



EQUITY, INCLUSION AND DIVERSITY PLAN

2023-2025



Introduction

The AMA is committed to promoting equity, inclusion and diversity (EID) within the medical profession and to working collaboratively with our members and other organisations to encourage EID.

The AMA Equity, Inclusion and Diversity Plan (the plan) is one of the specific commitments made by the AMA to advance EID both within the AMA and externally. It provides the AMA with a platform to connect the range of work done across the organisation, build on work underway, and identify further opportunities to advance EID within the AMA and healthcare environment more broadly.

Acknowledgement of Country

In the spirit of reconciliation, the AMA acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea, and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Structure of this Plan

This plan outlines key areas the AMA will focus on to meet its commitment to EID.

The terms used in this plan to describe different diversity groups are intended to be applied in the most inclusive manner whilst recognising diversity of use and identification.

The Equity, Inclusion and Diversity Committee (EIDC) is responsible for overseeing the implementation of the plan, monitoring its progress and reporting to AMA Federal Council and the AMA Board.

The plan will be implemented over a three-year period, monitored every six months and formally evaluated in 2026.

Insights from the implementation and formal evaluation will guide the development of future action plans by the EIDC in consultation with the AMA.

Statement of commitment

The AMA is committed to advancing EID within the AMA, and in the work and training environment for all doctors in Australia, and to addressing inequities between diverse groups. It is important that we embrace the professional, economic and social contribution of doctors from diverse backgrounds and make the most of the extensive skills, perspectives and networks that a diverse medical workforce brings to our profession and work environment. This is with a view to developing a more productive, responsive and empathetic medical workforce, equipped to deliver and advocate for the best health outcomes for patients and the broader community.

Our values

The AMA believes that all members of the medical profession are entitled to fairness, impartiality and equal consideration. The medical workforce should reflect the diversity of the community it cares for, underpinned by values of professional excellence, integrity, respect, and collegiality.

Diversity refers to the mix of people in an organisation – that is, all the differences between people in how they identify in relation to their:

- SOCIAL IDENTITY e.g., Aboriginal and/or Torres Strait Islander background, age, caring responsibilities, cultural background, disability status, sex, gender, religious affiliation, sexual orientation, gender identity, intersex status, sexual characteristics, political outlook, personal philosophy and socio-economic background.
- PROFESSIONAL IDENTITY e.g., profession, education, work experiences, organisational level, functional area, division/ department, full time, part time or casual status, and location.

These aspects come together in a unique way for each individual and shape the way they view and perceive their world and workplace – as well as how others view and treat them.

Inclusion refers to getting the mix of people in an organisation to work together to improve performance and wellbeing. In medicine, performance is defined as how medical practitioners contribute to improved outcomes for patients and benefits for communities. Patient safety is paramount in healthcare. Inclusion in a workplace is achieved when a diversity of people (e.g., ages, cultural backgrounds, genders, perspectives) feel that they are:

- RESPECTED for who they are and able to be themselves.
- CONNECTED to their colleagues and feel they belong.
- CONTRIBUTING their perspectives and talents to the workplace.
- ABLE TO PROGRESS in their career at work.

Adapted from the Diversity Council of Australia¹

¹ <https://www.dca.org.au/di-planning/getting-started-di/diversity-inclusion-explained>

AMA Equity, Inclusion and Diversity Committee

Terms of Reference May 2019

1. Assist the AMA to demonstrate its commitment to equity, inclusion and diversity (EID).
2. Provide a forum for the discussion of EID issues in order to make recommendations to AMA Federal Council on strategies to enhance EID within the AMA and the medical profession.
3. Promote EID within AMA membership and in representation on AMA councils, committees, and governing bodies.
4. Support the AMA in ensuring that the principles of EID are reflected in AMA policies, policy development processes and procedures.
5. Promote EID for the medical profession, for example in relation to ethnicity, gender, age, disability, sexual orientation, religion and belief.

Our vision

- **Our AMA – working for equity, inclusion and diversity in our membership and the medical profession.**

Our objectives

- **Lead on advocacy.**
- **Recognise and value our members.**
- **Strengthen our AMA community.**

Key focus areas

Work participation

- Advocate for pathways to support work participation and career progression for international medical graduates, doctors with disability, and doctors returning to work after a prolonged absence.

Cultural safety²

- Collaborate to support Aboriginal and Torres Strait Islander doctors, doctors from culturally and linguistically diverse backgrounds, and LGBTQIA+³ doctors to work and train in culturally safe environments, free from racism and discrimination.

Equity and inclusion

- Continually strive for equity and diversity in our representative structures across the AMA and create a culture where all members feel they belong.

² The AMA recognises the definition of cultural safety that has been endorsed by the Australian Health Medical Practitioner Authority and outlined in the [AMA Position statement on Cultural safety 2021](#).

³ Lesbian, gay, bisexual, transgender, queer, intersex, asexual doctors.

Where we are currently

The AMA acknowledges the work already completed as part of its first Diversity and Inclusion Plan in 2020. Evaluation of the initial plan highlights key achievements and recognises areas for further work.

Key achievements

Gender equity

- The AMA has been reporting on the gender composition of its Councils and Committees since 2018.
- In 2022 AMA membership elected a new Federal Council to begin its term from August. For the first time this new Council met the AMA's gender target of 40 percent female, 40 percent male, 20% flexible (male, female or non-binary⁴) representation.
- The AMA has partnered with Advancing Women in Healthcare Leadership national initiative and has an organisational change management project underway that will help the AMA to increase and support the number of women in leadership and representative positions.
- Across the AMA there are a range of committees and awards dedicated to increasing gender equity for women in medicine and celebrating their achievements.
- [A guide to gender balanced representation on AMA Councils and Committees](#) includes [practical advice](#) about how to encourage more women to take on representative and leadership roles within the AMA and more broadly
- The 2019 [AMA Gender Equity Summit](#) brought together a range of stakeholders to discuss the cultural and practical barriers to achieving gender equity for women in medicine.

Diversity and inclusion

- In 2020, the AMA conducted its first [member diversity survey](#) to better understand the experience and perceptions of our membership in relation to diversity, inclusion, and representation.
- The AMA has developed written advice for [Taking part in AMA Councils and Committees](#). This includes descriptors for AMA representative roles and provides clarity about time and additional commitments required for each role. The AMA has the following measures in place to enhance participation on its councils and committees by:
 - Providing video/teleconference facilities to enable members who cannot travel to join meetings.
 - Considering timing and dates of meetings to ensure as many committee members can attend meetings as possible.
 - Providing funding for nursing parents in Federal AMA representative roles to bring a carer for their child to official representative activities.
- The [AMA Women in Medical Leadership](#) is awarded to a female member of the AMA who has made a major contribution to the medical profession by showing ongoing commitment to quality care and contributing to medical politics.
- In 2022, the [AMA Diversity in Medicine Award](#) was introduced and recognises the contributions to embrace, promote and implement EID initiatives.
- [Read more about AMAs EID initiatives](#)

⁴The term "non-binary" is used inclusively of any person who does not identify with male or female binary genders and acknowledge that this includes a diversity of people who may or may not identify directly with the term.

Over the next three years we will

Lead on advocacy

1. Advocate for the removal of barriers to work participation and career progression for:
 - 1.1. international medical graduates
 - 1.2. doctors with disability
 - 1.3. doctors returning to work after a prolonged absence.
2. Advocate for improvements to cultural safety in environments where Aboriginal and Torres Strait Islander doctors, doctors from culturally and linguistically diverse backgrounds, and LGBTQIA+ doctors work and train.
3. Collaborate to work to eliminate racism from medicine and in health care.
4. Collaborate to support organisational and system change to advance all diversity groups in healthcare leadership.
5. Collaborate with other stakeholders to apply a holistic and intersectional lens to promote equity, inclusion, and diversity across all of medicine and healthcare.

Recognise and value our members

1. Promote equity, diversity and inclusion across the AMA and recognise and reward our diversity champions.
2. Maximise opportunities for our members to engage and connect.

Strengthen our AMA community

1. Strive to increase diversity in Federal AMA governance, representative and policy making structures.
2. Be transparent and accountable for the actions we take to increase and promote equity, inclusion and diversity and inclusion.
3. Ensure AMA media/publications/events are consistent with the goals of this strategy.

What will success look like

- We promote equity for all doctors at work and in their careers.
- We have zero tolerance for covert and overt bullying, harassment, discrimination, racism, homophobia, transphobia, and queerphobia, and strive to prevent these from occurring in all our dealings with people.
- We have a culture of respect and celebrate the value of difference and diversity.
- We have diversity in representation across AMA Councils and Committees and in leadership roles.
- We amplify the voices of underrepresented and unheard groups within the AMA.
- We are emulated as an exemplar of diversity, equity, inclusion and belonging within the healthcare industry.

Further information

For further information about the work of the AMA on EID please visit our [website](#) or contact Sally Cross, Policy Manager, General Practice and Workplace on scross@ama.com.au



AMA

AUSTRALIAN MEDICAL ASSOCIATION

T | 61 2 6270 5400 **F** | 61 2 6270 5499 **E** | info@ama.com.au
39 Brisbane Ave, Barton ACT 2600 | PO Box 6090, Kingston ACT 2604
www.ama.com.au