The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Excellence in Women's Health

Gender Equity and Diversity Report

Summary

As the peak body in Australia and New Zealand for women's health, there is a strong case for RANZCOG to lead in the gender equity arena. There is compelling evidence that understanding and improving gender equity and diversity in our organisation will benefit the women we treat. The RANZCOG Gender Equity and Diversity Report provides the motivation, guidance and practical steps towards achieving this goal.

Contributors

The Gender Equity and Diversity Working Group consists of the following individuals:

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Position Statement

- Every health professional has the right to work in a safe and supportive workplace. Bullying and discrimination have no place in healthcare.
- With an awareness of gender inequities and bias experienced by RANZCOG members, in November 2018, the RANZCOG Board appointed a Gender Equity and Diversity Working Group. This was with the objectives of creating policies and enacting processes that would improve gender equity, inclusion and diversity within our College.
- The Gender Equity and Diversity Working Group will strive to ensure our members have equal access to full participation in opportunities across all regions of Australia and New Zealand, and at all levels within the College.

Contents

RANZCOG acknowledges and pays respect to the Traditional Custodians of the lands, waters and communities across Australia, on which our members live and work, and to their Elders, past, present and future.

RANZCOG recognises the special status of Māori as tangata whenua in Aotearoa New Zealand and is committed to meeting its obligations as Te Tiriti o Waitangi partners.

Introduction

Equity is the quality of being fair and impartial, treating every individual according to their needs, not to be confused with equality, the state of being equal, with individuals treated the same irrespective of their differences. The practical implication of overcoming inequities is deliberate action to give a disadvantaged group a chance to participate.

RANZCOG recognises that being an organisation composed of members with differing skills, experience, perspectives, age, genders and cultures, leads to improved leadership, stronger decision-making and better outcomes for patients.

RANZCOG has the highest percentage of female[1] members in comparison to other Australian and New Zealand medical colleges, yet one of the lowest percentages of women in top-level leadership.

A question frequently asked by our membership is; 'why do we need to address leadership diversity if there are now so many women in training. Is it not inevitable that women will eventually hold the majority of leadership positions within our College?' (known as the pipeline effect). The wealth of evidence concludes otherwise.

This issue of gender and leadership inequity was comprehensively discussed in the recently themed *Lancet* issue 'Advancing women in science, medicine and global health'.[(1)] As outlined in this issue, due to gender biases and multiple gender barriers, the so-called 'pipeline effect' does not guarantee representation in leadership.

As the peak body for women's health, with a predominance of female members, RANZCOG strives to lead in gender equity. Women shoulder the burden of childbearing and rearing, and increasingly there is a need for flexible working options, regardless of gender. RANZCOG wants to understand what barriers are preventing all genders accessing O&G training and leadership, recognising that having gender diversity is valuable for our organisation. Promoting gender equity also improves the wellbeing of our members, improves the care of our patients and the health of the broader community.

The intentional inclusion of minority groups within our specialty and leadership also strives to better reflect the communities we care for, in particular, a responsibility to promote First Nation Peoples' participation in College governance.

The Australian Workplace Gender Equality Agency toolkit[(2)] has been used to guide the construction of a roadmap for RANZCOG to achieve gender equity and diversity goals. The roadmap describes where we are now (and where we have come from), where we want to be (and why), how to get there and concludes with asking how we are travelling, to encourage audit and reporting.

[1] Woman identifying and non-binary individuals

Where are we now?

The Gender Equity and Diversity Working Group (GEDWG) is tasked with identifying and addressing existing gaps in College policy and processes that hinder equitable, inclusive and diverse ways of engaging with, being a part of, and contributing to, the College. GEDWG comprises a cross-section of RANZCOG members, including the President and Immediate Past-President, co-opted Fellows, trainees, GP obstetricians, College staff and Prevocational O&G Society of Australia and New Zealand representatives.

In 2019, the GEDWG's main priority is to create and implement RANZCOG's Gender Equity and Diversity Action Plan. The *first phase* of work will focus on improving gender equity within top-level RANZCOG leadership and across the College.

Longer term, our commitment is to achieve greater diversity within RANZCOG. RANZCOG identifies this as an important *second phase* of work for GEDWG. Attention will focus on First Nations and ethnic groups and cultures, overseas trained specialist groups, and the LGBTQIA community. The aim is to gain representation that reflects current membership, within leadership and in other College roles, and to address the particular needs of minority groups.

Gender in O&G

RANZCOG membership in 2019 comprises 2293 Fellows, with almost exact gender parity (1153 males and 1140 females).[3] RANZCOG's trainee cohort comprises 792 trainee members (17% in NZ), with 83% female representation, and the Diplomates cohort in Australia is 2568, with 65% female representation.

Specialist medical graduates (SIMGs) who are active RANZCOG Fellows numbered just over 500 in 2018. This SMIG cohort represented 23% of RANZCOG Fellows, with almost exact gender parity.

Historically, men have been the gender membership majority of our College and have dominated leadership positions. The history of gender representation within RANZCOG is extensively summarised in the 2019 *ANZJOG* editorial 'Gender equity in O&G – where are we heading?'[4] As recently as 1978, 95% of members of the Royal Australian College of Obstetricians and Gynaecologists (RACOG) were men. During its 40-year history, only one woman held the RACOG presidency. Since RANZCOG's inception in 1998, only one woman has held the RANZCOG presidency, Dr Christine Tippet (2008–2010). There has only been one woman at a time on the RANZCOG board.

RACOG was the first Australian medical College to introduce part-time training, making O&G specialist training more accessible to women.[4] Women's committees were formed within state committees and Council, beginning in 1986, and sought ways to increase numbers of female trainees. During the 1980s and 1990s, these committees and individual members successfully encouraged younger women to join training, resulting in 60% female trainees by the year 2000.

Over the past four decades, there has been a dramatic increase in the representation of women entering into O&G training in Australia and New Zealand. This is very similar to the gender representation observed within O&G training in the United Kingdom and the United States.[5,6] This increase in female trainee representation has had a flow-on effect, with RANZCOG specialist female representation at 50% in 2019.

Following RANZCOG's formation, the number of male trainees reached a peak at 40% around the turn of millennium. The number of male trainees has steadily reduced since. The reason for the lower rates of males applying to O&G is not known and warrants further consideration. In 2018, only 20% of the 204 applicants to the RANZCOG training program were male.[7,8] Of note, the RANZCOG-affiliated Prevocational O&G Society of Australia and New Zealand (PVOGs), the organisation that engages medical students and junior doctors interested in O&G, closely mirrors the current proportions of women seen in RANZCOG training positions.

With the changing gender representation of our trainee cohort, RANZCOG has worked to improve flexibility in training. This flexibility is not limited to women, yet the RANZCOG Activities Report (2018–2019) shows less than 1% of male trainees worked part-time and only 7% (9/122) took additional leave beyond annual leave. In the same time period, 5% (31/551) of female trainees worked part-time and 18% (101/551) took additional leave beyond annual leave.[8] This variation in leave requirements is likely multifactorial and may include the cultural practice of parental leave and part-time work more commonly supported for and taken by women within medicine.

Diversity in leadership

The RANZCOG Council has general oversight of the policy and strategic planning of the College and advises the Board on matters relating to policy. There are 22 Councillors (financial Fellows), elected by the membership to represent each of the Australian regions and New Zealand. Three additional voting Council members are appointed: the immediate Past President, Chair of the Trainees Committee and Chair of the Diplomates Committee. There are seven board members elected from the members of Council including the President and three Vice-Presidents.[9]

A RANZCOG Councillor must serve at least one Council term to be eligible for Board nomination. Although not a requirement, it is common practice for all RANZCOG Councillors to have gained experience on their state committee (Australia) or Te Kāhui Oranga o Nuku committee (New Zealand) prior to nomination. Members of the RANZCOG Council and the RANZCOG Board work in a voluntary capacity, except for the modest stipend $A350 per annum for Council members and $A3000 per annum for RANZCOG Board members.

The current three-year (2018–21) RANZCOG Council has achieved near gender parity (46%) with 10 women represented within the 22 elected Council positions. Within the majority of Australian state committees' women now represent more than 50% of members, and within the Te Kāhui Oranga ō Nuku (New Zealand committee) there is 100% female representation.

Contrasting the near gender parity within the RANZCOG Council is the gender representation of the RANZCOG Board. For the previous two Council terms (2014–18), and the current Council term (2018–21), the RANZCOG Board has only had one woman on a Board with seven positions. This is despite evidence that female specialists within RANZCOG are desiring of additional and future leadership.

In 2017 membership-wide survey data, women reported higher rates of barriers and gender bias that limited opportunities for top-level leadership within RANZCOG. These barriers were not unique to women, but were reported at much higher rates for women compared to their male counterparts.[10]

Diversity of future workforce

Australia

The Australian Department of Health paper 'Australia's Future Workforce: Obstetrics and Gynaecology' (2018) reported on current and projected workforce in O&G.[11] The report identified more than 1900 accredited O&G specialists, with 44% women, and 56% men. The majority (87%) of O&G specialists identified as generalists, with 244 holding subspecialist qualification. Approximately 92% of all qualified O&G specialists were currently in the medical workforce, with most in clinical practice (94%). Of those in clinical practice, 36% were in public practice and 82% were located in cities (with 52% located in NSW and Victoria alone).

The 45–49-year age group formed the relative majority of the O&G specialist workforce. The workforce report [10] further identified that, on average, women work two hours per week less than their male counterparts (44.8 versus 45.7 hours). Based on current trends, the Australian Department of Health has predicted that there will be a 2% oversupply of O&G specialists by 2030.[11]

In 2014, the Australian Medical Association reported the number of Indigenous doctors more than doubled between 2004 and 2014, from 90 to 204, but to achieve population parity (2.7%), 3000 Indigenous doctors are required in Australia.[12] The Committee of Presidents of Medical Colleges (Australia) in 2013 reported that most of the 200 Indigenous doctors were in general practice, with only 'small numbers' in O&G.[13] There are two Aboriginal Australian RANZCOG Fellows and six trainees. The RANZCOG Trainee Selection Process awards 15 points towards an Individual Domain score out of a possible 57 total, for Australian Aboriginal or Torres Strait Islander status.[14]

Identity	No	%
Aboriginal	5	42%
Torres Strait Islander	1	8%
Maori	6	50%
TOTAL	12	100%

Table 1: Number of Aboriginal, Torres Strait Islander and Māori FRANZCOG trainees 2019

New Zealand

The New Zealand Medical Workforce 2017 report predicts that female doctors will outnumber male by 2025,[15] with men working slightly more hours per week (46.7) compared to women (41.1). Women reportedly choose working hours based on personal preference, family commitments and part-time work, and men reportedly based on personal preference alone. Female doctors are most highly represented in vocational training for O&G (85%), and International medical graduates are most highly represented in O&G (56%) compared to other specialties in New Zealand.

The New Zealand health system has obligations under the Te Tiriti o Waitangi (The Treaty of Waitangi) recognising Māori as tangata whenua (people of the land) and supporting initiatives that will improve equity in health outcomes.[16] Māori (4%) and Pacific Islander doctors (2%) are underrepresented compared to the population in New Zealand, respectively 15% Māori and 7% Pacific Islander. The RANZCOG Trainee Selection Process awards 15 points towards an Individual Domain score out of a possible total 60, for Māori and Pacific Islander descent.[14]

RANZCOG employees

As of June 2019, RANZCOG employs 115 staff members with 89 FTE positions and a female CEO. There are 83 women on staff (72%) and 36% of staff members work part-time. RANZCOG is required to submit annual reporting to the Workforce Gender Equality Agency on gender equality, including metrics on gender balance, part-time work, parental leave and promotions within the organisation.

Where do we want to be (and why)?

The largest report on diversity in the workplace, the 2017 McKinsey and Company report, surveyed over 12 million employees from 222 companies.[17] This widely respected report made the compelling case to recognise gender imbalance and reduce this within companies. Organisations were recommended to invest in employee leadership training, develop awareness of gender and ethnic biases, ensure transparency and fairness for promotions and reviews, provide employee workplace flexibility, and recognise the strong association of gender and ethnic diversity in leadership and improved company financial revenue.

In March 2018, RANZCOG hosted the inaugural National Women's Health Summit.[18] In response to MP Catherine King's call for 'a broad gender equity framework as a central part of decision-making to lead the women's health agenda', Prof Steve Robson, then RANZCOG President, committed to establishing a RANZCOG gender equity working group.

At the 2018 RANZCOG ASM, RANZCOG Fellow Dr Kirsten Connan presented research findings on gender and leadership within Australia and New Zealand in O&G, highlighting the need to focus on gender equity and build solutions to reduce leadership barriers within RANZCOG.[10]

Following this call to action, RANZCOG President Vijay Roach convened the first meeting of the RANZCOG Gender Equity and Diversity Working Group in November 2018. As part of the initial strategic planning on gender equity, RANZCOG was the first medical College to engage with the Australian Workplace Gender Equity Agency (WGEA), the lead body on gender equity within workplace organisation. WGEA recognises that 'addressing gender equality within organisations will not happen accidentally, and like any other business issue, a strategic and systematic approach is required'.[2]

Membership feedback

In April 2019, the RANZCOG membership was invited by President Dr Vijay Roach to forward submissions to the GEDWG. Approximately 5% of the members responded, with half representing Fellows, 25% were trainees, and the remainder being DRANZCOG and pre-vocational O&Gs. The submissions made to the GEDWG contained some common themes, summarised as follows:

- An urgency to lead on the issues of gender equity, inclusion and diversity.
- The cultural, financial and business value of diversity within leadership.
- The lack of women within RANZCOG top-level leadership.
- The recognition that gender bias and barriers have been experienced by both male and female members, with women more likely to experience gender inequity.
- The value of gender quotas as a transitional tool to improve diversity with RANZCOG leadership.
- The alternative approach of targets as a transitional tool.
- The need to improve flexibility and reduce barriers within College roles.
- The need to publish and audit RANZCOG's progress on gender equity and diversity.

Leaky pipeline and glass ceiling

Within gender and leadership research, the term 'pipeline' describes what happens when demographic changes occur in more junior cohorts, anticipating flow through in the future to more senior and leadership positions. Evidence, however, shows that the pipeline is not the solution as it becomes 'leaky'.[1] This refers to the awareness that women leave, or have limited progression to top-level leadership, despite the large number at entry. Reasons for this include traditional workforce culture, with women receiving fewer promotions than their male counterparts, the 'motherhood penalty' from pregnancy and maternity leave, part-time working penalties, reduced capability and capacity from women, reduced credibility in leadership from others, and higher family care responsibilities.[19]

The 'glass ceiling' is an unacknowledged barrier to advancement in a profession, especially affecting women and members of minorities. In 2016, Lisa Hofler's group published on gender and leadership in O&G academic departments within the United States.[20] Their findings revealed a clear gender leadership gap, with males holding the majority of 'head of department' leadership roles, and female specialists more likely to hold 'educational leadership' roles. This was despite O&G in the US experiencing the largest feminisation of any medical specialty over a 23-year period. The pipeline of females entering the O&G specialty in residency in 1990 had not resulted in the much-anticipated gender leadership balance.

Prof Helena Teede, Executive Director of the Monash Partners Academic Health services Centre, is currently undertaking work on a program to support women advancing into leadership positions.[21] This is in response to data revealing that women comprise only 30% of deans, chief medical officers and college medical board or committee members, and only 12.5% of CEOs of tertiary hospitals. Prof Teede found the barriers to women attaining leadership exist at a system, policy, organisational and individual level. She attributes barriers to the following three main categories of bias:

- **Capacity bias:** Women juggling careers while shouldering a disproportionate amount of the domestic and family load.
- **Perceived capability bias:** The confidence women may hold in their ability to lead.
- **Credibility bias:** The linking of traditionally male values to leadership credibility.

She states that 'there is a strong desire by both male and female leaders, organisations, and policy makers, to overcome these barriers and make sure we progress, support, and enable women to attain their leadership and career goals and optimise work-life balance.'[21]

Benchmarking

Several international and Australasian medical professional bodies have already embarked on gender equity and inclusion policy development (Table 1). The most publicised was the Royal Australasian College of Surgeons (RACS) diversity and inclusion position statement[22], following confronting reports of bullying and harassment of members[23]. While the numbers of women within RACS and RACS leadership remain low, RACS has proactively addressed this with the introduction of targets for female representation in training, and on its boards and committees. A more recent example is the Australian Medical Association (AMA) who released a gender equity statement in 2019.[24] The Victorian AMA has now implemented quotas for 40% female representation at leadership level in the Victorian branch, and targets for female representation of 40% at Federal level.

Date	Organisation	Policy	Action
2014	Australian Medical Students' Association[25]	Gender Equity position statement and policy	Inclusive policy for women training in specialties
2016	Royal Australasian College of Surgeons[22]	Diversity and inclusion position statement	Gender targets
2018	Australian Society of Anaesthesia[26]	Leadership representation for members with young children	Skype, teleconference, childcare expenses to attend face-to-face meetings
	Australasian College for Emergency Medicine[27]	Diversity and Inclusion Working Group	Council and Board membership targets (40% female 2022)
	International Gynaecological Cancer Society[28]	Gender equity statement	Board representation quotas (50% female 2022)
2019	College of Intensive Care Medicine in Australia and New Zealand[29]	Gender equity statement	Board and academic meetings representation targets (30% 2019, 40% 2020, 50% 2022)
	Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine[30]	Gender equity position statement and action plan	Annual gender metric reporting, speaker representation at academic meetings
	Australian Medical Association[24]	Gender equity statement	Federal leadership target (40% female)

Table 2: Summary of Australasian medical professional organisations' gender equity, diversity and inclusion policy development.

What is the best route to get there?

Equity is the quality of being fair and impartial. It involves treating each individual according to their needs. Equitable action enables realisation of an individual's talents and overcomes implicit and unconscious bias that may be preventing them achieving their potential.

RANZCOG acknowledges that barriers, including implicit bias and current stereotyped leadership styles, may have impeded leadership opportunities for women and other minority groups including specialist international medical graduates (SIMGs). These barriers have restricted training opportunities for some members of RANZCOG, reduced opportunities for some members to participate in RANZCOG events and participate in their workplace, and affected participation for some RANZCOG employees.

Objectives

- Identify and remove barriers that limit gender equity and diversity within RANZCOG.
- Identify and remove barriers that limit leadership diversity within RANZCOG.
- Increase RANZCOG member participation across all regions and at all levels within the College.

Identify barriers

The first task of GEDWG is to discover what barriers exist to explain the gender and other diversity imbalances. Initially it is proposed to set up subcommittees to focus on investigating:

1. Enablers for female Fellows involved in leadership roles within the College at regional and Council committees including: investigating what factors would encourage Fellows to stay in these roles, consider Board membership or nominate for the Presidency.
2. Gender representation in training: aimed at determining whether there are significant barriers to all genders considering a career in O&G.

Targets and quotas

Gender diversity targets and quotas are two of many tools that can be adopted to improve gender equality in leadership.

Targets for gender representation within organisations has most recently been adopted by the WGEA as their recommended approach.[31] Targets are aspirational and provide specific objectives, generally set by an organisation at their own discretion, with discrete timeframes in which they are to be achieved. Consequences for not meeting a target may be set and enforced as an organisation sees fit. One of the challenges with targets is their voluntary nature and the lowered responsibility of organisations to achieve change. Targets have been shown to take longer to achieve effective change, whereas quotas work more quickly.

Quotas for gender representation are mandatory and provide specific objectives within defined timeframes in which they are to be achieved. Minimum quotas for representation have transformed gender leadership in many board and political arenas, both nationally and internationally. Quotas force a wider search for candidates, thereby increasing the talent pool and challenging individual and institutional leadership stereotypes and biases.[31] Quotas work quickly, achieving a 'critical mass' of women in senior roles so that quotas may not need to continue. Quotas are typically directed at single level management, rather than across the whole organisation.

One challenge with quotas is the perception that the quota position is token, and appointment has occurred at the cost of overlooking a qualified candidate outside the quota-gender. Similarly, quotas are often criticised as being in conflict with merit-based appointment. Neither reason stands up to argument or available evidence from existing gender quota systems.[32] Claiming a conflict with merit-based values is analogous to arguing that women are inherently less meritorious than men for these positions. Further, evidence from the use of quotas in political and business realms shows net positive benefits in outcomes meaningful to these industries.

How can we start and keep moving?

Implementation

RANZCOG holds that barriers to gender equity and diversity can be overcome with the adoption and implementation of specific and deliberate methods. The following tables set out possible actions to address barriers that may be identified by the GEDWG.

Action	Timeframe
RANZCOG will establish gender equity, inclusion and diversity policies across all areas of the College, directed towards leadership, training, academic events, hospitals and other workplaces	2019–20
RANZCOG will engage with the Australian Commonwealth Workplace Gender Equality Agency in development of policy	2019 onwards
RANZCOG will engage with its members on views of gender and diversity representation for RANZCOG's future	2020–21
The GEDWG will establish an online Gender Equity Resource Kit for all RANZCOG members on the RANZCOG website	2020 onwards
RANZCOG will report gender and diversity equity metrics annually.	Ongoing

Leadership

Women and minority groups are underrepresented in leadership at the level of the RANZCOG Board and addressing this imbalance is a priority of the College. The following actions are proposed:

Action	Timeframe
RANZCOG commits to further investigating the reasons for gender and diversity inequity within its Board leadership; including surveying Councillors as to why they are not nominating for Board positions.	2019–20
RANZCOG improves Board gender diversity through specific techniques such as targets and quotas.	2019 onwards
Consideration for the addition of two female 'quota' Board positions for the current RANZCOG Board.	Interim tool
Consideration for a minimum target of 40% female and 40% male Board representation for all future RANZCOG Boards.	Long-term tool
RANZCOG sponsors future RANZCOG Board members with the opportunity for formal Board training.	2020 onwards
RANZCOG supports leadership training for all RANZCOG members that has a meaningful impact on both men and women.	2020 onwards
RANZCOG ensures selection for federal RANZCOG leadership is consistent, transparent and formalised.	2021 onwards
RANZCOG ensures shorter terms for state and federal Councillors, and Board appointments.	2021 onwards
RANZCOG provides all current Councillors with training on implicit and explicit bias.	2019–20
RANZCOG ensures annual publication of RANZCOG gender leadership data.	2019 onwards
RANZCOG commits to annual reviews of representation of RANZCOG leadership, including, but not restricted to, the representation of gender identities, ethnicities and domestic/international status.	2020 onwards

Training

RANZCOG aims to ensure that all trainees are aware of safe workplace rights and obligations, and to investigate reasons for gender and diversity inequity within the RANZCOG training program. The following actions are proposed:

Action	Timeframe
Identify areas of RANZCOG processes where substantial gender-based disadvantage exists and manage opportunities to close gaps	2019–20
At trainee selection, consider the use of blinded resumes	2020
Investigate the need, role and impact of quotas or targets at trainee selection	2019–20
Expand and further facilitate flexible work hours, job sharing and parental leave during training	2020 onwards
Encourage all trainees, irrespective of gender, to participate in parental leave	2020 onwards
Strive to have gender diversity for all RANZCOG sub-specialities trainees	2021 onwards
Implement a target of 30% female representation for RANZCOG examiners in 2020, and a target of 40% female representation for RANZCOG examiners from 2021	2020–21
Strive to have gender diversity for RANZCOG training supervisors within each ITP region	2021 onwards
Establish formalised RANZCOG part-time training positions in partnership with employers	2020 onwards

RANZCOG ASMs and related events

RANZCOG strives for equity for members who, due to parenting, flexible working practices and unanticipated absence from the training or employment, are disadvantaged from participating in RANZCOG Annual Scientific Meetings and related academic events. The following actions are proposed:

Action	Timeframe
Incorporate 'Best Practice Guidelines' for selection of speakers and panellists into convenors' guidelines	2020 onwards
Ensure a gender balance is achieved for speakers in the academic programs of all RANZCOG events	2020 onwards
At College-affiliated meetings the targets for speakers will be minimum 30% women in 2021, minimum 40% in 2022 and 50% in 2023	2021 onwards
Future speakers and convenors will enquire about gender and diversity to improve the representation of speakers and panellists for all RANZCOG ASMs and RANZCOG-related events	2019–2020
Time-based eligibility criteria for speakers and presenters to consider parental leave	2020 onwards
At all RANZCOG ASM and RANZCOG-related events, feeding and parenting rooms will be available	2020–2021

Workplace

Gender equity and diversity in the workplace is achieved when all employees can access and enjoy the same rewards, resources and opportunities, regardless of gender, skills, experience, perspectives, age and culture. The following actions are proposed:

Action
RANZCOG calls on workplace policies and management practices that enable gender equity in part-time work, primary and secondary parental leave and other flexible work practices.
RANZCOG calls on hospitals and other medical workplaces to acknowledge the gender imbalance in hospital leadership and act to rectify this.
RANZCOG calls on hospitals and other medical workplaces to actively seek to educate doctors on implicit biases.
RANZCOG calls on hospitals and other medical workplaces to establish transparent remuneration packages based on consistent criteria.
RANZCOG calls on hospitals and other medical workplaces to establish transparent and consistent mechanisms of performance rating, especially if used to guide pay increases.
RANZCOG calls on hospitals and other medical workplaces to ensure equal pay, including starting pay, for all employees in the same program or position.
RANZCOG calls on hospitals and other medical workplaces to encourage women to enter pay negotiations and ensure they are formally supported. This may include providing assertiveness training and building awareness of workplace rights.
RANZCOG calls on hospitals and other medical workplaces to actively collect and analyse relevant payroll data and continuously review and monitor pay equity.
RANZCOG calls on hospitals and other medical workplaces to encourage and guarantee paid parental leave without detrimental impact on employment, including facilitating flexible working hours and ensuring equal remuneration based on objective criteria when parents return to work.

RANZCOG employees

Action
Formally support female employees entering pay, selection or job negotiations.
Challenge established gender stereotypes among colleagues and actively self-assess and question gender bias in hiring practices and remuneration.
Actively provide women with extra training, responsibility and leadership opportunities when in a position to do so.

How are we travelling?

Measurement of gender balance indicators is strongly associated with positive progress. Recent McKinsey research shows that companies aware of internal gender-related metrics are 2.4 times more likely to successfully deliver equality outcomes than companies that don't understand their metrics as a starting point.

The Guidelines for Gender Balance Performance and Reporting is an initiative that will support RANZCOG to make progress on the employment, retention and promotion of women within the College and workplace.[33]

A framework for data collection, analysis, reporting and performance improvement has been provided, containing three levels to assist organisations to understand how the Guidelines can be applied:

- **Getting started:** This level provides the first step of collecting data so that we can embark on a fact-based diagnosis of the existing gender balance within RANZCOG. It also starts to assign accountability within the College and workplaces.
- **Getting there:** Completion of all the steps in the first level of 'Getting started' and through analysis of the facts, start to develop a deeper understanding of the programs and practices that will need to be implemented in order to improve gender balance and diversity.
- **Getting serious:** The concept of improving gender balance and diversity has been embraced and the College is implementing programs and practices to affect culture and performance across the organisation. This level involves ongoing evaluation of the success or otherwise of those programs and practices.

RANZCOG commits to collect and analyse data on gender balance and diversity within the College, and to report on progress against measurable targets to improve gender balance and diversity outcomes.

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