

The Partnership Centre for Gender Equality and Leadership Advancement

Submission - Workplace Gender Equality Amendment (Setting Gender Equality Targets) Bill 2024

December 2024

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To: Finance and Public Administration Legislation Committee

Re: Submission in support of the **Workplace Gender Equality Amendment (Setting Gender Equality Targets) Bill 2024**

The [Partnership Centre for Gender Equality and Leadership Advancement](#) (the Centre) and its [Advancing Women in Healthcare Leadership](#) (AWHL) national initiative acknowledge and pay respects to the Elders and Traditional Owners on which our campuses stand.

On behalf of the Centre and AWHL, with our respective partners, we commend Australia's leadership and commitment to accelerating action to improve gender equality in Australian workplaces by implementing the 2021 Review of the *Workplace Gender Equality Act 2012* (the Act).

The Government's investments in gender equity and economic equality, pay parity, and tackling the systemic issues of discrimination and violence against women and children, and work already undertaken contribute to the repositioning of Australia as a leader in this respect.

We welcome the opportunity to provide input to the Workplace Gender Equality Amendment (Setting Gender Equality Targets) Bill 2024 (the Bill), and acknowledge its importance to bridge the "action gap" through the development of a gender equality targets scheme for certain employers.

The healthcare, health research and medical sciences and related sectors employ one in four women in the Australian workforce, and research into health makes up the majority of Australia's investment in science and research. The combined sectors' reach and services impact the lives of all Australians. Yet, women's underrepresentation in leadership across these vital sectors persists ([here](#), [here](#), and [here](#)).

Evidence and knowledge from Australia's healthcare and related sectors are therefore critically pertinent to informing the Committee's inquiry, deliberations and reporting on the Bill, and its progress toward implementation to achieve its objectives and ultimately a more gender equal and inclusive Australia.

The healthcare sector's experience with advancing leadership equality and improving equitable health outcomes for women, as well as our consolidated evidence and progress in advancing gender equity and women leadership in healthcare and health and medical sciences via the [AWHL national initiative](#), highlight the vital importance of not only high-quality research and evidence to inform policies and strategies (*what to do*), but also the approaches to their execution (*how to do*). This work highlights the significance of partnership, coproduction, investment and resourcing for effective and sustainable change. Here, evidence-based approaches are critical to limit well intended, yet wasted investment, and to enhance and improve effectiveness and impact. Our NHMRC-funded [Centre](#) with its AWHL initiative is one such example.

Furthermore, integrated systems change interventions and effective evidence-based implementation, are fundamental to realise the potential benefits of national (and jurisdictional) laws, policies and investments in gender equality. Alongside this, enabling and incentivising stakeholders' contributions and performance across the public and private sectors, and providing mechanisms and tools to facilitate harmonised evaluation, benchmarking and reporting via mandated (e.g. Workplace Gender Equality Agency (WGEA), Victorian Commission for Gender Equality in the Public Sector (VicCGEPS)) and/or voluntary schemes (e.g. [our NHMRC-funded AWHL](#) and [SAGE](#)) and implementation efforts (e.g. [our NHMRC-funded AWHL](#)). Here we share our government funded, evidence-based novel strategies

and effective tools, such as our National Cross-sector Gender Equality [Data Framework and Maturity Matrix](#) (enclosed herein), that will be of value in enabling and facilitating implementation of the Bill. This Framework was coproduced through deep collaboration and iterative consultation with our extensive network of collaborators, including government (e.g. WGEA, VicCGEPS) and private sector entities (e.g. SAGE), and documented a critical body of evidence.

In this context, we recognise that the key to effective policy lies in implementation. Hence, we also highlight our evidence-based, impactful approach including our Learning systems and large stakeholder partnership coproduction models, that effectively drive implementation of organisational and systems change. Whilst initially focusing on healthcare, then health and medical research, we have expanded to cross sector activities including the Data Framework.

This work was funded by an NHMRC government grant, DFAT (as we extend our work throughout Asia) and by our 29 partners. This included consolidating decades of global research in the field, supplemented by new knowledge generated through in-depth analysis and integration of key learnings, rich insights, and lived experiences that are informed by the voices of women in health research and healthcare and a network of 29-strong partners. Here, we seek to share the results to optimise return on investment and enhance value of research to the Australian community.

We will be pleased to meet with you to brief you further on our submission and program of work, including our Learning Systems, coproduction model, Data Framework and Maturity Matrix, and NHMRC-funded Partnership Centre for Gender Equality and Leadership Advancement to help inform your inquiry and reporting. We are equally committed to support the Workplace Gender Equality Agency (WGEA) with its plan of work in support of implementing the reforms following the passage of the Bill.

Your sincerely,

Electronically authorised

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Monash Women's Health Alliance monash.edu/medicine/mchri | mchri.org.au |

Encl. ***GENDER EQUITY AND EQUALITY REPORTING FOR HEALTHCARE LEADERSHIP AND BEYOND
Towards a national gender equity and equality in leadership data framework***

About the Partnership Centre for Gender Equality and Leadership Advancement

The Partnership Centre for Gender Equity and Leadership Advancement (the Centre) is a Monash-led partnership, research and translation centre that aims to address barriers to and gaps in leadership together with its 26+ partners comprising peak organisations including from governments, healthcare industry, employer groups, training providers, academia and research.

The Centre is united in its purpose to accelerate gender equity, diversity and women in leadership in healthcare, health and medical sciences and beyond, nationally and internationally. It brings together thought leaders and experts in gender equity, implementation science, organisational change management, data analytics, evaluation and leadership development and engages expertise in Australia, the UK, Ireland and Canada.

Through shared vision, values and aims, we work collaboratively to coproduce and deliver a suite of evidence-based interventions, implementation strategies and evaluations tailored for and codesigned with partners to implement policy, drive gender equity and equality and measurably accelerate women, in all their diversity, in leadership.

Collectively, we generate and deliver on practices that drive better, safer and inclusive workplaces and enable, empower and elevate women from across the diversity spectrum into leadership and decision-making roles to improve organisational and system performance and outcomes for women in the workplace and beyond.

Hosted by the Monash Centre for Implementation and Health Research (MCHRI) and [Monash University](#), The Centre integrates the [AWHL](#) – the national gender equity and diversity initiative for the healthcare and health and medical sciences – and the leading [Women in Leadership \(WIL\) Program](#). It was the Founder of the Monash Gender Equality Alliance connecting leading experts from law, business, economics, gender-based violence, healthcare and health and medical sciences, ICT and engineering, to drive and sustain measurable improvements in gender equity, equality and women in leadership in workplaces.

Implementation & Impact

Collectively, we are developing a wealth of knowledge around what works to achieve gender equity in leadership, see latest publications [here](#). We are using this knowledge to design implement and evaluate initiatives, resources and toolkits that support our partners, the healthcare and health and medical sciences sector and beyond to improve inequality in healthcare leadership and to advance policy priorities including the gender pay gap, leave flexibility etc.

Recommendations for the Committee's consideration

- We welcome and strongly support the reforms introduced in the Bill, specifically the development of a gender equality targets scheme for certain employers under the *Workplace Gender Equality Act 2012* (the Act), namely:

“The measures contained in the Bill implement Recommendations 3.1a of the Review: *add a new minimum standard to require relevant employers with 500 or more employees to commit to, achieve and report to WGEA [the Agency] on measurable genuine targets to improve gender equality in their workplace against three of the six gender equality indicators*”

- This reform is timely, noting the concerning persistence of gender equity gaps and the slow progress toward gender parity ([here](#), [here](#), and [here](#)), and indeed the reversal of some hard-won achievements for women in senior leadership roles as recently reported in the [CEW 2024 Senior Executive Census](#).
- Accelerating progress requires a focus on solutions and shifting the responsibility for change from the individual to collective systems and organisational action¹. Recent extensive reviews of the evidence have identified *what* organisational interventions work and *how* organisational practices and conditions work together across industries, and sectors, to advance women in leadership ([here](#), [here](#), [here](#) and [here](#)).
- Research suggests that evidence-based, organisational equity processes are needed to address gender inequality and organisations must adopt a systems approach to implementing, measuring and evaluating the impact of their interventions ([here](#), and [here](#)).
- In this respect, we encourage the Committee to consider ‘how’ gender equality targets will be implemented in practice, specifically in the context of:
 - *“the power to the Minister to set out the category of target that can be selected and how many of the targets to select”* with the view to assure such determination is informed by and based on evidence (be it relative to national, industry or employer evidence and context), and
 - the need to invest in collaborative and coordinated capacity building efforts and enabling mechanisms/tools to support *“designated relevant employers”* (DREs) to effectively implement targets and importantly drive measurable and sustainable improvements in gender equity and equality.
- To this end, we offer our Data Framework, with its Maturity Matrix, as a potential enabling mechanism. It demonstrates the vital importance (and effectiveness) of a holistic, fit-for-purpose and importantly systems approach that integrates evidence and context to measure gender equity (process) and gender equality (outcome/impact), including both target categories (numeric and action). This is critical to enable organisations on “how” to make systems behavioural changes that deliver equality outcomes, as many of those that struggle to attain equality, do so as they are unaware of both what and how to implement such change. To this end we have coproduced organisational toolkits and training programs with integrated evidence-based resources to enable organisations to deliver on equality requirements. Unlike consultancy firms that have not produced evidence of effective change, these tools are proven effective and come at low cost with embedded capacity building for organisational partners.
- Further, the Maturity Matrix has potential to inform target selection by DREs (guided by their organisational performance and context) and guide their implementation efforts and progress toward achieving their targets. Importantly, it would reduce reliance on excessive, unused qualitative information by transforming relevant data into a set of simple, process-oriented metrics that can be quantified, graphed, and benchmarked (please see enclosure).
- More broadly, we encourage the Committee to consider the importance of whole-of-system and organisation wide action (and performance) to accelerate progress and achieve gender equality across all workplaces and at all levels. Here, it is vital that all employers (not just those that employ more than 500 employees) be encouraged, enabled and incentivised to set and achieve gender

¹ Ryan, M. K. & Morgenroth, T. Why We Should Stop Trying to Fix Women: How Context Shapes and Constrains Women’s Career Trajectories. *Annu. Rev. Psychol.* **75**, 555–572 (2024).

equity and equality targets. Whilst it is acknowledged that concerns that doing so may be burdensome for some smaller sized employers (i.e. with less than 500 employees), the proposed structured and phased approach to implement targets and the reduced reporting obligations as detailed in supporting materials to the Bill suggest this is unlikely to be the case.

- Furthermore, Australia has demonstrated its leadership in pioneering, voluntarily, evidence-based and internationally reputable gender equity and diversity frameworks, interventions, partnerships and programs, such as the Government-funded AWHL and SAGE. Both have demonstrated their effectiveness in driving measurable, transformative and sustainable change in organisations across the health and medical sciences and healthcare, and the higher education and research sectors (public and private), respectively. Programs like the Partnership Centre /AWHL and SAGE have the potential to support WGEA's implementation efforts, noting their well-established national and international credibility, evidence-based and effective frameworks that are not only well-aligned to the GEIs and objectives of the WGE Act, but importantly also enable quantitative measurement of behaviours and processes of change for benchmarking. This could be enabled via a process that recognises actions/progress and achievements of organisations participating in, for example AWHL/SAGE, as 'deemed to satisfy' the requirements under the Bill. Rigour and credibility of such an approach could be assured via a system established and managed by WGEA to determine which organisation/program is suitable for 'deemed to satisfy' provisions. We encourage the Committee to consider enabling such an approach under the Act (e.g. in instruments to the Act).
- The Victorian Gender Equality Act (2020) offers another example with an integrated suite of approaches worthy of consideration to strengthen gender equality targets (and/or quotas). In addition to prescribing targets/quotas under regulations, this Act also includes requirements for gender impact assessment and, where possible, considering intersectional disadvantage.
- As noted elsewhere in this submission, AWHL and SAGE are helping drive vital improvements in gender equality and diversity across critical Australian sectors, industries and organisations. They bring credible new knowledge and evidence, and capacity building capabilities that could complement and extend WGEA's reach and resources to facilitate broader uptake of (and compliance with) the Bill's critically needed reform, especially for smaller entities and target areas of persistent underrepresentation of women in leadership, like STEM and healthcare leadership, and thus complement and amplify the impact of Governments' significant investments in gender equality policies and programs.
- In furthering the adoption and impact of the Bill, we strongly recommend that the Committee consider introducing a range of policy levers and incentives tied to performance (and compliance). These could include (i) quasi-regulatory incentives, such as linking eligibility to apply for competitive grant funding or procurement (as is already indicated in the Bill), and (ii) other policy incentives, such as financial rewards tied to performance and impact against predetermined national gender equity/equality targets (e.g. via block funding for health, education and the like).

GENDER EQUITY AND EQUALITY REPORTING FOR HEALTHCARE LEADERSHIP AND BEYOND

Towards a national gender equity and equality in leadership
data framework

Gender equity and equality reporting for leadership in healthcare and beyond: towards a national gender equity and equality in leadership data framework | 2024

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The Advancing Women in Healthcare Leadership (AWHL) national initiative is led by the Partnership Centre for Gender Equity and Leadership Advancement which sits within the Monash Centre for Health Research and Implementation (MCHRI), Monash University. At the time of writing, it involves 25 partner organisations in health and medical sciences, and is funded through National Health and Medical Research Council (NHMRC) Partnership Project Grants (APP1191837 & APP2018718) and partner contributions.

We thank all contributors and stakeholders who generously gave their time to review and provide feedback into this review.

Acknowledgement of Country

AWHL acknowledges and pays respect to the Traditional Owners of the land on which this guide was written. We pay our respects to their Elders past and present, and recognise their extraordinary contributions to culture and society and their continuing connections to land, sea, and community.

Terminology

Gender language statement

We align with the National Health and Medical Research Council's definition of gender where gender is understood to be about "social and cultural differences in identity, expression and experience as a man, woman, or non-binary person".¹ Throughout this report we use a gender-additive approach to language to acknowledge biological sex and respect gender identities. We use gender-neutral terms such as "employees" or "individuals" when sex and gender specification is nonessential. Importantly, while embracing a broader gender discourse, this report retains the use of "woman/women," ensuring it holistically encompasses all who identify with this gender.²

Gender equity

Gender equity refers to the processes and practices required to create gender equality. It means treating individuals fairly "according to their respective needs ... This may include equal treatment or treatment that is different but which is considered equivalent in terms of rights, benefits, obligations and opportunities".³

Gender equality

Gender equality is an outcome of gender equity. It involves "equal ease of access to resources and opportunities regardless of gender, including economic participation and decision-making; and the state of valuing different behaviours, aspirations and needs".⁴ It does not mean that individuals are the same, but that their rights, responsibilities and opportunities do not depend on biological sex (or gender).⁵ Gender equality is a UN sustainability development goal and an Australian policy priority.⁶

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1. NHMRC, Statement on Sex, Gender, Variations of Sex Characteristics and Sexual Orientation in Health and Medical Research, <https://www.nhmrc.gov.au/research-policy/gender-equity/statement-sex-and-gender-health-and-medical-research>
 2. Garad R, Bahri-Khomami M, Busby M, et al. Breaking Boundaries: Toward Consistent Gender-Sensitive Language in Sexual and Reproductive Health Guidelines. *Seminars in Reproductive Medicine*, <https://doi.org/10.1055/s-0043-177323>, 2023.
 3. International Labour Office. ABC of Women Workers' Rights and Gender Equality, Geneva 2007
 4. Policy Commons, www.policycommons.net/topics/gender-equality
 5. UNICEF, Gender equality: Glossary of terms and concepts, Nov 2017
 6. UN Sustainable Development Goals Report, 2022, www.un.org/sustainabledevelopment/gender-equality/

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BACKGROUND

Women are underrepresented in key decision-making and leadership roles across almost all sectors in the Australian workforce, despite making up over half of the workforce.^{1,2} Evidence shows that more women in leadership is good for business – it delivers improvements across performance, productivity and profitability³ – and in healthcare it leads to improved and more equitable health care outcomes for patients and improved quality of care.⁴ While efforts have been underway for some time to improve gender equality in leadership, progress has been slow.^{3,5}

Barriers for women progressing to leadership are well described,^{6–8} and highlight in particular women's perceived capacity (i.e., women taking on the majority of caring roles and mental load of the household), perceived capability (i.e., women being conditioned to think they are less capable of leadership), and perceived credibility (i.e., leaders fitting particular, mostly masculine, stereotypes and behaviours). However, there has been limited progress in addressing these barriers,^{6,7,9} in part relating to a historical focus on the individual woman, rather than the organisations and systems they work in.

For example, in the healthcare context, women represent 75% of the workforce^{10,11} but remain consistently underrepresented in healthcare leadership.^{2,12} They face slower promotion timelines compared to men^{5,13} and despite recognition that improvement in gender equality in healthcare leadership is important, progress has been moving at a “*glacial pace*”.⁵ Prioritising gender equity in leadership has been recognised by the World Health Organization as both a social justice issue and vital for improving health care for women and families.⁴

Accelerating progress requires a focus on solutions and shifting the responsibility for change from the individual to collective systems and organisational action.¹⁴ Recent extensive reviews of the evidence have identified *what* organisational interventions work and *how* organisational practices and conditions work together across sectors to advance women in leadership.^{5,15–17}

Research suggests that evidence-based, organisational approaches and equity processes are needed to address gender inequality and organisations must adopt a systems approach to implementing, measuring and evaluating the impact of their interventions.^{5,15}

The aim of this paper is to identify what is currently being measured and reported in gender equity and equality to understand how this aligns with the evidence for what works to advance women in leadership broadly, and then with a focus on the healthcare sector.^{5,15–17} This information can then be used to inform improvements in what data are collected – to support widespread efforts to drive change and sustainable impact for gender equity in leadership.

Advancing Women in Healthcare Leadership context

Advancing Women in Healthcare Leadership (AWHL) is a \$6M National Health and Medical Research Council (NHMRC) and partner funded national initiative that aims to facilitate systems-level cultural change, utilising coproduction to implement, evaluate, scale and deliver evidence-based interventions that increase women in leadership. This has led to the development of a National Partnership Centre. At the time of writing, this included 25 partners across leading health services,

professional, medical and nursing colleges, industrial bodies, and government guided by cross-sector academic expertise.

Our approach

This document was produced within the aims, scope, and stakeholder inputs as follows:

- Evidence identified in the published and grey literature was obtained through key papers from internal and external stakeholders, literature searching for key words (e.g. leadership, career mobility/progression/advancement, health services, women/female, workforce, data collection, benchmarking, best practice) and forward and backwards citation searching.
- Gender equity and equality reporting was mapped to identify what is currently required and being collected by organisations.
- Existing data reporting were examined and assessed for alignment with the synthesised evidence⁵ for what works to advance women in leadership.
- Level of alignment to the evidence was categorised into high, medium, low or no alignment.
- Search and selection of data included publicly available, quantitative datasets. Specific case studies, qualitative data and data sitting in internal Human Resources systems were beyond the scope of this review.

Figure 1 outlines our overarching system-level approach that considers: (1) the system and organisational context in which women work; (2) evidence sourced from multiple domains aligned to evidence-informed implementation science for effective system improvement; (3) identification of evidence-based strategies that advance women in leadership; and (4) a maturity grid for guiding measurement of progress an impact.

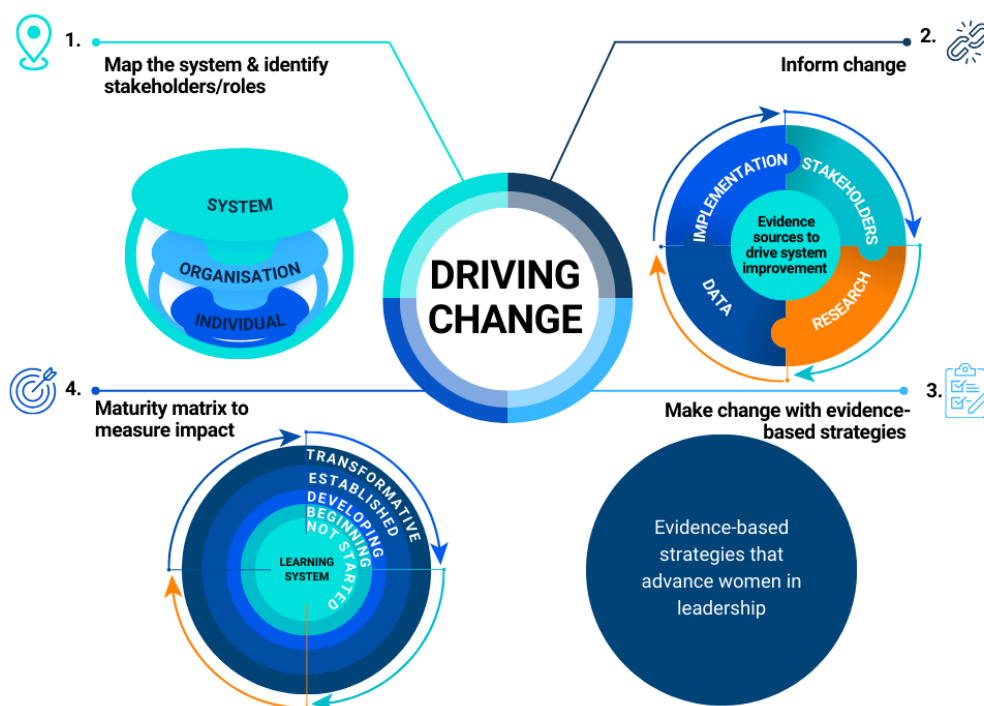


Figure 1. Partnership Centre and AWHL approach for driving systems change for impact, utilising the Consolidated Framework for Implementation Research (phase 1),¹⁸ Learning System (phase 2),¹⁹ Evidence-based strategies (phase 3) and a Maturity matrix (phase 4)^{20,21}

WHAT ADVANCES WOMEN IN LEADERSHIP?

Before examining the existing datasets for measuring progress for gender equality in leadership, it is important to understand the evidence for *what works* to advance women in leadership. This can then be examined against what is currently measured to understand the relationship (e.g. alignment, correlation, etc.) and identify opportunities to augment existing measurement tools, including for impact.

What works to advance women in leadership?

Leadership commitment and accountability is a key driver for effective organisation-level change to advance women in leadership,⁵ followed by five key organisational strategies (Figure 2):

1. **Processes and policies** that address barriers and foster the ability, motivation, opportunity and leadership identity for women to advance their careers and progress to leadership;
2. **Awareness and engagement** strategies that support women's advancement to leadership and challenge and address organisational-level cultural barriers that block women's progression to leadership;
3. **Organisational support tools** to ensure that resources, leadership advancement and employment structures are fair and continually measured and/or evaluated to align with gender equity;
4. **Mentoring and professional networks** to facilitate a range of formal and informal approaches for women to build networks and identify mentors; and
5. **Training and leadership development** to enable collaborative/collective support and capability training.

See Appendix A for a detailed summary of these strategies.



Figure 2. Evidence-based strategies that advance women in leadership⁵

How do we drive change?

Nuances learned from the healthcare context – applicable for other sectors – show three key factors need to be considered when implementing gender equity interventions that advance women in leadership.¹⁵

1. **Leadership commitment and accountability.** Productive organisational change requires strong leadership commitment to learning, harnessing a culture that is transparent, issue orientated and accountable. Organisation leaders have power and influence for driving progress for women in leadership and inclusive organisational cultures.
2. **Cultural climate and organisational readiness.** Workplace culture and how ready an organisation is to change must be considered. Vital here is how advancing women in leadership is *framed*. An evidence-based approach should be used, elevating the focus to the system and not the individual. Focusing on disadvantaged groups or framing inequity as men being a privileged group can be counterproductive.
3. **Intervention fit and fidelity.** Strategies to enable gender equity in leadership must be relevant for women and fit with the reality of life circumstances. This means engaging, listening, co-developing and tailoring strategies so that they fit the needs of women in the workforce.

To *successfully implement* gender equity interventions, we must consider a whole of system approach. We demonstrate this using the healthcare sector as an exemplar, as the largest employer of women in the workforce (Figure 3), whereby: the role of Government, regulatory bodies etc, must be considered; interventions must be designed with fit and fidelity to meet the needs of women in the workforce; and interventions must be designed/ adapted with consideration of workplace culture and organisational readiness to change whilst also creating an organisational culture that supports women’s credibility as leaders and enables women to internalise a leadership identity.^{5,15–17,22}

Here, policy and external drivers contribute to leadership commitment. Evidence-based equity processes then drive organisational change and deliver improved culture and opportunities to advance women in leadership for gender equality.



Figure 3. Exemplar system-wide approach for advancing women in healthcare leadership

What should be measured to track progress for advancing women in leadership?

Knowing *what works* to advance women in leadership enables identification of *what should be measured* to track progress for women’s career progression into leadership (Table 1). Notably, **a shift from the individual to system/organisational-level actions and interventions means these must be measured**. It is therefore vital to measure the impact of implementation of **gender equity processes and** practices that can drive the change that creates **gender equality**, which is the goal or outcome.^{23,24}

Table 1. Evidence-based categories and concepts that can inform metric-development for measuring gender equity practices in organisations for advancing women in leadership^{5,15,16}

CATEGORY	CONCEPT TO BE MEASURED
System-level	<ul style="list-style-type: none"> • Policy, regulation and mandates • Funding • Transparency
Organisation-level	<p><i>Processes tailored to the organisation’s context</i></p> <ul style="list-style-type: none"> • Practices that support work-life integration • Practices that support flexible working • Recruitment, promotion, succession and retention practices that are transparent and free from gender bias • Continuous improvement culture focusing on motivation and opportunity • Organisational role modelling • Inclusion and diversity • Mentoring and professional networking opportunities • Leadership training and development opportunities

WHAT DATA ARE COLLECTED?

In this section, we map what data are currently collected via mandatory reporting schemes, including from the healthcare sector. Following this, we outline other datasets and reporting, and then examine similarities across the various data and reporting schemes and their respective alignment with the evidence-base for what advances women in leadership with the view to identify potential opportunities for enhanced measurement.

Reporting on gender equality indicators in Australia is currently required of medium and larger sized private and public organisations through the federal Workplace Gender Equality Agency (WGEA) and in Victoria by the Commission for Gender Equality in the Public Sector (CGEPS) (Table 2). These mandates require organisations to report on data used for high-level and organisational benchmarking across multiple gender equality indicators. Each are summarised below.

Table 2. Gender equality indicators^{25,26}

Workplace Gender Equality Agency (WGEA)	Commission for Gender Equality in the Public Sector (CGEPS)
1. Gender composition of the workforce	1. Gender pay equity
2. Gender composition of governing bodies of relevant employers	2. Gender composition at all levels of the workforce
3. Equal remuneration between women and men	3. Gender composition of governing bodies
4. Availability and utility of employment terms, conditions and practices relating to flexible working arrangements for employees and to working arrangements supporting employees with family or caring responsibilities	4. Workplace sexual harassment
5. Consultation with employees on issues concerning gender equality in the workplace	5. Recruitment and promotion
6. Sexual harassment, harassment on the ground of sex or discrimination	6. Gendered work segregation
	7. Leave and flexibility

Workplace Gender Equality Agency

WGEA is an Australian government agency, established to promote and improve gender equality in Australian workplaces. It was established through the *Workplace Gender Equality Act 2012*, which received new amendments in 2023 through the *Workplace Gender Equality Amendment (Closing the Gender Pay Gap) Bill 2023*.^{25,27}

WGEA plays an important role in closing the gender pay gap, promoting women in leadership, creating inclusive workplaces and driving accountability. Key functions of WGEA include data collection and reporting; benchmarking and transparency; advice and support; and public recognition for organisations that demonstrate leadership in promoting gender equality (Figure 4).²⁵

Within its data collection and reporting remit, WGEA mandates private employers in Australia with 100 or more employees to annually report on their gender equality outcomes. It also has a [Gender Equality Standard](#) for employers with 500 or more employees. As of the new amendments, Commonwealth public sector organisations with 100 or more employees must likewise report data to WGEA annually; this does not include state public sector. The mandate requires organisations to report to WGEA’s annual Employer Census against six gender equality indicators)²⁵ (Table 2) and for organisations’ data (edited to protect employees’ identity) to be publicly available through WGEA’s [Data Explorer](#). Organisational data are analysed and presented in detailed annual reports, such as the [Gender Equality Scorecard](#), and WGEA has also published their [full dataset](#). Non-compliant organisations have been placed on publicly available [non-compliance lists](#) since 2013 and have been named in public and government reports.

Data are collected through a reporting portal on WGEA’s website where organisations are required to upload information about their workplace profile, workforce management statistics and detailed organisation structure and processes related to gender equality (Appendix B). WGEA uses the Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes²⁸ that categorise occupation of employees across eight ‘Major Group codes’, including one for Managers. Additionally, WGEA requires organisations to provide further information for managers via their [Employer Portal](#)

with their Manager Category separating managers across six categories (seven for corporate organisations) with hierarchical differences. Organisations' reporting is guided by [offline templates](#), and for the purpose of this review, are the basis for how we understand WGEA's data. A public report is then produced and available for each reporting organisation.

WGEA's scope and scale makes it a central asset in the gender equality and employment data space for benchmarking primarily private and Commonwealth public sector organisations, whilst offering access for other public entities and organisations. The combination of workforce composition and some capture of organisational policy/processes, targets and goals data enable WGEA to monitor equity processes in part aligned to evidence on strategies that advance women in leadership, while monitoring observable equality outcomes over time. For example, WGEA provide a range of binary measures on whether organisations: provide unconscious gender bias training to managers, have set targets to improve gender pay gap, have policies ensuring accountability of managers to meet pay equity outcomes, promotion and targets on uptake of flexible work, and more. Outcome measures such as the gender composition across levels, gender pay gap, and proportion of parental leave taken by men and women, can in combination provide insights of potential impacts.

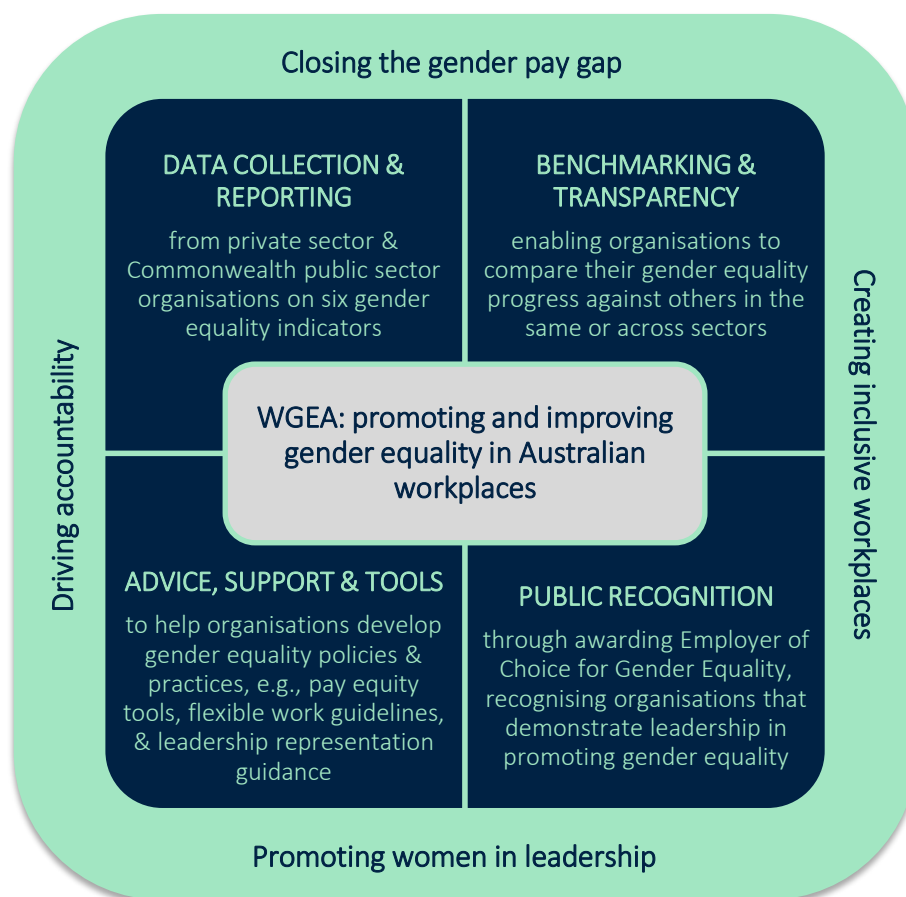


Figure 4. Key functions of WGEA for promoting and improving gender equality in Australian workplaces^{25,27}

Commission for Gender Equality in the Public Sector in Victoria

In the State of Victoria, the *Gender Equality Act 2020*(35) (the Act) requires organisations across Victoria's public sector with 50 or more employees (referred to as 'defined entities') to:

- Develop and implement a [Gender Equality Action Plan](#) (GEAP) every four years, which includes results of a [workplace gender audit](#), and strategies for achieving workplace gender equality,
- Publicly [report on their progress](#) in relation to workplace gender equality,
- [Promote gender equality](#) in policies, programs and services that impact the public, and
- Complete [gender impact assessments](#).

Workplace gender audits submitted as part of an organisation's [GEAP](#) provide 1) workforce data from employer systems about their employees, and 2) anonymous employee experience data collected through either the People Matter Survey or an in-house equivalent. This data is then analysed against seven gender equality indicators²⁶ (Table 2). See Appendix C for more detail.

The CGEPS was established by the Victorian government to oversee the implementation of the Act, and plays an important role in Victoria's public sector for creating lasting, equitable workplaces, and holding certain public sector bodies accountable for their progress. CGEPS supports, educates and guides public sector organisations to improve gender equality at their organisation, comply with the Act, and address workplace discrimination and harassment (Figure 5).²⁹ Specifically, the Commissioner's role is to:

- Promote and advance the objectives of the Act,
- Support defined entities to improve gender equality and comply with the Act,
- Provide advice and education to defined entities to encourage best practice,
- Resolve disputes in workplaces relating to systemic gender equality issues, and
- Publish and share Gender Equality Action Plans and progress reports.³⁰

While the Act requires defined entities to develop, submit and publish their GEAP every four years, they are also required to submit a [progress report](#) two years after the GEAP. When preparing their progress report, organisations are required to comment on progress made with reference to the results of a progress audit, and comparison with previous audit results. The CGEPS's [progress audit guide](#) recommends organisations apply an intersectional lens over many of the results of an audit to identify inequality compounded by intersectional factors (e.g. gender and disability). This recommendation is optional.

Data collected via the workplace gender audit can be analysed, aggregated and presented at an organisation, industry and whole of public sector level. Publicly available data are available through an [interactive portal](#) and are presented in the form of interactive reports (for audit results) and downloadable files (for GEAPs and progress reports). While these data allow for comparisons of Victorian public sector organisations' progress against gender equality indicators, they cannot be consistently compared against Australia's broader public sector as similar data mandates and structures are not present in other States and Territories, causing a gap in the data availability of Australia's public organisations.

See Appendix D for our summary of strengths and limitations of data collected by leading agencies, WGEA and CGEPS.

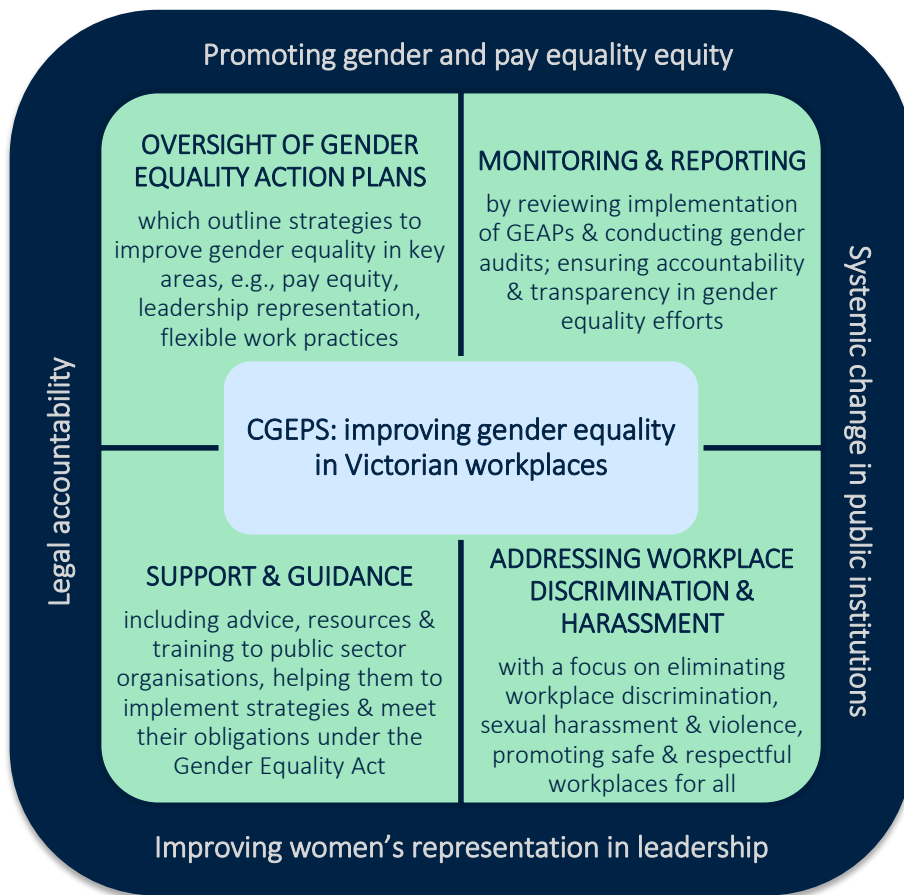


Figure 5. Key functions of the CGEPS for promoting and improving gender equality in Victorian workplaces²⁹

OTHER DATASETS AND REPORTING

We also considered additional programs and tools (non-mandatory) that examine gender variables across organisational and workforce data. This section summarises key sources and schemes (Table 3) and is not intended to be exhaustive. A number of these schemes use data collected and reported by WGEA, e.g., STEM Equity Monitor and Champions of Change. Datasets with insights into leadership advancement, the healthcare sector and organisational and employee level data characteristics were prioritised. We focused on equity and equality data, quantitative and qualitative schemes/tools; for this, we have excluded tools that collect data on/measure workers' experience of inclusion/exclusion (e.g., [Diversity Council Australia's Inclusion@Work Index](#)). While important, such tools were beyond the scope of this work.

Table 3. Summary of additional non-mandatory datasets and reporting

DATASET	DETAIL
STEM Equity Monitor	<ul style="list-style-type: none"> • Multiple data sources exploring girls' and women's participation and engagement in science, technology, engineering and mathematics (STEM), incl. health industry • Examines workforce, incl. qualified occupations, teaching and research workforce, research funding, the Australian Public Service workforce, workforce and gender equity policies, and gender pay gaps • Provides overview of changes over time, and subgroup health occupations and subindustries • Easy access to high-level statistics on gendered composition and pay gaps in health occupations and subindustries, gender composition by seniority level in research, teaching positions and Australian Public Service work
Australian Workplace Equality Index (AWEI)	<ul style="list-style-type: none"> • Published by Pride in Diversity, the AWEI publishes data on LGBTQ+ workplace inclusion through a national employee experience survey across industries. • Primarily focused on themes of inclusion, wellbeing and belonging among LGBTQ+ employees
Snow Medical's Gender Equality Benchmark pilot report	<ul style="list-style-type: none"> • Gender Equality Benchmark (GEB) pilot report is a tool to identify organisations' efforts and ability to represent women, and to inform SMRF decisions on funding and partnerships. • Has three criteria to demonstrate organisational commitment towards advancing women's careers across composition at senior levels of the organisation and career pipelines, these are: Leadership, Visibility and Recognition, and Scientific Staff. Data includes 32 different measures across gender. • Specific to medical research and represents a small sample of organisations with direct efforts towards gender equality work • GEB is primarily focused on equality outcomes, and not on equity data of organisational-level processes
Champions of Change Coalition – Annual Impact Reports	<ul style="list-style-type: none"> • Publishes annual impact reports summarising voluntary data from member organisations • Reports include topics of power, leadership, the gender pay gap, flexible work, sponsorship programs, recruitment, retention and promotion, employee safety and wellbeing, caring responsibilities, sexual harassment and domestic violence • Reports percentages of membership organisations with policies/processes on a range of gender equality topics. There are 31 metrics across themes of leadership, accountability, gender-equal and diverse workforces, work culture and equality and inclusion. • Each organisation's leadership composition is categorised using WGEA's definition, and compared within groups. Includes whether organisations have achieved gender balance (defined as 40%-60% women's representation), moved closer since the previous year, increased overrepresentation of women, and increased underrepresentation of women, by each leadership category and overall workforce

Department of Health and Aged Care – National Health Workforce Data Set	<ul style="list-style-type: none"> • Large dataset of the Australian healthcare workforce • Not specifically gender-focused • Includes workforce information of registered health professionals from 2013-2022 • Data are publicly available through their Data Tool • Dataset has categories of respondents’ profession, demographics, employment, job role, job area, job setting, years intended to work, years worked, hours worked, and geography • Captures number of registered health professionals in Australia, where they work, in which professions, for how many hours a week, for how many years, and for how many more years they intend to continue to work
Science in Australia Gender Equity (SAGE)	<ul style="list-style-type: none"> • Accredits and grants SAGE Athena Swan Charter awards to tertiary education and research institutions for gender equity, diversity and inclusion efforts • Data used for the SAGE Athena Swan accreditation and Cygnet Awards are sourced from institutional HR, employment, institutional staff survey data (bespoke or general), qualitative data (e.g., focus groups, interviews), institutional data reported under the higher education data reporting requirements, data reported for research funding such as that under the NHMRC and ARC, and data reported under public sector reporting requirements (such as that reported to WGEA, CGEPS, Public Service Commission).³¹ • Organisational and content-specific gender disaggregated data, by headcount and FTE and applying intersectional lens, are collected and analysed across the organisation (e.g. overall staff profile) with details required across employment by, for example, classification, function, type, career phase, data on policies and processes, and other data. • All SAGE applications are accessible on SAGE’s website as individual reports

INSIGHTS FROM GENDER EQUALITY INITIATIVES

Having examined the various mandated and voluntary (non-mandatory) gender equality initiatives, we note the following:

- Mandatory schemes, WGEA and CGEPS, share common characteristics: both are data reporting schemes capturing data at the organisational-level allowing for benchmarking (WGEA) and some level of comparison (CGEPS). Whilst Gender Equality Indicators are well aligned across both schemes, some key differences currently exist, specifically in requiring reporting against diversity/intersectional data and impact data. These differences may disappear over time as recent regulatory reforms under the federal gender equality Act are fully implemented (personal communication).
- Non-mandatory schemes, such as Champions of Change Coalition, SAGE, STEM Equity Monitor and others, can benefit from data collected and reported under other mandatory reporting requirements (e.g. WGEA). These schemes represent forms of accreditation, award and/or benchmarking. Whilst they share common elements (e.g. data inputs centre on the same set of Gender Equality Indicators collected by WGEA and/or CGEPS), their respective frameworks, functions, areas of analysis and processes vary widely (i.e. not directly comparable).
- Current schemes capture administrative workforce composition data, enabling the calculation and some comparison of gender equality outcomes in employment. While administrative data primarily focus on formal observations and do not capture social and cultural factors that detail causations, remedies and contexts, they do provide insight for understanding workforce dynamics. Surveys and data on organisational policies and processes offer valuable insights into equitable practices, but in isolation, are limited for benchmarking.

- Leading agencies have identified data gaps based on initial data collection, highlighting the significant challenge of inadequate capacity and capability for organisations to meet reporting requirements. For example, the CGEPS has identified gaps in its new and evolving gender audit initiative and is working with the Department of Health, Health Services and AWHL to support and build capacity in comprehensive data collection for Victorian public health organisations with limited capacity respond to legislative requirements and align with CGEPS reporting.

Acknowledging significant contributions made to date, there are opportunities for improvement. Given the breadth of potential measurables in gender equity (the process) and gender equality (the outcomes), workforce and organisational datasets naturally vary in scope, function, and data collection/reporting and analysis methods. This diversity enriches the overall understanding of gender equality efforts, but presents challenges for direct comparison, may exacerbate duplicative efforts for organisations and limits benchmarking over time and across organisations/sectors for advancing women in leadership.

COMPARING WHAT IS MEASURED TO THE EVIDENCE

This section presents high-level mapping to compare organisational reporting currently mandated by leading agencies and the evidence for what works within organisations to advance women in leadership. This aims to identify the degree of alignment to explore opportunities for a more complete and nuanced understanding of workforce equality and equity.

Categorising the evidence-base for advancing women in leadership

Comparing current datasets to the evidence of what we know works to advance women in leadership required defining evidence-based indicators through observable metrics. A systematic literature review by Mousa et al.⁵ identified what advances women in leadership; 99 evidence-based strategies were categorised into five organisational intervention categories, with organisational leadership, commitment and accountability identified as key drivers of organisational change.⁵ These are summarised in Table 1, illustrated in Figure 2 and further described in Appendix A. Importantly, these are based on multiple impactful implementation strategies, are descriptive and specific, and may vary in impact. As such, their comparability to quantitative data is not uniform, and some are more specific than others. These strategies provide examples of **equity processes** needed to take place at an organisational-level to support women's advancement to leadership, and have therefore been used for this mapping exercise.

Opportunities to align current datasets to the evidence

Alignment of each dataset to the evidence for advancing women in leadership were broadly determined and ranked according to categories of *high*, *medium*, *low* and *none* (Table 4). Level of alignment to the evidence for the leading agencies that mandate reporting are presented in Table 5. This high-level mapping should be understood as a broad overview.

EXAMPLE | The ‘Awareness and Engagement’ category includes the concept of ‘Inclusion and diversity’. Within this concept, six specific strategies were identified: 1) Apply a participatory approach to co-design and co-development; 2) Provide awareness training for policies to support utilisation; 3) Actively promote part time/flexible work to men; 4) Provide continuing education allowances and opportunities to part-time staff; 5) Set a target for pay equity across levels; 6) Proactively address implicit bias. Preliminary mapping found that WGEA’s organisational-level data provides insights on most (5/6) of these strategies, and thus score an overall high alignment with the evidence of this concept.

Table 4. Categories for evidence-based alignment

Level of alignment to the evidence for advancing women in leadership	Description
High (H)	Direct observation of a majority of strategies
Medium (M)	Partial, incomplete or implied observation of strategies
Low (L)	Some strategies captured but majority not captured
None(N)	No alignment evident

Table 5. Preliminary mapping of alignment of datasets to what works to advance women in leadership⁵

Category & Concept		WGEA	CGEPS workforce data	CGEPS PMS employee survey
Organisational Processes	Leadership commitment and accountability	M	L	M
	Work-life integration	M	N	M
	Reporting and enforcement mechanisms	M	M	M
	Gender bias elimination	M	L	M
Awareness and Engagement	Awareness and Improvement culture	L	N	L
	Organisational Role Modelling	L	N	N
	Inclusion and diversity	H	N	L
Mentoring and Networking	Formal and Informal approaches	L	N	L
Leader Training and Development	Design and approach	N	N	N
	Content elements	N	N	N
Support tools	Recruitment	L	L	L
	Retention	M	N	L
	Promotion	N	N	M
	Measurement and Evaluation	L	N	M

No categories were captured in full and many could only be partially captured. Strategies identified across the *organisational processes* category were most often observable, as organisational data commonly mention whether specific gender policies/practices were in place. Similarly, *awareness and engagement* were observed through communication practices, training and policies on harassment, domestic/family violence, and awareness, normalisation and support processes for flexible work and parental leave. *Support tools* that ensure recruitment, retention and promotion are free from gender bias were less often observed. Almost no data aligned to the strategies across *mentoring and networking* and *leadership development*.

Different datasets often captured different parts of a given strategy – we liken this to an incomplete jigsaw puzzle. Improved harmony across multiple datasets might help organisations to report and utilise their data, with the clarity of a more complete picture of their progress for advancing women in leadership.

EXAMPLE | A strategy under *organisational processes*, ‘reporting and enforcement mechanisms’, requires input for retention rates, promotion, employee engagement and satisfaction. WGEA has data on appointments, promotions and resignations, as well as a range of policies that may influence these, but does not collect data on employee engagement and satisfaction. CGEPS collects data on employee engagement and satisfaction using the People Matter survey, but does not collect detail on organisation-specific policies.

Voluntary schemes were not included in the mapping because of their: varied objectives and frameworks; lack of clarity on metrics; and that they are not data collection/reporting schemes in their own right, but instead rely on other data schemes. They require more intensive and closer examination to understand/identify how they might add value vis a vis their utility to improve measurement and benchmarking in line with evidence of what advances women in leadership.

EQUITY DATA NEEDED TO DRIVE SYSTEMS CHANGE FOR IMPACT

Current mandated datasets primarily capture and report on *outcomes* (i.e., workforce composition and pay). There is a clear opportunity to strengthen what is currently reported to include evidence-based *processes* that measure and benchmark gender equity strategies¹, in order to achieve the goal of gender equality in leadership.

What is not currently available, is a fit-for-purpose data framework and equity assessment tool aligned with the evidence on delivering systemic/organisational improvements on leadership advancement and data on gender equity processes. Such a framework would require methods of measuring equity or organisational processes. Most commonly, the relevant depth of equity practices in data are captured through organisation-specific reports/case-studies, e.g., [WGEA’s case studies](#) of organisations’ gender equality actions; [CGEPS’ mandated progress reporting](#) such as progress related to measures/strategies set out in Gender Equality Action Plans or reporting on

¹ While not mandated federally or in Victoria like WGEA and CGEPS, it is worth noting that SAGE’s Cygnet Awards capture processes as well as outcomes and impact (equity) via ‘case studies’.

actions arising from gender impact assessments; and [SAGE's Athena Swan reporting](#) published organisational self-assessments and action plans such as SAGE Cygnets that are a report on the progress organisations have made in implementing actions to remove identified barriers, and the outcomes and impact of those actions.

Generally, equity reporting is primarily provided through either the presence or absence of policies/processes, an overabundance of policy and other documents without information as to their implementation and/or impact, and reporting cannot be quantitatively assessed or benchmarked.

Maturity matrix

A potential solution is the implementation of a coproduced engineering tool – a **maturity matrix** – which would allow organisations to measure their progress in equity processes²⁰ (Phase 4, Figure 6). This approach would reduce reliance on excessive, unused qualitative information by transforming relevant data into a set of simple, process-oriented metrics that can be quantified, graphed, and benchmarked.

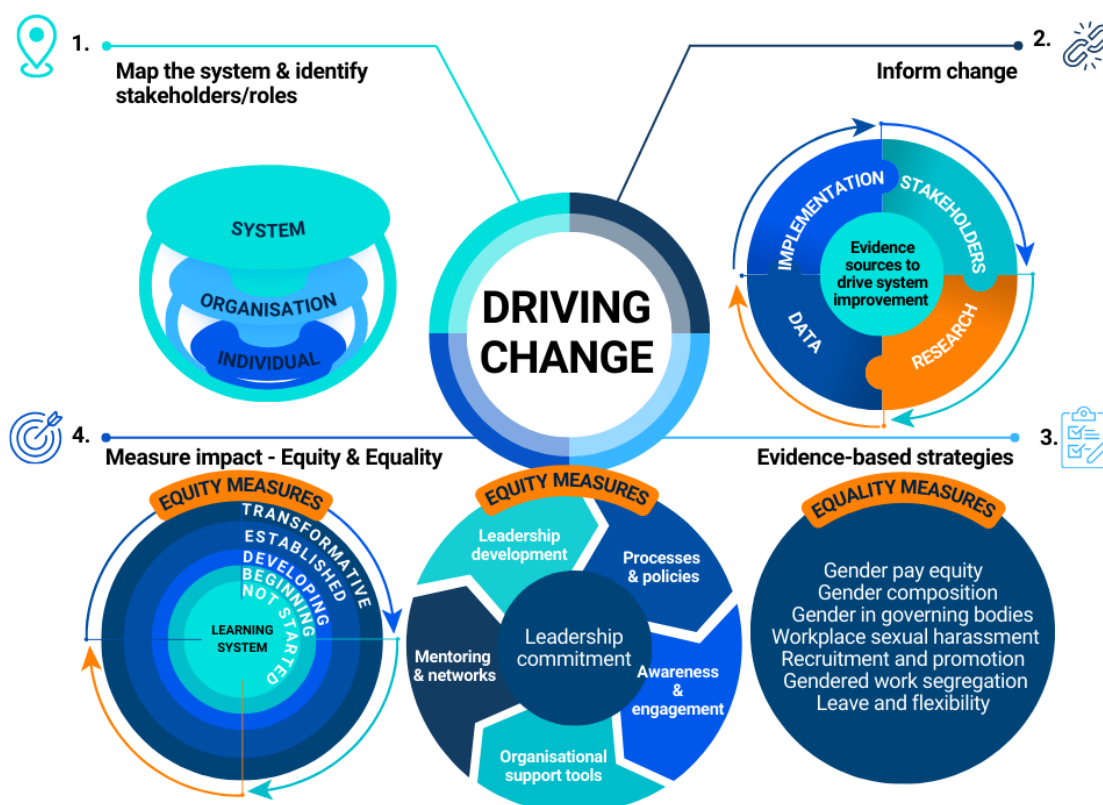


Figure 6. Driving systems change for impact underpins the Advancing Women in Healthcare Leadership initiative and utilises the Consolidated Framework for Implementation Research (Phase 1)¹⁸ to identify the systems drivers in which gender equity processes are to be implemented and the key stakeholders (i.e., outer drivers including policy and mandatory gender equity reporting schemes such as WGEA and CGEPS, inner drivers including leadership, policies, awareness reporting and leadership development), and the diverse individuals in the organisation); the Learning System (Phase 2)¹⁹ to guide system improvement through use of evidence from stakeholders, research, practice and implementation (Phase 3); and a maturity matrix (Phase 4)^{20,21} for assessing and guiding an organisation's maturity in gender equity processes toward achieving gender equality in leadership.

Overall, the maturity matrix aims to guide organisations to:

- Measure and benchmark organisational maturity on gender equity practices
- Focus on systems and organisational evidence-based practice and culture change
- Guide next effective steps for improvement and alignment with gender equality practices
- Address gender equality as ongoing system change and processes
- Promote organisational accountability and transparency
- Engage organisations and empower effective organisational change

Below is an example which illustrates the graphical output of the maturity matrix³² and demonstrates how organisations can evaluate the results of the maturity of their gender equity interventions.

EXAMPLE | Maturity matrix | Organisational self-assessment of gender equity interventions

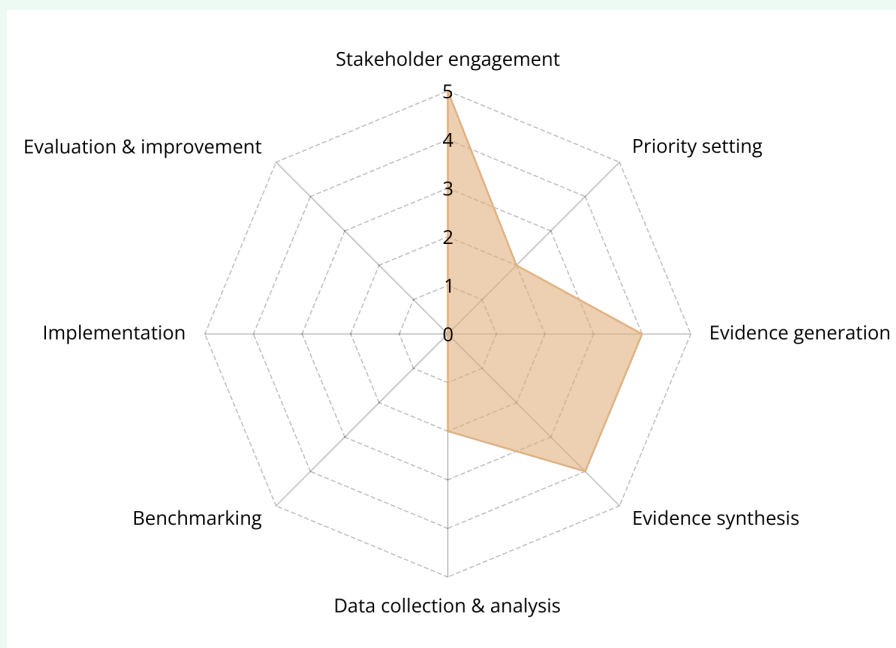
Organisations are asked to: perform a self-assessment of their gender equity interventions across the four Learning System Evidence Domains (Phase 2, Figure 6), including their subcomponents.

1. Stakeholder Derived Evidence
 - a. Stakeholder engagement
 - b. Priority setting
2. Research Derived Evidence
 - a. Evidence generation
 - b. Evidence synthesis
3. Data Derived Evidence
 - a. Data collection & analysis
 - b. Benchmarking
4. Implementation Derived Evidence
 - a. Implementation
 - b. Evaluation & improvement

Each subcomponent will have an associated set of evaluation criteria across five maturity levels, in order to evaluate organisational maturity:

1. Not Started
2. Beginning
3. Developing
4. Established
5. Transformative

An organisation with Transformative level processes across all eight components, should result in improvements in gender equality over time, compared to an organisation where some components are at Not Started level.



KEY OPPORTUNITIES

This paper presents current metrics and reporting frameworks for gender equity and equality, examining their alignment with evidence on effective strategies for advancing women in leadership broadly, and then with a focus on the healthcare.^{5,15-17} Findings highlight challenges and opportunities across sectors, with the need for refinement in measuring progress at both national and jurisdictional levels. We offer a practical tool designed to assist organisations in navigating their journey to maturity through identifying organisational barriers and prioritising targeted strategies for improvement. Ultimately, these insights contribute to broader initiatives aimed at fostering transformative change and achieving sustainable impact in gender equity within leadership contexts. Key opportunities were identified and these are outlined below.

The ‘black box’ of healthcare

The public healthcare sector is the largest employer of women in the workforce and presents a significant opportunity for improvement in current reporting systems. Current mandates, such as WGEA’s framework, cover private health organisations and Commonwealth public sector organisations, but not state public sector as these are largely the purview of State and Territory Governments. Similar efforts need to be expanded to the public sector. For example, the Victorian CGEPS has made strides in this area, and there is room to further develop quantifiable equity metrics and detailed composition data for leadership levels as noted above. Public sector entities across other states, including health services, would benefit from participating in reporting as one of the key evidence-based strategies to drive equity and equality.

The Australian healthcare system, with its complex structure involving federal, state, and private sectors, stands to benefit greatly from reliable and comparable equality and equity data collection. There are significant gaps in the acquisition of current data. To address this and expand a focus to include intersectional data and gender equity (process) data, it is essential to enhance data collection methods. An implementation toolkit and guide are likely necessary to support organisations in this endeavour. By addressing these data gaps, opportunities can be identified, enabling system-level changes that will enhance the overall effectiveness and equity of the healthcare industry.

Further opportunities for refinement

We note that both leading agencies, WGEA and the Victorian CGEPS, are aware of current data constraints and challenges, and continue to evolve and improve. Based on our findings, we offer the following insights.

Equality (outcomes) data

Datasets most commonly report administrative composition data – or measures of equality – in areas such as the gender pay gap, uptake of parental leave, and flexible work arrangements, which has afforded much needed and compelling insights into gender equality in the workplace. To enhance effective benchmarking of women’s leadership advancement, current employee-level datasets could further examine nuanced gender equality data on employment, career advancement and demographics, such as through:

1. **Utilising additional/more granular classifications of leadership and management** by extending the ANZCO ‘manager’ code, which currently groups together all levels of leadership and managers.²⁸ WGEA provides an [example](#) of this by requiring organisations to classify managers under six sub-categories, but are the only mandatory data framework to do so. More granular data enables closer examination of progress across different levels of leadership and management.

2. **Supporting organisations to capture intersectional data.** Women’s career progression and advancement to leadership is not a universally shared experience explained only by gender.^{33,34} Compounding forms of discrimination can limit access to resources and opportunities affecting career trajectories³⁴ such as the [motherhood penalty](#), pay inequality, the experience of sexual harassment and discrimination at work, and being a woman from a racially marginalised background.^{22,35,36} Evaluation and measurement of progress should substantially include and be able to comment on intersectional data that identify gender and other under-represented identities, such as but not limited to race and ethnicity, gender identity, sexual orientation, migration or visa status, health and socioeconomic status.^{37–39} For example, the SAGE Athena Swan Bronze Awards framework requires an intersectional lens (e.g., data on Culturally and Linguistically Diverse and First Nations employees),³¹ and the Victorian CGEPS attempt to collect intersectional data, however most organisations were not able to report on this.⁴⁰

Collecting, reporting and acting on intersectional data is essential for promoting diversity and inclusion within organisations. While major challenges related to privacy and data confidentiality exist, they also present significant opportunities for growth and improvement:

- a) **Innovative Data Collection Approaches:** Organisations can adopt anonymous survey methods to encourage employees to share sensitive information, such as ethnicity, religious background, and disability status. This approach can lead to more accurate and comprehensive data collection.
- b) **Cultivating Trust:** By prioritising the confidentiality of employee data, organisations can foster a culture of trust. When employees feel secure in sharing their personal information, it enhances participation rates and the quality of the data collected.
- c) **Legislative and Policy Frameworks:** Highlighting legislative reforms, such as those from WGEA, positive duty, and the Victorian CGEPS reforms, can provide a solid foundation for data collection efforts. Protections under privacy laws and initiatives like the Working for Women strategy further support these efforts, ensuring organisations operate within a framework that prioritises employee safety and confidentiality.
- d) **Championing by peak bodies:** Championing and leadership by peak bodies play a crucial role in supporting commitment and accountability for safe workplaces. Their leadership can inspire organisations to commit to best practices in data collection and analysis.
- e) **Utilising Independent Resources:** Engaging with evidence-based academic and Non-Governmental Organisations (NGOs), such as AWHL, Diversity Council Australia (DCA), and Culture Amp, can facilitate relevant data collection/analysis/self-assessment services and provide a “safe interface” for employees, encouraging them to report intersectional data. Resources are also available to support organisations to capture intersectional demographics whilst respecting individual privacy.^{36,41} See Appendix E for a case example from the Diversity Council Australia.

- f) **Collaborative Development of Metrics:** The combined efforts of various stakeholders create rich opportunities for collaboration in co-producing harmonised metrics and tools. This collaboration can enhance the understanding of intersectionality at work and inform the co-design of effective solutions.
- g) **Codesign and Coproduction:** Evidence from AWHL suggests that involving employees in the co-design and coproduction of safe data collection and analysis processes can significantly enhance engagement. This participatory approach ensures that data collection methods are not only effective but also respectful of employee privacy.

Importance of capturing equity (process) data

Informed by the published evidence,^{5,15} the shift from individual to system/organisational-level actions and interventions for advancing women in leadership, including in healthcare, necessitates attention on measuring **gender equity processes** as well as **equality outcomes** (e.g. gender composition and pay data). Here, measuring gender equity focuses on the processes and practices required to create gender equality, which is the goal or outcome.^{23,24} Workforce *equality* data are useful as problem-identifiers that show whether inequality/equality is present (outcomes), but measuring gender *equity* will help to identify the implementation and effectiveness of systems, behaviours, processes and strategies that drive change. Some equity data are collected, such as WGEA's binary organisational policy/practices measures (e.g. whether or not an organisation has a policy/strategy in place for gender equality composition on boards), and some data frameworks include qualitative reporting of equity measures (e.g. SAGE's case-studies of organisations' actions on priority areas, or open-ended employee experience survey questions from People Matters). There is a key opportunity to significantly increase the measurement and benchmarking of gender equity data – guided by a maturity matrix – to allow benchmarking and inform next steps in organisational improvement and maturity in gender equity.

Specific indicators/metrics to facilitate and evaluate women's advancement to leadership

The limited data measuring gender equity presents an opportunity to develop new, evidence-based indicators for processes that advance women in leadership.⁵ In particular, incorporating metrics into publicly available datasets for: support tools that ensure recruitment, retention and promotion are free from gender bias; workplace culture of awareness and engagement; mentoring and professional networking; and leadership training and development. Collecting and reporting on these evidence-based equity metrics will help measure organisational maturity and sustainability in achieving workforce gender equity and diversity.

Harmonisation across datasets

The current range of available datasets with gender equality metrics cater to different target audiences and frameworks, offering unique strengths and perspectives. While each dataset has its own focus, this diversity can provide a comprehensive view when combined. Additionally, gathering meaningful data from employees and organisations, even beyond mandated requirements, presents an exciting opportunity to gain deeper insights and drive positive change. Collective improvement on the above-mentioned opportunities would likely further advance data harmonisation.

CONCLUSION

Existing workforce data and benchmarking tools are invaluable for measuring and promoting gender equality. They effectively highlight the scale of gender inequality through transparent reporting of workforce composition and equality data.

We have an opportunity to enhance data collection for advancing women in leadership by addressing existing gaps, including in particular, capturing data on *gender equity* efforts such as evidence-based organisational processes, behaviours, and strategies, to help drive meaningful change. These metrics are essential for measuring, informing, and advancing gender equality in leadership.

As the landscape evolves and improves, the diverse nature of organisations reporting their data—whether private or public sector, state or national—offers opportunities for greater harmonisation.

A national healthcare workforce data framework can enhance harmonised, consistent, and detailed data collection on gender equality. This includes career advancement and intersectionality, as well as capturing and benchmarking gender equity through evidence-based organisational processes, behaviours, strategies, and implementation activities. Such a framework is vital for effective evaluation, benchmarking, and measuring success, ultimately driving systemic change toward gender equality in healthcare leadership and beyond.

NEXT STEPS

The AWHL national initiative and Partnership Centre for Gender Equality in Leadership is funded to coproduce a *National Data Framework for Gender Equity and Equality in Leadership*, that is both general across sectors and relevant to healthcare. This is in partnership with multiple diverse stakeholders. We have explored the evidence to inform indicators, scoped current data collection, identified gaps aligned to evidence and are partnering to consolidate a harmonised dataset aligned to stakeholder priorities. This report informs development of the National Data Framework for Gender Equity and Equality in Leadership that aims to:

- Build on and strengthen existing data frameworks and collections
- Be codesigned with key healthcare, industry and government organisations
- Incorporate evidence of what advances women in leadership
- Consider meaningful demographical and career advancement equality data and intersectional analysis
- Encompass organisational-level equity indicators/metrics based on a quantitative maturity matrix to encourage and enable organisations to implement, measure and evaluate processes, strategies and behaviours for change
- Provide an implementation guide/ toolkit to enable capture of intersectional data and equity data and reporting

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APPENDIX A

Summary of organisational interventions that advance women in leadership

ORGANISATIONAL INTERVENTIONS	CONCEPTS	DESCRIPTION
Organisational processes	<ul style="list-style-type: none"> • Leadership commitment and accountability • Work-life integration • Reporting and enforcement mechanisms • Gender bias elimination 	Top-down organisational structures and policies that aim to support women and influence work culture by: decreasing career barriers, supporting work-life integration, enabling flexible working, providing succession and retention practices and human resourcing practices on the promotion of women, and having hard gender goals/targets supported by 'soft' regulatory action.
Awareness and engagement	<ul style="list-style-type: none"> • Awareness and Improvement culture • Organisational Role Modelling • Inclusion and diversity 	Organisational efforts for building a culture of awareness through: openly promoting efforts and challenges in achieving gender equality, challenging bias and gendered stereotypes, increasing the visibility and composition of women in leadership, focusing on individual's actions rather than avoidant behaviours, gender diversity/inclusivity training, having counter-stereotypical models of leadership, workforce engagement and applying 'new knowledge' through co-designed and action-focused solutions.
Mentoring and networking	<ul style="list-style-type: none"> • Formal and Informal approaches 	Enabling networking and formation of formal and informal mentorships with leaders
Leadership development	<ul style="list-style-type: none"> • Design and approach • Content elements 	Providing leadership focused development through courses and/or networks where women attain professional development, find support, and gain insights into overcome barriers.
Support tools	<ul style="list-style-type: none"> • Recruitment, retention and promotion • Measurement and Evaluation 	Multifaceted tools (such as frameworks) used to describe gender related-problems, measure and evaluate them and provide logic of actions across recruitment, retention, promotion

Source: [Mousa et al \(2021\)](#)

APPENDIX B

WGEA's submission requirements

WGEA reporting covers over 7600 relevant employers and 1600 corporate groups, with 100 or more employees.

REQUIREMENT	DETAIL
Workplace Profile	The Workplace Profile produces a snapshot of the organisation's entire workforce (including CEO) on any one date during the 12-month reporting period. The snapshot asks for data on employees such as: ABN, occupational category, manager category (if applicable), gender, year of birth, workplace postcode, employment status and type, commencing a graduate/apprentice program (if applicable), base salary, total remuneration and industry class.
Workforce Management Statistics	<p>Workforce Management Statistics cover the full 12-month reporting period of every employing ABN, and ask seven questions regarding how many of the organisation's employees across leadership, management and non-managers have:</p> <ol style="list-style-type: none"> 1. Been promoted 2. Internally appointed 3. Externally appointed 4. Voluntarily resigned 5. Were on primary parental leave 6. Were on secondary parental leave 7. Ceased employment before returning to work from parental leave. <p>Each question is reported numerically into cross-tables capturing Contract Type; Employment Type; Gender and level (CEO, KMP and HOBs; Managers; Non-managers).</p>
Questionnaire	<p>The questionnaire capture organisation structure, policies, strategies, targets etc. on a range of topics in relation to gender equality. These include:</p> <ul style="list-style-type: none"> - workplace policies and strategies; - governing bodies; - actions on gender pay gaps and pay equity; - employee consultations; - flexible work; - employee support; - sexual and gendered harassment and discrimination; - family and domestic violence, and; - a voluntary diversity and inclusion section.

Source: [Workplace Gender Equality Agency \(2023\)](#)

APPENDIX C

CGEPS WORKPLACE GENDER AUDIT

- A component of the Gender Equality Action Plan (planned, submitted and published every four years) and includes workforce data and anonymous employee experience data
- Publicly available

Component 1 | Workforce Data

Includes workforce reporting sourced from the employer's internal data collection systems, capturing employee data across *four sections* which ask for gender and demographical characteristics of employees, including: Gender; Aboriginal and/or Torres Strait Islander status; Age; Cultural identity; Disability status; Religion, and; Sexual orientation. It is mandatory to report on gender, but the remaining demographics are optional.

- A) **Employee:** Job and employment; remuneration; promotion; flexible work and leave
- B) **Governing body:** Whether the governing body membership type is either a chair or a member.
- C) **Sexual harassment complaints:** Number of complainants associated with each formal complaint; gender and demographics of the complainant; if the complainant is an employee, governing body member, or part of the public; if they are a bystander, witness, or subject; the number of respondents; the gender of the respondent; and the respondents relationship to the complainant; the complainant outcomes; if actions were handled internally/ externally/both and; the complainant's satisfaction with results.
- D) **Family violence leave data:** Gender and demographical characteristics of those who has taken family violence leave.
- E) **Any additional information** and commentary regarding the data availability and results.

Component 2 | Employee Experience data

- Collected through an anonymous employee survey, with questions on organisational culture, gender equality, diversity and inclusion.
- Data are collected via People Matter Survey (PMS) which is CGEPS' independent survey collecting employee experiences across the Victorian public service. Organisations can use an in-house equivalent. Employers are mandated to provide survey to employees annually, it is voluntary for employees to complete.
- Survey questions collect data across various themes, including:
 - Outcomes: engagement, satisfaction, wellbeing, inclusion, intention to stay
 - Senior leadership
 - Organisational climate: organisational responsibility, patient safety (health only), safety climate, taking action, collaboration
 - Workgroup climate: innovation climate, workgroup support, quality service delivery, safe to speak up
 - Job and manager factors: job enrichment, learning and development, manager leadership, manager support, workload, flexible working, meaningful work
 - Other: organisational support, respectful language, workload in relation to gender
 - Negative behaviours: bullying, discrimination, sexual harassment, violence and aggression
 - Have your say: open-ended questions on what organisation does well and poorly.
 - Demographics: about you (intersectional questions), about your work, what do you do at work (only for Victorian public sector)

Source: [CGEPS: What you need to do to comply](#)

APPENDIX D

Strengths and limitations of data collected by leading agencies, WGEA and CGEPS

WGEA and the CGEPS are the leading agencies for promoting and improving gender equality in workplaces. Both play a critical role – backed by legislative requirements and policy – to drive evidence-based change, underpinned by data. Mandates by WGEA and CGEPS enable the collection and reporting of valuable organisational and industrial benchmarks on a large scale, providing insights that might not otherwise be publicly accessible. We have identified and summarised here the main strengths and limitations to date of the data collected by the two leading agencies, understanding that both agencies are aware of current data constraints and challenges, and continue to evolve and improve.

Data collection | WGEA and CGEPS capture administrative workforce data – including uptake of parental leave, flexible work arrangements and employment types across gender – which are crucial for assessing *equality outcomes*. Valuable insights into the *equitability of organisational processes* are captured via CGEPS employee experience data and WGEA policy/processes data reported via binary yes/no formats and checklists; this enables measurement and comparison of workforce composition over time. WGEA combines its administrative workforce data with organisational policies and actions, providing hierarchical comparisons through categorising managers/leaders and collecting pay data.

WGEA and CGEPS datasets focus largely on measuring and benchmarking gender equality (outcomes). There is an opportunity to increase the measurement and benchmarking of gender equity data – aligned to evidence⁵ – which are the catalyst for creating gender equality outcomes. This would inform targeted improvement areas for organisations. The CGEPS gender audit, a new and evolving initiative, has identified known data gaps and is working towards comprehensive data collection to enable public health organisations with limited capacity to respond to legislative requirements and align to CGEPS reporting.

Timeliness of reporting | WGEA and CGEPS have established robust frameworks for data collection and reporting. Improving the timeliness of reporting would ensure data is current and actionable. E.g., the CGEPS continues to work toward leveraging their data insights portal to report and analyse employee experience data in a more timely and extensive way with ongoing efforts to fill in gaps, particularly in public health organisations with limited capacity.

Intersectional data | CGEPS’s framework allows for capturing intersectional demographics, providing a more nuanced understanding of employee experiences. Capturing intersectional data is essential to measure progress for gender equity in workplaces, but remains challenging for organisations to collect and results in significant data gaps. It is understood that legislative changes are anticipated to incorporate intersectional demographic data in the future.

Broader themes relevant to women’s leadership advancement | WGEA’s benchmarkable data-points regarding policies and practices relevant to gender equality are comprehensive. These would benefit from expanding the scope to capture broader themes relevant to women’s leadership advancement, moving beyond binary policy/processes data to understand direct impacts and outcomes.

Expansion to other states and territories | CGEPS is trailblazing at the state level with detailed gender equality data for Victoria. Extending similar data mandates to other Australian states and territories would help create a comprehensive national dataset for the state and territory public sector, enhancing comparability.

Granular data on managers and leaders | WGEA provides critical hierarchical comparisons through categorising managers/leaders and collecting pay data. CGEPS's data on managers and leaders, presented through the eight ANZSCO 'Major Group' codes, and aggregated employee experience data by topic for individual organisations, could be enhanced by capturing more granular data on managers/leaders to complement the existing occupation data.

APPENDIX E

The below case example summarises some recommendations from Diversity Council Australia's (DCA) of appropriate methodology. This highlights the complexity of collecting and analysing intersectional data, and limitations of data types, such as administrative workforce data in meeting standards.

CASE EXAMPLE

Diversity Council Australia (DCA) offer a range of resources and recommendations, including [Counting Culture 2021](#) (60) and [D&I 101 – Collecting Diversity Data](#) (61), which include key considerations around defining different intersectional characteristics, how to collect the data, survey question examples and how to report data. *Counting Culture* acknowledges the difficulty in counting cultural data, citing multiple challenges including: design definitions that both pleases and is understood by everyone; appropriate definitions depend on the topic at hand and organisational resources; the Australian historical context including the unique position of First Peoples in Australia; ensuring individual anonymity. The *Collecting Diversity Data* report also stresses that reporting must comply with privacy responsibilities; sharing diversity information must be voluntary; survey data on employees' diversity should not be linked to their employee profile; diversity data must be reported anonymously; for privacy concerns not to report on any group if fewer than six people, nor compare between any groups of fewer than 20 people.

Consistently collecting such a multitude of intersectional demographical characteristics in administrative workforce datasets of employee profiles – that balance the complexity of intersectionality, recommended methods, challenges, and respecting employees' privacy and safety – is acknowledged to be practically and ethically challenging. Aside from qualitative approaches, surveys remain the most realistic method for capturing intersectional complexities in data. Likewise, most of DCA's recommendations are focused on survey methodologies.

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