



Australian
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WOMEN IN THE HEALTH AND MEDICAL SCIENCES DECADAL PLAN (2025) APPENDICES

These appendices outline the evidence and approaches used to inform the Australian Academy of Health and Medical Sciences 2025 report, Women in the Health and Medical Sciences: Decadal Plan. They are intended to be read in conjunction with that report and not as a standalone document.

CONTENTS

- 3** Appendix 1: Existing policies and strategies
- 5** Appendix 2: Summary of roundtable insights
- 7** Appendix 3: Evidence review
- 12** Appendix 4: Summary of Systems Change Approach
- 14** References

APPENDIX ONE

Existing policies and strategies

The following table describes key HMS and HMS-adjacent gender equity policies or strategies, and their purpose and key priorities/recommendations. Acronyms are used throughout the text and are spelled out in full in the 'Abbreviations/glossary' section of the main Decadal Plan document.

Policy/strategy	Purpose	Key priorities/recommendations
AAMRI (2021) Gender, Equity, Diversity, and Inclusion Strategy and Action Plan	Address gender disparities across medical research institutes (MRIs).	<ul style="list-style-type: none">• Redefining measures of success and merit for greater diversity and inclusion.• Enabling mechanisms for gender equity in advancement and promotion.• Addressing sexual harassment and promoting safe workplaces.• Addressing inequities in health research.
AAS & ATSE (2019) Women in STEM Decadal Plan	Enhance gender equity in the traditional STEM sector through increased participation and retention of women over the next decade.	<ul style="list-style-type: none">• Stronger leadership and cohesion across the Australian STEM ecosystem.• Better data capture and evaluation of gender equity initiatives and programs.• More inclusive and respectful workplaces.• Improved representation of women in all areas including in leadership positions, on boards, on conference panels and in the media.• Awareness of life and career opportunities that arise from studying STEM.• Filling the small and medium enterprises gap in industry efforts to address gender equity.
NHMRC (2022) Gender Equality Strategy 2022-2025	Address gender inequities in HMS funding through measures such as gender equity targets in grant funding and removing some applicant track record requirements where appropriate	<ul style="list-style-type: none">• Evaluate and adapt policies and activities to achieve gender equity and measure our performance against set goals.• Increase transparency of processes and funding outcomes.• Build commitment to gender equity as a common goal across the health and medical research sector.• Collaborate with government, research institutions, industry, business and the community to achieve gender equity.

Policy/strategy	Purpose	Key priorities/recommendations
<p>Department of Industry, Science and Resources (2024)</p> <p>Pathway to Diversity in STEM Review</p>	<p>Create structural and cultural change to increase the diversity of Australia's traditional STEM system. Review made recommendations across the following areas:</p>	<ul style="list-style-type: none"> • National Strategy and Advisory Council • STEM diversity programs: • Zero tolerance workplaces • Equity action plans • Safer, inclusive STEM via funding levers • STEM in migration policy • School participation • Diverse teaching support • Tertiary reform access • Support for First Nations STEM • Diversity awareness campaign
<p>Department of the Prime Minister and Cabinet (2024)</p> <p>Working for Women – A Strategy for gender Equality</p>	<p>Realise an Australia where people are safe, treated with respect, have choices and have access to resources and equal outcomes no matter their gender.</p>	<p>Key areas included:</p> <ul style="list-style-type: none"> • Ending violence against women • Balancing unpaid work • Closing the gender pay gap • Closing the retirement income gender gap • Gender equity in healthcare access and outcomes • Closing leadership and representation gaps
<p>SAGE Program (2015–)</p>	<p>Provide Australian research institutions with a range of tools to implement best practices in gender equity, diversity, and inclusion.</p>	<p>Resources developed by SAGE for the sector include:</p> <ul style="list-style-type: none"> • Assessment frameworks • Self-evaluation guidelines • Practical resources • Training modules • Metrics for tracking gender representation • Templates for developing gender equity action plans

Summary of roundtable insights

During January–May 2025, the Australian Academy of Health and Medical Sciences convened a series of four strategic roundtables to inform the development of *Women in the Health and Medical Sciences: Decadal Plan* (i.e. the *Decadal Plan*; the *Plan*).

Roundtable participants were selected through a targeted approach to ensure a diverse and comprehensive representation of key senior stakeholders from across the HMS sector. A total of 31 senior individuals from 30 organisations and offices spanning research, health, government, and industry were invited based on their expertise, leadership roles, and their ability to contribute meaningfully to the discussion – bringing together individuals who could provide strategic insights and collaborate on shaping a practical, evidence-based roadmap for advancing equity for women in the HMS ecosystem.

By grounding the Plan in the day-to-day realities of the HMS sector – particularly HMS leadership, identifying shared priorities, opportunities for reform, and mechanisms for collective accountability – the roundtables served as a foundation for the Plan’s strategic framework.

Thematic analysis

1. Actionable and measurable change: The need for tangible, implementable strategies was a consistent theme. Participants advocated for clear milestones, resourcing pathways, and progress indicators to avoid symbolic or aspirational commitments.

2. Evidence-informed design: There was strong agreement on the importance of using robust, disaggregated data to track impact and inform continuous improvement. Challenges around workforce classification and visibility of non-traditional roles were noted.



3. Collaboration across the sector: The success of the Plan depends on cross-institutional and cross-sectoral partnerships, involving funders, educators, employers, regulators, and community groups. Engagement with grassroots and peer networks was seen as vital.

4. Flexibility paired with accountability: While the Plan must evolve over a ten-year horizon, participants stressed the need for regular reviews, feedback loops, and mechanisms to ensure stakeholder accountability—without adding undue burden on already engaged organisations.

5. Structural and cultural change: Many contributors called for confronting unconscious bias, meritocracy myths, and “boys’ club” norms. Structural adjustments such as improved flexibility, recognition of non-academic research roles, and inclusive leadership pathways were discussed.

6. Workforce retention and workplace climate: Retention was linked to mentorship, inclusive workplace culture, and career progression pathways. Measuring workplace climate and centering employee experience were seen as core to long-term impact.

7. Inclusivity and intersectionality: Participants emphasised that the Plan must move beyond binary gender equity to account for cultural background, migration status, regionality, and career stage—ensuring policies reflect the full diversity of the workforce.

Opportunities identified

Participants identified the following opportunities for addressing the themes discussed:

Participants identified the following opportunities for addressing the themes discussed:

- Build a coalition for implementation, involving influential leaders, funders, and community-based organisations.
- Develop a national framework for gender equity metrics, aligned with existing reporting obligations (e.g., WGEA, NHMRC).
- Pilot and scale early wins in leadership development, organisational change, and flexible work.
- Embed intersectionality in design, monitoring, and evaluation, ensuring that marginalised voices shape and guide the Plan’s evolution.

APPENDIX THREE

Evidence review

“This evidence review summarises key findings from academic research, government and HMS sector reports, and program evaluations”

This evidence review summarises key findings from academic research, government and HMS sector reports, and program evaluations that underpin the strategic opportunities and recommendations proposed in *Women in the Health and Medical Sciences: Decadal Plan*.

Each row of the table is organised around one of the five strategic opportunities outlined in the main body of the Plan. These opportunities represent critical levers for systems change, and were derived from an integrated analysis of literature, expert consultation, and stakeholder insights (including those summarised in Appendix 2).

The ‘Strategic recommendations’ column summarises the actions associated with realising each strategic opportunity, and the ‘Evidence’ column presents an overview of supporting data, case studies, and references that validate or illustrate the rationale for the proposed opportunities and corresponding recommendations.

This appendix is intended to be read in conjunction with the Plan. It is not an exhaustive literature review but rather a targeted synthesis of high-impact evidence that informed the development of the Decadal Plan’s system-wide vision for advancing leadership equity for women across Australia’s HMS sector.

1. Integrated national policy environment

Strategic recommendations

- 1.1 Commit to a vision and strategies for gender equity in HMR.
- 1.2 Embed HMS priorities more consistently and specifically within the implementation plans of national strategies and policies, ensuring targeted integration that supports equity and sustainability across the sector.
- 1.3 Coordinate, invest in and leverage evidence-based strategies across the HMS ecosystem.

Evidence

- HMS have a distinct gender composition compared to the wider STEM sector. Pathways to Diversity in Stem addresses the fact that women are underrepresented across the STEM sector as a whole.¹ Within university settings, for example, only 30% of STEM teaching and research roles are held by women.² However, this STEM-wide trend is not followed by HMS, where women comprise 52% of the total workforce, but fill only 25% of senior HMS roles.³
- There is a causal link between women in leadership and enhanced business performance. Research by WGEA shows that organisations’ market value increases as they increase women’s representation across key leadership roles.⁴

2. Fair and equitable funding structures

Strategic recommendations

- 2.1 Embed gender equity and address bias in funding scheme design, eligibility, assessment and transparency.
- 2.2 Support uptake of SAGE's accreditation framework across MRIs.
- 2.3 Strengthen and align funding data initiatives and systems

Evidence

- Women make up a smaller percentage of senior-level funding applicants. NHMRC data show that between 2019-2021, while women made up the majority of applicants at the Emerging Leadership Level 1 (i.e. early postdoctoral stage), they accounted for only 20% of applicants at the most senior level, Leadership Level 3.⁵ This attrition is echoed in MRFF data, where, compared to men, women at older ages and later career stages submitted fewer applications albeit having higher funded rates.⁶
- Award criteria that emphasise applicant prestige over research quality favour men over women. Research from Canada, whose HMS funding systems are closely aligned with Australia's, shows that gender gaps widen when peer reviewer focus shifts from project quality to the applicant's perceived calibre.⁷ This is also suggested by MRFF data, where funded rates between men and women have remained similar in recent years despite lack of structural priority funding or equity targets – with a possible contributor being a lower emphasis in grant assessment criteria on publication metrics and more on project impact.⁶
- Targeted funding allocation increases the number of grants made to women. Between 2019 and 2021, men applicants to NHMRC Investigator Grants received about 35% more grants and 67% more total funding (about \$95 million extra per year) than women applicants. In 2023– the first year that the NHMRC implemented gender equity targets—the NHMRC awarded roughly equal numbers of women and men researchers, with women receiving more funding overall.⁸

3. HMS workforce strategy

Strategic recommendations

- 3.1 Build a world-class HMS workforce that harnesses the full breadth and diversity of Australia's HMS talent.
- 3.2 Develop a national data framework for HMS.
- 3.3 Fund and evaluate an evidence-based program to support women's leadership and career potential at senior levels.

Evidence

- HMS job insecurity is common in university settings: The Australian Government's 2024 HMS workforce audit found that job insecurity is a significant issue in the traditional sector (comprised largely by universities), with 55% of researchers on fixed-term or casual contracts, compared to 31% in the non-traditional sector (including pharmaceutical companies and biotechnology firms).⁹
- Supporting Women in Medicine, Dentistry and Health Services (SWiM) is a mentoring program based at the University of Melbourne that aims to support equitable academic promotion across genders. Evaluation of the 2024 program revealed an average success rate of 95.5% among participants who applied for promotion to academic levels C, D and E.¹⁰
- Franklin Women—an Australia-based, professionally facilitated, cross-organisational initiative designed to support the development of mid-career women in HMS institutions—was evaluated in terms of reported outcomes 12-months post-program. All mentors and mentees surveyed and interviewed reported positive changes to their knowledge and skills (96% mentees, 83% mentors), resilience (88% mentees, 67% mentors), ability to have difficult workplace conversations (88% mentees, 71% mentors) and improvements in supervisory and team management (82% mentees, 75% mentors) skills.¹¹
- Large-scale mentorship and development programs for women and gender diverse people exist across STEM more broadly – e.g. Elevate: Boosting diversity in STEM (ATSE) and Superstars of STEM (Science & Technology Australia), but these are not tailored to the unique needs of women HMS.^{12,13}

4. Organisational change for inclusive, safe and equitable work environments

Strategic recommendations

- 4.1 Leverage and align to existing workplace safety and inclusion policies and strategies.
- 4.2 Implement evidence-based organisational initiatives.

Evidence

- Leadership and culture are key to advancing women's leadership. A systematic review of multiple settings – including health – has shown that leadership commitment and accountability – accompanied by a cultural climate and organisational readiness for change – are central to the successful implementation of organisational interventions that advance women's leadership.¹⁴
- Leadership training is most effective when it has secured buy-in of participants and their colleagues, and is accompanied by larger organisational initiatives. A recent review of multidisciplinary literature concluded that such programs are most impactful when they are voluntary rather than mandated by the participants' organisation – and when the organisation combines multiple strategies to advance underrepresented employees.¹⁵
- Culture matters: A study of Canadian and American fathers with access to parental leave found that the most common barriers to utilising this were perceptions held by employers and colleagues.¹⁶
- Monash University's NHMRC-funded Women in Healthcare Leadership Program (WIL): Evaluation of this program found that it had significantly advanced collaboration across stakeholders; implementation of evidence-based strategies into organisational change; and improved in equity, thereby enhancing women's career advancement in the healthcare sector.¹⁷
- Aurora, a UK-based higher education mentorship and leadership program led by Advance HE, significantly increased women's self-belief in their leadership skills. 68% of participants reported a positive impact on their ability to "seek out leadership roles" three years post-program. 18.6% of participants were promoted within 12 months post-program, compared to only 7.1% of the comparison group.¹⁸
- Flexible work practices have been shown to mitigate the 'part-time promotion cliff' by Workplace Gender Equality Agency (WGEA) data analysis.¹



5. Implementation

Strategic recommendations

- 5.1 Build a National Taskforce for Advancing Gender Equity across HMS.
- 5.2 Support knowledge transfer.
- 5.3 Establish sector-wide monitoring, evaluation, and accountability mechanisms.

Evidence

- Systems-level coordination improves equity outcomes.^{20,21}
- Frameworks like the Consolidated Framework for Implementation Research (CFIR) and the Learning Health System framework (LHS) (see Appendix 4) can guide effective, imperative, iterative implementation in complex sectors.^{22,23}

Summary of Systems Change Approach

The development of the Plan utilised the Systems Change Approach that combines two complementary frameworks: the Consolidated Framework for Implementation Research (CFIR) and the Learning Health System framework (LHS).^{22–24}

Spanning across five core domains, CFIR comprises: 1) the outer context, i.e., government, policy, advocacy, and peak medical bodies; 2) the inner organisational context, i.e., the norms, assumptions, culture, values and readiness of health services and academic centres; 3) the individuals in the system, i.e., women in the workforce; 4) the evidence-based multi-level interventions to be implemented across the system; and 5) the process of implementation.

CFIR is well-suited to identifying what multi-level factors are important (e.g., across the outer setting, inner setting, and individual levels), but it provides limited guidance on how to leverage these insights to coproduce context-sensitive strategies.²⁵

To address this gap, the Learning Health System (LHS) serves as an iterative process to facilitate complex systems change for implementation. It captures, generates and leverages evidence across four broad quadrants including from stakeholder, research, practice/data and implementation to drive evidence into practice and towards systems and individual behaviour change (in this case, gender equity and women in leadership in HMS).

The following diagrams show the overarching process that guided the coproduction of *Women in the Health and Medical Sciences: Decadal Plan*, using CFIR and LHS frameworks.

Methods - Frameworks²⁶

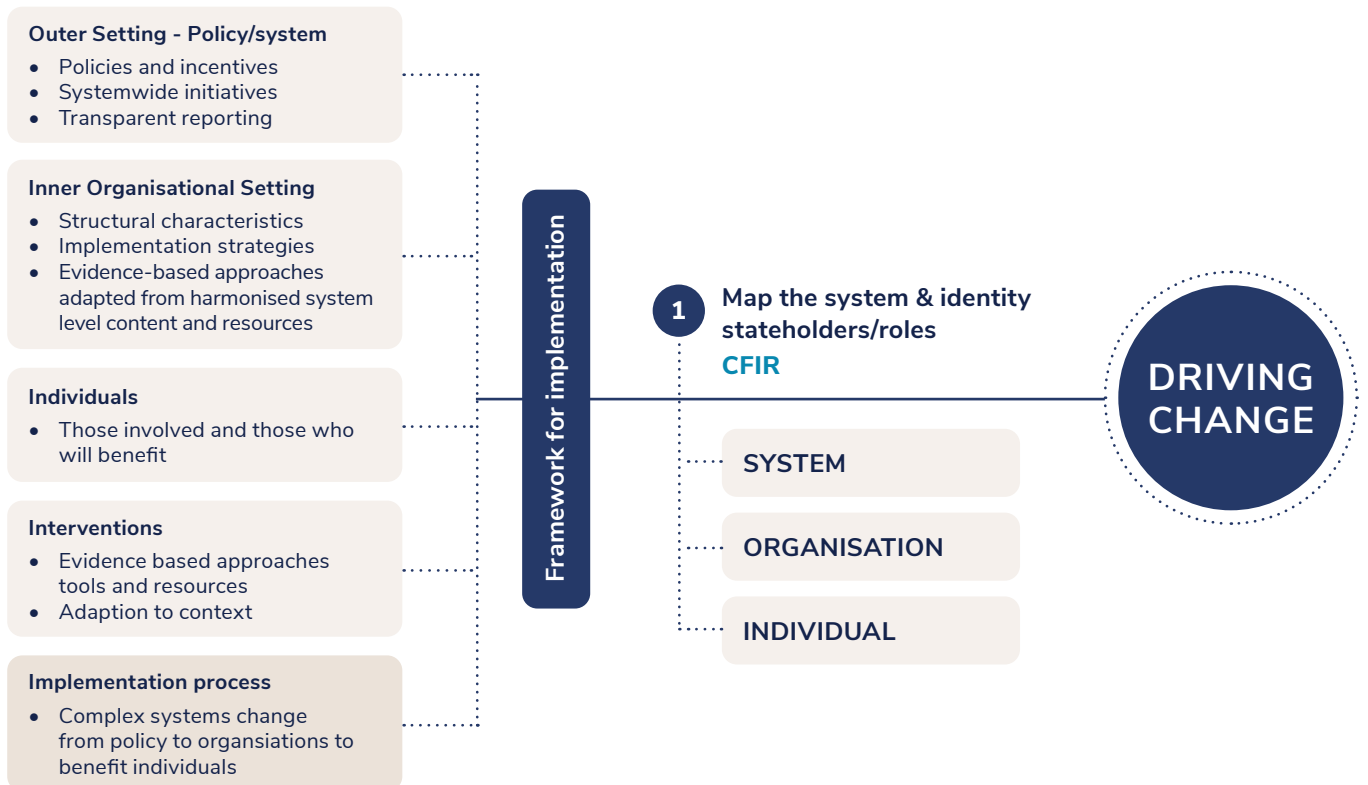


A Theory of Change (ToC) Structural components

- Evidence from stakeholders, evidence from research, evidence practice/data
- Evidence from change/implementation

How and why change occurs across contexts, including continuous learning/improvement in a dynamic system

Leading systems change for impact²⁶



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The Australian Academy of Health and Medical Sciences


Canberra | Sydney | Brisbane


PO Box 6114, Woolloongabba, QLD 4102

e info@aahms.org t +61 (0) 7 3102 7220

 www.aahms.org

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