

What is the role of medical colleges and member organisations in advancing women in healthcare leadership?



Proimos J, Boyle J, Garth B, Loh E, Teede HJ. The role of medical colleges and member organisations in advancing women in health care leadership. MJA. 2024. doi: 10.5694/mja2.52244.



Decades of parity in men and women graduating from medical schools is not reflected in medical leadership. Women are consistently under-represented



The burden of addressing barriers on a woman's path to leadership should not sit with individuals, but with changing the culture, organisations and systems where women work



Professional member organisations play an important role in doctors' lives, despite not being their main employer

WHAT WE DID



ENGAGEMENT & PARTNERSHIP

Identified & engaged 8 partner member organisations with cofunding

Coproduced shared vision

Engaged cross-sector academic team

Secured competitive National Health & Medical Research Council (NHMRC) grant

Finalised formal partner agreements



EVIDENCE REVIEW & SCOPING OF ACTIVITIES

Systematically searched & conducted narrative literature review & grey literature review of member organisation interventions

Scoped current partner activities (website, policies, meetings)

Identified evidence-based interventions gaps & opportunities



WORKSHOP & SHARED PRIORITIES

Held interactive workshop with senior partner representatives

Presented evidence/ literature review/ scoping results, mapped to evidence-based interventions

Explored gaps & opportunities

Facilitated small group reflections & break out discussions

Agreed & ranked priorities for action

WHAT WE FOUND

The role of professional member organisations in advancing women in healthcare leadership includes:

- Training
 - Training program
 - Accreditation of posts
 - Continuing Professional Development
- Industrial agreements
- Learning leadership skills through committee participation
- Networking and mentoring opportunities

Gender equity was on the agenda but most member organisations were early in their implementation journey

All had flexible training policies, but lacked evidence of implementation

Most had a gender equity or diversity and inclusion working group

Three organisations had published a strategy for improving gender equity in leadership

Some had set gender targets, and two had formally reported on their progress

PRIORITIES REACHED THROUGH CONSENSUS BY PROFESSIONAL MEMBER ORGANISATIONS

➤ Collective action, through a Community of Practice model, to increase reach and impact of organisational interventions to redress gender inequity in healthcare leadership.

➤ Coproduction of evidence-based interventions that can be applied to their own contexts, e.g., improving organisational policies and practices, and collectively develop gender equity-focused training accreditation standards.