

Building Respect,  
Improving Patient Safety

# 2019 Progress Report



Royal Australasian  
**College of Surgeons**

*Let's operate with respect*

**Further information**

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Committed to Indigenous health

*Service | Integrity | Respect | Compassion | Collaboration*

## Message from the President and Vice President

This *2019 Progress Report* is our fifth account to our Fellowship and the community of 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.

This year's account is enriched by the publication of two important reports on our work in 2019 – the *Evaluation Report* and the *2019 Diversity and Inclusion Plan Progress Update*. These documents detail publicly what we have done and illustrate our progress towards agreed goals. Highlights are included in this *Progress Update*.

As ever, our work to build a culture of respect in surgery is a shared endeavour. Changing practices and behaviours takes time, collaboration and a sense of shared purpose. Many people within and outside the Fellowship have made, and continue to make, substantial contributions. Surgeons, Specialty Societies and their Training Boards, as well as RACS staff, work closely and constructively to get things done. The hospitals where surgeons practise and Trainees learn are essential partners.

We recognise that meeting the eight goals set out in the RACS *Action Plan: Building Respect, Improving Patient Safety* will take a sustained effort over many years. Since 2016, RACS Councils have pledged support to maintain this commitment and build a culture of respect in our profession. We are in this for the long haul.

**Anthony Sparnon**  
President

**Richard Perry**  
Vice President





## A leading institution

Independent scrutiny has endorsed the work RACS has done to build respect in surgery.

An externally commissioned Evaluation Framework, detailing measures and indicators of progress over three, five and 10 years, underpins the assessment of our work against the goals we set. It helps us make sure our effort is targeted and effective.

The 2019 evaluation of RACS implementation of the Action Plan: Building Respect, Improving Patient Safety examined the first three years of activity. It found the College is now a leading institution that has acknowledged the problems of discrimination, bullying and sexual harassment and has made a serious commitment to addressing them.

Results of the Phase 1 evaluation have informed our recent work and are shaping our priorities as we continue our efforts to build respect in surgery.

The evaluation report found a 'remarkably high' level of support among Fellows, Trainees and IMGs for the College's commitment to dealing with discrimination, bullying and sexual harassment in surgery. It also recognised there were 'pockets of resistance' and that 'a significant cohort of members is resistant to change'.

The evaluation report identified RACS education program and the visibility of RACS Let's operate with respect campaign as significant and successful elements of the Building Respect work. It found that one of the key strengths of the Action Plan has been highlighting the evidence linking behaviour to patient safety in its messaging and call to action. The report identified complaints management as an ongoing challenge.

The report concluded that RACS is recognised as being in step with public opinion and broader societal shifts in addressing these issues.

# 2019 highlights

## Our vision

RACS is dedicated to building a culture of respect in surgical practice and education, which contributes to:

## Action Plan

RACS’ Action Plan: Building Respect, Improving Patient Safety areas of focus:



Improved patient safety



Surgical workplaces that are free from discrimination, bullying and sexual harassment



A profession that reflects cultural and gender diversity



Cultural change and leadership



Complaints management



Surgical education

## Awareness, understanding and action



90%+ of surgeons recognise and understand DBSH



80% of respondents have increased awareness of DBSH in the workplace



90%+ of trainees and IMGs recognise difference between feedback and bullying



95%+ of respondents understand the relationship between respectful behaviour and patient safety



55% of respondents believe people are more likely to raise an issue of DBSH

## Exceptional support of RACS’ commitment



Support of RACS’ commitment to the initiative reaches exceptional levels:

95% Fellows | 96% Trainees | 93% IMGs



Indicate strong awareness of standards, code of conduct and College commitment:

>80% Fellows | 60% Trainees



RACS members support for College working with partners:

90% Fellows, Trainees & IMGs

## Action plan goals

### Cultural change and leadership

1. Build a culture of respect and collaboration in surgical practice and education
2. Respect 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)
3. Build and foster relationships of trust, confidence and cooperation on DBSH issues with employers, governments and their agencies in all jurisdictions
4. Embrace diversity and foster gender equity
5. Increase transparency, independent scrutiny and external accountability in College activities

### Surgical education

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
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 behavior

### Complaints management

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

The eight goals set out in the *RACS Action Plan: Building Respect, Improving Patient Safety* continue to guide our work. Meeting these goals will take a sustained effort over many years, to which we have committed.

The findings of the first evaluation of our implementation of the Action Plan indicate we are on track.









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## Progress and priorities

The profile of issues about discrimination, bullying and sexual harassment in the global community has changed radically over recent years. It will take much more time before these problems are a thing of the past. Nonetheless, RACS is proud to be 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.

Our priorities in 2020 include:

- Designing and implementing the next phase of our Building Respect communications campaign – we will be encouraging a shift from “awareness” to “action”
- Increasing the number of surgical leaders trained to provide direct feedback to colleagues and build respect in surgery, and scaling up models of multi-source feedback
- Embedding and communicating RACS’ revised complaints process
- Continuing our collaborations and strengthening our partnerships in this shared endeavour, in particular with hospitals who employ our Trainees and Fellows
- Deepening our engagement with Fellows, Trainees and IMGs committed to helping build a culture of respect.

## Cultural change and leadership

RACS has continued to invest in partnerships to support cultural change.

Two significant workshops held in 2019 with our health sector partners from Australia and New Zealand examined the increasing evidence linking patient safety and professional conduct.

Our first workshop brought RACS together with employers – hospitals and health services – to build understanding of the link between patient safety and professional conduct, as well as the importance of professional accountability in the workplace. Professor Gerald Hickson of Vanderbilt University, USA, a world-expert on the link between professionalism and patient safety and long-time adviser to RACS, led discussions. He made the case for employers and RACS to continue to work together and shared his insights about the impact of the Vanderbilt model of professional accountability and how it can support behaviour change.

Our second workshop was tailored to the specific issues and challenges faced by specialist medical colleges and regulators and brought these stakeholders together. It examined the intersection of educational and regulatory interests in fostering patient safety by ensuring professional behaviours. Professor Hickson highlighted the shared goals between agencies

and the importance of colleges and regulators having clear and consistent accountabilities in the management of professional conduct and for referral of allegations of egregious conduct.

### Working together

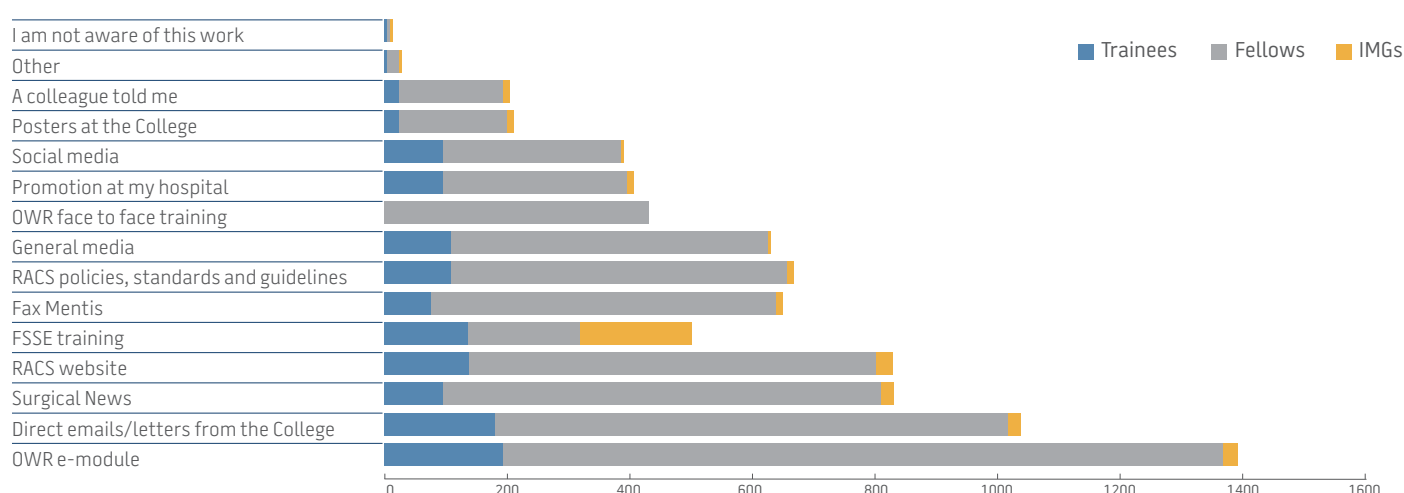
To build on these national meetings and to assess the benefit of meeting at the jurisdictional level, RACS came together with our Queensland office and Memorandum of Understanding (MOU) partners to share evaluation insights, discuss our respective roles in RACS' refreshed complaints management process and to offer partners the opportunity to consider local issues. In 2020, we will continue work with our jurisdictional offices to run similar meetings with MOU partners at the local level.

Plans for 2020 also include a jointly convened conference with St Vincent's Health Australia, the Macquarie University Institute for Healthcare Innovation and the Royal Australasian College of Medical Administrators. We intend to engage representatives of all groups working toward cultural change in health care, including our MOU partners.

### Communication

RACS' strong, public body of work and our demonstrated commitment to behaviour and cultural change continues to anchor our communications. We have been

### Mechanisms of communication for the Building Respect messages



transparent about the issues we are addressing and the actions we are taking. Increasingly, RACS is being recognised for our leadership on these issues and our willingness to grasp our responsibility to take action when this is needed.

The strength and effectiveness of our communications on this issue, including our Operate With Respect campaign, were recognised in the 2019 evaluation of our work.

During 2019, we evolved the focus of our communications to the link between respectful behaviour and patient safety. Well respected Fellows and Trainees lent their reputation and profile to these efforts and spoke personally about the importance of respectful behaviour to patient safety and work culture. A series of videos and posters profiled their views.

We continue to optimise all available communication channels to spread the word. The above graph shows that almost every survey respondent was aware of the Action Plan through one or more of 12 types of communication.

Social media continues to be an important communications channel. The #OperateWithRespect hashtag was used extensively in social media in 2019, with more than 3,800 mentions across Twitter with a reach of nearly 10 million. The hashtag was used widely by accounts in Australia, United States, Canada, Spain, the United Kingdom, France and Denmark.

**“Respect; it’s not something special, it’s not something extra, it’s not something different. It is simply part of being a surgeon.”**

**DR RICHARD PERRY**  
SURGEON

[WWW.SURGEONS.ORG/ABOUT-RESPECT](http://WWW.SURGEONS.ORG/ABOUT-RESPECT)

## Cultural change and leadership continued

### Surgical directors

RACS Surgical Directors Section provides a network of peers, professional development and a forum for discussion on leadership issues for RACS members who hold or aspire to a leadership role.

Professor Gerald Hickson (Vanderbilt University, USA) returned in 2019 as the International Visitor for the Surgical Directors Program at the Annual Scientific Congress in Bangkok. Key themes for the program included gender bias and addressing behaviours that undermine a culture of safety, reliability and accountability. The Section also held a Leadership Forum, combined with the Queensland Annual State Meeting, addressing flexible training options, burnout and developing Directors of Surgery.

The Section continues to actively promote leadership development opportunities including the Operating with Respect and Surgeons as Leaders in Everyday Practice workshops.

### Diversity and inclusion

Diversity, in all its dimensions, will strengthen the profession of surgery and the College. Ensuring the surgical profession reflects the community we serve remains a priority for RACS. Recognising this, in 2016 RACS created its first *Diversity and Inclusion Plan* as a specific commitment within our wider work to build a culture of respect in surgery.

The *Diversity and Inclusion Plan* sets five objectives and our progress against these is detailed in the *2019 Diversity and Inclusion Progress Update*. We are working towards:

- inclusive culture and leadership excellence
- gender equity
- inclusion of diversity groups
- diverse representation on Boards and in leadership roles, and
- benchmarking and reporting.

Responsibilities for implementing the plan are integrated across the College to reflect our commitment to diversity and inclusion as a core part of our operation.

The *2019 Diversity and Inclusion Progress Update* outlines the work we have done in recent years to increase diversity in our profession. Work towards achieving the goals and objectives in this plan will continue. Highlights of our work in 2019 include:

### Towards gender equity

RACS' Women in Surgery section continued to strongly support our work to foster increased gender equity in the surgical profession. Specific highlights of their work includes a program of visits to medical schools across Australia, to encourage female medical students to consider surgery as a career. A national essay competition for female medical students clearly resonated



with medical students, with 70 high-quality essays submitted on the topic of surgery and social media.

Increasing access to flexible training has been an important focus of our work. Since 2016 we have witnessed different models of flexible training that have been effectively introduced at different sites in Australia and New Zealand. In all cases, strong grassroots support and effective collaboration and goodwill between supervisors, Trainees and employers has provided the energy and impetus to make flexible training a reality.

RACS is explicit about its support for flexible training in its policy and programs, and transparent in monitoring and publishing take-up rates. RACS Specialty Training Boards report on a regular basis to the Board of Surgical Education and Training (BSET) about their progress with increasing opportunities to pursue flexible training. Sharing what we have learned about different models of flexible training currently in use is one of our priorities in 2020.

There has been a small but significant increase in the uptake of flexible training among men and women since 2016; we are aware that this trend is increasing as we move into 2020.

### **Indigenous peoples: Aboriginal and Torres Strait Islander and Māori health**

RACS is committed to Indigenous health and focused on the most appropriate and effective ways to achieve the vision of health equity for Aboriginal, Torres Strait Islander and Māori people, as well as increasing the representation of Indigenous peoples in surgery.

RACS Indigenous Health Committee (IHC) oversees the College's work in Indigenous health. It oversees the implementation of the RACS Position Statement and ensures our strategic commitments in Indigenous health in Australia and New Zealand are met.

The IHC's current focus is on the Aboriginal and Torres Strait Islander Health Curriculum and training project, the Māori Health Curriculum and training package project, the Reconciliation Plan for Australia and Te Rautaki Māori, the Māori Health Strategy and Action Plan, for New Zealand.

Another priority is examining how better to collaborate and bring together our work to increase diversity and inclusion of Indigenous peoples in surgery. The IHC, supported by RACS Indigenous Health Project Officers, also have a wider role in helping apply an Indigenous lens to other College projects.

In 2019:

- seven Māori and two Aboriginal doctors started surgical training
- RACS awarded 17 Scholarships valued at \$127,000 to Aboriginal, Torres Strait Islander and Māori doctors
- Australia's Federal Health Minister announced \$160,000,000 in funding for Indigenous Health Research, reflecting successful advocacy from RACS with the Australian Society of Otolaryngology, Head and Neck Surgery and a consortium of stakeholders
- Engagement with the Māori community was a focus, with consultations held on RACS new Te Rautaki Māori (Māori Health Strategy and Action Plan)
- RACS engaged with Aboriginal, Torres Strait Islander and Māori doctors as part of TeOra (Māori Medical Practitioners Association), the Australian Indigenous Doctors' Association and the Leaders in Indigenous Medical Education conferences.

## Cultural change and leadership continued

### Diverse representation

As a result of the RACS Council elections for 2020, 40 per cent of RACS Councillors will be female. Given that, at present, only 13 per cent of Fellows are women, this is a significant achievement and reflects the substantial contribution women make to our profession and to our College in particular.

Our 2019 data indicates that the number of women applying for surgical training broadly mirrors the number of women being selected into training. This is good news. More challenging, is that application and selection rates have hovered at around 30 per cent in recent years. If this trend continues, we will not meet our 2021 target of 40 per cent of women among all surgical Trainees. RACS continues to explore and address the reasons for this.

### Breaking barriers: why not a career in surgery?

In 2019, RACS conducted research to understand the perceptions and experiences of female medical students and non-vocational junior doctors in Australia and New Zealand who are considering a surgical career.

*The Breaking barriers; developing drivers for female surgeons* research examined perceived barriers and drivers to entry to different medical specialties. It looked at attitudes among female medical students and early career doctors to career

selection, lifestyle considerations and perceptions of Surgical Education and Training (SET).

Compared to other medical specialties, surgery was perceived to have the highest barriers to entry for women. In terms of gender equity, the primary perceived barrier was the lack of protected time for family and friends. Lack of time for dependents, hobbies and leave (travel) were also identified as issues, as well as the perceived inflexibility within the SET program. The top driver for women to enter surgery related to meeting the surgical needs of patients. Other reasons to enter the profession included the professional ambition of respondents, the remuneration potential of a surgical career, the intellectual challenge of surgery and the interest in experiencing available and emerging technologies in surgery.

The survey received close to 1700 responses.







## Surgical education

RACS is committed to providing high-quality surgical education for Fellows, Trainees and International Medical Graduates (IMGs).

Since the launch in 2015 of the *RACS Action Plan: Building Respect, Improving Patient Safety*, more than 8000 Fellows, Trainees and IMGs have completed training that raises awareness and understanding of discrimination, bullying and sexual harassment in surgery. Further training was provided to RACS committee members, and surgeons involved in the training and assessment of surgical Trainees, to equip surgeons with strategies and skills to respond to unacceptable behaviour and expand their skills as surgical educators.

We are pleased to report on some of the surgical education milestones we reached in 2019.

### **Operating with Respect face to face course**

The Operating With Respect (OWR) course provides an evidence-based approach to equip surgeons with behavioural strategies and skills to respond to unacceptable behaviour. During 2019:

- 22 OWR provider courses were held
- one OWR course for RACS Trainee Association members was held
- 428 surgeons completed the course

- 90 per cent of senior surgeons mandated for this training had completed or were registered to complete the course at 18 December 2019
- two courses were delivered to a multidisciplinary team in collaboration with NT Health.

### **Speak Up app**

The Speak Up app is designed to complement the OWR course and includes tools to help users structure an informal interaction with a colleague to address behaviour concerns, or a 'cup of coffee conversation' (CCC). The app has been downloaded 224 times through the Apple App Store (116) and Google Play (108).

### **Foundation Skills for Surgical Educators (FSSE) course**

The FSSE course sets the standard expected of RACS surgical educators and furthers knowledge in teaching and learning. During 2019:

- 31 FSSE courses were held
- 337 surgeons completed the course, 49 of whom were SET trainees
- 97 per cent of RACS surgical educators have completed the training.

### **Surgeons as Leaders in Everyday Practice (SAL)**

RACS delivered eight face to face SAL courses with 101 participants.



Most (39 per cent) of participants registered for the course to enhance their performance at work, while 23 per cent wanted to contribute to the culture of the profession. Other reasons for participating included improving communication skills, reviewing new trends in the culture of clinical practice, and seeking new skills to perform well in a newly attained leadership position.

### **Difficult Conversations with Underperforming Trainees**

The Difficult Conversations with Underperforming Trainees course was developed after feedback from FSSE participants that they would like more training in conducting a constructive and procedurally fair conversation with a Trainee who is not meeting required standards, despite feedback. During 2019, one pilot course was conducted, with 13 participants.

### **Human Factors module**

In 2019, a series of Human Factors eLearning modules was launched to participants and faculty of the Training in Professional Skills (TIPS) course. The seven modules will be made available to all JDocs, Trainees and Fellows in early 2020.

One of the modules, 'Speaking up in response to unacceptable behaviour' is based on content from the OWR course and developed with engagement from subject

matter experts in the OWR faculty. The module aims to identify what unacceptable behaviour looks like, outlines the importance of raising and acting on concerns, and explores strategies to speak up.

The 'Speaking up in response to unacceptable behaviour' module is optional for TIPS participants. There has been a 60 per cent completion rate since the launch.

The other Human Factors modules have a 100 per cent completion rate, with 60 participants completing since launch.

### **What's to come in 2020**

- Continued delivery of the OWR course to support the 10 per cent of the target group and incoming supervisors still to enrol
- OWR Trainee course pilot launch, with two courses scheduled to be delivered to SET Trainees
- Further explore the delivery of the OWR course to multidisciplinary groups of participants
- Invite Skills Training course directors to register for an OWR course
- Inaugural OWR Faculty Workshop
- Continued delivery of the FSSE course to current surgical educators, incoming trainers, SET Supervisors and IMG Supervisors
- Further expansion of delivery of FSSE to late stage SET Trainees

- Continued delivery of the Surgeons as Leaders in Everyday Practice course
- Delivery of the Difficult Conversations with Underperforming trainees course.
- Review of Keeping trainees on Track (KTOT) and Supervisors and Trainers for SET (SAT SET) courses
- Pilot and delivery of Promoting Advancement in Surgical Education (PrASE) course

*“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”*

## Feedback and Complaints

RACS has continued to refine its approach to complaints management, with a focus on patient safety. We have worked incrementally to build an effective and safe complaints process that keeps patients safe and supports individual surgeons through behaviour change, towards increased professionalism.

During 2019, RACS revised its complaints framework and the way it handles concerns about bullying, discrimination and sexual harassment. It is now called the RACS Feedback and Complaints process.

RACS' approach is relevant to our profession, our role and our commitment to building respect and improving patient safety. We are focused on supporting professionalism in surgery, and making sure that all concerns and complaints are handled by the agency best placed to manage them. There is a clear role for RACS, employers and regulatory bodies which have different legal powers.

In this approach, RACS:

- Provides support to people who raise concerns and complaints, and those who are subject to them
- Is focused on helping build a culture of respect, including in our handling of concerns about bullying, discrimination and sexual harassment

- Supports the referral of every complaint to the agency best placed to deal with it effectively.

This involves:

- Timely review and triage of all concerns and complaints raised with us
- Targeted and supported referral of complaints to external agencies which have the legal powers to manage them
- RACS in an advisory, feedback and support role, reflecting the vision and purpose of our College.

In practice, we triage quickly to decide if a matter is out of scope, better handled elsewhere, or appropriate for RACS. We provide support and help individuals navigate external processes when other agencies are better placed to address an issue. We respect the wishes about confidentiality of the person raising the issue, and our approach is informal and non-judgmental, aimed at supporting individuals and building a culture of respect.

### Feedback and reflection

There is a significant body of evidence showing that it is very helpful to provide timely, non-judgemental feedback to a surgeon whose behaviour has caused concern or distress to someone else. Simply letting them know that someone was adversely affected by their behaviour or conduct,

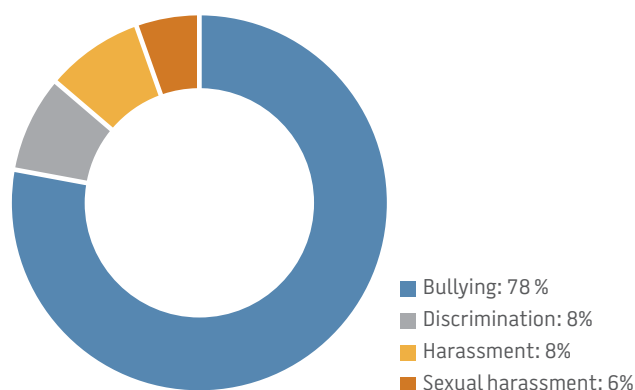


Figure 1

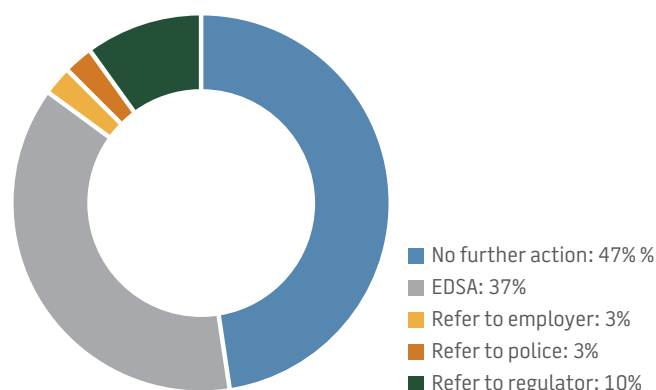


Figure 2  
Outcomes of the Bullying, Discrimination Sexual Harassment and Harassment complaints received in 2019. Excludes cases that are still in progress. Legend below.

without judging it or trying to work out who is right, triggers reflection and positive change. Sometimes the surgeon was unaware that their behaviour or language had caused distress.

RACS uses this approach when managing some of the enquiries and concerns raised with us. Often, the person who has raised the concern only wants the problem fixed or the behaviour changed. The surgeon who receives the feedback usually reflects on their behaviour, gains new insights, understands the impact it has had and modifies their approach.

RACS executive directors of Surgical Affairs (EDSA) leads this approach, which is consistent with the principles of natural justice and procedural fairness. It is collegial and non-judgemental and aims to encourage self-reflection and behaviour change. RACS EDSA can provide this feedback in a face to face meeting (now known as a 'cup of coffee conversation'), in a telephone discussion or in writing.

### Support for Fellows, Trainees and IMGs.

RACS is committed to supporting both the person raising the issue and the person responding to it, by:

- Offering information about confidentiality, privacy and anonymity

- Helping navigate external complaints processes and staying in touch
- Facilitating peer support for Fellows
- Providing psychological support to Fellows, Trainees and IMGs through the RACS Support Program (delivered by Converge International)
- Monitoring and facilitating a safe training environment, through RACS Specialty Training Boards and hospitals.

### Complaints data and outcomes

The figures below reflect data from a year where we altered our complaints management process. While this does not change complaints data for the 2019 year, our altered approach is reflected in complaint outcomes, including referrals to other agencies. These 2019 complaints outcomes data therefore span our handling of complaints, before and after we refined our process.

### Number of complaints

There were 36 complaints received about Bullying, Discrimination, Harassment and Sexual Harassment in 2019.

In general, we refer patient concerns to the local health care complaints commissions or Ombudsman; issues related to discrimination,

bullying (egregious and repeated) and sexual harassment are handled by employers; and we refer serious concerns about patient safety or professional performance to the appropriate regulator (AHPRA and the Medical Board of Australia, the Medical Council of NSW and the Medical Council of New Zealand).

### Outcomes of the Bullying, Discrimination Sexual Harassment and Harassment complaints received in 2019.

Some matters are out of scope for RACS Feedback and Complaints process and we refer these to the relevant person or agency to manage them effectively. These include employers and regulatory authorities who have legislated powers to address these issues.

#### LEGEND

**EDSA conversation** - a 'cup of coffee conversation', or a meeting or telephone discussion or written feedback is provided

**Employer managed** - when the complaint is investigated internally by the employer

**No further action** - when the complainant did not respond to RACS email/phone calls, they wished to remain anonymous, or did not wish to pursue matter further

**External referral** - when a matter is referred to AHPRA, a state or territory healthcare complaints commission, the Ombudsman, Health Minister, the Medical Council of NSW or the Medical Council of New Zealand

**Referral to police** - complaints that involve criminal activity.

