

Building Respect,
Improving Patient Safety

2020 Progress Report



Royal Australasian
College of Surgeons

Let's operate with respect

Further information

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Committed to Indigenous health

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Message from the President and Vice President

Challenges have a way of focusing the mind and 2020 was full of them. We had to adapt our program of work to match the dramatically changed environment of COVID-19, but our commitment to building respect in surgery did not waver.

In 2020, many of us had to learn new ways of doing things, sometimes under difficult circumstances. RACS encouraged surgeons to acknowledge the challenges posed by working in times of uncertainty and stress, and to safeguard their mental health and wellbeing. Our communications stressed the importance of respectful behavior in the face of the inevitable triggers that undermine respectful workplaces and patient safety.

Collegiality was a feature of the year. We continued to prioritise working together with employers and other agencies to build respect, and finding new ways to advance toward our shared goals.

There were things on our agenda for 2020 that could not be progressed in the context of COVID-19, as well as highlights. Broadly, our work is moving from awareness to action. More of us now understand the link between respect and patient safety, and it's time to apply that knowledge. This work will continue and we will support surgeons to do this.

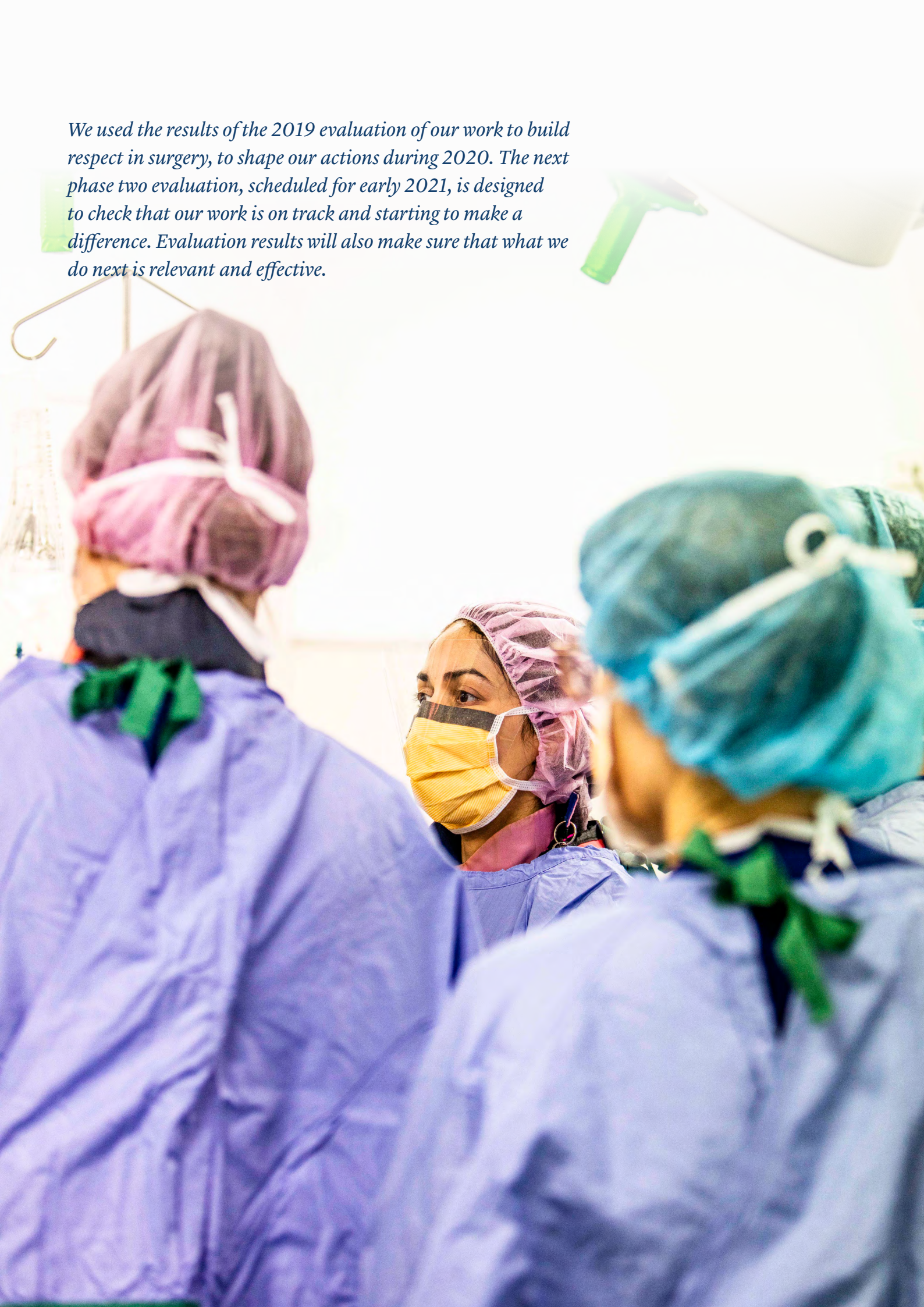
During the year, we applied a 'respect' lens to much of our routine work and are proud of what we achieved. Significantly, RACS worked to embed a new 10th surgical competency - cultural competence and cultural safety, which was adopted at the end of 2019. The Surgical Education and Training program is underpinned by the RACS competencies. Introducing a new competency reflects how serious we are about promoting patient safety, by supporting diversity in our profession and advancing our diversity and inclusion agenda. The impact of this new competency will be felt in training from 2021 onwards.

This marks the sixth report to our Fellowship and the community on the work we have done to build respect in surgery. Having come to the end of our first five year plan, we will be reviewing what actions will help us to keep building a culture of respect. Our next steps will be informed by the results of the second, phased evaluation of the work we have done. The challenge we have set is huge and our commitment to addressing it endures.

Anthony Sparnon
President

Julie Mundy
Vice President

We used the results of the 2019 evaluation of our work to build respect in surgery, to shape our actions during 2020. The next phase two evaluation, scheduled for early 2021, is designed to check that our work is on track and starting to make a difference. Evaluation results will also make sure that what we do next is relevant and effective.



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 Specialist 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. We are committed to meeting these goals which will take a sustained effort over many years.

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

Progress and priorities

Our objective in 2020 was to build on the positive gains made in the early years of implementation of our *Action Plan: Building Respect, Improving Patient Safety*.

COVID-19 impacts

Recognising the competing demands faced by our external partners as a result of the pandemic, RACS knew that college-wide work in communications, resource development and policy to achieve systemic change was more important than ever.

We adapted our work plan in the face of COVID-19, but there were some things we could not progress in the way originally intended. Changed activities due to COVID impacts included:

- paused face-to-face training for most of the year, limiting opportunities for surgeons to participate in our Operating with Respect face to face course and other relevant training
- paused all Memorandum of Understanding (MOU) activity, so our partners and participating surgeons could focus on frontline healthcare delivery. Recognising that collaboration is key, we continued work with our partners towards a 2021 healthcare summit on cultural change and patient safety, which aims to foster discussion and

share expertise across the health sector, to support constructive change

- slowed development of a multisource feedback tool, so we could incorporate RACS' new 10th surgical competency. We are planning to pilot the tool in 2021 with surgical supervisors.

Progress

Highlights of our work in 2020 to build respect in surgery include:

- adopting a new, 10th surgical competency – cultural competence and cultural safety
- approving a new information sharing protocol in our accreditation guidelines, which will make it possible to meet our responsibility to provide a safe training environment and safely share information relevant to surgical practice related complaints
- being able to safely share information relevant to surgical practice related complaints
- developing new *Standards for Surgical Supervisors*, with embedded focus on professionalism and patient safety (including DBSH)
- fine-tuning our feedback and complaints process and developing new complaints information to explain how it works

- developing a new microlearning tool to support recognition of, and action on sexual harassment in the workplace. This is now offered as part of RACS' ongoing professional development for Fellows
- focusing College-wide on Trainee engagement
- promoting flexible training – including publishing a tool kit, podcast, *Surgical News* coverage, policy and reporting
- advancing our work to support the wellbeing of surgeons, including through advocacy with other medical colleges and government.

Priorities

2021 will mark the end of our first five year plan. We will use this opportunity and the outcomes of the phase two evaluation, to fine-tune what we do next. Our actions to build a culture of respect in surgery will continue, as this is a long-term challenge.

Throughout 2021, we aim to sustain the consistently high levels of support for our *Building Respect, Improving Patient Safety* work. We will measure our impact through our second formal evaluation and use this information to inform a new plan for the coming five years of effort. This will focus our work towards the change we believe will be needed in the long-term.

In the year ahead, we will continue to shift the focus of our work to build respect in surgery from awareness to action. In practice this will include:

- seeking and listening to the input of our Fellows, Trainees and SIMGs through our Phase Two evaluation – feedback will inform what we do next
- collaborating with other agencies to develop the 2021 virtual summit *Creating Healthcare Cultures of Safety and Respect* – because everyone in the health system has a role to play
- embedding our new 10th surgical competency – cultural competence and cultural safety – by facilitating the take-up of new training materials
- ensuring an ongoing focus on continuous improvement, by acting on the recommendations of the second independent external review of our Feedback and Complaints processes
- expanding face-to-face training in speaking up for the culture we want to be part of, including a pilot to Trainees, COVID-permitting
- communicating with our Fellows, Trainees and SIMGs about the changes we have made so we can safely share relevant information

and remove barriers to dealing effectively with concerns about unprofessional behaviour; this will be enabled by a new information sharing protocol in our accreditation guidelines

- developing a new five year plan to advance our work to build respect in surgery.

Cultural change and leadership

During 2020, momentum supporting cultural change and action to improve the culture of medicine continued to build. We are delighted our goal of creating a culture of respect is increasingly shared with agencies across the health sector in Australia and New Zealand. The evidence base linking patient safety and professionalism has strengthened, and the importance of speaking out for a respectful culture is increasingly recognised as central to patient safety. Despite the challenges of COVID-19, we continued to prioritise collaboration, communication and professionalism in our efforts to drive cultural change. RACS leadership in this area is now established. We continue to be grateful for the leadership and dedication of the surgeons across Australia and New Zealand who, day to day, operate with respect.

Campaigns and communication

We scaled down our building respect communication campaigns in 2020, given the greater priority across the health sector of dealing effectively with COVID-19. Nonetheless, we continued to promote the value of speaking up, flexible training, and the link between professionalism and patient safety through all RACS publications and communication channels. Our communications encouraged surgeons to acknowledge the challenges of working in times

of uncertainty and stress, and to safeguard their mental health and wellbeing.

Speaking up

There is growing international recognition that bystander action supports colleagues by effectively addressing bullying and harassment, including sexual harassment. A culture of calling it out has been found to foster a culture of patient safety and works best when backed up by constructive complaints handling processes and transparent complaints data. This is RACS' approach.

In 2020 we:

- produced two videos about speaking up and promoting a culture of professionalism
- developed a poster series, headlined by surgeons, promoting speaking up
- shared knowledge through articles in our publication, *Surgical News*.

Flexible training

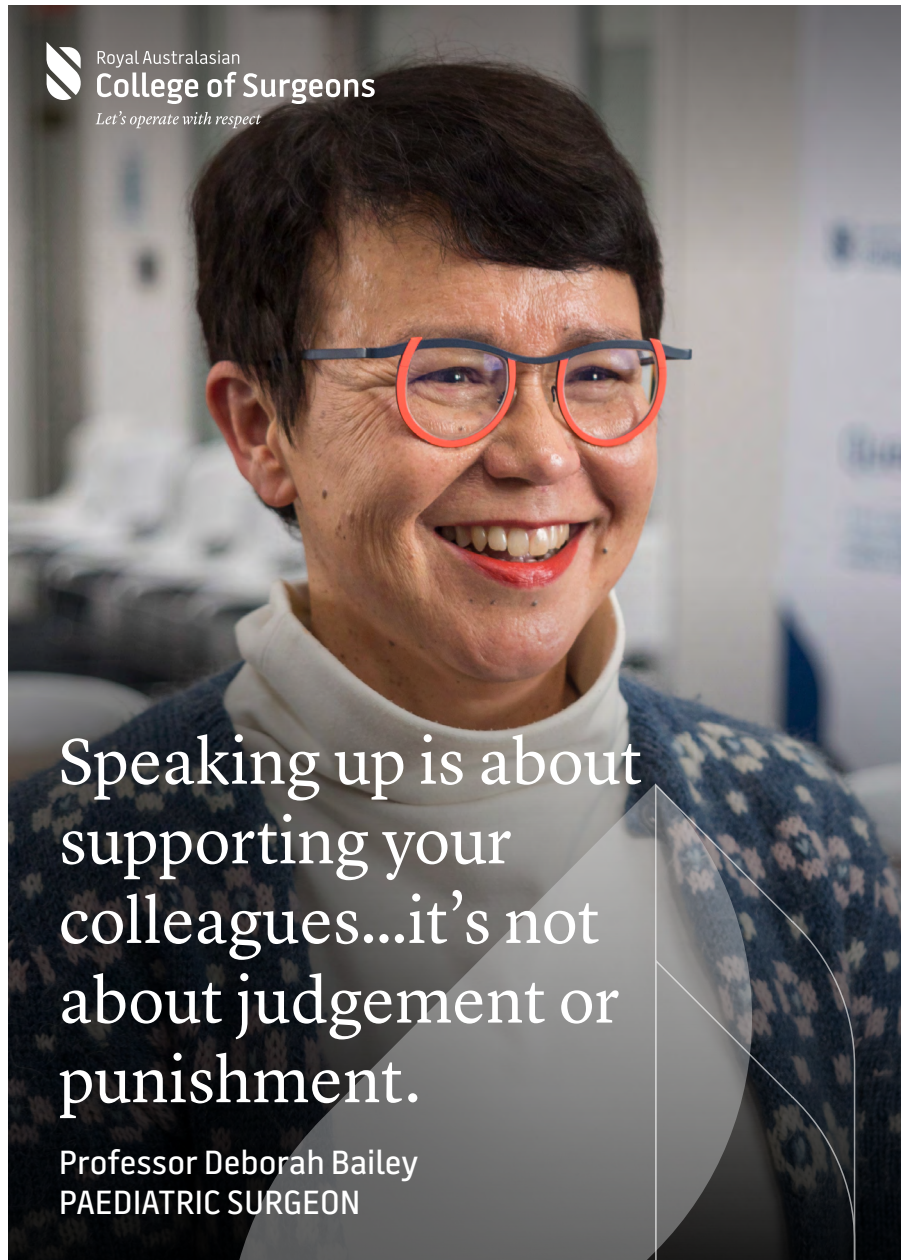
Surgeons with experience of flexible training are finding that the reduction in unscheduled overtime assists in boosting the wellbeing of the whole surgical team when a flexible post is created. Trainees can benefit directly, by gaining more control and flexibility over their work and personal lives, while maintaining training progression.

During the year, we produced and published on our website a comprehensive tool kit, podcast, interviews and information about flexible training, published an article in *Surgical News* and communicated widely with our Fellowship about the value of flexible training. Our position is backed by a RACS-wide policy and mandated reporting by all Surgical Training Boards of all requests for and allocations of flexible training roles.

Professionalism and patient safety

Five years ago, RACS committed to our *Action Plan: Building Respect, Improving Patient Safety*. Since then, calls for a safety culture have got louder and other leaders across the health sector have joined the chorus. In 2017, the Medical Board of Australia named 'collaborations to foster a positive culture of medicine' a cornerstone of professional performance.

Recognising that collaboration is key to cultural change, RACS used 2020 to prepare for a joint summit in 2021 that aims to foster discussion and share expertise across the health sector. Now planned as a virtual conference, this event is a joint initiative with Macquarie University, St Vincent's Health Australia and the Royal Australasian College of Medical Administrators. We have recruited established leaders in the field of patient safety and cultural change,



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Speaking up is about supporting your colleagues...it's not about judgement or punishment.

Professor Deborah Bailey
PAEDIATRIC SURGEON

Professors Russell Mannion and Jerry Hickson as keynote speakers.

Professor Mannion has closely examined the importance of health sector employees speaking out and raising concerns when they see poor quality care or unsafe practice, in the interests of patient safety, while recognising how complex this request can be.

Professor Jerry Hickson is well known in the RACS community and has been an influential adviser as the College has strived to build a culture of respect in surgery. He consistently warns that the journey of cultural change is more marathon than sprint. Values, he says, are a powerful driver in creating a culture of safety, partly because we all want alignment between what we do and what we believe.

According to Professor Hickson, culture has an impact on patient safety and represents our values, knowledge and experience in action, on behalf of the patients we serve.

To share knowledge with the surgical community, *Surgical News* also interviewed the Medical Director of the Cognitive Institute, Dr Mark O'Brien about how the link between non-technical performance and patient safety is shifting the culture of medicine and increasing the value placed on professionalism.

Surgical Directors Section

The 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.

Surgical leaders have a critical role in setting the culture for our teams. During 2020, the Section actively promoted:

- speaking up to address unprofessional behaviours, because regulating our behaviour to safeguard patient safety is important for all surgeons, particularly in stressful times
- the RACS *Flexible Training Tool Kit*, encouraging Directors of Surgery and decision makers to embrace flexible training options. Section members were also encouraged to promote surgeon wellbeing within their departments, with a range of resources and support options, including new resources launched during the pandemic, available on the Surgeon Wellbeing webpage
- upskilling opportunities to members that encourage respectful workplaces such as workshops and courses including Surgeons as Leaders in Everyday Practice, Operating with Respect, and Foundation Skills for Surgical Educators.

Partnerships

COVID-19 interrupted our partnership work and we respected our partners' competing priorities as frontline health sector agencies. Nonetheless, having recognised that collaboration is key to cultural change, we used 2020 to prepare for a joint summit in 2021. See also Professionalism and patient safety on page 9. During the year, we also encouraged our Fellows, Trainees and SIMGs to take care of their wellbeing and to be aware of their own behaviour in stressful times.



Diversity and inclusion

In 2017, RACS committed to increasing diversity in surgery and since then has prioritised efforts designed to ensure the surgical profession reflects the community it serves. We reported publicly on this in our Diversity and Inclusion Progress Report, published in 2020. We will use feedback from our phase two evaluation to inform what we do next. Highlights of our work to promote diversity and inclusion in 2020 include:

New surgical competency

The Surgical Education and Training (SET) program is underpinned by the RACS competencies.

During 2020, RACS adopted a new 10th surgical competency – cultural competence and cultural safety, in collaboration with the RACS Indigenous Health Committee. This reflects the significance of cultural competence as central to surgical excellence. It also reflects our serious commitment to promoting patient safety, by supporting diversity in our profession and advancing our diversity and inclusion agenda.

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 people, Torres Strait Islanders and Māori, as well as

increasing the representation of Indigenous peoples in surgery.

In 2020, RACS' work in Indigenous health was prioritised as a flagship initiative and saw the launch of several new strategic priorities and educational resources for Fellows, Trainees, SIMGs and Indigenous doctors considering surgical careers.

Highlights from 2020 include:

- *Indigenous Health Position Paper*, which is the foundation for RACS' work in Indigenous health and is a reference point for staff, Fellows and Trainees.
- *Innovate Reconciliation Action Plan (RAP) 2020-2022*: Launched in 2020, provides the framework for RACS to strengthen our approach to driving reconciliation through our business activities, services and programs, and develop mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders.
- *Te Rautaki Māori RACS Māori Health Strategy and Action Plan 2020-2023*: Launched in 2020 and sets the path to achieve RACS vision of Māori health equity and a culturally safe and competent surgical workforce. RACS understands this work will be long and is committed to supporting the elimination of Māori health inequity.
- *Mina Advisory Group*: Established in 2020 to provide advice and guidance on matters relating

Cultural competence and cultural safety: Demonstrates a willingness to embrace diversity among all patients, families, carers and the healthcare team and respects the values, beliefs and traditions of individual cultural backgrounds which are different to their own. Promotes self-reflection, acknowledges their own biases, prejudices and stereotypes and works to mitigate their effects. Promotes a safe and inclusive health care environment and works to eliminate health inequities.

- Indigenous health. Promotes cultural competence and cultural safety across the whole health system in order to achieve equitable healthcare for Aboriginal and Torres Strait Islander peoples and Māori
- fosters a safe and respectful health care environment for all patients, families and carers
- promotes an inclusive and safe workplace for all colleagues and team members

During 2020, RACS updated and augmented all training materials with information designed to give surgeons the skills they need in this competency. The impact of this will be felt in training from 2021 onwards.

to Aboriginal and Torres Strait Islander health.

- The Professional Skills framework working party identified appropriate learning objectives to support cultural competency in the different stages of SET.
- Indigenous Surgical Pathway Program*: Pilot program launched in partnership with Darwin Hospital, to develop diversity and inclusion information tools to encourage Surgery as a career to male and female Aboriginal and Torres Strait Islander doctors. More information at <https://www.surgeons.org/about-racs/indigenous-health>

**Funded by the Australian Government Department of Health through the Specialist Training Program (STP)*

Aboriginal and Torres Strait Islander Health and Cultural Safety Curriculum Project (STP funding)

In 2020, the Aboriginal and Torres Strait Islander project, led by the Indigenous Health Committee, was involved in several RACS wide developments, including the development of overarching, College-wide curriculum structures such as the 10th surgical competency: cultural competence and cultural safety, and the Professional Skills Framework which will influence the curriculum for SET Trainees.

Course 1 and 2 of the Aboriginal and Torres Strait Islander eLearning courses have been developed and are available on the RACS website. These courses provide a progressive learning experience that will introduce the impact of colonisation on the health and wellbeing of Indigenous Australians. They also provide a customised experience for surgeons to relate how and why they should provide culturally safe care.

The eLearning courses are available for use by Fellows, SIMGs, SET Trainees and college staff and are registered for Category 4 CPD, reflective practice. Each level of the course involves about 10 hours learning, broken into self-contained 30 minute modules.

A range of other curriculum content has been included in both new and

existing Professional Development and Skills courses and a content bank has been developed to provide appropriate content for future course reviews. Content has also been included in RACS supervisor education, including the supervisors of SIMG and SET Trainees.

Gender diversity

In 2016 as part of our Diversity and Inclusion Plan, RACS set a target to increase the representation of women in surgical education and training. We aimed to raise this from 29 per cent in 2016 to 40 per cent by 2020. We also set a target to increase women's representation on committees and in other leadership roles, to 20 per cent in 2018 and 40 per cent by 2020.

We have not yet reached the 2020 target we set and our work towards gender equity continues.

During 2020, we identified several important issues relevant to gender equity in surgery:

- RACS commissioned research into barriers to women selecting a career in surgery, (which we actively disseminated during the year) and found the top five barriers were time for family/ friends, future dependents/ children, time for hobbies/ interests, time for leave, and flexibility of SET. Common themes behind these barriers included poor culture (discrimination,

bullying and sexual harassment), unsolicited gendered advice (boys' club, assumptions about ability, future children and family life), lack of SET transparency and flexibility (communications, application process, costs and inflexibility of part-time options once on the program) and lack of quality mentors. Understanding the complex barriers and drivers among medical students and junior doctors has been an important step towards the goal of a balanced and diverse future surgical workforce. Our work to build a culture of respect in surgery aims to address barriers and in the long term, to encourage women to pursue a career in surgery.

- Analysis of 14 years of RACS application data to 2015, indicated that no bias in selection is evident when rates of offers to males and females across all specialties are examined. However, females are 38 per cent less likely to apply to SET over the course than males.

No conferences were held in 2020 due to COVID, so there is no new data on the percentage of women invited to speak at RACS conferences for the year.

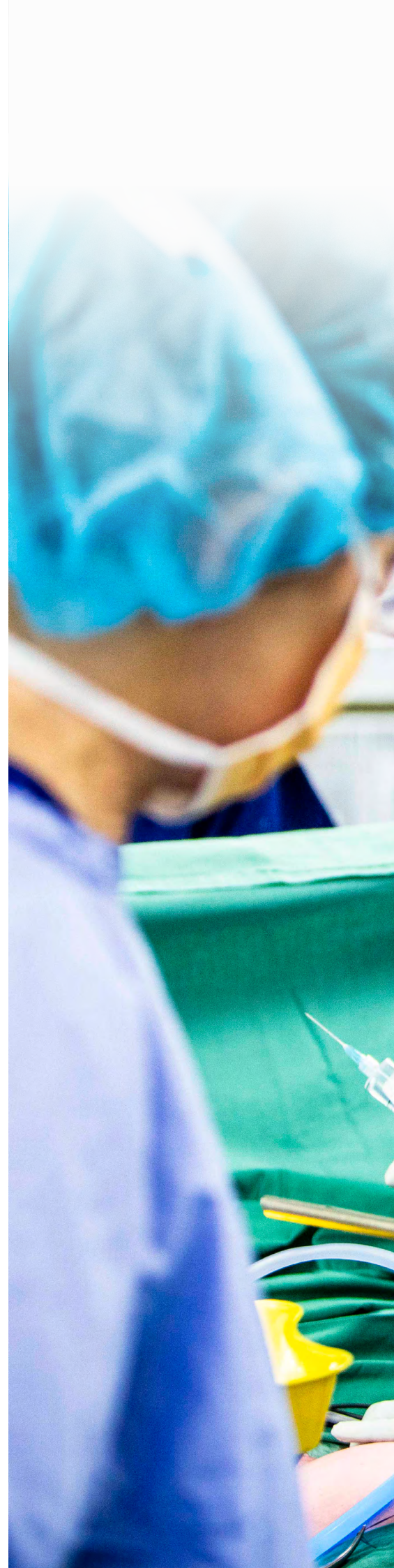
Flexible training

RACS' research has shown that inflexibility in surgical training is a disincentive to many graduating medical students, when selecting their specialist career. During 2020, we actively promoted flexible training as an important lever to increase diversity in the surgical workforce.

Flexible training is less than full time training and can appeal to all Trainees, regardless of gender. It increases diversity in the surgical workforce by enabling Trainees to pursue wider interests while training, and by increasing the appeal of surgical training to more candidates.

There are two basic models of flexible training currently in place and working effectively in Australia and New Zealand - job share of a full-time training post, and a standalone part-time role. There are many variations of these two arrangements, and advocates say new models may be developed that also work well.

More detail about our work to support diversity by promoting flexible training is included in this report under Campaigns and communication on page eight.



Women on Council :

29%
2016

32%
2017

40%
2018

35%
2019

34%
2020

Gender diversity in surgery:

Year	Applications to Surgical Training (female)	Accepted into Surgical Training (female)	Total of Trainees (female)	New Fellows (female)	Total Active Fellows (female)	Council and Main Committees (female)
2016	30%	25%	29%	22%	12%	21%
2017	33%	31%	29%	22%	12%	23%
2018	33%	35%	29%	24%	13%	27%
2019	27%	29%	30%	27%	13%	31%
2020	34%	31%	30%	27%	14%	34%

Surgical education

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

Since the launch in 2015 of the *RACS Action Plan: Building Respect, Improving Patient Safety*, more than 8,000 Fellows, Trainees and SIMGs 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.

While COVID-19 hampered our ability to deliver face to face courses we are pleased to report on some of the surgical education milestones we reached in 2020.

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 2020:

- six OWR courses were held
- 81 surgeons completed the course
- 88 per cent of senior surgeons mandated for this training have completed it.

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). Since it was launched in 2019, the app has been downloaded 572 times in Apple (345) and Android (227) formats.

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 2020:

- two FSSE courses were held
- 20 surgeons completed the course
- 98 per cent of RACS surgical educators have completed the training.

We applied a ‘building respect lens’ to some of the important infrastructure we have designed to support surgical training including our Standards for Surgical Supervisors and our ongoing review of Guidelines for the Accreditation of Hospital Training posts.

Difficult Conversations with Underperforming Trainees

The Difficult Conversations with Underperforming Trainees course was developed after feedback from FSSE course 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 2020:

- one course was held
- eight surgeons completed the course.

Promoting Advanced Surgical Education

The two day Promoting Advanced Surgical Education (PrASE) course was developed in 2019 and piloted with 10 participants on 22-23 February 2020. The course builds on the knowledge and skills from the FSSE course and is divided into five modules: Learner-centred Education, Trust and Feedback, Trainees at Risk, Supervision and Assessment, and Leadership in Surgical Education.

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 were made available to all Junior Doctors (JDocs), Fellows, Trainees and SIMGs in early 2020. One of the modules, Speaking up in response to unacceptable behaviour, reflects the content of the OWR course and was the content was strengthened by input 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. Other Human Factors modules have a 100 per cent completion rate, with 60 participants completing since launch.

What’s to come in 2021

- Continued delivery of the OWR course to surgeons mandated to take part as well as incoming supervisors.
- OWR Trainee course pilot launch, with two courses scheduled to be delivered to late stage SET Trainees.
- Further exploring the delivery of the OWR course to multidisciplinary groups of participants.
- Invite Skills Training course directors to register for an OWR course.

OWR Faculty Workshop

- Continued delivery of the FSSE course to current surgical educators, incoming trainers, SET supervisors and SIMG supervisors.
- Further expansion of delivery of FSSE to late stage SET Trainees.
- Explore delivery of FSSE in the online environment.
- Recommence delivery of the Surgeons as Leaders in Everyday Practice course.
- Deliver the Difficult Conversations with Underperforming Trainees course.
- Relaunch the Keeping trainees on Track as an eLearning course.
- Launch the Induction for Surgical Supervisors and Trainers course.
- Deliver the Promoting Advanced Surgical Education course.

Feedback and complaints

RACS is focused on supporting professionalism in surgery, including by administering a feedback and complaints process that is timely, transparent and procedurally fair, as recommended by the EAG.

Continuous improvement in addressing feedback and complaints has always been our focus. However, time and experience have made clearer the limits of our powers as a training provider responsible for maintaining professional standards.

In 2020, we evolved our feedback and complaints process to ensure our approach was fit for purpose and relevant to our operating environment.

RACS' approach is informal and non-judgmental, aimed at supporting individuals and building a culture of respect. It balances our duty of care to our Trainees to provide a safe environment, our responsibility to provide a procedurally fair and timely process, our professional commitment to build a culture of respect and our legal and ethical responsibilities as a College.

To get to the best outcome quickly and avoid duplicated effort, we make sure that all concerns and complaints are handled by the agency best placed to manage them. We support referrals to external agencies (including employers, health complaints commissions and regulators) which have the legal

powers needed to handle these matters effectively.

RACS has a feedback and support role, reflecting the vision and purpose of our College. We foster profession-led conversations that are collegial and non-judgemental and aim to encourage self-reflection and behaviour change. Our Executive Directors of Surgical Affairs (EDSAs) are involved when we do handle complaints. RACS Specialist Training Boards are involved when there is an issue with a training post and our Professional Conduct Committee has a role in the most serious cases.

Independent review

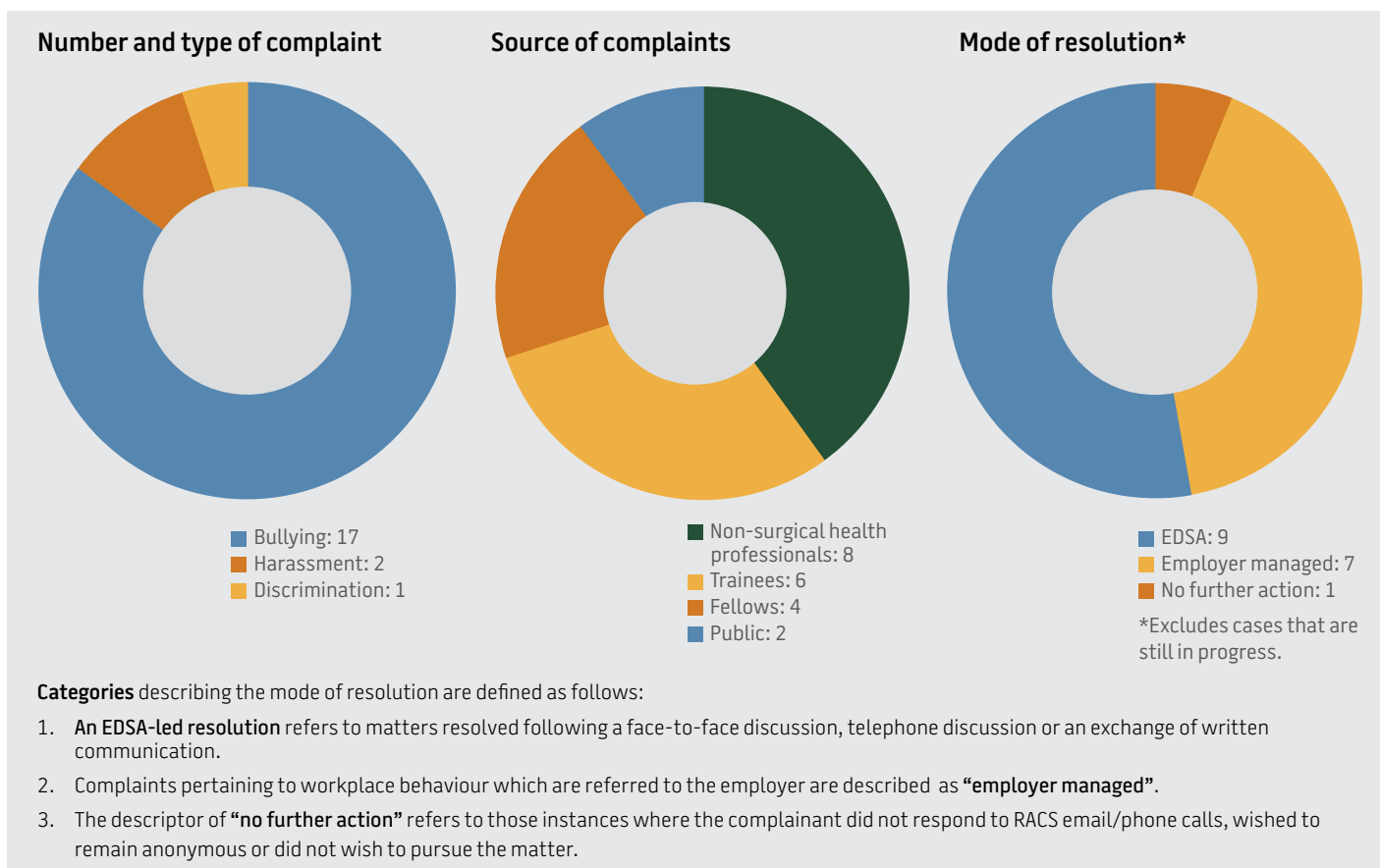
A second independent external review of our revised approach, conducted in 2020, endorsed it as appropriate and adapted to the limits on the College's powers and the environment in which it operates.

Building trust in our feedback and complaints function will be an ongoing priority in the years ahead. In 2021, we will implement recommendations of the independent reviewer and communicate our feedback and complaints approach widely with our membership.

After extensive consultation, RACS’ hospital accreditation standards, which are currently under review, will include an information sharing protocol which supports information sharing between employers and RACS in relation to surgical practice-related complaints. Administrative issues and extensive communication will be put in place prior to the introduction of the protocol.

2020 DBSH feedback and complaints

The data shown in the following diagrams is derived from formal complaints provided to RACS. In keeping with the recommendations of the External Reviewer, in 2021, we will review and refine these categories to enable a more nuanced view of the unprofessional conduct we are working to address and to improve reporting across the program.



The complaints and feedback office received 66 enquiries resulting in 20 documented complaints of DBSH in 2020. No complaints were received regarding sexual harassment. This underlines the need for us to continue to raise awareness of and to build confidence in our complaints handling processes. Our new complaints management model encourages the discussion of options regarding the most appropriate complaints mechanisms that can be accessed as well as support for those who wish to access these pathways. However, it is important that the reasons for the decrease in reporting compared with previous years is understood. This has been included for consideration in our phase 2 evaluation of the Building Respect program, to take place in the first half of 2021.



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