

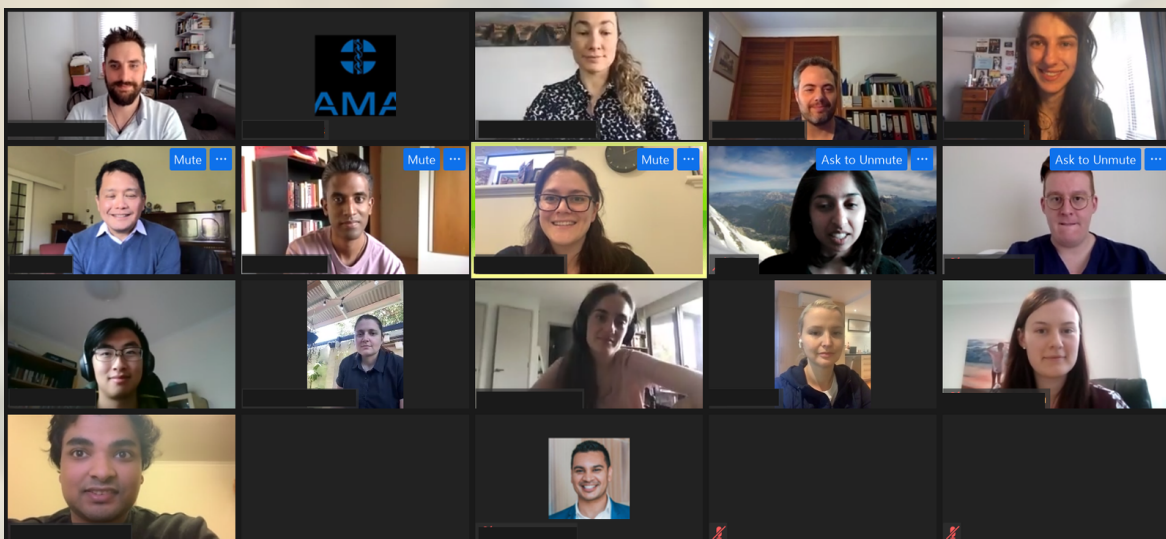


AMA

DIVERSITY REPORT

GENDER

2020



About this Diversity Report

In May 2019, the Federal Council of the Australian Medical Association agreed to “adopt a target of 40 per cent women, 40 per cent men, 20 per cent flexible for all AMA Councils and Committees, and recommends the Board adopts the same, with a gender diversity target of women holding 50 per cent of Federal AMA representative positions overall, for attainment by 2021.”

As part of this commitment, the AMA Equity, Inclusion and Diversity Committee has been tasked with tracking the gender makeup of Federal AMA representative bodies – the Federal Council, federal sub-councils, and federal committees. This report is the third such formal record of gender makeup. It also presents data for the AMA Board, state AMA Boards and Councils – these bodies are not included in the target but are important indicators of gender balance at the AMA. Membership of each representative body was measured at a point-in-time of 31st December 2020.

Purpose of the Report

The purpose of this report is to present an honest picture of the gender representation on AMA representative bodies, with an aim to highlight where inequities are apparent and where gender balance is tracking well. Selection processes for AMA committees and councils vary - some positions are nominated by the AMA President; others are nominated by state AMAs; others are voted on by members on a state or territory, area or specialty group basis. Regardless of process, the AMA hopes that presenting data in a transparent way will encourage the consideration of gender in decision-making about nominations or elections to leadership positions.

Ultimately, the purpose of tracking data in this way is to increase the equality of gender representation on AMA representative bodies. As this report will show, men are over-represented in current leadership positions, with women generally underrepresented. Ideally, increasing the visibility of women and those of unspecified gender at AMA leadership level will encourage greater diversity in general membership. Overall, we aim for an AMA membership that is more representative of the medical community and of the Australian population as a whole.

A Note on Terms

This report presents information on the three gender categories that are currently recorded by the AMA membership system – men, women, and unspecified. Although the vast majority of AMA members have a recorded gender of either male or female, a small but important proportion have no gender recorded. Problematically, it is impossible to determine whether members in this category identify as trans, non-binary, both genders, or neither; or whether they have been placed in ‘unspecified’ because they have not nominated a response for privacy or other reasons. It is important to note that in some states where gender data is collected from AHPRA, medical students do not have a recorded gender. The AMA is exploring options to enhance data collection on gender and other diversity characteristics to ensure we have a more accurate understanding of the gender identity of members for future reports.

Summary of Results

Federal Councils and Committees

On 31st December 2020, there were a total of 195 representative positions on Federal AMA Councils and Committees. These are the representative bodies included in the AMA's target of 40% men, 40% women, 20% flexible. Of 195 positions, 128 (66%) were held by men; 61 (31%) were held by women; and six (3%) were held by a person of unspecified gender. Therefore cumulatively AMA Federal councils and committees have not met the target for 2020. However, these figures represent a marginal improvement from the same time in 2019, when men held 68% of representative positions, women 31%, and 1% was held by a person of unspecified gender.

AMA Federal Council has more work to do to achieve the target, being comprised of 67% men and 30% women in December 2020. Again, these ratios are a slight improvement from 2019, when men comprised 78% of Federal Council positions.

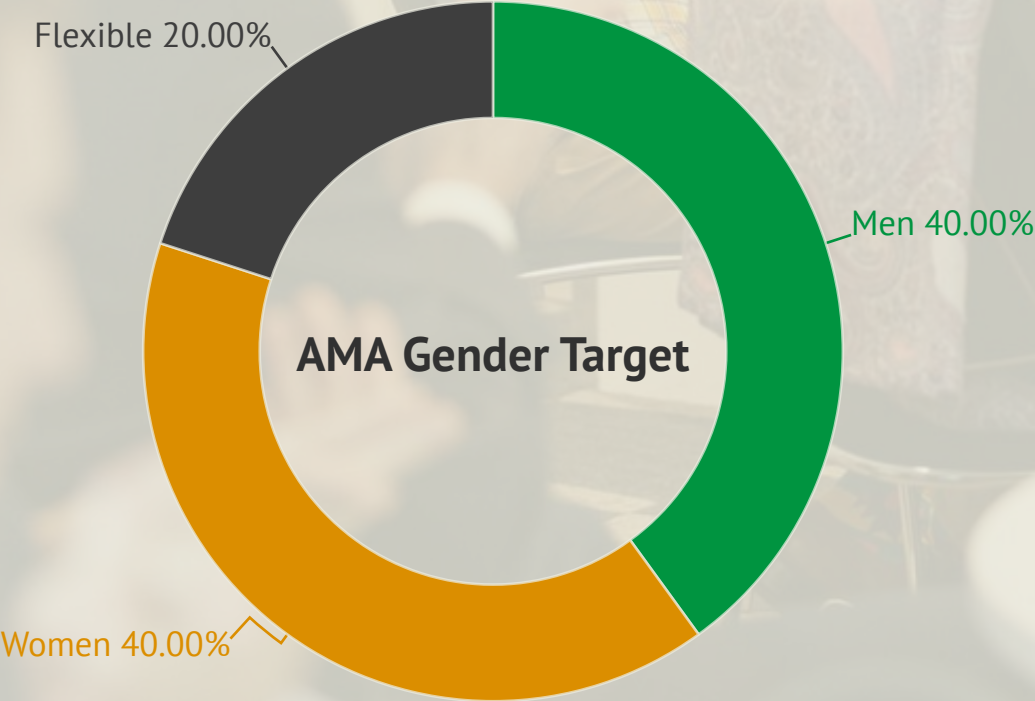
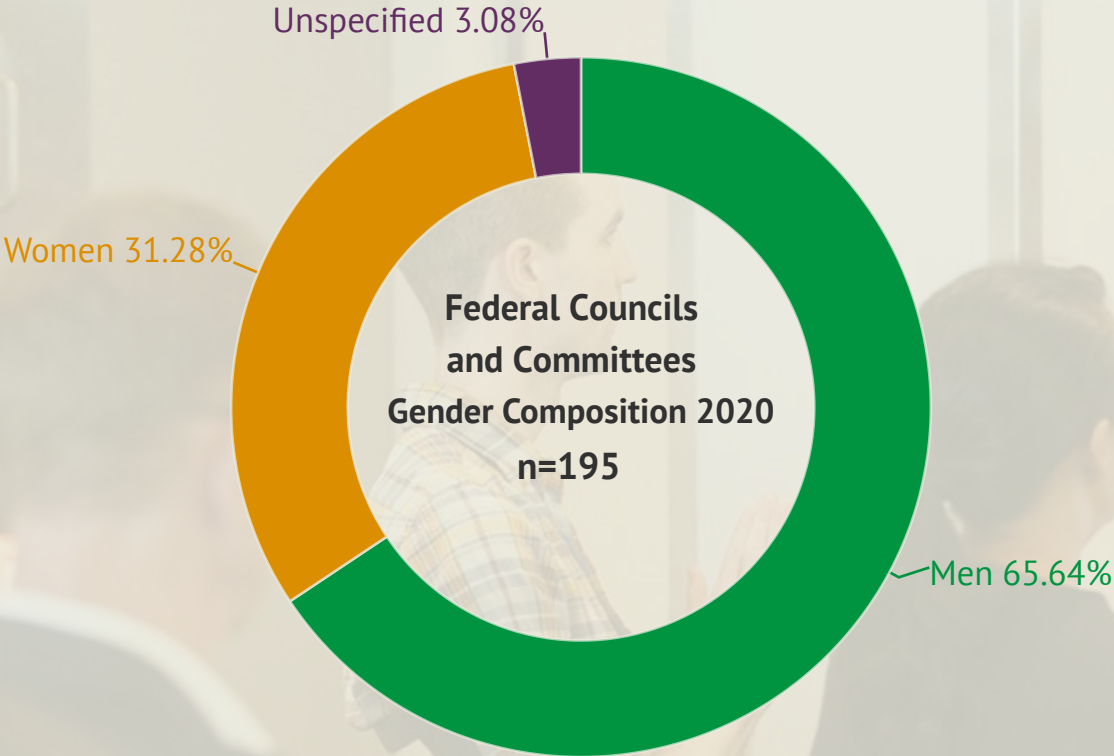
Federal Board and State and Territory Councils and Boards

While there are still many AMA representative bodies that do not fall within the target measurement - the Federal Board, and State and Territory Boards and Councils - progress has been made toward reaching gender equity. In 2020, AMA Queensland Board has joined the AMA Tasmania and AMA Victoria Boards in reaching the minimum of 40% women. Likewise, AMA WA and AMA NT Councils met the minimum of 40% women holding representative positions for the first time in 2020. While not meeting the target measurements, most other State and Territory Boards and Councils have made improvements to their gender balance compared to 2019. Federal AMA thanks the state and territories who shared their information to assist with the compilation of this report. In 2020, the AMA Federal Board gender balance was unchanged compared to 2019, with 27% female representation.

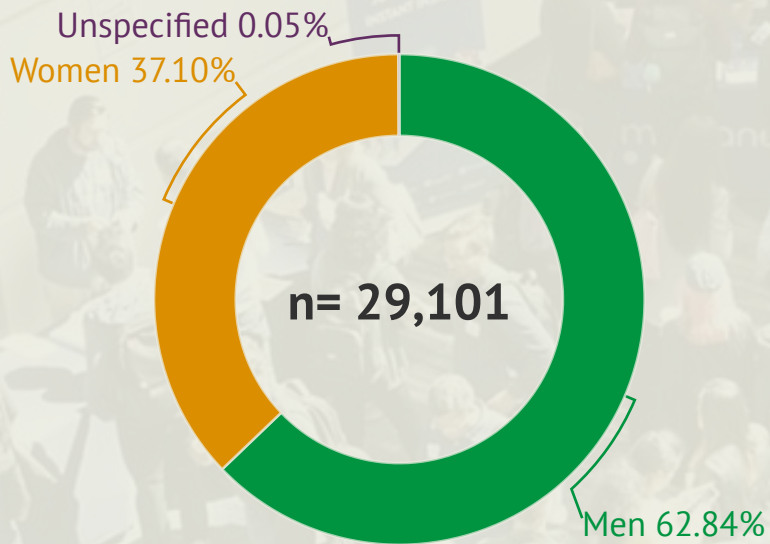
National Conference

Due to changes in the format of the AMA 2020 National Conference, assessment of gender equity compared to 2019 was not always possible. In 2020, there was no improvement to the gender balance of AMA award winners, with 75% of winners male. However, women comprised 42% of delegates, thus meeting the representation target. Future National Conferences will continue to have a more flexible format which should encourage and support attendance by women and other members from diverse backgrounds.

Summary of Results

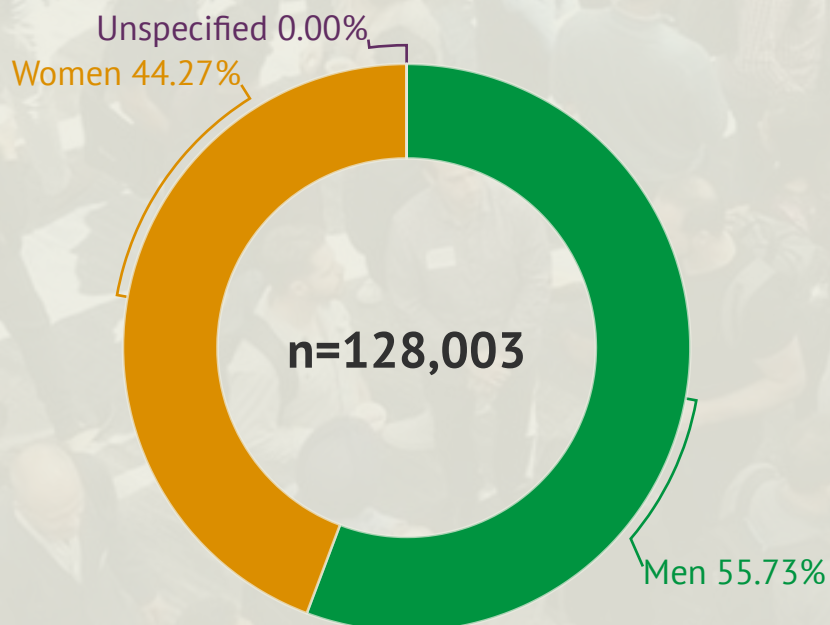


Membership Overview

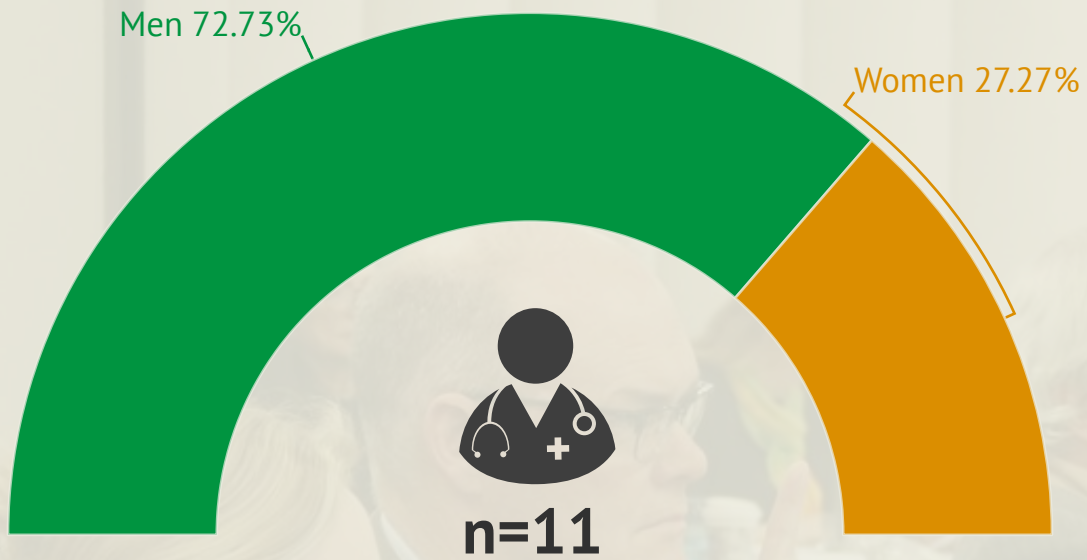


On 31st December 2020, the AMA was comprised of 29,101 members. 18,288 had a recorded gender of 'male'. 10,797 had a recorded gender of 'female'. 16 had no recorded gender. These figures do not include student members.

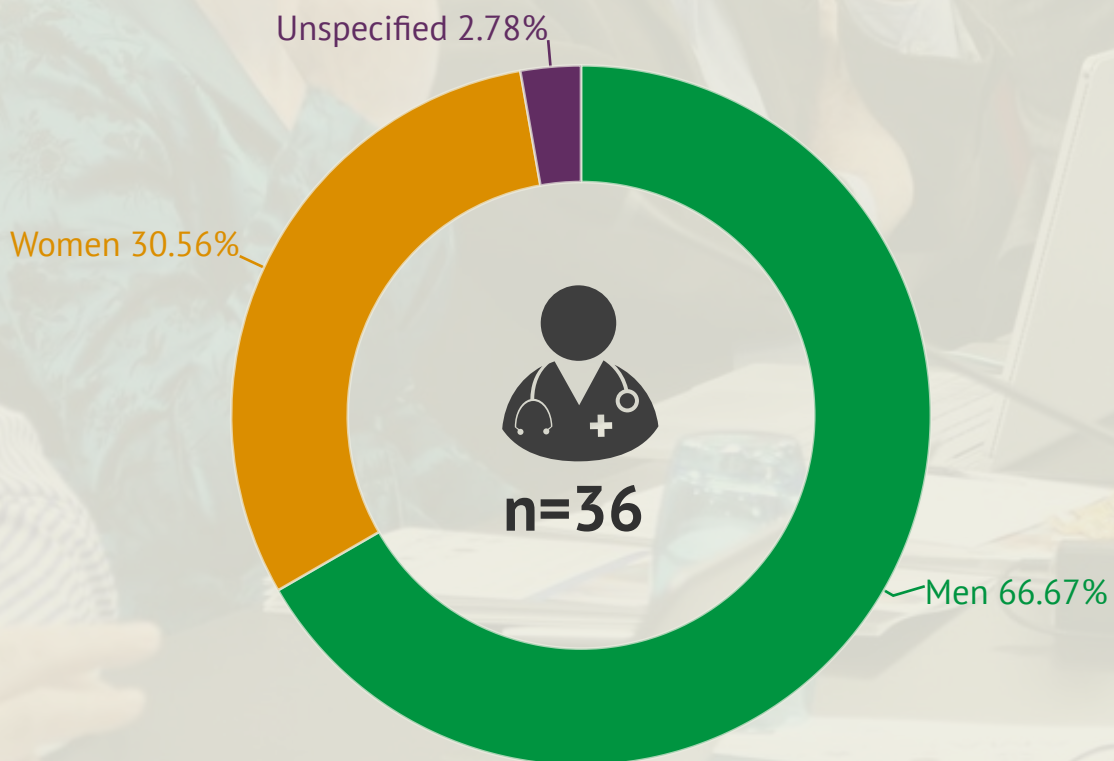
Data from the Australian Medical Board suggests that the AMA membership is skewed in terms of gender than that of the general medical workforce, which in December 2020 was comprised of 55.7% men, 44.3% women, and <0.1% people who did not indicate their gender, or were intersex or indeterminate.



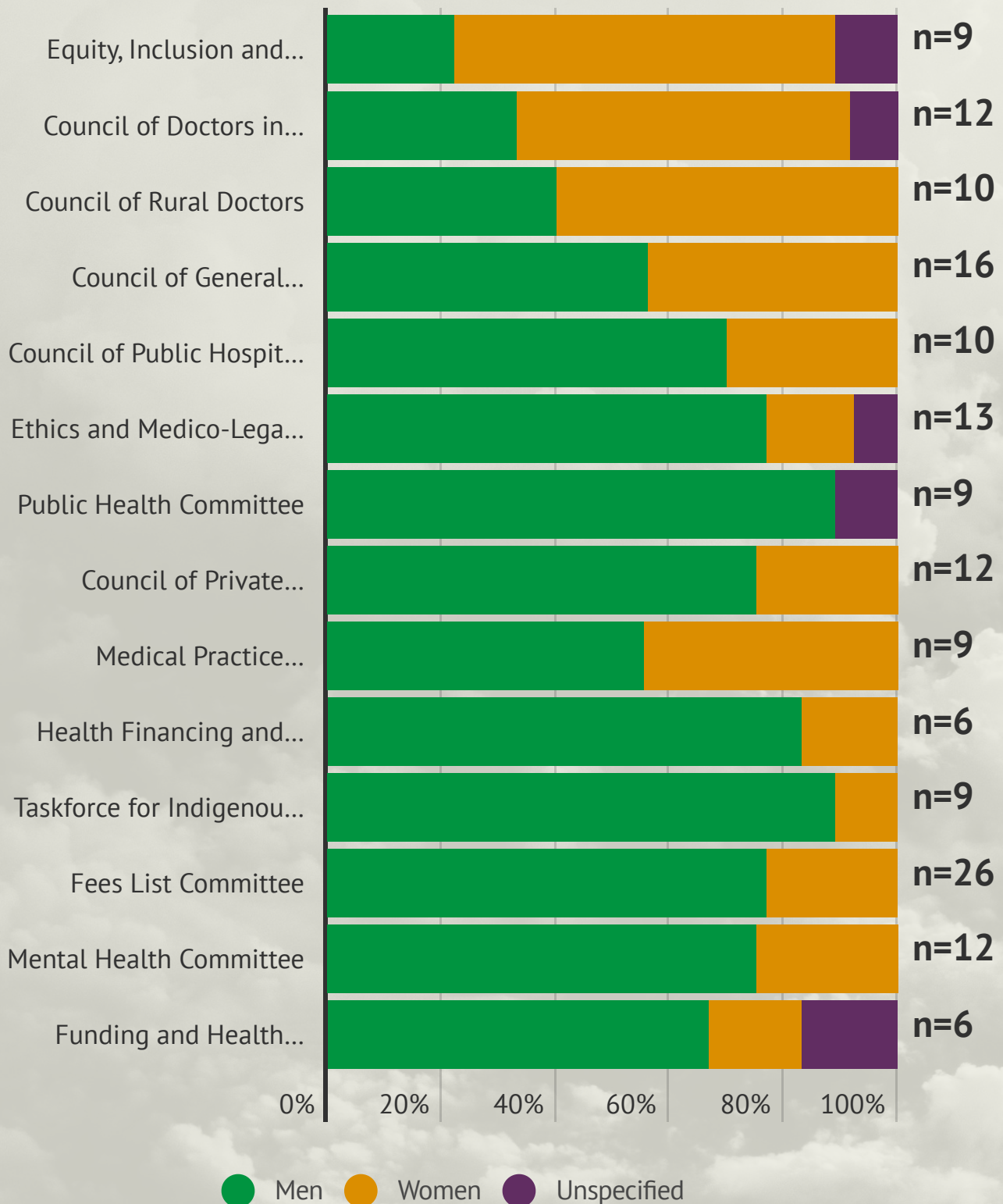
Gender Representation on AMA Federal Board



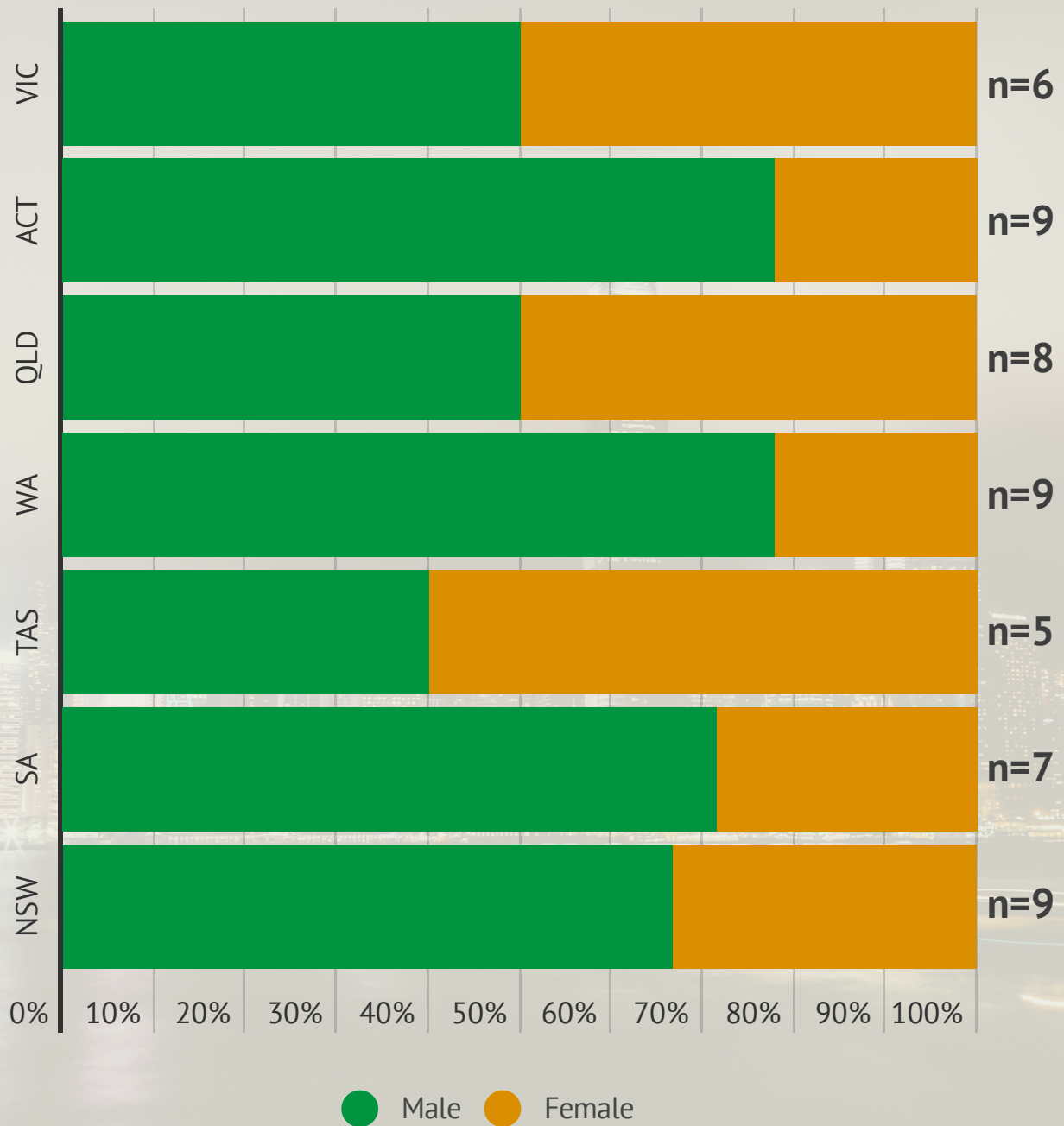
Gender Representation on AMA Federal Council



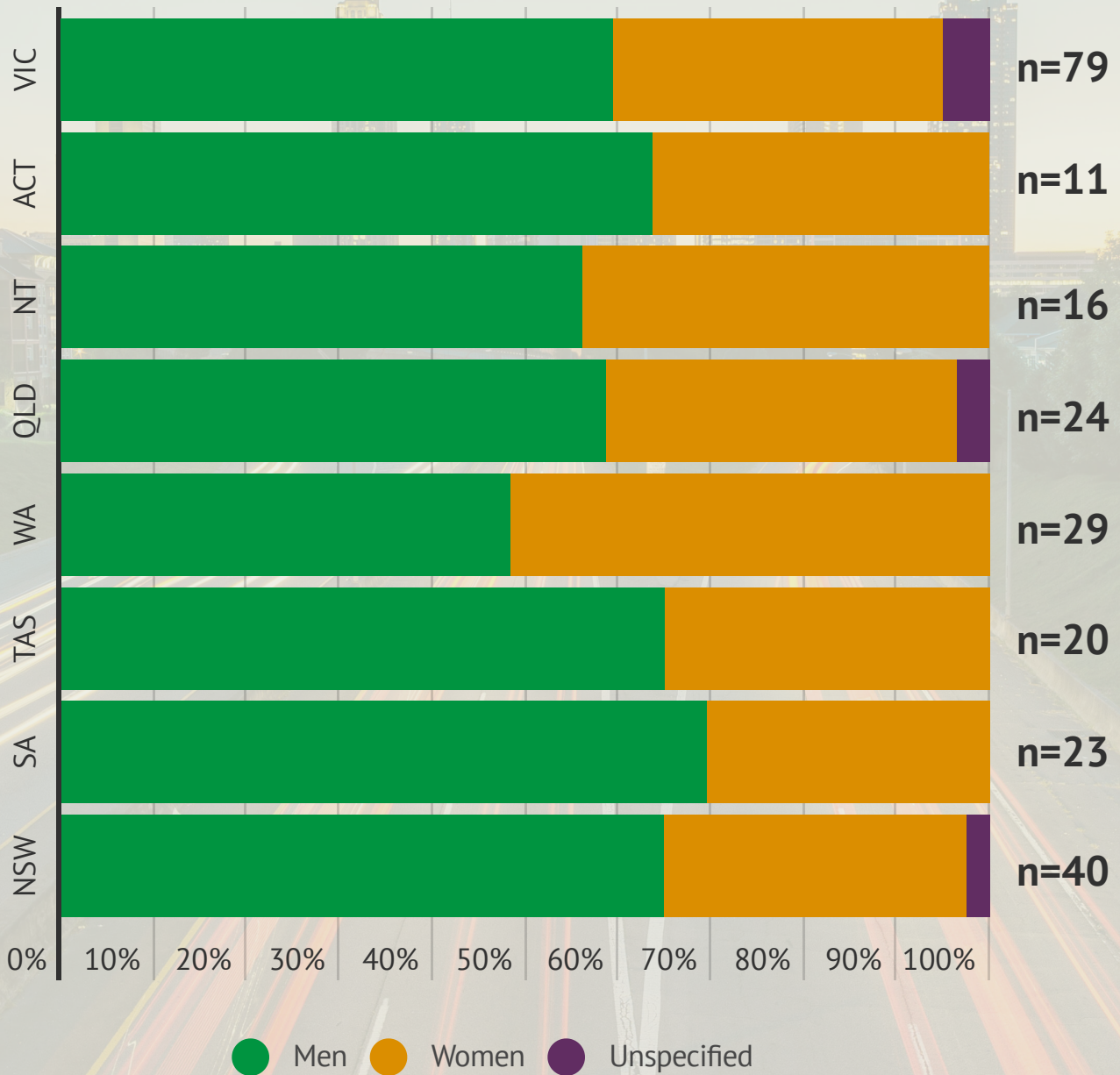
Gender Representation on AMA Federal Sub-Councils and Committees



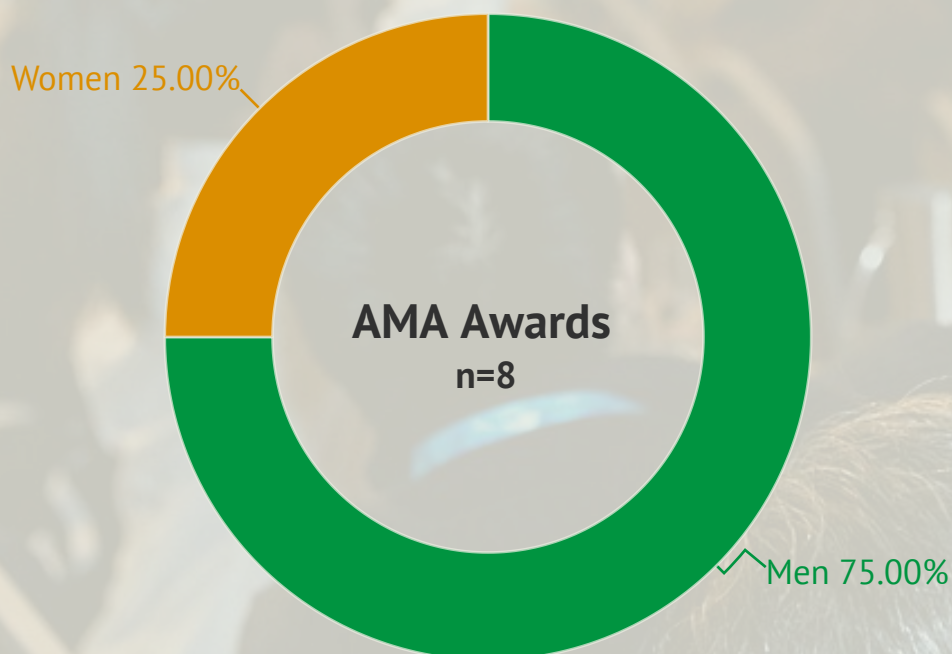
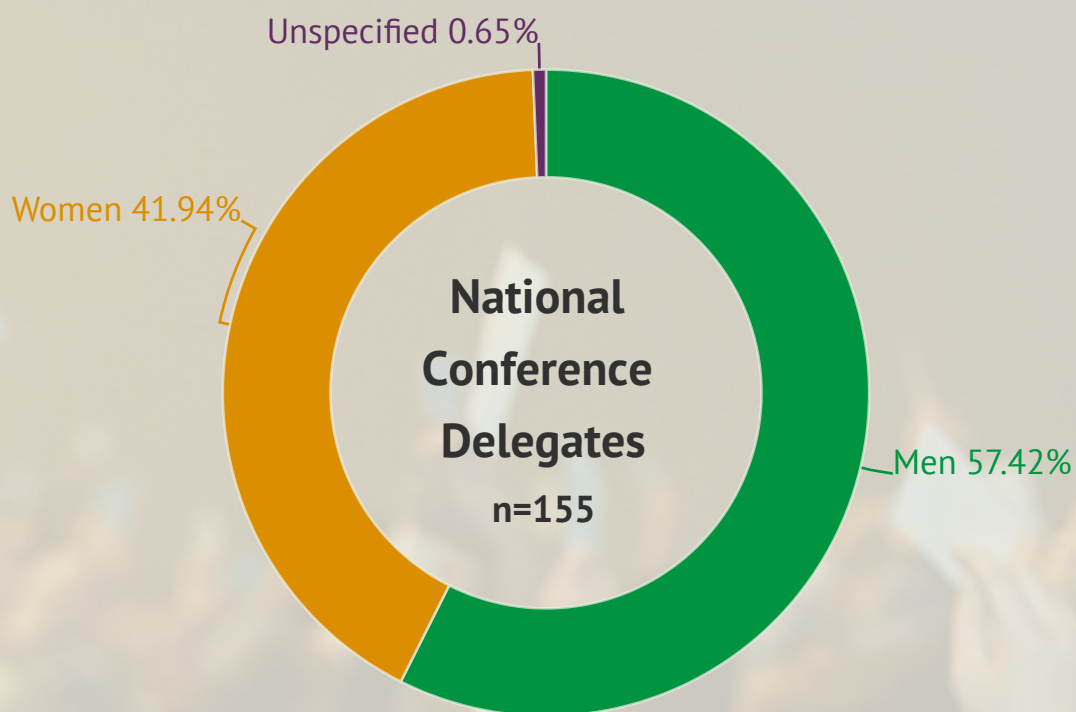
Gender Representation on AMA State and Territory Boards



Gender Representation on AMA State and Territory Councils



Gender Representation at AMA National Conference



Due to the ongoing impact of the COVID-19 pandemic, the 2020 AMA National Conference was held online in a compressed format. As such, different measures from National Conference are presented this year compared to the *AMA Diversity Report - Gender 2019*.

Gender Equity Initiatives in 2020

Federal AMA

In August 2020 at the AMA National Conference, delegates endorsed a motion to review the structure and function of Federal Council to ensure that it reflects AMA membership and medical profession more broadly, with a view to increasing inclusivity, diversity and the breadth of representation. Options for reform were presented to Federal Council at its first meeting in February, with a final report due in the first quarter of 2021.

The AMA Diversity and Inclusion Plan 2020-2022 was also released in August 2020. The plan details the steps that will be taken by the AMA to enhance diversity and inclusion among the AMA membership, in AMA representative positions, and in the wider medical community. This first two-year plan focusses on gender equity and seeks to promote a culture of inclusion for other diversity groups (for example in relation to ethnicity, disability, and sexual orientation).

Under Action 3.3 of the plan, the AMA conducted its first member diversity survey in December 2020 to explore how members perceive the AMA in relation to diversity and inclusion, and to identify opportunities for engagement. The results of the survey will be released in the first half of 2021, and an action plan to address member concerns will be developed.



AMA NSW

AMA (NSW) established a Ministerial Gender Equity Committee, with NSW Health Minister, the Hon. Brad Hazzard as the ministerial supporter. The committee includes AMA (NSW) President, Dr Danielle McMullen, as well as NSW Secretary of Health Elizabeth Koff and other key leaders from government and health. Membership of the Committee was finalised in 2020, and the next meeting is scheduled to be held in February. The Committee will focus on gender equity issues identified during the 2019 AMA Gender Equity Summit and outlined in the AMA Gender Equity report. In addition to that, the Committee will focus on findings from the NSW Hospital Health Check which revealed a discrepancy between men and women claiming overtime payments.

The Committee is served by an advisory group of AMA (NSW) members who have expressed an interest in addressing the barriers to gender equity.

In conjunction with the Committee, AMA (NSW) is developing a Parental Leave campaign targeting parental leave entitlements in NSW.

AMA Tasmania

AMA Tasmania, led by former first female State Premier and first female CEO Lara Giddings now in her second year with AMA, is building on expanding gender quotas within medicine, eradicating bullying and developing the support that women can provide each other as they balance career and family.

Amid a pandemic, AMA Tasmania appointed Dr Helen McArdle as their new President. Dr McArdle presents a wealth of AMA experience to her role, and she has been a highly proactive member in her advocacy to improve the representation of women, international medical graduates (IMGs) and other minority groups within the AMA. This is evident as having herself held the state representative role of Member of Federal Council since 2014 but she too is AMA Tasmania's first female President.

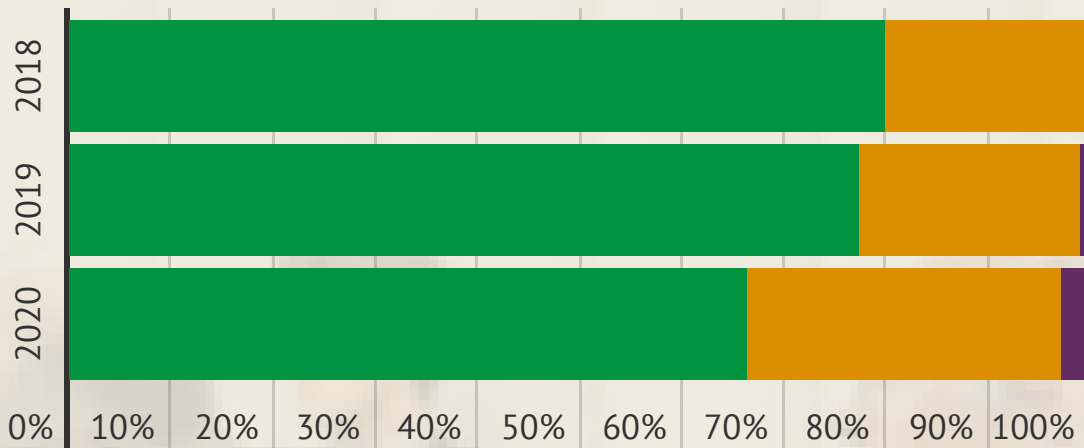
During Dr McArdle's tenure on the AMA Board, she has been a member of several committees including Chair of the Equity, Inclusion and Diversity Committee. Dr McArdle is joined on the AMA Tasmania Board by Drs Jenny Misson and Annette Barratt. On accepting her role, Dr McArdle added, "that despite our associations relatively low numbers of female members, it is very gratifying to see that the membership is happy to support me as a woman in this role. Tasmania is leading the country in its female representation at the highest levels of organisation."

AMA Queensland

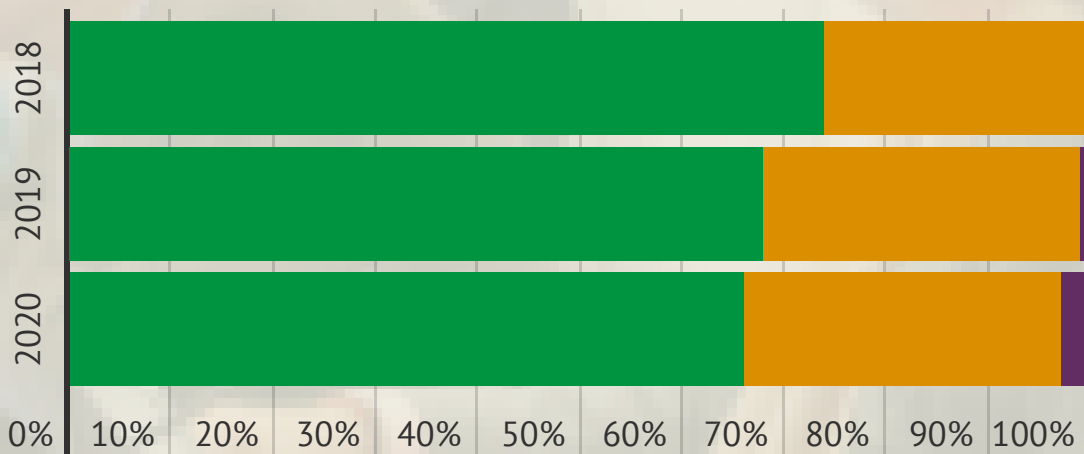
AMA Queensland is committed to achieving gender equity in its committees, Council and Board. AMA Queensland acknowledges that in order to achieve this, we will need to better understand what assists women in considering these roles, including structural aspects such as time of the meeting, duration of the meeting, attendance options such as videoconferencing, and ensuring appropriate videoconferencing etiquette and facilities.

Year-by-year comparison of gender representation

AMA Federal Council

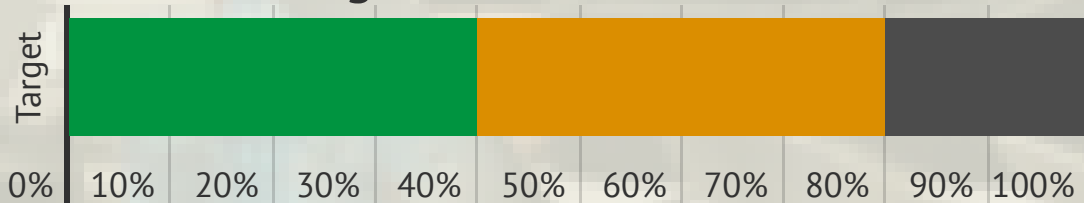


Total AMA Federal Councils and Committees



● Male ● Female ● Unspecified

AMA Gender target



● Male ● Female ● Flexible

Over the last three years, Federal AMA has made marginal improvements to female gender representation on Federal Councils and Committees. As such, the AMA has not met the the gender diversity target of women holding 50 per cent of Federal AMA representative positions overall by 2021.