Royal Australasian
College of Surgeons
Let's operate with respect

Building Respect and Improving Patient Safety

Frequently asked questions

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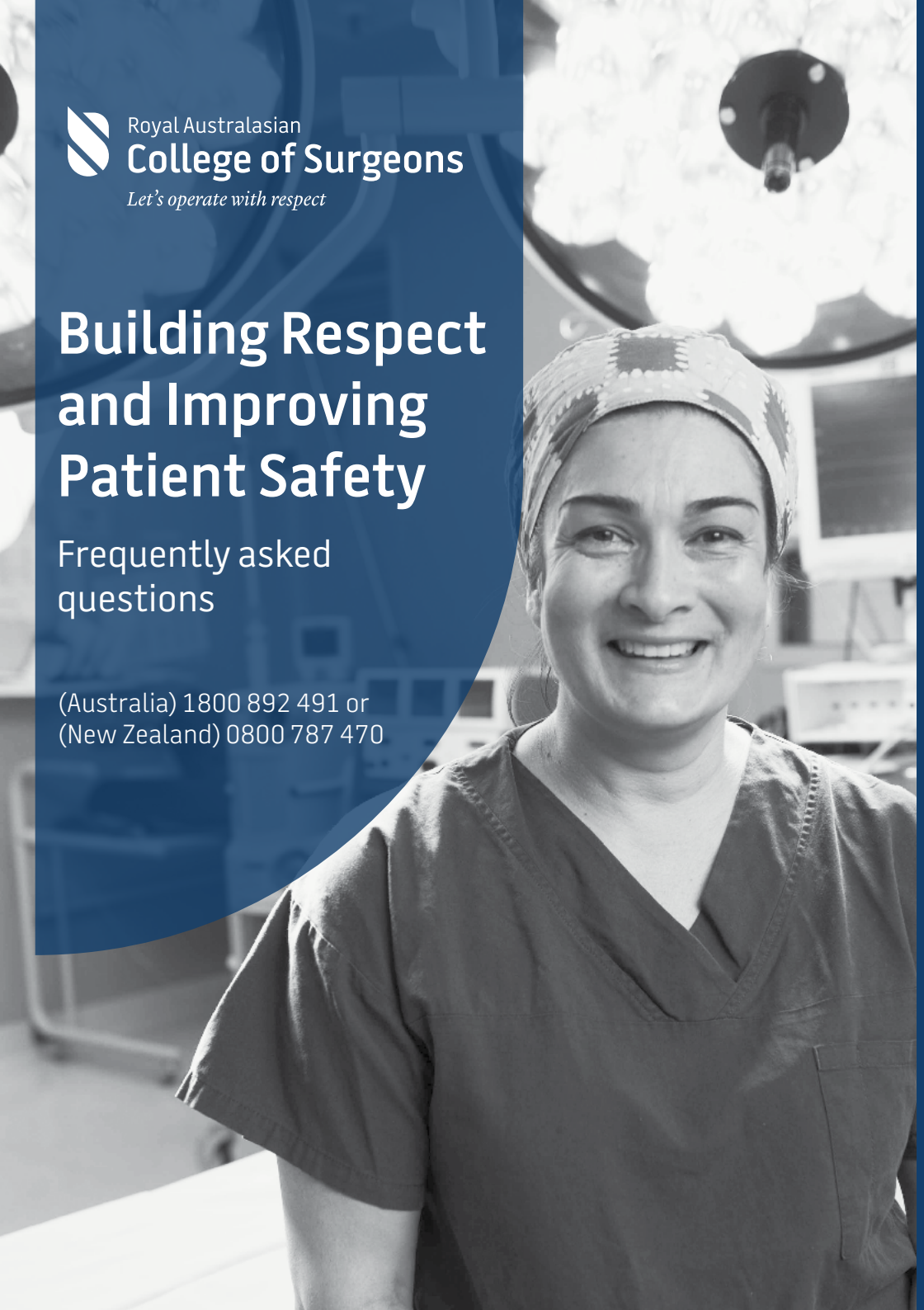

1. Why are we doing this?

RACS' Building Respect, Improving Patient Safety initiative addresses the problems uncovered by an independent investigation into discrimination, bullying and sexual harassment (DBSH) in surgical practice. The 2015 investigation was led by an independent Expert Advisory Group (EAG) and included a first-of-its-kind prevalence survey and qualitative research with RACS members. Read more about the results and RACS' response here.

2. Where is the evidence for RACS' approach?

There is an increasing body of published, peer reviewed research that sets out the evidence linking unacceptable behaviours with increased risks to patient safety.

An extensive literature review, analysis of the surgical environment in Australia and New Zealand and practical insights from other professions grappling with similar issues informed the EAGs findings. The EAG's 42 recommendations are based on this evidence and designed to specifically address the problems their investigation identified in our profession.

Experience tells us that cultural and behavioural change requires a sustained focus and a multifaceted approach. We know that change of the scale we need will take a generation of effort and relies on a long-term plan.

We understand that:

- There is no one action we can take that will build a culture of respect in surgery.
- Education alone will not change the way surgeons behave.
- There are many influences on the way each of us behaves. We also know that:
- RACS Fellows, Trainees and IMGs are committed to improving patient safety.

How we each behave every day - with our peers, our colleagues, our students and our patients – shapes the culture of our profession and impacts on patient safety.

- We can all help build a culture of respect.

3. The role of mandatory training

Nearly all of us (more than 98%) have now completed RACS' online training Operating with Respect, which raised awareness of bullying, discrimination and sexual harassment. This training made it clear which behaviours are not acceptable at work or in training.

An increasing number of surgical supervisors and senior surgeons have also completed the Operating with Respect face to face course, which builds understanding of the impact of unacceptable behaviour and develops the skills to do something about it. We have focused on giving these surgeons the skills and confidence they need to speak up when we see these behaviours at work or in training. Dealing with discrimination, bullying and sexual harassment early and swiftly helps prevent further harm.

RACS is also aligning our code of conduct, RACS has centralised its complaints management process, increased external scrutiny through an independent review of its processes and is working towards best practice complaints management that is transparent, robust and procedurally fair.

We aim to take a supportive, remedial approach built on the principle of procedural fairness. When we can, we try to correct unacceptable behaviours and improve patient safety through education and increased understanding. Sanctions are in place for the small number of surgeons who do not respond.

5. What has cultural diversity got to do with improving patient safety?

High quality surgical education and training demands diversity, equity and inclusion in our profession. It will help us better reflect the diversity of the wider community and is an important way of increasing our cultural competence. Surgeons who are culturally competent engage better with their patients and their healthcare teams. This improves team work, clinical care and patient safety, and delivers better patient outcomes

RACS has a dedicated Diversity and Inclusion Plan which sets out our priorities for action and commitment to diversity and inclusion.

6. Why is gender equity important?

Evidence shows that gender equity in business promotes innovation and enhances decision-making. It will also improve the practice of surgery, more closely aligning our profession with the wider community and helping us better meet the needs of our patients. There is work for us to do to increase the number of women in our profession and make surgery an attractive profes- sion to them.

We are researching the barriers to women's participation in surgery to better understand what we must do to address them. We are working with Specialty Training Boards on making flexible training more available to all. We are also monitoring our progress against the goals we have set to increase the representation of women in all leadership roles within the College.

7. What is the value of working in partnership?

There is no longer tolerance for discrimination, bullying and sexual harassment in professions and industries around the world. The Australian and New Zealand communities we serve expect us to maintain our efforts to build a culture of respect in surgery.

We can achieve more together than we can alone. To establish a strong culture of respect in surgery we need the support of governments (legislation), employers (policy and redress/issues resolution) and each other. The leaders in our profession, our senior surgeons, set the behavioural standards for younger surgeons and are influential role models and teachers. We all have important roles in modelling respectful practice, calling out unacceptable behaviour, and working with our peers who have more to learn about operating with respect.

8. How will we measure our success?

We have to be able to measure the impact and reach of our work to build a culture of respect in surgery. To help us do this, we have adopted a three phase evaluation framework,

to enable us to assess our work and inform future efforts to make sure we meet our goals. The framework is evidence-based and will enable us to report on the progress of our work over the medium to long-term.

For more information contact:
surgeons.org/about-racs/about-respect

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