

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

2016 Progress Report

Building Respect, Improving Patient Safety



LET'S OPERATE WITH RESPECT

www.surgeons.org



President & Vice President's message



We can all be proud of the work RACS has done to lead the health sector in addressing discrimination, bullying and sexual harassment (DBSH) in the surgical workplace.

In November 2015, the Royal Australasian College of Surgeons (RACS) launched its *Action Plan: Building Respect, Improving Patient Safety* to address these problems in surgical practice. Your colleagues on Council share our absolute commitment to continue this work.

This Activity Report outlines what we did in 2016, alone and in partnership, to help build a culture of respect in our profession. It also flags our priorities for 2017.

During 2016, the connection between DBSH and patient safety became clearer and less contentious. We have all known this intuitively for a long time, but the evidence to confirm this is growing. Our commitment to change has been galvanised by this fact, and because our SET Trainees and IMGs must learn in a safe environment.

It has become increasingly evident that the problems of DBSH extend well beyond surgery and affect the entire health sector. During 2016, RACS engaged with a broad range of organisations including hospitals, medical schools, health departments and other health jurisdictions to gain their commitment so we can work together, with a common goal, to create effective

change. Other specialist medical colleges are partnering with us, sharing our resources and examining how we can collaborate towards achieving this common goal.

Our campaign - *Let's Operate With Respect* - has given focus to our work. Many surgeons have been generous in allowing us to use their faces on our campaign posters. They and their colleagues have taken a strong stand in their own spheres of influence, and have facilitated many of our agreements with hospital networks.

It is now up to each of us as surgeons to play our part. We need to lead the way wherever we work; to advocate for change, stand up to unacceptable behaviour and demonstrate what it looks like to operate with respect. There are things we can all do in our hospitals to help build a culture of respect.

How we behave and what we consider to be acceptable, shapes our culture and our profession. Let's operate with respect.

**Mr Philip Truskett AM, President
Professor Spencer Beasley, Vice President**

The campaign

2016 Highlights

The *Building Respect, Improving Patient Safety Action Plan* sets eight goals in three main areas:

1. Cultural Change and Leadership
2. Surgical Education and
3. Complaints Management.

More than 20 projects are now underway, many of which will take more than three years to deliver.

Highlights of our progress in 2016 include:

- New eLearning module on DBSH - mandatory for all RACS Fellows, Trainees and IMGs, integrated with RACS' continuing professional development program and a mandatory CPD 2017 requirement
- Foundation Skills for Surgical Educators (FSSE) course, to strengthen surgical education - mandatory for surgeons who teach or train SET Trainees or supervise IMGs
- New Diversity and Inclusion Plan, revised Code of Conduct and revised policies and procedures College-wide
- Updated complaints processes and management, with a new Complaints User Guide and other information published
- Signed agreements with 14 agencies across the public and private health sector, in metropolitan and regional areas, committed to a collaborative approach to deal effectively with DBSH in their jurisdictions.



LET'S OPERATE WITH RESPECT

2017 priorities

Our work to build a culture of respect will continue. 2017 priorities include:

- ensuring all Fellows, Trainees and IMGs complete the eLearning module. We will be reporting publicly on completion rates
- requiring surgeons who teach or train SET Trainees or supervise IMGs to do the FSSE course. We will be reporting publicly on completion rates
- launching face-to-face training to strengthen the skills of surgical supervisors and IMG clinical assessors to build respect, identify and deal with DBSH
- providing a leadership development program, and
- implementing the RACS Diversity and Inclusion Plan.

“...The recent examination of discrimination, bullying, and sexual harassment in the medical profession has created a watershed moment for the sector. We are forced to ask ourselves: how, in a profession so dedicated to the nurturing and healing of others, have we allowed the proliferation of a culture so damaging to ourselves?...”

**Dr Victoria Atkinson, Group General Manager
Clinical Governance/Chief Medical Officer St Vincent's Health Australia**



Through the Action Plan: Building Respect, Improving Patient Safety, RACS has committed to a substantial, long-term program of work.

In 2016, we built the foundation and started more than 20 projects that are now underway. Many of these will continue over several years.

This report describes our work in 2016, across our three areas of focus: cultural change and leadership, strengthening surgical education and improving complaints management. In time, we will be able to report on our progress against each of these goals. In the meantime, we are reporting on the work we have done to help reach them.

In five years, RACS will repeat the research it commissioned in 2015, which detailed the problems of discrimination, bullying and sexual harassment in surgery. These results in 2020 will help measure how far we have come in building a culture of respect, and guide the work we will need to continue to do.



ACTION PLAN HEADINGS AND GOALS	PROJECT NAME
CULTURE CHANGE & LEADERSHIP	
Goal 1 Build a culture of respect and collaboration in surgical practice and education	Engagement and Collaboration
Goal 2 Respecting the rich history of the surgical profession, advance the culture of surgical practice so there is no place for discrimination, bullying and sexual harassment (DBSH)	Communication: Campaign Leadership Development
Goal 3 Build and foster relationships of trust, confidence and cooperation on DBSH issues with employers, governments and their agencies in all jurisdictions	Diversity & RACS Updating Policies / Procedures <ol style="list-style-type: none"> 1. Code of Conduct 2. Sanctions Policy 3. Accreditation of Hospital Training Posts 4. Selection of Supervisors 5. IMG oversight 6. Hospital Appointments 7. Appointment process for members of Training Boards
Goal 4 Embrace diversity and foster gender equity	
Goal 5 Increase transparency, independent scrutiny and external accountability in RACS activities	
SURGICAL EDUCATION	
Goal 6 Improve the capability of all surgeons involved in surgical education to provide effective surgical education based on the principles of respect, transparency and professionalism	Building Respect & Improving Patient Safety Educational Program Foundation Course for Educators Annual survey of Hospital Training Posts
Goal 7 Train all Fellows, Trainees and International Medical Graduates to build and consolidate professionalism including: <ul style="list-style-type: none"> • fostering respect and good behaviour • understanding DBSH: legal obligations and liabilities • 'calling it out'/not walking past bad behaviour • resilience in maintaining professional behaviour 	Individual Education & Support <ul style="list-style-type: none"> • Individual surgeons • Supervisors & Trainees • IMG Support and Oversight • RACSTA Support Assessment Tools including Multisource Feedback for all Surgeons
COMPLAINT MANAGEMENT	
Goal 8 Revise and strengthen RACS complaints management process, increasing external scrutiny and demonstrating best practice complaints management that is transparent, robust and fair	Complaints & Investigation Resolution Program Privacy Legislation Review

Cultural change & leadership

Leadership is about doing the right thing – as a profession, as a College and as individuals



Goal 1:
Build a culture of respect and collaboration in surgical practice and education

Goal 2:
Respecting the rich history of the surgical profession, advance the culture of surgical practice so there is no place for discrimination, bullying and sexual harassment (DBSH)

Goal 3:
Build and foster relationships of trust, confidence and cooperation on DBSH issues with employers, governments and their agencies in all jurisdictions



Goal 4:
Embrace diversity and foster gender equity



Goal 5:
Increase transparency, independent scrutiny and external accountability in College activities



RACS has signed agreements (either memoranda of understanding or statements of intent) with 14 agencies across the public and private health sectors, in metropolitan and regional areas, including national, regional and local health service employers and other medical colleges or places of higher education.

PARTNERS INCLUDE:

- | | |
|--|--|
| 1. Australian and New Zealand College of Anaesthetists (ANZCA) | 8. NZ Private Surgical Hospitals Association |
| 2. Gold Coast Health | 9. Queensland Health |
| 3. Metro South Health (Qld) | 10. Ramsay Health Care |
| 4. Monash Health (VIC) | 11. Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) |
| 5. Murrumbidgee LHD (NSW) | 12. Royal Brisbane & Women's Hospital |
| 6. Nelson-Marlborough DHB (NZ) | 13. St Vincent's Health Australia |
| 7. NSW Health (statement of agreed principles – including w/ other colleges) | 14. University of Otago Medical School |

These agreements aim to establish a framework to work together on information sharing, improving surgical education and training, and implementing the RACS *Action Plan: Building Respect, Improving Patient Safety*. They commit each organisation to addressing instances of unacceptable behaviour promptly and effectively and ensuring that repeat offenders are managed in line with employment legislation, employer terms and conditions and the RACS Code of Conduct and Sanctions policy.

RACS is also in discussion with Deans at all medical schools and universities, so we can work together to promote change and build respect, starting in medical schools and continuing throughout surgical practice.



Here are some posters from one of our MOU partners, Metro South Health, who have profiled their local surgeons committed to building a culture of respect. <http://www.surgeons.org/about-respect/stories-and-news/partnering-for-change/>

Supporting leadership by surgeons has also been a focus.

RACS Surgical Directors Section has led the development of a leadership program for Fellows, to support them in their leadership roles. The Surgeons as Leaders in Everyday Practice course is being finalised. It is a one and half day program targeting all surgeons and examines individual leadership, communication styles and leading a team using case studies.

“ Cultural change will come from leadership by individual surgeons. We all need to show leadership in our hospitals, by promoting and upholding respectful behaviour. Surgical Directors, because they manage surgeons within institutions, have a key role in promulgating this cultural change. The RACS Leadership Development program in providing the required skills will be of great assistance in achieving this cultural change.

**Professor David Fletcher,
Chair, Board of Regional Chairs and Chair, Surgical Directors Section**

In 2016 RACS developed and published a Diversity and Inclusion Plan, designed to lead the way towards 'inclusive participation in the practice of surgery and life of the College.'

The Diversity and Inclusion Plan and policy framework apply across all RACS operations. Implementation will be a priority from 2017.

A significant number of Fellows representing various specialties and areas of interest were consulted in its development, including the RACS Trainees Association.

This plan provides a path for RACS over the next two years to make significant steps in improving:

- cultural diversity and inclusion
- gender balance within the practice of surgery
- diversity on RACS boards and committees
- reporting on and transparency about diversity and inclusion.

The plan includes a range of actions including progressing RACS Reconciliation Action Plan (RAP) and Maori Health Action Plan. Change will not occur without deliberate efforts to change the status quo. We have set ourselves some ambitious targets including increasing the number of women in surgical training from the current 29% to 40% by 2021.

In 2016, RACS also became a member of the Diversity Council of Australia. Through collaborations like this and the Male Champions of Change (MCC) Science Technology Engineering and Maths (STEM) initiative, we will be able to share ideas and resources and learn from other organisations that face similar challenges to creating and maintaining a diverse workforce.



2016 was the year that many agencies across the health sector recognised that the time had come to deal more effectively with discrimination, bullying and sexual harassment. As well as the 14 agreements we signed with a range of organisations, RACS worked hard during the year to raise awareness of these problems and support change through partnership. This includes making a submission to the Senate community affairs reference committee on medical complaints.

RACS leadership on dealing with discrimination, bullying and sexual harassment was recognised by the:

- **Victorian Auditor General's Office, which referenced RACS leadership and research in their paper on Bullying in the Health Sector** <http://www.audit.vic.gov.au/publications/20160323-Bullying/20160323-Bullying.pdf>
- **Appointment of RACS Vice President, Spencer Beasley, as one of the Australasian leaders across business, government and universities who have come together to establish a Male Champions of Change (MCC) group focused on gender equality in science, technology, engineering and maths (STEM).** <http://malechampionsofchange.com/australian-leaders-tackle-gender-inequality-in-stem/>
- **Auckland District Health Board of the RACS Let's Operate With Respect campaign, in its 'Speak Out' initiative**



LET'S OPERATE WITH RESPECT

Our Let's Operate With Respect campaign signals our commitment to supporting cultural change in our profession. It aims to raise awareness of the problems of discrimination, bullying and sexual harassment and what we are doing to deal with them. Let's Operate With Respect was launched at the 2016 RACS Annual Scientific Congress (ASC) and was RACS' first digital-led communications campaign. If you're active on social media, you might be interested to know that:

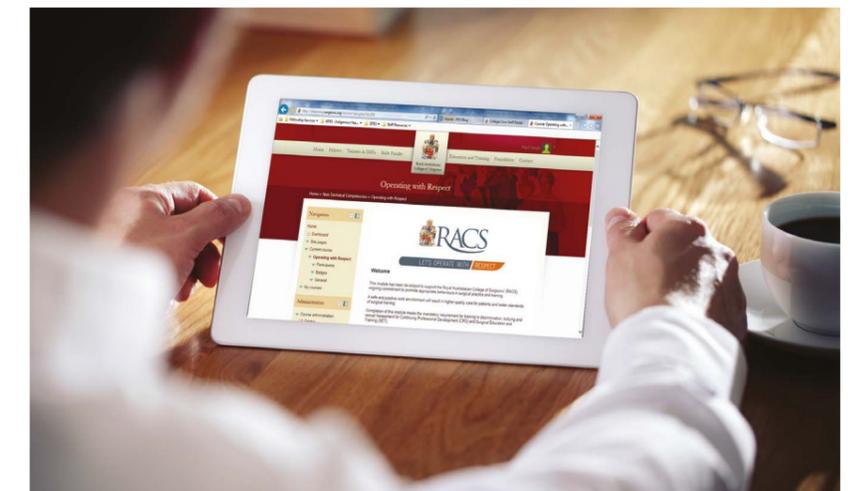
- people are still using the #OperateWithRespect hashtag to support our campaign and 57% of users are men
- the #OperateWithRespect hashtag has been used more than 1,000 times in blogs, Comments, Facebook, Others, Reviews and Forums, Twitter, Wikipedia, YouTube) and this is growing

- the hashtag has had more than three million impressions and continues to grow
- there have been more than 2000 views of the video and more than 1.1 million unique page views to the 'about respect' section of the website



- it has had hits in six out of the seven continents – countries outside Australia and New Zealand include the UK, Spain, France, Italy, Ireland, Denmark, Canada, USA, Colombia, Brazil, Russia, Iran, Saudi Arabia, China, Japan, Philippines, Pakistan, Nepal, India, Indonesia, Malaysia, Timor Leste, Ghana, Malawi, and the Democratic Republic of Congo.

RACS regional committees and offices are working towards our common goal of building respect, and improving patient safety. We recognise that success will come from local engagement and leadership from individual surgeons, and our regional committees are key to this. Regional committees are reporting monthly on how many committee members have completed the eLearning online module (WA was the first to reach 100%), the Foundation Skills for Surgical Educators courses and on what they are doing locally to help build a culture of respect. Initiatives include hosting courses, giving presentations and supporting local training and promotion. In 2016, there were more than 20 official meetings with Health Departments/Ministries of Health about our Action Plan, and more than 45 presentations and meetings with hospital administrations.



All members of RACS Council share this commitment and common purpose. All Councillors have completed the online module, Councillors are progressively completing the FSSE and six councillors have put their faces to campaign posters.



Other achievements in 2016 include:

- revising and republishing the Code of Conduct, revising privacy and sharing of information policies and procedures and realigning more than 20 other policies to make RACS expectations of Fellows, Trainees and IMGs about respectful behaviour explicit. The changes to RACS policy framework support information sharing, within the law, with employers and other agencies
- publishing reports and the Action Plan, which make RACS commitments and goals public, including in this Activity Report
- publishing our statements and agreements with other agencies

Strengthening surgical education

Strengthening surgical education is one of three core areas of focus in the RACS Action Plan: *Building Respect, Improving Patient Safety*

Goal 6:

Improve the capability of all surgeons involved in surgical education to provide effective surgical education based on the principles of respect, transparency and professionalism

IMG support

RACS expanded the role of Clinical Director, IMG Assessment and Support and appointed former RACS Vice President Mr. Graeme Campbell FRACS to this role. This role helps assess IMGs for comparability to a RACS trained surgeon and has a new focus on providing support to IMGs on a pathway to Fellowship, and on improving policies and processes.



In 2016 RACS also:

- Created an International Medical Graduates Committee, with representation from Fellows who have been through the IMG pathway
- Revised the interview component of the IMG assessment structure
- Increased individual contact with IMGs on a pathway to Fellowship
- Implemented new policy for the approval of posts for IMG clinical assessment
- Adopted mandatory training of clinical assessors participating in the IMG assessment process
- Developed more suitable work-based assessment approaches and
- Started to develop specific eLearning and other resources to help IMGs adapt to the Australian healthcare environment and prepare for the Fellowship Examination.



- 34% of our Fellows, Trainees and IMGs completed our new online, evidence-based training on discrimination, bullying and sexual harassment. The eLearning module - Operating With Respect – is a mandatory CPD 2017 requirement for all Fellows, Trainees and IMGs. The course aims to help surgeons better identify discrimination, bullying and sexual harassment, understand the impact it has and learn how to deal with it effectively.



- More than 600 surgeons – or 18% of the target group - completed one of the 36 Foundation Skills for Surgical Educators courses delivered in 2016 across Australia and New Zealand. Completing the FSSE course is now mandatory for all surgeons who teach or train SET Trainees or who supervise an IMG. The FSSE is designed to expand knowledge and skills in surgical teaching and education. It sets the standard expected of surgical educators and increases knowledge of teaching and learning concepts in clinical teaching.
- Dozens of Fellows helped develop and pilot a new one-day, evidence based, interactive face-to-face course to help surgeons deal effectively with discrimination, bullying and sexual harassment. The face-to-face Operating With Respect course – to be launched in mid-2017 - strengthens patient safety by enabling participants to develop skills in respectful behavior and to practise strategies for responding to unacceptable behavior. It will become mandatory for surgical supervisors, IMG clinical assessors and Training Board/ Education Committee Representatives.



Goal 7:

Train all Fellows, Trainees and International Medical Graduates to build and consolidate professionalism including:

- fostering respect and good behaviour
- understanding DBSH: legal obligations and liabilities
- ‘calling it out’/not walking past bad behaviour
- resilience in maintaining professional behaviour.

RACSTA

RACS increased support to the Trainees’ Association (RACSTA) in 2016, with the appointment of a full-time Executive Officer (EO). This appointment removes an administrative burden from committee members and enables the Trainees’ Association to engage with Trainees and the College in a more meaningful manner. The EO is also available to advise Trainees about the complaints management process, RACS policies, and facilitate communications with RACSTA members. A new quarterly newsletter for Trainees has been launched, to increase awareness of RACSTA activities.

Data from the biannual RACSTA end-of-rotation survey has been consolidated for the period 2010-2015 and specialty specific themes identified. This will inform future work of RACS committees and education processes and be published in early 2017. Trainee participation in 2016 surveys has increased.



Assessment Tools

RACS piloted a new Multisource Feedback (MSF) tool, based on the RACS Surgical Competence and Performance Guide.

60% of participants reported that MSF feedback would help improve their practice. This and other participant feedback – along with the results of another survey – have informed changes to the MSF tool. It will continue to be refined as RACS works with hospitals, surgical departments and external jurisdictions to determine how best to utilise the MSF tool to monitor performance and meet the requirements of revalidation.



Complaints Management

RACS does not tolerate unacceptable behaviour from Trainees, Fellows and/or International Medical Graduates (IMGs).

We expect all our Fellows, Trainees and IMGs to comply with the Code of Conduct (PDF 475KB), adhere to the Discrimination, Bullying and Sexual Harassment Policy and uphold the RACS values.

Goal 8

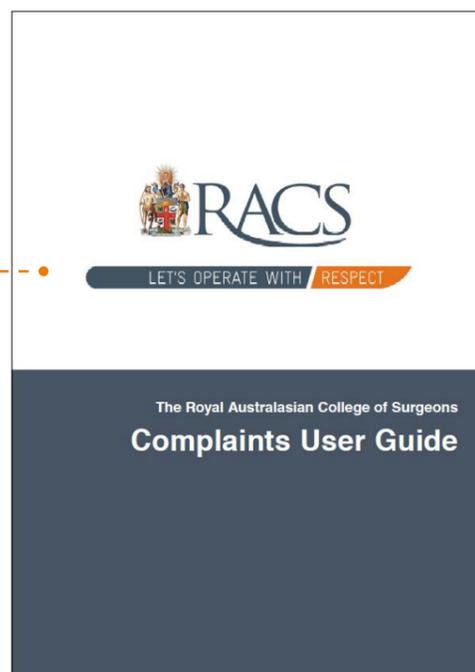
Revise and strengthen RACS complaints management process, increasing external scrutiny and demonstrating best practice complaints management that is transparent, robust and fair



Managing complaints more transparently, consistently and effectively is a core commitment of the RACS Action Plan.

Over the past year, we have:

- Published a complaints user guide, which makes clear the 'who, what, when, where, why' of complaints about surgeons and RACS processes
- Appointed a Manager Complaints Resolution (MCR) to oversee the RACS complaints framework
- Implemented a new complaints framework incorporating restorative justice options
- Enhanced confidentiality and transparency of complaints reporting to a centralised source
- Implemented a Complaints Hotline, phone and email
- Implemented a complaint-specific database
- Progressed complaints dashboard reporting
- Revised policies encompassing external oversight and the Code of Conduct and strengthened and aligned the sanctions policy
- Developed and published a new complaint form and complaints manual and an Unacceptable Behaviour Fact Sheet
- Delivered more than 25 presentations on the complaints framework to internal and external stakeholders promoting understanding of RACS complaints framework, and contributing to RACS MoU consultation with health agencies.
- Resolved five outstanding long-term complaints.



We're working closely with RACS, through our MOU. This gives us a platform to share ideas, education and training. We are committed to solving this problem and supporting all members of our workforce. I encourage you to join us.

Dr Susan O'Dwyer,
Executive Director Medical Services Metro South Health

RACS established a complaint specific database in August 2016 and all complaint-related enquiries received since January 2016 have been logged.



2016 complaints data:

- There was a 25% increase in complaint enquiries lodged in 2016 compared with 2015, with 125 complaint enquiries registered during the year. This expected increase reflects increased awareness of the RACS complaints framework.
- 85 of all matters registered were resolved and closed in 2016
- of these 85 matters closed in 2016, 56% were enquiries
- 77% of enquiries made in 2016 related to unacceptable behaviours (DBSH), mostly bullying
- 25% of enquiries progressed to complaints
- 67% of complaints related to unacceptable behaviours (DBSH).



This graph demonstrates the steady increase in the number of enquiries and complaints registered (orange) and the corresponding number of matters resolved and closed (blue) in 2016. Complaints were made by Fellows, the public, IMGs and trainees.



LET'S OPERATE WITH / RESPECT

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