



Australian
Academy of
Health & Medical
Sciences

WOMEN IN THE HEALTH AND MEDICAL SCIENCES DECADAL PLAN

ACKNOWLEDGMENT OF COUNTRY

The Australian Academy of Health and Medical Sciences (AAHMS) acknowledges the traditional custodians of the lands on which our offices stand and on which we hold our meetings and events across the country. Aboriginal and/or Torres Strait Islander peoples were the nation's first scientists, and they remain the spiritual and cultural custodians of their land. We pay our respects to elders past and present.

ACKNOWLEDGMENTS

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This work will help to shape a more inclusive, sustainable and high-performing HMS workforce

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ABOUT THE ACADEMY

Impartial, authoritative, cross-sector voice of health and medical science

“We are an independent, interdisciplinary body of Fellows – elected by their peers for their outstanding achievements and exceptional contributions to (HMS) in Australia”

The Australian Academy of Health and Medical Sciences is the impartial, authoritative, cross-sector voice of health and medical science (HMS) in Australia.

We advance health and medical research (HMR) in Australia and its translation into benefits for all, by fostering leadership within our sector, providing expert advice to decision-makers, and engaging patients and the public.

We are an independent, interdisciplinary body of Fellows – elected by their peers for their outstanding achievements and exceptional contributions to HMS in Australia. Collectively, they are a representative and independent voice, through which we engage with the community, industry and governments.

The Academy is uniquely positioned to convene cross-sector stakeholders from across Australia to address the most pressing health challenges facing society. We focus on the development of future generations of health and medical researchers, on providing independent advice to government, and on providing a forum for discussion on progress in HMR with an emphasis on translation of research into practice.

The Academy is registered with the Australian Charities and Not-for-profits Commission (ACNC) and is endorsed as a deductible gift recipient.

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ABOUT THE DECADAL PLAN

Women in the Health and Medical Sciences: Decadal Plan

“A national, evidence-informed roadmap to address the systemic and structural barriers that currently limit women’s full participation and leadership across the health and medical sciences”

The Women in the Health and Medical Sciences: Decadal Plan (i.e. the Plan; the Decadal Plan) was developed through consultation with an Expert Advisory Group (EAG), chaired by Australian Academy of Health and Medical Sciences Fellow, Professor Helena Teede AM FAHMS (see “Expert Advisory Group and Review Group membership” section), who drew on comprehensive evidence review and analysis, alongside input from cross-sector expertise through four roundtables with senior leaders from across 30 institutions and organisations (see “Contributors”). The evidence used to develop this Decadal Plan is published in detail in the accompanying appendices.

Terms of reference:

The Decadal Plan will provide a national, evidence-informed roadmap to address the systemic and structural barriers that currently limit women’s full participation and leadership across the health and medical sciences (HMS). Specifically, the Plan will:

1. Synthesise national and international evidence on gender equity in HMS, with a focus on the underrepresentation of women in senior leadership and decision-making roles.
2. Identify the barriers that inhibit women’s advancement in the HMS workforce, including those related to funding structures, workplace cultures, and the current policy landscape.
3. Map existing government and sector-led strategies, policies and initiatives currently operating across the HMS sector, and assess gaps, duplication, and opportunities for national coordination and alignment.
4. Engage with stakeholders across research, health, industry and government in a meaningful codesign process that identifies practical, scalable, and evidenced solutions.
5. Develop a set of strategic priorities and actions to support systems-level change.
6. Recommend approaches to ensure implementation, accountability and impact over a ten-year period, aligned with and complementary of existing and emerging national strategies.

This work will help to shape a more inclusive, sustainable and high-performing HMS workforce – ensuring that Australia benefits from the full breadth of its potential HMS leadership talent.



Biomedical Sciences



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Professor Jana Vukovic, AAHMS Mentee

FOREWORD

Australia's HMS sector is central to the health, wellbeing and productivity of our communities.

It is driven by talented professionals who, collectively, have the potential to shape global health outcomes. However, despite women comprising more than half of the HMS workforce, structural and cultural inequities continue to hinder their full participation, particularly in senior roles.

According to the Australian Government's 2024 Health and Medical Research Workforce Audit, women make up 52% of the workforce but hold only 26% of the most senior roles.¹

While Science, Technology, Engineering and Mathematics (STEM) as a whole is catered for by numerous initiatives and policies to advance gender equity, the HMS ecosystem – with its unique composition, challenges and opportunities – requires a tailored strategy

The National Health and Medical Research Strategy, being developed by the Australian Government, presents a timely opportunity to place gender equity at the heart of Australia's future HMS agenda. As a national platform, it can play a central role in embedding a systems approach to transparency and accountability, align institutional and government efforts, and ensure that equity is foundational to how the HMS system functions and grows.

A demographic window is opening. Today's HMS leadership is concentrated in older cohorts, a legacy of historic entry and promotion patterns around gender. Over the next ten years, leadership succession – if informed by the opportunities outlined in this Decadal Plan – can shift organisational culture and leadership composition. However, without deliberate action, existing inequities will be replicated for years to come.

The Decadal Plan offers a clear, evidence-based roadmap for addressing gender inequities that currently hinder women's progression in HMS.

Through consultation with research, healthcare, industry, and policy stakeholders, the Decadal Plan sets out actionable solutions for transforming systems, policies, and organisations to support the leadership and innovation potential of women across its HMS ecosystem.

The Australian Academy of Health and Medical Sciences has engaged in this work with the Advancing Women in Healthcare Leadership (AWHL) initiative, led by Monash University. This partnership with AWHL brought evidence generated from NHMRC partnership grants with 29 partners on gender equity and equality and on evidence-based processes for implementation and system change.

The Australian Academy of Health and Medical Sciences is proud to lead this work, and stands ready to partner with stakeholders across health, research, academia, industry and government to make this vision a reality.



Professor Louise Baur AM PresAHMS
President

Achieving gender equity across the HMS workforce.

“Women make up the majority of Australia’s HMS workforce but remain underrepresented in senior roles, as recipients of major research funding awards, and in shaping research agendas.”

Women make up the majority of Australia’s HMS workforce but remain underrepresented in senior roles, as recipients of major research funding awards, and in shaping research agendas. This persistent inequity reflects systemic structural and cultural barriers that inhibit women’s full participation in HMS.

Despite HMS underpinning Australia’s health outcomes and economic productivityⁱ, there is no clear plan for how broad, STEM-wide strategies such as Pathway to Diversity in STEM can be implemented across the HMS ecosystem – with its particular career pipeline, gendered composition, challenges and opportunities. The Decadal Plan fills this gap.

Achieving gender equity across the HMS workforce is not only a matter of fairness – it is essential for ensuring that the sector benefits from the full breadth of Australia’s potential HMS talent in order to undertake the high-quality, future-fit research and innovation needed to improve the health, wellbeing and productivity of all Australian communities.

Improving attraction, retention and progression of women researchers from diverse backgrounds will strengthen the capacity, sustainability, and relevance of Australia’s HMS ecosystem.

At present, Australia is not making full or efficient use of its highly skilled HMS workforce – a missed opportunity with growing consequences as the sector faces considerable challenges and undergoes rapid digital transformation, including the integration of artificial intelligence (AI) and related advanced technologies. Inadequate workforce data further compound the problem, limiting understanding of participation, progression and potential across the HMS pipeline. These gaps collectively undermine the efficiency, equity and quality of research and healthcare, and risk entrenching bias into the future.

The composition of the HMS workforce shapes the questions that are asked, the populations that are studied, and the knowledge that is translated into healthcare. Diverse teams produce higher quality science and achieve greater impact,¹ and when



women and researchers from underrepresented and/or marginalised groups are empowered to lead, the resulting research better reflects the complexity of real-world health challenges – and is more likely to result in solutions that benefit us all. It is also important to recognise that the intersectionality of gender with other identities, such as race and disability, compounds the inequities faced by diverse groups. These intersecting factors further limit opportunities for leadership and advancement within the sector, making the need for targeted and inclusive change more urgent.

You have to see it to be it. When women occupy senior leadership roles, it not only supports health equity but also demonstrates to future generations of HMS women and gender-diverse individuals that they, too, can aspire to lead.

While the Decadal Plan focuses on securing equity for women in the HMS workforce, it is important

to recognise that securing gender equity across HMS leadership is a more expansive issue that encompasses the experiences and challenges of all professionals – including men, non-binary, and gender diverse – in the sector.

While the Decadal Plan focuses on strengthening equity for women across senior HMS leadership rather than addressing diversity more broadly, it recognises the importance of equity at large, and recommends that further research be undertaken and data collected to understand the experiences of LGBTQIA+ and non-binary/gender diverse, culturally and linguistically diverse (CALD), First Nations, and HMS professionals living with disability. The Plan also emphasises that the implementation of its recommendations should be guided by an intersectional, codesigned approach that considers how gender intersects with other factors.^{2,3}

ⁱ The HMS sector improves population health, drives innovation, and supports a resilient, high-skill workforce – all priorities of the Productivity Commission's reform agenda.²⁸

Increasing women's representation across leadership is shown to improve: 1) health outcomes; 2) innovation; 3) engagement with ethical initiatives; 4) financial performance, risk, and stability; 5) organisational culture and climate outcomes; and (6) other women's careers and aspirations.⁴ Evidence also shows that women's representation across research leadership enables more inclusive research questions, stronger engagement with underserved populations, greater relevance, and improved equity in health outcomes.

The Decadal Plan uniquely focuses on evidence-informed, systems-level change. Both a call to action and a practical roadmap, the Plan identifies not only what needs to change – but also how to implement these changes effectively. The plan is grounded in proven, scalable approaches that target the structural conditions holding women back from leading across the HMS, and offers a roadmap for meaningful reform across system, organisation, and individual levels through a coordinated approach.ⁱⁱ

To maximise impact and ensure alignment across the broader research ecosystem, the findings and recommendations of the Decadal Plan could be integrated into ongoing and future national reforms – including the Australian Government's National Health and Medical Research Strategy.

The Decadal Plan envisions an inclusive, innovative, and future-fit HMS system, grounded in the understanding that lasting change requires alignment across system, organisation, and individual levels.⁵ It identifies five key, cross-level, strategic opportunities to achieve this:

1. Integrated national policy environment
2. Fair and equitable funding structures
3. HMS workforce strategy
4. Organisational change for inclusive, safe and equitable work environments
5. Implementation

The implementation of the Decadal Plan will strengthen the HMS sector's capacity and sustainability, ensuring that Australian communities feel the health, wellbeing and economic benefits of health and medical research (HMR).

“Achieving gender equity across the HMS workforce is not only a matter of fairness – it is essential for ensuring that the sector benefits from the full breadth of Australia’s potential HMS talent in order to undertake the high-quality, future-fit research and innovation needed to improve the health, wellbeing and productivity of all Australian communities.”

ⁱⁱ The Decadal Plan operates across the system, organisation and individual levels to drive systems change according to the evidenced approach developed by the AWHL initiative and outlined in Appendix 4.⁵ This data-informed approach recognises that sustainable change necessitates alignment between the broader system, the organisations within this system that provide leadership opportunities, and the ability of individuals to realise these opportunities.

VISION

An equitable and inclusive Australian HMS ecosystem that empowers women in leadership.

VALUES

- Equitable and inclusive leadership
 - Transparency and accountability
 - Inquiry and innovation
 - Partnership and collective action
 - Mutual respect
-

GOALS

- Realise gender equity and diversity in HMS leadership
 - Harness the full breadth of HMS workforce talent and potential to deliver world-leading HMR
 - Fair and equitable funding to deliver innovation
 - Inclusive cross-sector collaboration, coordination and accountability
 - Centre gender equity to improve health, wellbeing and economic outcomes for all
 - Collective accountability
-

ENABLERS

- Leadership and commitment
 - Resourcing
 - Collective accountability
 - Involvement and participation
-

STRATEGIC OPPORTUNITIES

- Integrated national policy environment
- Fair and equitable funding structures
- HMS workforce strategy
- Organisational change for inclusive, safe and equitable work environments
- Implementation

Realising the Decadal Plan's strategic opportunities

This summary outlines what can be achieved if the Plan is delivered in full, identifying key milestones over the next three, six and nine years. Successful delivery will rely on strong collaboration across government, the HMS sector, and industry. Formative evaluations in Years 4 and 8 will provide insights to inform ongoing implementation, while a summative evaluation in Year 10 will assess overall impact and outcomes.

Professor Ranjeny Thomas AM FAHMS



DELIVERY PLAN

In three years, the Decadal Plan will...

Be integrated into the National Health and Medical Research Strategy.

Facilitate coproduction and adoption of a National Data Framework for HMS.

Where relevant, be funded by Government for implementation as part of the National Health and Medical Research Strategy, and Pathway to Diversity in STEM.

Inform funding agencies to reform priorities to achieve fair and equitable funding.



**YEAR FOUR
FORMATIVE
EVALUATION**

In six years, implementation of the Decadal Plan will progress to...

Strengthen the evidence base by investing in dedicated research and evaluation of the what and the how of strengthening gender equity for women in HMS.

Data will demonstrate early signs of progress in strengthening the HMS talent pipeline.

Scale evidence-based programs and initiatives across the HMS ecosystem.

Incentivise and strengthen HMS system transparency and accountability



**YEAR EIGHT
FORMATIVE
EVALUATION**

In nine years, with sustained collective investment, the Decadal Plan's strategic opportunities will...

Demonstrate an empowered and capable HMS workforce through equitable and inclusive leadership funding, training and development opportunities, secure employment, and enhanced cross-sector mobility.

Have informed the development of how gender equity maturity is defined and measured across the HMS ecosystem, shaping future benchmarks and assessment approaches.

Continue to influence and shape ambitious future national and jurisdictional reforms in gender equity across HMS.



**YEAR TEN
SUMMATIVE
EVALUATION**



CONTEXT: THE HMS WORKFORCE

Australia's HMS workforce is a dynamic and vital component of the nation's health system

“The HMS workforce is the engine behind Australian health and medical innovation”

Australia's HMS workforce is a dynamic and vital component of the nation's health system, driving innovation and improving health outcomes. It spans diverse settings, including hospitals and other clinical settings, medical research institutes (MRIs), universities and industry – each of which contributes uniquely to HMR and the development and delivery of evidence-based healthcare and medical interventions.

It is inherently multidisciplinary, comprising both clinical and non-clinical professionals who work in teams across sectors, disciplines, and specialties. Data scientists, biostatisticians, health economists, health services researchers, public health experts, implementation scientists and regulatory specialists – among others – bring vital non-clinical expertise. Clinical professionals such as doctors, nurses, midwives, Aboriginal and/or Torres Strait Islander health practitioners, and allied health practitioners are essential to high quality, embedded research and translation across the health system.

The HMS workforce is the engine behind Australian health and medical innovation – from the human papillomavirus (HPV) vaccine and the bionic ear, to transforming care pathways and clinical practice.^{6,7,8}

It is also a significant driver of economic growth, transforming every dollar invested into HMR into a \$3.90 return.⁹

The Australian Government's 2024 Health and Medical Research Workforce Audit estimated the workforce to comprise approximately 39,690 active researchers.¹⁰ However, with health and medical researchers working across diverse settings in the HMS (and indeed many individuals working across multiple settings), there is an unknown number of research-active health professionals not necessarily being captured in such data because they are not formally employed in a research capacity. Further data collection is required to build a full picture of this crucial workforce.¹

While many of the barriers experienced by women in HMS mirror those in traditional STEM fields and across the higher education and research sector, the HMS workforce is a distinct, specialised group. Many HMS professionals work at the intersections of academia, research, healthcare and industry, and this cross-sectoral engagement creates a unique set of opportunities and challenges that shape career trajectories and workplace experiences across HMS.^{11,9}

Australia's HMS workforce has global origins, with over 40% of researchers born overseas.¹⁰ Certain groups of health and medical researchers currently contend with structural disadvantage throughout their careers – including researchers who are women or gender diverse, LGBTQIA+, Aboriginal and/or Torres Strait Islander, or from CALD backgrounds.¹¹

While the Decadal Plan focuses on women in HMS, many of its systemic and cultural recommendations have applicability to those facing other intersectional barriers, including gender-diverse researchers.

Implementation of the Decadal Plan's recommendations should be guided by an intersectional lens, recognising the challenges faced by individuals who encounter multiple forms of systemic – and often compounding – barriers.

Women in the HMS workforce

“The Australian Government’s 2024 workforce audit revealed that women comprise 52% of the total HMR workforce.”

The Australian Government’s 2024 workforce audit revealed that women comprise 52% of the total HMR workforce.¹⁰ This is striking as the report also shows that only 26% of the most senior-level HMR roles are filled by women, demonstrating that the sector is not fully benefiting from the breadth of its potential talent at senior levels.¹⁰

The gender composition of the HMS workforce is distinct from that of the wider STEM sector. Whereas women comprise 52% of the HMR workforce,¹⁰ they comprise only 29% of Australia’s broader STEM graduate workforce. For HMS, unlike much of the wider STEM sector, attracting women to the workforce is not the issue; it is, instead, retention and advancement.¹²

Greater participation of women in research has been shown to strengthen research and innovation.^{2, 10, 13} Furthermore, when there are more women in leadership positions, organisations achieve enhanced outcomes and economic performance.¹⁴

The disparity between the gender distribution of the total HMS workforce and senior HMS roles is not due to an ability gap, but due to structural, cultural and systemic barriers that limit motivation and opportunity for women to reach these positions. These barriers include:

- **System-level barriers**, i.e. overarching barriers that exist at a societal level, or that sit across multiple organisations and institutions. Examples include policy and sector fragmentation, omission of the HMS sector from STEM gender-equity strategies, fragmented and precarious career pathways, inequitably distributed career interruptions, gendered roles and expectations outside work affecting capacity (e.g. caregiving), power imbalance influencing confidence and credibility, limited workforce data, and inequitable funding structures.

- **Organisation-level barriers**, i.e. those that exist internally within the structures and processes of organisations and institutions. They include, for example, non-inclusive workplace cultures, limited mentorship and leadership development opportunities, and insufficiently intersectional support that fails to recognise and address the complex, overlapping barriers that arise from an individual's multiple identities.

Our current understanding of women in HMS research is punctuated by significant gaps.

However, the Australian Government's 2024 workforce audit revealed that: ¹⁰

Men occupy up to

79%

of Lead or Chief Investigator roles.

Women experience higher rates of career interruptions –

55%

of women take breaks compared to 27% of men.

Job security remains a significant concern for women



particularly when it comes to accessing paid parental leave while on fixed-term contracts.

These latest findings accompany existing data, for example:

- Between 2019 and 2021, men applied in higher numbers and were more likely to receive funding in the NHMRC Investigator Grants scheme.¹⁰
- The pandemic disproportionately affected women researchers, especially those with young children, as they took on more of the additional care duties.¹⁵⁻¹⁷

These sector-specific barriers continue to be compounded by broader societal expectations around caregiving roles. The most commonly reported career interruption for women across the sector is parental leave, accounting for 76% of women's career interruptions.¹⁰ Parental leave, distinct from career breaks or sabbaticals, is a structured leave of absence related to the birth and/or care of children. This contrasts with career breaks and sabbaticals, which are more often associated with personal development, research, or other professional pursuits. Parental leave is a critical factor in the gendered dynamics of career progression, as women are more likely to take time off for caregiving duties compared to men, for whom career breaks and sabbaticals are more common.

Only 15% of men's HMR career interruptions are attributed to parental leave, with career breaks and sabbaticals being the most frequent reasons for their career pauses.¹⁰ Career breaks and sabbaticals are generally perceived as less disruptive to long-term career trajectories, and often involve opportunities for professional skill-building or advancing a research profile.

While many of the challenges faced by women in HMS are similar to those faced by women in broader STEM disciplines and across higher education and research settings, the HMS workforce is a nuanced workforce with a particular composition. For instance, in many areas of HMS, there are more women than there are in other fields of scientific research; they are often working across the academia-health-industry interface – either with colleagues from other sectors, or themselves working across those sectors. In addition, there is limited penetration of programs supporting women in STEM to those working in HMS, creating inconsistent and often ad hoc support, leading to compounded disadvantage.



Professor Livia Hool FAHMS

“The Australian Government’s 2024 workforce audit revealed that women comprise 52% of the total HMR workforce. This is striking as the report also shows that only 26% of the most senior-level HMR roles are filled by women, demonstrating that the sector is not fully benefiting from the breadth of its potential talent at senior levels.”

Government strategies to support women in STEM and across higher education and research settings have only partially included or met the particular needs of women working in HMS.

Existing initiatives, policies and strategies to advance women across HMS have often approached health, research institutions and industry settings separately rather than through a coordinated, cross-sector lens.

Overall, women’s potential to lead and advance in HMS is currently not being realised. Addressing policy, systems and organisational structural barriers – particularly those facing clinician researchers and women in insecure roles – is essential to building the inclusive and effective HMS system needed to achieve the best health outcomes.

WHY A DECADAL PLAN

Why a Decadal Plan for women in the health and medical sciences?

Women comprise the majority of the workforce but fill a minority of senior roles

Systemic barriers are undermining retention and advancement.

HMS has unique strengths and challenges

The HMS workforce is differently gendered to the broader STEM sector, and operates across academic, health and industry settings.

Existing strategies don't reach HMS

National STEM and gender-equity initiatives often exclude HMS or overlook the sector's structural and workforce dynamics.

Structural inequities have real consequences

Inequitable funding processes, precarious roles, and career interruptions disproportionately affect women.

Australia is not making the most of its talent

The current system underutilises a section of this highly skilled workforce.

Equity is essential to impact

Diverse leadership improves relevance, health outcomes, and economic returns.

Reform must be system-wide

Isolated initiatives cannot be greater than the sum of their parts.



2035
THE VISION

2035: THE VISION

“Australia’s HMS workforce is a source of national pride and international envy – a model of how science, innovation, equity, and policy can combine to deliver a healthier and fairer future for all.”

It’s 2025

Australia’s HMS workforce is rich with talent, commitment and potential. However, despite the sector’s critical role in national health, wellbeing, innovation and productivity, gender inequity remains deeply embedded in the way that careers are shaped and research is undertaken and translated.

If the strategic opportunities outlined in the Decadal Plan are realised, then by 2036, the systems that once leaked talent at every career stage will support rather than hinder all women to fulfil their leadership potential and advance the sector’s decision-making and priority-setting, innovation and impact.

Women will be supported to lead across the HMS thanks to coordinated implementation of system-, organisation- and individual-level strategies.

Career interruptions will no longer be career-ending. Every researcher – across universities, MRIs, industry and clinical settings – will have equitable access to stable employment, professional development and leadership pathways.

Workplaces across the HMS ecosystem will be places where inclusion is not aspirational but operational. They will have leadership commitment and will have invested in evidence-based strategies including collecting and monitoring data, leadership development, structural mentoring, networking interventions, policy change, advocacy and resourcing — proven to eliminate bias, dismantle structural barriers, and create spaces where every researcher can do their best work.

Funding bodies will have refined how they measure equality and excellence. Research impact will be measured not only in publications, but in collaborations, innovation, and health and systems improvements. Transparent funding practices will

support equitable women’s advancement and visibility at every career stage. Research teams will reflect the rich diversity of all Australian communities.

A coordinated, national, cross-sector approach will mean that MRIs, universities, health and industry settings do not operate in silos but are united by evidence-based practices, shared goals and accountability. Translation initiatives and inclusive leadership structures will keep equity front and centre.

The HMS workforce will be strengthened, improving health, wellbeing and economic outcomes for all – and ensuring that research and breakthroughs are more representative of the people they serve.

The HMS sector will thrive: more innovative, more collaborative and more sustainable.

It’s 2035

Australia’s HMS workforce is a source of national pride and international envy – a model of how science, innovation, equity, and policy can combine to deliver a healthier and fairer future for all.

PLAN DEVELOPMENT AND STRUCTURE

The Decadal Plan sets out a ten-year plan

“Its purpose is to ensure that women of all backgrounds have equitable access to leadership, recognition, and opportunities across every stage of their careers.”

The Decadal Plan sets out a ten-year plan underpinned by an evidence-based framework to drive enduring structural and cultural reform across the sector. Its purpose is to ensure that women of all backgrounds have equitable access to leadership, recognition, and opportunities across every stage of their careers.

Codeveloped through a national consultation and informed by research on what to do and how to do it, the Plan is both a call to action and a practical roadmap – addressing the barriers currently facing women in HMS and providing targeted, actionable solutions to dismantle them.

How the Plan was codeveloped

The Plan was codeveloped through a rigorous, consultative, and evidence-informed process designed to ensure that its strategic recommendations are practical, effective and grounded in the lived realities of those working across the HMS sector.

The development of the Plan was underpinned by **extensive desktop research and a structured evidence review** – the key findings of which are summarised in Appendices 1 and 3 (more detail on appendices is below). This included:

- **Analysis of existing gender equity policies, strategies and initiatives** across the HMS, broader STEM and other sectors – notably, the Pathway to Diversity in STEM Review

(Department of Industry, Science and Resources) and Women in STEM Plan (Australian Academy of Science; Australian Academy of Technological Sciences and Engineering).

- **Evaluations of successful STEM programs**, such as Science in Australia Gender Equity (SAGE).
- **Synthesis of national and international literature** on strategies and implementation of workforce equity processes and structural reform.

The insights and guidance of **EAG** are at the core of the Plan’s development – a cross-sector group of leaders and practitioners from across research, academia, healthcare, government and industry. The EAG played a central role in shaping the Plan’s focus, refining its strategic opportunities, and ensuring its complementarity to other reforms and relevance to the wide range of organisations, professions and individuals that comprise the HMS sector.

To ensure that the Plan captures a breadth of sector-wide perspectives, the Academy convened a series of four strategic roundtables between January and May 2025. These roundtables brought together senior leaders from across 33 institutions and organisations to identify barriers, share lessons from practice, and explore opportunities for reform.

Participants emphasised the importance of intersectionality, tangible action and collective accountability. These insights, which directly informed the Plan’s strategic framework, are summarised in Appendix 2 (more detail below).

How the Plan is structured

The Plan is organised around five strategic opportunities – key focus areas where systemic change will have the greatest impact. These opportunities each represent the pillars of reform needed to advance gender equity in HMS. Each strategic opportunity includes:

- A clear description of the issue being addressed.
- A set of strategic recommendations for reform.

Together, the following opportunities address system-, organisation- and individual-level needs, providing an integrated, cross-sector blueprint for action that is designed to align efforts across research, healthcare, education and training, government and industry settings:

1. Integrated national policy environment

that aligns gender equity efforts across higher/ tertiary education settings, research institutes, industry and health settings, with a national data framework to measure progress.

2. Fair and equitable funding structures

that promote women's visibility and advancement at all career stages, through addressing bias, merit, and transparent and proactive allocation of research investment.

3. HMS workforce strategy

that enables clear and supported professional pathways free from systemic bias.

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

with access to effective leadership, mentorship, professional development, policies and support that enable diverse talent to thrive.

5. Implementation

through robust, evidence-based approaches to both what works and how it works.^{20–23, iii}

To support action, progress, transparency and accountability, the Plan has a dedicated section on implementation and is accompanied by a series of appendices that offer detailed evidence, context and practical tools. These appendices, published separately, provide the evidence base for the Plan's strategic recommendations, and are as follows:

Appendix 1: Existing policies and strategies

A summary of existing gender-equity policies and strategies across the HMS and broader STEM sectors that illustrates how the Plan complements and connects currently fragmented government- and sector-led efforts.

Appendix 2: Summary of roundtable insights

Insights from the strategic roundtables held during the Plan's development, outlining shared priorities, stakeholder perspectives, and lessons from practice that informed the Plan.

Appendix 3: Evidence Review

An evidence review supporting the Plan's strategic opportunities, summarising relevant research and evaluations to ensure proposed actions are grounded in the latest knowledge, best practice and demonstrated impact.

Appendix 4: Summary of Systems Change Approach:

An outline of the evidence-based implementation and system change framework that underpins the recommendations under implementation.

ⁱⁱⁱ Here we have aligned to the Consolidated Framework for Implementation Research and to theories and frameworks for complex multilevel systems change.^{29–32}

A woman with short dark hair and glasses is smiling and looking to her left. She is wearing a light-colored blazer over a patterned top and a lanyard with a badge. She is seated at a table with a blue water bottle in front of her. The background is a blurred conference setting with other people and lights.

STRATEGIC OPPORTUNITIES

STRATEGIC OPPORTUNITY ONE

Opportunity One Integrated national policy environment

Various sector-led programs and initiatives have targeted gender equity in specific areas, and had positive outcomes, including:

- SAGE for tertiary education and research;
- AWHL for the health sector;
- National Health and Medical Research Council (NHMRC) equity policies;
- Franklin Women’s mentorship program;
- Association of Australian Medical Research Institutes (AAMRI) Gender Equity, Diversity and Inclusion (GEDI) Strategy for MRIs.¹¹

However, these strategies and programs tend to be limited in setting (e.g. the AAMRI GEDI Strategy is limited in scope to MRIs) or scale (e.g. Franklin Women’s excellent women-in-HMR mentorship program rotates states/territories annually), and there is no cohesive strategy that integrates these efforts across the entire HMS sector.

While existing programs are valuable for the populations they serve, an overarching strategy would enhance these programs, address gaps, and allow alignment to best-practice evidence and a national implementation strategy. This would progress from ad hoc strategies to ensuring collective impact that is greater than the sum of their parts, kick-starting accelerated progress towards the equitable advancement of women across HMS.

The fragmentation of sector-led programs and initiatives is mirrored by the fragmentation of government-led policies and strategies.

“While existing programs are valuable for the populations they serve, an overarching strategy would enhance these programs, address gaps, and allow alignment to best-practice evidence.”

The Australian Government is driving an ambitious agenda of reforms aimed at delivering sustainable improvements in gender equity and diversity in multiple sectors, including through the Workforce Gender Equality Agency (WGEA). Progress is evident across national legislation, targeted investment, and measurable improvements in policy representation and leadership – reflected in Australia’s improved ranking in the latest World Economic Forum (WEF) Global Gender Gap Index.¹⁸

Key Government policies include the Working for Women Program and the Pathway to Diversity in STEM.^{19,20} However, while traditional STEM research sectors are being shaped by the 2024 Pathway to Diversity in STEM Review, there is no plan for how to implement Pathway across the HMS sector.²⁰

Government funding to expand SAGE across MRIs is a welcome first step – but further action is needed to recognise and address the unique challenges and opportunities across the HMS ecosystem.²¹

These fragmented policies slow progress. Women in HMS work across sectors, but current policies and strategies do not. This fragmentation is a substantial missed opportunity to connect and integrate efforts, driving lasting, systemic change for women working across the sector.

An integrated, cross-sector strategy on what is needed and how to do it, to connect the policy dots and drive real change and sustainable impact by 2035 is required.

STRATEGIC RECOMMENDATION

Strategic recommendation

Detail

1.1 Commit to a vision and strategies for gender equity in HMR.

The Australian Government Department of Health, Disability and Ageing should integrate the vision and strategies for gender equity and diversity in HMS outlined in this Plan within the National Health and Medical Research Strategy. As a unifying platform, it can support integration, alignment and accountability across government and institutional efforts to advance women across HMS.

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.

In order to embed HMS priorities across existing and developing strategies, Government should:

- Leverage gender-equity policy platform and systems initiatives, in particular the Working for Women Program, equitable access to parental leave, Respect@Work, and the Pathway to Diversity in STEM, to integrate HMS within the scope and delivery of these policies and funding programs, resolve fragmentation, and enable a coherent, unified approach to strengthening gender-equitable leadership across sectors and disciplines by improving supports for women working within and at the intersections of research, health, academia and industry.
- Integrate, connect and upscale HMS-specific evidence-based programs to deliver cross-sector progress across the diverse settings – including MRIs, universities, hospitals, and industry – in which HMS is undertaken and translated.
- Optimise data capture and reporting to inform a fit-for-purpose data framework for HMS, to enhance reporting, transparency and accountability (see recommendation 2.3).

1.3 Coordinate, invest in, and leverage evidence-based strategies across the HMS ecosystem.

The Department of Industry, Science and Resources, and The Department of Health, Disability and Ageing, in collaboration with key stakeholders (e.g. NHMRC, MRIs, universities, hospitals and clinical settings, and professional bodies), should:

- Engage the entire HMS sector to amplify reach across the ecosystem.
- Resource and upscale successful models.
- Support a harmonised, evidence-based approach to gender equity in HMS to reduce duplication, scale impact, and strengthen women's leadership across all settings.
- Facilitate connections between HMS leaders and policymakers to share best practice, monitor progress, and drive accountable, sustainable reform.
- Lay the groundwork for broader diversity and inclusion reforms by embedding principles of intersectionality, codesign and continuous improvement.

STRATEGIC OPPORTUNITY TWO

Opportunity Two Fair and equitable funding structures

“Funding is not only a matter of fairness – it is a critical lever for advancing women’s leadership equitably, and for driving structural change across the HMS sector.”

Funding is not only a matter of fairness – it is a critical lever for advancing women’s leadership equitably, and for driving structural change across the HMS sector.

In Australia’s highly competitive research environment, where permanent positions are scarce, the majority of researchers rely on peer-reviewed funding awards to support themselves, their teams and their research costs.²² Success in securing grants is therefore a central determinant of visibility, advancement and long-term career viability in HMS.¹¹

However, funding in the HMS sector has not been equitably distributed.

Between 2019 and 2021, under the NHMRC’s flagship Investigator Grant scheme, approximately 35% more grants and 67% more total funding were awarded to men than to women.²³ This disparity persisted despite the NHMRC’s use of structural priority funding to support additional women.

Women actually have similar success rates to men in most competitive grant schemes. However, fewer women than men apply for funding – often because systemic inequities diminish motivation, opportunities, confidence and availability.²³

Further, when women do apply, they are more likely to receive less per grant, resulting in a lower overall share of funding. This has cumulative and compounding consequences for women’s career trajectories and their ability to sustain research programs over time.

In response to these inequities, the Australian Government and NHMRC have begun implementing corrective measures. Since 2023, the NHMRC has run separate competitions for women and men at the Leadership (i.e. more senior) levels of the Investigator Grant scheme, aiming to award equal numbers of grants to each group.^{24, iv} Early outcomes of this reform have been promising, and it is a good example of what is possible – with an ongoing need to assess outcomes and whether the desired goals are being achieved.²⁵

These measures are encouraging, but sustained effort is needed to embed throughout the HMS funding ecosystem – from how excellence is assessed, to how opportunities are advertised and administered.

^{iv} The NHMRC competitions group non-binary researchers with women, and group researchers who ‘prefer not to say’ or do not provide gender responses with men.

STRATEGIC RECOMMENDATION

Strategic recommendation

Detail

2.1 Embed gender equity and address bias in funding scheme design, eligibility, assessment and transparency.

Funding agencies in HMS should integrate gender-aware principles across all aspects of funding scheme design – including through:

- Criteria that address bias and value non-linear careers, account for caregiving responsibilities, and assess excellence beyond traditional publication and citation metrics.
- Flexible eligibility rules that are inclusive of diverse researcher profiles, including clinician researchers, lived-experience researchers, and researchers with career interruptions.
- Expanded targeted funding mechanisms such as bridge grants, re-entry fellowships, and mid-career advancement opportunities to consistently support women to advance at critical attrition junctures, including when moving from mid-career to senior-career stage.
- Enhanced transparency and continuous improvement – achieved through the data collection, public reporting, and ongoing monitoring and evaluation that drives accountability across the HMS funding landscape.

2.2 Support uptake of SAGE's accreditation framework across MRIs.

SAGE is the national program that adopts the international Athena Swan framework for Australia. It provides a rigorous, evidence-based accreditation system that assesses institutions on their gender equity policies, practices and outcomes.

SAGE has been working with some MRIs since 2015. In 2024, the Department of Industry, Science and Resources (DISR) funded SAGE to adapt, tailor, and expand the accreditation framework specifically for the MRIs and to pilot the adapted framework.²¹ However, long-term sustainable uptake of this will only be achieved by supporting MRIs to participate, including by reducing barriers to entry such as resource constraints.²³

2.3 Strengthen and align funding data initiatives and systems.

Funding agencies should streamline, harmonise and improve funding-related data collection and reporting across the HMS sector to improve transparency, reduce duplication, and support meaningful evaluation of gender-equity outcomes (see recommendation 1.1).

STRATEGIC OPPORTUNITY THREE

Opportunity Three HMS workforce strategy

“Although women are well-represented in the HMS workforce, they remain significantly underrepresented in leadership across the HMS ecosystem.”

The HMS workforce is a key contributor to Australia’s social, health and economic environment. Although women are well-represented in the HMS workforce, they remain significantly underrepresented in leadership across the HMS ecosystem.

One particularly impacted group is clinician researchers. While they represent a segment of the total HMS workforce, they are often subject to a set of challenges that both exemplify and compound the broader structural and cultural barriers hindering women’s advancement in the sector – including gendered expectations around caregiving, healthcare being a feminised sector, and the implications of fragmented career pathways and insecure employment.

An extensive body of evidence documents the barriers impacting women’s equitable participation and success in the workforce, hindering their career advancement into HMS leadership. However, initiatives addressing these barriers have often been fragmented, limited in scale, or insufficiently grounded in evidence.

Two critical, interlinked barriers to meaningful reform are:

1. Insufficient data: Australia lacks the comprehensive, longitudinal data on its HMS workforce needed to track workforce participation, leadership pipelines, and career disruptions.

2. Lack of a national HMS workforce strategy:

Australia does not have a national strategy to ensure a coordinated, focused and consistent approach to nurturing a future-fit HMS workforce able to harness the breadth of its potential talent. The Australian HMR Workforce Plan proposed in the National Health and Medical Research Strategy is therefore a welcome development.

The Australian Government’s ongoing development of a National Health and Medical Research Strategy is a once-in-a-generation opportunity to implement a data-driven strategy to maximise the potential of the nation’s HMS workforce, including by supporting women to apply their talents and expertise across senior and leadership levels. This strategy should:

- Develop and implement clear, supported and flexible training and career pathways.⁸
- Facilitate a policy, organisational and cultural shift surrounding gendered expectations around caregiving, and the status of flexible and part-time work, especially in leadership roles.²⁶
- Map the expanded continuation of the initial data-gathering work of the Australian Government’s inaugural Health and Medical Research Workforce Audit.¹⁰
- Enable and encourage a consistent approach to upscaling organisation-level initiatives such as mentorship and sponsorship programs.^v

^v Mentors and sponsors play a vital role in encouraging and supporting women to advance along clear and supported professional pathways. Mentoring provides guidance, skill development, and confidence-building – enabling women to navigate complex research environments and career decisions. Sponsorship goes a step further by actively advocating for women – for instance, opening doors to relevant leadership roles and funding. Innovative, small-to-medium-scale HMS-related mentorship programs – including Franklin Women and Supporting Women in Medicine, Dentistry and Health Services (SWiM) - have demonstrated success in increasing women’s promotion within universities and MRIs, respectively.^{33,34}



Professor Linda Denehy FAHMS

Although there are some good programs to support women in STEM, as outlined above, there is currently no program designed to address the specific issue in HMS that sees women well represented at lower career levels but underrepresented at more senior levels. This is often the point at which researchers move into their independent research careers, and is clearly a pinch point that needs to be addressed through targeted support. Australia should learn from other initiatives globally that have been developed to address this issue, and have been shown to catalyse progress for advancing women through this critical career point.

“The Australian Government’s ongoing development of a National Health and Medical Research Strategy is a once-in-a-generation opportunity to implement a data-driven strategy to maximise the potential of the nation’s HMS workforce, including by supporting women to apply their talents and expertise across senior and leadership levels.”

STRATEGIC RECOMMENDATION

Strategic recommendation

Detail

3.1 Build a world-class HMS workforce that harnesses the full breadth and diversity of Australia's HMS talent.

The Australian Government Department of Health, Disability and Ageing should deliver on its commitment in the National Health and Medical Research Strategy to develop and implement an Australian HMR Workforce Plan. The work should be led by relevant experts and co-developed with government and sector stakeholders. This strategy should address the needs of women working in HMS outlined in this Plan and should also:

- Be informed by the findings of the 2024 Health and Medical Research Workforce Audit and the lived experiences of women and non-binary/gender-diverse people – in all their diversity – including those who are Aboriginal and/or Torres Strait Islander, CALD, living with disability, or LGBTQIA+.¹⁰
- Align and coordinate with broader frameworks like the National Aboriginal and/or Torres Strait Islander Health Workforce Plan and STEM equity initiatives to reduce duplication and amplify outcomes.
- Apply evidence-based strategies and processes to deliver complex system change (see Appendices 3 and 4).
- Cover every section of the HMS workforce – including women clinician researchers, for whom caring and other gendered social expectations compound the challenges of fragmented and precarious clinician-researcher training and career pathways.⁸

3.2 Develop a national data framework for HMS.

The Department of Health, Disability and Ageing should build on the findings of the 2024 Health and Medical Research Workforce Audit¹⁰ and Gender Equity and Equality Reporting for Healthcare Leadership and Beyond²⁷ to expand and optimise HMS data collection.

Developing a framework that all stakeholders can use to collect and publish data in a consistent way is essential to improving reporting, monitoring and evaluation of outcomes and impact of gender-equity interventions across HMS, particularly in relation to the training and career pathways, leadership, funding and experiences of women across the sector.

3.3 Fund and evaluate an evidence-based program of training and support to develop women's leadership and career potential at senior levels.

While the development of the HMR Workforce Plan (part of the National Health and Medical Research Strategy) is underway, there is an urgent need to act on what we know works. Government should invest in an evidence-based program of training and support for women that is specifically designed to address the pinch points that prevent women from entering the most senior leadership levels in HMS. This initiative should be scalable, sustainable and embedded within the broader system to drive long-term change.

The program would:

- Be a national, government-supported program that targets women from across the HMS sectors who are on the cusp of senior leadership in HMS, with a clear focus on sustainability and scalability.
- Expand and build on national and international evidence of what works to address a known gap, by creating a space in which participants can develop beyond institutional constraints to build high-level skills needed for the most senior levels of leadership, e.g. advocacy, diplomacy, negotiation and strategic influence.
- Be designed and evaluated in collaboration with program participants to ensure it addresses their needs and supports them to overcome the barriers that are preventing them from reaching the most senior levels of leadership.
- Foster strong peer-to-peer connections within each cohort to lay the foundation for enduring support networks that extend well beyond the formal program and maximise the program outcomes.
- Include a robust evaluation framework, ensuring that progress is tracked, challenges are identified, impacts are measured and approaches subsequently refined and tailored to specific settings.³⁰

STRATEGIC OPPORTUNITY FOUR

Opportunity Four Organisational change for inclusive, safe and equitable work environments

Advancing equity for women in HMS requires creating inclusive, safe, and equitable work environments across all sectors, whether universities, MRIs, health, or industry settings.

While leadership is critical, it alone is not enough. Organisational change depends on the interplay of leadership, accountability, and workplace culture. It is only when policy sets the direction that leadership – within a supportive culture – can enable talent to thrive and progress. Leaders are most able to secure lasting change when they act within systems that hold them accountable for fostering inclusive environments, where daily decisions about visibility, funding, promotion and safety are aligned with principles of equity and fairness.

To achieve this, organisations must have the policies, structures and support mechanisms to foster a culture that is free from harassment and bullying, creates and promotes career development and leadership opportunities, and has measures embedded to draw on lived experience, ability and motivation, value individual contributions, and remove the barriers of societal expectations and stereotyping.

Ensuring that work environments and organisations across the HMS ecosystem reflect these expectations necessitates that principles and standards are shared by all stakeholders across research, health, industry and government – with organisations of all sizes and settings committed to adopting best practices in leadership, workplace culture, and career development. This alignment would ensure that women in HMS experience

“Organisational change depends on the interplay of leadership, accountability, and workplace culture. It is only when policy sets the direction that leadership – within a supportive culture – can enable talent to thrive and progress.”

supportive, inclusive, motivating environments throughout their careers, not just in isolated pockets.

For this alignment to be achieved, and for overarching gender-equity policies and strategies to be implemented effectively across the sector, organisations must be led by individuals who are accountable, equipped, and committed to driving structural and cultural change.

STRATEGIC RECOMMENDATION

Strategic recommendation	Detail
4.1 Leverage and align to existing workplace safety and inclusion policies and strategies.	The Australian Government should fund the adaption and adoption of the Respect@Work platform of resources in the HMS.
4.2 Implement evidence-based organisational initiatives.	Organisations that employ the HMS workforce should: <ul style="list-style-type: none"><li data-bbox="662 627 1455 772">• Implement evidence-based organisational strategies including leadership development, mentoring and networking programs that address the needs of their particular organisation (refer Opportunity 3).<li data-bbox="662 784 1455 884">• Fund and scale capacity building to support organisational readiness and maturity – through, e.g. leadership and professional development.<li data-bbox="662 896 1455 1155">• Leverage national data sets, gender-equity reporting and the new data framework to coproduce fit-for-purpose national metrics to monitor, track achievement and improve measurement of outcomes and impact across HMS (see opportunities 1.1 and 3.2). Encourage transparency and recognition via public reporting on HMS organisations and system performance in gender equity, aligned with existing reporting obligations.

STRATEGIC OPPORTUNITY FIVE

Opportunity Five Implementation

“Achieving sustainable change in complex systems requires whole-of-system thinking and concerted joined-up efforts where partnership and evidence-based approaches are supported by deliberate and sustained leadership, investment and measurement at all levels.”

Achieving sustainable change in complex systems requires whole-of-system thinking and concerted joined-up efforts where partnership and evidence-based approaches are supported by deliberate and sustained leadership, investment and measurement at all levels.

At present, the fragmentation of gender-equity policies and investments, including across governments, dilutes impact, restricts access to vital resources, and misses the opportunity to build on existing reforms. This prevents the HMS from realising the same gains achieved in higher education and research through initiatives such as SAGE and other STEM equity programs. Without unified action, HMS risks falling behind, further entrenching systemic and structural barriers, and compounding existing gender inequities.

The Plan calls for implementation as a coherent system-wide, evidence-driven process that delivers powerful outcomes through:

- **Robust governance structures** bringing together governments, research institutions, professional bodies, and industry to align efforts and investments.
- **Implementation of science frameworks** collaboratively applied according to the principles of a Learning Health System (see Appendix 4) – ensuring that policies and programs are co-designed, tested, adapted, and scaled based on real-world evidence and supported by capacity building.

- **Cross-sector partnerships** that integrate learnings from previous STEM reforms and national gender-equity programs to accelerate progress in HMS without duplicating effort.

The Plan also aligns with emerging reforms, such as the National Health and Medical Research Strategy, the Working for Women Program, and the Pathway to Diversity in STEM.

Evidence shows that sustainable reform is most effective when multiple levers are used in combination, including policy change and strategies with targeted financial incentives, and regulatory mechanisms such as transparent reporting and accountability standards.

This needs to be integrated with organisational-level change to ultimately benefit individuals, including leadership commitment, advocacy, leadership training, mentoring programs, and organisational policies adapted for context and workforce needs. Equally, robust monitoring and evaluation are critical here.

Progress must be assessed not only in terms of activities delivered but also in terms of:

- Reach, i.e. who is being engaged and supported across the HMS workforce.
- Effectiveness, i.e. the extent to which interventions improve equity in career progression, leadership, and recognition.
- Adoption, i.e. the proportion of organisations and institutions implementing the Plan's strategies.



Associate Professor Natalie Taylor, AAHMS Mentee

- Quality of implementation, i.e. how well actions are delivered, their acceptability and feasibility.
- Sustainability, i.e. whether strategies are maintained, scaled and adapted over time.

The Plan provides a unified vision achievable through a coherent, interlinked suite of evidence-based strategies, supported by practical implementation guidance, tools, resources and scaffolding. Success will depend on adequate stewardship. The independence and convening power of The Australian Academy of Health and Medical Sciences means it is ideally placed to undertake such a role. It is positioned within the sector to incorporate expertise, deep collaboration and partnership, codesign, and evaluation – all of which will be crucial to enable ongoing optimisation.

It is important to note that while the recommendations of this Plan centre on advancing gender equity, their implementation must be progressed through an intersectional lens. Solutions should be codesigned and coproduced

with diverse groups, including Aboriginal and/or Torres Strait Islander women, CALD women, women with disability, LGBTQIA+ people, and those in rural and remote communities, to ensure reforms address the realities of those most affected by inequity. A future-fit HMS sector must enable a representative workforce to lead, collaborate, and innovate in environments where talent from all backgrounds can thrive.

STRATEGIC RECOMMENDATION

Strategic recommendation

Detail

5.1 Build a National Taskforce for Advancing Gender Equity across HMS.

Task and fund an independent, expert body to convene and lead a taskforce dedicated to advancing gender equity across HMS.

This taskforce will:

- Serve as the primary implementation vehicle for the Plan, with a clear mandate to drive coordinated, evidence-based, system-wide reform as part of the implementation of the National Health and Medical Research Strategy.
- Bring together government representatives, national health and research funders, sector leaders, professional bodies, community organisations, and implementation experts.
- Play a critical stewardship role by advising, aligning and coordinating national actions, feeding into and reporting through broader mechanisms such as the National Health and Medical Research Strategy and the National Women’s Health Strategy.
- Identify gaps in our understanding of what works and how it works when it comes to advancing equity in HMS – and identify how these gaps can be filled.

An organisation such as AAHMS – national, independent, expert, cross-sector and multidisciplinary – would be ideally placed to deliver this work.

5.2 Support knowledge transfer.

Empower organisations to advance equity and diversity – including relating to gender – through a resourced, national HMS Equity Congress that would:

- Bring together stakeholders with the aim of sharing best practice, showcasing impact, aligning cross-sector efforts, and collectively reviewing outcomes.
- Seek insights from successful examples of initiatives and programs from overseas.
- Occur in line with the 4-, 8- and 10-year Plan evaluations outlined in the delivery plan (see –“Delivery plan”) – providing an opportunity for collaborative evaluation of the Plan’s short-, medium- and long-term impact.

Such a Congress could be incorporated into the role of the National Taskforce for Advancing Gender Equity across HMS.

5.3 Establish sector-wide monitoring, evaluation and accountability mechanisms.

Leverage the data framework developed under Opportunity 3 to implement a coordinated monitoring and evaluation system that tracks progress, outcomes and impact across the HMS workforce – capturing:

- Who is benefiting from reforms and whether priority groups are being reached.
- Progress on equity in career progression, leadership, and funding access.
- Adoption and uptake of strategies.
- Sustainability and scalability of interventions over time.

ABBREVIATIONS/GLOSSARY

The Australian Academy of Health and Medical Sciences (AAHMS)

Australia's learned academy of health and medical science.

Association of Australian Medical Research Institutes (AAMRI)

Peak body representing medical research institutes across Australia, advocating for research excellence and supporting member organisations through policy development and collaboration.

Australian Academy of Science (AAS)

Australia's Learned Academy of science.

Artificial Intelligence (AI)

Computer systems designed to perform tasks that typically require human intelligence, including learning, reasoning and decision-making.

Australian Academy of Technological Sciences and Engineering (ATSE)

Australia's Learned Academy of technological sciences and engineering.

Advancing Women in Healthcare Leadership (AWHL)

Monash University-led initiative supporting gender equity and women's leadership advancement in healthcare through research, programs and systemic change.

Bridge funding

Temporary financial support during career transitions.

Culturally and Linguistically Diverse (CALD)

Term referring to members of the population from communities of differing languages, ethnic backgrounds and cultures.

Citation metrics

Measure of how often research is referenced.

Clinician

A health professional who has direct contact with patients.

Clinician researcher

A health professional who holds posts in both clinical and research capacities, also known as a clinician scientist or clinical academic.

Competitive grant schemes

Funding awarded through peer-review competition.

Cultural barriers

Informal practices and attitudes that impede progress.

Expert Advisory Group (EAG)

Cross-sector group of leaders who provided guidance and expertise during the development of the Plan.

Fellowship

Funded research position providing salary or stipend, and research support.

Gender Equity, Diversity and Inclusion (GEDI)

Organisational approach ensuring fair treatment, representation and participation of all individuals regardless of gender, background or identity.

Health and medical research (HMR)

Scientific investigation aimed at understanding health, disease, and healthcare interventions to improve human health outcomes.

Health and medical science(s) (HMS)

Multidisciplinary field encompassing clinical and non-clinical professionals who conduct research, education, innovation, and practice to advance health knowledge and improve health outcomes across universities, medical research institutes, healthcare settings and industry.

Implementation science

Systematic study of methods to promote uptake of research findings.

Intersectionality

How multiple identity factors combine to create unique experiences.

Leadership pipeline

Pathway for developing future leaders.

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, plus other identities (LGBTQIA+)

Inclusive term for people of diverse sexual orientations, gender identities, and sex characteristics.

Meta-ethnographic analysis

Qualitative research synthesis method.

Medical Research Future Fund (MRFF)

Fund through which the Australian Government supports health and medical research, administered by the Health & Medical Research Office within the Department of Health, Disability and Ageing.

Medical Research Institute (MRI)

Research organisations working across laboratory-based research and clinical practice.

National Health and Medical Research Council (NHMRC)

An independent statutory authority under the Australian Government's Minister for Health and Ageing, providing research funding, health guidelines and ethical standards.

Peer review

Academic/research evaluation process by expert colleagues.

Precarious employment

Unstable, insecure work arrangement.

Research impact

Measurable effects of research on society, policy, practice, or subsequent research.

Research pipeline

The pathway from early career to senior research positions.

Science in Australia Gender Equity (SAGE)

National program providing tools and frameworks for research institutions to implement best practices in gender equity, diversity and inclusion.

Science, Technology, Engineering and Mathematics (STEM)

Academic and professional fields encompassing scientific and technical disciplines, traditionally including physics, chemistry, biology, mathematics and engineering.

Structural barriers

Systemic obstacles embedded in institutions, policies and processes that systematically disadvantage certain groups.

Supporting Women in Medicine, Dentistry and Health Services (SWiM)

University of Melbourne-based mentoring program supporting equitable academic promotion across genders in medical and health sciences.

Systems-level change/systems change

Comprehensive reform that addresses root causes by altering structures, policies and power dynamics through collaborative efforts to achieve lasting social improvements.

Translation/translational research

Converting research findings into practical applications.

World Economic Forum (WEF)

International organisation that engages leaders to shape global, regional, and industry agendas, including the Global Gender Gap Index.

Workplace Gender Equality Agency (WGEA)

Australian Government statutory authority promoting and improving gender equality in Australian workplaces.

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The Academy is most grateful to the Expert Advisory Group members who gave their time, energy and expertise to this project between November 2024 and September 2025.

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Review Group

This report was reviewed by a group of experts appointed by the Academy's Executive and Council, and chaired by a member of the Academy's Executive. Reviewers were asked to assess whether the report delivered on the project terms of reference, and to consider whether the evidence and arguments presented in the report were robust and supported the conclusions. Reviewers were not asked to approve or endorse the final report or its findings and recommendations.

The Academy is most grateful to the members of the review group for their thorough analysis of the report's contents.

Reviewers participated in a personal capacity and not on behalf of their affiliated organisations or other roles. Job titles and affiliations were correct at the time of writing.

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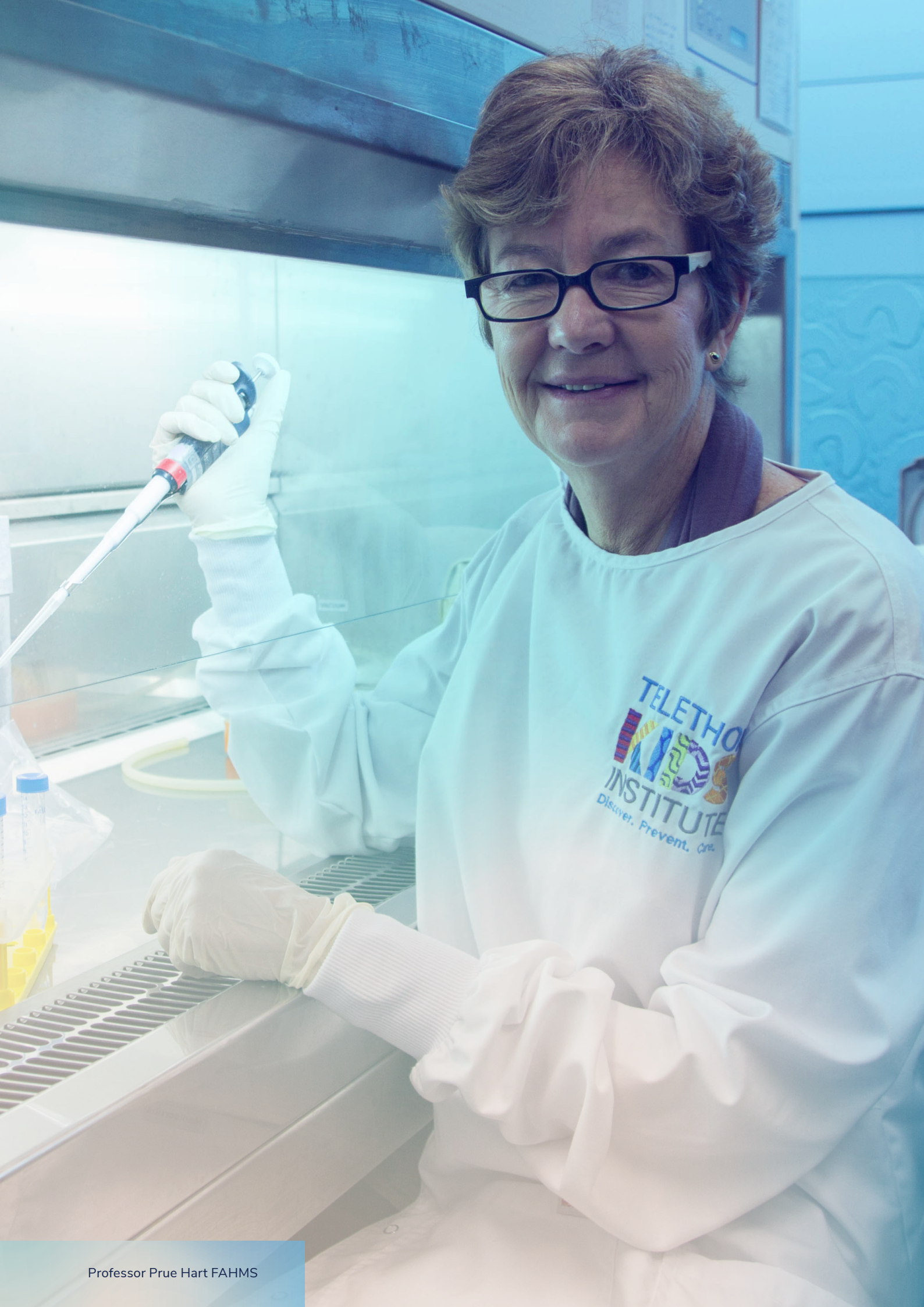
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