Expert Advisory Group
on discrimination, bullying and sexual harassment
Advising the Royal Australasian College of Surgeons

Issues Paper

Royal Australasian College of Surgeons

There is no place for discrimination, bullying or sexual harassment in the practice of surgery or in any modern workplace

June 2015

Purpose

This Issues Paper aims to trigger debate and find solutions that will prevent and address discrimination, bullying and sexual harassment in the practice of surgery.
It draws on research published in the attached Background Briefing. This research found:

- Discrimination, bullying and sexual harassment in the workplace occur in many countries and many workplace environments.
- In the medical work environment, despite the fact that discrimination, bullying and sexual harassment in the workplace have been prohibited by law for decades, these behaviours continue to be endemic.
- Trainees, medical students, female staff and colleagues have been identified as the most likely targets or victims.
- Surgeons as a group have been commonly identified as perpetrators.
- Onlookers and observers can be both co-victims and co-supporters of discrimination and bullying.
- Some workplaces support a 'culture of abuse' through a wide range of covert sanctions, including bystanders failing to act and disincentives for change.

Share your experience

This Issues Paper is the third major initiative of the Expert Advisory Group (EAG). It is part of a wide-ranging campaign to understand the extent of the problem and hear about experiences of discrimination, bullying and sexual harassment in the practice of surgery. It follows:

- a prevalence survey of College Fellows, trainees and international medical graduates that aims to scope the extent of discrimination, bullying and sexual harassment

and

- qualitative research, designed to hear from people who have been exposed to discrimination, bullying and sexual harassment in the practice of surgery, who do not wish to make a complaint. These people can confidentially share their experiences to help the EAG understand the problems and their impact. Thematic analyses of these personal stories will inform the work of the EAG.

The EAG urges all College Fellows, Trainees and international medical graduates to complete the prevalence survey. We encourage anyone who has been exposed to discrimination, bullying and sexual harassment in the practice of surgery to share their experience.

Share your ideas

The EAG wants to hear your ideas about preventing and addressing existing discrimination, bullying and sexual harassment in the practice of surgery. This Issues Paper provides a framework for this discussion and a framework to share your ideas by:

- responding to the Issues Paper in a written submission and/ or
- taking part in the online facilitated discussions for College Fellows, Trainees and international medical graduates

More information about how to take part in these discussions is published on the College website at **www.surgeons.org**

This Issues Paper discusses recurrent themes and poses questions for your feedback.
To help our analysis of your ideas, please use the Issues Paper Response Template or reference your comments to the issues as they are numbered in this Issues Paper.
There is scope at the end of this Issues Paper for you to raise other issues and make different suggestions for the EAG to consider.

Go to Section 6 for details about how to make a submission.

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Significant questions

There are some significant questions that need answers before the EAG can advise the College on actions to prevent and address existing discrimination, bullying and sexual harassment in the practice of surgery. These include:

- What are the problems that need to be solved?
- What is the extent of these problems?
- What are the effects of these problems?
- What are the causes of these problems?
- What will resolve these problems?
- We are assuming these problems are discrimination, bullying and sexual harassment in the practice of surgery. ***Give us your feedback if you don't agree.***

We have launched a prevalence survey to find out the extent of these problems, and have established a pathway to hear about individual experiences of the effects of discrimination, bullying and sexual harassment in the practice of surgery.

Recurrent themes

Our research has identified some recurrent themes about possible causes and solutions. We are interested in your views about some or all of them.

Some actions the College can take on its own and other solutions will require collaboration with employers, other medical colleges and engagement across the health sector.

The recurrent themes we have identified are:

1. Organisational culture

a. Problems persist despite legal, policy and standards framework
b. Are we teaching and reinforcing the right skills?

2. The culture of surgery

a. Gender inequity
b. The boys' club
c. Problems are worse in procedural specialties

3. Bystanders are silent

4. Complaints

a. Under-reporting
b. Fears of reprisal
c. Response to complaints

The issues

1. Organisational culture

Discrimination, bullying and sexual harassment persist in the health sector, including in the practice of surgery, despite clear evidence that these behaviours jeopardise patient safety and negatively impact on victims.

a. Problems persist despite the legal, policy and standards framework

Discrimination, bullying and sexual harassment have been prohibited by law in the workplace for more than 30 years. Read more about this in section 4 of the background briefing.

Professional standards are clearly established through medical regulation and surgical education. All registered medical practitioners in Australia are held to account against the standards set by the Medical Board of Australia in Good medical practice: A code of conduct for doctors in Australia and in New Zealand by the Medical Council of New Zealand's Good medical practice.

All registered health practitioners in Australia have mandatory reporting obligations, including a specific responsibility to report another practitioner who has engaged in sexual misconduct in connection with the practice of their profession. Read the Medical Board of Australia's guidelines for mandatory notifications.

All College Fellows, Trainees and international medical graduates are bound by the Royal Australasian College of Surgeons' Code of Conduct.

Despite this, problems of discrimination, bullying and sexual harassment persist in the practice of surgery and by surgeons. Why?

Questions for comment

i. Do surgeons know where the line is, and still cross it?
ii. Are surgeons aware of the relevant professional and educational standards? If so, why do some ignore them?
iii. What more needs to be done to increase awareness of the law and standards?
iv. What needs to be done to ensure compliance with them?

b. Are we teaching the right skills?

Training in compliance with discrimination, bullying and sexual harassment laws and workplace policies has increased, but hasn't solved the problem. Research shows that leadership and mentoring increase good behavior and are powerful in fostering cultural change. Other research suggests that compliance-oriented training may not be as effective as focusing on the link between professional behavior and patient safety.

As an educational body, the College has direct control over surgical training and can work with employers to improve workplace training on these issues.

Questions for comment

i. Are surgical Trainees well enough informed about appropriate behavior in the workplace and given the skills to deal with the inappropriate behavior of others? If not, what other training do they need?
ii. Why isn't training changing the behavior in the workplace?
iii. How can the link between patient safety and appropriate behavior be made clearer?
iv. How helpful is this link in preventing discrimination, bullying and sexual harassment?

Possible next steps

- Refocus training to prevent discrimination, bullying and sexual harassment by emphasising patient safety as well as compliance
- Review current professional development and traineeship education about discrimination, bullying and sexual harassment.
- Undertake site visits or surveys to confirm staff awareness of reporting requirements.

2. The culture of surgery

Beyond its persistence in the health sector generally, what is it about the culture of surgery that has not prevented discrimination, bullying and sexual harassment?

a. Gender inequity

There is significant gender imbalance in the practice of surgery. In 2013, while 52 per cent of medical students in Australia and New Zealand were female, women made up only 11 per cent of qualified surgeons. Women account for 28 per cent of people entering surgical training, but are at least twice as likely to leave the programs compared to men. More information about gender distribution in surgery is published in the College's annual activity report accessible here and is discussed in detail in section 6 of the background briefing. The College is researching why more female than male trainees drop out of the training program. Issues cited in our research include lower salaries for women, fewer opportunities for career advancement, different referral patterns from other doctors, less personal support and/or mentoring and lack of senior female surgeons as role models.

Questions for comment

i. What else can be done to address gender inequity or promote gender equity?
ii. Is there a link between gender inequity and discrimination, bullying and sexual harassment? If so, what is it?
iii. How can the College and/ or employers better address gender inequity?

Possible next steps

- Identify and eliminate potential barriers for females entering and staying in the profession.
- Bring in targets or quotas for women in surgery or leadership positions (similar to that used by the Australian Stock Exchange for voluntary/compulsory quotas of the percentage of women at partnership levels) and provide training and mentoring to help female surgeons reach these positions.
- Make gender equity a strategic priority, championed by the College in partnership with other medical colleges and the medical profession.
- Develop a voluntary Code of Practice (or memorandum of understanding) with key institutions, including targets and key performance indicators aimed at promoting gender equity, linked to a public reporting cycle. For example, annual publishing of hospital profiles, reporting on the percentage of women in leadership positions; number of employees working flexibly; number of complaints made based on gender; number of other discrimination complaints; number of sexual harassment complaints lodged internally and externally; and the outcome of these complaints.

b. The boys' club

The culture of surgery, and medicine more generally, has allowed discrimination, bullying and sexual harassment to persist. The possible reasons for this are complex and inter-related. Possible factors include that surgery is a hierarchical and conservative profession that largely maintains the status quo. Surgery as a speciality is traditionally male-dominated. Training is based on an apprenticeship model with an inherent power imbalance between trainee and supervisor. Toughness is a quality celebrated by many, with individuals required to 'take the heat in the kitchen or get out'. The ability to make life-threatening and difficult decisions efficiently is prized, often prioritising autocracy over collegiality. There can be a sense that the content is more important than the delivery of the information, and that there is no time, or need to 'soften' the message or monitor how it has been received.

Questions for comment

i. What is it about the culture of surgery that contributes to discrimination, bullying and sexual harassment?
ii. What will it take for this to change?
iii. How does the apprenticeship model of training contribute to the problem?

Possible next steps

- More training/CPD for College Fellows, potentially compulsory training for supervisors, in providing constructive feedback to trainees and communicating about difficult issues.
- Review and provide clear information about the roles and responsibilities of surgical trainees and supervisors, particularly about discrimination, bullying and sexual harassment.
- Make an unequivocal statement of commitment from health sector leaders about equity and inclusion.
- In partnership with employers, other medical colleges and health sector leaders, implement a unified strategy to address sexual harassment or make structural change to the profession and integrate the relevant KPIs in the performance plans of senior health sector leaders and managers.

c. Problems are worse in procedural specialties

The research shows that discrimination, bullying and sexual harassment are worse in procedural medical specialties, including surgery. Stress is inherent in operating theatres, where life and death decisions are made daily. Across the health sector and in other workplaces, stress can trigger inappropriate behavior that is normalised over time. People can become desensitised and in turn condone inappropriate behaviour by not challenging it. Research indicates that common health sector pressures to meet administrative deadlines and targets could also be relevant.

Questions for comment

i. **Why are these problems worse in procedural specialties, including surgery?**
ii. **Are surgeons trained well enough to manage the stress of the job?**
iii. **Has inappropriate behaviour become normalised in stressful (procedural) environments?**
iv. **Do surgeons need more training in managing stress and maintaining professional standards under pressure?**

Possible next steps

- What kind of educational interventions could be helpful to better equip surgeons to manage stress?
- What workplace support or programs could be helpful to support behavioural change?

3. Bystanders are silent

Discrimination, bullying and sexual harassment in the practice of surgery, in medicine and in the health sector is discussed and witnessed. So why don't people speak out? Addressing these problems will not only require change from individual perpetrators, it will require others – colleagues and everyone in the health sector – to decide it is not acceptable and take action to stop it. Action to prevent these problems will be needed from individuals, teams and organisations and will require leadership. More detail is published in the background briefing.

Questions for comment

i. **What stops bystanders speaking up when they hear about or witness discrimination, bullying and sexual harassment?**
ii. **What in the culture of medicine – or surgery – makes these issues someone else's job or responsibility to fix, or prevents someone from taking responsibility for addressing these issues?**
iii. **What actions can be taken by individuals, teams and organisations to prevent and address current discrimination, bullying and sexual harassment?**

Possible next steps

- Work with health sector employers to establish a framework for post-incident debriefing, so it becomes a safe practice to 'call out' incidents in a no-blame way, to better inform general and specific education and training.
- Draw on aviation industry experience, and establish a 'red flag' system so health sector workers can easily and safely identify when they see boundaries starting to be crossed.
- Increase training and skills for Trainees (through education) and surgeons (though CPD) about discrimination, bullying and sexual harassment – including training in 'no-fault' communication.
- Establish leadership and mentoring programs.
- Work with health sector employers to introduce random workplace audits of staff awareness of and compliance with reporting requirements.

4. Complaints

Good data – enabling evidence-based analysis – is known to help drive organisational and cultural change. However, complaints about discrimination, bullying and sexual harassment are under-reported, making it harder to quickly identify trouble spots and emerging issues promptly, and therefore analyse trends in a timely way.

a. Under-reporting

Research clearly indicates that complaints about discrimination, bullying and sexual harassment in the practice of surgery or by surgeons – and the health sector more widely – are under-reported.
The College's experience of complaints backs this up. Most complaints to the College relate to performance and assessment of individual trainees. In recent years, there have been fewer than 10 inquiries per year about discrimination and bullying and very few about sexual harassment. Not all of these inquiries become formal complaints.

However, in anonymous surveys, 23% of trainees report they have experienced bullying and harassment. We want to understand this gap, so we can help close it.
Research has also found there were systemic barriers to reporting, for example: not wanting to be seen as a troublemaker, a belief that nothing would change if a report was made, and/or concern that the situation might deteriorate further if a report was made.

Questions for comment

i. What prevents people from complaining about discrimination, bullying and sexual harassment in the practice of surgery or by surgeons?
ii. How does the power imbalance between perpetrator and victim impact on this?
iii. What confidence is there in existing complaints pathways – in the workplace and at the College?
iv. How does lack of awareness about how to make a complaint and to whom, impact on making a complaint?
v. How are the problems different for each of discrimination, bullying and sexual harassment?

Possible next steps

- Centralise knowledge of complaints about discrimination, bullying and sexual harassment so they can be monitored, effectively managed individually and analysed collectively, to make sure the general issues they raise are addressed.
- In partnership with employers, assess the effectiveness of current data-collection methods in identifying these issues and collate data across institutions.
- Undertake site visits and talk to hospital staff when data analysis identifies potential systemic issues.
- Host annual or regular roundtables for relevant stakeholders to identify and share best-practice models or initiatives that have been successful in addressing discrimination, bullying and sexual harassment.

b. Fear of reprisal

The research, and recent reports in the Australian media, indicates that fear of reprisal is one of the main reason individuals – especially Trainees – don't report discrimination, bullying and sexual harassment in the practice of surgery or by surgeons. Making a complaint about someone who holds your future in their hands is fraught. Surgery – and medicine – is not alone in this. There are very few publicly litigated complaints of sexual harassment and discrimination in the legal profession either.

Questions for comment

i. How does fear of reprisal stop people making complaints?
ii. What would change that?
iii. What can the College do – alone or in partnership with employers – to make it safe to complain and take a stand against unacceptable behaviour?

Possible next steps

- Conduct group interviews during 'quality assurance visits' where surgical trainees are placed.
- Investigate and address the issue in partnership with hospitals, health sector employers and other experts.
- Increase independent oversight in the College's complaints process, for concerns about discrimination, bullying and sexual harassment.

c. Response to complaints

The EAG is interested in your views about organisational responses to complaints of discrimination, bullying and sexual harassment, for example by employers, professional associations such as medical colleges, including the Royal Australasian College of Surgeons, and regulators, such as the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA), the Medical Council of New South Wales and the Medical Council of New Zealand.

Questions for comment

i. **How effectively do you think organisations use the powers they have to sanction this kind of inappropriate behaviour?**
ii. **Do existing complaints management and appeal processes allow for fair and equitable treatment (for example, recognising unconscious bias on the basis of gender or race)? Or how could these be improved?**
iii. **Is there enough transparency when sanctions are imposed?**
iv. **How effectively are these sanctions followed up?**
v. **What do you think would be effective in generating lasting behaviour change as a result of sanctions having been imposed?**

5. Other issues and suggestions

We want to hear from you about other possible causes and solutions if you think there are things we have missed or things we should be doing to address these issues.

6. Share your ideas

We are hoping to receive a lot of feedback on this issues paper. To help us analyse your suggestions and ideas, please:

- Use the Issues Paper Response Template to give us your feedback or
- Clearly number your responses to the themes and issues and link them to the numbering in this Issues Paper
- Email your submission to eag@surgeons.org
- Send a hard copy of your submission to:

EAG – Issues Paper Response
c/- Royal Australasian College of Surgeons
College of Surgeons' Gardens
250-290 Spring Street
East Melbourne VIC 3002 Australia

Closing date

Submissions close 20th July 2015.

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Publication of submissions

In general, the EAG will publish submissions to the EAG Issues Paper on the EAG pages of the College website.

There will be some exceptions, for example when the person making the submission requests confidentiality or when the EAG decides to not publish it for some reason. Reasons for not publishing may include that the EAG considers the submission does not address the terms of reference, contains personal or identifying information or is defamatory.

To protect the privacy of people making submissions, the EAG secretariat will remove signatures and, where appropriate, contact details before publishing submissions.

Copies of confidential submissions cannot be requested by members of the public or accessed by fellows of the College.

Please indicate clearly on your submission if you do not want it published.

Other ways to give us your feedback

You can also give us your feedback by participating in our online facilitated discussions for College Fellows, Trainees and international medical graduates. More information about how to take part in these discussions is published on the EAG pages of the College website.