

## EQUITY IN MEDICAL RESEARCH ALLIANCE

***Vision: Boosting the innovation and productivity of the Victorian health and medical research sector by recognising and fully utilising women and creating equal opportunity for their advancement.***

COVID -19 has highlighted the fundamental role that medical research plays in the ensuring the health and safety of our community. The medical research sector is key to post COVID – 19 economic recovery. Full utilisation of the workforce is essential to realising the productivity and economic power of this vital sector.

The Equity in Medical Research Alliance (EMRA) offers a unique and powerful engine to drive and monitor the cultural and systemic changes in health and medical research required for gender equity.

The model for EMRA is based upon a 6 year pilot of the Women in Science Parkville Precinct (WISPP) initiative, a collaborative effort that brings together five independent medical research institutes based in Parkville to boost numbers of women in science leadership.

**The WiSPP model is collective and grassroots- driven, involves participants from all levels of the medical research institutes, but is championed and facilitated by the executive of each institute.**

This proposal builds upon the success of this locally-based collective action approach to enable all medical research in Victoria to achieve gender equity in medical research.

WISPP partner institutes driving this proposal are:



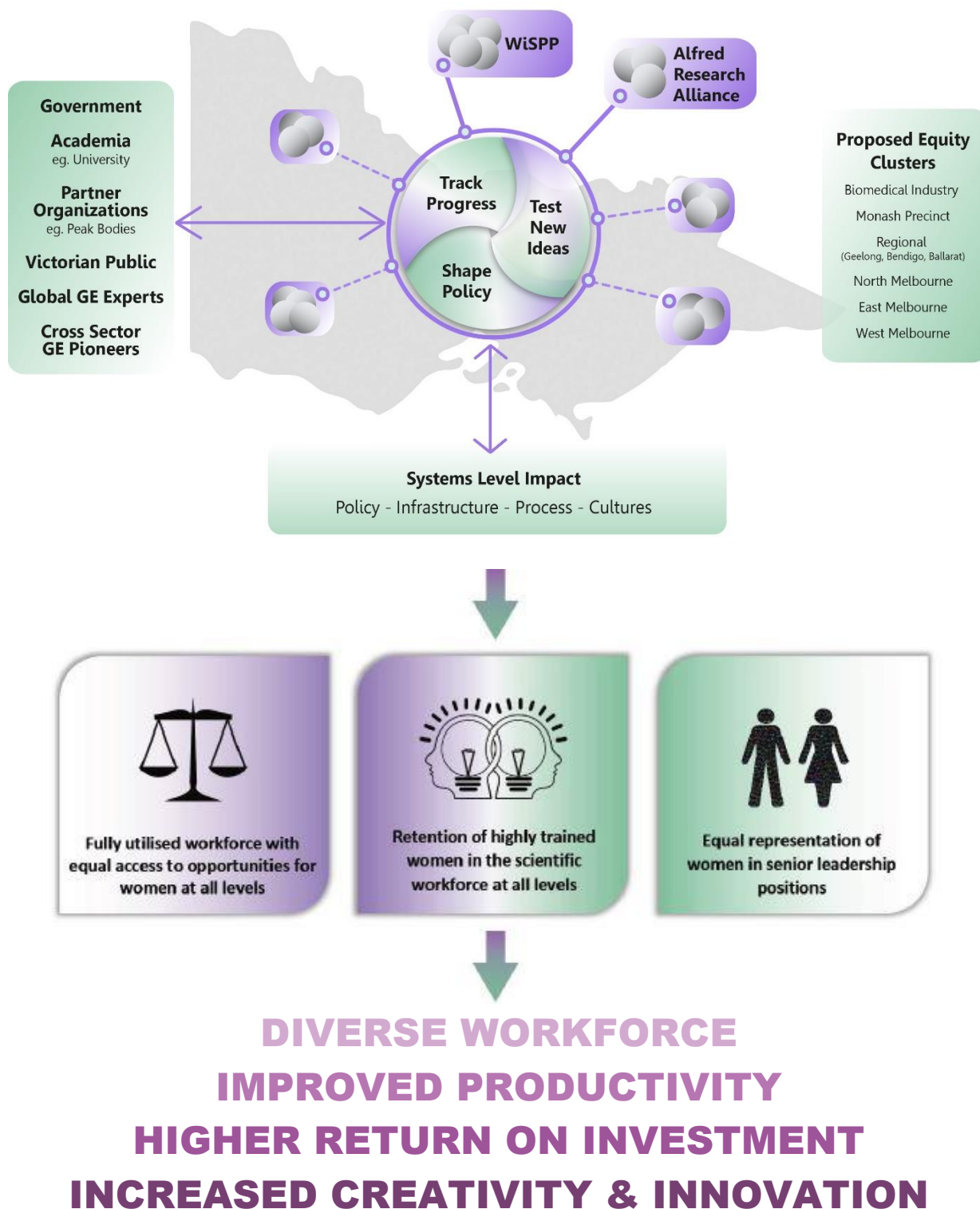
Proposal Supported by\*:



\* These organisations have agreed to in-principle support of the initiative with sector co-contribution, but have not formally committed funding at this stage.

## Summary:

- With targeted support to build upon Victoria's strengths in science, **Victoria can be at the forefront of gender equity in science.** Victoria will thrive by utilizing the full talent base and supporting women at all levels.
- The success of WiSPP provides a collaborative model to build the capacity of the medical research sector to resolve gender inequities.
- We propose a Victorian Government investment over four years with co-contribution from the sector to establish the Equity in Medical Research Alliance (EMRA).



## Proposal:

**We propose the establishment of a state-wide network of locally acting Equity Nodes, supported by EMRA Headquarters (HQ) that will empower the sector to eliminate gender inequities.**

### **Each locally acting Equity Node supported by EMRA HQ will:**

- Be facilitated by a dedicated employee who will facilitate the work of voluntary advisory committees and working groups comprised of all levels of staff and students of the research institutes.
- Work collaboratively across member organisations to propose and implement locally based and targeted interventions.
- Complement and boost the existing efforts of each individual research institution.
- Create inclusive leadership development programs across organisations.
- Drive best-practice policies and processes to address gender inequality.
- Foster leadership opportunities across the sector.
- Engage with the scientific workforce to address unconscious bias, build skills and confidence to capitalize on career enabling opportunities.
- Foster collaborations with regional partners to support and promote women in research.
- Build collaborations to provide similar benefits to small and medium-sized enterprises (SMEs) associated or affiliated with the member organisations.
- Partner with relevant organisations to support access to research careers for Indigenous women.
- Provide role models and engagement for students at all levels to encourage girls and women into STEMM.
- Work with EMRA HQ to drive systemic change and monitor progress.

### **EMRA HQ will:**

#### **Track Progress:**

Facilitate collection of data by institutes for **a state-wide database, tracking gender disparities across the state**, including detailed data on equity in access to resources, career-development and leadership opportunities. Data collected will align with the requirements of the proposed Gender Equality Bill to measure progress against key indicators such as equal pay, sexual harassment and career progression practices. Data will be used to benchmark against global progress in resolving gender inequality.

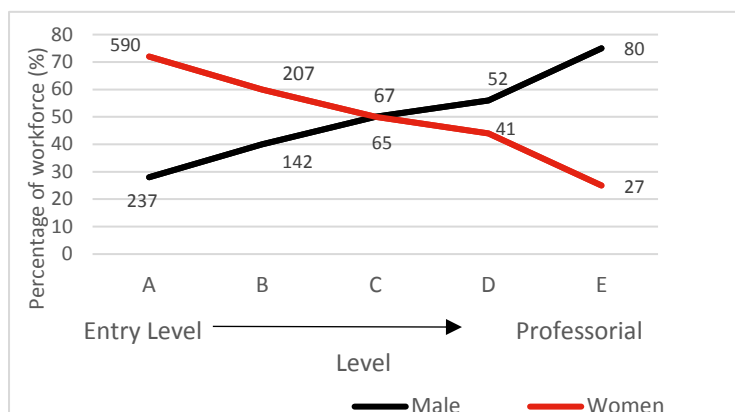
#### **Test New Ideas:**

**Develop a robust evidence base for what works and what doesn't in promoting gender equality and an inclusive workforce**, and evaluate the impact on workforce composition, and research and translation outcomes. By incorporating our grassroots approach, these activities, will equip researchers at all levels and career stages with leadership opportunities.

#### **Shape Policy:**

Liaise with stakeholders such as government, funding bodies, peak bodies and researchers to translate this evidence base into **new strategies and policies to address gender inequity** in the Health and Medical Research sector and more broadly.

## Need for Change:



WiSPP\* MRI Workforce by Gender and Paygrade (2019)

There is a lack of women in leadership positions in the health and medical research sector because of a failure to retain and advance the careers of women. **While 72% of Early Career Researchers are women, only 44% of Associate Professors and 25% of Professors are women.**

Despite concerted efforts to improve gender inequities in granting schemes by the NHRMC, in 2019, men won twice as much funding as women in the cornerstone Investigator scheme (\$241 million to men, \$122 million to women).(1)

It's not a pipeline problem – it's a systems problem. The challenge is not so much to encourage more women into medical research, but to keep them there.

## Need for support:

The Victorian medical research sector is made up of organisations with varying size and capacities to initiate and resource internal programs to address inequity in the workforce.

There are many interrelated individual, institutional and systemic drivers of inequity in medical research. Organisations working in isolation can only go some of the way to remedy the individual and institutional problems and only for parts of the sector. **Working in isolation can't produce the systemic shifts required to promote equity and inclusion in medical research.**

By several measures, **Victoria contributes more than a third of Australians medical research training and output.** A united Victorian effort therefore has the potential to set standards for the entire country.

Working collaboratively, with support from the State Government, will provide the sector with the opportunity to share knowledge and resources to **drive genuine cultural change and will boost the collective power to address systemic drivers of inequity.**

All efforts of EMRA will be designed to complement the many national, institutional and individual efforts to resolve gender inequities in STEM and will align with the [Women in Stem Decadal Plan](#). EMRA aims to link medical research organisations to build their capacity and provide resources to successfully participate in [SAGE](#), both during the application for accreditation and in the delivery of Gender Action Plans.

## Risk of inaction:

- The failure to retain highly trained women in medical **research hampers innovation and productivity of the Victorian health and medical research sector.**
- **Failure to challenge rigid gender roles and stereotypes** – the idea that women and men should act in certain ways or fulfil certain personal and professional roles – will see the continued siloing of the workforce down gender lines, **perpetuating deeply entrenched gender inequalities.**
- The desire for achieving gender equity across all areas of society is now greater than it has ever been, but is challenged by fatigue, backlash and unintended consequences. Top-down approaches are essential, but are often targeted at the highest leadership levels such as boards or executive positions and do not necessarily capture all the hurdles impeding women's progress at all levels. The bottom-up approach embedded in the alliance is needed to mitigate this risk. **It is vital to seize this moment now and harness this momentum to address structure and cultural barriers that impede women's progress in science.**
- Disruptions to the productivity of a significant segment of the Victorian medical research workforce due to COVID restrictions will decrease their competitiveness for future national and international funding, and there is a high risk of significant workforce loss. **Given the disproportionate impact of the COVID-19 pandemic on women, inaction will exacerbate existing gender inequalities in the medical research workforce and wind back recent efforts to achieve gender equity.**



## Social, Employment, Economic and Health Benefits to Victoria:

- Creating inclusive environments in medical research, with greater access to career enhancing opportunities, will see the retention of highly trained women in the scientific workforce at all levels of the health and medical research sector and will promote **equal representation of women in senior leadership**.
- The Victorian Medical Research workforce is comprised of over 25,000 individuals and more than half of this workforce is women. Improving equity in this sector will lead to **the empowerment and better utilisation of a significant proportion of the medical research workforce**, impacting on many individual lives as well as boosting the productivity of this vital sector. Since much of the grant funding that fuels research is awarded from national and international bodies to individuals, the empowerment of women will **increase their capacity to attract research funding to Victoria**.
- **Gender inequality provides the underlying social conditions for violence against women.** The United Nations Development Fund for Women has demonstrated the relationship between the prevalence of violence against women and gender equality: **as equality decreases, prevalence of violence against women increases** (2).
- Historically women have been disproportionately excluded from clinical studies as researchers, subjects and beneficiaries. As a result, we lack evidence of the effects of treatments for women. This means **women currently do not gain the same benefits to health outcomes that men do**. When women lead medical research, that research is more likely to include consideration of sex and gender, including the differences between the way men and women react to diseases and treatments (3). **More women in science leadership will enable women to benefit from medical research and improve their health outcomes.**

### 1. Diverse Workforce

A diverse medical research workforce is central to maximising the productivity of the sector. Providing support for the sector to address existing inequities as well as to mitigate the gendered impacts of the COVID-19 pandemic, is essential to securing a diverse workforce.

### 2. Improved Productivity

**Increasing female workforce participation is key to boosting Victoria's productivity and innovation** (4). The World Economic Forum states that gender equality is not only a fundamental human right but is linked to a country's overall economic performance (5).

*"People and their talents are among the core drivers of sustainable, long-term economic growth. If half of these talents are underdeveloped or underutilized, growth and sustainability will be compromised"*

### 3. Higher Return on Investment

Victoria makes significant investment in health and medical research which already yield high returns:

- 2.8 bn - MBP investment capital injected into research and healthcare facilities over 10 years (6).
- Every dollar invested in medical research returns nearly 4 dollars in future health and productivity gains (7).

Improving the productivity and innovation by fully utilising female talent will lead to **greater growth of the sector and even higher rates of return on investment**.

### 4. Increased Creativity and Innovation

Diverse teams are associated with greater innovative capacity for an organisation. Research shows that more gender-balanced teams are better at **promoting an environment where innovation can flourish** (8).

## Alignment with Government policy:

- The Victorian Government recognises that medical technologies and pharmaceuticals are a priority sector with extraordinary potential to create high skill jobs and drive Victoria's economic growth. Addressing the issue of gender inequity in health and medical research is essential to attract and retain talent, and enable this important sector to grow to its full potential in Victoria.
- The Victorian Government recognizes that gender equality is critical to deliver the social and economic benefits that will result when all Victorians live in a safe and equal society. The Victorian Government is committed to the promotion of women into leadership and decision-making roles, as demonstrated by its women's leadership programs and its target of 50/50 representation of women in Victorian Public Service executive positions, in local government and public paid boards.
- Victoria's historic proposed Gender Equality Bill will mean public service organisations, universities and local councils will be required by law to publicly report on their progress against key indicators such as equal pay, sexual harassment and career progression practices. **EMRA will support member organisations, many who are not covered by the new gender equity laws, to align with the standards of the Gender Equality Bill.**

## Four Year Plan

### Year One:

- Establish the governance structure, strategic vision and guiding principles for the Alliance
- Support two established WiSPP Equity Nodes (WiSPP and the Alfred Research Alliance).
- Establish all other Equity Nodes
- Develop metrics frameworks and begin developing systems for collection of data for institutional use and as a state-wide database.
- Initiate research and evaluation projects.

### Year Two:

- Consolidate Equity Nodes
- Complete development of metrics frameworks and systems for data collection for a state-wide database.
- Continue research and evaluation projects.

### Year Three:

- All Equity Nodes established.
- Launch of metrics frameworks and data collection system.
- Ongoing research and evaluation projects.

### Year Four:

- All Equity Nodes working towards self-sustaining.
- Metrics frameworks in place.
- Systems for collection of data for a state-wide database operational.
- Ongoing research and evaluation projects. Findings shared across sector and more broadly.

## Sector Engagement:

- This proposal was driven by WiSPP but developed in wide consultation with the sector. The idea for a state-wide network of Equity Nodes arose after a number of organisations asked to join WiSPP, which elicited discussions of how the benefits of WiSPP could be spread.
- In keeping with our bottom up-driven, executive-supported ethos, consultations with all MRIs have involved both executives and early-mid career researchers. We have now established a working group that brings representatives together from all of the proposed Equity Nodes
- Alongside discussions with individual MRIs and medical research collectives throughout the state, WiSPP has consulted extensively with peak bodies and stakeholders such as VicAAMRI and veski.

## Proposed income and expenditure schedule:

This proposal aims to establish **a state-wide and inclusive network to support and amplify the efforts of all parts of the sector to address inequity in medical research.** The resourcing of grassroots efforts by the Equity Nodes is integral to this proposal. The extent of resourcing to EMRA HQ will dictate the capacity for systemic impact.

### Income modelling:

Proposed income is modelled on the experience of WiSPP, and the budget has been developed based on phased participation by the Medical Research Institutes with both the member contribution and level of activity and associated costs of Equity Nodes building over the four year period. Total sector co-contribution has been calculated on the basis of 6 Equity Nodes with an average of 4 member organisations. Member contribution is modelled to be \$5,000 - \$20,000 per annum dependent on phased participation in the Alliance.

### Expenditure:

Expenditure for the EMRA has two main components:

- An Alliance Headquarters (HQ) to coordinate Equity Nodes, support development of the data base and data collection, coordinate research and evaluation, and raise resources from philanthropy and national and international grants.
- Resourcing of Equity Nodes of Victorian Health and Medical research institutes to enable grassroots-driven, collective action approaches to resolving gender inequities.

### In-Kind Support:

Over six years of working, WiSPP has established a strong network of interested partners to supply in-kind support such as cross-sector mentoring, qualitative and quantitative research, database management, legal advice, and expertise in gender equity, societal change and ethical leadership. EMRA will benefit from and build on such partnerships to leverage opportunities for participating organisations and individuals.



**Budget Variation One:** We propose a Victorian Government co-investment of **2.1 million over four years** with co-contribution from the sector.

EMRA HQ to be resourced by a full time Executive Officer, Project Manager and Administration Officer. This team – with three Full Time Equivalent (FTE) roles – will build the network of Equity Nodes, develop the metrics framework and database, and maximise the opportunities for partnerships, fund-raising (from philanthropic and national and international funding bodies) and collaborations to enhance the work of EMRA.

<b>EMRA Income</b>	<b>FY 22 (\$'000)</b>	<b>FY 23 (\$'000)</b>	<b>FY 24 (\$'000)</b>	<b>FY 25 (\$'000)</b>	<b>Four year Total</b>
<b>Victorian Government Contribution</b>	<b>440</b>	<b>620</b>	<b>580</b>	<b>460</b>	<b>2100</b>
Sector Contribution	180	280	320	480	1260
<b>Total Annual Income</b>	<b>620</b>	<b>900</b>	<b>900</b>	<b>940</b>	<b>3360</b>

<b>EMRA Expenditure</b>	<b>FY 22 (\$'000)</b>	<b>FY 23 (\$'000)</b>	<b>FY 24 (\$'000)</b>	<b>FY 25 (\$'000)</b>	<b>Four year Total</b>
<b>1. Establishment of Alliance HQ to coordinate the roll-out of MRI Equity Nodes, support data collection, research and evaluation.</b>	<b>215</b>	<b>410</b>	<b>380</b>	<b>370</b>	<b>1375</b>
Staffing (Full-time Executive Officer, Research and Data Project Manager, Admin – 3 FTE total)	190	370	340	320	1220
Activity (Networking and professional development events, Ministerial round tables, symposiums, etc )	25	40	40	50	155
<b>2. Establishment of Equity Nodes of Victorian Health and Medical Research Institutes.</b>	<b>405</b>	<b>490</b>	<b>520</b>	<b>570</b>	<b>1985</b>
Staffing (Part-time Node Managers - average 0.5 FTE x 6 Nodes)	290	340	360	390	1380
Activity ( individual development, cultural & organisational change)	115	150	160	180	605
<b>Total Annual Expenditure</b>	<b>620</b>	<b>900</b>	<b>900</b>	<b>940</b>	<b>3360</b>

**Budget Variation Two:** We propose a Victorian Government co-investment of **4.7 million over four years** with co-contribution from the sector.

EMRA HQ to be resourced by an Executive Officer, Network and Engagement Manager, Research Project Manager and Administration Officer. This team – with an average of 3.2 Full Time Equivalent (FTE) roles across the four years – will build the network of Equity Nodes, develop the metrics framework and database, and *significantly maximise* the opportunities for partnerships, fund-raising (from philanthropic and national and international funding bodies) and collaborations to enhance the work of EMRA.

Resourcing HQ at this level will significantly enhance the national and international impact of the alliance through network-building and academic publications.

This budget variation also allocates funds for:

- two significant fellowships for women which will leverage existing schemes for the selection and administration
- two PhD scholarships for research that will deepen the evidence base of the specific barriers and enablers for women in medical sector.

<b>EMRA Income</b>	<b>FY 22</b> (\$'000)	<b>FY 23</b> (\$'000)	<b>FY 24</b> (\$'000)	<b>FY 25</b> (\$'000)	<b>Four year</b> <b>Total</b>
<b>Victorian Government Contribution</b>	<b>690</b>	<b>1400</b>	<b>1380</b>	<b>1230</b>	<b>4700</b>
Sector Contribution	180	280	320	480	1260
<b>Total Annual Income</b>	<b>870</b>	<b>1680</b>	<b>1700</b>	<b>1710</b>	<b>5960</b>

<b>EMRA Expenditure</b>	<b>FY 22</b> (\$'000)	<b>FY 23</b> (\$'000)	<b>FY 24</b> (\$'000)	<b>FY 25</b> (\$'000)	<b>Four year</b> <b>Total</b>
<b>1. Establishment of Alliance HQ to coordinate the roll-out of MRI Equity Nodes, support data collection, research and evaluation.</b>	<b>310</b>	<b>540</b>	<b>540</b>	<b>540</b>	<b>1930</b>
Staffing (Executive Officer, Network and Engagement Manager, Research and Data Project Manager, Admin – 3.2 FTE total)	290	470	470	470	1700
Activity (Networking and professional development events, Ministerial round tables, symposiums, etc )	20	70	70	70	230
<b>2. Establishment of Equity Nodes of Victorian Health and Medical Research Institutes.</b>	<b>520</b>	<b>580</b>	<b>600</b>	<b>630</b>	<b>2330</b>
Staffing (Part-time Node Managers - average 0.6 FTE x 6 Nodes )	390	390	390	390	1560
Activity ( individual development, cultural & organisational change)	130	190	210	240	770
<b>3. Fellowships</b>	<b>40</b>	<b>560</b>	<b>560</b>	<b>540</b>	<b>1700</b>
Fellowships for Women x 2 @250K for 3 years		500	500	500	1500
PhD Scholarships	40	60	60	40	200
<b>Total Annual Expenditure</b>	<b>870</b>	<b>1680</b>	<b>1700</b>	<b>1710</b>	<b>5960</b>

**Budget Variation Three:** We propose a Victorian Government co-investment of **1.8 million over four years** with co-contribution from the sector.

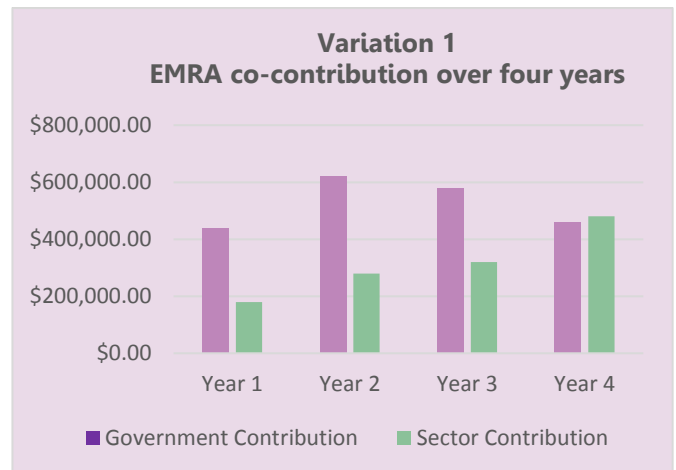
EMRA HQ to be resourced by a part time Executive Officer and Project Manager. This two role team – with a combined Full Time Equivalent (FTE) of 1.6 will build the network of Equity Nodes, develop the metrics framework and database, and *have some capacity for* partnerships, fund-raising and collaborations to enhance the work of EMRA.

<b>EMRA Income</b>	<b>FY 22 (\$'000)</b>	<b>FY 23 (\$'000)</b>	<b>FY 24 (\$'000)</b>	<b>FY 25 (\$'000)</b>	<b>Four year Total</b>
<b>Victorian Government Contribution</b>	<b>420</b>	<b>510</b>	<b>500</b>	<b>370</b>	<b>1800</b>
Sector Contribution	150	230	270	400	1050
<b>Total Annual Income</b>	<b>570</b>	<b>740</b>	<b>770</b>	<b>770</b>	<b>2850</b>

<b>EMRA Expenditure</b>	<b>FY 22 (\$'000)</b>	<b>FY 23 (\$'000)</b>	<b>FY 24 (\$'000)</b>	<b>FY 25 (\$'000)</b>	<b>Four year Total</b>
<b>1. Establishment of Alliance HQ to coordinate the roll-out of MRI Equity Nodes, support data collection, research and evaluation.</b>	<b>165</b>	<b>260</b>	<b>260</b>	<b>200</b>	<b>885</b>
Staffing (Part -time Executive Officer, Research and Data Project Manager 1.6 FTE total )	140	220	220	160	740
Activity (Networking and professional development events, Ministerial round tables, symposiums, etc )	25	40	40	40	145
<b>2. Establishment of Equity Nodes of Victorian Health and Medical Research Institutes.</b>	<b>405</b>	<b>480</b>	<b>510</b>	<b>570</b>	<b>1965</b>
Staffing (Part-time Node Managers - average 0.5 EFT x 6 Nodes)	290	330	350	390	1360
Activity ( individual development, cultural & organisational change)	115	150	160	180	605
<b>Total Annual Expenditure</b>	<b>570</b>	<b>740</b>	<b>770</b>	<b>770</b>	<b>2850</b>

## Sustainability :

- With the exception of the funding for fellowships, all variations of the budget build in an increase in sector contribution commensurate with a decrease in government funding over time.
- The goal of EMRA is to activate and then embed cultural change initiatives within the institutions and the broader system. As each initiative becomes business as usual, the nodes (and eventually HQ) will require less resourcing.
- With the establishment and strengthening of a self-sustaining network over four years, the role of the Alliance HQ will evolve. It is anticipated that the Alliance HQ will build partnerships with other organisations and attract other sources of income from the research and philanthropy sectors as well as attracting significant cross sectorial in-kind support.



*Inversion of the ratio of co-contribution from the government to the sector of four years*

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