

Building Respect, Improving Patient Safety

RACS Action Plan on Discrimination, Bullying and Sexual Harassment

Data that supported the work of the Expert Advisory Group

*Deborah Jenkins & Nicole Newton
June 2017*



LET'S OPERATE WITH RESPECT

March 2015

- Intense media focus
- Formation of Expert Advisory Group (EAG)



Expert Advisory Group

Rob Knowles

Helen Szoke

Ken Lay

Dame Judith Potter

Joanna Flynn

Cathy Ferguson

Graeme Campbell



EAG: The hunt for evidence

- Literature review
- Issues paper
- Prevalence survey (online)
- Sharing stories - narrative collection
- Online discussion forums
- Invited responses (hospital and other)
- Submissions
- Draft report + consultation
- Final report



Prevalence Survey

- Arms length - trust and transparency
- Quantitative research + free text / qual
- Definitions important
- Getting the questions right
- Ethics Committee approval
- Provocative – support service in place



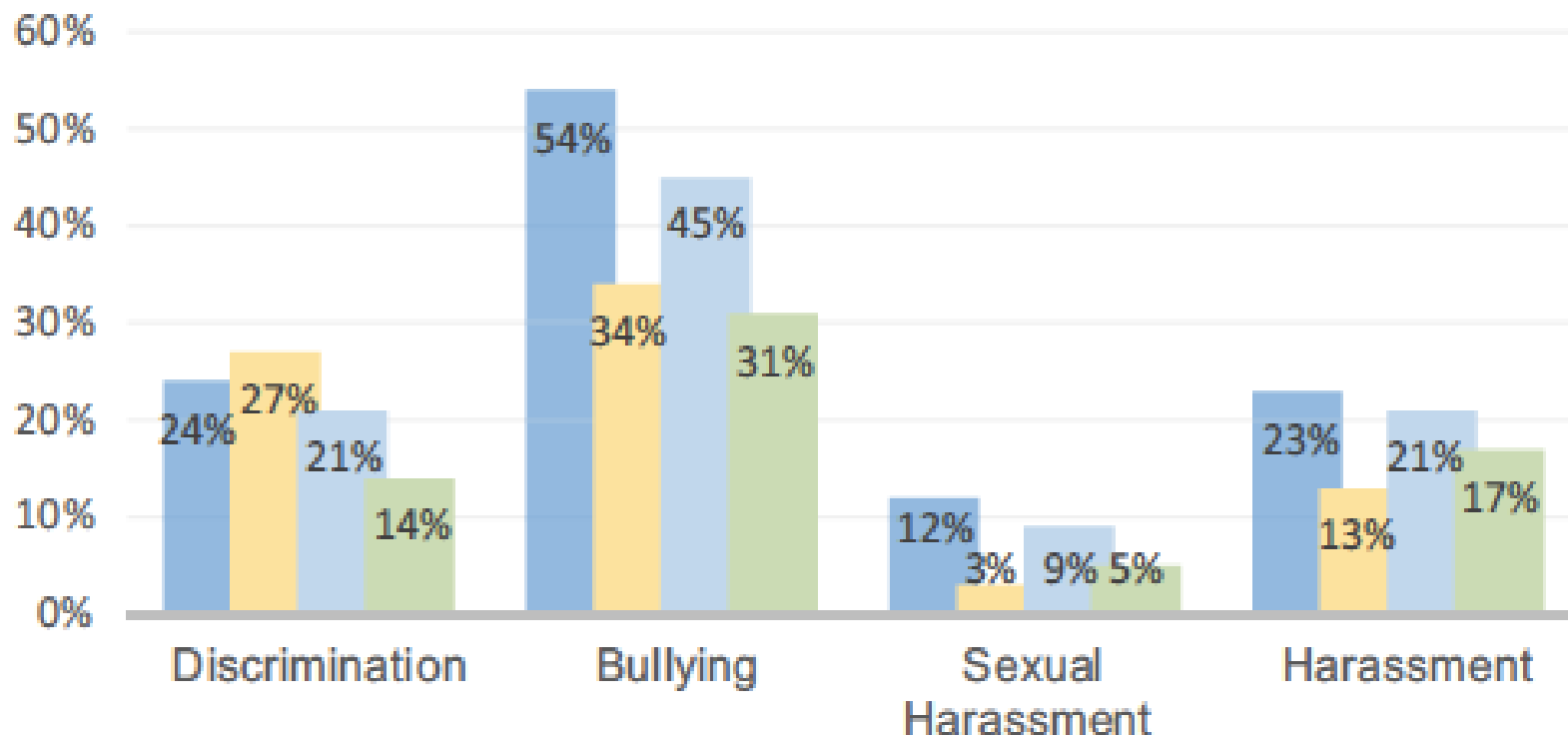


Fig. 1. Data from the survey conducted by Best Practice Australia relating the level of experience of respondents with their reported levels of experience of discrimination, bullying, sexual harassment and harassment. (■) SET trainee, (■) IMG, (■) Fellow <10 years, (■) Fellow >10 years.

doi:10.1016/j.anj.2015.04.001 - Crebbin et al ANZ J Surgery 2015



Prevalence Survey

'Now that the extent and impact of these issues is clear, there can be no turning back....we have been shocked by what we have heard. The time for action has come.'

EAG Chair, Rob Knowles AO



Sharing stories

'...Whilst many expressed fear of identification and reprisal for coming forward, there were also expressions of relief and gratitude in being able to be heard for the first time in a confidential and independent setting...'



Submissions to Issues Paper

- 90 submissions to Issues Paper consultation
- Mix of institutions and individuals:
 - Common purpose and commitment
 - Thoughtful personal observations
- Consistent themes across research methods



Online Forums

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

What were they?

- Facilitated, online discussion forums
- One each for Fellows, Trainees, IMGs and female surgeons
- Trainees and IMGs anonymous
- Externally, independently moderated



Organisational Survey

- Triangulating the input:
 - Individual
 - College
 - Employer
- Profession specific or system wide?
- How bad is it?
- Are surgeons the problem?
- What solutions work?



How the EAG used the data

- F2F meetings with individuals and groups:
 - Trainees
 - Women in surgery
 - Insurers
 - AMA etc
- Analysis:
 - Key themes and findings
- Recommendations:
 - What RACS must do



September 10th 2015

- EAG draft report released with 42 recommendations
- Key findings
 - 49% of respondents have experienced DBSH
 - 63% of trainees have experienced DBSH
 - 30% of women have experienced sexual harassment
 - 71% of hospitals experienced DBSH by surgeons
 - Many IMGs report discrimination
 - No difference across regions & NZ
- RACS President apologized to all those affected



Expert Advisory Group statement

- Every **patient** has a right to expect that their healthcare is not compromised by DBSH
- Every **health care worker** has a right to a workplace free of DBSH
- This is a long way from the reality of many health workplaces
- **This must change**



RACS Action Plan

- RACS response:
 - We are the problem (ownership)
 - We are the solution (leadership)
- Two core principles:
 - Respect
 - Collaboration
- 8 goals and supporting actions
- Long term
 - Government, Colleges, Regulators, Hospitals



Thank you

