Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

21 April 2023

Joint Sessional Committee on Gender and Equality
Parliament House
HOBART TAS 7000

By Email: genderandequality@parliament.tas.gov.au

Re: Tasmanian Inquiry into Gendered Bias in Healthcare

Thank you for inviting ACRRM to provide a submission to the Joint Sessional Committee on Gender and Equality inquiry into gendered bias in healthcare.

Our college's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.* ACRRM provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve. ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities.

It is recognised that gender bias can have negative impacts not only in relation to patients and other health service users but also in relation to health service providers and the wider health system. The best outcomes in public and private spheres are achieved when individuals have developed the ability to listen generously, to challenge previously held assumptions, and to commit to active listening and dialogue.[1] Strengthening the consciousness across healthcare systems of issues of gender and gender bias could assist Australia's healthcare system in working towards a more equitable, safe, and supportive environment for service users and providers.

The College considers the need for dialogue around difference essential to broader and meaningful conversations and engagement across the healthcare system.

The Rural and Remote Context

The College trains doctors to become specialist General Practitioners equipped to work in the Rural Generalist model of practice. As such they are purpose-trained through the ACRRM Fellowship (FACRRM) to provide comprehensive primary care, secondary care, population and public health services and emergency care within the clinical context of rural and remote locations and diverse patient populations.

Rural Generalists are often the only provider of medical services in rural and remote areas, and in areas where health services do exist, are often the first point of contact for patients. They work under unique circumstances and with a scope of practice and working environment which can be very different to urban practice. These doctors are often the only readily available health care practitioners and as such, they may need to take on a range of roles which would ordinarily fall to specialists, allied health professionals, or health care teams in larger areas.

[1] Center for Gender in Global Context, Michigan State University, Gender Dialogues, March 2023 https://gencen.isp.msu.edu/features/gender-dialogues/#:~:text=The%20Gender%20Dialogues%20will%20have,and%20other%20axes%20of%20inequality

In addition to difficulties in accessing specialised services, there are a number of issues which may discourage people living in smaller rural and remote communities in particular, from seeking treatment locally and potentially from receiving the care they need. The close-knit nature of these communities can lead to stigma, with concerns regarding confidentiality, employment, and social standing. It is especially important thus, that all rural doctors have an approach to practice which promotes the trust and confidence of all patients in their community regardless of gender, sex, or any other characteristics.

The rural and remote context also presents challenges for rural doctors themselves. In addition to their professional capacity, these people and their families are also community members and have other roles within their community. They will meet their patients in a range of other capacities. The separation of roles can be difficult for both patient and practitioner and can create another barrier to seeking treatment. This highlights the need for rural doctors and other rural health practitioners, particularly where they have gender or other characteristics which may make them vulnerable to discrimination, to have access to mental health and wellbeing support and to be incentivized to practice good self-care.

Practice approaches

The gender and other diversity of patients and their communities has important implications for the way that healthcare practitioners and services should provide best practice care.

Studies demonstrate that gender sensitive care leads to better patient outcomes and recovery from mental and physical conditions.[2] Conversely, gender bias can have a significant negative impact on medical diagnosis and the quality of healthcare people receive. It can lead to substantial delays in diagnosis, misdiagnosis and even death.[3] For example, a study of transgender people demonstrated that 28% had postponed necessary medical care when sick and 33% had delayed accessing preventative care due to discrimination by healthcare providers.[4]

There are important distinctions from a healthcare perspective between issues of sex and gender. Due to the tendency in the wider public debate to use the terms “sex” and “gender” interchangeably, people can have biases about both sex and gender which overlap. It is thus important for health practitioners, and health systems to recognise that there are many ways in which a person may define their own gender[5].

Different genders and sexes also experience different health and welfare outcomes within population subgroups, such as Aboriginal and Torres Strait Islanders, rural and remote communities, and different socioeconomic areas. The Australian Institute of Health and Welfare (AIHW) reports broadly across these subgroups to examine differences and inequalities that may exist.[6]

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[2] Establishing female-only areas in psychiatry wards to improve safety and quality of care for women https://pubmed.ncbi.nlm.nih.gov/25358653/
[3] Greenwood BN, Carnahan S, Huang L. Patient-physician gender concordance and increased mortality among female heart attack patients. Proceedings of the National Academy of Sciences of the United States of America. 2018;115(34):8569-8574. doi:10.1073/pnas.1800097115
[4] Grant J, Mottet LA, Tanis J, et al. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. Available at: www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf
[5] Medical News Today: Sex and Gender: What is the difference? T Newman 11 May 2021 https://www.medicalnewstoday.com/articles/232363
[6] AIHW Men and Women, https://www.aihw.gov.au/reports-data/population-groups/menwomen/overview#:~:text=Men%20and%20women%20have%20different,use%20health%20services%20more%20frequently .March 2023

The National Women's Health Strategy 2020-2030 recognises that many women remain disadvantaged and fall into more than one of the identified priority population groups, which can have a compounding effect on health needs and outcomes.

The AIHW reports that First Nations women are likely to record significantly poorer health and health outcomes than non-Indigenous women and girls. It notes:

> "*These poorer health outcomes extend across many key areas including: life expectancy and mortality; incidences of mental illness and chronic conditions; health risk factors, such as smoking, alcohol, physical inactivity and unhealthy eating habits; sexual health and child and maternal health; and potentially avoidable deaths and hospitalisations.*[7]"

People may experience overlapping forms of discrimination or disadvantage based on Aboriginality; age; disability; ethnicity; gender identity; race; religion; and sexual orientation. Better understanding of the implications of these for patients and communities can improve the quality of their healthcare and improve the fit of health services to their needs and circumstances.

The healthcare workforce

Despite being an industry dominated by women, the national gender pay gap for healthcare workers is 20.7% compared to the national average of 14.2%.[8] While representation in general practice and Rural Generalist practice is broadly in population parity there remain structural barriers for women within medicine in general. For example, in areas such as surgery, women are under-represented and leave training in higher proportions than men.[9]

Education and training

The ACRRM Fellowship curriculum standards describe practice approaches informed by recognition of their own internal biases and their potential impacts on healthcare as well as by an understanding of the diversity of their patients.[10] The College has also been proactive in providing and promoting educational resources to improve ACRRM doctors' understanding of key gender issues in practice such as its course in Transgender Primary Care.

Whole of system commitments

There is an important role for the healthcare sector in working proactively to ensure its workforce reflects and supports diversity and can and does effectively serve the diversity of its patients and their communities. This should include strategies such as promoting awareness of bias, barriers, and discrimination, reducing bias, discrimination, and disadvantage, ensuring employees who may experience intersectional gender inequality are well supported, and strengthening engagement with communities and groups representative of the diversity of genders and sexual orientations.

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[7] Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander people. Canberra: AIHW, 2015.
[8] WGEA Australia's Gender Pay Gap Statistics (2021) September 2021
[9] Why do women leave surgical training? A qualitative and feminist study https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)32612-6.pdf
[10] ACRRM Rural Generalist Fellowship Curriculum (2021) https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum.pdf

ACRRM is committed to educating and supporting our registrars and Fellows to provide the highest quality care to people living in the rural and remote communities in which they live and work. The College will remain proactively engaged in all strategies to pursue this commitment.

Yours sincerely

Marita Cowie AM
Chief Executive Officer