The Royal Australasian
College of Physicians

Board Working Party

Findings and Recommendation Report

Dr Helen Rhodes (Chair)
Dr Evan Jolliffe
Ms Susan Tiffin
Ms Linda Smith (Chief Executive Officer)

Table of Contents

Context

In early March 2015, a female vascular surgeon brought to public attention that careers are put at risk if a surgeon speaks up about how bullying and sexual harassment are rife in the profession and that individuals who do speak up and break the culture of silence are punished. This assertion sparked controversy and concern of widespread, inappropriate behaviour in the surgical profession.

In response, the Royal Australasian College of Surgeons (RACS) established an independent Expert Advisory Group (EAG) to investigate the allegations that RACS had failed to respond to claims of sexual harassment of female surgical trainees. The findings of the RACS EAG are regarded as a 'wake-up call to the sector' as they revealed that half of all surgeons had experienced bullying, discrimination and/or sexual harassment (BDSH) during their careers and that the problem occurs across all surgical specialties.

The investigation by the RACS EAG presented a number of salient conclusions including:

1. BDSH behavior is a systemic cultural issue in the medical profession that has a detrimental impact on both patient care and individual well-being across the health sector
2. BDSH behavior is unacceptable in a work environment that is meant be professional, safe and supportive to maximize the quality of patient care and the quality education of future generation medical professionals
3. adopting a zero tolerance to BDSH behavior will require collaboration and cooperation to implement genuine cultural change across a complex and interdependent health system
4. medical colleges can lead the way by collaborating to enforce lawful conduct and professional behaviour across the different medical specialties by implementing collective solutions in a consistent way across multiple and shared accredited training sites.

Anecdotal accounts[1] suggest that BDSH behaviours are not as widespread in the physician profession compared to the surgical profession. However, the prevalence of BDSH behaviours experienced by physician trainees is unknown as these issues are currently not quantified. Conversely, what is clear is that physician trainees are as equally reticent as their surgical trainee colleagues to report BDSH issues due to fear of retribution and impact on career progression.

To better understand the current state on this issue, the Board of the Royal Australasian College of Physicians (the "Board") established a Working Party (the "Working Party") to identify and assess current systems, policies, procedures and practices that guide, prevent, manage and support BDSH issues which might occur in the education relationship between a physician trainee and education supervisor in the workplace training environment where the College is unable to directly control and/or or exert significant influence over conduct, behaviour or outcomes.

The Working Party conducted a top-level analysis of College strengths and areas for improvement as a basis for determining priorities for action and further consultation. The investigation highlighted that there are some sound mechanisms in place across the College, particularly with respect to the setting of standards of professional and lawful conduct and behaviour, and the delivery of comprehensive professional development of supervisors of physician trainees. Projects are already in train which will further improve these areas. However, there are also some identified gaps and disconnection between mechanisms due to the absence of an integrated cross College approach to managing lawful conduct and behaviour from entry to exit across physician training pathways.

The recommendations of the Working Party are designed to advance a 'whole-of-College' approach by systematically connecting key mechanisms and clustering them into three broad dimensions of strategic culture, embedding standards and information systems. In recognizing that this is a profession-wide issue, the Working Party further proposed that the College Board consider collaboration in appropriate national leadership forums, such as the Committee of Presidents of Medical Colleges (CPMC), to leverage shared understanding, consistent approaches and co ordinated effort to address systemic BDSH issues that are common across all medical professions.

1 Anecdotal accounts refers to feedback obtained from physician Members consulted by the Working Party

Recommendations

The Working Party identified 11 major recommendations derived from areas investigated and assessed with respect to the current College mechanisms that guide, prevent, manage and support BDSH issues between a physician trainee and education supervisor in the workplace training environment.

The recommendations serve as options for the College to consider. The applicability of these options will depend upon the strategic choices the College makes with regard to its position on what is a reasonable and practical level of support within the Member Value Strategy versus the College's legal responsibilities; the pivotal role of supervisors in shaping a professionally accountable culture; and the level of collaboration that the College chooses to employ at the national level to address systemic cultural and structural issues.

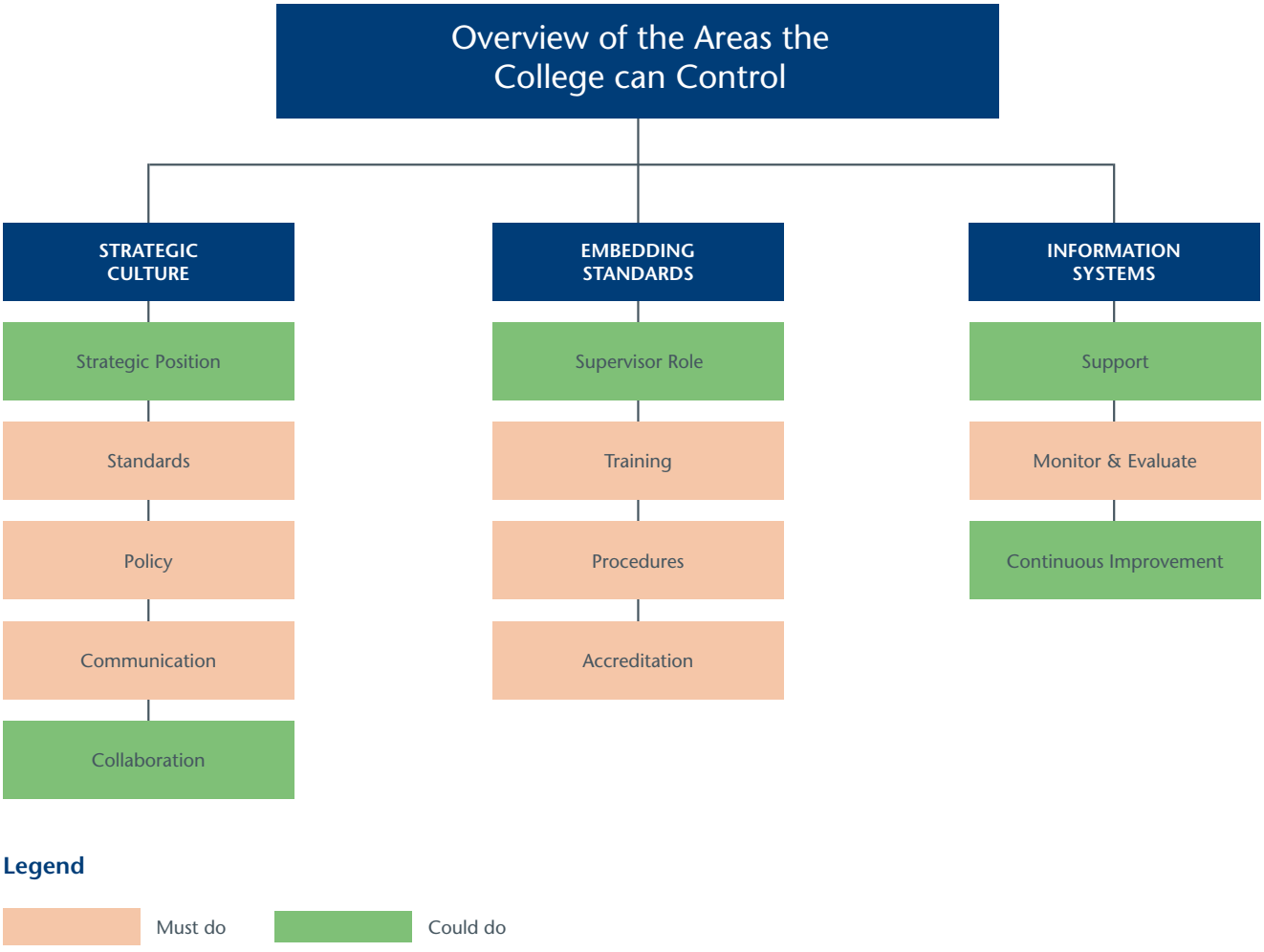
Dimension	Recommendation
Strategic Culture	1. That the College clarify its strategic position on the level of intervention and support for physician trainees, and members in general, with respect to BDSH situations 2. That the College regularly promote and communicate with members on the expected standards of lawful conduct and professional behaviour to ensure a compliant level of awareness of obligations and responsibilities with respect to standards of conduct and behaviour 3. That the College enhance member value by creating a single-point of information on the RACP website to consolidate all relevant information on expected standards of conduct and behaviour, including information on support and training options, in an accessible and contemporary format to communicate important and complex messages to members 4. That the College adopt zero tolerance to BDSH behaviour and link incremental levels of warning and consequence to the College's standards of lawful conduct and professional behaviour expected of physician members and reflect this modified approach in a refreshed Code of Conduct to more clearly communicate important and complex messages to all members 5. That the College utilise existing intercollegiate bodies, such as the Committee of Presidents of Medical Colleges (CPMC), to develop a collective understanding of BDSH issues common to medical colleges and to co-ordinate consistent solutions that address BDSH issues in shared accredited training sites across Australia and New Zealand 6. That the College collaborate with other institutional bodies - such as Federal regulatory bodies, health departments, workplace employers - to collectively develop solutions that address the systemic structural and cultural factors that allow BDSH behaviours to occur across the medical professions and the broader health sector
Embedding Standards	7. That the College provide greater transparency and clarity of the multiple clinical practice and supervisor responsibilities of a RACP Fellow to enable easier identification of ownership, and any potential conflicts of interest, in BDSH situations 8. That the College provide mandatory professional development training modules [combination of online (information) and face-to-face (skill)] for all RACP members to raise their knowledge of BDSH information, the complaints resolution pathways, and support options available to them, and to enhance their level of skill and resilience to manage inappropriate behaviour in a complex and demanding work environment 9. That the College stipulate more detailed BDSH conduct and behaviour standards in training site accreditation standards to increase accountability of workplace employers to deliver a safe training environment for physician trainees so that, if core accreditation standards are not met, the College can apply graduated levels of intervention and, where required, sanctions
Information Systems	10. That the College consider establishing information systems that enable regular monitoring and ongoing evaluation of member education experiences including anonymous reporting of any BDSH issues occurring in the training environment 11. That the College consider engaging the services of an external and credible body to provide independent and confidential advice and support to physician members on BDSH issues

High Level Assessment of Current College Mechanisms

The brief of the Working Party was to conduct a high-level analysis and assessment of current mechanisms that the College can directly control to guide, manage, prevent and support BDSH issues between a physician trainee and education supervisor in the workplace training environment.

The diagram below reflects the 'whole-of-College' approach the Working Party has adopted to assess those domains in which the College can control and take direct action to support lawful conduct and professional behaviour of RACP members. For clarity and understanding, the mechanisms have been clustered into three main dimensions of strategic culture, embedding standards and information systems.

The mechanisms segmented under these three dimensions are highlighted as being either 'must do' to denote that the College has a legal or risk mitigation obligation to ensure they are in place, versus, those mechanisms denoted as 'could do' should the College elect to take action as a strategic leadership choice to influence a positive outcome on behalf of Members. For example, the College may elect to work collaboratively with other key institutional bodies, such as the CPMC and workplace employers, involved in contributing to a lawful education environment and professional training culture.



Stakeholder Perceptions of BDSH Issues in Physician Training

The Working Party conducted consultation with College stakeholders who have significant insight and experience in the physician training culture in the workplace environment. ***Attachment 4*** consolidates the majority views of the stakeholder groups in a de-identified aggregate summary.

The key messages from stakeholders that the College need to consider when determining the way forward to guide, prevent, manage and support BDSH issues between a physician trainee and education supervisor in the workplace training environment are outlined below:

- The culture of concern of adverse career consequences and retribution is distinctly similar for physician trainees to that identified by the RACS Expert Advisory Group for surgical trainees
- In a highly competitive training environment, where career progression can be road blocked by a small number of individuals in positions of power and authority, concerns of confidentiality and trust are, again, distinctly similar between physician trainees and surgical trainees
- The issue of ownership and accountability with respect to responding to and managing BDSH issues is a major barrier for discussing, reporting or escalating concerns to either the workplace employer or to the College
- Policy and reporting pathways for BDSH issues at the local level are perceived as ineffectual and inconsistent across the multiple accredited training sites in Australia and New Zealand. For example, depending on the location and size of the hospital, policies and reporting pathways are perceived as either not obvious and/or available, or ineffectual as complaints will be 'swept under the carpet' and/or HR will side with management and senior medical staff.
- The role of the supervisor is universally perceived as critical to the quality of the physician trainee education experience. However, stakeholders shared a common view that the intersection of the responsibilities of the role between the workplace employer and the College are not transparent and has potential conflicting interest in BDSH issues
- Education is perceived as core business of the College and, as such, the RACP is considered to play an important role in ensuring that workplace training environments are safe, respectful and free from unlawful conduct and unprofessional behaviour for physician trainees. Mechanisms to achieve this aim could be either ***preventative*** (setting standards, setting boundaries through policy and procedure, promoting awareness, educating and training, explicit accreditation standards), or, ***responsive*** (confidential support tailored to the medical context, confidential and safe reporting pathways, member feedback surveys, graduated sanctions and levels of intervention)
- It was considered that there needed to be a range of multi-pronged solutions at the national, state, group, College and individual levels to address identified systemic structural and cultural barriers that currently enable BDSH issues to propagate in the medical professions and broader health sector
- Collaborative alliances across peak institutional and professional bodies involved in the employment and protection of physician trainees were collectively perceived as important to sharing information and co-ordinating effort and resources to address the systemic cultural and structural issues at the national level

Attachments

Attachment 1	Working Party Terms of Reference
Attachment 2	RACP Stakeholder Perceptions of BDSH Issues in Physician Training
Attachment 3	Lines of Investigation of Working Party
Attachment 4	Definitions of Bullying, Discrimination and Sexual Harassment

Attachment 1: Working Party Terms of Reference

1. Context of Working Party

At its March 2015 meeting, the Board established a Working Party to conduct a high level assessment of the College's current mechanisms – systems, policy, procedure and practice - that guide, manage, prevent and support bullying, discrimination or sexual harassment (BDSH) behaviours, which might occur during the education and training of physician trainees by education supervisors in the employer workplace. Of particular focus are the mechanisms the College utilises to exert control and/or influence the expected standards of lawful and professional conduct and behaviour that support the well being, health and educational performance of physician trainees.

2. Purpose of Working Party

Identify and assess the College's current systems, policies, procedures, processes and practices (the "mechanisms") that guide, manage, prevent and respond to BDSH behavior between a physician trainee and education supervisor in a workplace environment where the College is unable to directly control and/or or exert significant influence over conduct, behaviour or outcomes.

3. Scope of Working Party

The current College mechanisms that govern a lawful conduct and professional behaviour between a physician trainee and a Fellow acting on behalf of the RACP as an Education Supervisor in the employer workplace.

4. Investigation to Understand Current State

4.1 Evidence of BDSH Behaviour Reported to College: identify the number of BDSH incidents involving a physician trainee reported to the College

4.2 Clarify Legal Responsibilities of College and Workplace Employer: clarify the jurisdiction of College and Workplace Employer legal responsibilities should a BDSH incidence occur between a physician trainee and education supervisor in the employer workplace

4.3 *Identify and Assess Current Mechanisms:* identify and assess areas of strength and areas of improvement for current College mechanisms that guide, prevent, manage and support should BDSH issues occur between a physician trainee and education supervisor in the workplace

4.4 *Clarify Interface and Points of Control and Influence:* clarify the interface between the bodies vested in the professionalism, employment, practice and protection of physician trainees to better identify the areas the College is able to control and/or influence

5. Outcomes to Strengthen College Mechanisms

5.1 Jurisdiction of College and Workplace Employer legal responsibilities should BDSH issues occur between a physician trainee and education supervisor in the employer workplace clarified

5.2 Current College mechanisms designed to guide, prevent, manage and support professional and lawful conduct and behaviour between members in the employer workplace assessed

5.3 Solutions to strengthen College mechanisms aimed at preventing BDSH behaviour between a physician trainee and education supervisor in the employer workplace identified

5.4 Interface between the bodies vested in the professionalism, employment, practice and protection of trainees clarified and areas of control and/or influence identified

6. Membership of Working Party

- Dr Helen Rhodes (Chair), Board Fellow Representative
- Dr Evan Jolliffe, Board Trainee Representative
- Ms Susan Tiffin, Board Community Representative
- Ms Linda Smith (Chief Executive Officer)

Attachment 2: Stakeholder Perceptions of BDSH Issues in Physician Training

Reticence to Take Action **Cultural Barriers**	• Fear of retribution if labelled a "troublemaker" and the impact on career progression is a disincentive to report BDSH issues • Trainees identified two realistic options available to them when they run into difficulties with their supervisor: "put up with it" (do nothing and tough it out), or, change jobs to remove themselves from the person & situation • The strength of the influence and interconnections of decision-makers, and the highly competitive training environment, means that physician trainees are often reluctant to seek help for fear of harm to their career • Limited availability of trusted, confidential and neutral support to discuss any concerns regarding BDSH issues in the supervisor relationship • Reporting a BDSH situation is often a "foreign concept" to trainees that would "just not happen" given strong concern regarding privacy and confidentiality being maintained as any indiscretion by others could negatively impact their career opportunities

Reticence to Take Action **Structural Barriers**	• Health Care Employees: supervisors and trainees are employees of the health system in which they are working which means that College has no day-to-day control over the conduct and behaviour of physician members • Ownership: the multi-faceted responsibilities of supervisors creates unclear ownership and responsibility in relation to BDSH issues which makes it difficult for a physician trainee to determine where the boundaries are to escalate any concerns or complaints of BDSH issues • Conflict of Interest: a Fellow engages with a physician trainee as a College endorsed supervisor in the employer workplace to conduct education activity on behalf of the College but they are also acting on behalf of workplace employer to train the trainee. Whose interest is a supervisor is acting on behalf of if a BDSH situation occurs – Fellow? College? Examiner? Senior member of workplace employer? • Inconsistent Policies: inconsistent policies and procedures and lack of effective mechanisms and reporting pathways to deal with BDSH issues at the workplace employer and College level • Size of Hospital: the size and resources of hospital can limit a physician trainee's willingness to take action in a BDSH situation and to source a neutral and trusted support • HR: perception that HR will side with management in BDSH situations

Perceived Role & Responsibilities of the RACP	• Core Business: education is the core business of the College and ensuring physician trainees are educated in a training environment that is free from inappropriate and unlawful behaviours is also considered an integral part of the core business of the College • Setting Standards: College has a very important role in defining and setting standards of professional and lawful conduct and behaviour of physician members which the College can enforce through the training site accreditation process • Trainee Safety & Well-Being: College has a responsibility to actively promote an ethical stance that ensures a safe training environment and the well-being of physician trainees by upholding end enforcing the standards of the College to ensure strong alignment between rhetoric and practice • Member Value: from entry to exit, engage Members to feel that their relationship with College is more than transactional – that members are building professional relationships and are part of a professional community that shares common values in which there is no tolerance of abusing or mis-using each other • College Support: some trainees might expect support from the College as it perceived as an easier and safer path to report BDSH issues to the College (versus navigating the complexity of hospital politics and policy) but most would not be aware of where to go to in the College for support • Supervisor Training: focus on promoting the well-being, safety and health of members rather than solely focus on minimising BDSH behaviours

Attachment 2: RACP Stakeholder Perceptions (continued)

Multiple Levels of Solutions	
• College • Partnership • Peers • State • National	**College** • *Communicate & Promote:* College should send a strong message regarding the standards of professional and lawful conduct and behaviour expected of physician members • *Regulation & Accountability:* strengthen Basic Physician Training Site Accreditation standards to hold workplace employers more accountable for effectively addressing and resolving unprofessional and unlawful conduct and behaviour in the education relationship between a physician trainee and education supervisor in the workplace training environment • *Survey & Improve:* conduct a survey at key transition points in physician training pathways on the Quality of the Trainee Education Experience to continually monitor conduct and behaviour and the education experience **Partnership** • *Leverage Resources:* leverage resources with other medical colleges and workplace employers to provide more effective and flexible o professional development training opportunities specifically designed for trainees to develop their awareness and knowledge of BDSH, strengthen their emotional resilience and their capability to manage conflict and difficult situations. An initial timely delivery point would be during the Trainee Orientation Program. o complaint resolution pathways and procedures from self-managed to informal to formal to external o confidential support options for physician trainees **Peer** • *Peer Support Program:* consider establishing a program to connect new physician trainees to a more experienced physician trainee to orient and induct them to their work but who can also act as a trusted confidant **State** • *Health Departments:* clarify if health departments provide a facility to engage the services of an external consultant – such as an independent arbiter - to provide neutral, independent and confidential advice to enable physician trainees to engage in a 'safe conversation' if experiencing BDSH issue; credibility of third-party advice is important as doctors prefer peer-to-peer **National** • *Committee of the Presidents of Medical Colleges (CPMC)* could be the peak professional body that o leads the way and takes a national leadership stance on advancing a professional and lawful culture across the medical professions o communicates expectations of conduct and behaviour standards required of medical professionals particularly with respect to the education of medical trainees in workplace training environments o identifies the ways the medical colleges could strengthen partnerships with workplace employers to share responsibility for issues and solutions o share resources to develop a common understanding, consistent approach and co-ordinated effort across those mechanisms that lend themselves to collaborative effort such as training and education

Context of RACP Stakeholder Perceptions

To obtain a high-level understanding of the College's current state on BDSH in the physician training context, the Working Party conducted consultation with a number of College stakeholders who have significant insight and experience in the physician training culture including members of the Senior Leadership Group, managers and subject matter expert staff in Education Services and Fellowship Relations and representative physician trainees from the College Trainee Committee.

Attachment 3: Lines of Investigation of Working Party

Review of Documentation	• Review of documentation provided by the College including: o College strategy and objectives o College policies and procedures o Role and responsibilities of supervisors o Supervisor Professional Development Program o Professional Qualities Curriculum and Supporting Physicians Professionalism & Performance (SPPP) Guide o Trainees in Difficulty Pathway, Support, Policy & Process o Fellows in Difficulty: Fellowship Committee Report to Board o Support services for health professionals o Basic physician training site accreditation criteria and assessment • A review of external documentation included all documents made publically available by RACS in relation to the investigation of the Expert Advisory Group; the revised Australian Medical Council Standards of Accreditation (July 2015); and the Hickson et al (2007) Model of a Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors • Ongoing monitoring and review of public media reporting of bullying, discrimination and sexual harassment, particularly with regard to surgical trainees, between March 2015 to late October 2015 • 2011 Beyond Blue survey of the mental health of Australian National Mental Health Survey of Doctors and Medical Students • 2015 NZ Resident Doctors Association Survey of Sexual Harassment and Inappropriate Behaviour in the Hospital Workplace

Stakeholder Interviews	• Internal consultation included o All members of the Senior Leadership Group and managers of key work units in Education Services and Fellowship Relations o Representative physician trainees from the College Trainee Committee • External consultation included consultation with representatives from the Royal Australasian College of Surgeons, a representative medical defense agency, and a risk, safety & health expert who specializes in the well-being of medical trainees

Benchmarking with College of Surgeons	• March 2015 represents the initial time period when the practices of the Royal Australasian College of Surgeons (RACS) in managing and responding to issues of BDSH involving surgical trainees were made public through the media • Consultation was conducted with RACS representatives in a position to convey the policies, procedures and practices of RACS - both before March 2015 and after March 2015 – that encompass how the College manages surgical training, surgical trainees and supervision • RACS representatives were able to convey the facts of the Expert Advisory Group (EAG) that has called for profound cultural and institutional changes on how the College manages surgical training, surgical trainees and supervision

Attachment 4: Definitions of Bullying, Discrimination & Sexual Harassment

Bullying	A worker is bullied at work if: • a person or group of people repeatedly act unreasonably towards them or a group of workers, AND • the behaviour creates a risk to health and safety It may involve any of the following types of behaviour: • aggressive or intimidating conduct • belittling or humiliating comments • spreading malicious rumours • teasing, practical jokes or 'initiation ceremonies' • exclusion from work-related events • unreasonable work expectations, including too much or too little work, or work below or beyond a worker's skill level • displaying offensive material • pressure to behave in an inappropriate manner Unreasonable behaviour includes victimising, humiliating, intimidating or threatening. Whether a behaviour is unreasonable can depend on whether a reasonable person might see the behaviour as unreasonable in the circumstances.
Discrimination	Unlawful workplace discrimination occurs when an employer takes adverse action against a person who is an employee or prospective employee because of the following attributes of the person: race, colour, sex, sexual preference, age, physical or mental disability, marital status, family or carer's responsibilities, pregnancy, religion, political opinion, national extraction
Harassment	Harassment is any type of behaviour that: • is unwelcome and unsolicited; and • the person considers the behaviour to be offensive, intimidating, humiliating or threatening; and • a reasonable person would consider the behaviour to be offensive, intimidating, humiliating or threatening Harassment does not necessarily constitute unlawful discrimination under the *Fair Work Act 2009* unless the behaviour can be shown to be adverse action linked to one of the attributes listed above. However, forms of bullying or harassment which do not fall within the jurisdiction of the Fair Work Ombudsman may be considered unlawful under occupational health and safety laws.
Sexual Harassment	Sexual harassment is any form of unwelcome sexual attention and involves humiliation or offence to the victim and does not have to be repeated or ongoing to be against the law. Some actions or remarks are so offensive that they are clearly sexual harassment, even if they are not repeated. Sexual harassment could be: • unwelcome physical touching, hugging, massaging or kissing • sexual or suggestive comments, jokes, taunts or name calling • unwelcome requests for sex • insinuations about a person's private or sex life, or sexual preference • offensive gestures or staring • sending unwelcome SMS messages or emails • unwelcome or uncalled for remarks or insinuations about a person's appearance • posting of inappropriate comments, pictures, video's or blogs on websites, • the display or circulating of clearly sexual material (such as photos, pin-ups, screensavers or pictures) or reading matter (such as e-mails, faxes, social media links or letters)

Source: extract from the RACP Working Together Policy (April 2015)

The Royal Australasian
College of Physicians