Examples for consideration to assist research institutions as they develop and revise their institutional policies on the support of women in health and medical research

March 2015

NHMRC is committed to addressing the issue of underrepresentation of women at senior levels in health and medical research in Australia.

The requirements of NHMRC’s Administering Policy regarding the support of women are outlined in bold below. The examples in italics are provided to assist discussion and consideration within each institution. Institutions are encouraged to develop policies to suit their own circumstances, consistent with the seven requirements. We also encourage feedback from institutions. Feedback should be sent to WiHS@nhmrc.gov.au.

Institutions should note that NHMRC requires institutional policies need to be in place by the end of 2015.

1. An institutional strategy that addresses the underrepresentation of women in senior positions in relevant strategic/corporate plans. This strategy should be reviewed frequently to ensure that it is effective and relevant.

Examples: A strategy or action plan crafted for the needs of women in health and medical research; setting targets; commitment to leadership in the institution in relation to increasing the proportion of women in more senior positions; establishment of a committee dedicated to review and progress strategic/corporate plans/commitment; means to monitor and report on outcomes (e.g. documentation of statistics; track impact of introduced initiatives over time; reporting on outcomes through mechanisms such as the Workplace Gender Equality Agency (WGEA).

2. Mentoring and skills training strategies that promote and seeks to increase women’s participation.

Examples: mentoring opportunities/networks; training programs that promote inclusive practices, develop leadership capabilities and diversify skills; open and transparent communication regarding these opportunities and initiatives.

3. The provision of parental/maternity leave and carers leave, as well as transitional support to encourage return to work.

Examples: return to workforce initiatives such as provision of technical assistance while women are on maternity leave; human resource and financial support such as part-time opportunities etc., availability of targeted fellowship programs.

4. Working arrangements that cater for individuals with caring responsibilities.

Examples: part-time opportunities, flexible working hours; working from home policies; family friendly meeting times.

5. Remuneration equity between men and women with the same responsibilities.

This commitment is to be overt in Institutional Policy.
6. Employment strategies that encourage the recruitment, retention and progression of women in health and medical research.
Examples: provide recognition of outstanding women researchers; promote women to leadership positions on merit; provide opportunities for professional development.

7. Strategies to address the need for the provision of support for childcare.
Examples: consider providing or supporting childcare facilities nearby including during building and infrastructure capital works, financial support for women who need additional childcare support for attendance at research conferences; provide designated family room/s in or close to work place.

NB: All examples will be updated when feedback is received.