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Bullying, Harassment and Discrimination Advisory Working Group

Report to the RANZCOG Board

'From Advocacy to Action'

Fostering respectful workplaces to support safe and quality O&G care in Australia and Aotearoa New Zealand

Bullying, Harassment and Discrimination Advisory Working Group

February 2022

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1. Bullying, Harassment and Discrimination Advisory Working Group statement

Discrimination, bullying, sexual harassment and harassment (DBSH)[1] have no place in any workplace. These behaviours compromise quality of care and patient safety and can have devastating impacts on people: their physical and mental health, relationships, career and quality of life. It is vital that the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) fosters respectful obstetrics and gynaecology (O&G) work environments, so that women and babies receive the best possible care.

It is in everyone's interest to foster a culture of respect: teams perform better, individuals are empowered to do their best work and risks to patient safety are reduced. Every workplace has a legal responsibility to eliminate DBSH, and all health sector stakeholders share a moral responsibility to act.

RANZCOG's 2021 member survey indicates that DBSH is a serious, ongoing problem in O&G in Australia and Aotearoa New Zealand. Survey respondents shared close to 1,700 personal experiences of DBSH. We recognise the power imbalance and fear reflected in so many comments and the difficulty and distress many respondents felt in speaking up. We appreciate the candour and courage everyone brought to this challenge. Our understanding is richer and our recommendations stronger for their contribution.

In 2020, RANZCOG adopted six organisational values, which underpin its Code of Conduct (Code). The Code sets out the standards of behaviour the College expects of its members, and explicitly states that DBSH is unacceptable.

RANZCOG has acknowledged its role and responsibility to eliminate DBSH in College activities, to assist and support affected members and trainees in the workplace and to play its part in fostering a culture of respect in healthcare. Now is the time for RANZCOG to act on this commitment.

This report describes how the College can strengthen professionalism in O&G, by holding individuals to account against the standards it has set and supporting change that fosters respectful and inclusive O&G workplaces. It will take leadership and engagement across the College community to build a culture of respect in this profession that benefits mothers and babies and the staff who care for them.

We thank RANZCOG for the opportunity to reflect on these important issues and believe our recommendations provide a platform for comprehensive, long term change. We call on RANZCOG to make a strong public commitment to addressing the issues raised in this report.

Mrs Jane Bell, Chair
Dr Helen Szoke AO, Deputy Chair
Ms Ria Earp
Prof Maxine Morand AM
Emeritus Prof Ron Paterson OZNM
Mr Michael Gorton AM

Acknowledgements

The Advisory Working Group thanks the Royal Australasian College of Surgeons (RACS) for permission to adapt its action plan framework for this report.

[1] See Appendix One for the 2021 RANZCOG member survey definitions of DBSH.

2. Executive summary

RANZCOG convened the Bullying, Harassment and Discrimination Advisory Working Group (AWG) in 2021 to provide an objective and independent report from an expert group on:

- the extent of DBSH in O&G in Australia and Aotearoa New Zealand
- what the College can do to strengthen professionalism in O&G and support respectful behaviour that benefits mothers, babies and the staff who care for them.

In preparing this report, the AWG drew on the following research and consultation:

1. prevalence survey conducted independently in 2021
2. submissions from RANZCOG members and trainees
3. consultation with College committees.

This report covers what is happening in O&G workplaces and outlines actions the College can take to support workplaces to be healthy, safe and respectful.

The overall response rate for the DBSH prevalence survey was 32%, made up of:

- 47% of Fellows
- 47% of substantially comparable Specialist International Medical Graduates (SIMGs)
- 41% of Fellowship (FRANZCOG) Trainees and partially comparable SIMGs
- 18% of Diplomates.

The survey confirmed that the prevalence of discrimination, bullying and sexual harassment in O&G workplaces was higher than medical college benchmarking norms.

Sixty-two per cent of respondents said they had been subjected to DBSH in the workplace by a professional colleague at any time in their career. This is higher than the medical college benchmarking norm of 51%. An alarming 380 respondents had experienced DBSH in the previous six months.

The DBSH prevalence survey results showed that:

- 35% of respondents reported experiencing **discrimination** at any time in their career, higher than the medical college benchmarking norm of 23%.
- At 55%, the prevalence of discrimination was far higher for respondents who were born in a non-English-speaking country and completed most of their specialist training outside Australia or Aotearoa New Zealand.
- 44% of respondents reported experiencing **bullying** at any time in their career, higher than the medical college benchmarking norm of 38%.
- 13% of respondents reported experiencing **sexual harassment** at any time in their career, higher than the medical college benchmarking norm of 9%.
- 15% of respondents reported experiencing **harassment** at any time in their career, lower than the medical college benchmarking norm of 17%.

The survey found:

- 70% of women experienced DBSH compared to 47% of men.
- Rates of sexual harassment were almost six times higher for women (19%) than men (3%).
- FRANZCOG Trainees were more likely to experience bullying and sexual harassment than other membership groups.

The operating theatre was the most common setting for DBSH, followed by hospital wards.

Reporting rates of informal or formal complaints to the workplace or RANZCOG were low:

- more than 40% of RANZCOG survey respondents said that they had never reported DBSH
- 75% said they had never reported sexual harassment

- the impact on future career options was the number one barrier to taking action, across all four DBSH behaviours.

Of the survey respondents who had experienced DBSH, almost 70% said that none of the instances had been resolved to their satisfaction.

DBSH in O&G workplaces and College activities is unacceptably high. The harm from DBSH is significant for victims and can jeopardise patient safety. The RANZCOG Board carries a responsibility to ensure DBSH is addressed now, so the behaviours are eliminated in time. This involves providing clear direction to College staff and enabling them to support and work with RANZCOG members to address DBSH. RANZCOG has authority and agency for its own standards, procedures and operations to effect change. It will involve partnership and collaboration with employers and other health sector stakeholders to support change in the workplace.

In considering how RANZCOG can improve, the AWG formulated two objectives for the College:

1. to create safe College and workplace environments free from DBSH
2. to educate and influence College members, trainees and staff about DBSH and change the behaviour of those who display DBSH.

RANZCOG must ensure that College staff are protected and provided with a safe workplace free of DBSH.

Adapting RACS' action plan framework (with permission), we classified the key issues into four areas:

1. culture, leadership and governance, including equity and diversity
2. training and education
3. complaint handling
4. monitoring and evaluation.

We note the work that RANZCOG and its committees have already undertaken to tackle DBSH and promote respectful workplaces. Our proposed recommendations build on these efforts and include strategies for RANZCOG to:

1. make a clear statement to recognise the impact of these issues historically, to address these issues and to set clear standards for the future
2. support leadership and accountability in hospitals for clinical directors, chief executive officers and Board directors to take a strong stand against DBSH
3. deepen collaboration with employers, governments, agencies and other medical colleges to promote a sector-wide response to DBSH
4. foster diversity in roles and participation in College training and activities
5. develop and implement stronger training and education on DBSH, including compulsory education for supervisors of training and otherwise, when appropriate
6. foster a culture of feedback, including by encouraging the use of 360-degree assessments in the workplace for those who supervise trainees and otherwise, when appropriate
7. provide appropriate resources to support members, trainees and SIMGs to make a complaint about DBSH, with advice on the best agency to deal with their concern (eg, workplace, regulator or College) and support to understand complaints processes
8. build on the work of College committees to ensure safe training sites and promote wellbeing at work
9. ensure that College staff are protected and provided with a safe workplace free of DBSH
10. undertake an external review of the College's progress in tackling DBSH in four years from now.

3. Introduction

The College has recognised that there are systemic barriers in workplaces where members work that hinder the creation of inclusive, respectful and safe work environments. The AWG expects the College to work collaboratively with others in the health sector to address these. As well, the AWG expects the College to address similar issues that exist within the College and its current ways of working.

The AWG's responsibilities included:

- examining the de-identified results of RANZCOG's DBSH prevalence survey
- advising RANZCOG on content for training, workshops and e-learning modules
- advising RANZCOG on appropriate professional development activities and study material
- reviewing the effectiveness of RANZCOG's advocacy in preventing DBSH
- reviewing RANZCOG's support mechanisms, policies and procedures to ensure they were contemporary and appropriate
- assessing whether RANZCOG had an appropriate complaints mechanism for DBSH.

This report covers what is happening in O&G workplaces and outlines actions the College can take to support workplaces to be healthy, safe and respectful.

What are the College's levers?

The College needs to take seriously the challenge of fostering safe and inclusive workplaces that improve clinical outcomes for patients and benefit clinical staff. While accountability is fractured in health sector workplaces, there are actions RANZCOG can take directly to respond to unprofessional behaviours in O&G. The College can also exercise significant influence to promote respectful workplaces and advocate for its members. We describe these as hard and soft levers in Table 1.

Table 1: RANZCOG's hard and soft levers for acting on DBSH

Hard levers	Soft levers
Training site accreditation	Optional education or Continuing Professional Development for members
Responding to complaints made to RANZCOG	Advocacy
Compulsory education or Continuing Professional Development for members	Promoting respect and wellbeing

4. Summary of research and consultation methods

To prepare its report, the AWG drew on the following research and consultation:

1. DBSH prevalence survey: conducted independently by BPA Analytics in 2021
2. submissions from RANZCOG members and trainees
3. consultation with College committees.

Anonymised, direct quotes from the survey and submissions are used in this report to illustrate the personal impact of DBSH.[2]

DBSH prevalence survey

RANZCOG contracted BPA Analytics to conduct the DBSH prevalence survey and analyse the results. The survey consisted of qualitative and quantitative questions about DBSH by a professional colleague. It excluded DBSH by patients.

[2] BPA Analytics gave permission for narrative text from the DBSH member survey to be used in this report to illustrate specific points or lines of argument, on the proviso that the text chosen must not have the potential to identify or even suggest the identify of a specific person.

From 6 August to 5 September 2021, RANZCOG surveyed its members and trainees. The number of surveys administered was 6,605. The overall survey response rate was 32% (2,105 responses):

- Fellows: 47% response rate (1,112 responses)
- Substantially comparable SIMGs: 47% response rate (16 responses)
- FRANZCOG Trainees and partially comparable SIMGs: 41% response rate (314 responses)
- Retired Fellows: 25% response rate (121 responses)
- RANZCOG Diploma Trainees: 19% response rate (114 responses)
- Diplomates: 18% response rate (428 responses).

Survey participants were not asked for personal or workplace details.[3] RANZCOG received only de-identified, aggregated data.

For more information and results, please download the survey report by BPA Analytics.

Submissions

The AWG called for submissions from RANZCOG members and trainees on their experiences of DBSH and suggestions about how the College could respond to and prevent mistreatment in O&G. The AWG also invited submissions from clinical directors and heads of department.

Submissions opened on 4 October and closed on 1 November 2021. The AWG received seven submissions.

Consultation with College committees

Advisory Working Group members met with representatives from several College committees:

- Aotearoa New Zealand Clinical Directors Network
- Continuing Professional Development (CPD) Committee
- Gender Equity and Diversity Working Group
- He Hono Wāhine, a subcommittee that focuses on improving outcomes for Māori women and their babies
- Training Accreditation Committee
- Trainees' Committee, which also made a written submission
- Wellbeing Working Group.

We thank everyone who took the time to speak to us and share their experiences.

5. Key issues and themes

Culture, leadership and governance

Culture

The 2021 member survey confirmed that the prevalence of discrimination, bullying and sexual harassment in O&G workplaces was above medical college benchmarking norms.

DBSH prevalence

The member survey showed that DBSH by a professional colleague is prevalent in O&G. Sixty-two per cent of respondents (n=1,247) said they had been subjected to DBSH in the workplace by a professional colleague at any time in their career. This was higher than the medical college benchmarking norm of 51%. In terms of recency of experiencing DBSH, most respondents reported DBSH behaviour from more than five years ago. Disturbingly, 380 respondents said they had experienced DBSH in the previous six months.

[3] The DBSH survey did not ask participants for the name of their employer, so RANZCOG did not receive data on DBSH prevalence for individual sites.

By membership status:

- 73% of Fellows <10 years had been subjected to any one of the four DBSH behaviours
- 71% of FRANZCOG Trainees had been subjected to any one of the four DBSH behaviours
- 59% of Fellows >10 years had been subjected to any one of the four DBSH behaviours.

BPA Analytics compared its metrics with RANZCOG's 2016 survey on bullying and sexual harassment. While not a direct 'apples with apples' comparison, it appears that the prevalence of bullying may have slightly decreased over the past five years. The prevalence of sexual harassment has remained relatively stable.

The 2021 survey found that the operating theatre was the most common setting for DBSH behaviours, followed by hospital wards.

Discrimination

Thirty-five per cent of respondents (n=700) reported experiencing discrimination at any time in their career, higher than the medical college benchmarking norm of 23%.

- 40% (n=278) of those who experienced discrimination did so in the last 2 years.
- 62% (n=427) of those who experienced discrimination did so in the last 5 years.

The most prevalent forms of discrimination were:

- gender discrimination: 59%
- race discrimination: 31%
- discrimination based on nationality: 22%.

'Humiliation based on my religion.'

Pregnancy discrimination was a recurring theme in the free-text sections of the survey.

'Was not allowed to use breast pumps in the hospital, made fun of by staff for expressing.'

'Myself and a group of predominantly new female O&G trainees were told we should not become pregnant during our training, have time off for parental leave or work part time during training.'

'Comments about not being a good enough or dedicated trainee as I went on maternity leave.'

Bullying

Forty-four per cent of respondents (n=889) reported experiencing bullying at any time in their career, higher than the medical college benchmarking norm of 38%.

- 39% (n=346) of those who experienced bullying did so in the last two years.
- 62% (n=548) of those who experienced bullying did so in the last five years.

Key themes included:

- belittling and humiliating comments in front of colleagues and patients
- aggressive behaviour
- exclusion
- inappropriate comments
- victimisation for speaking up.

There were examples of extreme behaviour, such as physical violence and false imprisonment. Quotes describing these instances are not included to protect the identity of the people reporting.

'We don't have bullies any more who refuse to come in or throw scalpels – it is more insidious and a culture of bitchiness/gossiping/raised eyebrows/non-constructive criticism that makes people feel anxious and unsupported.'

'I've been humiliated and berated in theatre for not being more proficient or experienced … I felt humiliated, embarrassed and also that I was unable to learn from the experience …'

Sexual harassment

Thirteen per cent of respondents (n=272) reported experiencing sexual harassment at any time in their career, higher than the medical college benchmarking norm of 9%.

- 18% (n=50) of those who experienced sexual harassment did so in the last two years.
- 37% (n=99) of those who experienced sexual harassment did so in the last five years.

The most common forms of sexual harassment were:

- sexually explicit or offensive jokes
- inappropriate physical contact
- unwelcome sexual flirtation.

'Sexually explicit jokes and innuendo during some registrar terms, usually occurring in situations when I couldn't get away and had to "grin and bear it", such as operating theatre lists.'

'Others would say he was "only joking. Lighten up! Don't take it so seriously."'

Harassment

Fifteen per cent of respondents (n=312) reported experiencing harassment at any time in their career, lower than the medical college benchmarking norm of 17%.

- 46% (n=141) of those who experienced harassment did so in the last two years.
- 68% (n=205) of those who experienced harassment did so in the last five years.

The most common forms of harassment were:

- belittling or humiliating others
- inappropriate or false accusations or criticism.

There was some overlap in the survey definitions of bullying and harassment, which was reflected in the data.

Suggested improvements

When offered five options to help prevent DBSH in their workplace, survey respondents selected:

1. greater leadership by executives, directors and/or supervisors
2. resources to support more effective complaint resolution procedures in the workplace
3. better support mechanisms (eg, counselling services).

When asked in a free-text question how RANZCOG could better support them to be equipped to personally address DBSH, respondents nominated:

1. education on DBSH issues, including identifying and managing behaviours
2. action: reports being taken seriously and acted upon
3. feedback: gathering, facilitating or providing feedback
4. avenues for reporting: existence, awareness or availability of pathways for reporting
5. discussing it: raising or talking about DBSH issues with superiors or peers.

Leadership

On questions of workplace leadership:

- 26% of survey respondents agreed that their **hospital executive** dealt effectively with people who displayed DBSH
- 32% of survey respondents agreed that **department heads and supervisors** dealt effectively with people who displayed DBSH.

Survey respondents reported that a senior O&G consultant was the most common source of DBSH behaviours, in 57% to 73% of unacceptable behaviour. At a much lower frequency, this was followed by:

- junior O&G consultants: 15%–29%
- midwifery staff: 4%–27%
- other medical consultants: 14%–20%.

RANZCOG currently does not offer leadership training to College members moving into leadership positions in their workplace or the College.

'Doctors are not trained to be managers and yet are expected to fulfil these roles. Further training in this area of management would be of value in the advanced training or as an optional program for Fellows.'

Equity and diversity

Gender equity

The survey found differences in DBSH prevalence by gender:

- significantly more women experienced DBSH (70%) than men (47%)
- almost six times more women experienced sexual harassment (19%) than men (3%).

Some female respondents described discriminatory barriers in training and progression to leadership positions.

'To be proactive in College changes, one must either relinquish work or family commitments; the structure needs to be more flexible for woman [sic] *to partake in College without massive sacrifices.'*

'Attempts were made (often in a "jocular" fashion) to exclude me from positions/professional opportunities on the basis that, as a woman, I would be likely to leave the profession or might get pregnant.'

Survey participants broadly agreed that RANZCOG supported members and trainees of both genders:

- 72% agreed that RANZCOG supported male Trainees; 6% disagreed
- 69% agreed that RANZCOG supported female O&G specialists; 6% disagreed
- 67% agreed that RANZCOG supported female Diplomates; 5% disagreed
- 67% agreed that RANZCOG supported female Trainees; 8% disagreed.

Discrimination rates by country of birth

Twenty-two per cent of survey respondents were born in a non-English-speaking country, as shown in Table 2.

Table 2: Country of birth from RANZCOG 2021 DBSH member survey

Country	No. of respondents	Response rate
Australia	1,036	51%
Aotearoa New Zealand	140	7%
Another English-speaking country	412	20%
A non-English-speaking country	446	22%

71 respondents preferred not to say or did not answer this demographic.

Of the respondents born in a non-English-speaking country, the top five countries of birth were India (81), Sri Lanka (26), Malaysia (19), Germany (15) and Egypt (12).

Respondents born in a non-English-speaking country were more likely to have experienced discrimination by a colleague. While 35% of all survey respondents reported experiencing discrimination, this rate increased to 45% for those born in a non-English-speaking country.

RANZCOG's SIMGs complete their specialist O&G training in a country other than Australia or Aotearoa New Zealand, then apply to RANZCOG to have their qualifications assessed. 17% of all respondents completed most of their specialist training outside Australia or Aotearoa New Zealand; 41% of this cohort reported experiencing discrimination. Within this cohort, the discrimination rate:

- increased to 55% among those born in a non-English-speaking country
- decreased to 34% among those born in another English-speaking country.

'As an SIMG … most often we are alone, unsupported. We are made to feel inferior.'

'I trained as SIMG … I was discriminated as outsider and treated as if I did not have any skill set.'

'I was often subjected to disrespectful, discriminatory behaviour from a few consultants. There was no support or mentor with whom I could discuss this. It was pretty much expected that I put up with this behaviour as my visa and stay in Australia was dependent on the job.'

Training and education

The survey showed that FRANZCOG trainees were more likely to experience bullying and sexual harassment than other membership groups.

The 2021 Medical Training Survey – an independent, nationwide survey of medical trainees across specialities, auspiced by the Medical Board of Australia – found that:

- 27% of FRANZCOG Trainees had experienced bullying, harassment or discrimination (BHD) in the previous 12 months
- 38% of FRANZCOG Trainees had witnessed BHD in the previous 12 months.

Training site accreditation

The College accredits 103 sites to provide Fellowship O&G training. It can withdraw or place conditions on accreditation in response to feedback about a training site. The College's FRANZCOG hospital accreditation standards require that training sites:

- ‘have zero tolerance for workplace bullying, harassment and discrimination’
- ‘have comprehensive policies and processes to identify, investigate and resolve issues of workplace bullying, harassment and discrimination’ (p.31).

Responding to an accreditation visit

A college reaccreditation visit was undertaken within a few months of me starting as Director. The reaccreditation report was less than optimal. It was apparent early on that there were longstanding cultural issues with bullying and harassment.

My fellow Director and I sent an anonymous survey to training registrars and Principal House Officers, which broadly asked about issues of bullying and harassment. This allowed their feedback on how things could be done better regarding processes, procedures, clinics, etc.

We followed up with a more specific anonymous survey requesting feedback on every consultant in our department – were they contactable, supportive, good to work with? Results were kept between my co-Director and I, with a de-identified summary issued to the consultant group and specific feedback at their annual professional development meeting.

We now run the first survey every 6 months to keep an eye on things. We have not needed to repeat the consultant-specific survey.

Director of Obstetrics, RANZCOG Fellow

Training supervisors

RANZCOG states that the purpose of a training supervisor is ‘to promote the development of trainees’ clinical, educational and personal development through encouragement, guidance and support’.[4] RANZCOG currently does not educate training supervisors on how to support trainees experiencing DBSH.

By comparison, in addition to training supervisors, the Royal Australasian College of Medical Administrators has a preceptor model, in which trainees are allocated a senior person from another specialty, from whom they can seek guidance and raise issues of DBSH.

The submission below describes how an O&G department uses a consultant from another specialty to hear concerns from O&G trainees.

Helping trainees raise issues safely

We have instituted two initiatives in the past few years. There is a monthly meeting between all registrars and their training supervisors specifically to discuss training and cultural issues.

We have recruited a consultant from another surgical department to be an external mentor for our trainees. This consultant contacts our trainees a couple of times during their six-month term and is available to hear concerns. In this way, feedback can be given to our department without identifying the trainee who has initiated it.

Clinical Director, RANZCOG Fellow

Under the College’s new CPD framework starting 1 July 2022, training supervisors will be able to claim CPD hours for receiving feedback from trainees. There is no system for trainees to give feedback to RANZCOG on their supervisor’s performance.

[4] RANZCOG, FRANZCOG Training Supervisor Position Description, accessed 8 Feb 22

Conversely, in the 2021 RANZCOG DBSH survey, many Fellows reported the challenge of giving performance feedback without it being perceived as bullying.

Education

The survey showed different levels of education and confidence in dealing with DBSH:

- less than half of survey respondents (43%) had attended training in the previous five years on how to deal with DBSH in the workplace
- 45% of survey participants who had experienced sexual harassment were uncertain whether the behaviour would be judged as serious enough if they reported it
- 61% of survey respondents believed they were equipped with the skills to respond effectively to DBSH if they were subjected to it.

In their submission, the Trainees' Committee recommended education for consultants on calling out DBSH when they witness it from another consultant, stating that it was easier to call out the behaviour of a peer rather than someone more senior.

The Trainees' Committee further recommended that trainees be educated about DBSH, what steps the trainee can take and the possible outcomes. They suggested that a Trainees' Committee member or a non-medical RANZCOG representative could deliver this training to create a safe environment to discuss issues.

One submission outlined an annual multi-source feedback process for consultants at a hospital.

Annual multi-source feedback on consultants

Multi-source feedback is sought annually at our hospital as part of each consultant's assessment/credentialing update. The survey is sent to a mixture of staff including pre-vocational registrars, FRANZCOG trainees, midwives and O&G and anaesthetic consultants.

Our Obstetric Head of Unit sends out the questions and collates the responses. Similar to FRANZCOG assessments, feedback is de-identified, and can include both positive and negative components. The Head of Unit gives the results directly to the consultant (and usually our Medical Director) during their formal performance review.

Consultant, RANZCOG Fellow

Complaint handling

The Advisory Working Group's consultation and the DBSH survey uncovered several issues with complaint handling practices at RANZCOG and in workplaces.

Low reporting and resolution rates

Surveys show that many instances of DBSH go unreported:

- more than 40% of RANZCOG survey respondents said that they had never reported DBSH, increasing to almost 75% for sexual harassment
- in the 2021 Australian Medical Training Survey, 54% of RANZCOG trainees who had experienced BHD said they had not reported it
- RANZCOG survey data shows that across all four DBSH behaviours, the effect on future career options was the number one barrier to taking action.

The RANZCOG survey showed a low take-up rate for making an informal or formal complaint to the workplace or RANZCOG, particularly in the case of sexual harassment, as shown in Table 3.

Table 3: Frequency of complaints to workplace or RANZCOG (Source: RANZCOG 2021 DBSH member survey)

Unreasonable behaviour	I made an informal or formal complaint to Human Resources or another office in the workplace (hospital, etc.)	I made a complaint to RANZCOG
Discrimination (n=621)	13% (n=80)	6% (n=40)
Bullying (n=826)	17% (n=138)	5% (n=40)
Sexual harassment (n=256)	6% (n=16)	0%
Harassment (n=272)	18% (n=50)	7% (n=18)

RANZCOG provided the AWG with its de-identified DBSH complaint statistics for 2019-2021. During this period, two College members/trainees made complaints alleging DBSH to RANZCOG.

Low resolution rates for DBSH were reflected in the data. Of the survey respondents who had experienced DBSH, almost 70% said that none of the instances had been resolved to their satisfaction. In the case of bullying, only 7% agreed that the behaviour had been resolved to their satisfaction.

'The reporting processes lack depth in their ability to enact any sort of satisfactory discipline for the perpetrator, and all pathways that lead to it are extremely hard and stressful for trainees to undertake.'
Trainees' Committee submission

When asked in a free-text question what could have been done differently to make it easier or safer to take action on DBSH, survey respondents nominated:

1. support, especially for those pursuing a complaint
2. avenues for reporting
3. action: reports being taken seriously and acted upon
4. cultural change: changing the culture so the behaviour is no longer endemic or accepted
5. speaking out: standing up or calling out bad behaviour.

'Decided it was not safe to make formal complaint after considering all outcomes with my mentor.'

'My superiors started to treat me worse after the complaint, as did my peers.'

'In the past I have complained and this has given me the label of "troublemaker". In hindsight, it made no difference and in fact made things worse for me. I don't complain anymore.'

'We have lots of documents, workshops, codes, values. None have made a significant difference. Only action – real consequences for bad behaviour – will make a difference.'

Early intervention

Many members and trainees expressed a desire for informal, early intervention options for DBSH.

Members of the Clinical Directors Network in Aotearoa New Zealand observed that an employer's Human Resources area often dealt with DBSH complaints. In these cases, the details of the complaint and the complainant were often disclosed to the respondent to give them the opportunity to respond. Disclosures can result in retaliatory behaviour, as evidenced by many stories in the DBSH survey. Network members

supported an early approach model – providing anonymity for the complainant and allowing for an initial informal conversation – as likely to be effective.

The AWG notes that when a direct approach is appropriate, RACS encourages the recipient of poor behaviour to have a 'cup of coffee conversation' with the person who carried out the behaviour, and provides an app setting out how to have this conversation. This approach is based on the Vanderbilt model of professionalism.

Complaint avenues

While DBSH complaints can be made to employers and RANZCOG, there was evidence of a lack of clarity about the appropriate body to investigate a complaint.

> *'The pathway for trainees needs to be clearer, as well as to how to report, and what they might actually need to do to make it work, because practically the system is vague and the processes within med admin at hospitals is slow and flawed and this is where trainees are often told to start before approaching RANZCOG.'*
>
> Trainees' Committee submission

More than 80% of survey respondents said that they would report future DBSH to their employer, with 22% nominating RANZCOG (respondents could select more than one option).

6. Current College initiatives

The AWG noted the work that RANZCOG and its committees have already undertaken to tackle DBSH and promote respectful workplaces.

Culture

RANZCOG ran its inaugural Organisational Values Awards in 2022, to recognise members and trainees who exemplify the College's values.

Advocacy

RANZCOG meets regularly with the health ministers and departments of Aotearoa New Zealand and Australia (Commonwealth and state). 'Wellbeing for trainees' is a standing item in these meetings.

Equity and diversity

The Gender Equity and Diversity Working Group was formed in 2019 to improve gender equity, inclusion and diversity within the College. The group published a report in 2020 that recommended:

- that RANZCOG adopt an equity and diversity policy (published in 2021)
- annual reporting of gender and diversity equity metrics
- improving Board gender diversity through techniques such as targets and quotas.

RANZCOG exceeded gender targets for female representation on its Board and Council for its latest term commencing November 2021.

Training site accreditation

The Training and Accreditation Committee monitors training sites to ensure that they are safe for trainees.

In February 2022, RANZCOG released revised accreditation standards for FRANZCOG training sites. The revised standards now include a standalone criterion on DBSH under workplace culture. An accreditation intervention framework was added to the standards in 2020, which enables more flexible responses to trainee and hospital issues, including DBSH.

Trainee support

The Trainees' Committee provides peer support and advocacy to trainees. Members represent trainees on several committees, including the RANZCOG Council. In response to a survey run by the Trainees' Committee, in 2020 RANZCOG increased the limit of extended leave during training from two years to three years.

In 2021, RANZCOG:

- introduced a training support plan to facilitate trainees' return to work after leave
- extended its part-time training option to Year 1 FRANZCOG trainees, so now all FRANZCOG trainees can train part-time if their employer agrees.

RANZCOG's Training Support Unit provides confidential support to trainees and SIMGs in difficulty.

Education

RANZCOG offers the following education to its members:

- Training Supervisor Workshop
- Respectful Workplaces Workshop
- Emotional Intelligence Workshop (pilot delivered in 2021)
- access to RACS' 'Operating with Respect' online module

Cultural safety training in Australia for Aboriginal and Torres Strait Islander people and in Aotearoa New Zealand for Māori is part of the training program.

Since 2021, Fellows can claim CPD hours for approved health and wellbeing activities.

Continuing Professional Development

From 1 July 2022, Fellows will need to complete a Professional Development Plan each year. The plan can include learning needs and goals, planned CPD activities and a reflection.

An Annual Conversation will be compulsory for Aotearoa New Zealand Fellows from 1 July 2022. It will be optional for Australian Fellows. The conversation is intended to provide time for the Fellow to reflect on their practice and learning goals.

Wellbeing promotion

RANZCOG's member support program includes:

- free, confidential, external counselling for members and trainees, up to four sessions per year
- setting up Wellbeing Advocates in hospitals to champion workplace initiatives (in progress)
- the Wellbeing Working Group, which creates and implements initiatives for members and trainees
- Member Support and Wellbeing Hub on the RANZCOG website, which lists contacts and resources
- Annual Wellbeing Awards, which recognise individuals and groups who are proactively fostering wellbeing in their workplaces.

RANZCOG has tasked the Mentoring Working Group with setting up a mentoring program for members and trainees.

Complaint handling

Jurisdiction

In the 2021 RANZCOG survey, most respondents said that they would report DBSH to their employer, as shown in Table 4 on page 17.

Table 4: RANZCOG 2021 DBSH member survey responses to 'Where would you report DBSH in the future?'

In the future, I would report the behaviour to …	No. of respondents who would report to this party n=1,783	% of respondents
Employer (formal complaint)	866	49%
Employer (informal complaint)	640	36%
RANZCOG	385	22%

Respondents could select more than one answer.

When action in the workplace is not appropriate (for various reasons) or when the employer has failed to act, the College can take a complaint under its *Complaints Policy*. RANZCOG can attempt to resolve the complaint formally or informally. When serious complaints are substantiated, RANZCOG can apply sanctions in line with its *Sanctions Policy* (under review at the time of publication). Sanctions include a reprimand, censure with loss of privileges or termination of Fellowship.

The Royal Australasian College of Surgeons' (RACS) approach to complaint handling offers a useful comparison. In 2020, RACS published an external review of its DBSH complaints process.[5] In response, RACS adopted a 'revised approach', where it no longer automatically conducts investigations of DBSH complaints.

> *'Evidence on some files prior to the Revised Approach demonstrate that at times, the distinction between informal and formal processes within the College has been blurred. The limits on the College's powers and lack of clarity about its role resulted in 'quasi' investigations that extended beyond a neutral informal resolution process, but which were not able to meet minimum standards of procedural fairness or the expectations of participants.'*
>
> RACS, External review – Complaints: Discrimination, bullying and sexual harassment 2020 Report to CEO

In general, RACS now triages complaints and provides an advisory, feedback and support role by:

- exploring neutral, informal resolution options within the College where appropriate
- referring DBSH complaints to employers
- referring serious concerns about professional performance to the appropriate regulator.

> *'… where the College is not the employer and does not control the workplace of the complainant, respondent and/or witnesses, it faces significant hurdles in seeking to conduct a sound, defensible and prompt fact finding investigation. For these reasons, any formal investigation is more appropriately conducted by the employer/principal, which has the primary legal liability and greater powers to require participation, not the College.'*
>
> RACS, External review – Complaints: Discrimination, bullying and sexual harassment 2020 Report to CEO

[5] RACS (2020), External review – Complaints: Discrimination, bullying and sexual harassment 2020 Report to CEO, accessed 12 January 2022.

Information sharing

RACS has created an *Information Sharing Protocol* to allow it to exchange information with employers about substantiated misconduct by RACS members or trainees. The protocol is being rolled out to workplaces as a condition of RACS training accreditation. RACS trainees and SIMGs give permission for information about them to be shared as a condition of becoming a Fellow. While current RACS Fellows can opt out of the protocol, they are then precluded from joining College committees and taking on supervisory, training or teaching roles.

Transparency

In its 2016 report, *Medical complaints process in Australia*, the Australian Senate recommended that all specialist medical colleges report publicly, annually detailing how many complaints of bullying and harassment their members and trainees had been subject to and how many sanctions the college had imposed as a result of those complaints.

RANZCOG currently does not publish statistics on the number of complaints it receives or the outcomes, in contrast to RACS, which publishes complaints data in its annual progress reports. We encourage RANZCOG to follow RACS' lead and be more open about its complaints data.

7. How can RANZCOG improve?

RANZCOG's 2021 member survey confirmed that DBSH in O&G workplaces and College activities was unacceptably high. The harm from DBSH is significant for individuals and can jeopardise patient safety. The RANZCOG Board carries a responsibility to ensure DBSH is addressed now, so the behaviours are eliminated in time. This involves providing clear direction to College staff and enabling them to support and work with RANZCOG members to address DBSH.

In considering how RANZCOG can improve, the AWG formulated two objectives for the College:

1. to create safe College and workplace environments free from DBSH
2. to educate and influence College members, trainees and staff about DBSH and change the behaviour of those who display DBSH.

RANZCOG must ensure that College staff are protected and provided with a safe workplace free of DBSH.

Culture, leadership and governance

Culture

A positive and safe workplace culture is fundamental to providing quality health care.[6] While the prevalence of bullying appears to have fallen since 2016, DBSH in O&G remains a pervasive and serious problem.

Leadership

We call on RANZCOG to apologise to members and trainees who have experienced DBSH in O&G. It is important that the College acknowledge past wrongs and, for many, the pain that persists from these incidents. The College should then make a strong public commitment to addressing the issues raised in this report and communicate clear standards of behaviour.

Leadership by the College and its members is essential to effective behaviour change and fostering a culture of respect. RANZCOG also has a responsibility to support leadership and accountability in hospitals for clinical directors, Board directors and chief executive officers so they can take a strong stand on DBSH.

[6] Braithwaite J, Herkes J, Ludlow K, et al. (2017). 'Association between organisational and workplace cultures, and patient outcomes: systematic review.' *BMJ Open,* 2017;**7**:e017708. doi:10.1136/bmjopen-2017-017708

'While education and committees are helpful, I believe the biggest culture change will come from fellows in positions of power (within the college, and within individual working environments) actively living and modelling truly respectful behaviour and support for colleagues and trainees.'

'I don't want to address DBSH – I want the people responsible for that behaviour to stop.'

Recommendation 1: RANZCOG makes a public statement, apologising to members and trainees who have been affected by DBSH and committing to address DBSH by setting clear standards and implementing the AWG's recommendations.

Advocacy

DBSH is a sector-wide problem and constructive change demands a sector-wide response. RANZCOG should deepen its collaboration with employers, governments, agencies and other medical colleges to align efforts and maximise momentum to foster a culture of respect.

This work could extend to aligning the specialist medical colleges' codes of conduct, complaint policies and training accreditation standards.

Recommendation 2: RANZCOG presents survey results and the AWG report to all College Fellows, trainees and SIMGs – and particularly to O&G clinical directors and hospital Boards and chief executive officers – and seeks their advice on further actions to address DBSH.

Recommendation 3: RANZCOG advances system-wide culture change by strengthening relationships with employers, governments and their agencies, and deepening collaboration with medical colleges and other partners.

Equity and diversity

Power imbalances and structural inequality are significant factors in DBSH. The prevalence survey and our consultation showed that RANZCOG is yet to realise full participation in College training and activities, regardless of a person's gender, parenting status, cultural background or the country in which they completed their specialist training.

It is evident from survey comments that discrimination continues to create barriers for women in their training and progression to leadership positions. It is ironic that in the medical specialty encompassing obstetrics, stigma and negative attitudes towards trainees becoming pregnant appear to persist.

RANZCOG needs to call out all forms of discrimination, paying particular attention to the treatment of its Aboriginal and Torres Strait Islander and Māori members and trainees. The College must scrutinise its policies and processes to eradicate any structural barriers to full participation.

Cultural competence is a compulsory requirement of the FRANZCOG training program. RANZCOG should extend this to its Board, committee members and training supervisors.

On the basis that 'what gets measured, gets managed', the College should expand its data collection and publication on equity and diversity in all areas of RANZCOG activity. This would underpin efforts to increase the diversity of participation in College training and activities.

Recommendation 4: RANZCOG makes clear that gender, parental and pregnancy discrimination is unacceptable in O&G. RANZCOG aligns its policies and education offerings with the goal of ending these types of discrimination. RANZCOG removes any systemic barriers to full participation in College training and activities.

Recommendation 5: RANZCOG strengthens the College's actions to end cultural discrimination – paying particular attention to supporting overseas-trained doctors and people born in non-English-speaking countries – including reviewing and revising policies, education offerings, training programs and processes.

Recommendation 6: RANZCOG enforces a zero-tolerance approach to discrimination of Aboriginal and Torres Strait Islander and Māori members and trainees. RANZCOG actively promotes participation in College activities by these members and acts on recommendations from College committees representing Aboriginal and Torres Strait Islander and Māori members and trainees.

Recommendation 7: RANZCOG ensures College Board and committee members and training supervisors (not just trainees) are trained in cultural safety and competence.

Recommendation 8: RANZCOG expands its data collection on equity and diversity in all areas – including College committee representation, trainees, SIMGs and training supervisors – and identifies and acts on under-representation. RANZCOG incorporates equity, diversity and inclusion into its risk register to allow monitoring.

Recommendation 9: RANZCOG continues to increase gender and cultural diversity on its committees. RANZCOG strengthens representation from community members and those with other relevant skill sets on committees and on its Board, where appropriate, to provide a broader perspective on College matters.

Code of Conduct

While setting clear standards of behaviour involves specifying what is unacceptable, it is also important to outline 'what good likes like'. RANZCOG's Organisational Values Awards and Wellbeing Awards are two ways of promoting members' and trainees' contribution towards a positive work environment.

RANZCOG can communicate the positive obligation of professionalism in its Code of Conduct, in addition to specifying what behaviours are unacceptable and holding members to account against these standards.

Recommendation 10: RANZCOG amends its Code of Conduct to positively state the obligation of all health professionals to prevent and address DBSH as part of their professional responsibilities. RANZCOG strengthens DBSH provisions in the Code to ensure they apply to all professional responsibilities of O&G's, including in College roles.

Training and education

One of RANZCOG's most powerful levers is training site accreditation. We identified ways that RANZCOG can strengthen its accreditation standards to foster workplace leadership and respectful work environments. This will build on the work of the College Training Accreditation Committee to ensure safe training sites.

Many RANZCOG members work at non-training sites where RANZCOG's accreditation standards do not apply. It is important that RANZCOG also supports these members if they experience DBSH in their workplace.

Survey respondents nominated 'Education on DBSH issues, including identifying and managing behaviours' as the top way that RANZCOG could support them to be equipped to manage DBSH. RANZCOG should develop and deliver education on DBSH, including compulsory education where appropriate.

Training site accreditation

The AWG makes two recommendations to increase the accountability of training sites to provide a safe workplace for trainees.

Recommendation 11: RANZCOG strengthens the accreditation requirements for hospitals and O&G departments to demonstrate what they proactively do to create a safe and effective workplace free from DBSH and address DBSH when it arises.

Recommendation 12: As part of the accreditation cycle, RANZCOG requires training sites to provide evidence that they conduct annual 360-degree assessments of heads of department, clinical directors, training supervisors and consultants who train trainees, and take appropriate action on the results of the assessments.

'Trainees always have regular formal feedback from consultants but there is no opportunity for trainees to give feedback to their supervisors / consultants about what is working and what is not working.'

Training supervisors

Training supervisors are the backbone of RANZCOG's training program and have a central role in supporting trainees. Supervisors can advocate for trainees and facilitate early resolution of workplace issues.

It is a concern that RANZCOG does not offer supervisors training in how to support trainees experiencing DBSH, given that supervisors are often trainees' first port of call. RANZCOG should boost its support of supervisors by providing compulsory education about how supervisors can support trainees who experience or witness DBSH.

Trainees may also benefit from having someone outside the O&G specialty with whom they can raise issues of DBSH. Fellows from another specialty can provide an avenue to safely raise DBSH concerns. This is a positive feature of the Royal Australasian College of Medical Administrators preceptor model, which assigns a Fellow from another specialty to check in every three months with trainees, to discuss their progress and help resolve any difficulties they are experiencing. We encourage RANZCOG to adopt a similar model to support trainees.

Compulsory education

There appears to be patchy DBSH education provided to RANZCOG members and trainees. More than half of the 2021 survey respondents had not attended any training on DBSH in the previous five years. We are concerned that as a result, member awareness of what behaviour constitutes professional and unprofessional behaviour, including DBSH, may be limited. Increasing knowledge is an important first step towards changing behaviour. Longer term, supporting and enabling a culture in which providing constructive feedback about the impact of behaviour on others is normalised, will support those affected to speak up.

In the DBSH survey, several trainees and Fellows reported that giving and receiving performance feedback was challenging. This is one area where RANZCOG education to increase both knowledge and skills, could assist both educators and trainees.

When asked what they thought was needed to help prevent DBSH in their workplace, the top answer from survey respondents was 'greater leadership by executives, directors and/or supervisors'. We therefore recommend that DBSH training be compulsory for O&G workplace leaders: heads of department, clinical directors and training supervisors. This training should start with increasing knowledge and awareness of what constitutes professional behaviour and the link between unprofessional behaviour and increased risk to patient safety. This should later be extended to education and training that fosters a culture of feedback that normalises speaking up.

In the future, RANZCOG could extend this training to all RANZCOG Fellows. As the Trainees' Committee pointed out in their submission, training Fellows on calling out behaviour from their peers would prevent trainees from being placed in the invidious position of reporting DBSH by a more senior person.

Recommendation 13: RANZCOG mandates compulsory education for heads of department, clinical directors and training supervisors on recognising and addressing DBSH.

RANZCOG's DBSH training should include:

- articulating what is unacceptable behaviour and its impact on team performace and patient safety
- setting out what good behaviour looks like
- supporting professional behaviour in operating theatres, the most commonly reported DBSH location in the survey
- educating members about the difference between constructive criticism and bullying
- fostering and enabling a feedback culture, including support for members about what to do when they witness DBSH or someone reports it to them
- how to have difficult conversations with/give feedback to peers, juniors and seniors.

Recommendation 14: RANZCOG mandates that all Fellows complete the RANZCOG Operating with Respect online module as part of their Continuing Professional Development.

The Continuing Professional Development Committee could consider making the Annual Conversation compulsory for Australian Fellows, as it will be for Aotearoa New Zealand Fellows from 1 July 2022 in accordance with Medical Council of New Zealand CPD requirements. This would ensure that all Fellows have the opportunity to reflect on their practice. It may be beneficial to add prompting questions about respectful behaviour in the reflection section of the professional development plan and/or the annual conversation.

Optional education

We recognise that clinical seniority does not equate to management capability and consultants should be supported in their leadership journey. RANZCOG can develop workplace leadership capability in O&G by providing optional, in-depth training on leadership and management skills.

Recommendation 15: RANZCOG provides optional leadership training to Fellows in workplace leadership roles on managing teams, having difficult conversations, dealing with poor behaviour, coaching skills and upholding College values.

Complaint handling

DBSH is characterised by low reporting and resolution rates. RANZCOG can respond by promoting early intervention options, building partnerships with hospitals and increasing transparency in its complaint handling practices.

Low reporting and resolution rates

The DBSH member survey showed that countless instances of DBSH go unreported. Only two DBSH complaints were made to RANZCOG in a two-year period. This low rate of reporting indicates that there is work to do to ensure that rates of reporting reflect incidence rates. As well, increased reporting and data transparency is a strong driver of behaviour change and is encouraged.

RANZCOG's responsibility is to be clear about what is acceptable behaviour in line with its values and the expectations of the community that it serves. The AWG has submitted to the College Board proposed changes to the RANZCOG *Complaints Policy* that strongly reject DBSH and link standards of behaviour to its Code of Conduct and values.

Where behaviour does not meet agreed standards, RANZCOG must set out the ways that a complainant, a bystander or a senior person can address the behaviour. The College needs to clearly state the possible consequences, depending on which body deals with the complaint. RANZCOG should invest in staff roles that

support members and trainees to make a complaint, including advising about the appropriate channel (eg, workplace, regulator or College).

Recommendation 16: RANZCOG increases the visibility of appropriate channels for complaints by investing in a College role that advises members and trainees on their options, and supports them to pursue complaints if they so choose. RANZCOG focusses on equipping members and trainees with the skills and support to go through workplace processes first, when appropriate, with the College's processes as a back-up.

Recommendation 17: RANZCOG reviews and updates informal and formal complaint handling processes to align with a victim-centred approach.

Recommendation 18: RANZCOG offers support from outside the workplace, such as from mentors, to members and trainees affected by DBSH.

Early intervention

Early intervention can resolve DBSH promptly and effectively, nipping poor behaviour in the bud before it escalates or damages workplace culture. It can support behaviour change by requiring individuals to reflect on the impact of their conduct, regardless of whether harm was intended. Early intervention pathways may be less intimidating than formal complaint processes. (While the RANZCOG *Complaints Policy* allows for informal resolution, the act of complaining to RANZCOG is itself a formal step.)

'A practice of calling out the "little things" when they happen makes people stop and think and prevents them turning into bigger things.'

Many hospitals already use early intervention programs, with some allowing anonymity for the person experiencing the behaviour.

We note RACS' 'cup of coffee conversation' and other early intervention options:

- the Vanderbilt Model, which starts with informal interventions to change behaviour and promote professionalism. It escalates to a formal process if behaviour recurs
- the Cognitive Institute's Speaking up for safety program
- St Vincent's Health Australia's Ethos program
- raising the issue with a person outside the specialty (see 'Helping trainees raise issues safely' on page 12).

Such early interventions can adhere to the principles of natural justice while preventing victimisation of the person experiencing the behaviour.

Recommendation 19: RANZCOG advocates to O&G workplaces to offer early intervention pathways for DBSH, such as the Vanderbilt model.

Partnering with hospitals and regulators

As most DBSH complaints occur in O&G workplaces, it is vital that RANZCOG works more closely with hospitals to address poor behaviour. Research supports the view that DBSH complaints made promptly in the workplace and addressed without delay have better outcomes for complainants and future working relationships.[7]

We recognise that it is unlikely our recommendations will end workplace DBSH. This problem is shared across the health sector and RANZCOG will need to work with others to address it. RANZCOG cannot compel

[7] p.5 and p.82, Health and Disability Commissioner (2008). *Dr Roman Hasil and Whanganui District Health Board 2005–2006*, accessed 13 Feb 2022.

employers to undertake particular actions or to provide access to documents and records. Employers have the legal power to investigate, access records and impose sanctions and outcomes. Staff committing DBSH may not necessarily be members or trainees over whom RANZCOG has some control.

As an organisation with rights and responsibilities, however, RANZCOG must commit to supporting Fellows and members to make complaints in the workplace or with external government bodies, as appropriate. RANZCOG must accept its role in exploring neutral, informal resolution options within the College where appropriate, escalating DBSH complaints to employers and referring serious concerns about professional performance to the appropriate regulator.

Information sharing

The absence of a protocol between employers and RANZCOG for sharing information on substantiated DBSH complaints means that both parties may have incomplete oversight of these behaviours.

The RACS information sharing protocol is intended to assist in monitoring training and workplace environments and sets up a coordinated approach to tracking and managing breaches of its code of conduct. We recommend that RANZCOG adopts an information sharing protocol similar to RACS'. The protocol could make provision for the College to inform an employing hospital's Board and chief executive officer when a DBSH complaint about a College member is substantiated and vice versa.

Recommendation 20: RANZCOG strengthens links with and reporting to training sites and other hospitals. RANZCOG signs memoranda of understanding with hospitals, which affirm a joint commitment to dealing with DBSH, sharing information and collecting data on complaints. RANZCOG reflects these provisions in its accreditation standards for training sites.

RANZCOG collates data on the prevalence of DBSH by individual workplace so that interventions can occur when identified and appropriate.

Where a workplace or regulator shares information with RANZCOG on validated concerns or complaints, the RANZCOG Training Accreditation Committee considers whether the training site is safe. In serious cases, the College considers the withdrawal of accreditation until the site is demonstrably safe.

Where data or reports identify serious or repeated issues with particular College members, the College considers action under its Code of Conduct in relation to the member(s).

Recommendation 21: RANZCOG makes provision in its information sharing protocols for it to inform the employing hospital's Board and chief executive officer when a DBSH complaint about a College member is substantiated, and vice versa.

Increasing transparency

RANZCOG can increase the transparency of its complaint handling process. Publishing annual complaint statistics helps to ensure that colleges are accountable for their complaint handling performance.

Recommendation 22: RANZCOG increases transparency on the number and nature of complaints (informal and formal) and outcomes.

Monitoring and evaluation

RANZCOG can increase its monitoring of workplaces. The College should more actively collect data from workplaces to help identify where there are DBSH issues. We encourage RANZCOG to request de-identified complaint data from training sites as part of its accreditation process.

In future DBSH surveys, asking for the name of participants' employers may enable RANZCOG to systematically identify sites with cultural issues, rather than relying on vulnerable individuals to make a report. Publication of these reports can help drive cultural change.

We recommend that RANZCOG conduct an external review of its progress in tackling DBSH four years from the date of this report.

Recommendation 23: RANZCOG conducts a pulse survey every two years to measure the prevalence of DBSH and publishes the results.

- RANZCOG asks participants to voluntarily identify the health service where they work, to learn where poor behaviour exists.
- RANZCOG includes questions on leadership performance and capability, and health services' handling of complaints.

Recommendation 24: RANZCOG commissions an external review of the implementation of this report four years from the date of publication.

8. Recommendations at a glance

Area of action	Advisory Working Group recommendation
Culture, leadership and governance	1: RANZCOG makes a public statement, apologising to members and trainees who have been affected by DBSH and committing to address DBSH by setting clear standards and implementing the AWG's recommendations.
	2: RANZCOG presents survey results and the AWG report to all College Fellows, trainees and SIMGs, and particularly to O&G clinical directors, chief executive officers and Boards of hospitals, and seeks their advice on further actions to address DBSH.
	3: RANZCOG advances system-wide culture change by strengthening relationships with employers, governments and their agencies, and deepening collaboration with medical colleges and other partners.
	4: RANZCOG makes clear that gender, parental and pregnancy discrimination is unacceptable in O&G. RANZCOG aligns its policies and education offerings with the goal of ending these types of discrimination. RANZCOG removes any systemic barriers to full participation in College training and activities.
	5: RANZCOG strengthens the College's actions to end cultural discrimination – paying particular attention to supporting overseas-trained doctors and people born in non-English-speaking countries – including reviewing and revising policies, education offerings, training programs and processes.
	6: RANZCOG enforces a zero-tolerance approach to discrimination of Aboriginal and Torres Strait Islander and Māori members and trainees. RANZCOG actively promotes participation in College activities by these members and acts on recommendations from College committees representing Aboriginal and Torres Strait Islander and Māori members and trainees.
	7: RANZCOG ensures College Board and committee members and training supervisors (not just trainees) are trained in cultural safety and competence.
	8: RANZCOG expands its data collection on equity and diversity in all areas – including College committee representation, trainees, SIMGs and training supervisors – and identifies and acts on under-representation. RANZCOG incorporates equity, diversity and inclusion into its risk register to allow monitoring.

Culture, leadership and governance (cont.)	9: RANZCOG continues to increase gender and cultural diversity on its committees. RANZCOG strengthens representation from community members and those with other relevant skill sets on committees and on its Board, where appropriate, to provide a broader perspective on College matters.
	10: RANZCOG amends its Code of Conduct to positively state the obligation of all health professionals to prevent and address DBSH as part of their professional responsibilities. RANZCOG strengthens DBSH provisions in the Code to ensure they apply to all professional responsibilities of O&G's, including in College roles.
Training and education	11: RANZCOG strengthens the accreditation requirements for hospitals and O&G departments to demonstrate what they proactively do to create a safe and effective workplace free from DBSH and address DBSH when it arises.
	12: As part of the accreditation cycle, RANZCOG requires training sites to provide evidence that they conduct annual 360-degree assessments of heads of department, clinical directors, training supervisors and consultants who train trainees, and take appropriate action on the results of the assessments.
	13: RANZCOG mandates compulsory education for heads of department, clinical directors and training supervisors on recognising and addressing DBSH.
	14: RANZCOG mandates that all Fellows complete the RANZCOG Operating with Respect online module as part of their Continuing Professional Development.
	15: RANZCOG provides optional leadership training to Fellows in workplace leadership roles on managing teams, having difficult conversations, dealing with poor behaviour, coaching skills and upholding College values.
Complaint handling	16: RANZCOG increases the visibility of appropriate channels for complaints by investing in a College role that advises members and trainees on their options, and supports them to pursue complaints if they so choose. RANZCOG focusses on equipping members and trainees with the skills and support to go through workplace processes first, when appropriate, with the College's processes as a back-up.
	17: RANZCOG reviews and updates informal and formal complaint handling processes to align with a victim-centred approach.
	18: RANZCOG offers support from outside the workplace, such as from mentors, to members and trainees affected by DBSH.

Complaint handling (cont.)	19: RANZCOG advocates to employers to offer early intervention pathways for DBSH, such as the Vanderbilt model.
	20: RANZCOG strengthens links with and reporting to training sites and other hospitals. RANZCOG signs memoranda of understanding with hospitals, which affirm a joint commitment to dealing with DBSH, sharing information and collecting data on complaints. RANZCOG reflects these provisions in its accreditation standards for training sites. RANZCOG collates data on the prevalence of DBSH by individual workplace so that interventions can occur when identified and appropriate. Where a workplace or regulator shares information with RANZCOG on validated concerns or complaints, the RANZCOG Training Accreditation Committee considers whether the training site is safe. In serious cases, the College considers the withdrawal of accreditation until the site is demonstrably safe. Where data or reports identify serious or repeated issues with particular College members, the College considers action under its Code of Conduct in relation to the member(s).
	21: RANZCOG makes provision in its information sharing protocols for it to inform the employing hospital's Board and chief executive officer when a DBSH complaint about a College member is substantiated, and vice versa.
	22: RANZCOG increases transparency on the number and nature of complaints (informal and formal) and outcomes.
Monitoring and evaluation	23: RANZCOG conducts a pulse survey every two years to measure the prevalence of DBSH and publishes the results. • RANZCOG asks participants to voluntarily identify the health service where they work, to learn where poor behaviour exists. • RANZCOG includes questions on leadership performance and capability, and health services' handling of complaints.
	24: RANZCOG commissions an external review of the implementation of this report four years from the date of publication.

9. Appendices

Appendix 1: DBSH definitions

The following definitions were used in the 2021 RANZCOG member survey.

Discrimination

Discrimination means treating a person with an identified attribute or personal characteristic less favourably than a person who does not have the attribute or personal characteristic. Australian federal, New Zealand and State legislation outline a list of characteristics protected by law against which discrimination is unlawful.

For example:

- gender
- age
- religious belief
- political belief
- pregnancy
- breastfeeding
- disability
- impairment
- marital status
- family responsibilities
- sexual orientation
- cultural background.

Bullying

Bullying is unreasonable behaviour that creates a risk to health and safety. It is behaviour that is repeated over time or occurs as part of a pattern of behaviour. 'Unreasonable behaviour' is behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten the person to whom the behaviour is directed.

Sexual harassment

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated.

Sexual harassment may include, but is not limited to:

- leering
- displays of sexually suggestive pictures, videos, audio tapes, emails, blogs, books or objects
- sexual innuendo
- sexually explicit or offensive jokes
- graphic verbal commentaries about an individual's body
- sexually degrading words used to describe an individual
- pressure for sexual activity
- persistent requests for dates
- intrusive remarks, questions or insinuations about a person's sexual or private life
- unwelcome sexual flirtations, advances, or propositions
- unwelcome touching of an individual
- molestation or physical violence such as rape.

Harassment

Harassment is unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended. Harassment can be racial hatred and vilification, related to disability or victimisation of a person who has made a complaint. In the survey, the 'harassment' section asked about harassment other than sexual harassment.

Appendix 2: List of acronyms

AWG: Bullying, Harassment and Discrimination Advisory Working Group

BHD: Bullying, Harassment and Discrimination

CEO: Chief executive officer

CPD: Continuing Professional Development

DBSH: Discrimination, bullying, sexual harassment and harassment

FRANZCOG: Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

O&G: obstetrics and gynaecology

RANZCOG: Royal Australian and New Zealand College of Obstetricians and Gynaecologists

RACS: Royal Australasian College of Surgeons

SIMG: Specialist International Medical Graduate

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