

**Summary of Key Evaluation Questions for the Building Respect, Improving Patient Safety Action Plan  
Royal Australasian College of Surgeons, June 2018**

**RACS-identified goals: Building Respect Improving Patient Safety**

<b>1 Cultural change and leadership</b>	
<b>Goal 1</b>	Build a culture of respect and collaboration in surgical practice and education
<b>Goal 2</b>	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)
<b>Goal 3</b>	Build and foster relationships of trust, confidence and cooperation on DBSH issues with employers, governments and their agencies in all jurisdictions
<b>Goal 4</b>	Embrace diversity and foster gender equity.
<b>Goal 5</b>	Increase transparency, independent scrutiny and external accountability in College activities
<b>2 Surgical education</b>	
<b>Goal 6</b>	Improve the capability of all surgeons involved in surgical education to provide effective surgical education based on the principles of respect, transparency and professionalism
<b>Goal 7</b>	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
<b>3 Complaints management</b>	
<b>Goal 8</b>	Revise and strengthen RACS complaints management process, increasing external scrutiny and demonstrating best practice complaints management that is transparent, robust and fair

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
<p><b>PHASE 1: 2018/19</b></p> <ul style="list-style-type: none"> <li>• Measure whether program implementation, governance and oversight are proceeding as intended.</li> <li>• Measure whether early outcomes (delivery of pathways for identifying and addressing concerns about behaviour; program reach; target audience perceptions of the Action Plan) are being achieved as intended.</li> <li>• Identify program strengths, what is working well, barriers to progress.</li> <li>• Make recommendations on areas for program adjustment or improvement, based on findings.</li> </ul>	
<b>KEQ 1: Has the Action Plan been implemented as intended to date?</b>	
1.1 Have the program elements been delivered according to the plan to date?	1-8
1.2 Are the program elements reaching the intended audiences?	1-8
1.3 What are the reactions of the program's target audiences to the program activities?	1-8
1.4 What are the barriers/enablers for program implementation?	1-8
1.5 Have there been any unintended consequences, positive or negative, of program activity?	1-8
1.6 To what extent is data showing early progress towards short term outcomes?	3, 8
<b>KEQ 2: Is program governance and oversight effectively supporting delivery of the Action Plan?</b>	5
2.1 Is the program sufficiently resourced?	5
2.2 Is program progress being monitored?	5
2.3 Are program outcomes being monitored/evaluated?	5
2.4 Are adjustments being made to the program in light of emerging data trends and/or practical barriers?	5
2.5 Is there adequate oversight of and accountability for program delivery?	5
2.6 Is RACS reporting transparently about progress towards building a culture of respect?	5

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
<p><b>PHASE 2: 2020</b></p> <ul style="list-style-type: none"> <li>• Measure whether program implementation, governance and oversight are proceeding as intended.</li> <li>• Measure whether short-term outcomes (awareness of standards of respectful behaviour and approaches to address unacceptable behaviours; delivery of policy framework to underpin respectful behaviours; key partnerships formed; better educator skills; focus of surgical education on principles of respect, transparency and professionalism, complaints management process) are being achieved as intended.</li> <li>• Identify program strengths, what is working well, barriers to progress.</li> <li>• Make recommendations on areas for program adjustment or improvement, based on findings.</li> </ul>	
<p><b>KEQ 1: Has the Action Plan been implemented as intended to date?</b></p>	
1.1 Have the program elements been delivered according to the plan to date?	1-8
1.2 Are the program elements reaching the intended audiences?	1-8
1.3 What are the reactions of the program's target audiences to the program activities?	1-8
1.4 What are the barriers/enablers for program implementation?	1-8
1.5 Have there been any unintended consequences, positive or negative, of program activity?	1-8
<p><b>KEQ 2: Is program governance and oversight effectively supporting delivery of the Action Plan?</b></p>	
2.1 Is the program sufficiently resourced?	5
2.2 Is program progress being monitored?	5
2.3 Are program outcomes being monitored/evaluated?	5
2.4 Are adjustments being made to the program in light of emerging data trends and/or practical barriers?	5
2.5 Is there adequate oversight of and accountability for program delivery?	5

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
2.6 Is RACS reporting transparently about progress towards building a culture of respect?	5
2.7 What activities have proven most/least effective in achieving the outcomes to date?	1-8
<b>KEQ 3: To what extent has awareness of the standards of respectful behaviour increased across the surgical profession?</b>	
3.1 Have Fellows, Trainees and International Medical Graduates gained skills in identifying unacceptable behaviours?	7
3.2 Have Fellows, Trainees and International Medical Graduates gained awareness of what constitutes respectful behaviours?	7
3.3 To what extent have attitudes towards unacceptable behaviours changed across the surgical profession?	1, 2, 4
3.4 To what extent are Fellows, Trainees and International Medical Graduates aware of the connection between professional behaviours and patient safety?	1, 2, 7
<b>KEQ 4: To what extent has awareness of approaches to address unacceptable behaviours increased across the surgical profession?</b>	
4.1 Has RACS provided information about mechanisms, supports and pathways to address unacceptable behaviours to Fellows, Trainees and International Medical Graduates?	1, 2, 7, 8
4.2 To what extent are Fellows, Trainees and International Medical Graduates aware of avenues to address unacceptable behaviours?	1, 2, 7, 8
<b>KEQ 5: Has RACS put in place structures and a policy framework to support respectful behaviours?</b>	
5.1 To what extent have Action Plan policies and standards been developed and communicated?	1, 2, 8
5.2 To what extent has the Diversity and Inclusion Plan been integrated into the RACS strategic planning process?	1, 4

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
<b>KEQ 6: To what extent have relationships of trust, confidence and cooperation on Discrimination, Bullying, Sexual Harassment issues supported progress towards RACS Action Plan goals?</b>	
6.1 To what extent have partnerships with employers, health departments, university medical schools and others recognised common goals, roles and responsibilities?	3
6.2 To what extent have internal partners (eg Specialty Training Boards and Specialty Societies) committed to the RACS Action Plan vision?	1, 2, 4, 8
<b>KEQ 7: To what extent has surgical education improved and focussed on the principles of respect, transparency and professionalism?</b>	
7.1 Have surgical educators gained skills in providing respectful and constructive feedback to trainees?	6
7.2 Are surgical educators delivering feedback to trainees in a more timely, constructive and respectful manner?	6
7.3 Have formal assessment processes been established for surgical supervisors?	6
7.4 Has RACS developed ongoing surgical educator training supporting respectful feedback?	6
7.5 Has Multi Source Feedback been piloted?	6, 7
7.6 Is the International Medical Graduate assessment process being reviewed and continuously improved?	6, 7
7.7 Has the Independent Rotation Review been piloted with International Medical Graduates and in Surgical Education Training?	6, 7
7.8 Has resilience and stress management been addressed in surgical training?	6, 7

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
<b>KEQ 8: To what extent is the RACS complaints management process transparent, robust and fair?</b>	
8.1 To what extent are RACS processes to manage unacceptable behaviour working as intended?	8
8.2 To what extent have respondents gained new knowledge and insights from their involvement in the RACS complaints process?	8, 1, 2, 7
8.3 Has RACS provided supports for people reporting unacceptable behaviours?	8
8.4 Has RACS provided supports for respondents of complaints?	8

## 2026 Evaluation

The 2026 evaluation has been planned to provide a guide for future thinking. However, because it is eight years away, the questions provided should be considered indicative at this stage. We have also made the assumptions that the Action Plan will be revised after the 2020 evaluation and a new program of work will be developed going forward.

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
<p><b>PHASE 3: 2026</b></p> <ul style="list-style-type: none"> <li>• Measure whether program implementation, governance and oversight are proceeding as intended.</li> <li>• Measure whether intermediate/long-term outcomes (normalisation of respectful behaviours, key partnerships, focus of surgical education on principles of respect, transparency and professionalism, complaints management process, incorporation of respectful behaviours into RACS strategic plan, policies and activities, reduction of cultural and gender barriers) are being achieved as intended.</li> <li>• Identify program strengths, what is working well, barriers to progress.</li> <li>• Make recommendations on areas for program adjustment or improvement, based on findings.</li> </ul>	
<p><b>KEQ 1: Has ongoing program activity been implemented as intended to date?</b></p>	
1.1 Have the program elements been delivered according to the plan to date?	1-8
1.2 Are the program elements reaching the intended audiences?	1-8
1.3 What are the reactions of the program's target audiences to the program activities?	1-8
1.4 What are the barriers/enablers for program implementation?	1-8
1.5 Have there been any unintended consequences, positive or negative, of program activity?	1-8
<p><b>KEQ 2: Is program governance and oversight effectively supporting delivery of the program of work?</b></p>	
2.1 Is the program sufficiently resourced?	5
2.2 Is program progress being monitored?	5
2.3 Are program outcomes being monitored/evaluated?	5
2.4 Are adjustments being made to the program in light of emerging data trends and/or practical barriers?	5

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
2.5 Is there adequate oversight of and accountability for program delivery?	5
2.6 Is RACS reporting transparently about progress towards building a culture of respect?	5
2.7 What activities have proven most/least effective in achieving the outcomes?	5
<b>KEQ 3: To what extent are respectful behaviours normalised across the surgical profession and within surgical education?</b>	
3.1 To what extent have attitudes towards unacceptable behaviours changed across the surgical profession and within surgical education?	1, 2, 4, 6, 7
3.2 Do more Fellows, Trainees and International Medical Graduates meet prescribed standards of behaviour?	7
3.3 Do Fellows, Trainees and International Medical Graduates perceive they have gained skills and knowledge in how to speak out about unacceptable behaviours?	7
3.4 To what extent do Fellows, Trainees and International Medical Graduates speak out about unacceptable behaviours?	1, 2, 7
3.5 Do Fellows, Trainees and International Medical Graduates feel safe at work from unacceptable behaviours?	1, 2, 4
3.6 Do Fellows, Trainees and International Medical Graduates demonstrate more resilience in maintaining professional behaviour?	7
3.7 To what extent are Fellows, Trainees and International Medical Graduates aware of the connection between professional behaviours and patient safety?	1-8



Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
<b>KEQ 4: To what extent have relationships of trust, confidence and cooperation on Discrimination, Bullying, Sexual Harassment issues supported progress towards RACS Action Plan goals?</b>	
4.1 To what extent have employers, health departments, university medical schools and others effectively implemented and actively monitored respectful behaviour policies and action plans?	3, 1
4.2 Have RACS' partners monitored data on the rates of application and selection of people from diverse gender and culture in surgical training and in the surgical profession?	3, 1, 5
4.3 Have piloted models and strategies been sustained and progressively extended to other hospitals and employers?	3, 1
4.4 To what extent are the policies and vision of RACS and its internal partners (eg Specialty Training Boards and Specialty Societies) aligned?	1, 2
<b>KEQ 5: To what extent has surgical education improved and focussed on the principles of respect, transparency and professionalism?</b>	
5.1 Are surgical educators delivering feedback to trainees in a more timely, constructive and respectful manner?	6
5.2 Have formal assessment processes for surgical supervisors been incorporated into normal practice?	6, 7
5.3 Has Multi Source Feedback been incorporated as part of normal practice?	6, 7
5.4 Is the International Medical Graduate assessment process being reviewed and continuously improved?	6, 7
5.5 Has an agreed and sustainable model for Independent Rotation Review been established?	6, 7

Key Evaluation Questions (and sub-questions)	Building Respect Action Plan Goals
<b>KEQ 6: To what extent is the RACS complaints management process transparent, robust and fair?</b>	
6.1 To what extent are RACS processes to manage unacceptable behaviour working as intended?	8
6.2 To what extent have respondents gained new knowledge and insights from their involvement in the RACS complaints process?	8
6.3 Do Fellows, Trainees and International Medical Graduates have increased confidence and trust in the RACS complaints management process?	8
<b>KEQ 7: To what extent has the Building Respect Action Plan achieved its intended outcomes?</b>	
7.1 Do all RACS policies, plans terms of reference, standards and activities incorporate respectful behaviours as a matter of course?	1, 2, 7
7.2 To what extent is RACS recognised as an industry leader in addressing Discrimination, Bullying and Sexual Harassment and working towards long-term cultural change in the practice of surgery?	1, 2, 3