

Advancing Women in Healthcare Leadership

THE ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

11th May 2022

Belinda Garth¹, Kathryn Joseph¹, Alison Dwyer^{2,3}, Erwin Loh^{2,4}, Helen McArdle², Helena Teede^{1,5}

¹ Monash Centre for Health Research and Implementation, Monash University, Clayton, Victoria, Australia

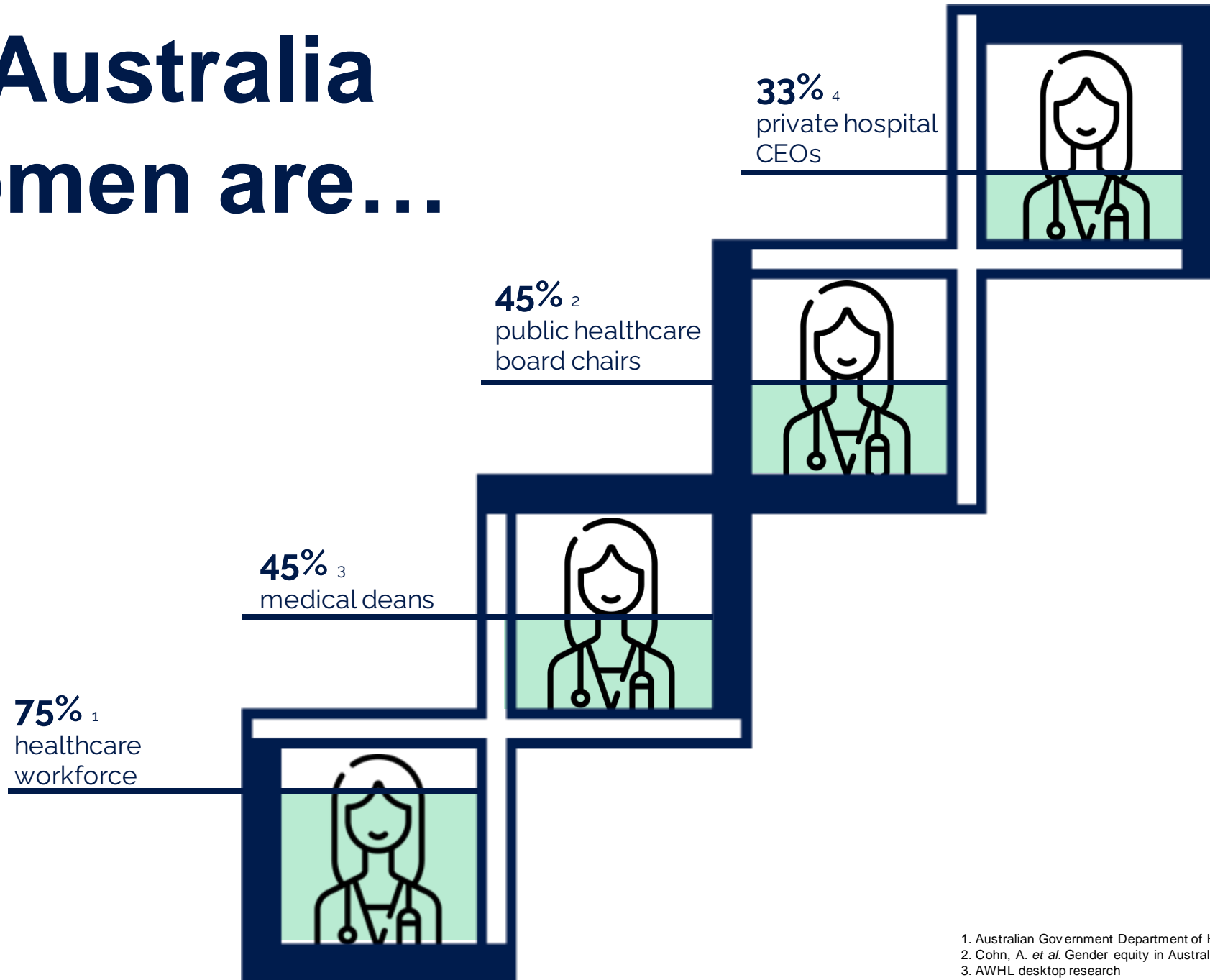
² Royal Australasian College of Medical Administrators

³ Eastern Health, Victoria, Australia

⁴ St Vincent's Health, Australia

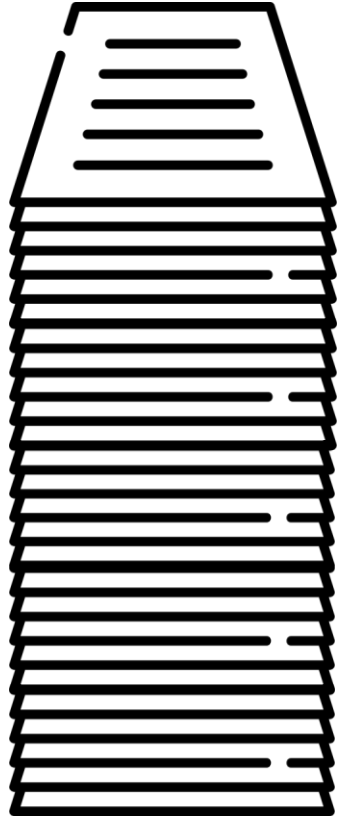
⁵ Monash Health, Clayton, Victoria, Australia

In Australia women are...



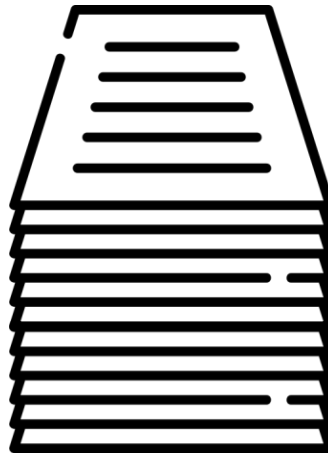
1. Australian Government Department of Health. National Health Workforce Dataset. (2019).
2. Cohn, A. *et al.* Gender equity in Australian health leadership. *Asia Pac. J. Health Manag.* **16**, 6–10 (2021).
3. AWHL desktop research
4. WGEA . WGEA data explorer – Hospitals (2021)

When we looked at the literature



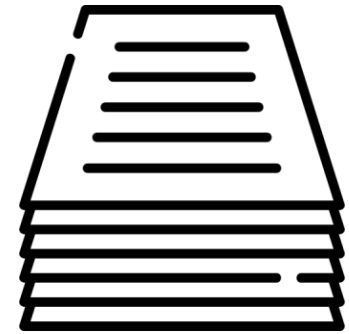
Making the case

Barriers and challenges.
Exploratory. Making sense of the numbers and what's broken.



Fixing the woman

Perspectives, doing leadership, narratives, lessons learned.



Fixing the system

Practices, policies. Interventions. What works and what doesn't.

With a wide range of partners



IMPACT PARTNERS



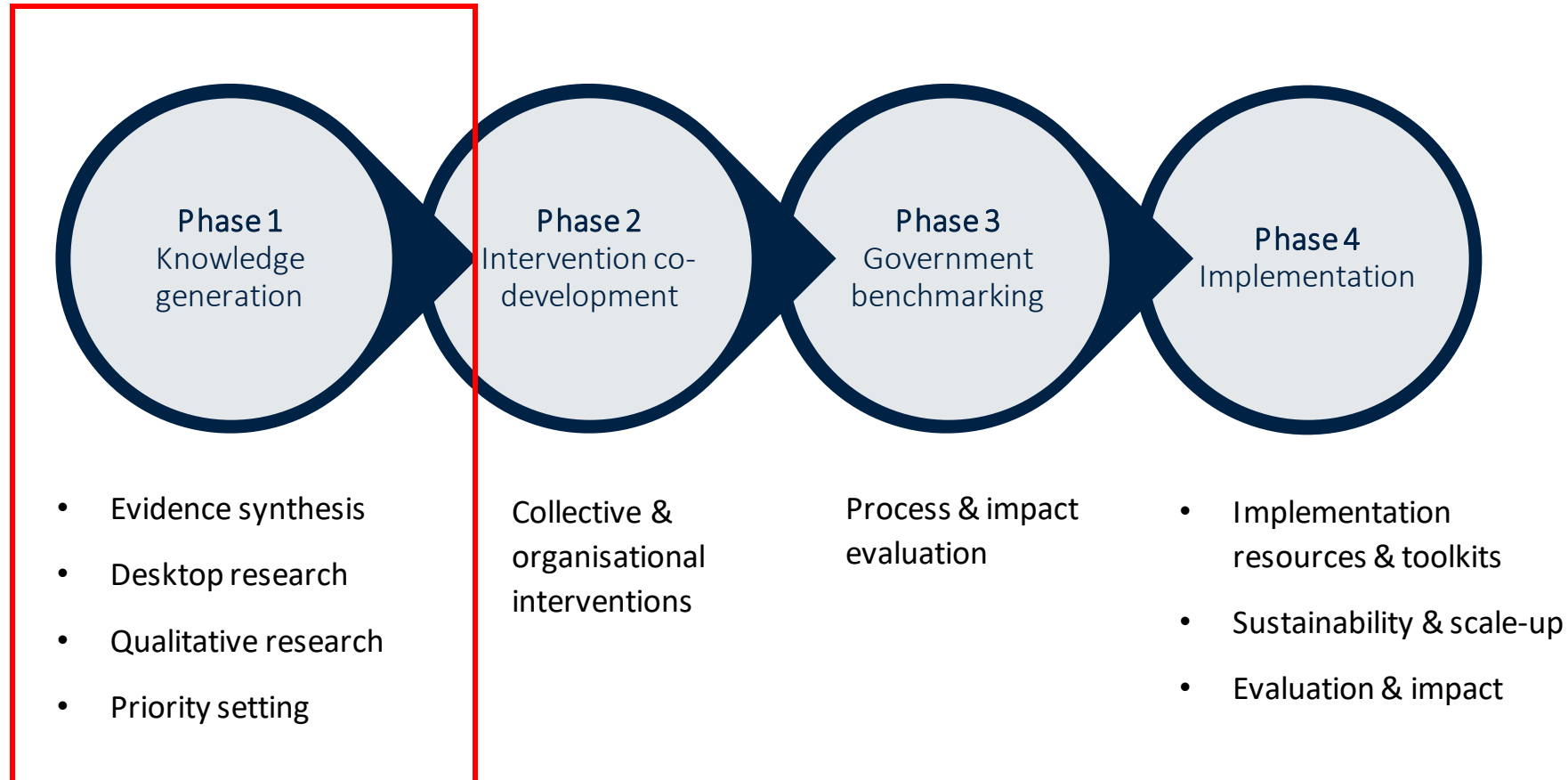
SUPPORT PARTNERS



AFFILIATE PARTNERS



Project structure | RACMA



AIM

RACMA seeks to attract more women into the medical leadership specialty.

OBJECTIVES

Generation of new knowledge on effective strategies to engage and advance women in healthcare leadership

Incorporation of new knowledge into leadership programs delivered by RACMA

New knowledge to guide RACMA policy work and work of the Diversity and Inclusion Working Group

Evidence on what is effective in increasing the engagement of women in medical leadership will inform RACMA's leadership programs and policy work.

What interventions work to advance women?



PHASE 1 KNOWLEDGE GENERATION

In depth Interviews



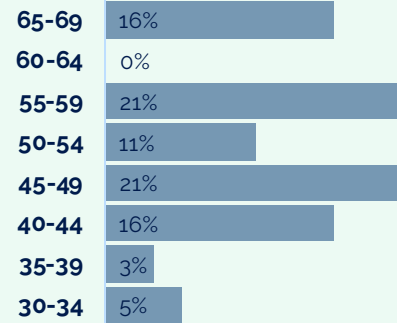
MONASH
University



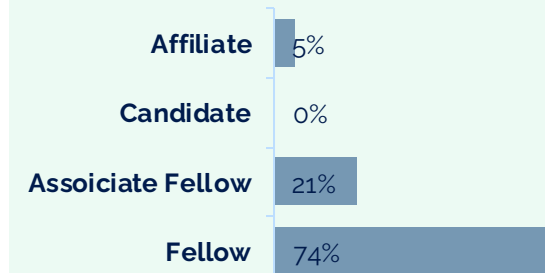
19

interviews conducted
between Sept – Feb 2022

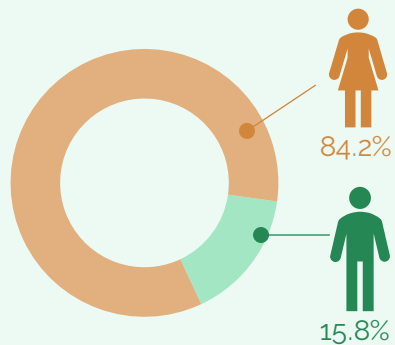
Age



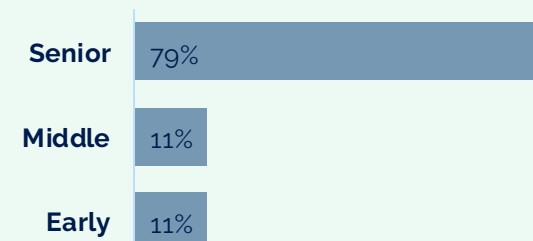
Membership level



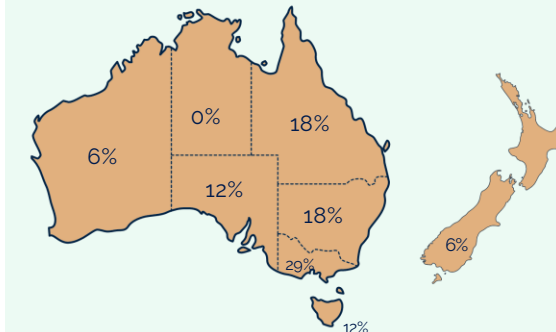
Gender



Leadership level



Location



PHASE 1 KNOWLEDGE GENERATION

WHAT IS WORKING TO ADVANCE WOMEN?



INTERVENTIONS	WHAT WORKS RACMA	WHAT WORKS HEALTH SERVICES
Leadership commitment and accountability	<ul style="list-style-type: none"> • Gender equitable leadership culture • Leaders who enable equal air-time in meetings • Female representation in leadership • Supportive individual leaders 	<ul style="list-style-type: none"> • Female representation in leadership • Supportive individual leaders • Transparency in gender equity data reporting
Organisational processes, practices and policies	<ul style="list-style-type: none"> • Diversity and Inclusion Working Group • Policy changes to fee structure to reflect part-time training 	<ul style="list-style-type: none"> • Inclusive recruitment and selection processes • Flexible working policies and practices • Flexibility within training
Organisational culture, awareness and engagement	<ul style="list-style-type: none"> • Positive and evolving gender equitable culture 	<ul style="list-style-type: none"> • Gender equity policies improve awareness and start conversations • Managing people with problematic behaviours • Wider societal discussions create awareness and start conversations
Organisational support tools	<ul style="list-style-type: none"> • Acknowledgement and recognition of RACMA women 	<ul style="list-style-type: none"> • Acknowledgment and recognition of the achievements of women. This promotes visibility of successful women • Practical support to manage intersections of work and family
Mentoring and professional networks	<ul style="list-style-type: none"> • Formal mentoring support throughout training from RACMA preceptors and supervisors 	<ul style="list-style-type: none"> • Informal mentoring relationships, with men or women • Mentoring and networking opportunities that reduce professional isolation for medical administrators
Training and development	<ul style="list-style-type: none"> • Attaining FRACMA is perceived to provide legitimacy in medical leadership 	<ul style="list-style-type: none"> • Leadership development and training builds individual capability, self-confidence, and creates networking opportunities.

Thoughts on what is working at RACMA



Leadership & advocacy

*“To RACMA’s credit it has committed to diversity and does have a very diverse group of people involved in all of its activities, leadership roles, committees – which is a good framework for other organisations to look at and adopt”
Female Leader*

Organisational processes, practices, policies

*“[RACMA] is flexible in its training. From a training perspective, from a candidate, registrar, your pre-fellowship, before you become a consultant, it does well there. It’s a lot more flexible. It takes a very person-centred approach and I like the way that they’ve done that for the training and their candidates’.
Female Leader*

Organisational awareness & culture change

*“It’s evolving. I think we’re at a point now where we can actually call things out. So actually being able to say, why are there no women on this speakers’ panel? Or why are there no women on this committee?”
Male Leader*

Organisational support tools

*“My view would be promoting successful women, in any environment of their success, without it being associated with a women’s award or women’s focus is important”
Male Leader*

Professional networks

*“RACMA have a supervisor and a preceptor role [...] My preceptor was male, and he was very good and it helped in terms of my training. And my supervisor, I had a male supervisor and a female supervisor, and they both helped in terms of my training”
Female Leader*

Capacity building

*“[RACMA training helped develop me as a leader], it made me recognise what skills I had, and what skills I needed to learn”
Female Leader*

Key opportunity areas for RACMA

Leadership and advocacy

Advocate and increase awareness of RACMA's commitment to gender equity in leadership

Advocate for RACMA members as medical leaders across health services

Promote medical administration as a specialty that can provide flexibility in training and leadership positions


“RACMA doesn't show any leadership or power within the sector, despite being the College of Medical Administrators of which most of its members are the CMO's or DMS of major hospitals. It shows it doesn't benefit or utilise any of that” Female Leader

Key opportunity areas for RACMA

Organisational processes, practices and policies

Address the tension between merit and diversity

FRACMAs - Enable and promote equitable access to parental leave at health service organisations



“We’re now challenging the meritocracy, as I like to put it, where the concept of merit needs to be challenged, because what we’ve previously defined as merit probably is more a definition of privilege than it is merit” Female Leader


Key opportunity areas for RACMA

Organisational awareness and culture change

Proactively address implicit bias and improve awareness of gender inequity in medical leadership

Advocate for and normalise uptake of flexible work and parental/carer's leave for all

Address organisational sub-cultures when developing gender equity interventions



“Most specialties are incredibly competitive, so having to leave early to go pick up your kids, or having time off because someone’s sick is seen as weakness” Female Leader

Key opportunity areas for RACMA

Organisational support tools

Increase support and leadership opportunities for culturally diverse women

Review processes for acknowledging and celebrating the achievements of women

“[sighs] I’m not sure about [women’s awards]. Some of me says yes, some of me says no [...] I wouldn’t want to be falsely celebrated—I want to be celebrated for the things that I have achieved not just because I’m a girl, so to speak”
Female Leader

Key opportunity areas for RACMA

Professional networks

Facilitate mentoring and networking for medical administrators

Facilitate networking opportunities for women of RACMA

“Particularly with medical administration training compared to a lot of other training, you’re often the only person in the entire healthcare organisation that is in that role and so you don’t really have that peer-to-peer support. So having a strong mentor to help you to navigate your learning throughout your training and then also in your junior years is very informative” Female Leader

*“...when you don’t have connections it’s really difficult to get any kind of mentoring”
Female Leader*

Key opportunity areas for RACMA

Capacity building

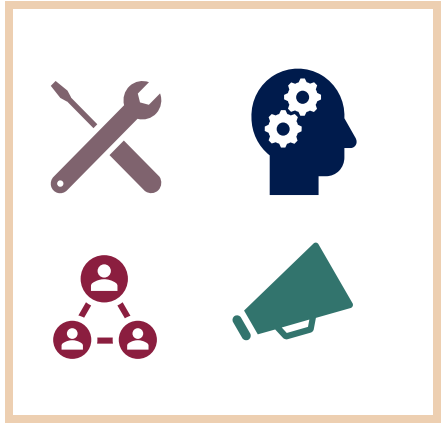
Review RACMA's training curriculum to incorporate content on gender equity for medical leaders

Increase opportunities for emerging female leaders

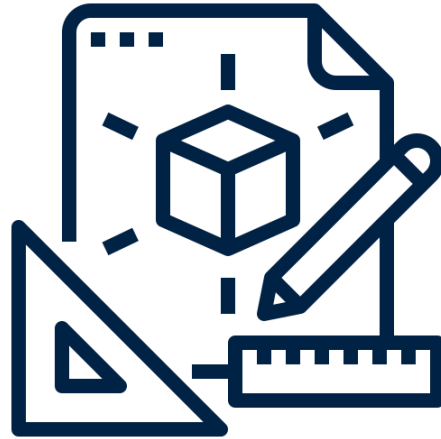
Promote RACMA's leadership and training programs more widely

"You've got a medical workforce which is fifty percent female, and yet you've got cohorts within the medical workforce distorted in terms of its equity, and in terms of gender balance. So I think knowing that, and being able to understand some of the issues should be part of the curriculum, based on gender in health"
Female Leader

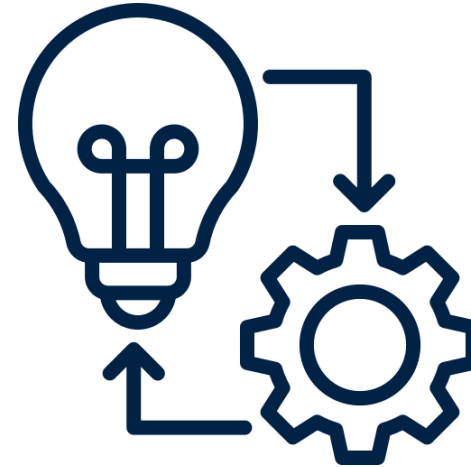
Next steps



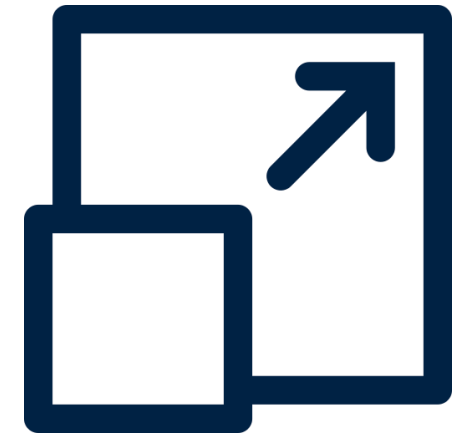
Priority
setting



Intervention
design



Implementation
support



Scale-up and
impact