, equity and inclusion position statement and strategy.

Through the success of the work by the ANZCA Gender Equity Subcommittee and the Indigenous Health Committee, and in recognising that current committee remits excluded aspects of DEI, it is now important and relevant that the college have a stated public purpose in regard to diversity, equity and inclusion. In addition, 2021 data within the college fellowship survey revealed two thirds of respondents rated this area as important. This work also aligns with the statement on the role of ANZCA in advocating for the health and wellbeing of all people.⁴

3. Benefits

There are a number of demonstrable benefits of creating a college diversity, equity and inclusion statement.

i. Enhanced creativity and innovation.

Diverse teams bring a wider range of perspectives and ideas, leading to greater creativity, inclusiveness and innovation in problem solving and decision making. For example, within the context of a diverse committee developing new educational content or programs for the curriculum or at scientific meetings.

ii. Improved morale and engagement.

Staff, fellows, trainees and SIMGs who feel valued, included, and visible to the organisation are more likely to be motivated and engaged in their work. Be that within their own hospital, or in their capacity in a volunteer role to the college, this can lead to higher levels of engagement and satisfaction.

iii. Attracting and retaining our volunteers.

Prioritising equity, diversity and inclusion in all facets of the organisation will be more attractive to our volunteers and staff, increasing the likelihood of retaining these volunteer contributions, by promoting a culture that is inclusive and respectful of others.

iv. Improving the satisfaction and safety of patients and the community.

A diverse workforce is better able to serve the diverse patients they see, increasing cultural safety for the community, recognising the importance of 'being seen' and improving doctor-patient relationships.

v. Better decision making.

Diverse perspectives and attitudes can lead to better decision making as a result of a wider range of experiences and opinions being considered.

Positioning the college as a forward thinking and inclusive leader, an attractive speciality to prospective medical students and the retention and engagement of existing trainees and fellows.

4. Principles

The development of ANZCA's statement on diversity, equity and inclusion will support the following principles to be embedded across all college functions and committees and will underpin the college's commitment to promoting and supporting a more equitable college, workplace and society.

The statement is not intended to supersede any existing position statements or activities, rather it is a foundational document in aligning the college's work in order to provide an overarching framework for current and future activities. This will deliver a more cohesive and measurable strategy to underpin all college work and activities into the future.

Our statement on diversity, equity and inclusion embodies the following principles recognising they should be applied to all interactions and recommends that they be considered in the context of other guidelines, frameworks, and relevant jurisdictional legislation.

1. Promoting fairness, representation and a sense of belonging.
2. Ensuring everyone has access to the same opportunities.
3. Celebrating differences in identity* and through fostering an environment where individuals feel valued, safe and included.

*Identity being a combination of characteristics, attributes, experiences or behaviors that make us each who we are.

The accompanying statement outlines ANZCA's commitment to upholding the highest standards in respecting diversity, while actively promoting inclusion and equity wherever and whenever possible.

References

1. Constitution of the World Health Organization [Internet]. World Health Organization; [cited 2023 Dec 7]. Available from: <https://www.who.int/about/accountability/governance/constitution>
2. Business case for D&I [Internet]. Diversity Council Australia. [cited 2023 Dec 11]. Available from: <https://www.dca.org.au/resources/di-planning/business-case-for-di>
3. Professional documents [Internet]. Australian and New Zealand College of Anaesthetists [. [cited 2023 Dec 8]. Available from: <https://www.anzca.edu.au/safety-advocacy/standards-of-practice/policies,-statements,-and-guidelines>
4. Statement on the role of ANZCA in advocating for the health and wellbeing of all people The mission statement of ANZCA and its Faculty of Pain Medicine is [Internet]. Australian and New Zealand College of Anaesthetists [cited 2023 Dec 7]. Available from: <https://www.anzca.edu.au/getattachment/737c3446-9571-4ba7-805c-dcea23d4b6a2/Statement-on-the-role-of-ANZCA-in-advocating-for-the-health-and-wellbeing-of-all-people#:~:text=the%20health%20and%20wellbeing%20of%20all%20people>

Further reading

[Pitts C, Hudson T, Reeves G, Christenbery T, Johnson R. Writing a diversity and inclusivity statement. Nurse Educator. 2019;45\(4\):198–201. doi:10.1097/nne.0000000000000754](#)

[McGough S, Wynaden D, Gower S, Duggan R, Wilson R. There is no health without cultural safety: Why cultural safety matters. Contemporary Nurse. 2022;58\(1\):33–42. doi:10.1080/10376178.2022.2027254](#)

[Berman L, Renaud E, Pace D, Downard CD, Nwomeh BC, Huang EY, et al. Inclusion and representation in the pediatric surgery workforce: Strategies to mitigate bias in the fellowship application process. Journal of Pediatric Surgery. 2022;57\(11\):592–7. doi:10.1016/j.jpedsurg.2021.12.023](#)

[Agarwal S, El-Boghdadly K. Position statement from the editors of *anaesthesia* on equity, diversity and inclusion. Anaesthesia. 2022;77\(9\):1018–22. doi:10.1111/anae.15763](#)

[Owusu-Ansah S, Tripp R, N. Weisberg S, P. Mercer M, Whitten-Chung K. Essential principles to create an equitable, inclusive, and diverse EMS workforce and work environment: A position statement and resource document. Prehospital Emergency Care. 2023;27\(5\):552–6. doi:10.1080/10903127.2023.2187103](#)

[Carnes M, Fine E, Sheridan J. Promises and pitfalls of diversity statements: Proceed with caution. Academic Medicine. 2019;94\(1\):20–4. doi:10.1097/acm.0000000000002388](#)

[LaVeist TA, Pierre G. Integrating the 3DS—social determinants, health disparities, and health-care workforce diversity. Public Health Reports. 2014;129\(1 suppl2\):9–14. doi:10.1177/00333549141291s204](#)

<https://www.anzca.edu.au/about-us/our-culture/inclusion-and-diversity/gender-equity>

https://www.anzca.edu.au/resources/inclusion-diversity/gesc_action_plan_2023-25.pdf

<https://www.anzca.edu.au/getattachment/c87db747-475b-4640-8480-5bfa017d9dff/ANZCA-RAP>

March 2023