

2017 Progress Report

Building Respect,
Improving Patient Safety

President and Vice President's message

Addressing discrimination, bullying and sexual harassment in surgery and building a culture of respect remained a priority in 2017. This Progress Report profiles some of the year's highlights in implementing the work detailed in our Action Plan: Building Respect, Improving Patient Safety.

The Action Plan brings together a wide range of projects across three areas: cultural change and leadership, surgical education and complaints management. During the year, we made progress in each of these areas and built a solid base for our continuing work. We know that cultural change takes time and that we are at the start of a multi-year, long-term investment in improving our workplaces and training environments.

At a broader level, we've seen a societal shift and a strong public stance against unacceptable behaviours and as surgeons, we need to demonstrate leadership and our continued commitment to change.

In 2018, we will develop an evaluation framework to assess the work of the Action Plan and focus on projects to support diversity and inclusion.

It is important that we understand and reflect the diverse communities we serve and are a part of. We must enable not only those who are high performers, but those with high potential to enter surgical training and join our profession.

Our work implementing the Action Plan will continue. We will maintain our support for all our Fellows, Trainees, International Medical Graduates and partners in reporting unacceptable behaviour, standing up to unfair treatment and advocating for change.

Improving patient safety will not happen overnight or through a single action. However, RACS has a clear direction, an extensive program of work and an unfaltering commitment that will support us all to operate with respect.

Mr John Batten, President
Dr Catherine Ferguson, Vice President



Progress and priorities

The multi-year program of work outlined in the Action Plan is designed to build respect and improve patient safety in surgery. It brings together a range of strategies to raise awareness, improve surgical education, develop surgeons' skills, strengthen RACS policy framework, advocate for change and establish partnerships. It also aims to increase transparency and improve the complaints management process including by improving timeliness, strengthening sanctions when these are needed and ensuring peer support is available to complainants and respondents.

During the year, improving surgical education was a clear priority. In a program of mandatory training, we emphasised increasing awareness and knowledge of the professional skills required to create a positive workplace and training culture that leads to better patient outcomes.



Action plan goals

- Build a culture of respect and collaboration in surgical practice and education
- 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)
- Build and foster relationships of trust, confidence and cooperation on DBSH issues with employers, governments and their agencies in all jurisdictions
- Embrace diversity and foster gender equity
- Increase transparency, independent scrutiny and external accountability in College activities
- Improve the capability of all surgeons involved in surgical education to provide effective surgical education based on the principles of respect, transparency and professionalism
- Train all Fellows, Trainees and International Medical Graduates to build and consolidate professionalism
- Revise and strengthen RACS complaints management process, increasing external scrutiny and demonstrating best practice complaints management that is transparent, robust and fair

Measuring our impact

In 2018, we will be developing an evaluation framework to assess the reach and impact of the work outlined in the Action Plan. The framework will identify the key data sources and indicators to measure the outcomes of this work over the medium and long term. Findings will not only measure the effectiveness of the initiative and progress over time, but inform its evolution and identify opportunities for improvement.

Culture change and leadership

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

Our progress in leading cultural change in 2017 included:

- Signing 15 new Memoranda of Understanding (MOUs)/Statement of Intent (SOIs) with hospitals, health services, universities and state governments in Australia and New Zealand – bringing us to 29 agreements in total
- Developing and piloting the first Surgeons as Leaders in Everyday Practice course
- Supporting transparency and information sharing about unacceptable behaviour by revising our policies and key documents
- Producing new videos, banners, posters and digital media content to support the Let's Operate with Respect Campaign.

The MOU agreements signal intent from both parties to work together to build a culture of respect in surgery and in the broader medical workforce.

The agreements commit both parties to:

- Collaborating to develop programs and align policies and processes to deal with unacceptable behaviour
- Supporting greater diversity in the profession including exploring models for flexible surgical training
- Developing protocols to enable information sharing about complaints of unacceptable behaviour
- Co-branding on communication and campaigns to promote a culture of respect
- Upskilling and supporting surgical supervisors.

In 2018 we will maximise our partnerships by working collaboratively to effect change.

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In accordance with the MOU between RACS and RANZCOG, the Operating with Respect e-learning module has been co-badged with RACS and modified for our environment. The module will be officially launched in early 2018 as part of a suite of resources in the RANZCOG ‘Supporting Respectful Workplaces’ program. RANZCOG thanks RACS for its support in this critical initiative.

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Alana Killen,
CEO, RANZCOG

Since implementing the Let's Operate with Respect Campaign in 2016:



The #OperateWithRespect hashtag has had more than 5.5 million impressions and has been used extensively in blogs, social media, online forums and reviews.



There were more than 50,800 unique views of the “About Respect” section of the RACS website. It has had hits from six out of the seven continents – countries outside Australia and New Zealand include USA, UK, India, Saudi Arabia, Botswana, Hong Kong, Argentina and Nicaragua.












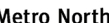





We have had more than 3,500 total views of the Operating with Respect videos.

2016 partners

Australian and New Zealand College of Anaesthetists (ANZCA) 	Gold Coast Health, QLD  	Metro South HHS, QLD 
Monash Health, VIC 	Murrumbidgee LHD, NSW  	Nelson-Marlborough DHB, NZ 
NSW Health  	New Zealand Private Surgical Hospitals Association 	Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 
Ramsay Health Care 	Queensland Health 	Royal Brisbane & Women's Hospital  
St Vincent's Health Australia 	University of Otago Medical School, NZ 	

2017 partners

ACT Health 	Alfred Health, VIC 	Auckland DHB, NZ 
Australasian College of Emergency Medicine (ACEM) 	Ballarat Health, VIC 	Barwon Health, VIC 
Canterbury DHB, NZ 	Children's Health Queensland HHS 	East Metropolitan Health Service, Perth 
Epworth HealthCare, VIC 	Metro North HHS, QLD  	Monash University 
Royal College of Surgeons Edinburgh 	SA Health 	University of Sydney

Diversity and inclusion

Building a diverse and inclusive culture in the surgical profession is a key focus for RACS. In 2017 we began implementing our Diversity & Inclusion Plan. Activities and achievements during the year included:

- Ensuring our ‘public face’ - including publications, website and social media - reflect gender and cultural diversity
- Increasing diversity through the appointment of 12 people who are not surgeons to Specialty Training Boards
- Initiating research to identify the barriers to women selecting surgery as a career
- Examining and publishing research into the reasons why trainees withdrew from surgical training
- Working with Specialty Training Boards to support their efforts to increase flexible training
- Advancing the Indigenous selection initiative in surgical training with Specialty Training Boards

- Appointing Professor Martin Nakata, Pro Vice Chancellor, Indigenous Education and Strategy at the James Cook University as RACS Educational Advisor
- Awarding six RACS Annual Scientific Congress Awards for Aboriginal and Māori final year medical students and junior doctors
- Awarding one Career Enhancement Scholarship to an Aboriginal junior doctor and
- Awarding two Aboriginal and one Māori SET Trainee One Year Scholarships.
- Strengthening our data collection processes to capture cultural and linguistic diversity among Fellows, Trainees and IMGs

In 2018 we will continue to promote diversity in the profession of surgery, including by supporting flexible training options.



We’ve grown our pool of scholarships for Aboriginal and Torres Strait Islander and Maori medical students, doctors and surgical trainees from \$30,000 to \$130,000 annually in partnership with the Foundation for Surgery and Johnson and Johnson Medical Devices.



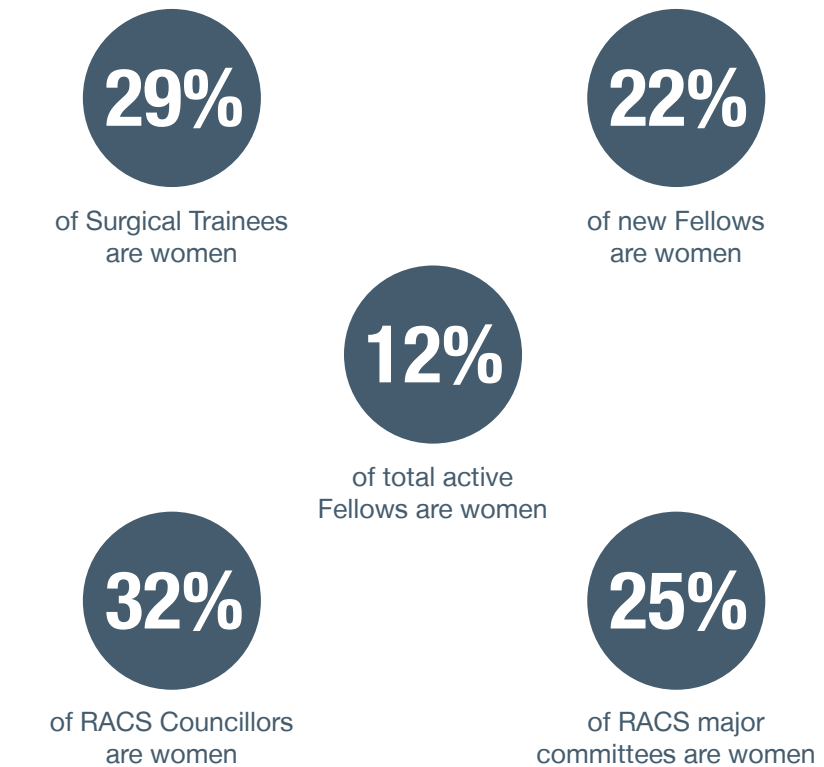
Gender equity targets

We have set targets for gender equity, including to increase the representation of women:

- Increasing the representation of women in Surgical Education and Training (SET) to 40% by 2021
- Increasing the representation of women on RACS Boards and Committees to 20% by 2018 and 40% by 2020

How are we tracking?

In 2017, we either maintained or improved on 2016 numbers:



MALE CHAMPIONS OF CHANGE

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We need to work tirelessly to ensure that we remove any impediments restricting women from becoming surgeons. We are now facing the challenges head on. It will be our patients who benefit, and it is they who are ultimately our primary responsibility.

”

Spencer Beasley,
Past Vice President of RACS,
and Male Champion of Change



RACS is honoured to be part of the Male Champions of Change for Science Technology Engineering and Maths (STEM). Professor Spencer Beasley, past Vice President, is the RACS representative.

The Male Champions of Change STEM exists to achieve a significant and sustainable increase in the representation of women in leadership positions in STEM. They hold themselves to account by tracking women's representation in the organisations they represent and progress more broadly in STEM in Australia.

During 2017, RACS has participated in or promoted the following:

- Survey to identify cultures and conditions that would allow women to thrive in STEM (and specifically in surgery)
- Panel Pledge to ensure gender equity of speakers and panellists at our conferences and seminars
- Report: Closing the Gender Pay Gap and Pay Equity pledge
- Discussion Paper: Dismantling barriers for carers and normalising flexibility', which identifies four critical areas of action to boost the severely low levels of women in education, employment and senior leadership positions in STEM
- Report: Eliminating Everyday Sexism, which aims to identify what everyday sexism looks like and what impact it has on employees, on career advancement and productivity.

Each organisation involved in the program reports regularly on key metrics – see how RACS is tracking on page 7.

In 2018 RACS will support the Male Champions of Change priorities which are:

- Identifying effective strategies to accelerate progress in recruitment and promotion of women in STEM
- Developing and piloting an assessment tool to measure equality and innovation mindsets
- Exploring options to extend STEM and MCC into New Zealand more formally



Strengthening surgical education

RACS is committed to providing the best possible surgical education to our Trainees and IMGs. RACS' surgical training and teaching is based on the principles of respect, transparency and professionalism. We equip surgeons to be effective teachers. Our sincere thanks to all who have completed, attended and supported our courses.

In 2017:

- 84% of Fellows, Trainees and International Medical Graduates completed the Operating With Respect eModule
- A total of 2,009 participants attended 109 Foundation Skills for Surgical Educators courses
- We delivered 14 face-to-face Operating with Respect courses, to build participants' skills in dealing with discrimination, bullying and sexual harassment in the workplace
- We implemented a multi-source feedback tool for use by Fellows to improve their practice
- We finalised the process to accredit external courses in resilience and stress management as a component of surgical training.

In 2018:

- We will continue delivering the Operating with Respect face-to-face and the Foundation Skills for Surgical Educators courses
- We will deliver the Surgeons as Leaders in Everyday Practice course – focused on the surgeon as leader and role model
- We will complete development of the Human Factors eModule – designed to foster an appreciation of human factors on surgical practice and patient outcomes
- We will raise awareness of unconscious bias and its implications and share knowledge about ways to mitigate its impact.



Mr Kareem Marwan,
General and Colorectal Surgeon

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As teachers, we need to give constructive and effective feedback. It's easy for Trainees or IMGs to feel intimidated. They look up to surgeons and can feel vulnerable in the learning environment. At the same time however, they need to fulfil certain criteria in the training program, so it's important they receive timely, honest and tactful feedback on their performance. Trainees or IMGs should never be made to feel threatened or unsafe in the workplace.

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Complaints management

RACS is committed to strengthening our complaints management process, increasing external scrutiny and demonstrating best practice complaints management that is transparent, robust and fair.

We are also working with our MOU partners towards avoiding duplication and developing effective and timely complaints processes.

In 2017, we:

- Appointed an independent, external reviewer to assess our new complaints-handling processes.
- Worked with our MOU partners and collaborators to help build a common understanding of best practice complaints resolution.
- Helped people involved in the complaints process to access appropriate support services.
- Started recruiting peer supporters to assist those involved in a complaint.

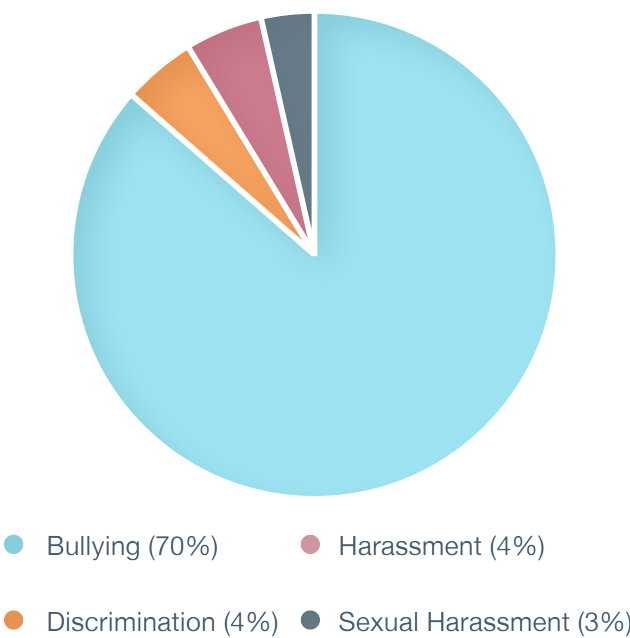
In 2017, 81 complaints related to discrimination, bullying, harassment and sexual harassment. This is an increase of 29% from 2016, where 63 complaints were received. In 2017, bullying was the major reported concern, accounting for 70% of complaints about unacceptable behaviour.

36% of all complaints about discrimination, bullying, harassment and sexual harassment in 2017 were received from Fellows.

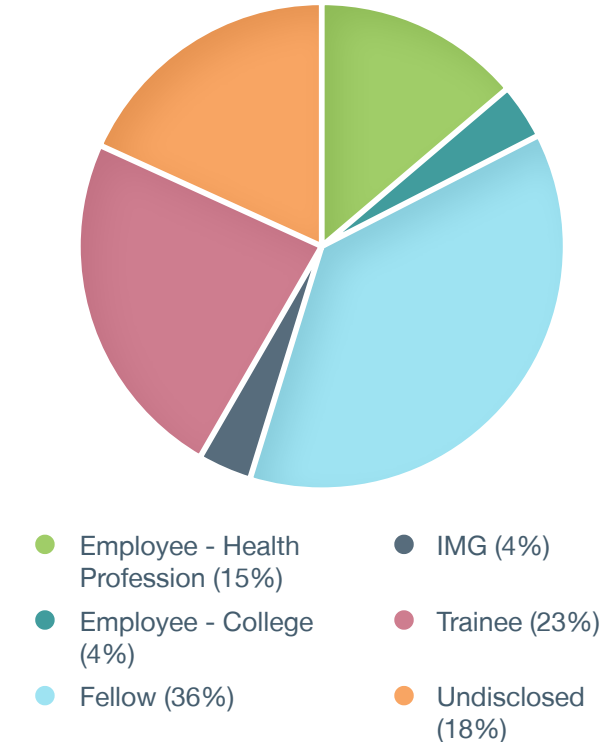
Of the 81 complaints received in 2017, RACS closed 70 matters and 11 were open at the end of the year.

We continue to strengthen our process for managing complaints and in 2018 will incorporate the recommendations of the external reviewer. We recognise that our process must be procedurally fair and timely and that we need to be more transparent about the outcomes, without breaching individuals' privacy. Through the evaluation framework – which we will develop in 2018 – we will identify metrics to measure the effectiveness of our complaints process.

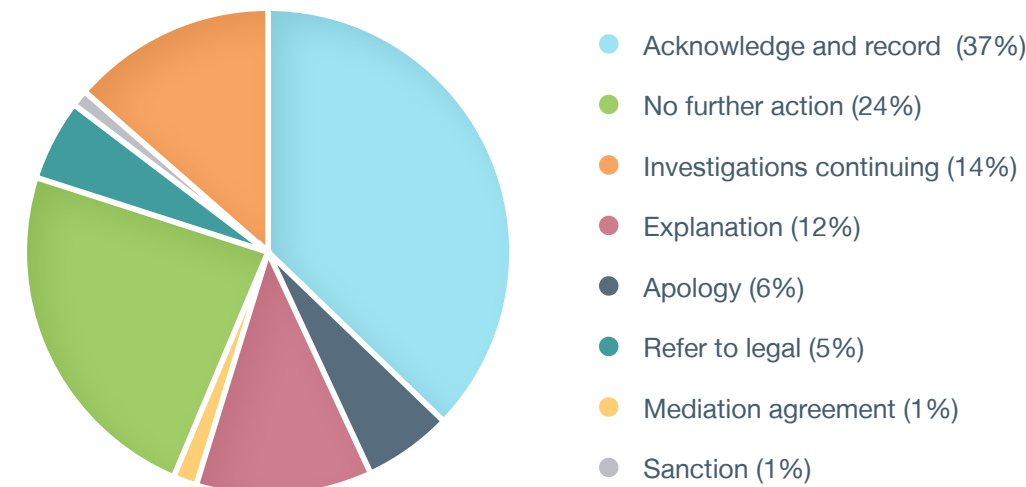
Number of complaints about discrimination, bullying and harassment in 2017



Source of complaints about discrimination, bullying and harassment in 2017



Outcome and status of complaints about discrimination, bullying and harassment in 2017



Our process

RACS takes a remedial approach to complaints management whenever possible, to support individual behaviour change and help build a culture of respect.

We register, assess and triage all enquiries and complaints and there is often more than one outcome to a complaint.

Sometimes we close a complaint after acknowledging and recording it. We do this for a range of reasons, including because the individual wanted to raise awareness of their concern but not take the matter further, or because not enough information was available for us to progress our enquiries.

When we take no further action about a complaint, it usually means the matter was outside our jurisdiction, was anonymous or withdrawn. When a matter is out of scope for RACS, we refer the complainant to the most relevant other organisation, such as the relevant Health Services Commission, AHPRA and the Medical Board of Australia, Medical Council of New Zealand or another College.

A relatively small number of concerns raised require investigation. In 2017, 14% of the complaints progressed to investigation.

If a complaint has been substantiated, the Fellow, Trainee or International Medical Graduate is counselled and signs a Deed of Agreement, which indicates they are aware of and are committed to complying with the RACS Code of Conduct. RACS Sanctions Policy sets out our approach, depending on the severity of the matter.

In 2018 we will continue to:

- implement recommendations of the External Reviewer,
- work closely with our partners and specialty training boards to better share information, ensuring our handling of complaints is timely, procedurally fair and adheres to the principles of natural justice,
- encourage Fellows, Trainees and IMGs to take steps to address unacceptable behaviour and use the complaints process when this is needed.

We want to make sure our complaints management process plays its part in supporting behavioural change and building a culture of respect.



LET'S OPERATE WITH / RESPECT

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