



the women's
the royal women's hospital
victoria australia

GRAND ROUND

PANEL DISCUSSION

Health Advocacy: Women in Medicine

22 March 2019, 12pm - 2pm



Tracey Spicer AM
Panel Moderator



Dr Rebecca Szabo
Host

Proudly supported by







Dr Dara Kass
Assistant Professor of
Emergency Medicine,
Columbia University, New York



Dr Neela Janakiraman
Plastic & reconstructive
surgeon



Dr Kirsten Connan
Obstetrician/Gynaecologist &
Medical Educator



Dr Skye Kinder
Psychiatry Registrar. Young
Victorian of the Year 2019



Dr Simon Judkins
Emergency Physician, President
ACEM, Deputy Director ED
Austin Health



Prof David Story
Anaesthetist, Prof & Chair of
anaesthesia, Head APPMU Uni
Melb, Director MCATS research

Marie McNerney reported on the Grand Round Panel Discussion on Women in Medicine hosted by the Royal Women's Hospital in Melbourne on 22 March 2019, for the **Croakey Conference News Service**.

Croakey is a social journalism project for public health based in Australia.
<http://croakey.org>

Croakey
“Conference News Service”

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AMA
VICTORIA

THE UNIVERSITY OF MELBOURNE

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Dr Dara Kass
Assistant Professor of Emergency Medicine, Columbia University, New York

Dr Neela Janakiraman
Plastic & reconstructive surgeon

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"the fight for gender equity is everyone's responsibility..."

The dramatic gap between women and men in leadership roles in health and medicine was under the microscope at a panel event hosted by the Royal Women's Hospital in Melbourne on Friday, 22 March.

Journalist Marie McInerney covered the event for the **Croakey Conference News Service**, and live tweeted for **@CroakeyNews** at **#HealthAdvocacyWIM** and broadcast interviews with panellists and participants via Periscope.

The event was fully booked and livestreamed on Periscope via **@ranzcog** for those interested in following from outside the room.

Marie McInerney writes:

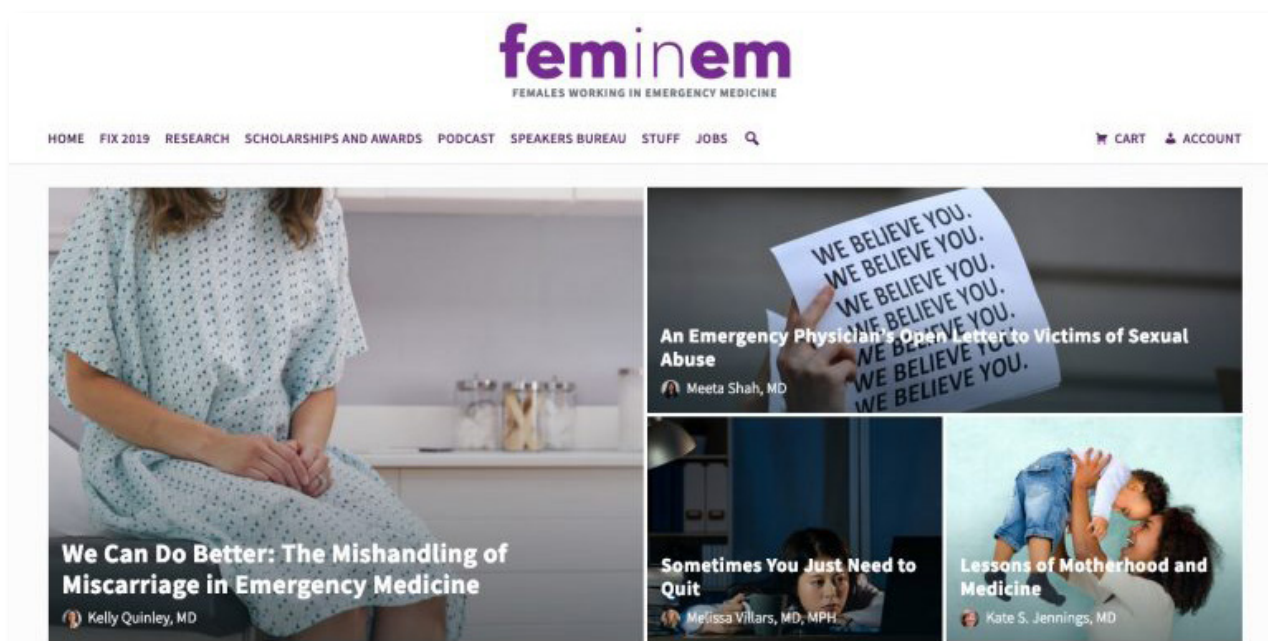
What will it take to address gender inequity in health and medical disciplines in Australia, where men still dominate in leadership roles and research grants, despite growing numbers of women in the workforce?

How will those efforts propel a more inclusive and representative workforce and leadership in health and medicine overall?

These were key questions on the agenda at a **grand round panel discussion** on women in medicine at the Royal Women's Hospital in Melbourne.

The event heard a call for quotas for women in leadership positions in specialist medical colleges from Hobart-based obstetrician/gynaecologist **Dr Kirsten Connan** (see more below) and provided an international focus from United States emergency medicine specialist Dr Dara Kass.

Kass is a founding member of both **FeminEM**, for women working in emergency medicine (see image below), and **TIME'S UP Healthcare**, which emerged out of the broader **Time's Up** movement and wants to put an end to sexual assault, harassment and inequality in the health sector.



Gender equity crucial to best health care

The Royal Women's grand panel event followed the publication last month by the prestigious journal, *The Lancet*, of a **special edition** on women in the health sector, which declared that gender equity is "not only a matter of justice and rights, it is crucial for producing the best research and providing the best care to patients".

"If the fields of science, medicine and global health are to hope towards improving human lives, they must be representative of the societies they serve," its editorial said.

Among wide-ranging articles on gender inequity, *The Lancet* looked at how gender bias disadvantages women from applying for grant funding, which seems to reinforce "the institutional culture that promotes sex-blind research", according to an **article** by Sarah Hawkes, Fariha Haseen, and Hajer Aounallah-Skhiri.

The Lancet says that “all too often” programs to advance women’s careers locate the source of the problem and solution within women and their own behaviour, and not with broader features of systems that “disproportionately privilege men”.

Other articles in the edition discuss how the “historical gendering of medicine” prioritises particular types of knowledge, and ways of producing that knowledge.

The Lancet said the fight for gender equity is everyone’s responsibility, including men, who must “do more to amplify the importance of gender in global health, to listen, to engage, to advocate, and to create the conditions for women to flourish”.

That was also a priority for the grand round’s host and coordinator Dr Rebecca Szabo, who said two men had been “very deliberately” included on the panel, “because we can’t have this conversation without them”.

“The panel is by no means representative of everyone who should be on it – gender or otherwise – but every person on it is a feminist,” she told Croakey ahead of the event.

“The whole point is that the men are at the leadership level so we can’t change this without them. We need the men who are aware of this as an issue to help us all bring about change.”

Asked about the timing of the event, Szabo said there has been significant momentum and interest over the past 18 months from the medical and broader community in women in leadership, via the #MeToo and #TimesUp movements and including concerns about low rates of women in politics, particularly in the Federal Coalition ranks.

“We want to open up the discussion about issues related to gender equity in medicine, including implicit bias, equity versus equality and how these issues impact on the profession and the community we serve,” she said.

That medicine and health also have a long way to go is clear, *The Lancet* says:

“It is well established that women are under-represented in positions of power and leadership, undervalued, and experience discrimination and gender-based violence in scientific and health disciplines across the world.”

Intersectional approaches have provided insights into how other categories of difference such as ethnicity, class, geography, disability and sexuality interact with gender to compound inequalities.”

Those intersectional issues are also a priority for Australian health sectors and professionals to consider, says Szabo.

“While this round is about women in medicine, it’s the beginning of a broader conversation about diversity and inclusion,” she said.

“If we are going to provide comprehensive health care for the community then we need to have that mirrored in the people we are employing in health care,” she said.

Leadership on equity

Dr Kirsten Connan has been calling on the medical profession to show leadership on gender inequity through quotas and other affirmative action.

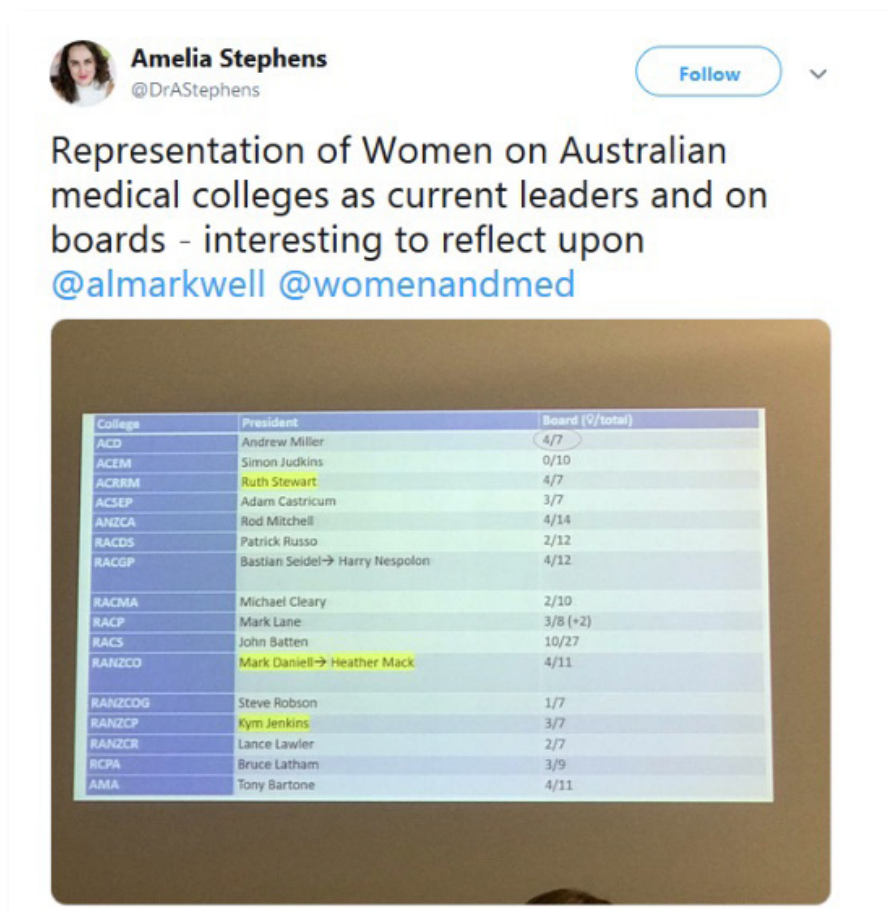
Last year she issued a **call to action** to her college, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

Connan said women now make up 50 percent of specialists and 83 percent of trainees of the specialty, yet RANZCOG has had just one female president since it formed in 1998 and currently has just one woman on the current seven-member board.

Women occupy little more than a third of institutional leadership positions within the discipline, including university and hospital heads of department, she said.

"Medicine, a profession with compassion and equality at its core, should be striving and leading on issues of inequality. Gender inequity is one of these," she told Croakey.

This 2018 tweet from Queensland GP Dr Amelia Stephens also showcased concerns around equity in other colleges:



Ahead of the panel discussion, Connan said that removing gender barriers within medicine must include acknowledging and calling out craft group and institutional biases.

She said:

"Gender quotas are one potential 'transition tool' that medical colleges could use when striving to achieve gender diversity at both a member and leadership level.

All colleges are challenged and encouraged to ensure their leadership reflects the diversity of their members."

Breaking out of silos

The event followed **a high-profile grand round panel** hosted by the Royal Women's late last year on the moral, ethical and professional duty of people working in health to speak out against the "institutional cruelty" being perpetrated on asylum seekers and refugees by the Australian Government.

That packed event also brought together nearly 200 health professionals, including senior representatives of the Australian Medical Association (AMA) and medical and midwifery colleges, and sparked ongoing discussions on Twitter in the lead up to debate at Parliament on the Home Affairs Legislation Amendment (Miscellaneous Measures) Bill 2018 – commonly referred to as the Medevac Bill, which was finally passed this year.

"Issues around gender inequity are being experienced across the health sector but we don't always get to combine forces because we so often work in silos, either in our own hospitals or own specialties," Szabo said.

"Just like the last grand round, I think we're able to be much more powerful together. It gives us additional strength," she said.

The Victorian branch of the Australian Medical Association (AMA), the University of Melbourne Department of Obstetrics and Gynaecology and RANZCOG supported the grand round event.

The panel discussion was moderated by broadcaster and author Tracey Spicer, who has spearheaded the #MeToo movement in Australia and last year created **NOW Australia**, a not-for-profit group aimed at helping anyone who has been sexually harassed in the workplace.

What's next to address gender inequity in health and medical leadership? Quotas?



#HealthAdvocacyWIM: (L-R) Dr Kirsten Connan, Dr Neela Janakiramanan, Prof David Story, Dr Dara Kass, Dr Simon Judkins, Tracey Spicer, Dr Rebecca Szabo, Dr Skye Kinder. Photo by Marie McNerney.

The stark gender gap in leadership positions in health and medicine has been on the agenda in Australia at big medical and health events in recent days, including via Twitter on [#amaequity](#) and [#healthadvocacyWIM](#).

Marie McNerney reports below for the [Croakey Conference News Service](#) on one of those events, a special Women in Medicine grand round panel event at the Royal Women's Hospital in Melbourne.

Marie McNerney writes:

Male dominated medical colleges and other health organisations and services are under increasing pressure to take structural action to address the acute gender gap in their leadership positions, including by introducing female quotas for boards.

The executive of the Victorian branch of the Australian Medical Association last week took the lead, endorsing a new Constitution to go to a special vote by members on May 7 that includes a Board gender quota of 40 per cent women – reflecting its membership numbers.

News of the development came as the Royal Women's Hospital in Melbourne hosted a special grand round panel discussion on Women in Medicine to discuss ways to address gender inequity in health and medical disciplines in Australia.

The event, on 22 March, highlighted gender gaps in critical leadership roles, including at medical colleges like the Australasian College for Emergency Medicine which currently has no women on its board.

Panellists also called for hospital department heads to be rotated after two or three years to put an end, as anaesthetist Professor David Story put it, to a “particularly blokey tradition”.

“They act like kings and they stay like kings for 20 years,” said Story, the Foundation Chair of Anaesthesia at the University of Melbourne and Head of the Anaesthesia, Perioperative and Pain Medicine Unit.

Fellow panellist Dr Neela Janakiraman, a plastic and reconstructive surgeon, backed the call, telling the 200-strong audience that at one public hospital in Melbourne there are “more heads of units called Peter than women”, while women make up only 10 per cent of heads of departments across Melbourne hospitals.

Calling for transformation in what is understood as constituting merit, Janakiraman raised the much-derided **comment** by Prime Minister Scott Morrison on International Women's Day that “we don't want to see women rise only on the basis of others doing worse”.

She urged Health Ministers and other political leaders to act on the “incontrovertible evidence” that diverse workforces deliver economic and social benefits.

“Why are we not conditioning the funding of our public institutions on having diversity in the leadership groups?” she asked.

Quotas bring structural change



Julian Rait
@eyera158

Following

And @amavictoria Council last night endorsed our new Constitution that includes a Board gender quota of 40%. Members will be asked to approve this change at a special general meeting scheduled for May 7th, 2019.



Amelia Stephens @DrASStephens

Representation of Women on Australian medical colleges as current leaders and on boards - interesting to reflect upon @almarkwell @womenandmed

AMA Victoria president Associate Professor Julian Rait told Croakey at the event that the branch's move came out of concern at the "widespread disadvantage" experienced by women in medicine, particularly those seeking leadership positions and research grants.

He called on other health organisations to make a similar stand, saying that targets – the approach taken by other state AMAs and other organisations – remain aspirational rather than providing the structural change that a quota brings.

"We think these sorts of structural changes are necessary not just for our own board but also across the health sector," he said.

The AMA's Gender Equity Summit on Saturday also saw medical colleges named and shamed for their leadership gender ratios.

ACEM president Dr Simon Judkins, who was also a panellist at the Women in Medicine event, said the College was trying to address the "unacceptable" lack of women in its leadership ranks, though was stopping short of quotas for now.

He told Croakey he expected members to approve proposed changes to the ACEM constitution in coming weeks that aim to have women make up 40 per cent of the board, from the current zero representation, by 2020.

"The next step will be reviewing. If it's working, great; if not, then we'll look at quotas," he said.

Dr Kirsten Connan, an obstetrician and gynaecologist who was also on the panel, has been calling on her college, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), to adopt quotas for its board after her survey of trainees and fellows as part of her Masters last year showed the leadership "pipeline" is **not working**.

Connan urged medical colleges to host a national forum on gender equity. She said:

"Rather than working in our silos this is a great opportunity for college presidents or representatives...to come together at a national forum and say where have we each come from, what are our lenses that we see in relation to the problems and what are the solutions our membership have put to us...so we can transform the whole landscape not just for our craft group, not just for our individual institutions but also collectively across health care."

Trending nationally

The Women in Medicine event was staged to tap into conversations prompted by the global #MeToo and #TimesUp movements for gender equity and to end sexual harassment and sexual abuse in workplaces.

Its panel included leading US gender equity advocate Dr Dara Kass, who founded **FeminEM**, for women working in emergency medicine, and was one of the founding members of the **TimesUp Healthcare** movement launched in the US earlier this month.

Moderated by journalist and author Tracey Spicer, who has spearheaded the #MeToo movement in Australia, the 90-minute grand round was **livestreamed** by RANZCOG, where it has had more than 1,000 views at the time of publication.

The event's hashtag #healthadvocacyWIM trended nationally on Twitter through the day, and generated nearly eight million Twitter impressions (read the full Twitter transcript [here](#)).

Coordinator Dr Rebecca Szabo, a gynaecologist and medical educator at the Royal Women's, said the packed audience, which flowed over into another room, proved there was also a thirst for such discussions beyond those already engaged on social media.

"It was really quite powerful for me to see that in real life," she said.

Below are some of the takeaways from the wide-ranging discussion.

"Not just a women's issue"

Kass, an emergency medicine physician, told the event it was important to frame gender equity in health in terms of its wider impact – not just as a women's issue and not relegated to 'wellbeing' policies – because the evidence is clear that a more diverse and supportive workforce in medicine is better for patient outcomes.

Unfortunately, she said, gender equity in health becomes a "women's burden" because it is about privilege – "when something is inequitable, the person who is affected the most gets left to solve the problem".

"It's life saving, it's patient saving, it's career saving," she said. "The idea that we don't solve this is crazy because it makes sense for us as physicians, for our patients, (and) for our employers, because who wants to train a workforce and have half of it leave because they're disengaged or disenfranchised," she said.



Croakey News @CroakeyNews · Mar 21

Question that was asked most ahead of #HealthAdvocacyWIM on Women in Medicine was why have two males on the panel - "Need to move forward together. Also everyone on this panel is a feminist" @inquisitivegyn

"Beyond equity"

Both Kass and Dr Neela Janakiramanan talked about the difference between gender equality and gender equity, in the context of the often-used graphic illustration (see tweets below) showing three children trying to get a view into a sport stadium.

Janakiramanan, who played a leading role in a recent campaign to recruit doctors to support efforts to get asylum seeker children and families off Nauru, urged the health sector and wider community to look beyond equity and to try to make the fence in the graphic see-through or to tear it down altogether.

"This is what we need to get to eventually, to get to justice and participation and not just equity," she said.

Janakiramanan later told Croakey that discussions about gender equity need also to look at equity issues for other health professionals who make up smaller minorities than women, including those who face discrimination because they are foreign trained, have disabilities, or are lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ).

"We have to look at this in an intersectional way," she said. "Any intervention we institute that increases equity for (all) people will help men as well, it will help women as well and will help those people who face all these intersectional disadvantages."

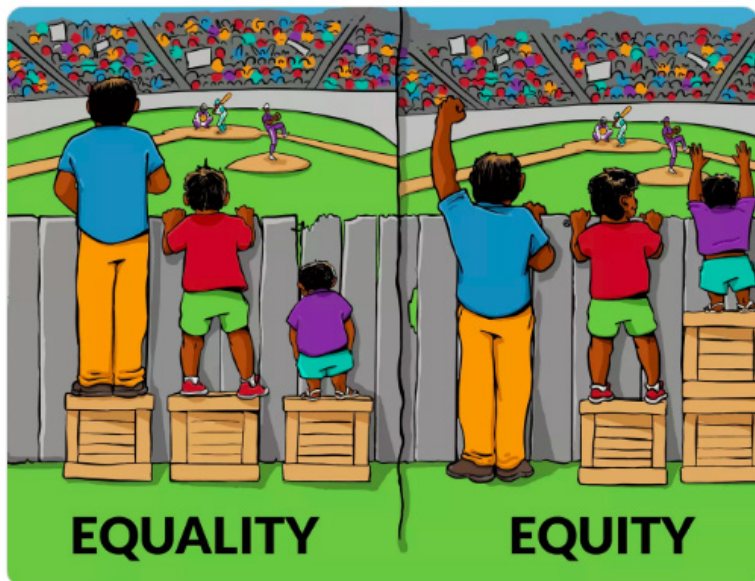


Croakey News

@CroakeyNews

Following

If you make the fence transparent and then tear it down, then we'll get to justice and participation and not just stop at equity, says [@NeelaJan](#) #HealthAdvocacyWIM

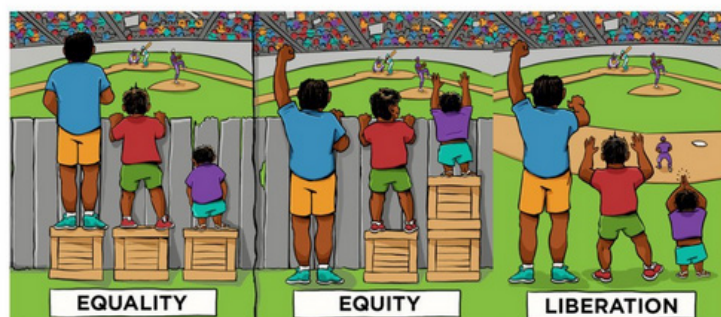


Julian Cleary @JulianBCleary · Mar 21

Replying to @CroakeyNews



Don't just tell a different version of the same story.
Change The Story!



Beyond “moral failing”

Janakiramanan also urged people to understand the structural issues behind implicit bias so that they didn't see it judged as a personal moral failing and therefore become defensive.

She shared her own story about being asked to ring a colleague's anaesthetist's daughter about a health issue. Despite being a senior clinician and working for years for many female anaesthetists, she rang the young woman and said, “I understand your dad is (my friend's) anaesthetist”. “She said, ‘no, my mum’.”

Seeing implicit bias as a personal rather than structural failing was part of the reason, she said, that some people, particularly men, struggle to address it.

“Defences and walls get put up because people see themselves as being fundamentally morally good, and most people are, but we can't just rely on people's inherent character, we have to understand the structural barriers that exist and work to overcome them.”

Behind the gender pay gap

The panel also talked about the importance of implicit bias and gender stereotyping in understanding and addressing the gender pay gap in health and medicine, particularly in the US where Kass said patient satisfaction surveys, “which are highly influenced by bias”, affect how much doctors there are paid.

Given pay rates for men and women in medical roles are the same in Australia, panellists said advocates for equity have to look at ‘why’ the pay gap is there.

It includes the obvious interruptions to the career path that many women have because of children and carer responsibilities, the event heard.

But there are also less obvious reasons, such as that women clinicians might get more referrals to complex social and emotional patients (“because the nurse thinks I'm better at it”), because female GPs may **take longer with consultations**, or hospitals may resist overtime payments more for women.

“In this country we are still struggling to convince people that this gender pay gap exists at all,” Janakiramanan said. “It absolutely exists and it's not because women work less or less hard, it's because of all these structural issues.”

Dealing with toxic cultures

The event heard that women clinicians also leave or avoid some higher paid specialties, such as surgery, because they are “toxic cultures”.

Surgery in Australia has been under fire particularly in recent years amid widespread and shocking complaints of bullying, sexual discrimination and assault.

Research by Gold Coast Health breast surgeon Dr Rhea Liang on why women leave surgical training was **published** in last month's special edition of *The Lancet* on women in medicine, findings that moderator Tracey Spicer said were also relevant to the media industry.

Liang's team confirmed the impact of bullying and harassment but added other factors that were not issues only for women including: lack of leave, absence of professional supports, fear of repercussion, long work hours and fatigue, and constant relocation.

Janakiramanan said the spotlight on her speciality was deserved but should not excuse other areas of medicine from looking at their cultures, where often "a particular type of masculinity" is valorised that also excludes men who do not fit the stereotype role.

Different issues for rural and regional medicos?

Dr Skye Kinder, a first-year psychiatric trainee at St Vincent's Melbourne who grew up in regional Victoria, talked about the different issues that affect the pathway to medicine for people from lower socioeconomic backgrounds and rural, regional and remote areas.

She urged more support, including scholarships – "education is the great equaliser" – to help them and others, including Aboriginal and Torres Strait Islander people, to move to cities to study so they can build a more inclusive health workforce.

"Medicine is often not a safe space for minorities and marginalised people because we often don't have that representation in our profession to really understand the issues those people experience," she told Croakey.

That means that many patients may stop seeking care, she said.

But while women from rural and regional areas often find it more difficult to get into medicine, Kinder told the event there may be more opportunities in leadership for women in rural and regional health settings because they are "chronically under-resourced" and therefore more used to being creative, flexible and inclusive.

She pointed to strong female leadership in the Rural Doctors Association of Australia, and in the Victoria branch, as well as in regional hospitals where she trained.

"I think I've had a great opportunity to see female role models."

Solutions, simple and complex

While many gender inequity issues require complex, structural solutions, Connan said there are also some really simple ones that can have a big impact.

They include providing breastfeeding rooms in hospitals and mentoring programs that move away from allocating one mentor "for life" and instead recognise the need for support on different issues, including sexual harassment, career planning, and work/family balance.

Being "really intentional" about flexibility in the workplace and medical schools, particularly with part-time training and parental leave opportunities, was another big area, she said.



Dr Marco Giuseppin @eclctcmedic · 2h

@RACSurgeons on the power of colleges to effect change. Declining reaccreditation to departments that do not offer flexible work options. Flexibility is key to #amaequity, this cannot be understated.

More reports via Twitter



Dr. Sonia Fullerton @sonialf · Mar 21

Waiting for "the pipeline" to fix the deficit of women in senior leadership positions has neither worked in medicine nor politics #auspol #healthadvocacyWIM



Jessica Forbes

@jorbesy

Follow

When this slide went up, everyone at the table looked straight at me... embarrassing for @acemonline but what's worse is that it's been unchanged for years. ACEM are working on it but will need member support to change constitution & remove barriers.



ACEM President @JudkinsSimon

@acemonline We will be asking our members to vote on constitutional changes next month to change this. It's unacceptable, it's critically important and we are fixing it..#AMAEquity



Croakey News @CroakeyNews · Mar 21

#HealthAdvocacyWIM @acempresident talks re importance of having teams that are representative and not just in gender. "We need to understand that diversity in teams leads to better decision making and ultimately to better care for patients." Also helps workforce wellbeing.



Tanya

@GongGasGirl

Follow

Absolutely this.

If you've been head of unit for longer than you can be US President: it's time to go.

You think you're the only one who can do it?

#HealthAdvocacyWIM

Andy Tagg @andrewjtagg

Story - Perhaps regular rotation of directorial roles every couple of years would make for better leaders.

#HealthAdvocacyWIM



Dr Neela Janakiramanan, FRACS @NeelaJan · 3h

I wonder how many medical HoD in Melbourne are 'ethical leaders'? Should public hospitals have leaders who aren't ethical/don't champion diversity, when evidence shows economic/social benefits of diversity are incontrovertible? @JennyMikakos @kristenahilton #HealthAdvocacyWIM



ACEM President @JudkinsSimon · 6h

This has to be an area we can focus on. Let's move away from these roles being a "job for life" to a leadership position in an organisation with time limit. Allow for succession planning and leader development. Education in wellbeing, mentoring, discrimination required

Tanya @GongGasGirl

Victorian Hospitals have women in 10 % of HoD roles. Wonder what it is Australia wide.

#healthadvocacyWIM twitter.com/NeelaJan/statu...



Annette Holian @smartlikemum · Mar 22

We have documents in development now for RACS ASC. You may be surprised that there is still resistance- posing the myth that they want the 'best' speakers. We wanted as mandatory 'all panels to include women' : was reduced to 'recommended'. We are trying at every turn.

Dr Neela Janakiramanan, FRACS @NeelaJan

Replying to @csl888 @CaroleFakhry and 2 others


I was postulating yesterday that perhaps all College sponsored conferences need to have an explicit instruction that all male panels are unacceptable.



Nisha Khot @Nishaobgyn · 5h

Finally opening @ranzcog ASM program to find this 🙌
Supporting parental attendance at conferences is the way forward
#HealthAdvocacyWIM #GenderEquity

ASM Crèche



Recognising the ever-increasing demands to support parents, particularly women, needing to care for their children while attending important professional and continuing education events such as the ASM, an onsite crèche for the exclusive use of ASM delegates will be available.

The crèche will be staffed by fully qualified childcare professionals, with children between the ages of 12 months to 12 years welcome.

The crèche will be located in close proximity to the Plenary Hall and will open during the following dates and times:

Monday 14 October	7.00am – 5.30pm
Tuesday 15 October	7.00am – 5.30pm
Wednesday 16 October	7.00am – 3.00pm



Croakey News @CroakeyNews · Mar 21

And there it is! Prof David Story spots the honour board: 24 names, 2 women
#HealthAdvocacyWIM @inquisitiveGyn



Tanya @GongGasGirl · Mar 22

Average age of entering @ranzcog training in Australia is 30.5 years.

Average age of having first baby in Australia is 30.5 years.

Why is it a surprise every time that trainees need maternity leave?

#HealthAdvocacyWIM



Andy Tagg @andrewjtagg · Mar 21

How many men have female leaders they model their behaviour on? And if the answer is none I need to ask, why not?

#healthadvocacyWIM

Australia trends · [Change](#)

#NSWelection2019

NSW Nurses & Midwives and The Conversation are Tweeting about this

#WorldWaterDay

Shannan Dodson, Paul Dutton, and 2 more are Tweeting about this

#HealthAdvocacyWIM

The George Institute and Marie McInerney are Tweeting about this

Trevor Gleeson

#OWL2019

7,007 Tweets

Ken Ilso

Seoul

75K Tweets

Home Affairs

3,986 Tweets

paul gallen

Sharks veteran Paul Gallen says he will retire at the end of the 2019 NRL season

Golan Heights

Trump says it's time for US to 'fully recognize' Israel's sovereignty over the Golan Heights



Dr Kirsten Connan @Connankf · 2h

Looking forward to hearing the deliberations & outcome from the AMA on #genderequity. Please lead us forward with measurable solutions (of which there are many!)

@amacdt @ama_media @amapresident ★★



AMACDT @amacdt

Wonderful to sit at the front of a packed room for the @ama_media Gender Equity Summit - aiming to translate best intentions into actions. #AMAEquity

Watch these interviews on gender equity, safe workplaces and diversity



The **Women in Medicine grand round** panel event at the Royal Women's Hospital in Melbourne shone a spotlight on gender equity and diversity in the health care system and what it means for patient care.

Below you can watch interviews with all the panelists and others contributing to initiatives and the broader debate.

TimesUp for inequity, harassment and assault in health care



United States physician **Dr Dara Kass** is the founder of **FeminEM**, a platform for women in emergency medicine and co-founder of the recently launched **TimesUp HealthCare** movement.

She talks here about how powerful it is to advocate for change in medicine and to be part of a community of support for women – including harnessing others to create “**a raft of bitches**” – “across the entire house of medicine, not just in emergency medicine”.

On implicit bias and the need for broader inclusion



“Gender is not the only thing that makes us diverse.” **Dr Neela Janakiramanan**, a plastic and reconstructive surgeon, talks about implicit bias (including her own) and the need for diversity and inclusion in the health workforce, not just for women but for others who struggle for representation and respect, including foreign trained doctors, and those in health who are LGBTIQ or have disabilities.

Building safe health care through diverse workforces



Dr Skye Kinder, a first year psychiatric trainee at St Vincent’s Melbourne who grew up in regional Victoria, talks about her journey to medicine and the need for greater support for people from lower socioeconomic backgrounds and rural, regional and remote areas to ensure greater diversity in the health workforce so that health care is safe for everyone.

“Our system is still really tailored to specific subsets of patients and not encompassing of all of the patients deserving of care,” she told Croakey.

Why were there two men on the Women in Medicine panel?



#HealthAdvocacyWIM coordinator Dr Rebecca Szabo said the question she was asked most in the lead-up to the grand round was why were there two men on the panel. Here Croakey talks to those two men: **Dr Simon Judkins**, President of the Australasian College for Emergency Medicine (ACEM) and **Professor David Story**, an anaesthetist and the Foundation chair of Anaesthesia at the University of Melbourne and Head of the Anaesthesia, Perioperative and Pain Medicine Unit.

They talk about their main takeaways from the event and efforts to improve gender equity in leadership roles in medical colleges and hospital departments. There's one telling exchange with Judkins (who is working to improve gender equity across the board):

Croakey: When you have (ACEM) board meetings, how many women are there in the room?

Judkins: Not many.

Croakey: How many is not many?

Judkins: None.

Taking a lead on female quotas



The Victorian branch of the Australian Medical Association (AMA) has taken a lead on gender equity, endorsing a new Constitution to go to a special vote by members on May 7 that includes a Board gender quota of 40 per cent women – reflecting its membership numbers.

Branch president **Associate Professor Julian Rait** and his daughter **Louise Rait** talk about the pathways available for women in medicine and health research and the need to continue addressing “widespread disadvantage”. Rait talks about a breakthrough moment of hearing about the harassment experienced by women in the workplace.

Getting better but “let’s not sugar coat it”



Dr Rodney Mitchell, president of the Australian and New Zealand College of Anaesthetists (ANZCA), talks about the recent release of the college’s **Gender Equity Position Statement and Action Plan**. Mitchell says the college has a good track record with women in leadership positions in some respects, but it still has a way to go: “let’s not sugar coat it” for the 45 per cent of trainees and 35 per cent of fellows who are women. The Action Plan recognises the growing number of women in the specialty, outlines what success would look like with gender equity, and has a tool kit with practical steps to take, including this **Gender Equity Self-Assessment Quiz**.

Big and small steps to structural change



Dr Kirsten Connan, an obstetrician and gynaecologist, notes the irony and risk involved at her college, where the specialty with a focus on women’s health still struggles to provide access to leadership opportunities for its female fellows and trainees. **Dr Rebecca Szabo**, also an obstetrician, coordinated the Women in Medicine grand round at the Royal Women’s in Melbourne. They talk about their takeaways from the event, the big and small things that need doing, and the power of connecting in real life and on social media, including with **#MeToo**, **#MedTwitter** and **#TimesUpHC**.

Building a 'raft of bitches' in the fight for equity in the health workforce



#OtterTime - solidarity in action

Social media can be devastating and, as we tragically saw with the massacre in Christchurch, dangerous.

But harnessed for good it can have incredible power, as **Dr Dara Kass**, an emergency medicine physician and gender equity advocate, discussed at a recent **Women in Medicine grand round** event hosted by the Royal Women's Hospital in Melbourne.

Journalist Marie McNerney, who covered the event for the **Croakey Conference News Service**, spoke with Kass about her role in some ground-breaking movements to address gender inequity, sexual harassment and assault in the US health care sector.

Marie McNerney writes:

United States emergency physician Dr Dara Kass has become an expert in building a "raft of bitches" – or calling in the troops when a woman is being harassed, demeaned or bullied online, particularly on Twitter.

It was her colleague Dr Esther Choo who first sent out the **#OtterTime** alert as a light-hearted response to being 'mansplained' on Twitter.

"I was being bullied by a condescending troll and just had it," Choo said later in an **#OtterTime tutorial**.



She was thinking, what could be the exact opposite of the guy who was hassling her?

"So I posted a picture of an otter."

It became her standard response to bullies and misogynists, and she told her friends to do the same. Among them was Kass, who immediately and delightedly pointed out that female otters are known as bitches, and join hands with other female otters in groups called "rafts" to keep from drifting out to sea while resting.

"They literally build a raft of bitches," Kass told Croakey in Melbourne.

And so now do Choo and Kass, who have gone on to found **Times UP Healthcare**, which has grown out of the **#MeToo** and **#TimesUP** movements to tackle sexual assault, harassment and inequality in the healthcare workplace. Kass is also the founder of **FeminEM**, an open access resource for gender equity in emergency medicine.

Exposed to trolling because of this high-profile work, they and many others use the otter and the hashtag #ottertime to signal to each other when they or another woman is being harassed so they can come to her aid.

Kass said:

"When something happens on social media and the call is made for all the otters to come out, we come out."

"This idea that female otters stick together in the water, they hold paws, they layer these rafts, (build) these huge coalitions of female otters and they are stronger by their network is the most powerful analogy we found."

Kass is quick to say her purpose is not to start a fight nor to undermine those making the comments, or try to get them to lose their jobs.

But she's mindful of the irony that women are accused of being bullies when they combine to address harassment or abuse, and says it is important to show that "words have consequences".

"(We get) statements like 'men shouldn't be feminists', demeaning men who support women, reminding people that 'women choose to work less hard and deserve what they get'," she said.

"If you're going to be out there on social media, saying things that are either inherently untrue or divisive or hurtful...if you're going to say the pay gap doesn't exist, be prepared for us to say it does and show you where you're wrong."

"Mostly a gift"

But there is other power in social media that has literally brought Kass to Australia for a week or so.

She tweeted earlier this year about being invited to speak at the high profile **SMACC Critical Care conference** in Sydney this week.

That prompted an invitation from Royal Women's obstetrician Dr Rebecca Szabo to join the panel of the Women in Medicine grand round and led to a whole series of new connections.

For such journeys, Kass says social media is "very powerful, mostly a gift".

"The ability to unite people across ponds and create coalitions is critical to progress," she said. "FeminEM could not have existed without social media, we would not have joined so many people in medicine together."

FeminEM has done "some extraordinary work" over the past three years, she says, in empowering many female physicians to be "unapologetic advocates for change in medicine and also to be a community of support for women across the entire house of medicine."

Times Up Healthcare has taken up that broader mission, with the stand that "every person in health care, not just physicians and not just women, deserves safe, equitable and dignified work".

It very deliberately says "no matter what your job is in health care, this is for you, whether you're a physician, or a tech, or a home health aid, or a phlebotomist or pharmacist or millions of other occupations there are in health care," Kass said.

Enormous traction

Launched early in March, she said it's already had enormous traction, lucky enough to be partnered up with the global Times Up movement that saw Hollywood women come together and be inspired by farm workers to create a powerful platform.

"We've had really incredible support from institutions that want to be signatories to our efforts, from individuals that want to sponsor what we're doing, from partnership organisations like colleges that internationally want to say we want all of our members to feel they have safe, equitable and dignified work, and we want to align with you."

For Kass, Times Up Healthcare is not a personal story or a response to hurt, harm or harassment she experienced in the workplace, but is about having a responsibility to contribute to systemic change.

"This is not a personal reaction from me to a grievance I've had," she says, "it's more about justice for the health care workforce going forward and how important it is for all of us, as patients, as physicians, as partners, as individuals."

Senior men in medicine also had a responsibility to contribute to change; for example, by taking paternity leave – if not for the sake of their partner or child, then to be a role model or 'grant permission' to men below them to do so.

Her takeaway from the Women in Medicine event was that there is a cohesion in the Australian system that the US doesn't have – "you're starting out 15 feet ahead of us in terms of social support, for example equitable leave for all parents".

"We're walking backwards right now in our culture," she said.

Kass felt inspired to be at the event, with men and younger and older women, and to be part of a network that can "convene people across oceans about the common cause of equity and justice is incredible."

"I feel like change is inevitable."


Kass presented at SMACC on a personal issue, about [donating an organ to her son](#), when he experienced liver failure as a baby (see some related tweets below).

Also read more [here](#) and watch her talk about building a 'raft of bitches'.

• **Watch a video interview with Kass at the Women in Medicine event, plus conversations with all the panelists via [this playlist](#) compiled by Croakey.**

From Twitter



Esther Choo MD MPH 
@choo_ek

Ladies, here's what I've been doing in response to this sh**:

1. Respond to harassment with a pic of an otter
2. Use [#ottertime](#) hashtag to signal a bully to other women
3. Block and report



Dr Kirsten Connan @Connankf · Mar 23

Every healthcare provider should listen to [@darakass](#), a co-founder of both [@feminemtweets](#) & [@TIMESUPHC](#) (yes a superstar!), as she shares her insights & hopes for creating safe, respectful, and fair workplaces for EVERYONE!

[#GenderEquity](#)

[#TimesUpHealthCare](#)

[#HealthAdvocacyWIM](#) ★★

Marie McInerney @mariemcinerney

[#healthadvocacyWIM](#) [@darakass](#) [pscp.tv/w/b2RN2zEzOTI2...](#)



Dr Bec Szabo
@inquisitiveGyn

Following

Power of standing with each other and for each other [@darakass](#) we need to stick together more when we're at the top of the leadership tree in thin air. Our raft is gender integrated but the otter metaphor is still very important.

7:39 PM - 27 Mar 2019 from [Sydney, New South Wales](#)



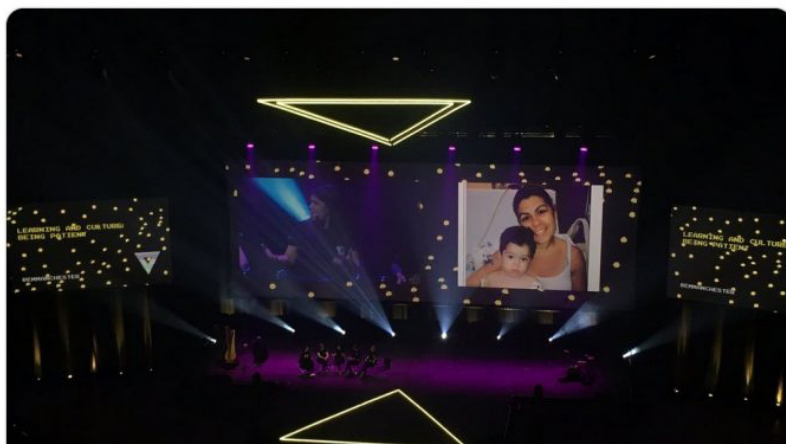
Dr Bec Szabo @inquisitiveGyn · 3h

@darakass with @choo_ek responding to @gracie_leo #SMACC2019
@smaccteam about #raftofbitches "this might actually be the most important thing we've done." #otters



Caitlin Weston @Caitweets · Mar 26

@darakass shares her own very personal patient experience as an organ donor for her son. Thank you Dara for sharing this beautiful story (and impressive photos of your pristine liver!) For those not at #SMACC, check out Dara's story here: well.blogs.nytimes.com/2016/05/13/don... #LiverEnvy



AWAEM @AWAEM · Mar 26











At #smacc @darakass beings it talking about vulnerability...being a patient and a mom and a doctor and the 9573829 things that you have to deal with when you are all of these things AND a patient well.blogs.nytimes.com/2016/05/13/don...



Analytics from Symplur show 427 tweeps participated at the hashtag, sending 2,145 tweets and creating 9.66 million Twitter impressions during the period of Croakey's coverage of the event, between 21 and 28 March. Read **the Twitter transcript**.











The #healthadvocacyWIM Influencers

Top 10 by Mentions

	@NeelaJan 449
	@darakass 387
	@inquisitiveGyn 324
	@thewomens 307
	@CroakeyNews 295
	@andrewjtagg 271
	@skyekinder 215
	@JudkinsSimon 206
	@TraceySpicer 198
	@Connankf 195




Top 10 by Tweets

	@croakeyblog 205
	@inquisitiveGyn 132
	@CroakeyNews 109
	@andrewjtagg 106
	@M_Kay_Dunkley 102
	@MarisaMagiros 84
	@DrJaneMunro 59
	@Dpeters1977 50
	@varun_doda 47
	@TalatUppal 40



Top 10 by SymplurRank

	@NeelaJan
	@inquisitiveGyn
	@Connankf
	@darakass
	@JudkinsSimon
	@skyekinder
	@TraceySpicer
	@thewomens
	@ranzcog
	@andrewjtagg



The Numbers

9.656M Impressions

2,145 Tweets

427 Participants

11 Avg Tweets/Hour

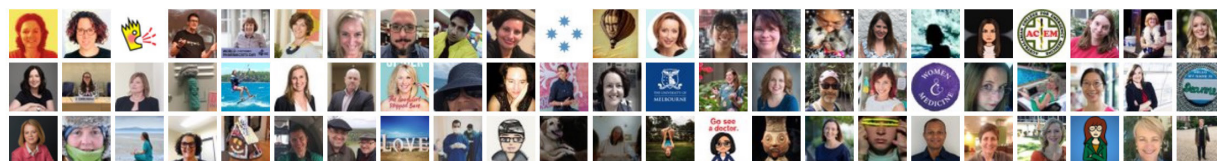
5 Avg Tweets/Participant



Twitter data from the #healthadvocacyWIM hashtag from Wed, March 20th 2019, 5:10PM to Thu, March 28th 2019, 5:10PM (Australia/Sydney).



#healthadvocacyWIM Participants



Data for #healthadvocacyWIM can be up to 15 minutes delayed

Croakey Conference News Service

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