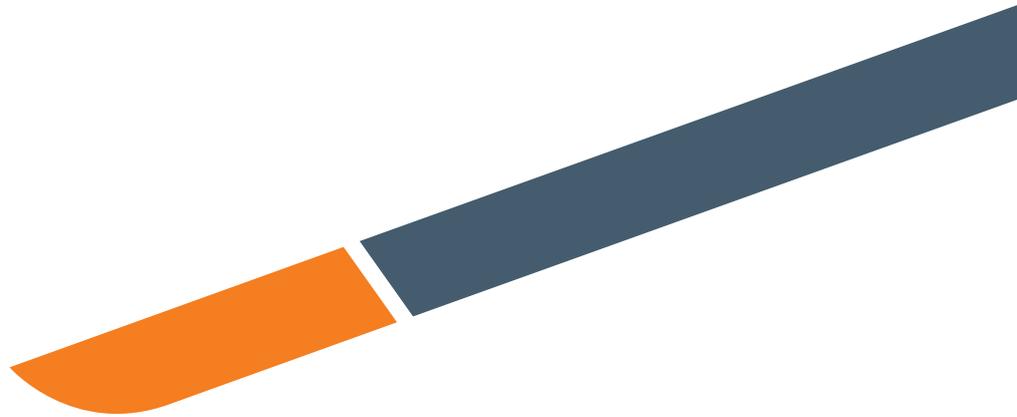


2018 Progress Report

**Building Respect,
Improving Patient Safety**



Message from the President and Vice President

Our commitment to building a culture of respect in surgery, by addressing discrimination, bullying and sexual harassment, remained steadfast in 2018.

Our *Action Plan: Building Respect, Improving Patient Safety*, continues to guide our actions. We have made a long term commitment, and are now implementing a detailed, multi-year program of work. This Progress Report outlines what we have done in 2018 across the three pillars of our plan: cultural change and leadership, improving surgical education and complaints management. We are honouring our commitments, and steadily doing what we promised to do when we adopted the Action Plan in 2016.

Our work to support diversity in the profession continues. Collectively and individually, we can reflect on the varied communities we are part of.

Our profession will be strengthened by our ongoing efforts to ensure our surgical workforce reflects the diverse communities we serve.

We will continue our work to give a voice to people who wish to speak out about unprofessional behaviour. Through our education programs, we are increasing

training so surgeons can develop the skills they need to give each other constructive feedback.

We know that partnerships are crucial to progress. We value our collaborations with the Speciality Training Boards and Speciality Societies, as well as our MOU partners. In 2019 we will examine how these can deepen and add value to our mutual work. We recognise that complaints management, and working with employers, are areas that need an ongoing focus. This includes getting clearer about our respective roles and the information we can share. An important goal is to agree how we can best work together to understand problems and deal with them effectively.

We have started a process to evaluate our Building Respect work, to check we have done what we said we would do and inform future actions.

There is more work to be done, but we can be proud of our commitment, leadership and effort to build a culture of respect in surgery.

Mr John Batten, President
Dr Catherine Ferguson, Vice President



...YOU DON'T EXPECT RESPECT FROM SOMEONE ELSE IF YOU DON'T SHOW THEM RESPECT.

IMOGEN IBBETT
SURGICAL TRAINEE



...A PATIENT CENTRED APPROACH IS THAT THE PATIENT IS AT THE CENTRE AND EVERYONE ELSE IS AROUND THEM TO DELIVER THE BEST POSSIBLE CARE...

OWEN UNG
SURGEON

This Progress Report accounts to our fellowship and to the community, for the work we have done and the progress we are making towards building a culture of respect in surgery. It reflects RACS serious and continuing commitment to a long-term body of work that is strategic, practical and purposeful.

Doing the work we set for ourselves in the Action Plan involves the commitment and contribution of an enormous number of people. Many, many individuals across the Fellowship, specialty training boards and specialty societies, as well as RACS staff, have worked closely and constructively to get things done.

RACS *Action Plan: Building Respect, Improving Patient Safety* sets eight clear goals. Meeting them will take a sustained effort over many years. To make sure this is targeted and effective, we have developed and published an evaluation framework.

We will start our evaluation in 2019, by examining whether we have done what we set out to do. Future evaluations will assess the impact of our work.

Much has changed inside and outside the College over the last four years, in relation to discrimination, bullying and sexual harassment. It will take much more time before these problems are a thing of the past. In the meantime, we

are at the forefront of a wave of change that is transforming an historic, global tolerance of unacceptable behaviour and creating an appetite for a new order, based on respect. RACS is grateful to all our partners across the health sector who are committed to positive change.

Our priorities in 2019 include:

- Implementing phase 1 of our 3 phase evaluation framework and using insights gleaned to inform and strengthen our plans for action.
- Resourcing our Fellows, Trainees and International Medical Graduates (IMGs) to provide constructive feedback, with a continued focus on improving surgical education.
- To continuously review and improve our complaints handling processes.
- Working closely with our health sector and government partners to influence cultural change across the health sector.
- Collaborating with Specialty Societies and Training Boards, to maximise the impact of our efforts to build respect in surgery.
- Engaging as many Fellows, Trainees and IMGs as we can to work with us to build a culture of respect.

Action Plan Goals

CULTURE CHANGE AND LEADERSHIP

GOAL 1

Build a culture of respect and collaboration in surgical practice and education.

GOAL 2

Respecting the rich history of the surgical profession, advance the culture of surgical practice so there is no place for discrimination, bullying and sexual harassment (DBSH).

GOAL 3

Build and foster relationships of trust, confidence and cooperation on DBSH issues with employers, governments and their agencies in all jurisdictions.

GOAL 4

Embrace diversity and foster gender equity.

SURGICAL EDUCATION

GOAL 5

Increase transparency, independent scrutiny and external accountability in College activities.

GOAL 6

Improve the capability of all surgeons involved in surgical education to provide effective surgical education based on the principles of respect, transparency and professionalism.

GOAL 7

Train all Fellows, Trainees and International Medical Graduates to build and consolidate professionalism including:

- fostering respect and good behaviour
- understanding DBSH: legal obligations and liabilities
- 'calling it out'/not walking past bad behaviour
- resilience in maintaining professional behaviour.

COMPLAINTS MANAGEMENT

GOAL 8

Revise and strengthen RACS complaints management process, increasing external scrutiny and demonstrating best practice complaints management that is transparent, robust and fair.

Culture change and leadership

Working together

We now have 35 partnership agreements with organisations across the health sector that share our goal of building a culture of respect in surgery and in healthcare more broadly. Our collaborative agreements – usually in the form of a memorandum of understanding (MOU) – are with organisations across Australia and New Zealand. Our partners include medical colleges, university medical schools, health jurisdictions (including district health boards, state governments and metropolitan health services) and a selection of public and private hospitals.

In 2018, we formalised partnership agreements with:

- Northern Territory Health
- University of Sydney
- University of Newcastle
- Austin Hospital
- Eastern, Northern and Southern Metropolitan Health services in Western Australia
- Royal Australian and New Zealand College of Ophthalmologists
- University of Auckland.

Our partnership agreements formalise a shared intent to work together to address issues of discrimination, bullying, and sexual harassment and effect positive change. They reference a range of priority areas in which collaborating and coordinating our efforts will benefit both partners and their members.

Leadership

Recognising the importance of leadership and resourcing individual surgeons to play their part, we introduced a new course: *Surgeons as Leaders in Everyday Practice*. During 2018, we delivered five of these face-to-face courses to 100 surgeons.

Members of State, Territory and New Zealand Committees and State and Territory Boards have maintained their energy and given presentations in their workplaces about RACS ongoing work to build a culture of respect.

Communication

Media interest in our work to address discrimination, bullying and sexual harassment, and media coverage of individual concerns, remains consistently active and occasionally intense. The wider issues of cultural change and diversity were top of mind across many sectors in 2018 and we expect this to continue into 2019. In public dialogue, it is always helpful to have such a strong, public body of work and a demonstrated commitment to change, to anchor our perspective and our comments. Increasingly, we are being recognised for our leadership on these issues and our willingness to acknowledge concerns, show a detailed plan to address them and grasp our responsibility to take action when this is needed.

Our work to build respect in surgery, and reports of discrimination, bullying and sexual harassment more widely, received the most media coverage of all RACS media issues.

Surgical Directors

The Surgical Directors Section brings together surgeons with leadership roles and promotes opportunities for knowledge sharing, collaboration and support. The Section provides a network of peers, professional development opportunities and a forum for discussion on leadership issues for RACS members who hold or aspire to a leadership role.

In 2018, the Section actively promoted leadership opportunities, including *Operating with Respect* and *Surgeons as Leaders in Everyday Practice* workshops. It convened a successful program, in partnership with the Safety and Quality team, at the Sydney Annual Scientific Congress examining themes including taking on the role of director, leadership challenges, management of change and the National Surgical Quality Improvement Program (NSQIP). The Section also brought together leaders from a range of audits and registries to share strengths, weaknesses and information about how data can be applied to benefit our patients.

Since we started the Let's Operate with Respect campaign in 2016:



#OperateWithRespect hashtag was used extensively in blogs, social media, online forums and reviews.



There were more than 72,000 unique views of the "About Respect" section of the RACS website, from six out of the seven continents. Internationally, including in published literature, agencies are looking to the work we have done to support cultural change.



We have had more than 7000 total views of all our Operating with Respect videos.

NetworkZ University of Auckland

The University of Auckland provides advanced training in recognising, managing and preventing discrimination, bullying and sexual harassment, through its NetworkZ multidisciplinary operating room simulation program. Under our partnership, RACS provided the university with access to the resources used in the *Operating with Respect* course for use in the NetworkZ program, which is delivered to all district health boards in New Zealand. This collaboration recognises our shared intent to improve training to address these behaviours.

Medical Colleges

RACS is working to share insights from our approach and to make our training materials available to partner medical colleges, to inform the training they deliver. Our partner colleges include the Australasian College of Emergency Medicine (ACEM), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian and New Zealand College of Anaesthetists (ANZCA). In 2019, RACS will host a dedicated meeting of all medical college Presidents to try to establish a shared understanding of the role of colleges in supporting cultural change in healthcare.

Northern Territory Department of Health

In early December 2018, Northern Territory Department of Health collaborated with RACS in the delivery of two *Operating with Respect* (OWR) courses in Darwin. The training was delivered to a multidisciplinary group, including RACS Fellows and IMGs, theatre nurses, anaesthetists, obstetricians, intensivists, general practitioners and executive hospital management. This was the first time RACS conducted a multidisciplinary OWR course, which recognised that the whole surgical team is responsible for patient and team safety. Participants commended RACS for its extensive efforts to foster a respectful culture through the OWR program and valued the opportunity to complete the course as a multidisciplinary team.

...THAT COLLABORATIVE EXPERIENCE I THINK GIVES PATIENTS A LOT MORE CONFIDENCE IN THE CARE THAT THEY'RE GETTING...

RACHEL CARE SURGEON

St Vincent's Health, Australia

The Memorandum of Understanding between St Vincent's Health Australia (SVHA) and RACS includes an undertaking to work towards the development of information sharing protocols which will allow the sharing of information between the two institutions. Work commenced to inform these protocols in 2018. A key outcome of this process so far has been the development of a draft protocol which, once finalised, could be tailored for use with other hospitals and other medical colleges. SVHA and RACS are taking steps to ensure alignment with their respective privacy and other relevant policies, with a view to trialling this information sharing protocol as a next step.

Diversity and inclusion

Aboriginal, Torres Strait Islander and Māori Health

The Reconciliation Action Plan (Australia) and Māori Health Action Plan (New Zealand) set out RACS vision to improve health outcomes for Aboriginal, Torres Strait Islander and Māori patients in Australia and New Zealand. Implementing the plans well relies on effective partnerships with the Australian Indigenous Doctors' Association, Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association), the National Aboriginal Community Controlled Health Organisation and Leaders in Indigenous Medical Education.

Highlights of our work in 2018 include:

Education and Training

- Eight of nine training boards have implemented the Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative. This work is also progressing in New Zealand, with the Māori Health Working Group meeting with the Chairs of New Zealand specific training boards to develop successful selection processes, as well as cultural competence training for trainees and selectors.
- Seven Māori and two Aboriginal doctors were accepted into surgical training in the 2018 application round.

Governance

- Dr Maxine Ronald joined RACS Council as our first Māori Councillor.
- RACS adopted *Te Whare Piki Ora o Māhutonga* as the Māori name for the College. Broadly, it means the school of ascension to health under the Southern Cross, capturing RACS commitment to excellence in learning, good health and the College's bi-national history.
- RACS adopted the Māori motif for use in branding across our organisation, to highlight Māori health and culture within the College and remind our Fellows, Trainees, IMGs and external stakeholders about our commitment.

Scholarships

- RACS scholarship funding for Aboriginal, Torres Strait Islander and Māori doctors and medical students seeking careers in surgery increased to \$142,000 annually.

- We launched the Davison Family Scholarship, to support Aboriginal and Torres Strait Islanders who might, without financial assistance, be unable to contemplate a career in surgery.

Women in Surgery

Membership of the Women in Surgery Section increased in 2018, from 150 to 280 members. During the year, the section developed a strategic agenda to guide its efforts to 2021, in line with the RACS *Diversity and Inclusion Plan*. The Section also focused its attention on arranging events at the 2018 ASC, including an address by the NSW Minister for Family and Community Services and Social Housing, Pru Goward, about the importance of addressing domestic violence, and discussion on barriers to women's participation in surgery.

Gender Equity

RACS commitment to achieving gender equity is set out in our Diversity and Inclusion Plan, with goals including:

- Increasing the representation of women in surgical training to 40 per cent in 2021.
- Increasing women's representation on committees and other leadership roles by 20 per cent in 2018 and 40 per cent by 2020.

While we still have a way to go to increase the total percentage of female trainees, we are encouraged by the gradual increase in applications for surgical training from women, and in the number of women accepted into our training program. The figures opposite show how we are tracking on the representation of women in surgery.

Understanding the barriers to women selecting surgery as a medical career

While women account for 55 per cent of graduating medical students, in 2018 they made up only 33 per cent of applicants to surgical training. During 2018, we deepened our understanding of the barriers to women entering surgery through some qualitative research. The identified themes and barriers will be used inform a wider survey to be conducted in 2019.

In 2018, women made up:

37%
of RACS Councillors

33%
of applicants to
surgical training

24%
of new Fellows, up
from 22% in 2017

29%
of Trainees

35%
of successful applicants,
up from 31% in 2017

27%
of RACS Council and
main committee members

Surgical education

Improving surgical education is a cornerstone of our commitment to building a culture of respect in surgery and is consistent with our vision to lead surgical performance and professionalism and improve patient care.

The first wave of our *Building Respect Improving Patient Safety* education program focused on increasing awareness and knowledge of discrimination, bullying and sexual harassment through a mandated e-learning module. This training is now included as a pre-requisite activity to support an application into surgical training.

Additional work has focused on surgical educators and RACS committee members, by expanding their teaching skills (including their ability to give constructive feedback) and equipping them with strategies and skills to respond to unacceptable behaviour.

As we roll out our Building Respect program, we continue to draw on the intellect and guidance of Professor Jerry Hickson, an internationally acknowledged leader in approaches to promoting quality, patient safety, and risk prevention in healthcare.

Highlights of the RACS education program in 2018 include:

Increasing knowledge and awareness

We are delighted that more than 98 per cent of our fellowship have now completed the *Building Respect Improving Patient Safety* online training.

Equipping surgeons to deal with unacceptable behaviour

RACS *Operating with Respect* face-to-face course for surgical supervisors, IMG assessors and RACS committee members, gives surgeons the skills they need to respond to unacceptable behaviours in the workplace.

During 2018:

- RACS held 29 *Operating with Respect* face-to-face courses for 591 surgeons.

- 79 per cent of the target audience completed or is enrolled to complete the course by 30 June 2019.
- Two courses were delivered to a multi-disciplinary cohort in collaboration with the Northern Territory Department of Health.

Upskilling surgical educators

The Foundation Skills for Surgical Educators (FSSE) course sets the standard expected of RACS surgical educators and extends participants' knowledge of teaching and learning concepts. During 2018:

- RACS held 68 FSSE courses with 961 surgeons completing the course.
- More than 96 per cent of surgical supervisors and trainers of RACS trainees completed the course.

Strengthening leadership

RACS *Surgeons as Leaders in Everyday practice* course provides leadership training to support and develop the leadership skills and potential of senior surgeons in leadership roles. During 2018, we delivered five of these face-to-face courses to 100 surgeons.

Helping surgeons speak up

In 2018, we started developing an app designed to complement the *Operating with Respect* face to face course and support surgeons to speak up about unacceptable behaviour. The app includes tools to help surgeons structure a 'cup of coffee conversation', so they can raise concerns about professional behaviour with colleagues in a constructive, informal interaction. The app will be available in 2019 for free download from the Apple App Store and Google Play.

Making feedback more effective

RACS developed the *Advanced Feedback for Surgical Educators* course to meet demand from FSSE participants for more support in providing effective

“...GETTING THE BEST OUTCOME FOR PATIENTS MEANS WORKING WITH YOUR TEAM, COLLABORATIVELY AND RESPECTFULLY.... IT SHOULD BE JUST NORMAL, ORDINARY, EVERYDAY ACTIVITY FOR A SURGEON. IT'S NOT SOMETHING SPECIAL, IT'S NOT SOMETHING YOU HAVE TO DO AS WELL AS BEING A SURGEON, IT'S SIMPLY PART OF BEING A SURGEON.”

RICHARD PERRY
SURGEON

and constructive feedback. In developing this program during 2018, we held three pilot courses with 33 participants.

Human Factors Module

Our Human Factors Module has been developed to strengthen surgeons' professional skills in ongoing surgical education. During 2018, we developed the content and framework for this course, based on review and feedback from subject matter experts. This e-module will be launched in 2019.

Flexible training

Supporting access to and increasing opportunities for flexible surgical training is a core commitment in the *Building Respect Improving Patient Safety Action Plan* and a consistent request from many surgical Trainees. While employers hold the keys to the industrial aspects of surgical training, the College has made a commitment through policy and communications, raising awareness of this issue, increasing support from training boards and addressing historic, negative perceptions of flexible training. Increasingly, training boards are facilitating flexible training by advertising for flexible posts, transitioning to competency-based from time-based training and updating their training regulations accordingly.

- RACSTA surveys continue to indicate that around one third of trainees are interested in applying for flexible training.

What's to come in 2019

- More *Operating with Respect* face-to-face training for surgical supervisors, IMG assessors and others who have not yet taken the opportunity to participate.
- Launch the RACS 'Speak Up' App at the 2019 ASC.
- Work with Trainees and the Royal Australasian College of Surgeons Trainees Association (RACSTA) to trial an *Operating with Respect* face-to-face course for Trainees.



Complaints management

A shared endeavour

Increasingly, we recognise that effective complaints management is a shared endeavour. RACS, individual surgeons, Trainees, employers, and in the most serious cases, regulators, each have a role to play:

- Surgeons and Trainees have a role in managing their own professional behaviour and speaking out when needed, so that we can act to maintain professional standards and provide a safe training environment.
- RACS plays a role in enabling effective complaints resolution by supporting, guiding and helping complainants navigate complaints processes, working with employers, and by providing peer support and education to surgeons about whom complaints have been made. We have trained staff who can provide advice and guide both complainants and surgeons who are the subject of complaints, towards support for them and their families.
- Employers are responsible for providing safe workplaces for their employees by addressing any issues that arise at work.
- Regulators are responsible for assessing and managing risk to patients and have significant powers to ensure patient safety, including by limiting an individual's medical registration when this is needed.

There are complex accountabilities and responsibilities for surgical training and employment, shared by the College and the health services that employ surgeons. As an education provider, we have a duty of care to our Trainees to ensure they have access to a safe training environment. We need to work with employers to create an environment in which all surgical Trainees feel safe and are respected. We know we need to do more to reach this goal. By working with employers, we will be able to get better outcomes for Trainees.

Even though RACS is not a tribunal or a court, our complaints processes must be fair and assure natural justice. This is the cornerstone of the RACS complaints process. We usually need the complaint to be made by the person affected by the behaviour, who needs to describe what happened – including approximate dates and times, an explanation and details of the behaviour – and give us their consent

to disclose this information and their identity to the person whose behaviour is in question. We know this is hard for many people.

Natural justice gives the person who is the subject of the complaint the opportunity to respond in a meaningful way. This is called a 'right of reply'.

Understandably, many of the complaints we receive are made anonymously. We register these, but most of the time we can't progress them. Usually, there is little we can do without providing the details of the issue and the name of the person who raised it, to the person about whom the complaint is made.

We recognise this imposes real limitations on our current approach and are working hard on ways to improve this. One of the big challenges is to get the best possible interface between RACS complaint process and processes in place with employers.

Our success in complaints management long term will be measured by the surgeons who improve their practice, increase their professional skills and help foster a culture of respect in surgery.

During 2018, we:

- Continued to review our complaints management process.
- Analysed the nature and environments in which complaints arise, to better target our response.
- Continued work with our partners to develop information sharing protocols to better define the information we can share and the triggers for sharing it.
- Finalised the Peer Support Program, which supports the people involved in a complaint, and trained the first group of Peer Supporters.
- Introduced a triage process, to identify the most appropriate pathways to manage complaints in a timely way and to ensure procedural fairness.

Complaints data and outcomes

RACS takes a remedial approach to complaints management. We aim to work with the surgeons, trainees and IMGs who come through our complaints process to ensure a safe working environment, support individual behaviour change and help build a culture of respect.

RACS received 57 complaints about discrimination, bullying, harassment and sexual harassment in 2018, a 30 per cent decrease from 2017. Bullying is still the most common reason for these complaints, accounting for 77 per cent of complaints about unacceptable behaviour. Of the complaints about unacceptable behaviour, 32 per cent were anonymous, 30 per cent were from Trainees, 15 per cent were from Fellows, 13 per cent were from non-surgical health professionals, 7 per cent were from the public and 3 per cent were from IMGs.

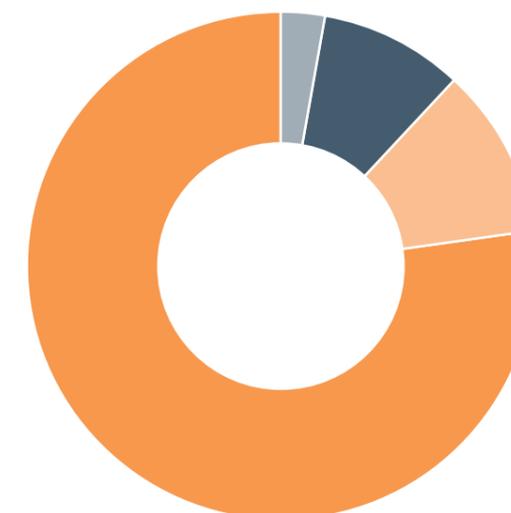
Anonymous complaints include confidential complaints, when the complainant identified themselves to RACS but did not consent to their identity being disclosed to anyone else. We can register these complaints in our database, but usually we can't progress them because of the requirements of procedural fairness.

During 2018, RACS was not able to progress 57 per cent of complaints made about discrimination, bullying and sexual harassment. Most of the

time, this was because the complainants did not wish to be identified, did not wish to progress the complaint, or did not provide enough detail for us to act on the concerns raised. Of the cases we were able to progress, the most common outcome was an apology to the person who raised the concern (23 per cent), or referral to AHPRA (15 per cent).

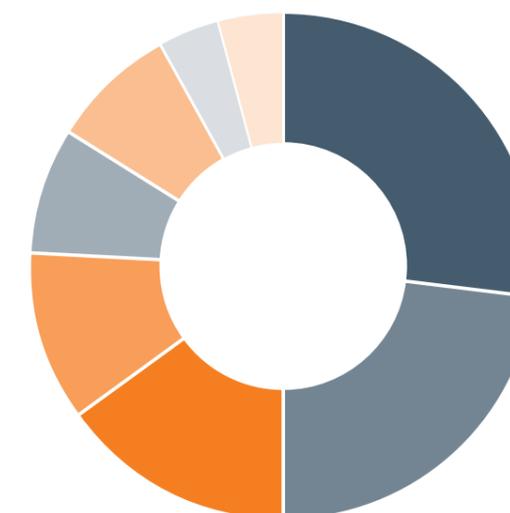
The drop in the number of complaints received by RACS in 2018, compared to 2017, is likely to reflect under-reporting. It also signals that we have more work to do to ensure our complaints process is effective, trusted and well understood. The significant number of complaints that are not able to be progressed highlights the need to build the confidence of Fellows, Trainees and IMGs to raise a concern and put their name to it, so we can take action. Speaking out about unacceptable behaviour is a critical element of building a culture of respect in surgery.

Number of Complaints about Discrimination, Bullying and Harassment in 2018



- Bullying 77%
- Harassment 11%
- Discrimination 9%
- Sexual Harassment 3%

Discrimination, Bullying and Sexual Harassment (Mode of Resolution) in 2018*



- Ongoing 27%
- Apology 23%
- Refer to AHPRA 15%
- Mediation agreement 11%
- Acknowledgment 8%
- Sanctions 8%
- Explanation 4%
- Refer to Ombudsman 4%

* Excludes cases that were unable to progress



LET'S OPERATE WITH RESPECT

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