Royal Australasian
College of Surgeons

2019 PROGRESS UPDATE

DIVERSITY AND INCLUSION PLAN

INTRODUCTION

Diversity, in all its dimensions, will strengthen the profession of surgery and the College.

Recognising this, in 2016 Royal Australasian College of Surgeons (RACS) created its first Diversity and Inclusion Plan. We made this specific commitment as part of our wider work to build a culture of respect in surgery.

The RACS Diversity and Inclusion Plan sets five objectives and our progress against these is detailed in this report. 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.

RACS is proud to be introducing cultural competency as the tenth core surgical competency. There is no more important way for us to state that cultural competence is as central to surgical excellence as the existing nine competencies of Collaboration and Teamwork, Communication, Health Advocacy, Judgement – clinical decision making, Management and Leadership, Medical Expertise, Professionalism and Ethics, Scholarship and Teaching and Technical Expertise. We will progressively update our education and policy framework to support this change.

This 2019 Progress Update presents the work we have done in recent years to increase diversity in our profession. Ensuring the surgical profession reflects the community we serve remains a priority for RACS. Work towards achievement of the goals and objectives in this plan will continue.

Mr Richard Perry
RACS Vice President

OBJECTIVE 1. INCLUSIVE CULTURE AND LEADERSHIP EXCELLENCE

Intentionally create a culture of inclusion amongst the surgical community through advocacy, championing and communicating diversity.

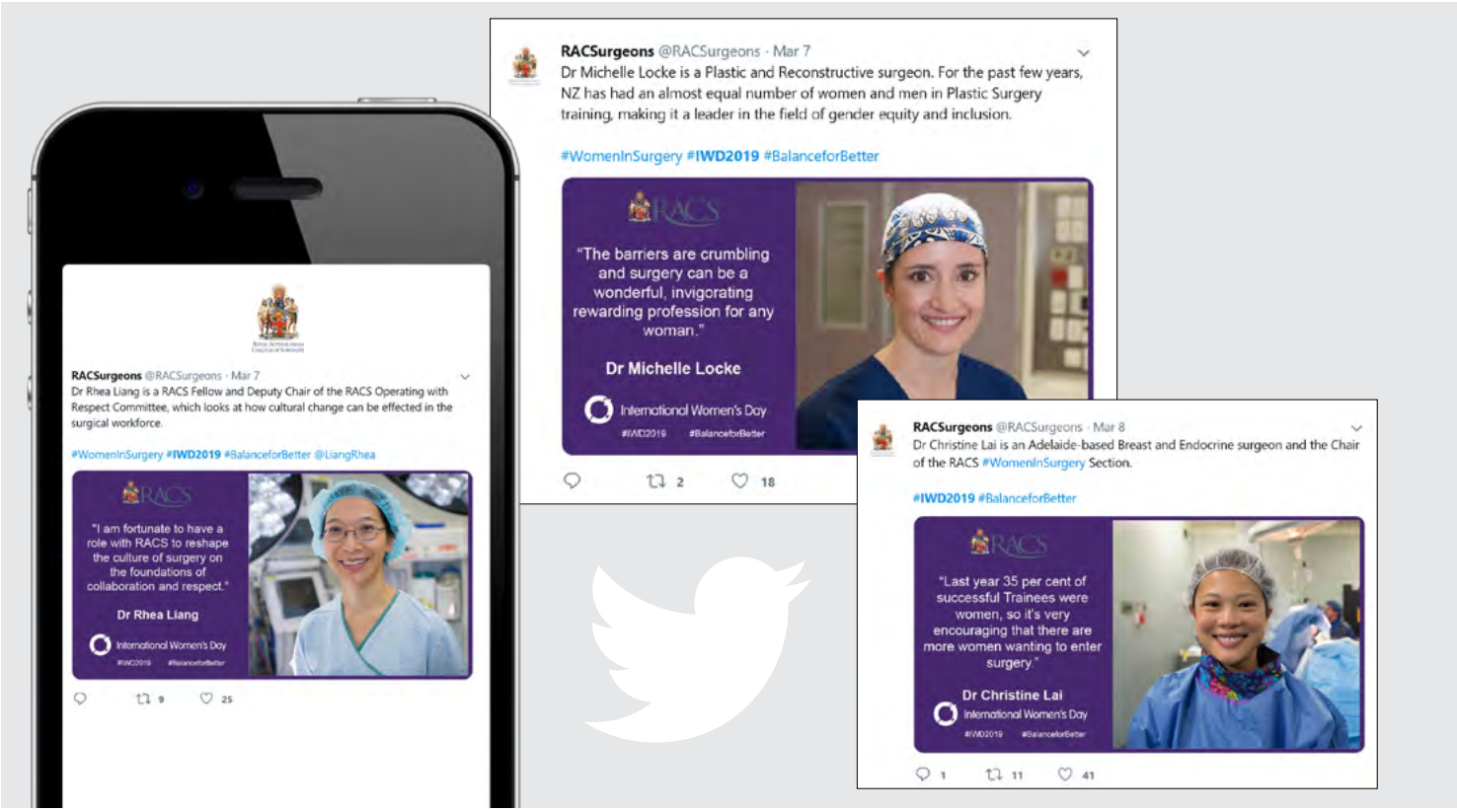
Action	Task	Administrative responsibility	Measurable target	Status
1.1 Implement a consistently inclusive communication strategy.	1.1 Implement a consistently inclusive communication strategy.	Communications Manager	Our publications, photos, social media and communication approach is inclusive of diversity	Ongoing
	1.1.2 Update RACS website with more representation of women surgeon leaders and other diverse groups	Communications Manager	Website reviewed and updated on a regular basis	Ongoing
1.2 Identify and utilise cultural symbols to promote diversity and inclusion	1.2.1 Review prominent displays of photos and other artefacts within RACS premises with a view to be more inclusive	COO via Curator, Archivist	Increased number of symbols used to promote diversity and inclusion	Ongoing
	1.2.2. Consider naming rooms or other structures after prominent women surgeons or other diversity champions	COO	Agenda, minutes	Complete
1.3 Promote cultural awareness	1.3.1 Publish articles promoting diversity with real life examples	Communications Manager	Four articles published	Ongoing
	1.3.2 Create opportunities for discussions and experiences of inclusion for all diversity groups e.g. UN days of celebration	Communications Manager	Three annual events e.g. ASC session, regional events	Ongoing
1.4 Educate in cultural safety and competence	1.4.1. Deliver education programs in cultural competence in line with AMC and MCNZ standards	EGM Fellowship Engagement, EGM Education	50% of Fellows, Trainees and IMGs report completion of Cultural Competence activity	Ongoing
	1.4.2 Include cultural competence and leading in diversity in the curriculum of relevant RACS courses	EGM Education	Curricula audited and opportunities identified; cultural competence and leading in diversity integrated across a range of curricula	In Progress
	1.4.3. Train surgical educators in identifying and rectifying patterns of unconscious bias.	EGM Education	Training not applicable	Ongoing
	1.4.4 Provide cultural competence training to RACS staff as per the RAP.	EGM People and Culture	75% of staff complete the nonmandatory Cultural Competence Program	-

Progress commentary/metrics
An audit of RACS communications demonstrated appropriate diversity mix in all publications and communications channels. RACS has an ongoing and explicit focus on this issue.
Website review including consideration of diversity lens is now an ongoing process which is part of our publications planning process.
Displays addressing this need have included women in surgery, women in the military. RACS first female President is cited prominently. Rotating e-display (reception) area reflects diversity in profession and amongst office bearers, as is consistent with our communications policy.
Considered and noted for future naming decisions
This is ongoing and addressed via our publications planning process which includes both print and social media. For example, the May issue, 2018 of *Surgical News* supported the *Building Respect, Improving Patient Safety* strategy to profile diversity and women in surgery achieved the following: • Cover - surgeon Dr Pecky De Silva • Pg 10: Story interviewing female rural surgeon Dr Christina Steffen. *Building Respect, Improving Patient Safety* discussed in story • Pg 24: Research featured by WA Plastics Trainee by Dr Emily Ryan • Pg 28: Susan Halliday piece on conscious and unconscious bias. Social media posts promoting women in surgery continuously achieve strong engagement. An example are posts in May 2019 featuring Dr Ruth Mitchell, a neurosurgery Trainee and founding member of the International Campaign to Abolish Nuclear Weapons (ICAN), and Victorian Orthopaedic Surgeon and Clinical Director for Surgery and Perioperative Services for RAAF, Dr Annette Holian, FRACS giving the Dawn Service address at Melbourne's Shrine of Remembrance.
RACS celebrates days of national and international focus such as International Women's Day, NAIDOC week, National Reconciliation Week, Close the GAP day.
The College provides opportunities for Fellows, Trainees and IMGs to complete Intercultural competency e-learning. Fellows are encouraged to undertake intercultural competency training as part of their Annual CPD program. In 2018, 17% (887 RACS Fellows) reported completing an activity for cultural competence in their CPD record.
• Identification of curriculum inclusion in Academy Studio Session, Australia and New Zealand Surgical Skills Education and Training (ASSET), Critical Literature Evaluation and Research (CLEAR) and Difficult Conversations with Underperforming Trainees courses - complete • Developing the first full draft of the eLearning storyboards for courses 1 and 2 Health and Cultural Safety • Applying for additional funding to prepare the eLearning course levels 3 and 4 (planned for commencement in early 2020) • Identifying curriculum for the Bioethics forum, Foundation Skills for Surgical Educators (FSSE), Promoting Advancement in Surgical Education (PrASE) and Younger Fellows Forum (YFF) • Mapping content of IMG, Skills and Professional Development courses to identify location of appropriate Cultural Safety and Indigenous Health content • Discussing with external education providers options for including customised content in their courses, including Process Communication Model (PCM) • Consideration of options for preparing online faculty training from an Indigenous Health and Cultural Safety expert or member of Indigenous Health committee
A review of evidence suggests that training is not an effective mechanism to address unconscious bias. Unconscious bias is being addressed as part of the review of selection processes. A key focus is on ensuring that selection processes are designed that mitigate against unconscious bias.
54.8% of RACS staff completed non-mandatory cultural competence training at 31 December 2018. In 2020, this will be included as part of RACS staff induction.

OBJECTIVE 1. INCLUSIVE CULTURE AND LEADERSHIP EXCELLENCE

Intentionally create a culture of inclusion amongst the surgical community through advocacy, championing and communicating diversity.

Action	Task	Administrative responsibility	Measurable target	Status
1.5. Identify and promote diversity champions	1.5.1 Allocate the roles of diversity champions in various groups (e.g. RACSTA, Rural SS, IHC, Senior Surgeons, Military)	Communications Manager	12 diversity champions named and their messages communicated	Ongoing
	1.5.2 Provide communication mechanisms for the messages by diversity champions to reach as wide an audience as possible	Communications Manager	All RACS media channels utilised	Ongoing
1.6 Support research into aspects of diversity and inclusion in surgery and disseminate findings	1.6.1 – 1.6.4: Identify research partners, develop proposal, collaborate to complete planned research, publish and communicate findings	EGM Education	Two research studies completed.	Complete
1.7 Collaborate with other health care system stakeholders to lead in diversity and inclusion to enhance surgical profession	1.7.1 Identify stakeholders for collaboration and influence	ELT, STANZ	Evidence of discussions with stakeholders.	Ongoing
	1.7.2 Engage in discussions and diversity projects	ELT, STANZ	Evidence of participation in D and I initiatives	Ongoing



Progress commentary/metrics

A range of diversity champions have been identified informally and these people are featured in various RACS communications and events.

This is now an ongoing process which is part of our publications planning process.

Two research projects have been auspiced by RACS in this reporting period:

A study exploring the reasons for and experience of leaving surgical training. Ardnell Group 2016, dissemination as reported under 2.8. Barriers to women choosing surgery as a medical specialty - final report January 2020. Dissemination plan developed.

Key issue for collaboration has been removal of barriers and promotion of takeup of flexible training, with hospitals accredited to host surgical Trainees, and MOU partners

RACS participation in Male Champions of Change initiatives (various); advocacy to promote transferability of leave entitlements and discussions with MOU partners

TOWARDS GENDER EQUITY

RACS' Women in Surgery section continues 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 a critically important focus of our work to remove barriers to the participation of people with carers' responsibilities in surgery. It is an important issue for both women and men who want to or who are starting or raising families while they undertake surgical training.

Since 2016 we have witnessed a range of 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.

While we have learned that local solutions are the most effective, RACS has been 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.

Take up of flexible training:

	2016	2017	2018	2019
Female	5	6	10	10
Male	1	1		9
Total	**6**	**7**	**10**	**19**

OBJECTIVE 2. GENDER EQUITY:

Increase the representation of women in the practice of surgery by removing barriers to participation and introducing flexible training models for any Trainee or surgeon, irrespective of gender

Action	Task	Administrative responsibility	Measurable target	Status
2.1 Set targets and guidelines for increased representation of women in SET across all specialties	2.1.1. Review each specialty's participation rates in surgery for the purpose of monitoring and reporting on the number of women	EGM Education	As women already represent 29% of Trainees RACS target is to reach 40% across all specialties by 2021	Complete
	2.1.2 Set aspirational and achievable targets for an increased representation of women in SET across all specialties	EGM Education	As above	Complete
	2.1.3 Issue guidelines and directions to achieve and report on the progress	All EGMs	Directions minuted, via Advocacy Board	Complete
2.2 Re-design training models and liaise with hospitals to ensure greater flexibility and family friendly protocols for all with respect to: • opportunities for less than full-time and flexible models • enable easier access to interrupted training e.g. parental and adoption leave • less frequent geographic change of rotation arrangements	2.2.1 BSET and RACS STBs to review/ investigate/create models for flexible training	EGM Education	Reduction in number of Trainees reporting inability to obtain a flexible training position (through RACSTA end of term survey) Reporting through BSET shows progress by each STB in implementing flexible training	Complete
	2.2.2 Review and redevelop if necessary the procedures for Trainees' applications for interrupted training and flexibility, ensuring their availability irrespective of gender	As above	As per completion of the action described	Complete
	2.2.3 Review educational basis for frequent change of training location.	As above	As per completion of the action described	Ongoing
2.3 Actively promote the availability of flexible training	2.3.1 Develop communication materials promoting availability of flexible training	Communications manager	*Surgical News* articles. RACSTA Newsletter, Communication to Specialty Societies	In progress
	2.3.2 Communicate new flexible training models available and procedures to access them	As above	Increased number of trainees applying and utilising flexible training options	In progress
2.4 Identify the appropriate resources (Fellows, staff) that will support liaison and collaboration between the training boards, hospitals, government and industrial organisations to implement less than full-time training, identify flexible posts and support Trainees	2.4.1 Liaise with Training Boards to identify resources required	EGM Education	Increased number of flexible posts available and taken up by Trainees	Ongoing
	2.4.2 Develop protocols for collaborative use and management of the shared resource	As above	Resources developed	In progress
	2.4.3 Work with employers, government, and industrial organisations to create part-time posts	As above	Improved takeup of flexible training	Complete
	2.4.4 Actively offer support to Trainees seeking flexible options	As above	Trainees report feeling supported	In progress

Progress commentary/metrics
Each specialty now provides data on numbers of women applying to SET training and the numbers of women who are successful in their application
Target is agreed: to increase representation of women in SET from 29% in 2016 to 40% by 2021
Biannual reporting schedule and reporting framework established and implemented.
All RACS Specialty Training Boards include flexible training as an option for male and female Trainees. Details vary across specialty as determined by the requirement of the different training program, but details about flexible training are included in all training regulations and reports are provided to BSET RACSTA survey results show that at the end of rotation 1, 2019 only one Trainee was unable to secure flexible training position and three were awaiting a response.
Flexible training is available to male and female applicants. Each RACS Specialty Board oversees its application process. RACS is actively working to reduce barriers to takeup of flexible training.
RACS has researched the implications of frequent change of training location and identified this as one of the contributing factors as to why people either do not select surgery or leave surgical training prematurely. This has been noted by the Boards of Surgical Education and Training. Removing the need to travel poses difficulties for smaller specialties; where the requirement to travel does not apply, specialty training boards are encouraged to keep a Trainee in a single state.
Flexible training is profiled in each RACS' communications channels and via regional scientific meetings on a regular basis. The RACSTA Induction conference 2019 for new SET Trainees featured a session in flexible training. A current urology Trainee shared her experience of applying for and securing a flexible training position after a period of interruption.
The requirement to offer training on a flexible/ less than full time basis is now reflected in RACS Training Policy and in the training regulations of each Specialty training Board. RACS has communicated this in writing to all hospitals accredited to host Trainees. Flexible training is organised for Trainees upon request, on a case by case basis and is largely dependent on the unique circumstances of each post at a particular time. The number of Trainees in flexible training positions in rotation 2, 2019 is 20 across 10 hospitals. This is a considerable increase from recent years (2015 = 4, 2016 = 7 and 2017 = 7, 2018 = 10). So far 14 have been approved for rotation 1, 2020 and data is still being collected fom a number of specialties.
Hospitals provide information as to whether flexible training posts can be accommodated. This information is collected as part of the accreditation reports when posts are inspected (standard 5) and the provision of flexible employment options are a minimum requirement for hospitals.
The SET team has been identified as the first point of contact for Trainees seeking assistance in obtaining flexible training positions. Current and past Trainees in flexible training will be contacted to ascertain their willingness to act as informal "information sources" for future Trainees seeking flexible training positions
Refer commentary supporting objective 1 in this report
As for 2.4.2

OBJECTIVE 2. GENDER EQUITY

Increase the representation of women in the practice of surgery by removing barriers to participation and introducing flexible training models for any Trainee or surgeon, irrespective of gender

Action	Task	Administrative responsibility	Measurable target	Status
2.7 Investigate reasons why women are not applying to RACS surgical training programs in proportions representative of graduation from medical schools	2.7.1 Undertake survey of women in the medical workforce and final year medical students to identify real and perceived barriers to applying to surgical training programs	EGM Education	Survey results to inform a recruitment and promotion strategy.	In progress
2.8 Investigate barriers to women's successful participation in and completion of surgical training following selection	2.8.1 Implement responses to findings in Leaving Training Report and SET evaluation	EGM Education	Known improvements to experience of training compared to 2016 benchmark	In progress
	2.8.2 Plan a follow up study of experiences of training	As above	Study conducted	New
	2.8.3 Explore feasibility with government and other entities to enable parental leave to work across state boundaries	CEO	Harmonisation of legislation/regulation across states and territories	In progress

SURGERY AS A CAREER FOR WOMEN

Highlighted are events that promoted surgery as a profession, including a focus on women in surgery

ACT

ACT Health Intern Orientation program mini expo; Jan 2019

International Women's Day; 2019

Women in Surgery career evening; 2019

ASM presentation on women in surgery; 2019

NSW

Women in Medicine; 2016, 2017, 2018

NSW Prevocational meeting; 2017, 2018

JDoc Forum organised by NSW Health President attended; 2017

Equality in Medicine; 2019

NT

Flinders University Careers Expo; 2019

AIDA Conference; 2019

QLD

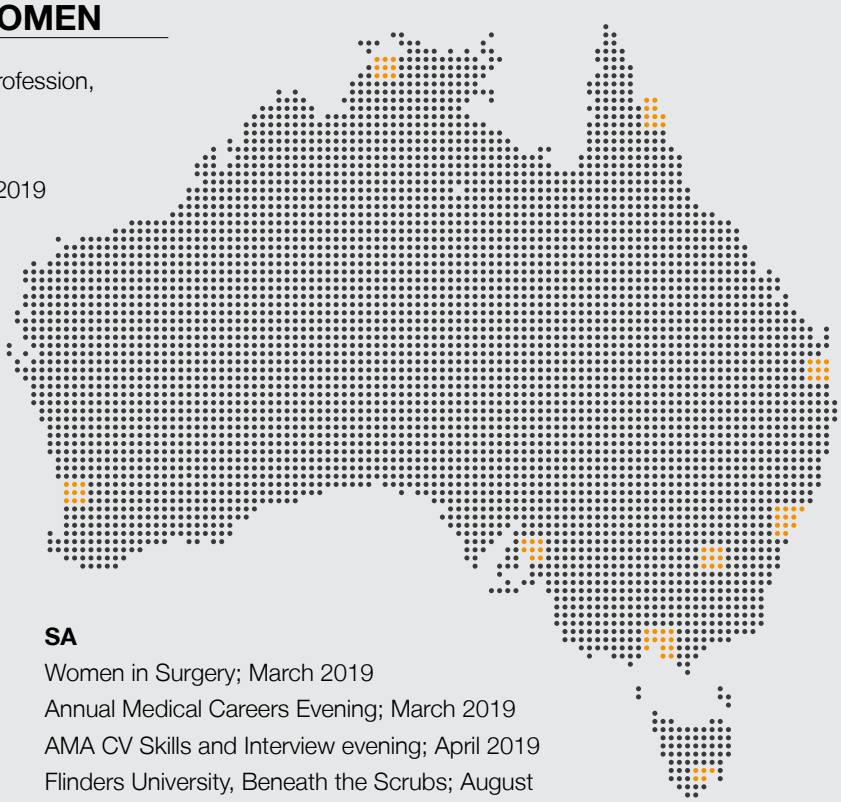
Medical student surgical skills competition; 2016, 2017, 2018, 2019

Medical careers expos; 2016, 2017, 2018, 2019

QLD State Conference; 2019

Women in Surgery events; August 2019

- Cairns
- Gold Coast
- Sunshine Coast
- Brisbane



SA

Women in Surgery; March 2019

Annual Medical Careers Evening; March 2019

AMA CV Skills and Interview evening; April 2019

Flinders University, Beneath the Scrubs; August 2019

SA, NT and WA ASM; September 2019

Port Lincoln High School Even, September 2019

Adelaide University, Women in Surgery; September 2019

SET for SET; September 2019

Progress commentary/metrics

"Barriers to women selecting surgery as a medical specialty" research phase complete; analysis of findings in progress. Final report to be delivered in January 2020.

Research report was delivered in June 2017. Findings presented to BSET, RACS Council and widely disseminated via print media. Report has been submitted for publication in the peer reviewed literature.

Report findings in relation to the culture in surgical training are consistent with the findings of the EAG, DBSH. These findings inform the Building Repsect Action Plan and activities implemented in response.

Report findings in relation to conditions of training inform the agenda of BSET and require an ongoing focus.

This will be considered following the phase 2 evaluation of Building Respect

RACS has identified this as an advocacy priority. States and territories have separate policies determining eligibility for paid maternity leave, mostly requiring 12 months' continuous service in that jurisdiction. Harmonisation at a national level is required, and RACS has raised the issue with Federal and State Health Ministers.

Vic/Qld/NT: Have demonstrated significant support for leave portability.

NSW: a recent letter from the Health Minister confirms support for Trainees around leave entitlements across state boundaries.

Discussions continue with other states and territories via COAG.

This is not applicable in New Zealand.

TAS

Women in Surgery/International Women's Day event; March 2019

VIC

Medical Student's workshops x 3 each year; 2016, 2017, 2018, 2019

Developing a Surgical Career x 1 each year; 2017, 2018, 2019

Surgical Students Society of Melbourne Women in Surgery; 2019

MUMUS - Monash Uni Medical Careers Expo; 2018, 2019

AMA Medical Careers Expo; 2019

ISSC Conference; 2019

PMCV Expo; 2019

WA

WA Post Graduate Medical Council Careers Expo; 2016, 2017, 2018, 2019

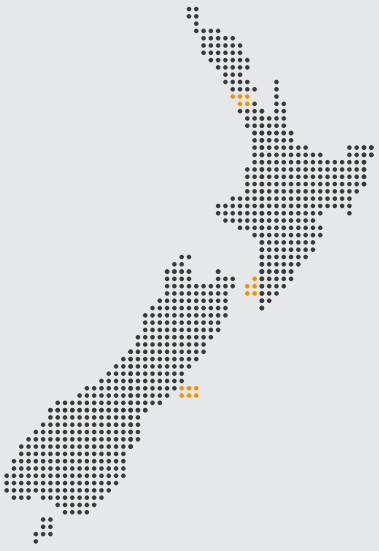
UWA Surgical Society WIS Event; 2016, 2017, 2018, 2019

Notre Dame Surgical Society Careers Expo: 2016, 2017, 2018, 2019

AIDA Conference; 2018, 2019

AMSA Convention; 2018

WIS International Women's Day Cocktails; 2019



NEW ZEALAND

2016-2019: NZ Medical Students Association annual conferences: Promoting surgery as a career (approx. half of NZ medical students are female)

2016-2019: Career evenings in several District Health Boards for prevocational doctors

2016-2019: NZAGS annual conferences: Promoting surgery as a career to prevocational attendees

2016-2019: NZAPS annual conferences: Promoting surgery as a career to prevocational attendees

2016-2019: NZSOHNS annual conferences: Promoting surgery as a career to prevocational attendees

2016-2019: Te Ohu Rata o Aotearoa (Te ORA) annual conferences: Promoting surgery as a career to prevocational Māori attendees

2016, 2018, 2019: NZOA annual conferences: Promoting surgery as a career to prevocational attendees

2019: International Women's Day Breakfast

2019: Presentation within Surgery 2019 related to women in surgery: Promoting surgery as a career to prevocational indigenous attendees

INDIGENOUS PEOPLES: ABORIGINAL AND TORRES STRAIT ISLANDER AND MĀORI HEALTH

RACS Diversity and Inclusion Plan provides a useful framework to ensure our work to progress and report on the representation and participation of Indigenous peoples from Australia and New Zealand in surgery is a college-wide responsibility.

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 Island 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 guides the ongoing review and development of RACS Indigenous health portfolio, to ensure that it continues to meet our aim to improve the health of Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand, in partnership with those communities. 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.

Australia

RACS strong commitment to promoting Aboriginal and Torres Strait Islander peoples' health and participation in surgery continues.

We are moving into the next phase of our Reconciliation Action Plan, and continue to work with Reconciliation Australia to ensure our program is nationally aligned with Australia's wider community effort.

Our effort to address the devastating problems of indigenous ear health continue. The RACS-led, profession-wide Ear Health for Life Consortium is hoping to soon progress to a research phase and has prepared an application for Medical Research Future Fund support for this work. RACS's prioritisation of this Indigenous health issue was affirmed by the World Health Organisation's (WHO) decision to create a new category to describe the egregious state of Australian Indigenous ear health, as it fell outside the previous WHO classification system.

Our efforts to increase the number of Aboriginal and Torres Strait Islander surgical Trainees continues. While we are not yet at parity with the wider indigenous population, there has been an increase in Indigenous Trainee numbers in the last two years.

We are also exploring new pathways to increase the participation of Aboriginal and Torres Strait Islander doctors in surgery. We are in active discussions with the Royal Darwin Hospital in the Northern Territory to try to think more laterally about how to address this recruitment challenge. Currently, while applications for RACS traineeships are over-subscribed, there is limited interest from Aboriginal and Torres Strait Islander doctors in surgery as a career.

New Zealand

The RACS Indigenous Health Committee oversights the work of the Māori Health Advisory Group (Advisory Group), which is responsible for providing advice on the implementation of the Māori Health Action Plan and on other key Māori health initiatives, projects and content in RACS position statements and policies. The Māori Health Action Plan 2016 – 2018 sets out the College's priorities that address Māori health inequity. It aims to achieve a culturally safe and competent surgical workforce and advocate for health equity. The Māori Health Action Plan has been reviewed and extensive consultation is underway to inform further development of Te Rautaki Māori, Māori Health Strategy and Action Plan 2020 - 2023. A consultation meeting in November 2019 brought together the Māori community from different organisations across the health sector to provide feedback and comment on Te Rautaki Māori. It is important that the needs and aspirations of the Māori community are heard and considered for planning and Māori health development. A final draft is expected by March 2020.

Significant advances toward achieving the 2016 - 2018 vision for equitable health outcomes for Māori, have occured. RACS now has a Māori name, 'Te Whare Piki Ora o Māhutonga' which is mainly used in New Zealand and a Māori motif which is being included in RACS branding. Ensuring Te Ao Māori is present and visible in college activities, image and culture is another way of demonstrating RACS commitment to addressing Māori health inequities and Māori representation in surgery.

OBJECTIVE 3. PARTICIPATION OF ALL DIVERSITY GROUPS

Ensure the profession of surgery is accessible to all people regardless of their minority group status.

Action	Task	Administrative responsibility	Measurable target	Status
3.1 Improve and extend our relationships with Aboriginal and Torres Strait Islander peoples and organisations to enable us to better equip the surgical workforce to meet the needs of all Australian Communities	3.1.1 Complete Action Plan Goal 1: Relationships, as outlined in the RACS Reconciliation Action Plan 2016-2017	IHC, Fellowship Services Relationships and Advocacy	• Developing a RAP Steering group. • Establishing strong partnerships with key stakeholders. • Inviting an Elder in residence as a formal role within the College. • Raising awareness about reconciliation.	Ongoing
3.2 Engender respect and enhance cultural competency amongst the surgical workforce	3.2.1 Complete Action Plan Goal 2: Respect, as outlined in the RACS Reconciliation Action Plan 2016-2017.	IHC, Fellowship services	• Developing appropriate Aboriginal and Torres Strait Islander protocols. • Communicate and advocate for improvements in Aboriginal and Torres Strait Islander health. • Develop and implement cultural competency and Aboriginal and Torres Strait Islander health training.	In progress
3.3 Promote an increase in the number of Aboriginal and Torres Strait Islander Fellows, Trainees and staff by creating an organisational culture that values and encourages opportunities for Aboriginal and Torres Strait Islander Peoples	3.3.1 Complete Action Plan Goal 3: Opportunities, as outlined in the RACS Reconciliation Action Plan 2016-2017.	IHC, Fellowship Services People and Culture	• Establish a network of Fellows interested in supporting Aboriginal and Torres Strait Islander health. • Develop Aboriginal and Torres Strait Islander recruitment strategies. • Facilitate an increase in Aboriginal and Torres Strait Islander Trainees by guaranteeing a training post. • Promote reconciliation through our business relationships and considering supplier diversity.	Ongoing
3.4 Tracking progress and reporting	3.4.1 Complete Action Plan Goal 4: Tracking and Progress Reporting.	Fellowship Services	• Disseminate the RAP. • Report on RAP implementation.	Complete

Progress commentary/metrics

- RACS relationship with the Australian Indigenous Doctors' Association (AIDA) has continued to grow. AIDA is formally represented on the Indigenous Health Committee. RACS has been a gold sponsor and RACS President has attended AIDA's annual scientific meeting for the last four years. AIDA President regularly attends RACS ASC. The organisations collaborate leading initiatives in support of Aboriginal and Torres Strait Islander pathways into specialty medicine and in advocacy for key health issues. RACS immediate past President Mr Phil Truskett was invited to serve as AIDA Patron.
- RACS has strengthened ties with the National Aboriginal Community Controlled Health Organisation (NACCHO). Presenting at their annual meeting in 2017/18 and incorporating them as a partner in RACS ear health for life advocacy.
- Professor Martin Nakata was appointed as an Education Advisor to provide strategic advice relevant to RACS indigenous health programs. Professor Nakata has addressed Council and the Board for Surgical Education and Training, presented as part of the 2018 ASC program and is an active contributor through RACS Indigenous Health Committee.

- Acknowledgement and welcome to country protocols have been established.
- Commissioning of the Aboriginal and Torres Strait Islander Motif has increased the visibility of Aboriginal and Torres Strait Islander health in the College and is prominently displayed during RACS Indigenous health activities.
- RACS has partnered with the Koorie Heritage Trust in Melbourne to deliver cultural competency training for staff. Training has been offered to all Melbourne based staff with programs investigated in the Australian states.
- Aboriginal and Torres Strait Islander Health and Cultural Competence e-modules have been promoted to Fellows through the CPD program. RACS is working with the Australian Indigenous Doctors' Association with respect to their roll-out of a face to face Aboriginal and Torres Strait Islander Health in Clinical Practice training program that would be tailored for the needs of surgeons.
- In partnership with ASOHNS, the College has led a three year ear health for life campaign in support of reducing the burden of ear disease in Aboriginal and Torres Strait Islander communities.
  - o Wins to date have included a new $30 million investment in hearing assessments over four years
  - o Federal Government support for the $7.9 million program addressing otitis media in the Northern Territory
  - o the establishment of a Hearing Health Sector Committee led by Minister Wyatt and development of national KPIs as part of the COAG process.
  - o Aboriginal Ear Health prioritised as part of a $160 million Medical Research Future Fund Mission.
- In September 2018, RACS secured a 2.5 year $460,000 grant from the Australian Department of Health to support a review of needs across nine surgical specialties in terms of Aboriginal, Torres Strait Islander health and cultural safety.

- The Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative has been implemented by 8 of 9 training boards. The first Trainee selected as part of the initiative started training in 2019.
- Aboriginal and Torres Strait Islander Health Network launched to connect Fellows interested in supporting Indigenous health initiatives.
- Formalised a list of Aboriginal and Torres Strait Islander suppliers and promoted to encourage the use of indigenous suppliers.
- RACS scholarships in support of Aboriginal and Torres Strait Islander medical students and doctors have increased from $15,000 in 2016 to $77,500 annually in 2020 funded by RACS, the Foundation for Surgery and with support from industry.

- RACS reports annually to Reconciliation Australia.
- In addition RACS has presented public updates on RAP progress and educational support projects in:
  - o 2016 and 2018 at the Australian Indigenous Doctors' Association Conference
  - o 2017 and 2019, to the Leaders in Indigenous Medical Education Conference
  - o 2018 to the National Aboriginal Community Controlled Health Organisation
- RACS Indigenous Health Committee is currently chaired by a RACS Councillor and from 2019 will report directly to College Council.
- RACS staff presented with an introduction to RACS Reconciliation aims and strategies including a brief introduction to cultural context.

OBJECTIVE 3. PARTICIPATION OF ALL DIVERSITY GROUPS

Ensure the profession of surgery is accessible to all people regardless of their minority group status.

Action	Task	Administrative Responsibility	Measurable target	Status
3.5 Provide advocacy for equity of Māori health	Goal 1, Maori Health Action plan.	IHC, Fellowship Services NZ office	• Develop a communications plan • Information provided in college publications. • Meetings with internal and external stakeholders.	In progress
3.6 Implement strategies to increase Māori representation in surgical workforce:	Goal 2 as outlined in the Māori Health Action Plan.	IHC, Fellowship Services NZ office	• Promote surgical careers at TeORA conferences. • Develop and promote scholarships. • Identify mentors and build links between surgeons and Māori doctors/medical students • Collect ethnicity data from New Zealand Fellows. • Investigate options for including Māori representation on selection panels.	Ongoing
3.7 Promote research and conduct audit in relation to Māori health disparities:	Māori Health Action Plan, Goal 3. Research and Audit	IHC, Fellowship Services NZ office	• Undertake cross sectoral analysis on state of Māori health • Provide financial support for Māori health research. • Ensure ethnicity data is collected as part of surgical research.	Complete/ In progress
3.8 Increase Māori cultural presence within the College:	Māori Health Action Plan, Goal 4. Cultural competence	IHC, Fellowship Services NZ office	• Develop a Māori name for the College. • Develop a Māori motif for the College. • Strengthen Māori health governance within organisational structure. • Identify appropriate karakia and identify meetings where this should be included. • College representatives and senior staff are familiar with tikanga and trained where appropriate.	Complete/ In progress
3.9 Provide support for people from culturally and linguistically diverse backgrounds (CALD) seeking to apply for IMG assessments and following their acceptance of a pathway to Fellowship	3.9.1 Provide induction or support to assist with understanding AU/NZ culture and working within these health systems.	IMG Assessment Dept Clinical Director, IMG	Number of induction sessions provided, frequency of contact with Clinical Director.	Complete
	3.9.2 Create opportunities for active inclusion of IMGs on pathway to fellowship	IMG Assessment Dept; Clinical Director, IMG	No of times these opportunities are taken up	In progress
	3.9.3 Develop a responsive support program for those IMGs assessed for Specialist Areas of Need pathways and placed in remote geographical areas	IMG Assessment and Support, STANZ	Increased participation of CALD groups within College as reported against the baseline	To do

Progress commentary/metrics

- Māori health is regularly highlighted through Surgical News with articles appearing in at least of issues annually from 2016. The September 2018 edition featured the Māori name and motif.
- New Zealand media have shown strong support for promoting RACS work in supporting Māori health highlighting ASC Award winners, scholarship recipients and Māori Health Medal Recipients.

- A meeting with the Chairs of the NZ training Boards/Committees was led by Indigenous Health Committee and Māori Advisory Group. Its purpose to collaborate and develop a framework to progress the development of appropriate and successful selection processes, as well as cultural competency for Trainees and selectors.
- Several selection committees for NZ-based surgical training have altered their selection systems to acknowledge applicants' knowledge / skills in te ao Māori.
  - All selection committees for NZ-based surgical training interested in furthering activities in this area
  - From 2018 selections processes, seven Māori selected for training.
  - From 2018 two NZ based selection panels included Māori representation
- RACS is a gold sponsor of the Te Ora (Māori Medical Practitioners Association) annual meeting. In 2016 RACS also provided gold sponsorship for the Pacific Region Indigenous Doctors Conference in Auckland and the Leaders in Indigenous Medical Education Conference in 2017 and 2019.
- Te Ora has a seat on RACS Indigenous Health Committee and President or delegate regularly attends RACS ASC.
- RACS scholarships in support of Māori medical students and doctors have increased from $15,000 in 2016 to $76,000 in 2020 funded by RACS, the Foundation for Surgery and with support from industry.

- New Zealand Annual Scientific Meeting and RACS ASC 2016, 2017, 2018 and 2019 programmes included presentations / sessions on Māori Health.
- Māori health research is featured as part of the ASC Indigenous Health program and the New Zealand annual meeting from 2016 onward including Surgery 2018: Planning For Change featured Dr Matire Harwood and Associate Professor Suzanne Pitama speaking on improving Māori health outcomes and working alongside Māori patients and whanau.

- Te Whare Piki Ora o Māhutonga was adopted as the Māori name for the College, the name broadly equates to the school of ascension to health under the Southern Cross, encapsulating RACS' commitment to excellence in learning, good health and the College's bi-national history.
- RACS has commissioned the Māori motif. These initiatives are highlighting the importance of Māori language and culture within the organisation and reinforcing this importance with Fellows, Trainees, IMGs and external stakeholders.
- Māori surgeons are active contributors and have formalised links on RACS Council and the New Zealand National Board.
- A Māori welcome is included at the opening of appropriate meetings. RACS Fellows and staff have worked together to identify appropriate welcome options and to provide support for Fellows with appropriate understanding and pronunciation.
- RACS New Zealand staff undertook training in the Treaty of Waitangi with specific regard to current health outcomes for Māori.
- Māori health medal was established and awarded annually at ASC to acknowledge and promote work undertaken in support of Māori health

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All IMGs are required to complete RACS IMG Orientation eLearning module prior to commencement of supervision.

All IMGs are required to attend RACS IMG Induction Workshop within first six month of commencement of supervision. The workshop is held three times per calendar year (in a different state/territory each time).

All IMGs are provided with a Welcome Pack upon commencement of supervision. The pack includes a welcome letter from RACS Clinical Director, a personalised id card, a BRIPS fact sheet, a Converge fact sheet, STANZ information and a list of available skills and professional development courses.

IMG Committee is engaging with Specialty Training Boards requesting inclusion of IMGs in Fellowship Examination preparation study groups and courses.

The monitoring of participation data has been flagged as an area to address.

To Do

Women's representation on committees and other leadership roles: 20% by 2018 and 40% by 2020

DIVERSE REPRESENTATION

We are pleased to note steady, if slow, improvement in the representation of women in surgery. Last year, 31 per cent of applications for a training place were from women, and 33 per cent of Trainees accepted onto our training program were women. The representation of women on RACS Council and Committees is also increasing. After the Council elections for 2020, 40 per cent of RACS Councillors will be female. Given the proportion of women in the surgical profession generally is 13 per cent, this is a significant achievement and reflects the substantial contribution women make to our profession.

In 2017, RACS committed to a Panel Pledge which aims to ensure that women are better represented at conferences, seminars and other leadership opportunities. The Panel Pledge was initiated by Chief Executive Women, Women's Leadership Institutes Australia and Male Champions of Change. It recognises that conferences and panels provide a platform to share experiences and perspectives, and that lack of diversity limits the quality of the conversation and potential outcomes. RACS Panel Pledge commits us to making every effort to ensure women leaders are represented on all RACS panels and explicitly asking other conference organisers that we work with to pay attention to this issue. As Elizabeth Broderick, Sex Discrimination Commissioner, Australian Human Rights Commission notes: '..if you don't intentionally include, the system unintentionally excludes…'.

Invited speakers in 2018/2019 for main conferences:

Percentage of women – invited speakers/ chairs/presenters

Meeting	2018	2019
RACS ASC	22%	32.6%
ACTASM	39%	28%
NZ Surgery (ASM)	30%	38%
QLD ASM	N/A	37.5%
SA/WA/NT ASM	26%	21%
Tasmanian ASM	39%	33%
Victorian ASM	29%	27%


Increasing representation of women in SET from 29% in 2016 to 40% by 2021

OBJECTIVE 4. DIVERSE REPRESENTATION ON BOARDS AND IN LEADERSHIP ROLES

Increase diversity and in particular, representation of women, on training boards and in all College leadership roles.

Action	Task	Administrative Responsibility	Measurable target	Status
4.1 Set targets for women's representation on Training Boards and College Boards including in leadership positions	4.1.1 Develop targets for women's representation on each Training Board	EGM Education	20% by 2018 40% by 2020	Complete
	4.1.2 Develop targets for women's representation in Committees and other leadership roles	EGM Education	20% by 2018 40% by 2020	Complete
	4.1.3 Develop targets for women's representation as Examiners	EGM Education	To do	Not achieved
	4.1.4 Publicise the set targets and issue a statement of expectation and intent to fulfil these targets	EGM Education	Targets publicised	Complete
4.2 Achieve greater diversity on Training Boards and within RACS Boards and committees	4.2.1. Create and implement a plan to achieve the desired board composition including adjusting terms of reference	CEO and EGMs	More diverse Board membership reported against the baseline benchmark.	In progress
	4.2.2 Appoint community, non-surgeons and education professionals	CEO and EGMs	More appointments against the baseline benchmark	Ongoing
4.3 Encourage potential candidates to participate in leadership roles (RACS Boards and committees)	4.3.1. Promote opportunities for involvement and encourage diversity in applications (e.g. Council elections and regional committees)	CEO and EGMs	Increasing participation of women and other diversity groups in leadership roles, as reported annually.	Ongoing
4.4 Provide support for diversity groups to improve their pathways to involvement in leadership roles through mentoring resources and support	4.4.1 Promote the use of current mentoring resources	EGM Education Fellowship services	2 x *Surgical News* annually, monthly Fax Mentis, RACSTA, other newsletters. Feedback via surveys shows	Ongoing
4.5 Reduce the barriers to participation in various leadership processes and events	4.5.1 Make greater use of electronic and online technology for meetings e.g. video-conferencing	All EGMs	Greater participation of women, other diversity groups and greater representation of regional areas in RACS events	Achieved
	4.5.4 Provide training to chairs of teleconferences to promote participation.	All EGMs	Training provided	Ongoing
	4.5.2 Consider selecting venues for professional development activities that provide child minding and/or breastfeeding facilities for the parent	Conference and Events (set standard)	Family friendly facilities provided	Ongoing

Progress commentary/metrics
Target agreed: Women's representation on Training Boards, College Boards and major committees, in other leadership roles, 20% by 2018 and 40% by 2020
As above
To do
Completed via *Surgical News*, Building Respect Improving Patient Safety Progress Updates
Rationalisation of the RACS governance structure will include review of all committee terms of reference. The Governance Committee will also review the College's committee membership application process, ensuring transparency. Both aspects will include consideration of community, non-surgeon and education professional involvement.
External co-opted members are engaged in multiple committees and boards of the College including College Council, Board of Surgical Training and Education, Education Board, Professional Development and Standards Board, Governance Committee, Resources Committee, Risk Management and Audit Committee, Investment Committee, Information Technology Governance Committee and Foundation for Surgery Board. Seven of 13 Specialty Training Boards have external members appointed as of November 2019.
The Governance Committee will review the College's committee membership application process, ensuring transparency.
The Younger Fellows Committee has established a mentoring program for Younger Fellows interested in advancing their careers, academic and research interests. Cohorts of up to 20 pairs of mentees and mentors have been matched and introduced at RACS ASC from 2017 through 2019. RACS mentoring resources are made available on the website and booklets are provided at relevant professional development courses.
Will be further supported through implementation of the "RACS One College Transformation" Plan
As above
Breastfeeding facilities provided at all RACS offices. Consideration given to this regarding use of external facilities in the planning of conferences and events.

AN ONGOING COLLEGE-WIDE COMMITMENT

We have adopted an integrated delivery model for our work to support diversity and inclusion. Accountability and responsibility for this is shared across the college.

The Executive Committee of Council oversees the plan's overall implementation and reports to Council on progress, changes and updates; benchmarking and reporting are the responsibility of the CEO; RACS Governance Committee oversees the work we are doing to support diverse representation on Boards and in leadership roles; and the Indigenous Health Committee oversees our work on indigenous diversity. Administrative responsibilities for specific actions in the plan are detailed in the tables in this report.

In allocating responsibility for action in this manner, we aim to ensure our commitment and accountability for progression of this work remains a college-wide focus into the future.

OBJECTIVE 5. BENCHMARKING AND REPORTING

Be transparent and accountable for increasing diversity and making progress against the Diversity and Inclusion Plan, by gathering data and reporting publicly on progress.

Action	Task	Administrative Responsibility	Measurable target	Status
5.1 Collect data and report on representation of women on Boards and Committees	5.1 Develop data gathering mechanisms	Vice President	Gender split of Board/ Committee memberships regularly reported	Complete
	5.2 Collect data on various representation criteria including gender split	Vice President	Annual reporting as minimum	Ongoing
	5.3 Prominently report each Board's composition levels at least annually	Vice President	Annual reporting as minimum	Ongoing
5.2 Collect data and report on offerings and uptake of flexible training options and deferments for each Specialty	5.2.1. Develop data collection protocols and mechanisms for uptake of various aspects of flexible training covering all Boards	Surgical Training Services	Data capture methods established	Complete
	5.2.2 Collect data relating to flexible training offered by each Board	Surgical Training Services	Data collection occurs on a regular basis	Complete
	5.2.3 Report each Board's flexible training offering	Surgical Training Services	Detailed measures of flexible training uptake regularly reported	Complete
5.3 Collect robust data on CALD status of RACS membership	5.3.1 Develop and introduce a set of data collection items relating to CALD status	Fellowship Engagement	CALD membership status known and reported	Complete
	5.3.2 Capture data relating to CALD status of Trainees at SET registration process	Surgical Training Services	To Do	-
	5.3.3 Report the levels of participation of CALD members within surgery and in RACS activities	Fellowship Engagement	Reporting on an annual basis	In progress
5.4. Creation of sustainable structures to ensure accountability, measurement of results and reporting for all aspects of the Diversity and Inclusion Plan	5.4.1 Allocate clear organisational structure for implementation of the Diversity and Inclusion Plan and reporting of its progress	Vice President	Clear organisational governance for Diversity and Inclusion established	Complete

Progress commentary/metrics
Data gathering mechanisms identified
Data collected biannually
Reported on website and via *Surgical News*
STB reports to BSET now include a standing item for flexible training. Boards report on how many Trainees are in flexible training positions. Training Boards also advise the SET team each time a Trainee is approved for a flexible training post and the information is recorded Hospitals provide information as to whether flexible training posts can be accommodated. This information is collected as part of the accreditation reports when posts are inspected (standard 5) and the provision of flexible employment options are a minimum requirement for hospitals.
CALD data collected as part of RACS members profile via RACS portfolio.
To do
To be highlighted as part of RACS 2019 Activities Report (published 2020) this report captures and reports key demographic data of Fellows, Trainees and IMGs annually.
Regular reporting via CEO report to Council on Diversity and Inclusion is provided by Executive Lead, Building Respect Improving Patient Safety. Governance Responsibility is held by Vic President. AMC conditions also require reporting on Diversity and Inclusion commitments.

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