11 April 2023

Australian Universities Accord Panel
Universities Accord Consultation
Department of Education

To Whom It May Concern,

**RE: Submission to the Universities Accord Consultation**

On behalf of Monash Centre for Health Research and Implementation (MCHRI) and the Advancing Women in Healthcare Leadership (AWHL) with our respective partners, it is our pleasure to share with the Accord Panel a copy of MCHRI's submission to the Diversity in STEM Review for the Panel's consideration. We believe this submission is of direct relevance to the review of Australia's higher education sector and its contributions to addressing Australia's current and future needs.

MCHRI's submission is informed by a critical body of evidence consolidated over 20 years of research, supplemented by our new knowledge generated through in-depth analysis and integration with extensive stakeholder engagement, codesign, interviews and workshops. Our submission brings together rich insights, lived experiences and contributions from our network of 17-strong partners.

Whilst MCHRI's submission centres on a set of the key themes being addressed by the review of Australia's higher education, its body of evidence and "Learning Systems" model offer evidenced practical, scalable and translatable approaches that support life-long learning, facilitate workforce mobility, foster partnerships and create an agile ecosystem able to respond to current and future challenges and needs.

We welcome the opportunity to expand on our submission further in discussion with you, including as part of future stages of the consultation process.

Yours sincerely,
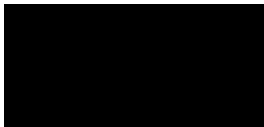
Professor Helena Teede AM, PhD, MBBS, FRACP, FRANZCOG, FAAHMS on behalf of the AWHL teams and partnership

Executive Director Monash Partners Academic Health Sciences Centre
Professor of Women's Health and Director Monash Centre for Health Research and Implementation - MCHRI, Monash University
Lead Investigator, National Women's Health Research Translation and Impact Network
NHMRC Investigator Fellow
Lead NHMRC Centre for Research Excellence, Women's Health in Reproductive Life & CRE co-lead in Health in Preconception and Pregnancy
Endocrinologist, Diabetes and Endocrine Units, Monash Health

Monash Centre for Health Research and Implementation

Submission to the
Universities Accord Consultation

11 April 2023

LEAD PARTNERS

IMPACT PARTNERS

SUPPORT PARTNERS

AFFILIATE PARTNERS

TABLE OF CONTENTS

Introduction

[Monash Centre for Health Research and Implementation (MCHRI)](#) acknowledges and pays respects to the Elders and Traditional Owners on which our campuses stand.

We welcome the opportunity to contribute to the "Australian Universities Accord" Consultation and acknowledge the extensive and broad consultation facilitated by the Accord Panel to inform its recommendations to Government, the sector, and other relevant stakeholders in support of shaping the future role of Australia's tertiary education and the sector's contribution to Australia's knowledge creation, innovation and economic prosperity.

Australia's health and life sciences contribute substantively to Australia's innovations and export sectors, with nationally and globally notable contributions to high-tech solutions, medical and scientific discoveries.

Research into health makes up the majority of Australia's investment in science and research. A significant portion of Australia's workforce is employed in the healthcare, medical sciences and related sectors with one in four women employed in these sectors. In the higher education sector, women outnumber men, both as students and staff.

However, extensive evidence shows that women are substantially underrepresented in senior leadership and executive roles across these important sectors of the economy.

Noting this and the importance of women's equal participation in the workforce and their role in contributing to Australia's current and future needs, we wish to present MCHRI's submission to the Diversity in STEM Review to Accord Panel as a further submission for its consideration and to inform its deliberations and recommendations. A copy of MCHRI's submission is provided at Attachment 1.

Whilst we recognise the complex and wide-ranging issues raised by the "Australian Universities Accord" discussion paper, MCHRI's submission (enclosed herein) presents evidence and suggested recommendations that respond to a number of the key themes addressed by the review of the higher education system.

Evidence and knowledge from Australia's healthcare, life sciences and related sectors are therefore critically pertinent to informing this, and closely related national reviews[1], and the Government's objectives for a more equitable, diverse and inclusive Australian tertiary education system and workforce.

---

[1] Consultation on the Diversity in STEM Review and the National Strategy to Achieve Gender Equality.

ATTACHMENT 1

Monash Centre for Health Research and Implementation

Submission to the Diversity in STEM Consultation

11 April 2023

womeninhealthleadership.org

# About the Monash Centre for Health Research and Implementation (MCHRI)

Vision: Better Care, Better Equity, Better Health

Mission - To deliver health impact by partnering with community, clinicians and researchers to co-create knowledge, and use implementation to drive equitable, quality healthcare and public health.

Established in 2006, MCHRI is a unique collaborative implementation centre that applies a systems' approach and acts as an umbrella organisation connecting community, healthcare, and research networks, delivering impact through leadership and collaboration to achieve our vision. MCHRI builds on a highly successful partnership between Australia's largest health service, Monash Health and one of Australia's largest universities, Monash University:

- The centre's "cross-cutting platforms for systems change" is a model of convergence, bringing together
    - Implementation and healthcare improvement
    - Research translation and guidelines
    - Big data and the Learning Health System
    - Digital health
    - Equity and equality stream
    - Clinical and public health interventions & trials
    - Community and stakeholder partnerships
    - Education and workforce capacity building
    - Health economics and value-based care

- It integrates inclusive practice with an intersectional gender and diversity lens to engage and connect healthcare providers, educators and researchers and most importantly, patients and the community in service/program design and implementation

- Delivers innovation and generates evidence – both enabling and driving continuous improvement and impact through better care and outcomes

- Adopts a "learning system" approach that achieves excellence and impact, captures and documents participants lived experiences and their unique insights to generate data-rich evidence that guides effective program implementation and impact and informs improved capacity building, training and education activities

- Strategically embeds gender equity and diversity through the national ***Advancing Women in Healthcare Leadership*** initiative as the centre's large-scale national research and impact codesign partnership to generate knowledge, and deliver multi-faceted organisational and individual level interventions that measurably improve career progression for women in healthcare

Learning System
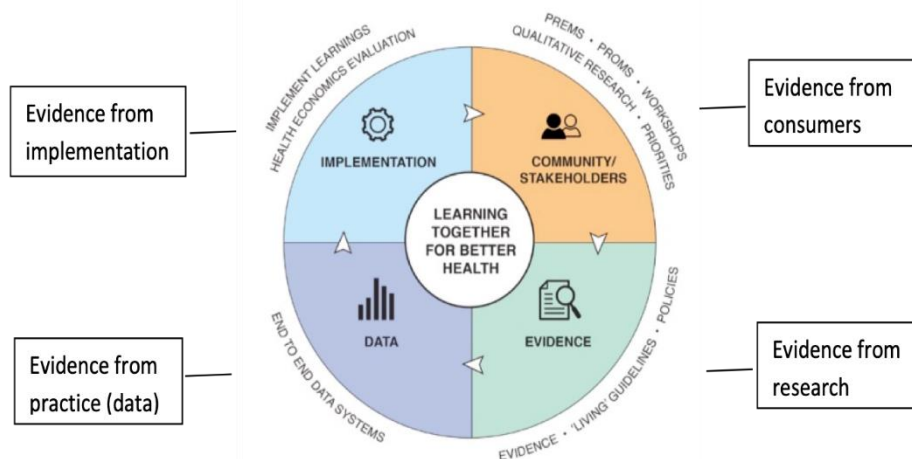
Figure 1: MCHRI embeds the Learning Health System for excellence and impact and to support the implementation of national strategies and policies

Response to Diversity in STEM Review - Dialogue Starter Questions

Preamble

Having established significant and rich evidence on the problems and barriers to women's participation in the workforce and their advancement into leadership positions (the 'what' and 'why'), it is time to refocus attention and action on how to shift the dial and embed deep and sustainable change – changes beyond "fixing the individual woman".

Here we highlight the vital role of policy and wish to acknowledge the extensive reviews and body of work led by Australian Governments (Federal and State and Territory) through agencies such as the Sex Discrimination Commissioner, Workplace Gender Equality Agency, Women in STEM Ambassador and the Victorian Gender Equality Commission, and supported by peak bodies such as the Australian Academy of Science, the Australian Academy of Technology and Engineering in their work on the Women in STEM Decadal Plan together with that contributed by private-sector entities such as the not-for-profit Science in Australia Gender Equity Ltd, Diversity Council of Australia and others.

Whilst the outer policy context is vital, transforming the organisations where women work will be at the core of meaningfully advancing gender equity and diversity. Here evidence-based approaches on what is effective and how to implement this evidence is crucial. We have captured and integrated the critical body of evidence over 20 years of research[2] and add new knowledge[3][4] through in-depth analysis and integration with extensive stakeholder engagement, codesign, interviews and workshops. We have identified ***what*** the effective strategies for organisational change are (Figure 2). We have also demonstrated the key success factors for ***how to*** deliver effective implementation in organisations (Figure 3).

---

[2] Mousa, M. et al. Advancing women in healthcare leadership: A systematic review and meta-synthesis of multi-sector evidence on organisational interventions. EClinicalMedicine 39, 101084 (2021). DOI: 10.1016/j.eclinm.2021.101084

[3] Mousa, M. et al. Factors that influence the implementation of organisational interventions for advancing women in healthcare leadership: A meta-ethnographic study. eClinicalMedicine 51, 101514 (2022). DOI: https://doi.org/10.1016/j.eclinm.2022.101514

[4] Mousa, M. et al. Experiences of Organizational Practices That Advance Women in Health Care Leadership. JAMA Netw Open. 2023;6(3):e233532. DOI:10.1001/jamanetworkopen.2023.3532

Figure 2: Effective organisational strategies to advance women in leadership across all sectors over the past 20 years[5]

Figure 3: Key success factors - effective implementation

Furthermore, we have demonstrated that our integrated and learning systems' approach is vital to effective implementation of targeted solutions and is the means to achieve sustainable outcomes and impact. By placing the lived experience of women from across the education and career cycle at the centre, and partnering/ engaging all stakeholders from policy makers, to organisational executives, to professional external organisations, including those that set the enterprise bargaining agreements and manage training and accreditation, we bring together all who are jointly accountable for the systems and organisations where women work.

---

[5] Mousa, M. et al. Advancing women in healthcare leadership: A systematic review and meta-synthesis of multi-sector evidence on organisational interventions. EClinicalMedicine 39, 101084 (2021). DOI: 10.1016/j.eclinm.2021.101084

MCHRI leverages evidence-based approaches for large-scale change, applying the learning systems' approach to drive change and sustained improvement in gender equity and diversity. We are also leveraging the decade's investment in national programs complemented by recent legislative reforms aimed at helping sustain the momentum for change.

However, we encourage the review to be mindful of the risks associated with fragmented, ad-hoc and non evidence-based approaches. We also highlight the need to avoid solutions that aim to 'fix-women' rather than pursue change to tackle systems, structural and cultural root causes of inequity. For example, isolated or individual solutions such as financial incentives for education pathways, does little to change the culture in the workforce for women who graduate, with attrition and career impacts for women.

Our work demonstrates that "*Organisations are inundated with research on problems and barriers that affect the advancement of women in leadership. With little research on effective solutions to address these barriers at the organisational and systems level, there has been a reliance on tokenistic gender equity policies, with a lack of evidence-based interventions, monitoring or commitment to ongoing change*".

For example, our recent findings[3] reveal that organisational practices that advance women in healthcare leadership were highly dependent on a conducive organisational culture enhancing women's credibility and capability as leaders. We identified four interrelated elements that create the necessary conditions for an organisational culture to advance women in healthcare leadership, including (1) identifying and actively addressing systemic barriers, (2) challenging gendered assumptions and expectations of leadership behaviours, (3) providing mentorship to shape career opportunities, and (4) determining how these conditions all contribute toward raising women's credibility to enable internalising a leadership identity. For women, advancing to leadership involved organisations moving away from ad hoc, inconsistent applications of gender equity practices and generating supportive practices that reinforced a workforce culture of credibility, collaboration, and continuous improvement to support women.

We recognise that the Panel will no doubt reflect and build on the insights and learnings from the previous body of evidence and evaluation reports of programs targeted to advancing women in STEM.

With this in mind and recognising the established body of evidence on barriers and challenges facing women in STEM, and other disciplines and sectors of the economy, MCHRI's submission presents a fresh perspective (that from our Learning System and large stakeholder partnership models) and shares strategies and solutions identified through our documented evidence and key learnings that are informed by the voices of women in health research and healthcare.

Overall, our recommended actions can be summarised as follows:

● A nationally articulated and enabled vision for gender equity and diversity in redefined term that extends beyond "STEM" to be embedded into the national gender equity and diversity strategy.
● Nationally cohesive and coordinated framework of policies and programs that connect all key stakeholders, focus on evidence-based systems, structural and organisational change and apply a learning systems' approach, as per MCHRI's model, deserves consideration for its adaptability and translation to other systems. [MCHRI's impact report](#) demonstrates that embedding a Learning System model delivers broader system level transformation that is accountable to community priorities and drives and iteratively improves evidence-based, equitable public health and healthcare services and outcomes. Importantly, this model is

aligned to and supports the implementation of national strategies and policies and embeds evaluative strategies to guide continuous improvements.

● Enabling mechanisms, such as key nationally adopted policy levers and incentives tied to performance, will go a long way to embed gender equity and diversity into strategy and business operations and deliver sustainable performance in and impact on gender equity and diversity across systems.

We elaborate further on these recommendations in our responses to the dialogue starter in the following sections.

Detailed Responses

1. What does STEM mean to you?

MCHRI's model of convergence is a proven "case-example" that creates systems' change through cross cutting platforms, and that in turn support research and translation programs. It speaks to the dialogue starter's definition of STEM and delivers a "practice model". Complemented by an "intersectional" frame, it evidences that a holistic (ie. diversity of professionals, professions, consumers, organisations and systems from many STEM fields) and all-inclusive definition of STEM (one that encourages close interactions within and between multi-disciplines, industries and professions) is critical to responding to current and future challenges and opportunities successfully and sustainably.

As noted in the background information on MCHRI and its impact report, this model demonstrates its effectiveness in producing innovations to help solve national strategic health and healthcare priorities and is delivering tangible outcomes and sustainable impact.

The MCHRI- led Ask PCOS App (189 countries 45K users) and Ask Early Menopause App help women find the highest quality, evidence-based information from leading international experts in the field. They have been designed with women, by women and for women with polycystic ovary syndrome and early menopause. Whilst these examples are targeted to specific issues, by applying a systems' approach, MCHRI created an environment that enabled convergence, embedded diversity and fostered innovation. Thus, delivering the outcomes and impact desired healthwise, contributing to social and economic outcomes. A range of other tools are currently funded and under codevelopment.

Furthermore, these examples highlight the importance of bringing together diverse disciplines and professionals from across broad systems to deliver innovation; a point that is acknowledged in the dialogue starter.

For this, we encourage the Panel to consider recommending a shift away from emphasis on STEM in favour of an all-inclusive definition – one that encourages convergence and interconnectedness. Whilst it is recognised that STEM disciplines and industries have more pronounced gender inequities and lack diversity, there is clear evidence that these systems challenges are not unique to STEM and are indeed pervasive – albeit to varying degrees. More importantly, it is also evident that addressing these challenges and delivering the desired economic growth and prosperity requires a systems' approach deployed systematically: that is, an integrated practice that eliminates fragmentation, encourages/nurtures collaborations and facilitates interconnectedness, cooperation and shared evidence-based strategies and resources (acutely needed when we have finite resources and increasing needs/competition) and learnings.

2. What are your stories or perspective of accessing and belonging (or not) in STEM?

Drawing on in-depth interviews with women in healthcare leadership[6], a conceptual model of organisational practice was generated, highlighting that the pathway from entering the workforce to attaining leadership was highly dependent on whether an organisation's culture is conducive to women's credibility as leaders. A supportive workplace culture was built on practices that fostered

---

[6] Mousa, M. et al. Experiences of Organizational Practices That Advance Women in Health Care Leadership. JAMA Netw Open. 2023;6(3):e233532. DOI:10.1001/jamanetworkopen.2023.3532

an organisation's credibility, collaboration and continuous improvement as they support women and their career advancement. Box 1 highlights key elements with illustrative quotes from women.

BOX 1. Key elements needed for an organisational culture to improve gender equity and advance women in healthcare leadership: Experiences of Australian women across diverse health professions and cultures in healthcare leadership[7]

WHAT WAS THE KEY CHALLENGE? The need for women to navigate, overcome, or correct how they are perceived as leaders. Women needed to negotiate their leadership credibility against a highly challenging triple performance standard, pitting their professional competency, likeability, and leadership performance against one another, with an expectation to uphold all.

"One thing I learnt on the job back then, 'it' (i.e. proving credibility) was a lot about self-resourcing and being assertive to find the connections within the organisation to support your decisions."

"It's definitely about the perception of the power at the top of the tree, and what that top of tree looks like, and perhaps the perception about what it takes to be at the top, and whether that's normally the traits and attributes you'd put towards a woman… women in leadership have to be all of those things at times."

WHAT IS NEEDED TO IMPROVE GENDER EQUITY IN HEALTHCARE LEADERSHIP?
Identify and actively address systemic barriers and implement meaningful practices to address them. This included enabling all individuals, including women, to have equal opportunity around access to benefits and/or resources that fit with needs and circumstances:

"Something that does worry me…how can I one day maintain this job, which I really want to, if I become a mother? What are my options? I don't know how comfortable I would feel … having that conversation of what I'm entitled to and what my options would be."

Inconsistent gender equity practices and inadequate provision of opportunities for women's advancement and promotion were perpetuated by an unsupportive organisational culture.

"we need better promotion practices, not modules at the start of the year on workplace equity that no one takes any notice of"

"When you see potential in women, I think it's really important that we recognise talent no matter where they are, communicate that talent, break down the stereotypes. I think having that awareness in our culture is really important."

Challenge gendered assumptions and expectations of leadership behaviours.

"I've been quite assertive in a meeting, but it's been seen as aggressive, because a man can be aggressive, and it's not seen as aggressive. It's really interesting."

"The people who are really resistant to change, and really hate it, and don't want to see diversity in terms of power. If they leave, great, you've improved culture already, regardless. In terms of everyone else, you've made a visible display and a structural display of commitment and, hopefully, that emboldens women and other people from diverse backgrounds... to go, okay, I feel safer and I feel more confident. They can keep making change. The little steps that keep bringing women up, and keep bringing from diverse backgrounds up. It's like an escalator, you just keeping doing little steps at a time, and eventually it rolls over into a better environment."

Provide mentorship to shape career opportunities. This was considered the greatest contributor to career success.

"I think it's really all about opportunity. Having opportunities to learn from others"

"Mentoring is really important for consistent leadership"

The takeaway: *An organisational culture of credibility, collaboration, and continuous improvement, can provide a sense of solidarity with women and reinforce commitment and support for women and their credibility as leaders. This needs to be matched with a shared perception of why and how things ought to be, reflected in organisational expectations of collective conduct toward women on their journey to becoming leaders.*

---

[7] Mousa, M. et al. Experiences of Organizational Practices That Advance Women in Health Care Leadership. JAMA Netw Open. 2023;6(3):e233532. DOI:10.1001/jamanetworkopen.2023.3532

Our comprehensive, cross-sector systematic literature review[8] captured evidence from the past 20 years on effective organisational strategies that advance women in leadership (Figure 2). Analysis of studies with comparable effects for the health sector identified that *organisational leadership, commitment and accountability* (governance structures) were necessary for organisational change (Figure 3). Organisational strategies to advance women in leadership included: organisational processes and policies, awareness and engagement, organisational support tools, mentoring and networks, and leadership development. Indeed, these are also reflected among the priority actions identified by Monash University as part of their SAGE Athena Swan Bronze Award Action Plan.

We are building the evidence and creating tools for implementation to address the lack of women in leadership positions and to address women's career progression from entry and early level career. Importantly, our tools will 1) address systemic challenges from early career stages including entry, retention, promotion and leadership, and 2) be coproduced with women in the workforce across our 17 partners including leading health organisations, professional, medical and nursing colleges, industrial bodies, and governments guided by cross-sector academic expertise.

The burden for change should not sit with individual women or rely on individual women, but organisations need opportunities to have the tools and support from within to implement change through a systems approach.

MCHRI-led, Advancing Women in Healthcare leadership (AWHL), is funded by two NHMRC and partner-funded streams and is a national initiative with 17 partners across professional, medical and nursing colleges, industrial bodies, leading health services, government, and academia (Figure 4). While its focus is healthcare leadership, as one in every four women in the workforce in Australia are in health or social care, this work will have a major impact. Also, evidence-based strategies applied here are cross sector and outcomes will be applicable to other industries.

---

[8] Mousa, M. et al. Advancing women in healthcare leadership: A systematic review and meta-synthesis of multi-sector evidence on organisational interventions. EClinicalMedicine 39, 101084 (2021). DOI: 10.1016/j.eclinm.2021.101084

Figure 4: MCHRI's large-scale national research and impact codesign partnership

Getting the "what" and "how" right is at the heart of achieving long-term and sustainable gender equity and diversity. Whilst generic actions can go some way to addressing gender inequities at local level, more than often their impact is neither sustainable nor translatable across an organisation or system-wide. And this is where AWHL is focused on, as we demonstrate in the evidence we have built to date (Figure 5).
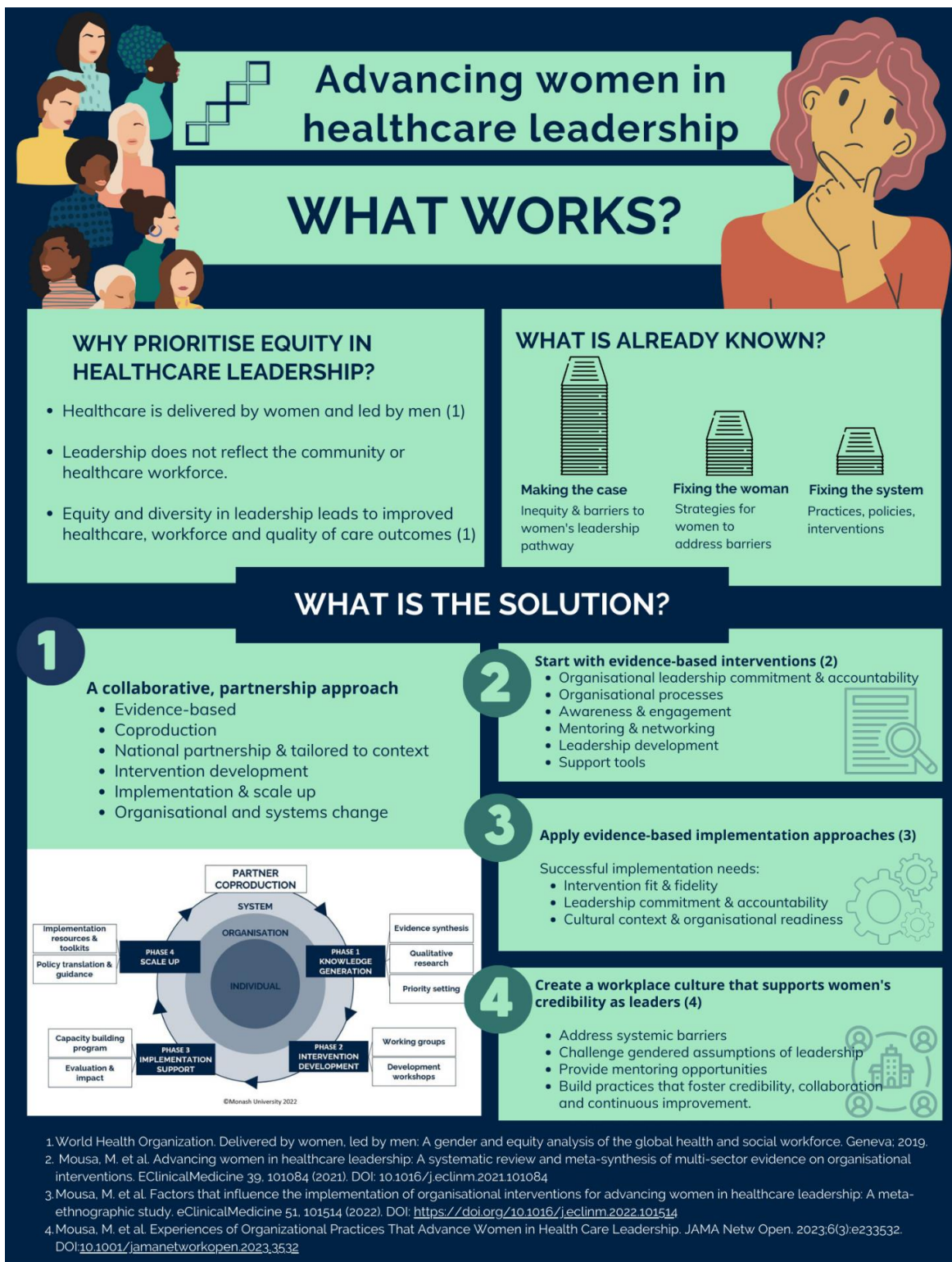
Advancing women in healthcare leadership

WHAT WORKS?

WHY PRIORITISE EQUITY IN HEALTHCARE LEADERSHIP?

- Healthcare is delivered by women and led by men (1)
- Leadership does not reflect the community or healthcare workforce.
- Equity and diversity in leadership leads to improved healthcare, workforce and quality of care outcomes (1)

WHAT IS ALREADY KNOWN?

Making the case
Inequity & barriers to women's leadership pathway

Fixing the woman
Strategies for women to address barriers

Fixing the system
Practices, policies, interventions

WHAT IS THE SOLUTION?

1

A collaborative, partnership approach
- Evidence-based
- Coproduction
- National partnership & tailored to context
- Intervention development
- Implementation & scale up
- Organisational and systems change

2 **Start with evidence-based interventions (2)**
- Organisational leadership commitment & accountability
- Organisational processes
- Awareness & engagement
- Mentoring & networking
- Leadership development
- Support tools

3 **Apply evidence-based implementation approaches (3)**

Successful implementation needs:
- Intervention fit & fidelity
- Leadership commitment & accountability
- Cultural context & organisational readiness

4 **Create a workplace culture that supports women's credibility as leaders (4)**

- Address systemic barriers
- Challenge gendered assumptions of leadership
- Provide mentoring opportunities
- Build practices that foster credibility, collaboration and continuous improvement.

PARTNER COPRODUCTION — SYSTEM — ORGANISATION — INDIVIDUAL

Implementation resources & toolkits / Policy translation & guidance / PHASE 4 SCALE UP / PHASE 1 KNOWLEDGE GENERATION / Evidence synthesis / Qualitative research / Priority setting / Capacity building program / Evaluation & impact / PHASE 3 IMPLEMENTATION SUPPORT / PHASE 2 INTERVENTION DEVELOPMENT / Working groups / Development workshops

©Monash University 2022

1. World Health Organization. Delivered by women, led by men: A gender and equity analysis of the global health and social workforce. Geneva; 2019.
2. Mousa, M. et al. Advancing women in healthcare leadership: A systematic review and meta-synthesis of multi-sector evidence on organisational interventions. EClinicalMedicine 39, 101084 (2021). DOI: 10.1016/j.eclinm.2021.101084
3. Mousa, M. et al. Factors that influence the implementation of organisational interventions for advancing women in healthcare leadership: A meta-ethnographic study. eClinicalMedicine 51, 101514 (2022). DOI: https://doi.org/10.1016/j.eclinm.2022.101514
4. Mousa, M. et al. Experiences of Organizational Practices That Advance Women in Health Care Leadership. JAMA Netw Open. 2023;6(3):e233532. DOI:10.1001/jamanetworkopen.2023.3532

MONASH University | **ADVANCING WOMEN IN HEALTHCARE LEADERSHIP** | **MCHRI** Monash Centre for Health Research and Implementation

Figure 5: What works, why and how

3. How can we fix the unacknowledged assumptions, including unconscious biases, of our STEM system?

MCHRI, and health/medical research, will be perceived to be excluded from the prevailing STEM definition - or at least what is understood by it. This same mindset and 'limiting' understanding are largely experienced when talking about STEM workers and professionals, particularly so when we apply terms such as 'typical' which often encourage stereotypes. The body of evidence in support of this is significant.

As we have noted earlier in this submission, in an environment of "convergence and integration", focusing on specific 'disciplines' does not serve Australia's needs adequately. MCHRI's experience demonstrates the need for a shift in thinking and articulation of a broader and more inclusive language that enables advancing gender equity and diversity across industries and sectors, nationally. Addressing industry, sector or indeed workforce- specific challenges and needs could be tackled as a part of an overarching vision and strategy. The latter could be potentially served through targeted programs and incentives (either in design or to specific sector/segment, or combination of both) where and if needed, and which would align and connect with the overarching vision and strategy. The concurrent reviews of the tertiary education system (Universities Accord) and the National Gender Equity Strategy present an excellent opportunity to connect to this review to help inform outcomes and recommendations for improvement strategies that act in concert.

We suggest that the Panel consider the value of continuing to single out gender equity and diversity in STEM, and how this might contribute to fragmentation and potentially act against or slow the desperately needed system and cultural change, and what a broader systems' approach might look like to addressing gender equity and diversity. In this context, there is an ideal opportunity for the Government to set a national vision (as part of the National Gender Equity and Diversity Strategy) that facilitates connectedness, convergence and delivers the desired outcomes.

The Panel will also be aware of a handful of gender equity and diversity national and local initiatives that have been evidenced to be effective in driving system changes, noting their broad focus and inclusive approach. One such example is Science in Australia Gender Equity, a partner of MCHRI's AWHL. MCHRI is another model that is demonstrating to be a powerful systems' approach to drive sustainable change within the health and healthcare system.

Complementary initiatives worthy of noting include the recent reforms introduced by the NHMRC into its grant funding programs. These are important examples of enabling mechanisms that will complement research entities' efforts and actions in support of advancing gender equity and diversity locally. Similar enabling mechanisms could be considered and applied to other federal, as well as state and territory funding schemes.

The review is well placed to consider other strategies including guidance that encourages governments and policy setters to apply evidence-based co-design and co-creation principles and processes to developing policies and initiatives. This would help ensure that policies are well tailored to context and culture and address intersections with gender. As is evident in the Learning System, effective public health interventions and better outcomes are achieved when evidence informs practice, practice is person centred and interprofessional and deploys a multitude of smart promotion and marketing strategies.

4. Have you had experience with existing measures or programs (government funded or not) aimed at improving the diversity of Australia's STEM system?

As noted under the preceding question, there are a few notable examples of effective national initiatives worthy of further support and amplification. We wish to add the following additional remarks and suggestions for the Panel's consideration.

The effectiveness of SAGE, and the Athena Swan framework, lies in its comparability to the proven quality, safety and performance[9] frameworks in healthcare - representing some of the key characteristics of MCHRI's model and systems' approach.

MCHRI, and its AWHL initiative, deserve consideration as a model to trial and amplify within and across sectors, building on its "cross-cutting platforms for systems change" and partnerships design that deepens holistic and collective action. This is especially relevant where fragmentation of efforts could undermine progress made to date, and where the rich experience in effective execution (the "how") of strategies and actions is sorely needed.

As a national strategy, the Women in STEM Decadal Plan has been of great value in galvanising momentum and action. However, in isolation of a holistic, connected and integrated execution efforts and collective expertise - nationally and locally- its impact may not be fully reached. In this context, and as we argue in other parts of this submission, we encourage the Panel to consider recommending that Diversity in STEM (and supportive funding programs) be captured under a national vision and as part of the "National Gender Equity and Diversity Strategy". The national strategy would set appropriate national outcomes underpinned key metrics against which the effectiveness of nationally funded gender equity and diversity programs are to be measured – an approach that would be similar to health and public health interventions.

With an umbrella national strategy, there is an opportunity to consider improved design and targeting of the suite of nationally funded programs to cover broader areas of inequities, encourage greater collaborations and partnerships (public and private) and apply a long-term view to support achievement of sustainable outcomes.

Like effective public health interventions, the Women in STEM Ambassador has also proven to be influential in raising awareness and improving perceptions in the community. Looking to the future and considering a) Australia's skills and workforce needs and b) the case for integrated strategies and inclusive practice, applying a broader definition will better reflect Australia's diversity. The Panel may wish to consider Ambassadors of equity, diversity and inclusion that come from across different disciplines/industries/sectors of the economy. The role of Ambassador(s) could be structured to connect a suite of initiatives under the national strategy, thus encouraging collaboration and national coordination.

Finally, the success and impact of programs and initiatives can be better enabled by coupling them to a range of incentives, such as:

● **Quasi regulatory measures**, such as linking eligibility to apply for competitive grant funding or procurement to other regulations such as reporting to WGEA, or non-regulatory gender equity and diversity accreditation initiatives. Whilst these may be effective examples, they may be limited to particular segments and lack permeation across systems rendering them unsustainable and a barrier to sustainable transformative change (for example, they may incentivize organisations to focus on the very disciplines that attract the greatest funding). Nonetheless, these are well worth considering with the view to design in such a manner to

---

[9] El-Adhami, W. SAGE Ltd: Continuing the Journey to Transform Gender Equity, Diversity and Inclusion in Australia's Higher Education and Research Sector. Law In Context. 2021, Vol 37 No 2. https://journals.latrobe.edu.au/index.php/law-in-context/article/view/164

broaden their reach and avoid unintended consequences (learnings from other nations e.g. the UK's Athena Swan linkage to health funding, which was affected for a time-limited period).

- **Policy incentives**, such as financial rewards tied to performance and impact against gender equity and diversity metrics predetermined under the national gender equity and diversity strategy. Other policy incentives could include recognition of performance in gender equity and diversity across national schemes (e.g. recognition of compliance with and/or performance under one gender equity scheme as deemed to satisfy the requirements of another). This would have the added advantage of reducing administrative burden). By their nature, such national incentives are accessible and open to all performers across all sectors - they work in concert with funding and regulatory reporting measures (be it for healthcare, education etc budgets and programs) and thus have the potential to deliver system-wide sustainable impact and collectively deliver on the national vision and strategy. Their added value is that they facilitate greater engagement with state and territory governments, and the business sector, offering an opportunity to amplify impact. As with other interventions, the design of such incentives requires careful consideration and collective inputs to assure simplicity in administration and avoid/minimise unintended consequences.

The measures recommended in this submission complement the recommendations arising from the Women's Economic Equality Taskforce, the Respect@Work legislation and suite of actions, and build on Government's commitment to delivering an accessible, high-quality education and care system that increases opportunities for women's participation in the workforce and creates sustainable avenues for their advancement to leadership roles. Some of these measures will likely be cost-neutral, whilst others may have modest costs - the design and analysis of cost-benefit will therefore need consideration.

Additional Information

AWHL media releases
- https://www.monash.edu/news/articles/decades-of-research-on-advancing-women-in-leadership-shows-that-effective-strategies-can-drive-change

- https://www.womeninhealthleadership.org/updates/organisational-practices-underpinned-by-a-supportive-workplace-culture-are-key-to-advancing-women-in-leadership

- https://mchri.org.au/2023/01/09/factors-identified-to-advance-women-in-leadership/

MCHRI
- Women's Health and Wellbeing Scorecard – Towards equity for women- https://mchri.org.au/2022/12/05/womens-health-and-wellbeing-scorecard/

- Australian women suffering high levels of mental distress due to financial insecurity https://mchri.org.au/2022/04/01/australian-women-suffering-high-levels-of-mental-distress-due-to-financial-insecurity/

43-51 Kanooka Grove, Clayton VIC 3195
Tel: +61 3 8572 2600 | Fax: +61 3 9594 7550 | www.mchri.org.au

MCHRI acknowledges the Wurundjeri and Boonerwrung people of the Kulin Nation as the custodians of the land this service covers

womeninhealthleadership.org