Advancing women in medical leadership

In reply: We support the need for action to enable women to attain their career goals in medical leadership and agree with the observations of Learoyd and Holmes-Walker. Research is providing emerging insights into the drivers of inequity, including challenges in capacity and perceived capability and credibility that continue to hinder women's career progression, even in largely female fields such as endocrinology.[1,2]

Unconscious or implicit bias is proposed as a contributor to inequity in health care leadership. While we acknowledge Keane's comments on the lack of formal evidence regarding implicit bias, based on research,[2–5] personal and shared experiences of hundreds of women through our leadership programs and from cross-sector reports,[2] unconscious or implicit bias appears to permeate the lived experiences of women in many fields including medicine. Here, we firmly agree and indeed propose that more research is needed to understand the extent, nature and impact of this bias.[3,4]

Learoyd and Holmes-Walker refer to the feminisation of the endocrinology workforce in Australia, with 80% of advanced trainees but only 20% of department heads being female. The Endocrine Society of Australia has made efforts to promote equity in leadership — 40% of councillors are now women, and after intervention strategies, numbers of female speakers at its seminars have increased. However, for effective change, systems and processes are needed alongside individual champions to raise awareness, build capacity and support perceived capability and credibility for leadership.[1]

Overall, these issues strengthen the importance of evidence-based research to further understand the extent and nature of bias, including the underlying beliefs and determinants and how best to address these at individual and organisational and systems levels to support equity for all (as noted by Keane).[3,5] As we outlined in our original article,[1] the Athena SWAN (Scientific Women's Academic Network) charter[6] has shown that organisational and systems level change, along with measurement and transparent reporting, is necessary for progress towards equity in academia. A similar initiative in health and medicine is needed to determine comparable strategies effective in enabling equity, including in areas such as access to parental leave for all parents.

We are leading a Monash Partners initiative to advance women in health care leadership, leveraging expertise across health professionals, health services, professional colleges and governments. With strong governance, a focus on co-design, implementation research and translation (Box), we can expand knowledge and deliver on the joint vision of our partnership to optimise gender equity in medicine and health care.

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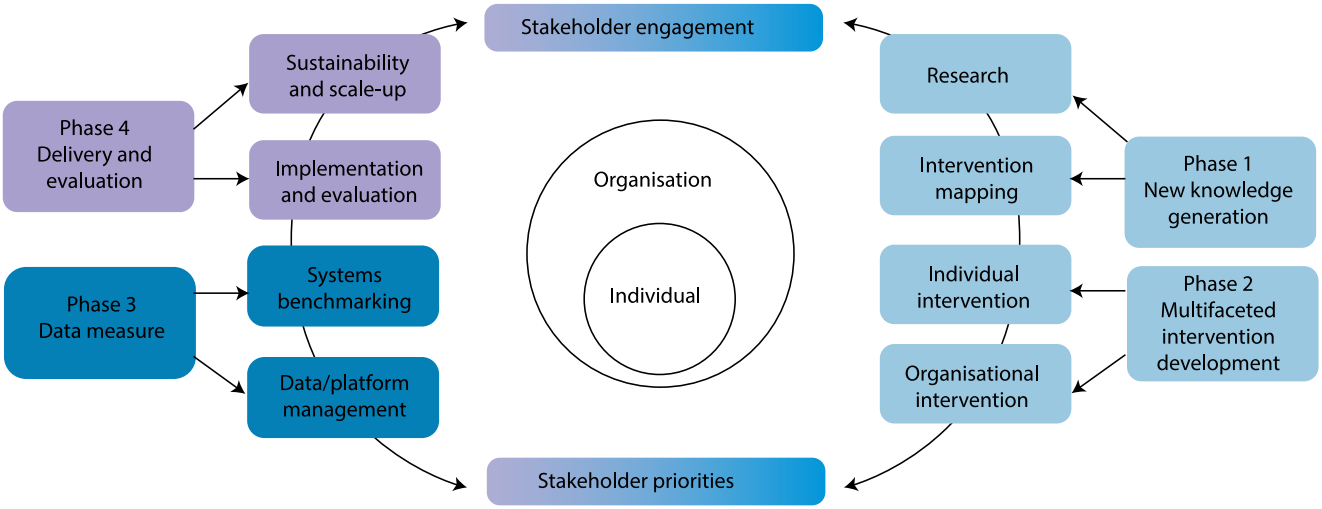
References are available online.

Co-designed intervention for advancing women in health care leadership



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