

# Report on Online Forums to Discuss Discrimination, Bullying and Sexual Harassment within the Surgical Profession

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## Summary Report



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## Summary

### Overview:

Online forums were convened as part of the Royal Australasian College of Surgeons Expert Advisory Group wider consultation and research program. It is qualitative research across a large sample number (650 people).

8,247 RACS Fellows, Trainees and International Medical Graduates were privately invited to participate in four independently facilitated forums, and discuss key themes from the EAG Issues Paper on Discrimination Bullying & Sexual Harassment. Registered Trainees and IMGs were able to comment anonymously, given the considerable power imbalances between them and fellows who supervise their training.

The objectives of the forums were to provide:

“A safe and fair place to talk, a voice, and a convenient opportunity to contribute”.

The two-stage process sought to understand:

1. participants’ experiences of discrimination, bullying and sexual harassment, and
2. participants’ views on possible solutions.

### Participation rates:

Eight per cent of those invited to take part registered, and a total of 644 comments over a two-week consultation period were made. Registrations by sub-group were Fellows - 7%, Female Fellows - 16%, Trainees - 9%, and IMGs - 27%.

### Findings:

There was widespread experience of discrimination, bullying and sexual harassment among participants, and there were many detailed accounts of the heavy impact on surgical careers and in some instances of the personal toll. There were a few dissenting views about their existence.

1. Participants’ experiences of discrimination, bullying and sexual harassment

Key issues raised:

- The fear of reprisal if discrimination, bullying and sexual harassment was reported as experienced both by victims and by by-standers who witnessed abuse
- Much of the experience was gender based, with many accounts of overt (and covert) discrimination and bullying, and that women were disadvantaged by the workload and time-out taken for childbearing
- A “macho culture” was discussed as causative, and its dominance perpetuated and entrenched behaviours linked to discrimination, bullying and sexual harassment. This was reported to contribute to “punitive” job design that surgeons were

expected to fit in with, or be judged as not up to the job. Stress was also identified as causative.

- A lack of women (and diversity generally) in the profession and in leadership positions meant a lack of mitigation of this “macho culture”
- There’s lack of confidence and trust in the RACS’s processes to deal with incidences of discrimination, bullying and sexual harassment fairly and effectively. This contributed to the low level of reporting by both victims and witnesses to events, with a dominant view that there was no point taking the risks of reporting if “nothing happens”
- There was a perceived lack of independence, accountability, transparency and relevant procedural ability to deal with grievances rather than formal complaints through the regulator, the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA)
- There was range of workplace (hospital) structural issues that compounded the power imbalances at the root of incidences of discrimination, bullying and sexual harassment, such as commercial conflicts of interest (“senior consultants make them too much money”) and lack of administrative purview (“HR departments have no teeth”)

## 2. Participants’ views on possible solutions

Key issues raised:

- Leadership from the College was needed to create a culture of change and restore confidence, not only in the profession but the health sector, leading engagement with hospitals
- Strong support for more women to be appointed to leadership positions in the College as visible role models and possible mentors
- There were calls for greater transparency and independence in complaints handling, with support (mostly) for an Ombudsman-type role
- There was a need for data collection and reporting by an independent person or authority
- There was support for setting up a training body independent of the RACS and for teaching supervisors how to give feedback and support trainees
- Governance at the College should be reviewed to tackle the “boys’ club” impact and perception
- Use 360 degree feedback and other devices for better performance management, and recording theatre procedures for greater accountability and transparency
- Redesign the surgical job to better reflect the contemporary demands of people needing to balance work and home demands (for women and men)
- A range of changes to the IMG examination process to provide greater procedural fairness and transparency of decisions.