



Fostering Respect
Action Plan 2022–26
Addressing Discrimination, Bullying,
Sexual Harassment and Harassment in O&G

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

RANZCOG
Version 1, August 2022

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This action plan addresses the recommendations of the independent Bullying, Harassment and Discrimination (BHD) Advisory Working Group. The group found several areas where we could act to help prevent mistreatment in O&G.

Statement from the President

Discrimination, bullying, sexual harassment and harassment (DBSH) are unacceptable behaviours, which can pose risks to employee and patient health and safety. They also transgress our [College values](#) of Kindness, Integrity and Respect.

In our 2021 member and trainee survey, 62% of respondents said that they had been subjected to DBSH in the workplace by a colleague during their career. Survey respondents shared close to 1,700 personal experiences of DBSH; it is impossible to read these stories and not feel compelled to act.

We agree with the BHD Advisory Working Group that, '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.'¹

The BHD Advisory Working Group made 24 recommendations to the RANZCOG Board to foster safer, more respectful O&G workplaces. When we published the working group's report in February 2022, the Board accepted the recommendations in full and published an apology to our members and trainees who have experienced DBSH.

Cultural change takes time and requires tenacity; we are in this for the long haul. As leaders, the Board and Council accepts the challenge of upholding a culture of inclusion and respect in O&G. We look forward to working with our members, trainees and other partners to foster work environments where we can all practise safely and provide the best care to our patients.

Dr Benjamin Bopp
President

Acknowledgements

RANZCOG thanks the Royal Australasian College of Surgeons (RACS) for permission to adapt its [action plan framework](#).

¹ p. 3, [Bullying, Harassment and Discrimination Advisory Working Group: Report to the RANZCOG Board](#), 2022.

Our commitment

RANZOG is committed to implementing the 24 recommendations of the BHD Advisory Working Group.

In line with the working group's recommendations, our actions are grouped into four areas:

1. Culture, leadership and governance
2. Training and education
3. Complaint handling
4. Monitoring and evaluation.

We will report annually on our progress [on our website](#).

In 2026, we will commission an external review of our implementation of the recommendations, which will also guide our actions beyond 2026.

You can [view the BHD Advisory Working Group's report on our website](#).

Our program of work

The RANZCOG CEO and Executive Leadership Team will implement the recommendations, working with College committees as needed. The RANZCOG Board will oversee this work.

We will implement the recommendations over the next four years; see our timelines in Appendix 1.

This is a living document, which we will refine and adapt as we learn what works best to prevent DBSH.



Culture, leadership and governance

Recommendations

In this area, the BHD Advisory Working Group recommended that we:

- set clear standards of behaviour
- collaborate with hospitals and other partners to enact system-wide cultural change
- take action to end cultural discrimination and racism
- foster equity, diversity and inclusion.

Our key actions

We will take the following actions to implement the BHD Advisory Working Group's recommendations.

Collaboration

- share DBSH survey results with accredited training hospitals

Equity and diversity

- collect more equity and diversity data and act on any identified under-representation
- review our policies and education offerings, removing any structural barriers to full participation

Cultural diversity

- consult and engage with College committees representing Aboriginal and Torres Strait Islander and Māori members and trainees
- consult and engage with culturally and linguistically diverse College members and ensure cultural diversity across RANZCOG
- develop a RANZCOG Diversity and Inclusion Policy
- train College Board members, Councillors, committee members and training supervisors in cultural safety and competence
- offer unconscious bias training to oral examiners, training supervisors, selection committee members and Specialist International Medical Graduate (SIMG) assessors

SIMG support

- review the SIMG training program and administration processes, taking on feedback from SIMGs
- review exam preparation support for SIMGs, especially candidates sitting oral exams and/or working in hospitals with no exam revision program
- offer targeted support to all SIMGs, such as mentoring
- review SIMG assessment processes

Time out of training

- Trainees' Committee to develop a proposal on further minimising the negative impacts of pregnancy on training progression
- review structural support for trainees returning to training from extended leave

Representation

- continue to promote gender and cultural diversity on our committees
- review committee composition to see where community or other representation would improve outcomes²

² We have a Consumer Network and we will increase consumer representation on our committees. Currently, when updating clinical guidelines, committees must consult our Consumer Network if there is no consumer representative on that committee.

Training and education

Recommendations

In this area, the BHD Advisory Working Group recommended that we:

- require training hospitals to conduct annual 360-degree assessments of O&G leaders and consultants as part of accreditation
- deliver compulsory education to O&G leaders and training supervisors on responding to DBSH
- require all Fellows to complete training on addressing DBSH in the operating theatre
- offer optional leadership training to Fellows in workplace leadership roles

Our key actions

We will take the following actions to implement the BHD Advisory Working Group's recommendations.

360-degree assessments

- add the 360-degree assessment requirement for training supervisors and clinical directors to our hospital accreditation standards
- recommend hospitals use 360-degree feedback as a tool when DBSH issues arise in the workplace

DBSH training

- create and deliver DBSH education, recognising equivalent education conducted by employers
- continue to offer RACS' Operating With Respect online module (or similar) to Fellows
- consider ways to encourage member participation in respectful communication, cultural safety training and reflective practice, such as via our CPD program

Leadership training

- research current offerings by other medical colleges and universities
- create a leadership training package and resources tailored to the O&G specialty



Complaint handling

Recommendations

In this area, the BHD Advisory Working Group recommended that we improve our complaint handling by:

- investing in a College role that advises members and trainees on the different complaint channels and supports them through the complaint process
- equipping members and trainees to go through workplace processes first (if appropriate) with the College's processes as a back-up
- changing our complaint handling processes to align with a victim-centred approach
- offering support from outside the workplace, such as from mentors, to members and trainees affected by DBSH.

The working group recommended that we work more closely with employers by:

- signing memoranda of understanding with hospitals, jointly committing to dealing with DBSH and sharing information on complaints
- advocating to employers to offer early intervention pathways, such as the Vanderbilt model
- informing the employing hospital's Board and CEO when a DBSH complaint about a College member is substantiated, and vice versa
- collating data on DBSH prevalence by individual workplace so that interventions can occur when appropriate.

The working group recommended that we act on substantiated DBSH complaints by:

- considering whether the site is safe for trainees when an employer or regulator shares information with us on validated concerns about a training site
- consider action under our Code of Conduct when data identifies serious or repeated issues with a particular College member or trainee.

Our key actions

We will take the following actions to implement the BHD Advisory Working Group's recommendations.

Complaint handling

- create a College role that advises members and trainees on complaint options.³
- appoint an independent reviewer for RANZCOG complaints
- recommend that the Professional Standards Committee reviews our complaint handling processes
- recommend that the Mentoring Working Group prioritises SIMGs and trainees for RANZCOG's new mentoring program

Partnering with employers

- create a memorandum of understanding and information sharing protocol for hospitals
- promote early intervention pathways through existing networks, including the NZ Clinical Directors Network and RANZCOG Wellbeing Advocates
- collate and analyse data on substantiated RANZCOG and employer complaints
- ask hospitals for relevant data from workplace surveys, such as the *People Matters* survey in Victoria
- review workplace data from 2023 pulse survey (see Recommendation 4.2)

³ This role can collaborate with equivalent staff in other colleges through our existing networks.

Monitoring and evaluation

In this area, the BHD Advisory Working Group recommended that we:

- increase transparency on the complaints we receive and the outcomes
- conduct a pulse survey every two years to measure the prevalence of DBSH and publish the results
 - ask participants to voluntarily identify the health service where they work, to learn where poor behaviour exists
 - include questions on leadership performance and capability
 - include questions on complaint handling by employers
- commission an external review of our implementation of the recommendations in 2026.

Our key actions

We will take the following actions to implement the BHD Advisory Working Group's recommendations:

- publish our complaint statistics in annual progress updates
- conduct pulse surveys in 2023 and 2025
- commission an external review in February 2026.



Appendix 1: BHD Advisory Working Group recommendations and RANZCOG actions

Culture, leadership and governance

No.	BHD Advisory Working Group recommendation	RANZCOG action	Complete by
1.1	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 Advisory Working Group's recommendations.	<p>RANZCOG released public statements on 28 Feb 2022, the date we published the BHD Advisory Working Group's report.</p> <p>Apology: Statement on Bullying, Harassment and Discrimination Advisory Working Group report</p> <p>Statement of commitment: RANZCOG to tackle bullying, harassment and discrimination</p>	Complete
1.2	RANZCOG presents survey results and the Advisory Working Group 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.	<p>Links to survey results and the working group report were emailed to all members, including Fellows, Diplomates, Trainees and SIMGs, on 28 Feb 2022.</p> <p>Write to hospitals and provide link to survey results and working group report.</p>	2022
1.3	RANZCOG advances system-wide culture change by strengthening relationships with employers, governments and their agencies, and deepening collaboration with medical colleges and other partners.	<p>For employers, see recommendations 1.2, 3.4, 3.5 and 3.6.</p> <p>Governments and agencies: 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.</p> <p>Medical colleges:</p> <ul style="list-style-type: none"> Contribute to the Australian Council of Presidents of Medical Colleges' joint project on DBSH, 'Improving workplace behaviour and trainee experience' Engage with the Council of Medical Colleges New Zealand/ Te Kaunihera o Ngā Kāreti Rata o Aotearoa. (<i>continued</i>) 	<p>Health minister meetings: ongoing</p> <p>Council of Presidents of Medical Colleges project: 2022</p> <p>Council of Medical Colleges engagement: start 2022</p> <p>Industrial relations advocacy: start 2023</p>

		Other partners: Seek meetings with Australian and New Zealand medical associations, and associations of salaried medical specialists about joint advocacy on industrial relations.	
1.4	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.	<p>The Trainees' Committee to develop a proposal on minimising the negative impacts of pregnancy on training progression.</p> <p>Review our policies.</p> <p>Review our education offerings – including Respectful Workplaces and Training Supervisor workshops – to ensure they promote full participation by all members.</p> <p>Review structural support for trainees returning to training from extended leave.</p> <p>Review <i>Clinical Training While Pregnant</i> guideline.</p>	<p>Impact of pregnancy on training progression: 2022</p> <p>Policy review: 2023</p> <p>Education offering review: 2023</p> <p>Returning from extended leave review: 2023</p> <p>Review Training While Pregnant guideline: 2022</p>
1.5	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.	<p>Review our policies.</p> <p>Review our education offerings. Include content on discrimination in our DBSH training (see recommendation 2.3).</p> <p>Review SIMG training program and administrative processes, taking into account feedback from SIMGs.</p> <p>Offer orientation sessions to new SIMGs: include information on Australian and Aotearoa New Zealand contexts and on DBSH.</p> <p>Review exam preparation support for partially comparable SIMGs, especially for candidates sitting oral exams and based in hospitals with no exam revision program.</p> <p>Offer unconscious bias training to oral examiners, training supervisors, selection committee members and Specialist International Medical Graduate (SIMG) assessors.</p> <p>Offer targeted support to all SIMGs, such as mentoring.</p> <p>Review assessment processes for SIMGs.</p>	<p>Policy review: 2023</p> <p>Education offering review: 2023</p> <p>SIMG training support and assessment review: 2025</p> <p>Unconscious bias training: 2025</p> <p>Mentoring: 2025</p>

<p>1.6</p>	<p>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.</p>	<p>Consult and engage with relevant committees on actions to address this recommendation, including training and education, complaint processes and Code of Conduct changes:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Women’s Health Committee • He Hono Wāhine • Te Kāhui Oranga o Nuku. <p>In our DBSH education (see recommendation 2.3), include content on discrimination against Aboriginal and Torres Strait Islander people and Māori.</p> <p>Review our online learning modules, including:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Women’s Health and Cultural Competency • Intercultural Competency • Mentoring. <p>Continue to promote the Māori/Indigenous Health Innovation cultural competence course, 'Application of the Hui Process and Meihana Model to RANZCOG' to all Fellows.</p> <p>Offer mentoring to Māori and Aboriginal and Torres Strait Islander trainees.</p> <p>Set up/continue networks for Aboriginal and Torres Strait Islander and Māori members and trainees.</p> <p>Encourage Māori trainees to participate in Te Ohu Rata O Aotearoa (TeORA) / Māori Medical Practitioners Association.</p> <p>Encourage Aboriginal and Torres Strait Islander trainees to attend Australian Indigenous Doctors’ Association events, and networking opportunities at our Annual Scientific Meetings. Explore opportunities to subsidise this through scholarships.</p>	<p>Act on committee recommendations: ongoing</p> <p>Educational content review: 2023</p> <p>Online module review: 2023</p> <p>Mentoring: 2025</p> <p>Events and networking: 2023-25</p>
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<p>1.7</p>	<p>RANZCOG ensures College Board and committee members and training supervisors (not just trainees) are trained in cultural safety and competence.</p>	<p>Update Board and Council charters to include the requirement for Board and Council members to complete training in cultural safety and competence.</p> <p>Require committee members and training supervisors to complete training in cultural safety and competence.</p> <p>Develop cultural safety training.</p> <p>Recognise equivalent training offered by our members' other employers (hospital, university, etc.).</p> <p>Fellows to earn CPD hours for completion.</p>	<p>Update charters: 2022</p> <p>Cultural safety and competency training: 2025</p>
<p>1.8</p>	<p>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.</p>	<p>Committee representation: act on recommendations of the Gender Equity and Diversity Working Group.</p> <p>Survey the Board, Council and committee members on cultural diversity. Extend this survey to our membership, to establish whether our leadership is representative of our membership. Act on any under-representation.</p> <p>Expand data collected on the following cohorts, including ethnicity data:</p> <ul style="list-style-type: none"> • committee members: gender data currently collected • FRANZCOG Trainees: gender and part-time data currently published in our Activities Report • SIMG Fellows: gender data currently published in our Activities Report • training supervisors: analyse current data collection to identify gaps. <p>Add equity, diversity and inclusion to risk register.</p> <p>Develop a RANZCOG Diversity and Inclusion Policy.</p>	<p>Act on committee recommendations: ongoing</p> <p>Survey Board, Council and committees: 2023</p> <p>Survey membership: 2024</p> <p>Review trainee, SIMG and training supervisor data: 2023</p> <p>Expand trainee, SIMG and training supervisor data collection: 2024</p> <p>Risk register additions: 2022</p> <p>Diversity and inclusion policy: 2023</p>

1.9	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.	Review committee composition to see where community or other representation would improve outcomes. Reference the cultural diversity data collection in Recommendation 1.8.	Review 1: 2023 Review 2: 2024, post member survey (see 1.8)
1.10	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&Gs, including in College roles.	Amend RANZCOG Code of Conduct.	2022

Training and education

2.1	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.	Amend FRANZCOG hospital accreditation standards and guidelines .	Q1 2023
2.2	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.	Add the 360-degree assessment requirement for training supervisors and clinical directors to our FRANZCOG hospital accreditation standards and guidelines . Recommend hospitals use 360-degree feedback as a tool when DBSH issues arise in the workplace.	Q1 2023

2.3	RANZCOG mandates compulsory education for heads of department, clinical directors and training supervisors on recognising and addressing DBSH.	<p>Create and deliver DBSH education, building on the existing Respectful Workplaces Workshop.</p> <p>Require:</p> <ul style="list-style-type: none"> • Board and Council members to complete DBSH education once every two years • training supervisors to complete DBSH education every three years <p>Consider ways to encourage member participation in respectful communication, cultural safety training and reflective practice, such as via our CPD program.</p>	Roll out DBSH education: 2023
2.4	RANZCOG requests that all Fellows complete the RACS Operating with Respect online module as part of their Continuing Professional Development.	<p>Continue to offer RACS' Operating With Respect online module to Fellows, supplemented by RANZCOG's own interactive case studies of O&G scenarios.</p> <p>Consider structuring the Professional Development Plan for Fellows to include a compulsory goal to complete the RACS Operating with Respect module or equivalent.</p>	2022
2.5	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.	<p>Research current offerings by other medical colleges and universities. Create a leadership training package and resources tailored to O&G.</p> <p>Link to RANZCOG mentoring project (see Recommendation 3.3).</p>	2025

Complaint handling

3.1	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.	<p>Create a College role that advises members and trainees on complaint options.</p> <p>Appoint an independent reviewer for RANZCOG complaints.</p>	2023
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3.2	RANZCOG reviews and updates informal and formal complaint handling processes to align with a victim-centred approach.	Professional Standards Committee to conduct this review.	2023
3.3	RANZCOG offers support from outside the workplace, such as from mentors, to members and trainees affected by DBSH.	Mentoring Working Group to prioritise SIMGs and trainees for RANZCOG's new mentoring program. Include dealing with DBSH in mentor induction program.	2025
3.4	RANZCOG advocates to employers to offer early intervention pathways for DBSH, such as the Vanderbilt model.	<p>Advocate for early intervention pathways in letter to hospitals in Recommendation 1.2.</p> <p>RANZCOG CEO and President to raise in meetings with hospital executives.</p> <p>Advocate to Health NZ / Hauora Aotearoa to adopt a national approach to DBSH and complaint management for all public hospitals in Aotearoa NZ.</p> <p>Promote via existing networks, such as the NZ Clinical Directors Network and RANZCOG Wellbeing Advocates.</p> <p>Recommend that a hospital adopt an early intervention pathway following an accreditation visit when indicated.</p>	<p>Hospital executive meetings: ongoing</p> <p>Other actions: 2022</p>

<p>3.5</p>	<p>RANZCOG strengthens links with and reporting to training sites and other hospitals.</p> <p>a) 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.</p> <p>b) RANZCOG collates data on the prevalence of DBSH by individual workplace so that interventions can occur when identified and appropriate.</p> <p>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.</p> <p>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).</p>	<p>Update hospital accreditation standards.</p> <p>Consult with RACS on their memoranda of understanding (MOU) and information sharing protocol.</p> <p>Collate data from substantiated RANZCOG complaints and employer complaints (see Recommendation 3.6).</p> <p>Ask hospitals for relevant data from workplace surveys, such as the <i>People Matters</i> survey in Victoria.</p> <p>Review workplace data in 2023 pulse survey (see Recommendation 4.2).</p> <p>Review Terms of Reference of Training Accreditation Committee and update if required.</p>	<p>Update accreditation standards: 2025</p> <p>Consult with RACS: 2022-23</p> <p>Draft MOU and protocol: 2023</p> <p>Start using MOU and protocol: 2024</p> <p>Collate data from RANZCOG complaints: 2022</p> <p>Collate data from hospital complaints: 2025</p> <p>Review pulse survey 1 data: 2023</p> <p>Review Training Accreditation Committee Terms of Reference: 2024</p>
<p>3.6</p>	<p>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.</p>	<p>Include this provision in our new information sharing protocol (see Recommendation 3.5).</p>	<p>See Recommendation 3.5</p>

Monitoring and evaluation

4.1	RANZCOG increases transparency on the number and nature of complaints (informal and formal) and outcomes.	Publish complaint statistics in annual progress updates, like RACS does (view RACS progress reports here).	From 2023
4.2	<p>RANZCOG conducts a pulse survey every two years to measure the prevalence of DBSH and publishes the results.</p> <ul style="list-style-type: none"> • 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. 	Conduct pulse surveys in 2023 and 2025.	<p>Survey 1: Q3 2023</p> <p>Survey 2: Q3 2025</p>
4.3	RANZCOG commissions an external review of the implementation of this report four years from the date of publication.	Commission an external review in February 2026.	2026

Appendix 2: List of acronyms

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

MOU: memorandum of understanding

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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