

Information Sharing Protocol

A tool to support information sharing with health institutions.

Purpose

1. Every patient has a right to expect that their healthcare is uncompromised by discrimination, bullying and sexual harassment.
 2. The Royal Australasian College of Surgeons (RACS), is a non-profit organisation training surgeons and maintaining surgical standards in Australia and Aotearoa New Zealand.
 3. The Royal Australasian College of Surgeons (RACS) and the Health Institution wish to ensure that the training environment and workplace of RACS Fellows, Trainees and Specialist International Medical Graduates (SIMGs) is free from discrimination, bullying and sexual harassment (DBSH).
 4. In order to promote and maintain an environment free from DBSH both RACS and the Health Institution provide training addressing discrimination, bullying and sexual harassment. This training includes information about how to access the respective complaints management processes of the employer and RACS.
 5. In order to monitor the training and workplace environment, and to ensure a coordinated approach to the tracking and management of breaches of the [RACS Code of Conduct](#) including DBSH, RACS and the Health Institution have agreed to share information regarding conduct matters, made about RACS Fellows, Trainees or SIMGs.
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When & what information will be shared

Joint Review

6. When a joint review is undertaken, that is in the event that RACS and the Health Institution jointly commission a third party to review, make findings of facts, and provide a written report (the joint review report) in relation to alleged conduct matters, the following information **will** be shared between RACS and the Health Institution:
- The report of findings of fact;
 - The sanctions imposed / actions taken by RACS and/ or the Health Institution.

Substantiated findings

7. When a formal complaint is received and triggers a formal, employer-led HR process and substantiated findings against a RACS Fellow, Trainee or SIMG are made, the following information **will** be shared between RACS and the Health Institution:
- The name of the respondent; (being a RACS Trainee or SIMG)
 - The nature of the complaint; (discrimination, bullying, sexual harassment or other conduct matter)
 - The findings made
 - The sanctions applied / actions taken.

Formal complaint made with no findings made, or without findings yet determined

8. When a formal complaint is made against a RACS Fellow, Trainee or SIMG regarding alleged conduct matters, and no findings are made or are yet determined, the following information **should** be shared:
- The name of the respondent; (being a RACS Fellow, Trainee or SIMG)
 - The nature of the complaint; (discrimination, bullying, sexual harassment or other conduct matter)
 - The status of the complaint; (under investigation; unsubstantiated, no findings made, withdrawn, resolved)
 - Updated information on the status of the complaint.

Three or more allegations made against an individual, whether by one victim or multiple, with no formal complaint received

9. When RACS or the Health Institution receives three or more allegations made by one victim or multiple, against a RACS Fellow, Trainee or SIMG with no formal complaint received, the following information **should** be shared:
- The name of the respondent; (being a RACS Fellow, Trainee or SIMG)
 - The nature of the allegations; (discrimination, bullying, sexual harassment or other conduct matter)
 - The number of allegations received, and over what period of time;
 - The proposed response
 - The sanctions imposed / actions taken.
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Privacy and access

Privacy

10. All RACS Fellows, Trainees and SIMGs have agreed not to engage in conduct amounting to discrimination, bullying and/or sexual harassment and/or otherwise breach of the RACS Code of Conduct.
11. A standard condition of RACS Application to Fellowship agreements and renewals provide consent for the disclosure of information relating to their professional conduct, breach of the RACS Code of Conduct and allegations of DBSH made about a RACS Fellow to be provided to RACS.
12. Fellows may elect to withhold consent for the disclosure of information relating to their professional conduct, including breach of the RACS Code of Conduct and allegations of DBSH, by written notice to RACS and their employer (addressed to the respective Privacy Officer). These Fellows are precluded from active participation in College roles, including committee membership, supervisory, training or teaching roles.
13. It is an eligibility requirement for all future Trainees entering the training program to consent to the sharing of information noted above.
14. It is an eligibility requirement for all SIMGs commencing a pathway to Fellowship to consent to the sharing of information noted above.
15. A subsequent decision by Trainees or SIMGs to opt out would result in suspension or removal from training or the pathway to Fellowship, as applicable.
16. Credentialing conditions and related policies at the Health Institution should provide for the sharing of information between RACS and the Health Institution.
17. The RACS Fellow, Trainee and SIMG Pathway to Fellowship agreements and renewals, and [Privacy \(Conduct Matters\) Policy](#) provide for the sharing of information between RACS and the Health Institution. Additional rights a person may have in relation to their Personal Information held by RACS are set out in the [Privacy of Personal Information Policy](#).

Who will have access to the information

18. Health Institution: CEO, Human Resources and relevant executive staff
19. RACS: Complaints Lead, Triage Committee, Professional Conduct Committee, the relevant Specialty Training Board Chair or nominee, relevant executive and nominated Specialty Society staff, independent External Reviewer (DBSH complaints).

How will information be used

20. The information will be used to monitor the training and workplace environment, and to ensure a coordinated approach to the tracking and management of conduct matters, including DBSH complaints and allegations.. De-identified and collated statistical information will also be used to inform the development of workplace training and cultural change initiatives.
 21. Collated and de-identified information will also be used in the assessment and accreditation of the hospital training post.
 22. It is agreed that all DBSH complaints made about a RACS Fellow, Trainee or SIMG at the health institution, will be actively managed by the health institution. RACS will not undertake a parallel complaints process.
 23. In the event that RACS is approached by a person wishing to pursue a DBSH complaint against a RACS Fellow, Trainee or SIMG, RACS will undertake a referral protocol. The referral protocol will ensure a supported referral to the Health Institution's complaint management process, including providing information about the complaint process, and general information about what to expect from that process. With consent, RACS may also contact the Health Institution to ensure all complaint information is received. RACS will also connect the complainant to the relevant RACS Support Programs if appropriate.
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Privacy and access (continued)

24. The information will not be used for managing underperformance of Trainees and SIMGs by Specialty Training Boards. Such procedures require their own specialised processes.

Security of information

25. The information will be shared between RACS and the Health Institution through secure electronic emails and reports.

26. The information will be provided to the Health Institution's CEO, and to RACS' CEO, or their delegated recipients.

27. The information will then be held in compliance with the Health Institution's, and RACS', information security and privacy policies.

Who to contact

In order to facilitate the sharing of information as outlined above, an authorised representative of the health institution should do so in writing, to the RACS Feedback and Complaints office and Chair of the respective surgical Specialty Training Board.

The authorised staff member at RACS will share information in writing with the CEO of the respective health institution and Chair of the respective surgical Specialty Training Board.

Definitions

“conduct matter” includes:-

- (a) a complaint or allegation of a breach of the RACS Code of Conduct; and
- (b) a complaint or allegation of DBSH against a Fellow, Trainee or SIMG
- (c) a notification to the Medical Board of Australia/Ahpra or Medical Council of New Zealand whether such complaint is made to RACS or a Health Institution.

“health institution” includes any hospital, department of health, university or other health institution at which a Fellow, Trainee or SIMG is employed or engaged including any government, government department or agency.

“DBSH” means discrimination, bullying and sexual harassment as those terms are defined in relevant RACS policies.

“Fellow” means a Fellow of the Royal Australasian College of Surgeons

“SIMG” means a Specialist International Medical Graduate assessed by or under the oversight of RACS.

“Trainee” means a participant in the RACS surgical training program

RACS Feedback and Complaints

If you would like to talk with RACS, contact our Feedback and Complaints team on 1800 892 491 (Australia) or 0800 787 470 (Aotearoa New Zealand). You can email us at complaints@surgeons.org.

RACS Support Program

RACS Support Program is provided by Converge International. It is a free, confidential service available for Fellows, Trainees, International Medical Graduates and their immediate families. Contact the service any time by calling 1300 687 327 in Australia or email eap@convergeintl.com.au.

For Aotearoa New Zealand or from overseas call +613 8620 5300 or visit the [Converge International website](#).