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## Background on the removal of gendered titles

### 1 BACKGROUND

The use of the term 'Mister' for surgeons dates to the 16th century when 'barber surgeons' performed operations at the direction of physicians. The pre-nominal 'Mister' distinguished the 'barber' from the university-trained physician 'doctor' (Loudon 2014). This tradition was retained and championed as a label of status by the Royal College of Surgeons of London when established in 1800, and perpetuated by its members in the UK and Australia.

Surgery is the only profession that continues to use gendered titles in Australia and New Zealand. The Australian and New Zealand police forces have moved to 'police officer' and the Australian Defence Force and New Zealand Defence Force no longer uses gendered titles. In business, standard boardroom practice is to use the gender-neutral 'Chair' or 'Chairperson'. The Australian Government recommends gender neutral titles when referring to a person's profession or title in any form of Australian Government content (Australian Government Style Manual, 2021). The New Zealand Government also recommends gender-inclusive language in all its digital content, and advises to not reference gender unless 'absolutely necessary' (Digital.gov.nz, 2021).

There has been increasing recognition amongst surgeons that gendered titles are discriminatory and divisive (Neuhaus 2018). Many prominent surgeons, including at least three of the most recent Presidents' of RACS, have called for all surgeons to be referred to as 'Dr'.

However, change in the use of gendered titles has been slow. Table 1 below shows the breakdown of titles used by FRACS members, across Australian states, territories, and New Zealand, as of 26 May 2021. Fellows and Trainees currently advise RACS of their preferred title and any changes to it over the course of their career. The College then utilises the preferred title of the individual in correspondence.

Whereas the highest percentage of titles used by Fellows is 'Dr' (46.7 per cent), 43.9 per cent of Fellows have nominated 'Mr' as their preferred title. The highest proportion of Fellows nominating 'Mr' as their preferred title are in Victoria (55 per cent of all Victorian Fellows). The highest proportion of the use of female gendered titles is also in Victoria, but together with the other states and New Zealand, only comprises 1.2 per cent of the total Fellow population.

Table 2 shows the breakdown of non-gendered titles by gender, across Australian states, territories, and New Zealand, as of 31 May 2021.

### Fellows by Title & Area/Region - May 2021

	Prof	A/Prof	Conjoint Prof	Emeritus Prof	Dr	Miss	Mr	Mrs	Ms	Total
ACT	3	4			52		33			92
NSW	86	104	2	3	1,062	1	592	1	5	1,856
NT		1			14		17			32
QLD	35	29		1	751	2	321		3	1,142
SA	28	23			218		192		1	462
TAS	3	3			43		58			107
VIC	54	95		1	502	23	867		23	1,565
WA	29	12		1	206	2	266			516
<b>Australia (Total)</b>	<b>238</b>	<b>271</b>	<b>2</b>	<b>6</b>	<b>2,848</b>	<b>28</b>	<b>2,346</b>	<b>1</b>	<b>32</b>	<b>5,772</b>
<b>New Zealand</b>	<b>25</b>	<b>11</b>	-	-	<b>259</b>	<b>4</b>	<b>553</b>	<b>9</b>	<b>9</b>	<b>870</b>
<b>Overseas</b>	<b>23</b>	-	-	-	<b>146</b>	<b>1</b>	<b>160</b>	-	-	<b>330</b>
<b>Total</b>	<b>286</b>	<b>282</b>	<b>2</b>	<b>6</b>	<b>3,253</b>	<b>33</b>	<b>3,059</b>	<b>10</b>	<b>41</b>	<b>6,972</b>
<b>% of Total</b>	<b>4.1%</b>	<b>4.0%</b>	<b>0.0%</b>	<b>0.1%</b>	<b>46.7%</b>	<b>0.5%</b>	<b>43.9%</b>	<b>0.1%</b>	<b>0.6%</b>	<b>100.0%</b>

Table 1: Fellows by Title & Area/Region May 2021

Source: RACS IMIS database

### Non-Gendered Titles by Gender & Area/Region - May 2021

Title	Prof		A/Prof		Conjoint Prof		Emeritus Prof		Dr	
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
ACT	3	-	4	-	-	-	-	-	40	12
NSW	85	1	95	9	2	-	3	-	820	242
NT	-	-	1	-	-	-	-	-	8	6
QLD	33	2	25	4	-	-	1	-	610	141
SA	27	1	20	3	-	-	-	-	150	68
TAS	3	-	3	-	-	-	-	-	29	14
VIC	50	4	86	9	-	-	1	-	305	197
WA	26	3	9	3	-	-	1	-	149	57
<b>Australia (Total)</b>	<b>227</b>	<b>11</b>	<b>243</b>	<b>28</b>	<b>2</b>	-	<b>6</b>	-	<b>2,111</b>	<b>737</b>
<b>New Zealand</b>	<b>23</b>	<b>2</b>	<b>10</b>	<b>1</b>	-	-	-	-	<b>160</b>	<b>99</b>
<b>Overseas</b>	<b>23</b>	-	-	-	-	-	-	-	<b>100</b>	<b>46</b>
<b>Total</b>	<b>273</b>	<b>13</b>	<b>253</b>	<b>29</b>	<b>2</b>	-	<b>6</b>	-	<b>2,371</b>	<b>882</b>

Table 2: Non-Gendered Titles by Gender & Area/Region May 2021

Source: RACS IMIS database

## 2 ISSUES

### 2.1 Gendered titles can be confusing for patients

Gendered titles are confusing for patients, referrers, and the community as they create the perception that Dr X and Mr Y have different qualifications despite both being surgeons in the same department (Truskett 2015).

### 2.2 Gendered titles can contribute to implicit bias and perpetuate outmoded attitudes

Many patients still question the qualifications of female surgeons (Bruce et al 2015). While overt discrimination is no longer legally tolerated, this more subtle implicit bias still occurs. This obvious and inherent gender perception bias persists despite current gender discrimination legislation (Chapman et al 2015), (Kaatz 2014).

### 2.3 **Gendered titles are not reflective of other RACS initiatives to increase gender equity amongst surgeons**

RACS has been proactively working towards achieving gender equity through its Diversity and Inclusion Plan, and Building Respect strategies, over several years. Continuing to support gendered titles does not align with these initiatives.

RACS has also committed to better understanding the barriers to women entering surgery. As noted in the *Breaking barriers: developing drivers for female surgeons* survey report (2020), 'negative perceptions and experiences are defined as 'barriers' (obstacles, pain points) to a surgical career'. The removal of gendered titles would be a powerful means by which RACS could show its commitment to removing 'barriers' to gender equity.

Accordingly, phasing out the use of 'Mr' by RACS would be a compelling example of its demonstrable commitment to the core values of inclusion and respect, while raising the profile of RACS as a leading advocate for surgical professionalism.

### 2.4 **Risk assessment and mitigation strategies to reduce bullying, discrimination, and sexual harassment are necessary to ensure safe workplaces**

The Australian Human Rights Commission (AHRC) Respect@Work: Sexual Harassment National Enquiry Report 2020, and Safe Work Australia national guidance material, indicate a positive duty to prevent sexual harassment exists.

In Aotearoa New Zealand, the government regulator, Worksafe, encourages organisations to focus on eliminating or minimising the risk from bullying and harassment at work, and take a proactive role in identifying potential cultural factors that may give rise to an unsafe workplace.

The AHRC report found workplaces and professions with lack of diversity, strong hierarchy and power differentials have higher rates of bullying, discrimination, and sexual harassment. Increasing diversity and removing or mitigating power differentials resulted in lower rates of bullying, discrimination, and sexual harassment.

Gendered titles for surgeons create power and status differences between surgeons and other medical professionals, male and female surgeons, and women who are married and women who are not. Removing gendered titles for surgeons may contribute to reducing bullying, discrimination, and sexual harassment in environments where surgeons work, and create safer workplaces.

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