



AMA

DIVERSITY REPORT

GENDER

2019



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 second such formal record of gender makeup, the first being a baseline report presenting 2018. 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 2019.

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.

Gender Equity Initiatives in 2019

Federal AMA

In March 2019, Federal AMA hosted its first Gender Equity Summit, which brought together 70 leaders in health, business and medicine to discuss the cultural and systemic barriers to achieving gender equity in medicine. Participants at the summit identified practical actions that could be taken by the AMA and other medical groups to address these barriers, with a list of nine key recommendations the central outcome of the summit. These included establishing targets; reporting on equity data; equitable access to parental leave and other leave entitlements; actively encouraging women to apply for leadership roles; and providing access to breastfeeding and childcare facilities at meetings and conferences.

Since the summit the AMA Federal Council has taken action on these recommendations by voting in May to formally implement the aforementioned target for gender balance on Federal AMA representative groups. This also included an agreement to publicise data on the composition of representative groups in relation to gender; and agreement to develop a Diversity and Inclusion plan. Federal AMA has also introduced funding for breastfeeding mothers to bring a carer for their child to official representative activities; and continued to encourage flexible arrangements for meetings such as video/teleconferencing and considerate timing/dates.



AMA NSW

AMA (NSW), in conjunction with NSW Health, has established a Gender Equity Ministerial Advisory Committee, to be chaired by Health Minister, Mr Brad Hazzard. The Committee will look at the discrepancy between men and women claiming overtime payments. Results from the 2019 HHC revealed that while 28% of men claim all of their unrostered overtime, only 19% of women do the same. In addition to looking at this issue, the Committee will examine the nine key actions to achieve gender equity in the medical profession and workplace, as identified by the AMA Gender Equity Summit.

AMA (NSW)'s medical leaders articulated the barriers facing women in medicine in the May/June edition of The NSW Doctor magazine. AMA (NSW) is committed to overcoming the hurdles that exist for those already working the profession, and future generations of doctors.

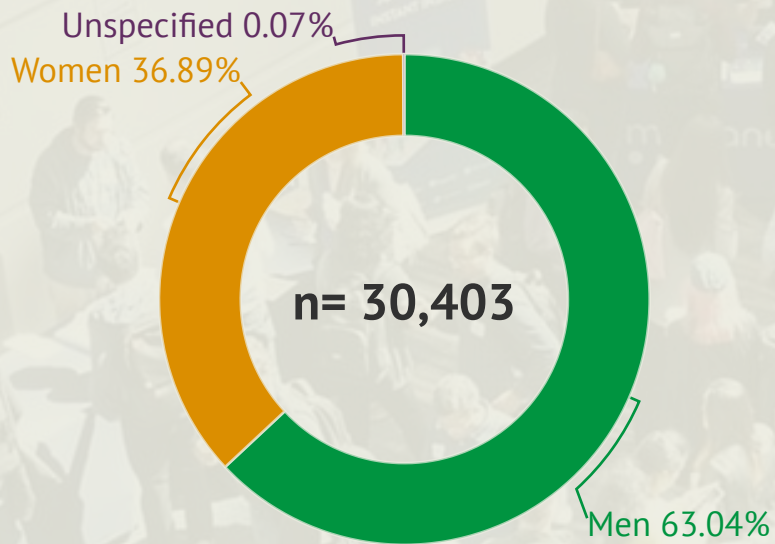
AMA Tasmania

AMA Tasmania, led by their new CEO Lara Giddings, is working to build on expanding gender quotas within medicine, eradicating bullying and developing the support that women can provide each other as they balance career and family. Additionally, AMA Tasmania is examining the institutional and societal challenges for achieving a better gender balance at home, on boards or committees and in the workplace. In line with this late last year AMA Tasmania staged their first Women in Medicine event - a casual networking opportunity designed to promote support and inclusion.

AMA Queensland

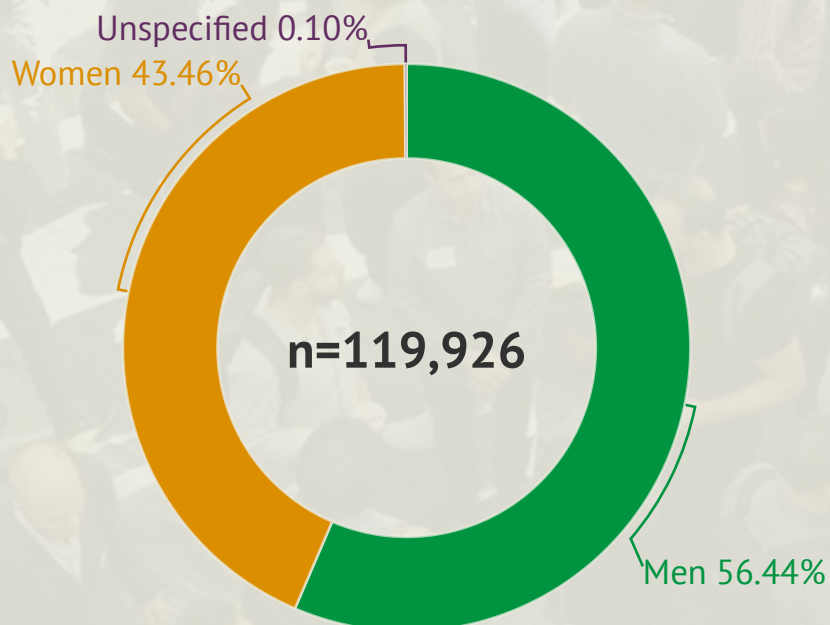
AMA Queensland is committed to achieving gender equity in its committees, Council and Board. AMA Queensland acknowledges that in order to achieve this, we will need to better understand what assists women in considering these roles, including structural aspects such as time of the meeting, duration of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

Membership Overview

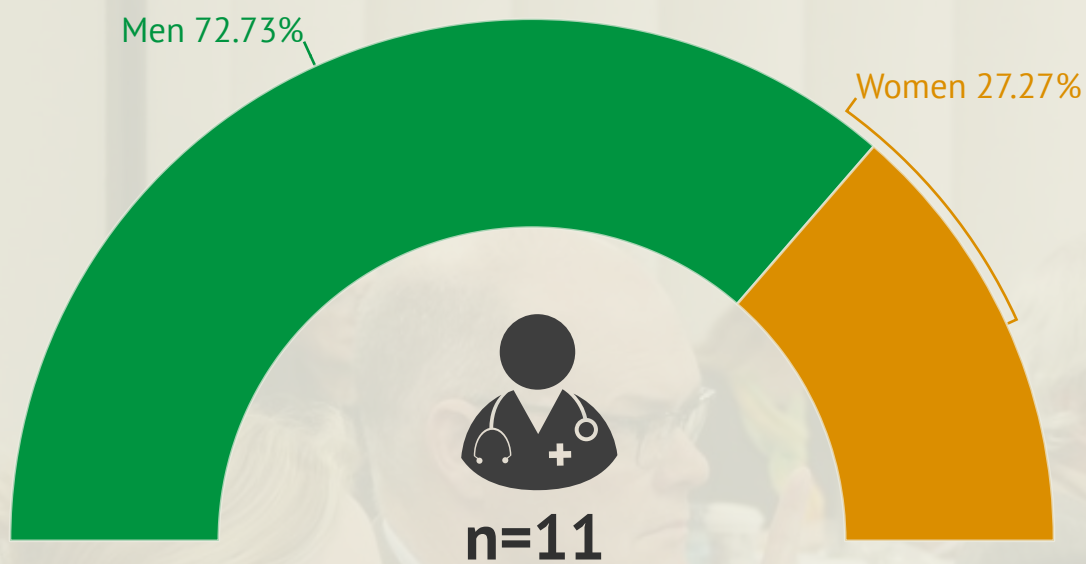


On 31st December 2019, the AMA was comprised of 30,403 members. 19,166 had a recorded gender of 'male'. 11,215 had a recorded gender of 'female'. 22 had no recorded gender. These figures do not include student members.

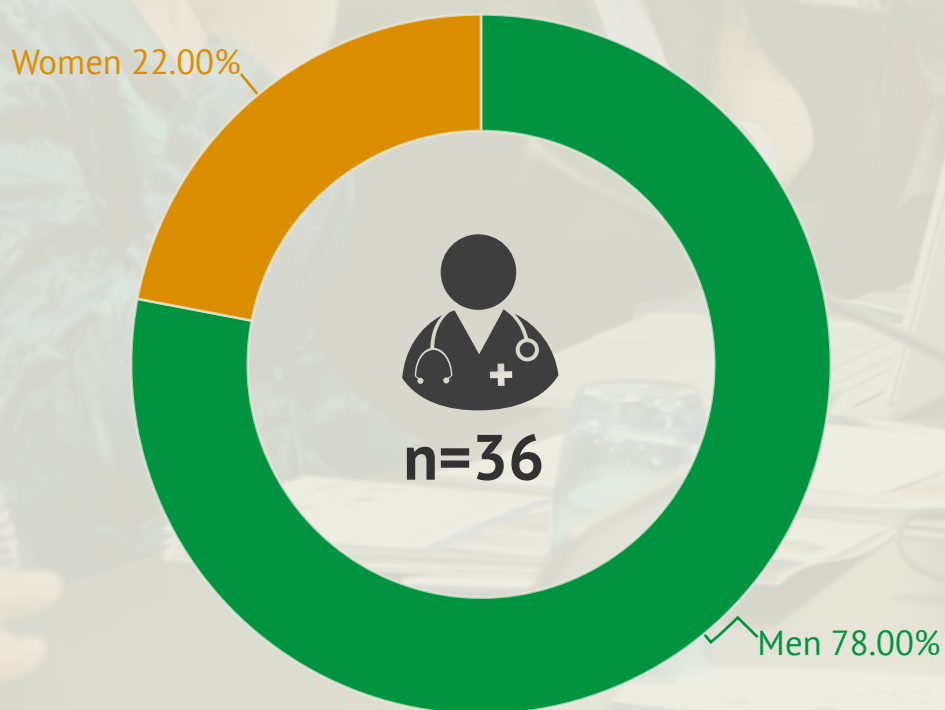
Data from the Australian Medical Board suggests that the AMA membership is slightly more skewed in terms of gender than that of the general medical workforce, which in September 2019 was comprised of 56.5% men, 43.5% women, and <0.1% people who did not indicate their gender, or were intersex or indeterminate.



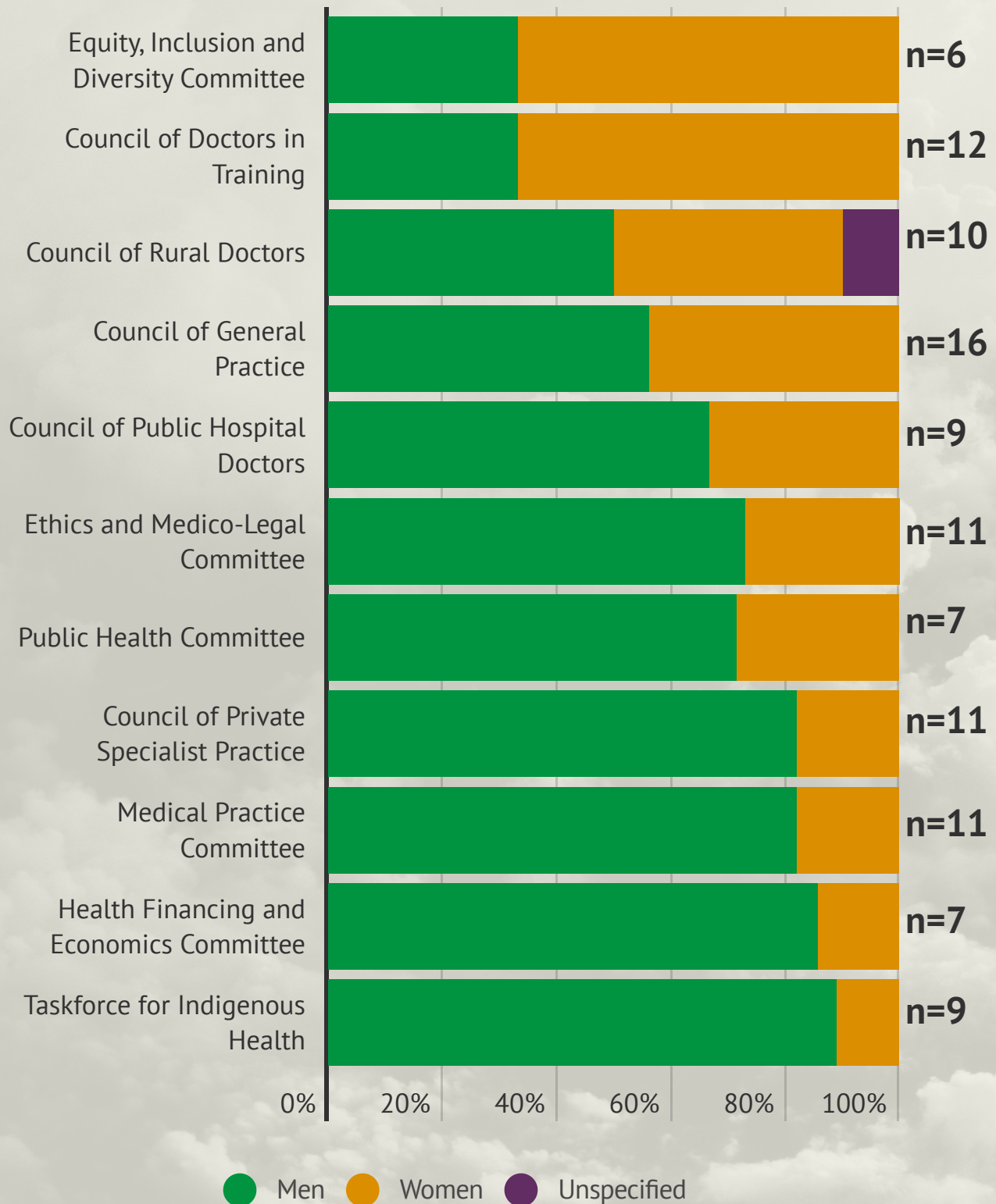
Gender Representation on AMA Federal Board



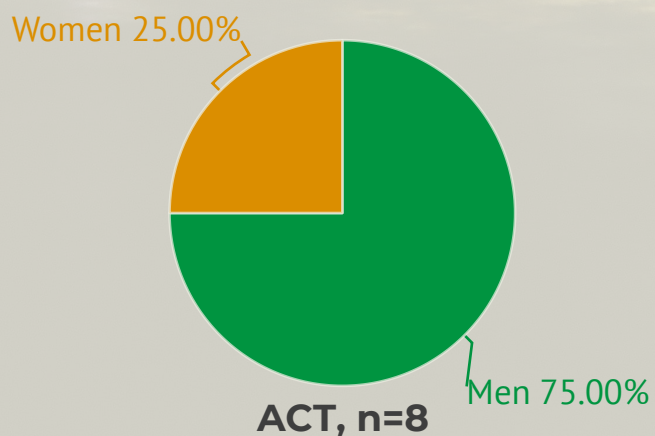
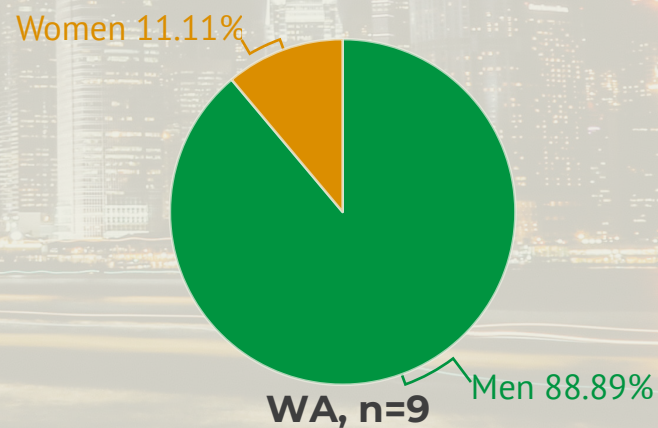
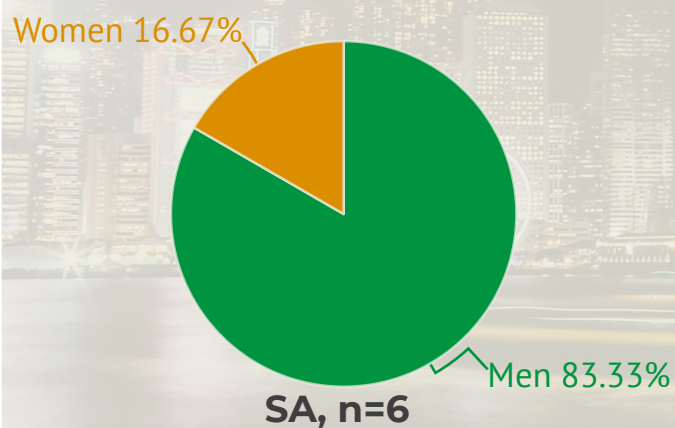
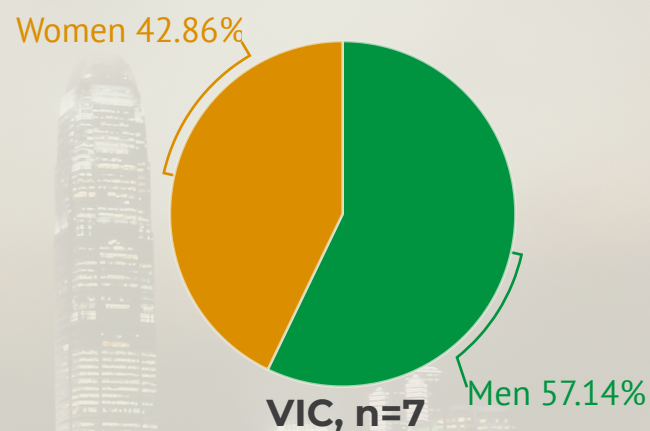
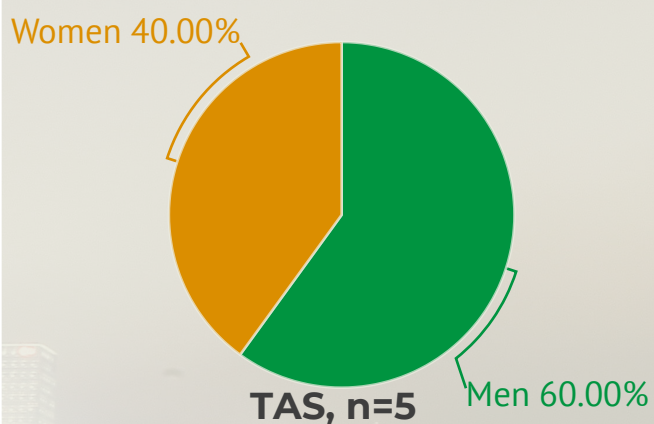
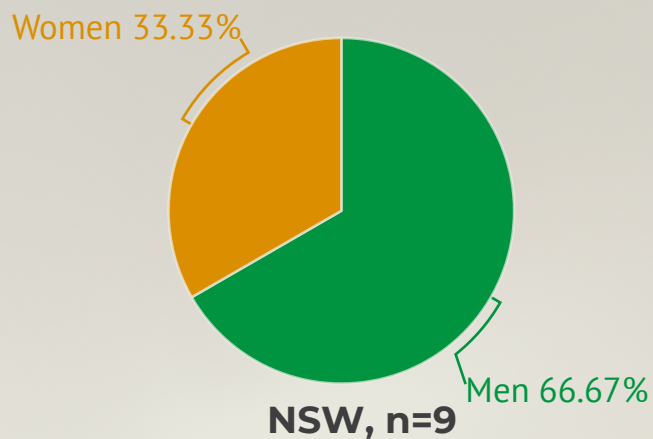
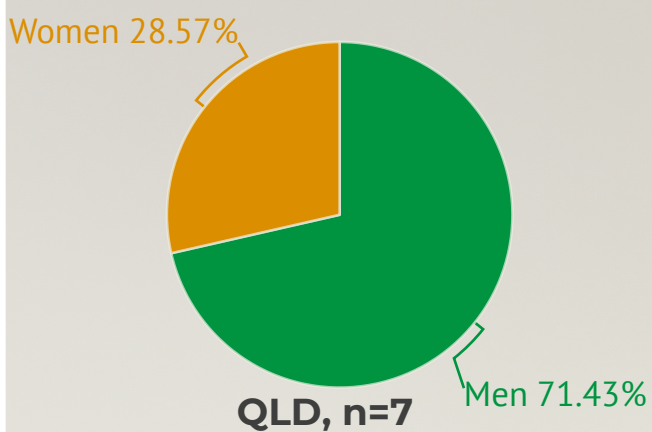
Gender Representation on AMA Federal Council



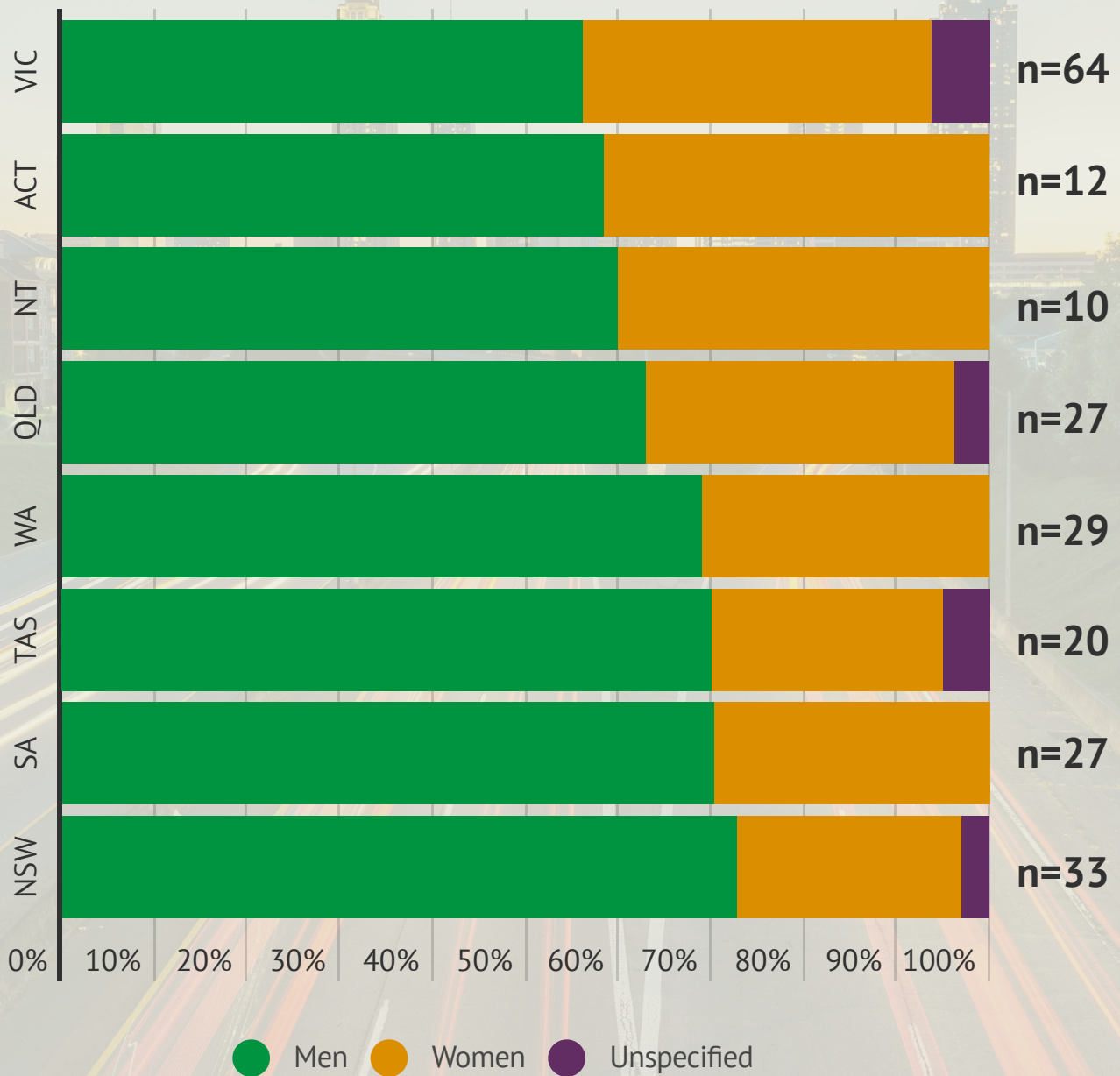
Gender Representation on AMA Federal Sub-Councils and Committees



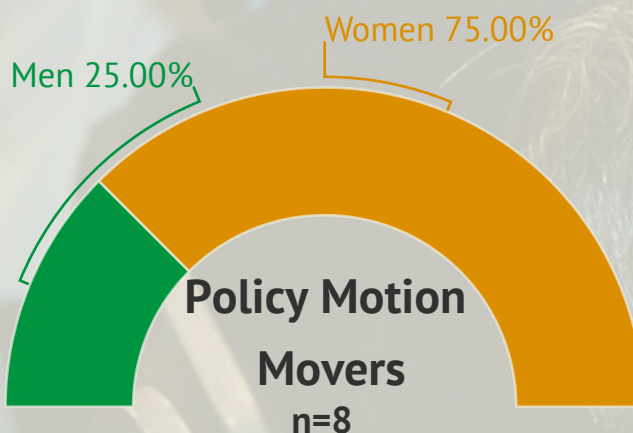
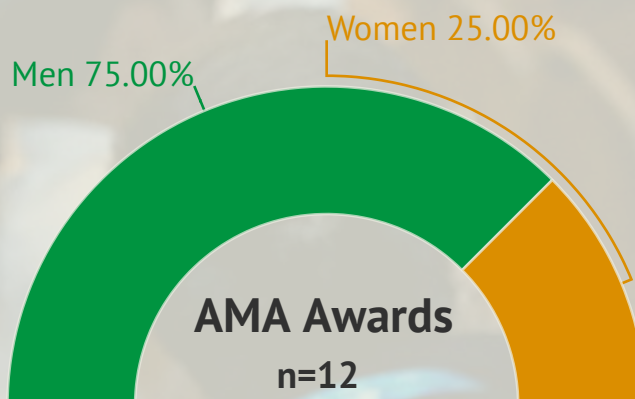
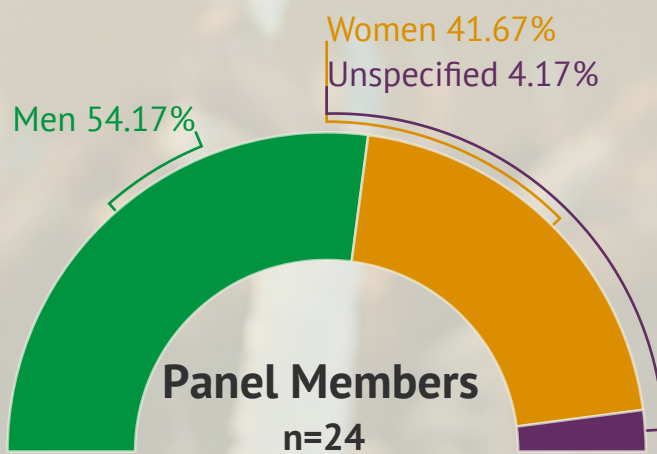
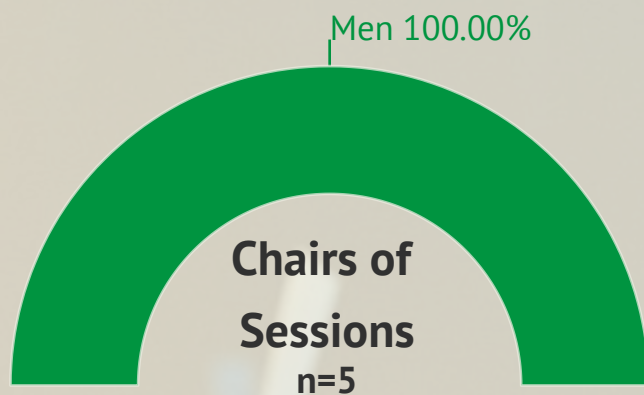
Gender Representation on AMA State and Territory Boards



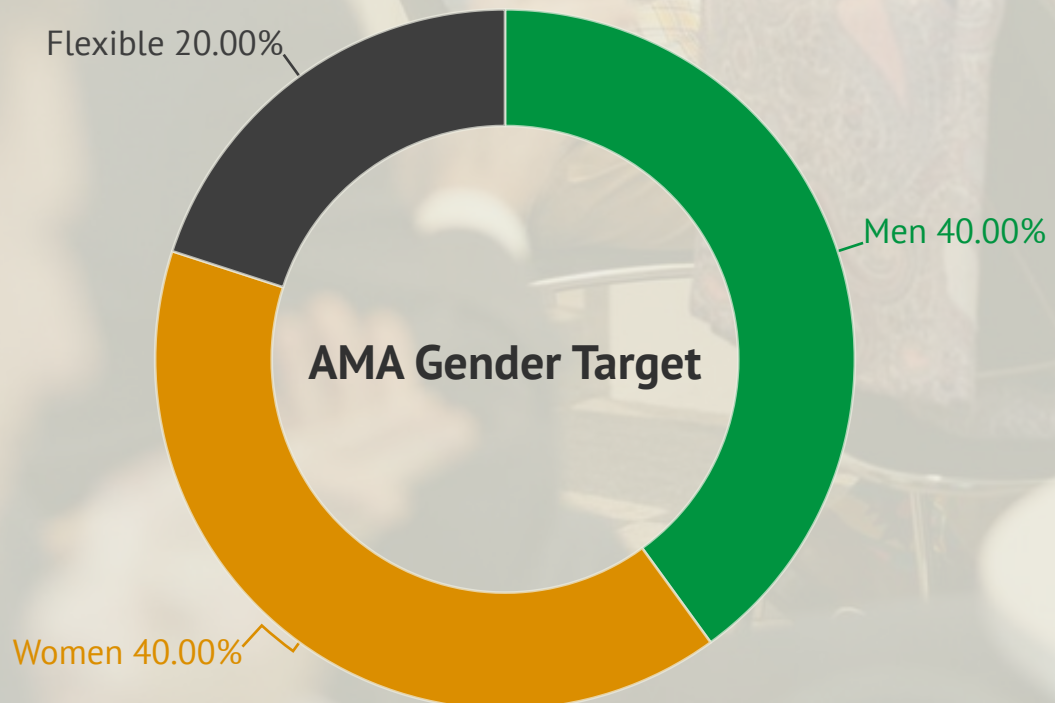
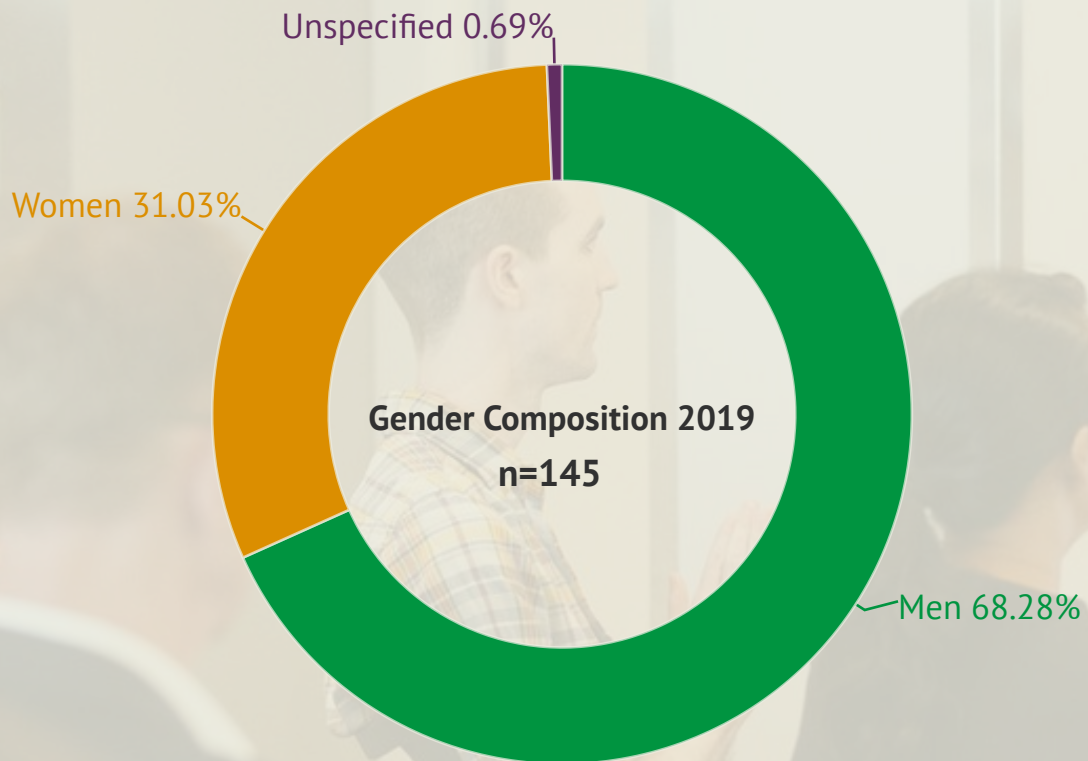
Gender Representation on AMA State and Territory Councils




Gender Representation at AMA National Conference



Summary of Results





On 31st December 2019, there were a total of 145 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 145 positions, 99 (68%) were held by men; 45 (31%) were held by women; and one (1%) was held by a person of unspecified gender. Therefore cumulatively AMA Federal councils and committees have not met the target for 2019. However, these figures do represent a small improvement from the same time in 2018, when men held 69% of representative positions, women 30%, and 1% was held by a person of unspecified gender.

AMA Federal sub-councils and committees were close to meeting the target, with 65% men, 34% women, and 1% unspecified, cumulatively. AMA Federal Council has more work to do to achieve the target, being comprised of 78% men and 22% women in December 2019. Again, these ratios are a slight improvement from 2018, when men comprised 66% of sub-council and committee positions, and 80% of Federal Council positions.

AMA representative bodies that do not fall within the target measurement – the Federal Board, and State and Territory Boards and Councils, had a wide variation in gender composition. The AMA Victoria Board and the AMA Tasmania Board both had at least 40% women in 2019, while the AMA WA and South Australia Board had one woman each. Federal AMA thanks the state and territories who shared their information to assist with the compilation of this report card. In 2019, the AMA Federal Board gender balance has worsened, with the proportion of women declining to 27% from 40% in 2018.

The AMA's 2019 National Conference had a mixed gender makeup. While session panel members were appropriately diverse, with 42% women and 4% unspecified, all of the five panel chairs were men, along with 75% of AMA Award winners. Encouragingly, 75% of the eight policy motions were moved by women. Being an election year, 2020 represents an important opportunity for an improvement in gender equity for AMA Federal councils and committees, as all representative bodies will be re-formed following the election of a new President.