

# Summary of Facts

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*Research commissioned by:*

The Expert Advisory Group

Advising the Royal Australasian College of Surgeons

*Prepared by:*

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Owners/Directors

Best Practice Australia

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## **Background**

Best Practice Australia (BPA) was commissioned to administer and analyse the Discrimination, Bullying and Sexual Harassment Prevalence Survey on behalf of the Expert Advisory Group (EAG) advising the Royal College of Surgeons (RACS).

The purpose of this survey was to establish a body of evidence that the EAG and RACS would be able to use to guide their decisions about this issue.

47% of Surgeons responded to this survey.

49% of respondents stated that they had been subject to Discrimination, Bullying, Sexual Harassment or Harassment.

This includes 216 respondents who identified they have been sexually harassed.

63% of the Registered Trainees who responded to the survey have been subject to any one of the behaviours. This was the highest ranking group followed by Fellows <10 years post FRACS at 56% (908 responded).

The descriptions about discrimination, bullying, sexual harassment and harassment are compelling in describing the severity of the problem.

Twenty respondents talk about events that have occurred over a 20 year period or more than 20 years ago. Managing the consequences of surgeons' behaviour has a very long tail.

What follows is a Summary of the Facts from the 3,516 Surgeons who took the time to complete this survey, many of whom have taken a very brave and courageous position by telling their story.

## **Process**

The survey questions were developed by the EAG and RACS after an extensive literature review. BPA critiqued the instrument and offered advice on the design and construction of questions, with the final instrument including some BPA proprietary questions.

The Survey was designed electronically and administered by BPA. The survey census commenced on Tuesday 26<sup>th</sup> May, 2015 and remained open over a 4 week period, with the last survey downloaded on Friday 26<sup>th</sup> June 2015.

The sequence of activities for the mail-out by BPA is outlined in the table below.

Activity conducted by BPA	No. of emails, texts, reminder messages	Day/Date administered
Initial email containing the eSurvey link sent to Surgeons	7,679	Tuesday 26 <sup>th</sup> May
Paper surveys mailed out	51	Tuesday 26 <sup>th</sup> May
First reminder email sent by BPA	6,596	Tuesday 2 <sup>nd</sup> June
First SMS reminder sent to valid mobile phone numbers of Surgeons who had not opened the survey, nor submitted a response	3, 914	Friday 5 <sup>th</sup> June
Second reminder email sent on the back of the SMS	5,982	Friday 5 <sup>th</sup> June
Manual re-sends of electronic survey to individual Hotmail email addresses	932	Tuesday 9 <sup>th</sup> June
Manual re-sends of electronic survey to Trainees	375	Thursday 11 <sup>th</sup> June
Second SMS reminder sent	3,208	Friday 12 <sup>th</sup> June
Third reminder email sent by BPA and endorsed by the Hon Rob Knowles on the back of the SMS	5,282	Friday 12 <sup>th</sup> June
Requests for resends of the email containing the Surgeons unique hyperlink to the survey	45	Administered on a daily basis over the life of the survey census period as requests came through to BPA
<b>Total number of connections with Surgeons</b>	<b>34,064</b>	

6 additional participants were added to the survey process at the request of RACS during the survey census period.

Removals from the survey process:

- 41 participants were removed by BPA due to bounced emails;
- 137 participants were removed by BPA as the Surgeon opted-out via text message;
- 127 participants were removed by BPA as the Surgeon selected Ethical Option 3 in the survey which read: *I do not wish to participate in this survey, please unsubscribe me from any follow-up emails or contact;*
- There were 20 out-of-office replies that stated the Surgeon would not be in Australia during the survey census period hence removed by BPA.

Initially BPA was requested to mail-out 51 paper surveys. Five (5) surveys were received at the office of BPA marked *Return to Sender* hence the final denominator for paper survey participants is 46. Ten (10) completed paper surveys were received during the survey census period, these have been data entered by BPA and included in this preliminary analysis.

3,516 Surgeons took the time to complete the Prevalence Survey out of a total of 7,405 surgeons who received the survey (this denominator takes into consideration adjustments of opt outs, bounced emails etc.). This represents a **47.48%** response rate.

The survey instrument comprised quantitative and qualitative questions, hence a blend of research methodologies has been applied to the data including:

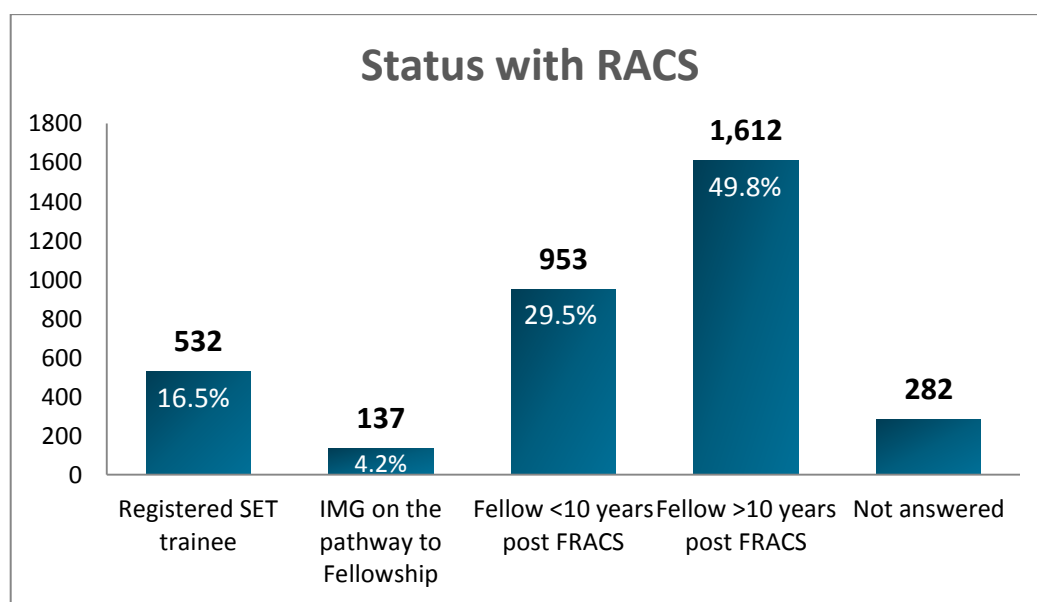
- Demographic analysis;
- Linguistic analysis – coding of narrative comments by BPA where possible;
- Choice Research – one critical decision applied to this data set (relevant only in Choice Research and is due to the nature of the design of the questions asked on the survey) is if a respondent ignored a question they are not included in the denominator for that question. This is a validity safeguard to ensure that the percentages are representative of the respondents who answered a set of questions. Not all responding surgeons answered each question, as there were no compulsory questions on the survey, hence partial responses are included in this analysis.

### **Demographic Information**

Respondents were asked to answer a series of demographic questions.

The following represents their self-disclosure on key demographics.

In terms of status with the College, almost half the respondents are Fellows >10 years post FRACS.



Of the 532 respondents who identified their status as **Registered SET Trainee**, they were asked 'If you are a SET Trainee, how many years have you been in the training program? The numbers reduce at the 6 year mark.

SET Trainee, years in the training program?	No. of responses	%age of respondents
Years in training = 1	48	16.8%
Years in training = 2	63	22.0%
Years in training = 3	46	16.1%
Years in training = 4	57	19.9%
Years in training = 5	57	19.9%
Years in training = 6	12	4.2%
Years in training = 7	Nil	Nil
Years in training = 8	2	0.7%
Years in training = 9	1	0.3%
Years in training = Not answered	246	
Total number of respondents		532

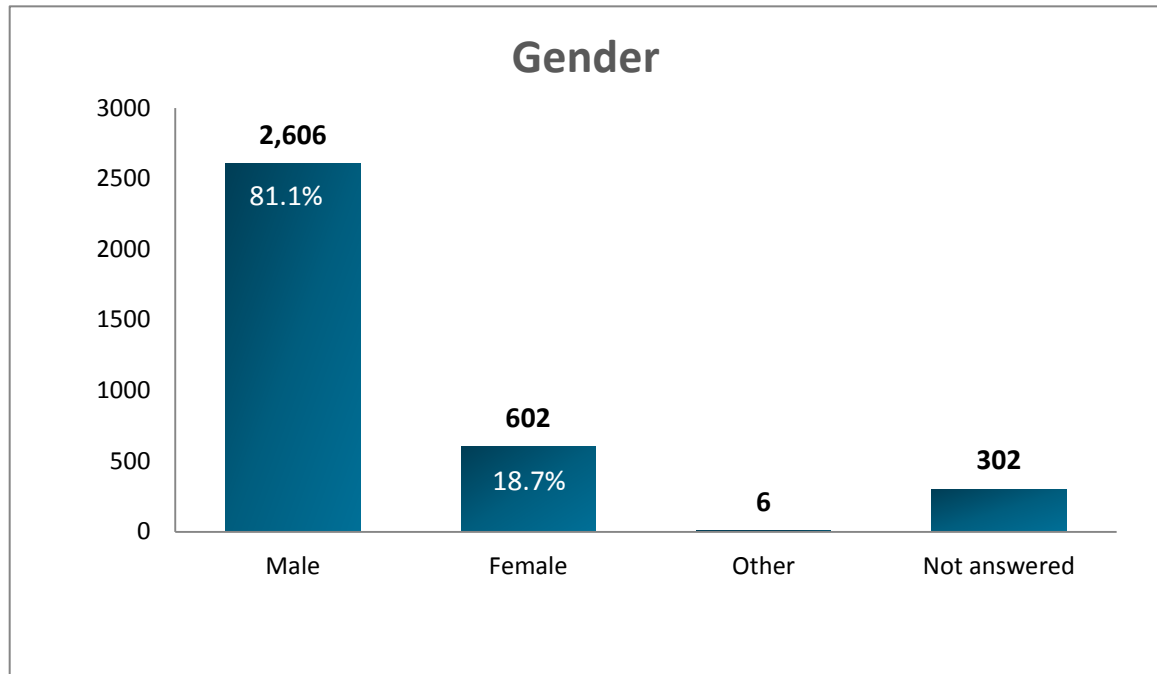
Respondents were asked to identify their **role** and were invited to tick as many options as apply.

Role	n=	%age of total
Surgeon	2,130	34.8%
Surgical Consultant	1,491	24.4%
Trainee Supervisor	895	14.6%
Trainee	568	9.3%
Department Head or Divisional Director	565	9.2%
Clinical Assessor of IMGs	170	2.8%
Non-clinical role	156	2.6%
Other	142	2.3%
Not answered	271	

The Surgeon's **Specialty** was provided by RACS and mapped by BPA at the outset of administering the survey. The table below outlines the response rate to the survey by each specialty.

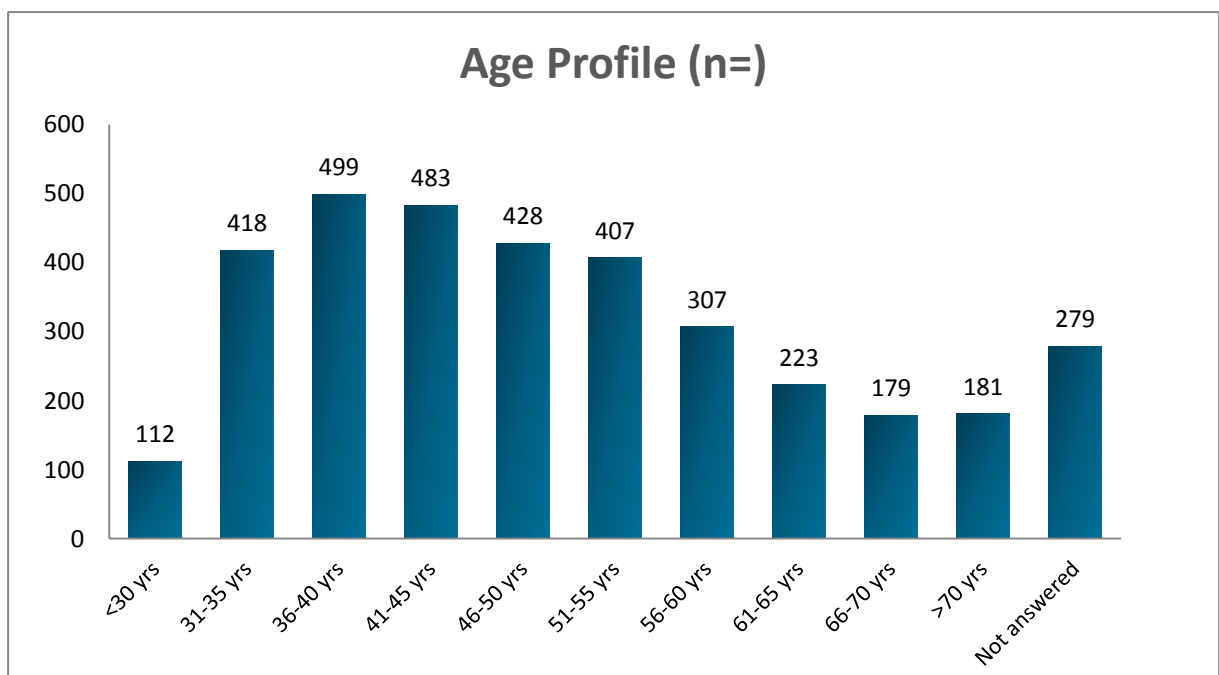
Specialty	No. of surveys administered for this Specialty	No. of respondents	Response Rate by Specialty
General Surgery	2,474	1,197	48%
Orthopaedic Surgery	1,840	757	41%
Otolaryngology Head & Neck Surgery	661	361	55%
Plastic and Reconstructive Surgery	602	299	50%
Urology	595	281	47%
Neurosurgery	326	190	58%
Vascular Surgery	263	148	56%
Cardiothoracic Surgery	262	123	47%
Paediatric Surgery	158	89	56%
Ophthalmology	224	71	32%

In terms of **Gender**, Males represent 81.1% of respondents, Females 18.7%.



The age profile of responding Surgeons is illustrated in the table below. In percentage terms this equates to:

- 3.5% are <30years
- 28.3% aged between 31-40 years
- 28.1% aged between 41-50 years
- 22.1% aged between 51-60 years
- 12.4% aged between 61-70 years
- >70 years 5.6%



### **Prevalence and Resolution of Discrimination, Bullying, Sexual Harassment or Harassment**

Respondents were asked ...

*“Have you ever been the subject of Discrimination, Bullying, Sexual Harassment or Harassment?”*

**1,516** answered ‘**Yes**’ which equates to **49.2%** of respondents.

As evidenced below, a number of respondents have been subject to more than one type of behaviour with bullying in the workplace ranking highest in terms of frequency of mentions by respondents at 38.7%.

<i>Q6/7: I have been subject to ...</i>	(n=)	No. of respondents who answered ‘Yes’	%age representation
Discrimination, Bullying, Sexual Harassment or Harassment	3,079	1,516	49.2%
... <b>Discrimination</b> in the workplace	3,079	565	18.4%
... <b>Bullying</b> in the workplace	3,079	1,193	38.7%
... <b>Sexual Harassment</b> in the workplace	3,079	216	7.0%
... <b>Harassment</b> the workplace	3,079	578	18.8%

Respondents were asked ...

*“Has this behaviour been resolved to your satisfaction?”*

The options to answer this question were Yes, Not Sure, No.

<i>Q17: Has this behaviour been resolved to your satisfaction ?</i>	(n=) of respondents	No. of respondents who answered ‘Yes’	%age who agree the behaviour has been resolved	No. of respondents who answered ‘Not Sure’	No. of respondents who answered ‘No’
Discrimination	441	53	12.0%	22.9%	65.1%
Bullying	1,005	199	19.8%	23.6%	56.6%
Sexual Harassment	171	51	29.8%	27.5%	42.7%
Harassment	445	69	15.5%	23.6%	60.9%

### **Conclusion:**

There is a high prevalence of all four behaviours at 49.2%, with low resolution, albeit Sexual Harassment has a slightly higher level of resolution.



### **Are there differences between Specialities?**

Each piece of quantitative data has been segmented by the specialty of the Surgeon.

The table below illustrates the number of respondents who answered ‘**Yes**’ to having been subject to any one of the four behaviours of Discrimination, Bullying, Sexual Harassment or Harassment in the workplace.

Question asked on the survey: I have been subject to Discrimination, Bullying Sexual Harassment or Harassment in the workplace? (Yes/No question)		
Specialty	n =	% answered yes
<b>All specialities</b>	<b>3,079</b>	<b>49%</b>
Cardiothoracic Surgery	111	<b>63%</b>
Plastic and Reconstructive Surgery	254	54%
Neurosurgery	168	54%
Paediatric Surgery	79	52%
General Surgery	1,054	52%
Vascular Surgery	127	51%
Urology	239	50%
Otolaryngology Head and Neck Surgery	327	47%
Orthopaedic Surgery	660	42%
Ophthalmology	60	30%

The highest percentage of respondents who answered 'yes' they have been subject to one of the four types of behaviour by specialty is highlighted in red in the table below.

Question asked on the survey and Q#	Discrimination (% Yes)	Bullying (% Yes)	Sexual Harassment (% Yes)	Harassment (% Yes)
Q6/7: I have been subject to this behaviour in the workplace?				
All specialities (n=3079)	18%	39%	7%	19%
Vascular Surgery (n=127)	26%	39%	6%	19%
Paediatric Surgery (n=79)	23%	38%	6%	24%
Plastic and Reconstructive Surgery (n=254)	21%	44%	12%	21%
General Surgery (n=1054)	21%	42%	8%	20%
Otolaryngology Head and Neck Surgery (n=327)	17%	37%	8%	15%
Urology (n=239)	16%	38%	8%	18%
Cardiothoracic Surgery (n=111)	15%	49%	4%	37%
Ophthalmology (n=60)	15%	22%	13%	10%
Orthopaedic Surgery (n=660)	15%	32%	3%	15%
Neurosurgery (n=168)	14%	42%	11%	19%

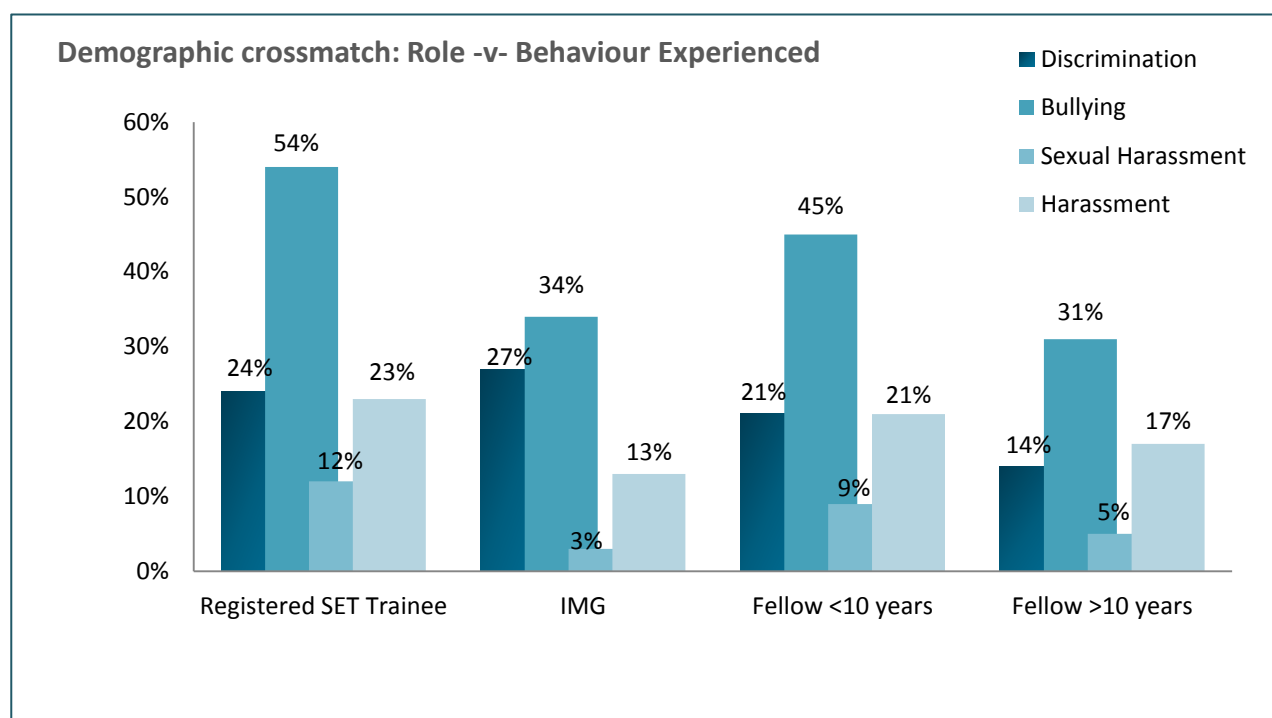
## **Conclusion**

There is significant range in prevalence between the different specialities.

### Are there differences in reporting by role/status?

Each of the four behaviours was cross-matched by role/status of the respondent.

Role of the respondent	Discrimination	Bullying	Sexual Harassment	Harassment
Registered SET trainee ( <i>n</i> =468)	24%	<b>54%</b>	<b>12%</b>	<b>23%</b>
IMG on the pathway to Fellowship ( <i>n</i> =129)	<b>27%</b>	34%	3%	13%
Fellow <10 years post FRACS ( <i>n</i> =908)	21%	45%	9%	21%
Fellow >10 years post FRACS ( <i>n</i> =1558)	14%	31%	5%	17%



### Conclusion

Trainees report the highest ratings for being subject to Bullying, Sexual Harassment and Harassment.

International Medical Graduates rank highest for being subject to Discrimination.

### **What was the behaviour experienced?**

Respondents were asked by way of open-ended qualitative question ...

*“Please describe the behaviour you experienced, but do not name specific individuals”.*

The descriptions of the behaviours are powerful, disturbing and some shocking.

Over 2,000 were received.

BPA applied its Linguistic Analysis Methodology, a proprietary methodology for coding and theming narrative data, to each story.

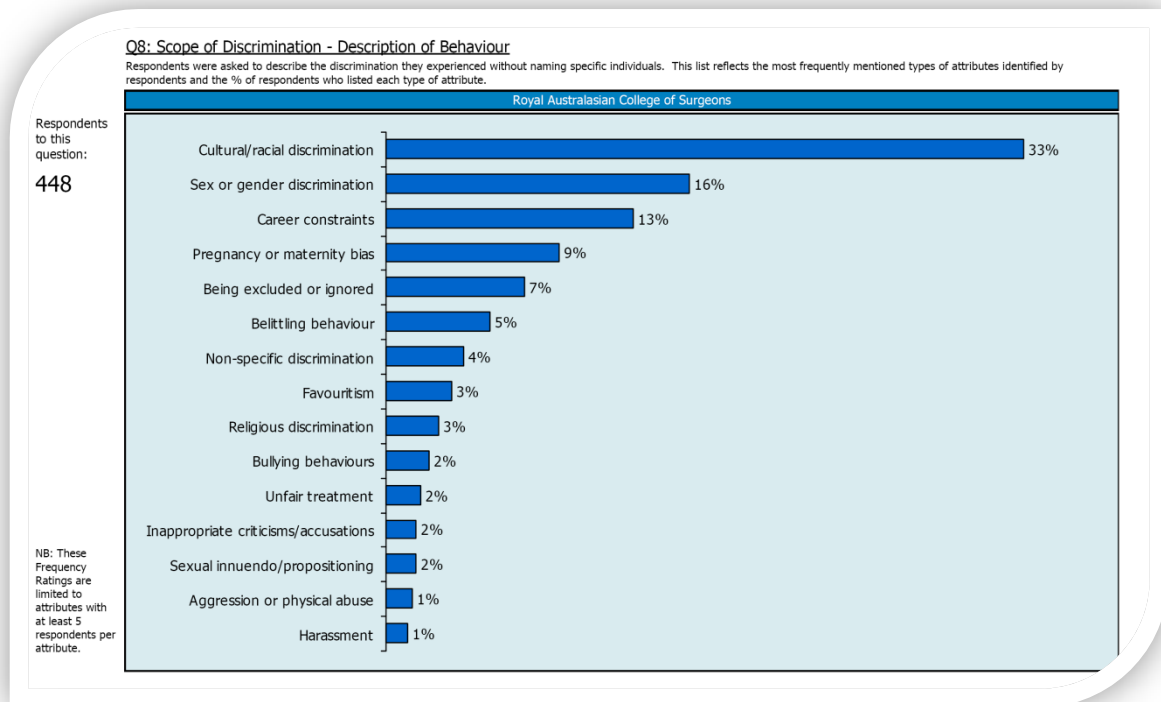
The methodology provides a framework for categorising the types of behaviours that are most prevalent in these stories.

Each graph over the following pages displays:

- Up to 15 top themes from BPA’s coding of the personal stories.
- The frequency distribution of each theme. Comments can be coded into more than one category, hence the percentages will not total 100%.

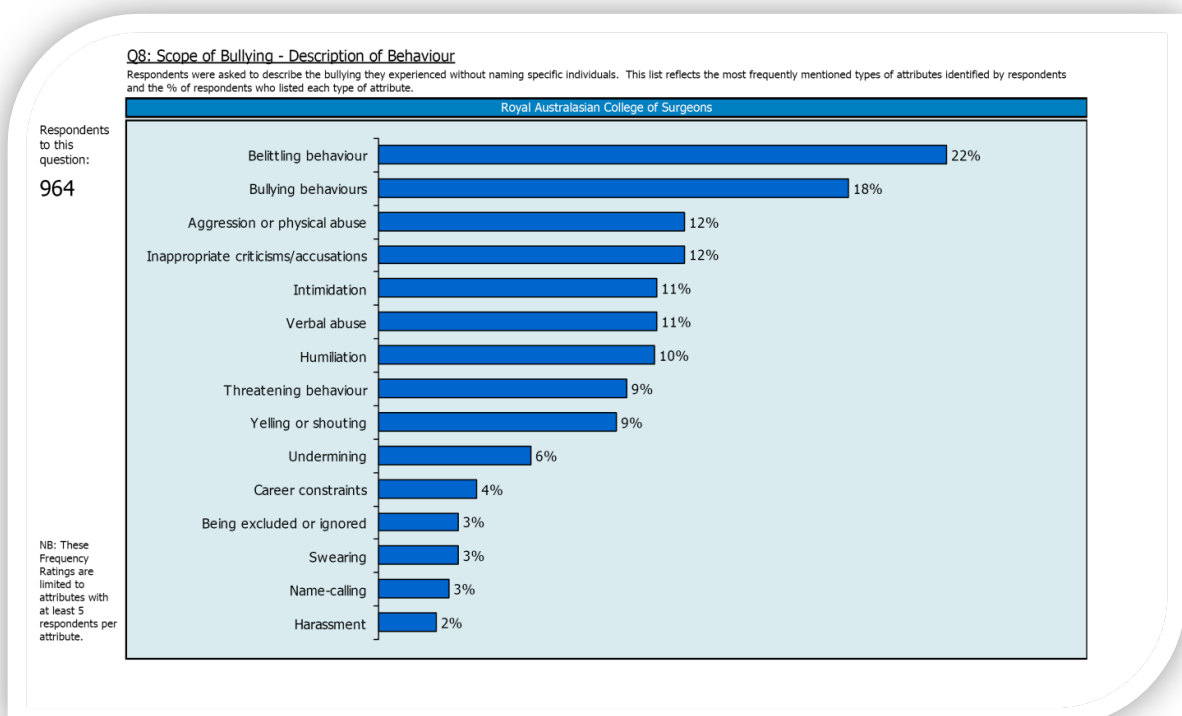
## Discrimination

Cultural and racial discrimination occur in a third of the experiences described by respondents.



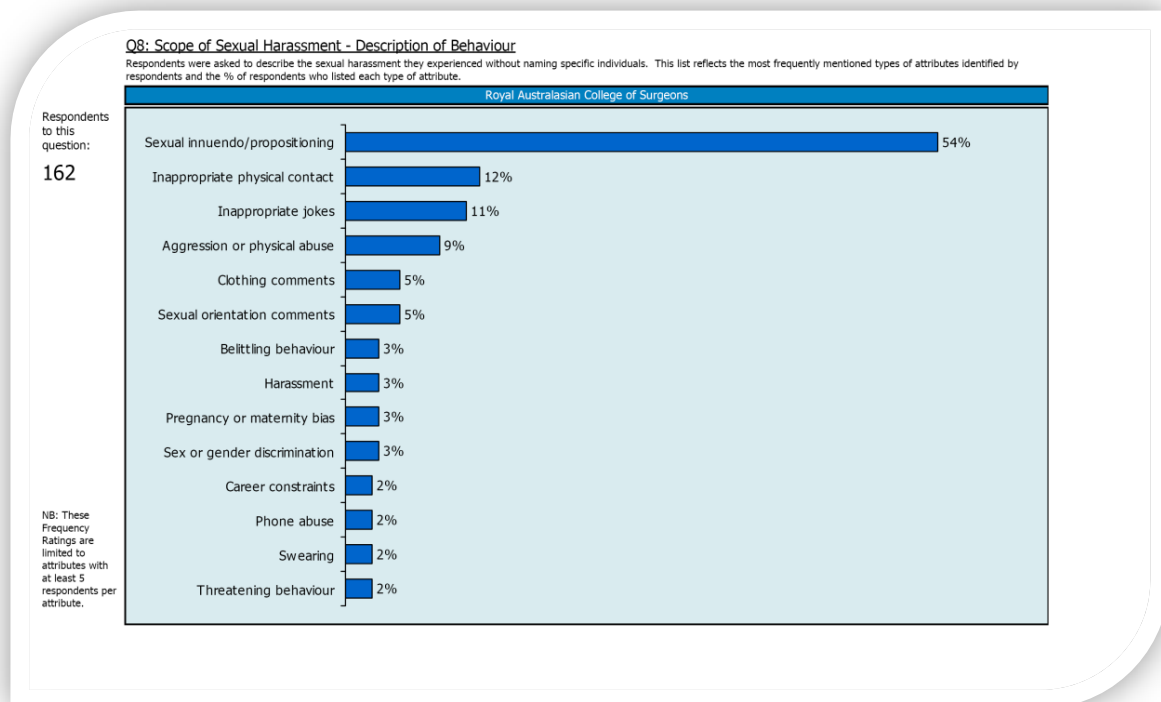
## Bullying

The highest prevalence of mentions about Bullying was coded as *Belittling behaviour*.



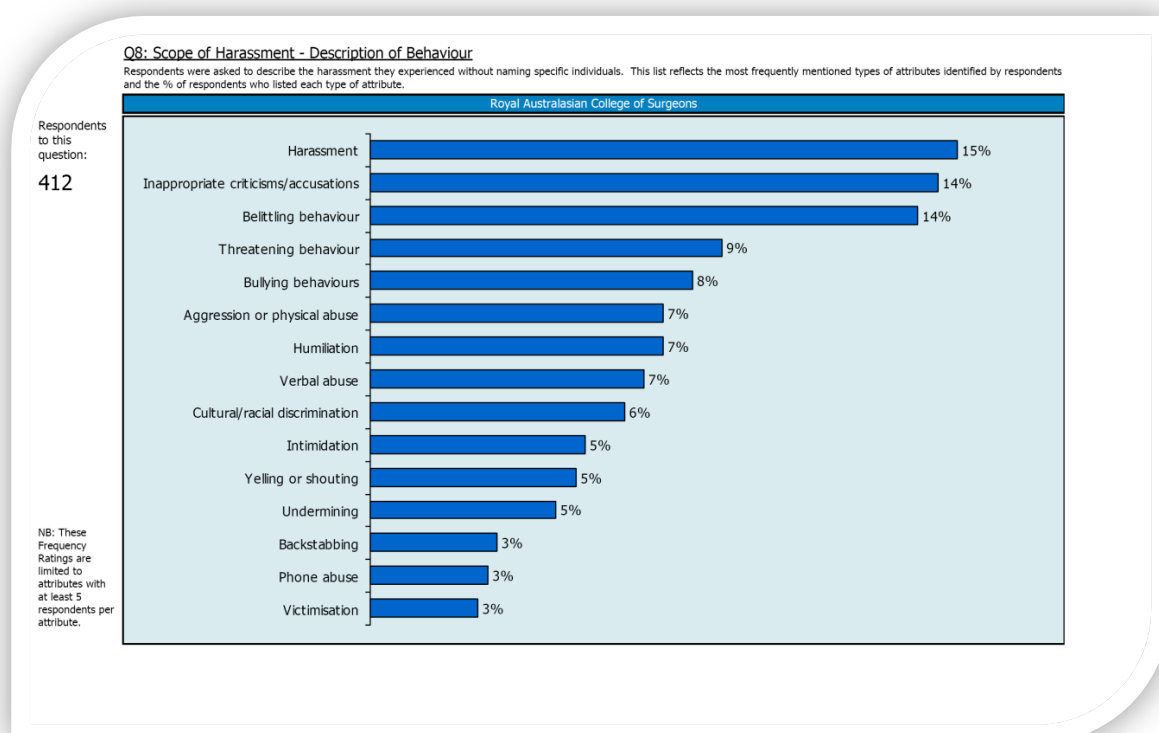
## Sexual Harassment

*Sexual innuendo/propositioning* is the top coded category from respondents.



## Harassment

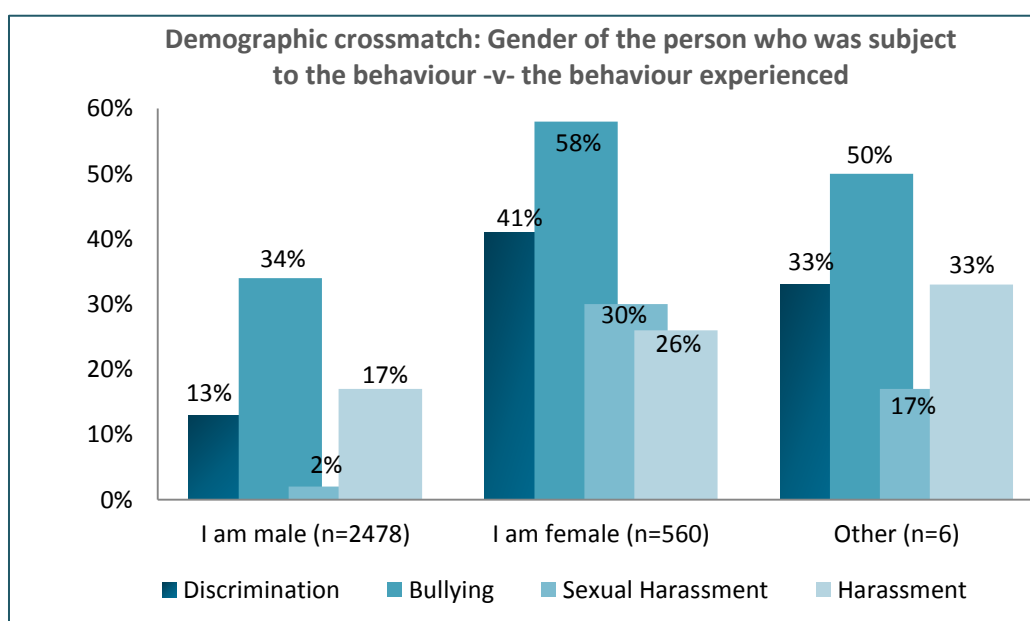
In addition to the word harassment, inappropriate criticism/accusations, and belittling are the top three coding categories that cover off Harassment behaviours.



## Scope of the behaviour

Following on from the descriptor of the behaviour experienced by the respondent, they were then asked on the survey a series of quantitative questions on each of the four types of behaviour. The scope of behaviour covers a number of issues, this section addresses *frequency*, *recency*, the *role* and *gender* of the person who displayed the behaviour as outlined in the table below.

Question asked on the survey and Q#	Discrimination	Bullying	Sexual Harassment	Harassment
<b>Scope: Frequency, Recency, Role, Gender</b>				
<b>Frequency</b> Q9: The behaviour I experienced occurred on <b>more than 3 occasions</b>	61.6% (314/510)	<b>71%</b> (800/1126)	51.6% (99/192)	69.3% (361/521)
<b>Recency</b> Q10: I last experienced this behaviour <b>&gt;5 years ago</b>	39.1% (202/517)	42.6% (477/1120)	<b>48.7%</b> (94/193)	38.3% (193/504)
<b>Role</b> Q12: The role of the person who <b>displayed</b> the behaviour was a <b>Surgical Consultant</b> .	84.8% (424/500)	<b>84.5%</b> (928/1098)	75.7% (143/189)	81.3% (408/502)
<b>Gender</b> Q13: The gender of the person who displayed this behaviour against me was <b>Male</b>	82.6% (404/489)	81.1% (882/1088)	<b>90.3%</b> (168/186)	79.1% (387/489)



## Conclusion:

The profile of the bulk of the respondents is that they experienced any form of the four behaviours on more than 3 occasions, more than 5 years ago, from a male Surgical Consultant. Females report having experienced the behaviours (particularly Sexual Harassment) double or more than males.

### **Geographic Location of where the behaviour took place**

Respondents were asked to nominate the location of where the behaviour took place.

In all four behaviours, the top 4 locations where the behaviour took place (from highest to lowest) consistently were:

- NSW
- Victoria
- Queensland
- New Zealand

In a few cases, respondents did talk about their experiences in other countries namely USA and UK, which can be read in their personal stories. These were limited to only a few comments.

Question asked on the survey and Q#	% of Trainees, IMG, Fellows across Geographic Location	Discrimination (denominator=472)	Bullying (denominator=1067)	Sexual Harassment (denominator=179)	Harassment (denominator=488)
Location	Information provided by RACS				
Q14: The <b>geographic location</b> of where this behaviour took place.					
New South Wales	29%	28%	29%	30%	29%
Victoria	23%	24%	25%	25%	25%
Queensland	15%	17%	15%	15%	15%
New Zealand	14%	12%	12%	12%	12%
South Australia	8%	7%	7%	7%	6%
Western Australia	8%	7%	8%	7%	7%
Australian Capital Territory	2%	<3%	<3%	<3%	<3%
Northern Territory	1%	<3%	<3%	<3%	<3%
Tasmania	2%	<3%	<3%	<3%	<3%



## Action Taken

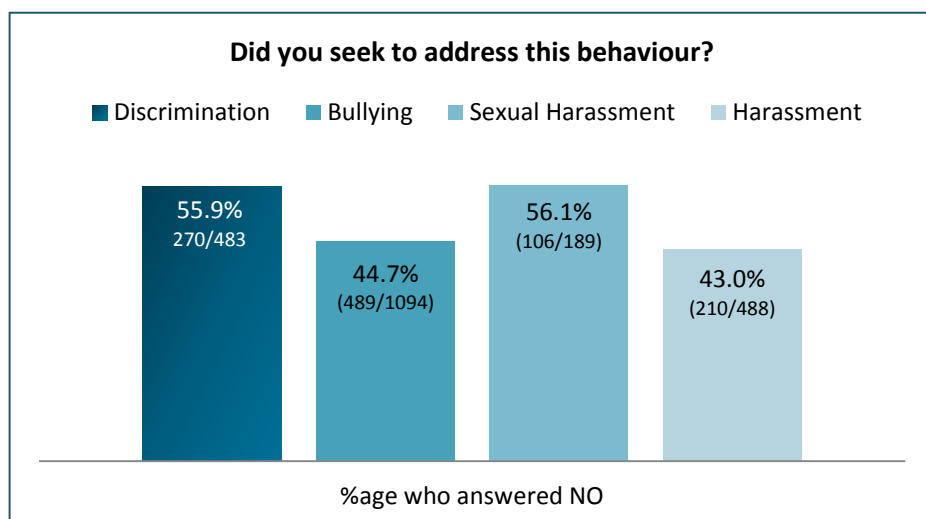
Respondents were asked:

Q15: *Did you seek to address this behaviour in any of the following ways?*

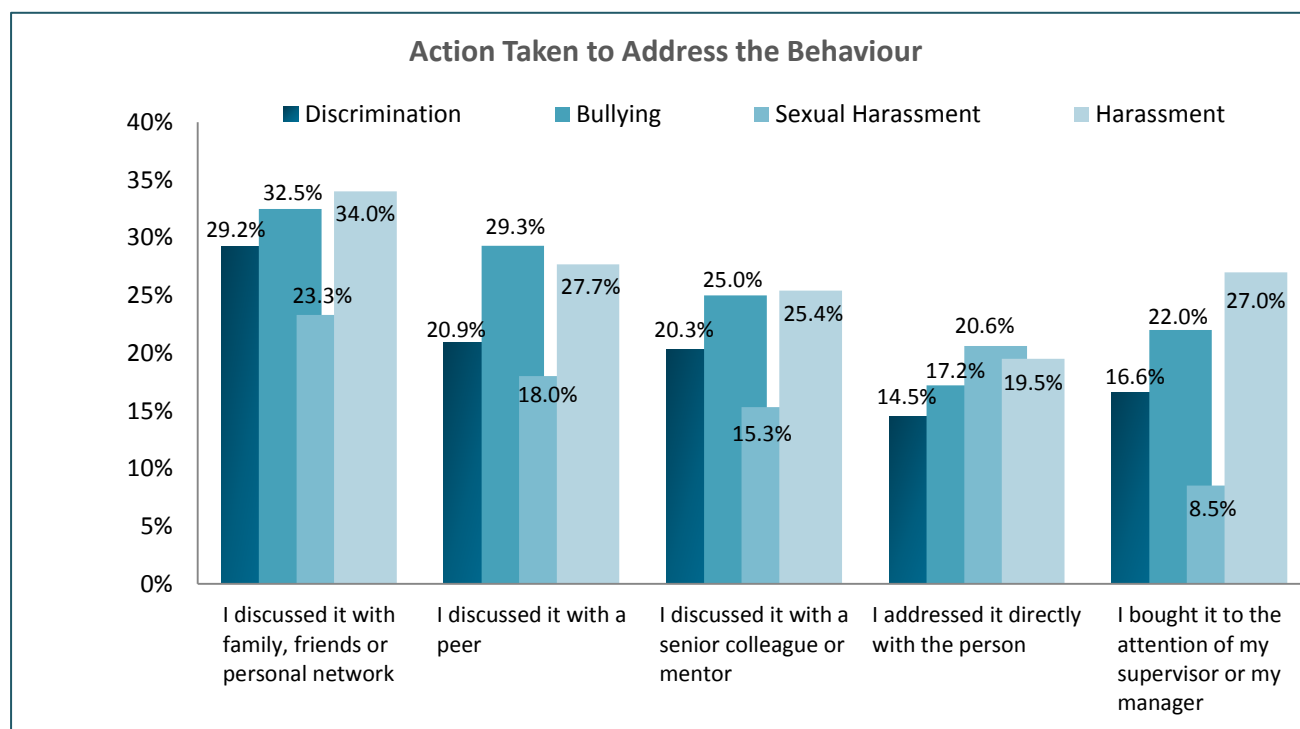
The percentage of respondents who answered ...

- No, I didn't want to; or
- No, I wasn't able to at the time

ranged from 44.7% for Bullying to 56.1% for Sexual Harassment.



For the respondents who answered “Yes, they did seek to address the behaviour” a list of 12 options were provided and respondents could tick as many as applied to them. The 5 options, with most commonality between the behaviours are illustrated in the graph below.



## Conclusion:

For all four behaviours, the respondent's strategy for taking action is to “*discuss the behaviour experienced with family, friends, personal network or a peer*”. In the case of Sexual Harassment they are more likely to “*address the behaviour directly with the person*.”

### **Result of Action Taken**

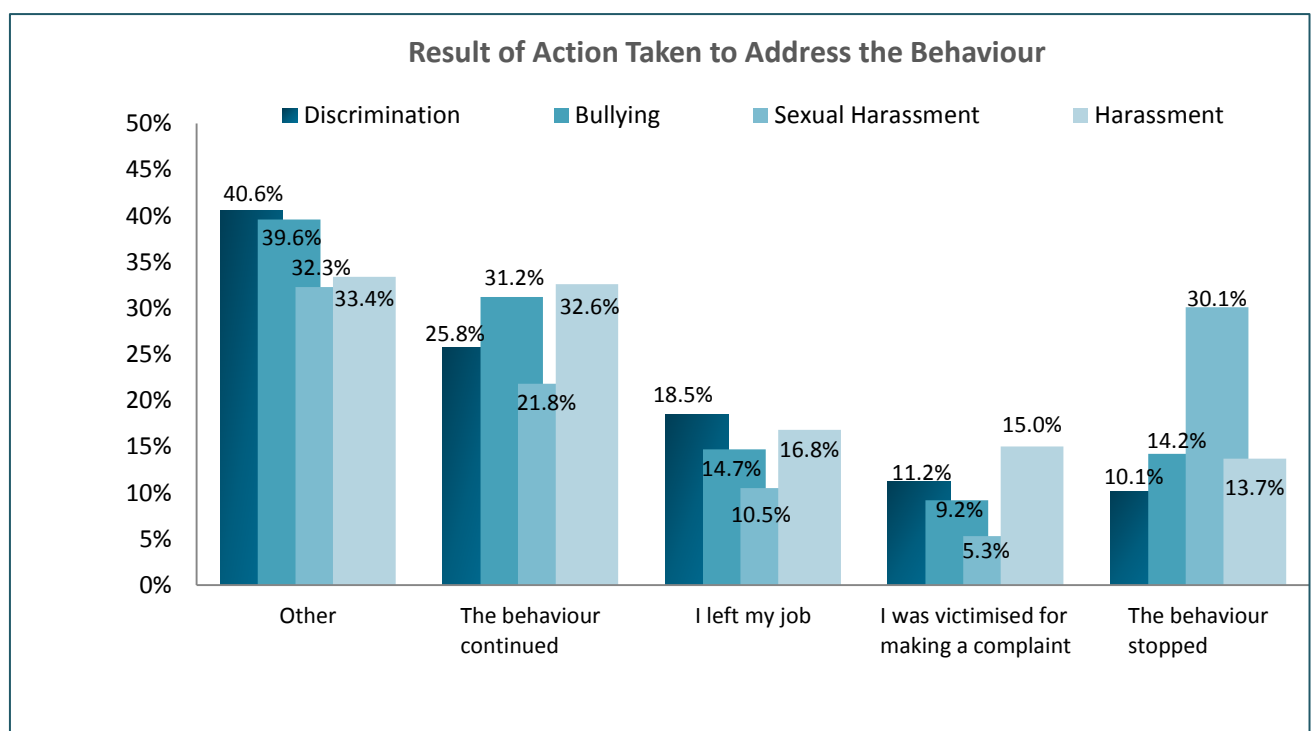
Respondents were asked:

Q16: *What was the result of the action/s you took?*

Respondents were provided with a list of 12 options, one of which was 'Other' where they were able to specify/expand on by way of narrative comment. The 5 options that demonstrate the highest frequency for each behaviour (where possible) are illustrated in the graph below.

Second to 'Other' was *the Behaviour Continued*, ranking highest in Discrimination, Bullying and Harassment.

*The Behaviour Stopped* ranked the highest at 30.1% for Sexual Harassment cases.



### **Conclusion:**

Up to a third of respondents (particularly in the case of Harassment) report that the behaviour continued as a result of the action taken.

### **Barriers to Taking Action**

Respondents were asked:

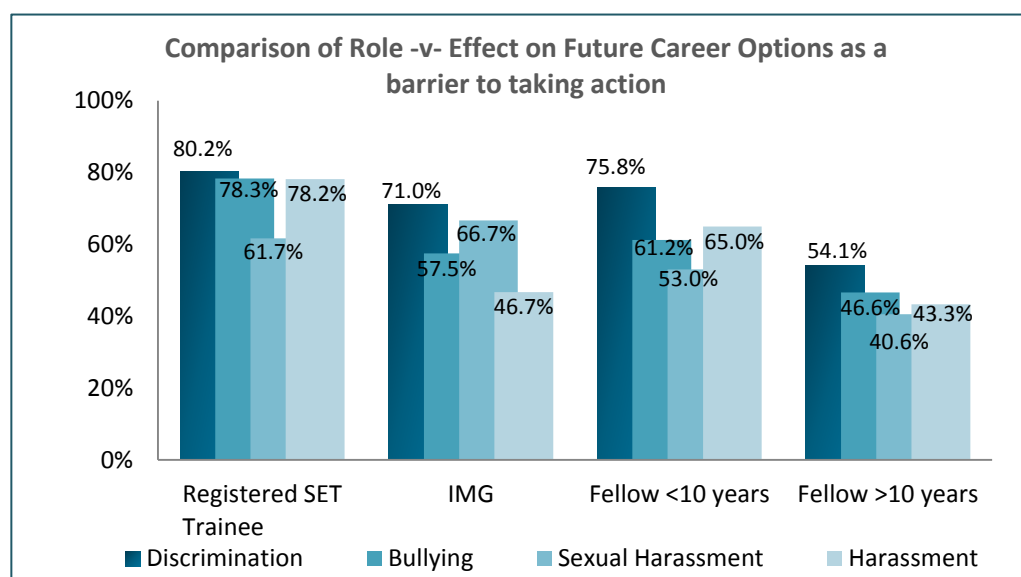
Q18: Did you experience any **potential barriers** in your decision about whether to take action or not?

Respondents were provided with a list of 10 options including 'Other (please specify)'.

The stand-out barrier is the effect on future career options, ranking highest across all four behaviours.

Question asked on the survey and Q#	Discrimination (denominator=464)	Bullying (denominator=1039)	Sexual Harassment (denominator=181)	Harassment (denominator=467)
<i>The barrier to me taking action to address this behaviour was ...</i>				
... Effect on future career options	<b>67.9%</b> (315)	<b>59%</b> (613)	<b>50.8%</b> (92)	<b>56.5%</b> (264)
... Potential for victimisation	40.3% (187)	39.7% (412)	35.9% (65)	40.0% (187)
... Loss of reputation for self.	39.4% (183)	36.5% (379)	39.2% (71)	39.0% (182)
... The stress associated with filing a complaint and enduring an investigation	37.3% (173)	39.7% (413)	41.4% (75)	42.4% (198)

When role/status was cross-matched against the *Effect on Future Career Options*, Trainees report the highest levels of concern.



### **Organisational Culture**

Q20: Respondents were asked to *Rate the extent to which they agree (or disagree) with five Organisational Culture questions.*

The 5 questions are listed below, cross matched by two key demographics, Trainees and Females. These two demographics were selected to be included in this summary as they tended to rate lower on all 5 questions.

<i>Question: At my current workplace ...</i>	(n=) of respondents	%age of respondents who Strongly Agree or Agree (rated a 1 or a 2)	%age of <b>Trainees</b> who Agree	%age of <b>Females</b> who Agree
<i>There is a supportive and inclusive culture that deals effectively with discrimination, bullying and sexual harassment</i>	2,789	45.7%	31.9%	33.5%
<i>The surgical department heads and surgical supervisors deal effectively with people who display discrimination, bullying and sexual harassment.</i>	2,766	44.3%	32.5%	32.6%
<i>The Hospital Executive deal effectively with persons who are displaying discrimination, bullying or sexual harassment.</i>	2,750	34.3%	19.4%	22%
<i>Surgeons understand the difference between reasonable performance management/feedback measures and discrimination, bullying and sexual harassment.</i>	2,772	53.2%	39.8%	38.7%
<i>Female Surgeons are treated fairly.</i>	2,762	68.2%	52.3%	45.9%

### **Impact of reporting Discrimination, Bullying and Sexual Harassment**

Respondents were asked

Q21: *Do you believe that reporting discrimination, bullying or sexual harassment from surgeons would have negative ramifications for you?*

Just over half the respondents, 55.1% answered '**No**' (they don't perceive ramifications).

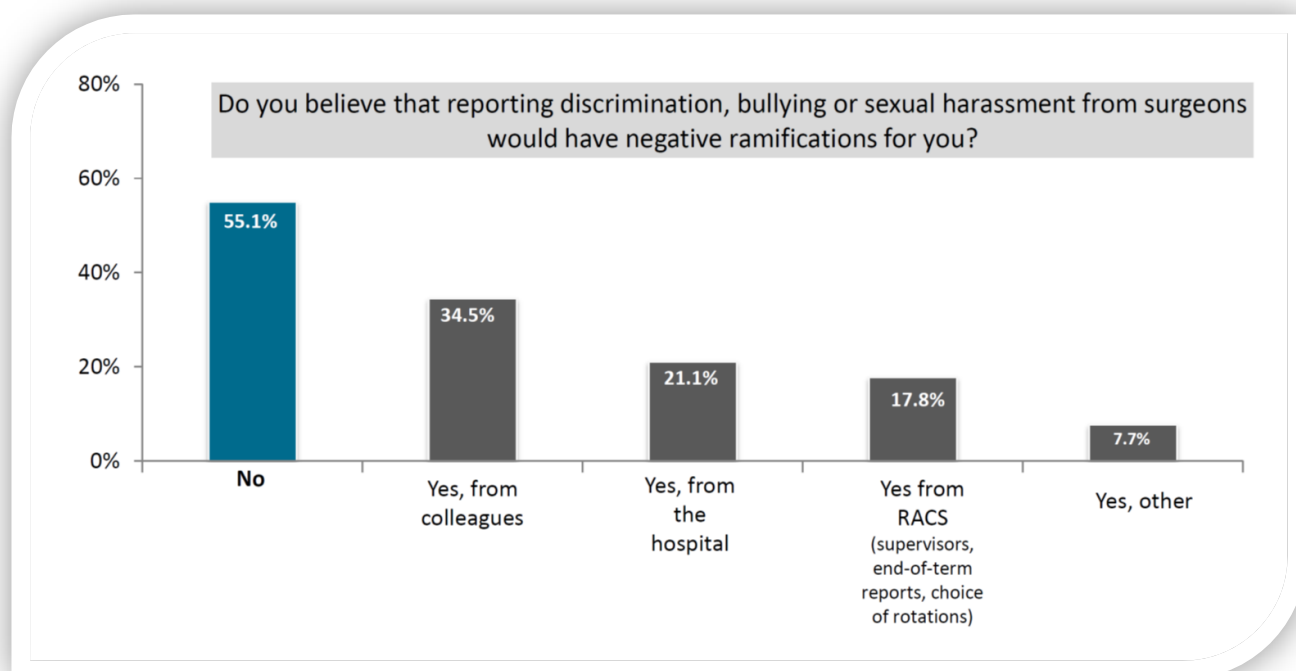
This does however vary by demographic cohort, as a cutting and slicing of the question by demographic cohort has been applied to the data.

Just some outcomes are:

- Only 20% of trainees answered '**No**' compared with 69.7% for Fellows >10 years
- Only 29.3% of Females answered '**No**' compared with 60.8% of Males
- 6.6% of respondents aged between 31 and 35 years answered '**No**' compared with 75.1% for Surgeons aged between 61 and 65 years
- 39.6% of Cardiothoracic Surgeons answered '**No**' compared with 69% of Ophthalmologists

For the 34.5% who answered '*Yes, I believe reporting would have ramifications for me from **colleagues***'.

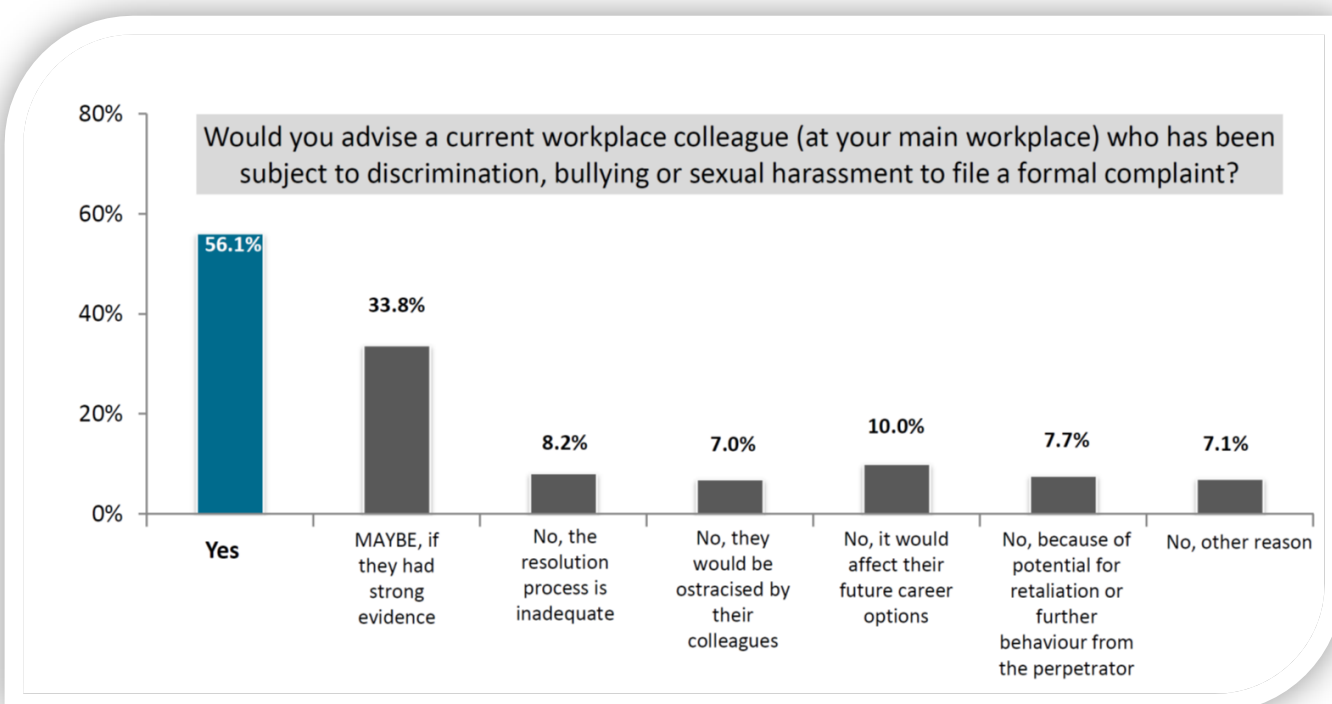
- 59.4% of Trainees answered '**Yes**' compared with 47% for IMGs, 40% for Fellows <10 years and 23% for Fellow > 10 years;
- 56.4% of Females answered '**Yes**' compared with 29.7% Males;
- 44.3% of Cardiothoracic Surgeons answered '**Yes**' compared with 24.1% Ophthalmologists.



### **Advice to Colleagues**

Respondents were asked ...

Q22: *Would you advise a current workplace colleague (at your main workplace) who has been subject to discrimination, bullying or sexual harassment to file a formal complaint?*



Over half 56.1% (or 1646 respondents) answered '**Yes**' as illustrated in the chart above.

There are, however, significant differences in percentage of respondents who answered '**Yes**'.

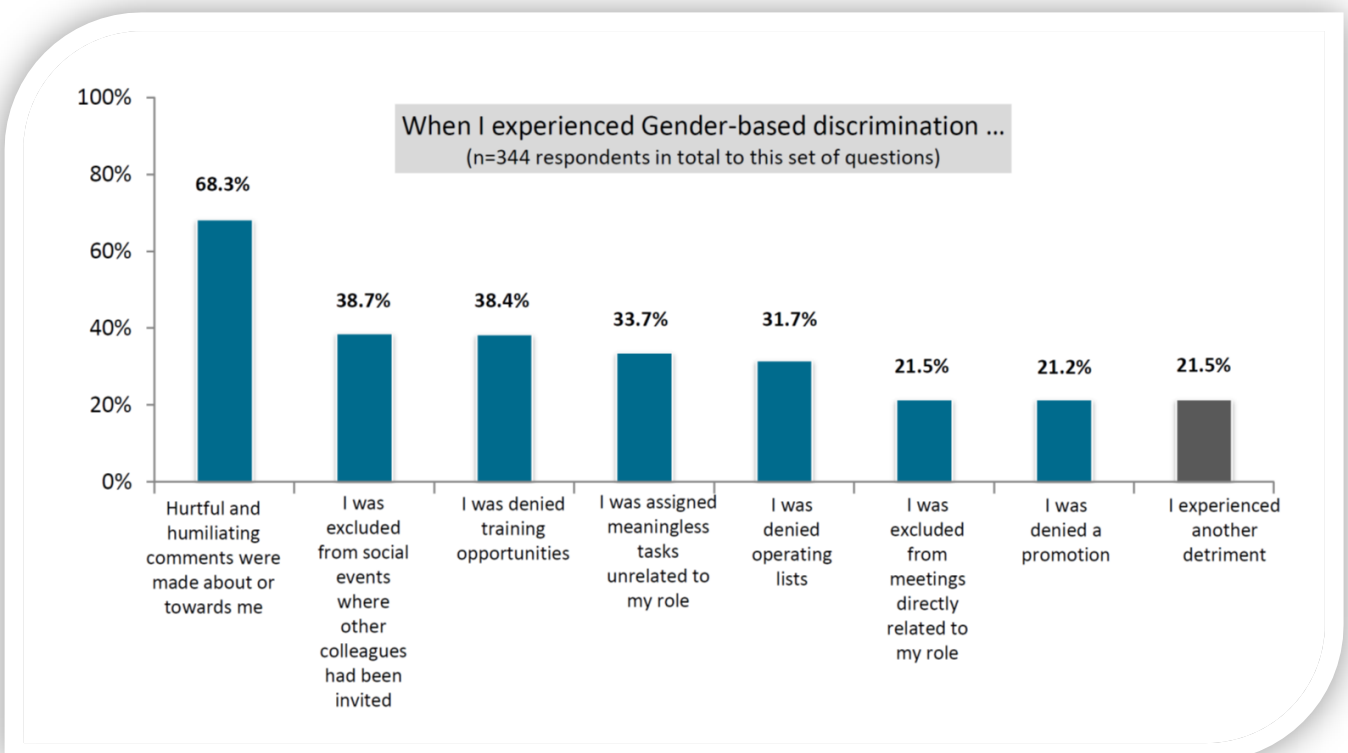
- 34.5% of Trainees answered 'Yes';
- 47.9% of IMGs answered 'Yes';
- 55.3% of Fellows <10 years answered 'Yes';
- 63.6% Fellows > 10 years answered 'Yes';
- 57.4% of General Surgeons answered 'Yes';
- 47.2% Cardiothoracic Surgeons answered 'Yes';
- 40% of Females answered 'Yes';
- 59.7% of Males answered 'Yes'.

### **The Culture of Surgery – Gender Equity**

Q11: In relation to Discrimination and Sexual Harassment, on the survey respondents were provided with a list of 19 possible workplace behaviours they may have experienced because of their gender.

344 respondents addressed this set of questions.

The most prominent behaviour answered by respondents who experienced Gender-based Discrimination was *hurtful and humiliating comments were made about or towards me*.



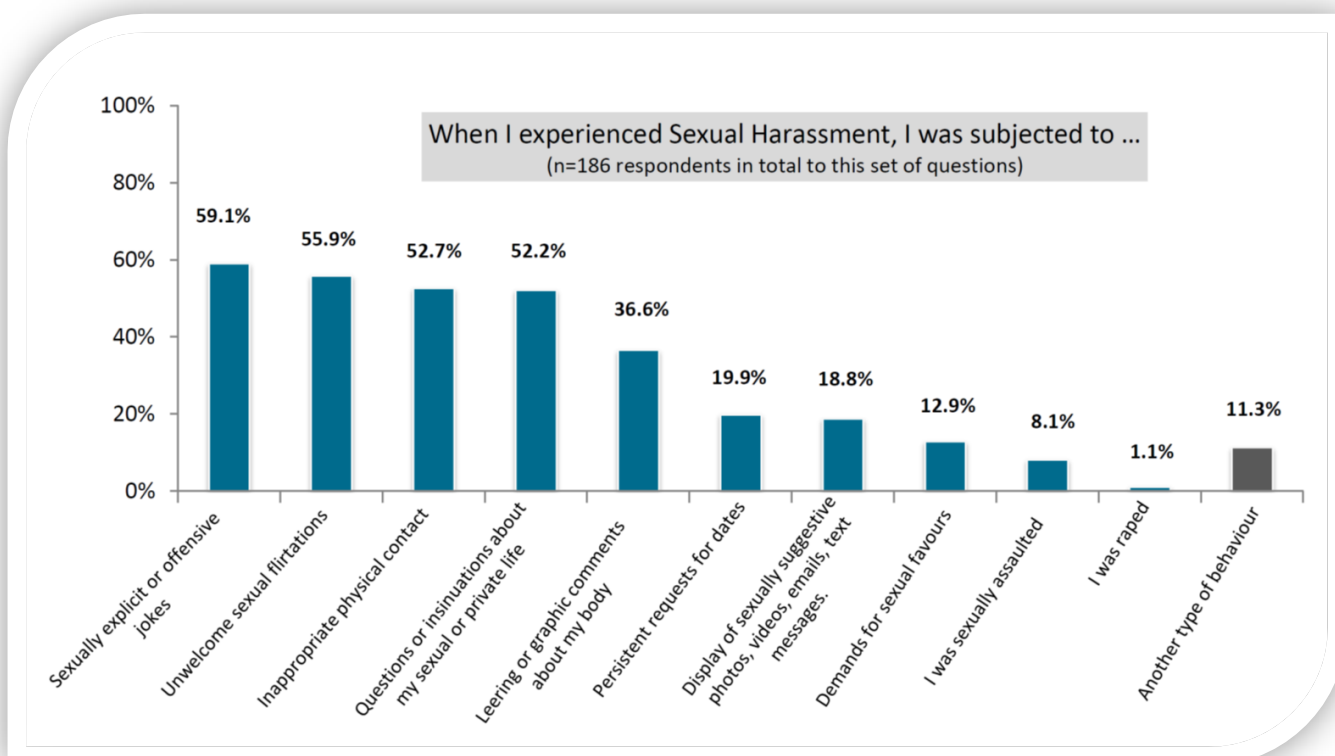
This behaviour was experienced at a similar rate by three of the roles, as ...

- 75.6% of trainees identified this behaviour;
- 72.2% of IMGs;
- 70.7% of Fellows <10 years;
- 60.8% of Fellows >10 years.

And by gender ...

- 71.9% of Females; and
- 64.4% of Males.

Q11: When respondents were asked if “they have ever been the recipient of Sexual Harassment behaviours in the workplace?” (from a list of 10 options provided), 186 responded with four behaviours standing out as illustrated in the graph below.



For the respondents who agreed with the statement, the *Sexually explicit or offensive jokes* were experienced by:

- 70.8% of Trainees
- 64.2% of Fellows <10 years
- 64.7% of Females
- 88.9% of respondents aged <30 years

For the respondents who agreed with the statement, “*Unwelcome sexual flirtations were experienced*” by:

- 52.1% of Trainees
- 56.7% of Fellows <10 years
- 58.2% of Fellows >10 years
- 44.8% of Males
- 58.5% of Females
- 77.8% of respondents aged <30 years



### **Gender Equity – Employer Practices**

Q23: Respondents were provided with a list of eight Employer Practices in Gender Equity and asked to identify as many as apply to their current workplace.

The list from highest prevalence to lowest appears in the table below.

‘Policy’ certainly exists with 75% of respondents selecting this option and which rated highest.

11.7% (or 323 respondents) identified that their employer has not taken any of the steps listed to promote gender equity.

	Employer Practice My current employer ...	No. of respondents who selected this option (n=2756)	%age represented
1 <sup>st</sup>	Has as a workplace policy on discrimination, sexual harassment and victimisation	2061	74.8%
2 <sup>nd</sup>	Has a workplace policy on equal opportunity and gender equity.	1680	61.0%
3 <sup>rd</sup>	Has an effective complaint and grievance procedure.	1041	37.8%
4 <sup>th</sup>	Provides information about discrimination, sexual harassment and victimisation to new employees as part of the induction process	909	33.0%
5 <sup>th</sup>	Has a designated person or contact officer whom employees can speak to if they have any concerns regarding discrimination, sexual harassment and victimisation in the workplace.	721	26.2%
6 <sup>th</sup>	Provides flexible working arrangements.	624	22.6%
7 <sup>th</sup>	Provides training for employees on equity, discrimination, sexual harassment and victimisation in the workplace.	581	21.1%
8 <sup>th</sup>	Has not taken any of the above steps to promote gender equity and display clear opposition to gender discrimination in the workplace.	323	11.7%

#### **Gender Equity – level of support**

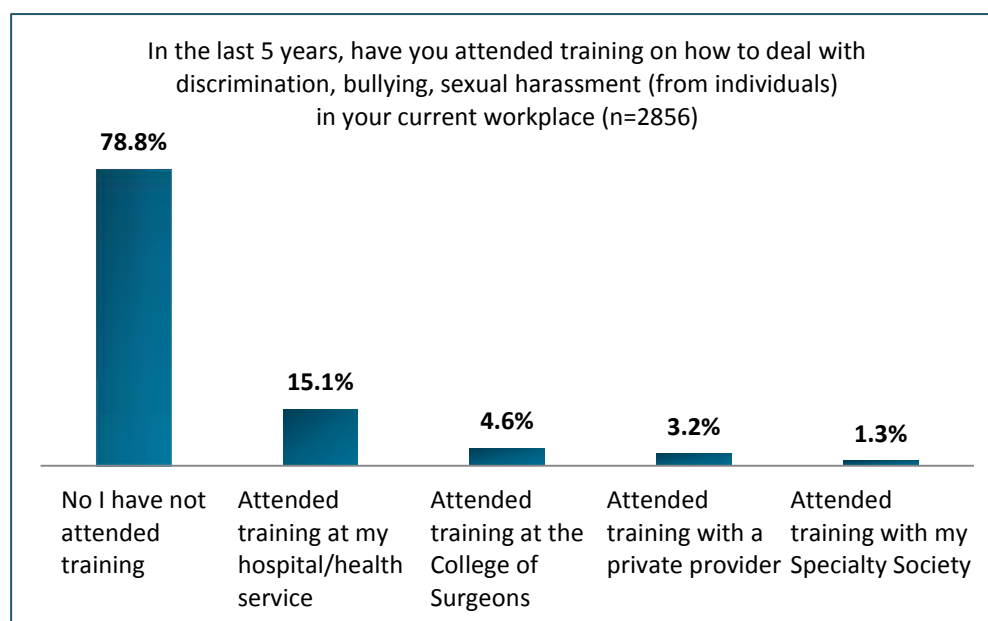
- 81.4% of respondents (2231) agree that their current/main workplace is supportive of female surgeons and trainees. 66.9% of Females agree; 84.8% of Males agree.
- 73.6% of respondents (2014) agree that the College is supportive of Female surgeons and trainees. 51.6% of Females agree; 78.6% of Males agree.
- 67.5% of respondents (1828) agree that Specialty Societies are supportive of Female surgeons and trainees. 44.6% of Females agree; 72.6% of Males agree.
- 21% of respondents (604) have made a request for their current employer to accommodate their responsibilities as a parent or carer and of these 62.4% (374) answered their request was approved.

### Training - Workplace

Respondents were asked ...

Q26: *In the last 5 years have you attended training on how to deal with discrimination, bullying and sexual harassment (from individuals) in your current workplace?*

78.8% (or 2,250 Surgeons) answered 'No'.



### Training – College of Surgeons

Respondents were given 7 options and asked ...

Q27: *Have you attended any of the College of Surgeon's courses?*

1304 respondents answered this question with the bulk having attended the 'Supervisors and Trainers for SET' course.

I have attended the following College of Surgeons course	No. of respondents who selected this option (n=1304)	%age represented
Supervisors and Trainers for SET (SAT SET)	949	72.8%
Keeping Trainees on Track (KTOT)	361	27.7%
Surgical Teachers Course (STC)	349	26.8%
Non-Technical Skills for Surgeons (NOTSS)	311	23.8%
Training in Professional Skills (TIPS)	145	11.1%
Process Communication Model (PCM)	105	8.1%
Safer Australian Surgical Teams (SAS)	17	1.3%

### Training – Effectiveness of Skills

Respondents were asked a Yes/No question:

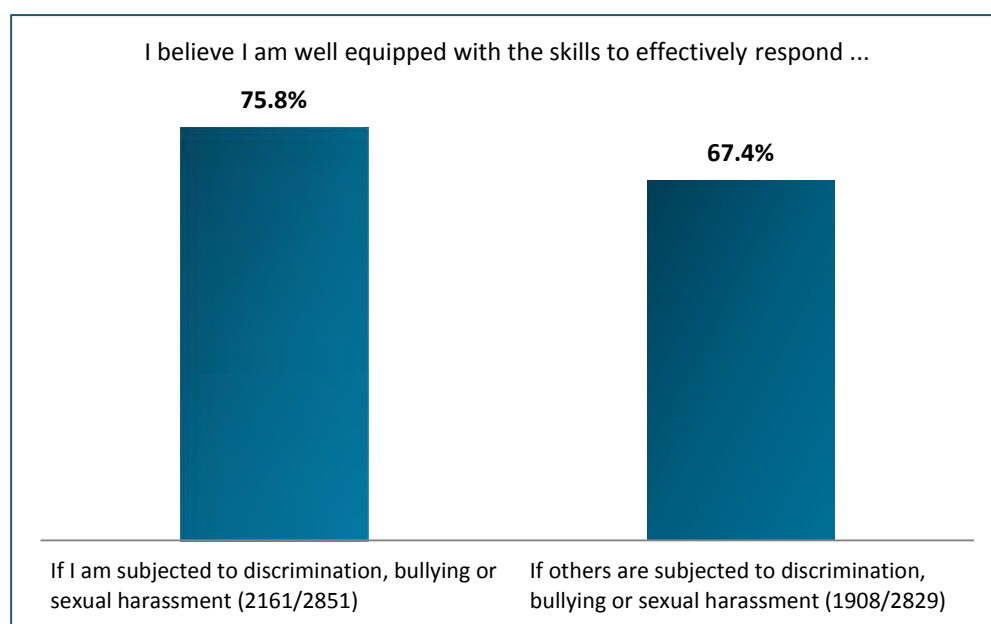
Q28: *Do you believe that you are equipped with the skills to effectively respond to discrimination, bullying or sexual harassment ...*

If **you** were the subject

75.8% answered '**Yes**'

If **others** were the subject

67.4% answered '**Yes**'



Drilldown on these two questions by some key demographics:

I am equipped with the skills to effectively respond ...	If I was subjected to ... (%age yes)	If others are subjected (%age yes)
Trainee	53.3% (231)	43.6% (189)
IMG	67.8% (80)	56.9% (66)
Fellow <10 years	71.3% (603)	62.2% (520)
Fellow >10 years	85.8% (1240)	78.5% (1127)
Male	80.1% (1837)	71.4% (1624)
Female	57.0% (300)	50% (262)
31-35 year old	59.1% (207)	48% (167)
61-65 year old	89.8% (185)	79.3% (161)
Orthopaedic Surgery	82.5% (500)	72.5% (435)
Paediatric Surgery	66.7% (48)	61.4% (43)

### **Future Action in the Workplace**

Respondents were asked ...

Q29: *What action do you think is required to assist in the prevention of discrimination, bullying and sexual harassment within your current workplace?*

Respondents were provided with 5 options, the ranking of which is outlined in the table below.

Future Action in the Workplace for the Prevention of Discrimination, Bullying and Sexual Harassment		No. of respondents who selected this option (n=2708)	%age represented
1 <sup>st</sup>	Greater leadership by surgical department heads and surgical supervisors is required to assist in the prevention of discrimination, bullying and sexual harassment in my current workplace.	1695	62.6%
2 <sup>nd</sup>	Resources to support more effective complaint and resolution procedures in the workplace are required to assist in the prevention of discrimination, bullying and sexual harassment in my current workplace.	1418	52.4%
3 <sup>rd</sup>	Better support mechanisms (e.g. counselling and resolution services) are required to assist in the prevention of discrimination, bullying and sexual harassment in my current workplace.	1183	43.7%
4 <sup>th</sup>	Further training from the College of Surgeons is required to assist in the prevention of discrimination, bullying and sexual harassment in my current workplace.	964	35.6%
5 <sup>th</sup>	Further training from hospital/health service is required to assist in the prevention of discrimination, bullying and sexual harassment in my current workplace.	901	33.3%
6 <sup>th</sup>	Action (other than the preceding options) is required to assist in the prevention of discrimination, bullying and sexual harassment in my current workplace	511	18.9%

28% of respondents have a suggestion(s) for other ways in which the College of Surgeons could help in ensuring that their current workplace is free from discrimination, bullying and sexual harassment.

25.5% of respondents have a suggestion(s) for other ways in which the College of Surgeons could better support Fellows, Trainees and IMGs in being equipped to personally address discrimination, bullying and sexual harassment.

Thank you for the opportunity to conduct this significant and meaningful research.

Glenn and Jacqui Parle  
Owners/Directors Best Practice Australia