

Australasian College
for Emergency Medicine

Gender equity

Position statement S738

Document Review

Timeframe for review:	every three (3) years, or earlier if required.
Authoring group:	Advancing Women in Emergency Section
Document authorisation:	Council of Advocacy, Practice and Partnerships
Document implementation:	Advancing Women in Emergency Section
Document maintenance:	Department of Policy and Strategic Partnerships

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
01	May-2020	Approved by Council of Advocacy, Practice and Partnerships
1.1	May-2025	Updated Trainee definition to reflect changes to training program titles

Definitions

College member

For the purposes of this Statement, 'College member' includes those defined in the [Regulation A: Governance](#) as being 'members' of the College, trainees (as defined below) and any external person serving on any College entity. ¹

Gender

This statement refers to 'women' and 'men', in discussing gender equity. The College acknowledges however that additional gender-based disadvantage is faced in complex and overlapping ways by transgender and gender-diverse people. ^{2,3}

Gender diverse

Gender diverse refers to a range of genders expressed in different ways. Gender diverse people use many terms to describe themselves including agender (having no gender), bigender (both a woman and man) or as non-binary (neither woman nor man). A transgender person is someone whose gender does not exclusively align with the one they were assigned at birth and can also be used as an umbrella term for anyone whose gender characteristics differ from societal expectations. ^{2,3}

Gender discrimination

Gender and/or sex discrimination is when an individual is treated less favourably than an individual of the other sex or gender would be treated in the same or similar circumstances.

Gender equality

Gender equality enables individuals to access and enjoy the same rewards, resources and opportunities regardless of gender. ⁴

Gender bias

Gender bias is a preference or prejudice toward one gender over another. It encompasses actions and/or thoughts based on the perception that people are not equal in rights and dignity based on their gender. Gender bias is often unconscious or implicit and reflects associations acquired as we socialise into our respective cultures. ⁵

Gender equity

Gender equity is the fair treatment of people of any gender in the distribution of benefits and responsibilities. Achieving this fairness can involve ensuring that strategies and measures are available to compensate for the historical and social disadvantages that prevent people from otherwise operating on a level playing field. Gender equity leads to gender equality. ^{5,6}

Trainee

Means an individual enrolled in an ACEM training program and, for the purposes of this policy, undertaking College requirements for the purpose of attaining eligibility for election to Fellowship of the College.

1. Purpose

This Statement establishes ACEM's position and commitment to gender equity across College activities and the broader Emergency Medicine (EM) workforce.

The Statement outlines strategic objectives and practical recommendations on how ACEM and the broader Australian and New Zealand emergency medicine community can work towards a future in which people of any gender working in emergency medicine can achieve their full potential.

2. Scope

In scope for this Statement are (i) the College's business activities, including governance, education and training, and (ii) emergency departments (EDs) across Australia and New Zealand.

This Statement applies to ACEM members and trainees. It is intended to complement existing state, territory, federal and international legislation and regulation relating to gender equity, gender equality, and discrimination.

3. Background

3.1 The case for gender equity

Gender inequity is driven by complex socio-cultural interactions and further compounded by socio-cultural resistance to changes in traditional gender roles.⁷ This has resulted in long-term barriers that in this case prevent and/or inhibit women and gender diverse people progressing to their full potential in the field of medicine. This includes stereotypes associating men with leadership, leading to implicit bias; disproportionate access to mentorship for women; and persistently greater familial responsibilities for women. Structural barriers also persist across areas such as workplace recruitment practices, which limit leadership promotion opportunities. Specific issues regarding maternity leave also persist, including concerns regarding rostering practices, discrimination in physician hiring practices, inflexible policies that discourage part-time work and flexible working conditions, failure to pay maternity leave and even termination of employment.

Compared with men, women in medical careers are underrepresented in leadership roles and are also less likely to be promoted and/or are slower to attain such roles. This can be amplified by intersectionality, the complex and cumulative mechanism by which the effects of different forms of discrimination can combine, overlap, or intersect. Hence women of colour or those living with a disability are more likely to experience gender bias (ref: IWDA). Further compounding this is the continued existence of gender-based discrimination and harassment and sexual harassment within the medical workplace.^{8, 9, 10, 11}

Although women remain underrepresented in many specialty areas, in overall terms substantial progress has been made in medicine, with women today making up more than half of all medical student enrolments across both Australia and New Zealand. Current data indicates that between 40%– 45% of the medical workforce is comprised of women across both Australia and New Zealand, and 53% of early career practitioners (including specialist trainees) are women.^{12, 13, 14, 15}

However, the number of women that progress through to leadership positions is a significant concern. This difference in the type of position held based on gender is often referred to as the 'leaky pipeline phenomenon', where there is attrition of women at each step of the career ladder, beyond that which could be attributed to standard attrition rates.^{16, 17} Reasons cited for this include reduced access to mentoring opportunities and other senior leaders as role models, a lack of managerial support, an overall lack of on-the-job recognition experienced by women, and decreased access to resources such as personnel and space.^{16, 18} Another reason cited is the reduced career opportunities that women face once they have (or indicate they would like to have) children. As these periods require maternity leave, and often more flexible working hours, there can be a perception that women are unable to undertake the level of commitment required for senior leadership positions.¹⁷

3.2 Gender equity and emergency medicine

ACEM data shows there has been a substantial increase in the number of female members and trainees over the past decade. Almost 40% of all ACEM Fellows (FACEMs) are women, and this has been consistently increasing over the past decade (29% female FACEMs in 2011). Currently almost 50% of all FACEM trainees are women.¹⁹ However, ACEM has identified that women remain underrepresented across several areas, notably the College's governance activities and leadership roles within the health system more broadly.^{20, 21} There is no data currently available on the number of gender diverse people among the College membership, or their involvement in representative and leadership roles.

Issues related to gender diversity within the ACEM Board have been addressed through changes to the ACEM Constitution. ACEM data also shows that across College governance, a number of entities have achieved proportional (or near-proportional) gender representation. However, College Office Bearer roles, such as Council Chair and/or Censor-in-Chief have primarily been occupied by men over the past decade.

Recent work undertaken by the College in relation to diversity has found that members and trainees considered overall that there was poor representation of women in College leadership roles, and that barriers to accessing some governance roles still exist.

Furthermore, within the emergency department workplace, men significantly dominate senior leadership positions. ACEM member data indicates that men occupy more than 75% of Director of Emergency Medicine roles in ACEM-accredited emergency departments.

The establishment of the College's Advancing Women in Emergency Section, and emergence of external groups such as the Network of Women in Emergency Medicine, demonstrate the increased momentum on issues of gender equity. However, there clearly remain participation barriers for women in accessing and/or volunteering for leadership and governance roles within Emergency Departments, as well as at the College.

4. Position

The maintenance of a diverse and inclusive organisational culture is integral to the College achieving excellence within the field of emergency medicine across Australia and New Zealand. ACEM considers that gender equity is fundamental to this and should be visible at all levels of the organisation. ACEM is also committed to supporting and advocating on behalf of its members and trainees on matters of gender equity across emergency department workplaces, to ensure that people of any gender working in the specialty can reach their full potential.

Research in recent years has demonstrated the positive relationship between more diverse leadership and improved performance. A decision-making process which includes a diversity of views is considered more likely to incorporate a wider spectrum of risk, consequence and implicational factors. Enhanced diversity can also positively influence the rest of an organisation and, in turn, encourage increased interest in participation from a more diverse pool of individuals. [22, 23, 24](#) Furthermore, evidence also suggests that workplace policies that facilitate the career advancement of women can assist in reducing the barriers to accessing leadership positions, for example more gender-neutral family leave options. [18, 25](#)

ACEM has identified the following as priority action areas in relation to gender equity:

- 1 Improving gender diversity in College and emergency department leadership roles by advancing the participation of women;
- 2 Improving gender diversity in participation in College activities, including governance activities, by increasing the involvement of female members and trainees; and
- 3 Advocating on matters of gender equity within the emergency department workplace.

4.1 Improving gender diversity in College and ED leadership roles by advancing the participation of women

ACEM acknowledges the importance of leadership development pipelines. The College commits to supporting female and gender diverse members and trainees to access leadership roles within the College and emergency departments by:

- Improving the gender balance in representation across ACEM senior leadership roles. To this end, the College has adopted a target of 40% female membership of the ACEM Council of Advocacy, Practice and Partnerships (CAPP), the Council of Education (COE) and the ACEM Board by 2022.
- Encouraging Directors of Emergency Medicine Training and Directors of Emergency Medicine to support and facilitate gender diversity within their departments.
- Improving the gender balance of ACEM member applicants to other professional medical representative bodies (e.g. Australian Salaried Medical Officers Federation (ASMOF), Australian Medical Association, Medical Council of New Zealand and the Medical Board of Australia).
- Ensuring gender balance in ACEM nominations to representative roles on bodies external to ACEM.
- Ensuring gender-balanced representation of FACEM spokespeople promoted by ACEM as representing the College and its members.
- Facilitating mentoring opportunities for women in emergency medicine; and
- Enabling gender diversity training to be approved as a Continuing Professional Development activity.

4.2 Representation of women at all levels of ACEM's governance structures

ACEM commits to improving the gender balance in representation at all levels within the College's governance structures, specifically ensuring that women are represented. This will be achieved by:

- Increasing the number of women applicants for all committee, working group and governance roles within ACEM.

- Maintaining ACEM's commitment to selection into training recruitment processes that are cognisant of gender diversity principles.
- Annual auditing and public reporting of gendered representation across College activities, demonstrating a translation of the College's commitment.

4.3 Advocating on matters of gender equity within the emergency department workplace.

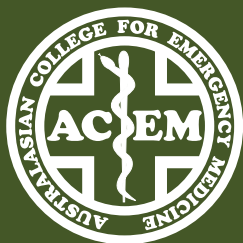
ACEM is committed to advocating for emergency department workplaces that are safe and rewarding, and where members have access to an appropriate environment that is free of gender-based discrimination and sexual harassment. ACEM encourages all Directors of Emergency Medicine to implement appropriate measures to address gender equity across the following areas:

- Recruitment processes that are cognisant of gender diversity principles.
- Ensuring equal access and uptake of parental and carers leave, and flexible work arrangements for all parents and carers.
- Ensuring policies are implemented to support those returning to work from parental leave, including support of return to work courses such as the Skills Update for Parents in Emergency Medicine (SUPER) course.
- Facilitating education for those in emergency medicine leadership positions regarding gender discrimination and its impact on recruitment decisions.
- Ensuring appropriate policies and procedures are in place that properly investigate and address allegations of sexual harassment and gender-based discrimination.
- Ensuring breastfeeding policies are in place to support lactation breaks.

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