



Fostering Respect Action Plan 2022-25

# Progress report 2023

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  
July 2023

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This report details our progress implementing the recommendations of the Bullying, Harassment and Discrimination Advisory Working Group.

## Statement from the President

Almost one year has passed since the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) released its [Fostering Respect Action Plan](#) in August 2022. The purpose of the plan is to help build more respectful obstetric and gynaecology (O&G) workplaces, so our members, trainees and their colleagues can do their best work, free from bullying, harassment and discrimination.

It is well established that disrespectful behaviour and incivility erode team culture and can undermine the health and safety of both employees and patients. Such behaviour is also at odds with our [College values](#) of Kindness, Integrity and Respect.

The 76 actions of our four-year plan spring from the [recommendations of the independent Bullying, Harassment and Discrimination \(BHD\) Advisory Working Group](#), who examined what RANZCOG could do to foster safer, more respectful workplaces. In this, our first update, we share our progress on actions due for completion in 2022 and 2023.

In our first year, we achieved some meaningful goals. We reviewed and updated our complaint handling practices to align with a victim-centred approach. We appointed an [Independent External Reviewer](#), who has the power to examine how we handle complaints and where we can improve. We have also introduced compulsory education on recognising and responding to bullying, harassment and discrimination.

Changing culture is hard work: there is no quick fix, progress is not always linear and setbacks are common. Nevertheless, it is important to acknowledge each action we complete, each increment of progress, and see it feeding into a larger effort by hospital leaders, ministers and health departments, other medical colleges and healthcare workers to reimagine the culture of medicine.

We have the opportunity to create O&G workplaces where diversity is valued, where people can speak up without fear, and where our patients enjoy the benefits of true collaboration. As the Board and I prepare to hand over to the next President and Board in November 2023, be assured that the College's vigour and commitment to realise these worthy goals will continue.

**Dr Benjamin Bopp**

President

## Acknowledgements

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

## Progress snapshot

RANZOG is committed to implementing the recommendations of the BHD Advisory Working Group by 2025.

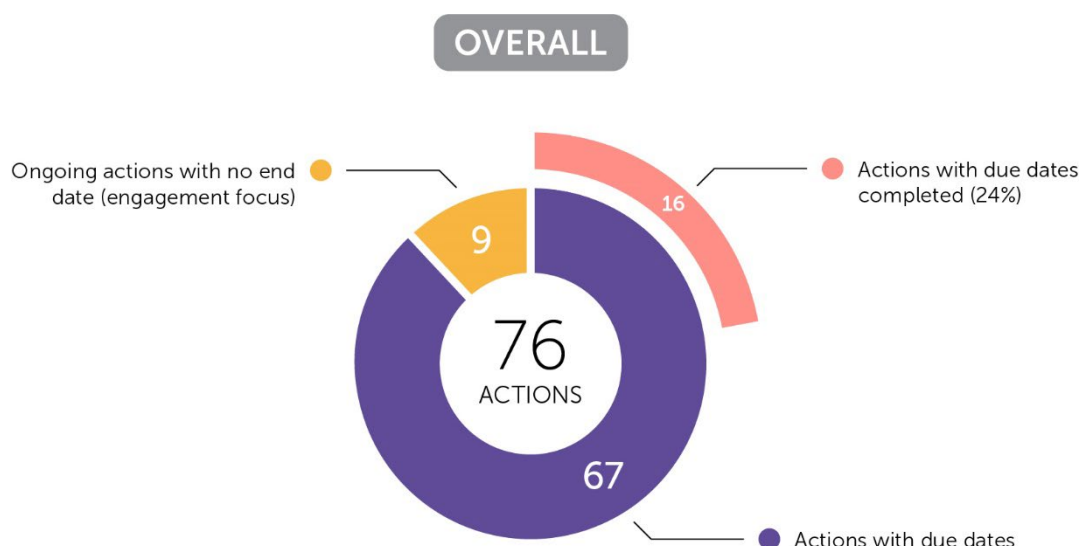
In line with the [working group's recommendations](#), our 76 actions are grouped into four areas:

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

This document details the College's progress on:

- the 39 actions due for completion in 2022 or 2023
- the nine ongoing actions (i.e. no end date), which focus on stakeholder engagement.

The status of overdue actions is explained in the following sections. See Appendix 1 for all 76 actions and their due dates.



### 2022

15 actions were due for completion by 31 Dec 2022



### 2023

24 actions due for completion by 31 Dec 2023



## Culture, leadership and governance

This is the largest section of the action plan, containing 48 (63%) of the 76 actions. Our focus for the first year of the action plan included:

- setting standards of behaviour
- collaborating with hospitals and other partners
- taking action to end cultural discrimination and racism
- fostering equity, diversity and inclusion.

Please see highlights of our progress below.

### Committing to change

- The RANZCOG Board and Chief Executive Officer (CEO) released an [apology and statement of commitment](#) on 28 Feb 2022, the date the College published BHD Advisory Working Group's report (action 1.1).
- On the same day, we emailed links to the 2021 Discrimination, Bullying, Sexual Harassment and Harassment (DBSH) survey results and the BHD Advisory Working Group report to members, including Fellows, Diplomates, Trainees and Specialist International Medical Graduates (SIMGs) (1.2.a).
- The President wrote to Board Chairs and CEOs of training hospitals, providing the 2021 DBSH survey results and working group report, and inviting collaboration to improve workplace culture (1.2.b).

### Collaboration

- In Australia, as part of a schedule of visits, the College CEO and President (or other Board members) meet with hospital executives and also separately with trainees when possible. Many trainees have raised issues at these meetings, which the College has acted on.
- To date, the College has met with nine Australian training site hospital executive groups to discuss the Fostering Respect Action Plan and any associated issues. The College has also met with almost all state and territory health ministers to discuss its work on BHD and trainee leave entitlements.
- In May 2023, the College wrote to all Australian state and territory health ministers asking them to designate a person in their office (for example, the chief medical officer) who the College could contact directly about training matters so that any issues can be quickly resolved.
- RANZCOG is also introducing a schedule of hospital visits in Aotearoa New Zealand. Five hospital visits are scheduled for 2023.
- Te Kāhui Oranga ō Nuku Executive met with the NZ Association of Salaried Medical Specialists' CEO in 2023 to discuss workforce issues (1.3.e). BHD has also been raised with the Minister of Health and in a number of meetings with Te Whatu Ora.
- RANZCOG and the Australian College of Midwives issued a [joint statement on DBSH](#) in September 2022, setting the standard of behaviour of 'personally modelling respect, calling out unacceptable behaviour and valuing the specialised knowledge and skills each person brings to our work'.

### Equity and diversity

- We conducted a survey of our members on gendered language in May 2023. Data is currently being collated and analysed. This is part of our [Gendered Language Project](#), which aims to support gender-inclusive care for all O&G patients (1.8.a, 1.8.b).
- In 2023, the College advocated to Australian State and Territory health ministers to make trainee leave entitlements transferable between all hospitals and other training sites (public and private). RANZCOG argues that allowing trainees to transfer leave between public hospitals and removing

qualifying periods for parental leave will contribute to a safer work environment, gender equity, improved patient safety, and alleviating workforce burnout. The College also encouraged governments to consider allowing for continuity of parental leave between training sites.

### *Cultural safety*

- The College is developing a Cultural Safety Statement of Intent, which will set out our position on cultural safety across our curriculum and professional standards (1.6.a).
- We have purchased licences for the Australian Indigenous Doctors' Association (AIDA) online cultural safety program, which we are piloting with first- and second-year Australian trainees. (1.6.d)
- We have updated our charters to require RANZCOG Board and Council members to complete cultural safety and competence training (1.7.a).
- This training will also be **compulsory** for RANZCOG committee Chairs, and **optional** for other committee members. We acknowledge that this is a reduction in scope from the original recommendation to 'require all committee members' to complete training in cultural safety and competence' (recommendation 1.7).
  - We have chosen to limit the compulsory requirement to Chairs because, with our current resources, it is too big a leap to mandate and track attendance for all members of RANZCOG's 76 committees and working groups. We will continue to modify the CPD portal to track participation for all members.
- We continue to promote the Māori/Indigenous Health Innovation cultural competence course, 'Application of the Hui Process and Meihana Model to RANZCOG' to all Fellows (1.6.e).
  - The NZ Training Accreditation Committee has made this course compulsory for NZ training supervisors.

### *Supporting our First Nations workforce*

- In 2022, the College set up the RANZCOG Indigenous Network Group to facilitate a safe and informal space for our Indigenous Fellows, trainees and Diplomates to discuss issues they face.
- We signed a [Memorandum of Understanding with AIDA](#) in February 2023, where we committed to:
  - facilitating mentoring relationships
  - promoting and exchanging knowledge in Aboriginal and Torres Strait Islander women's health
  - organising joint workshops and conferences (1.6.h, 1.6.j).
- The Aboriginal and Torres Strait Islander Women's Health Committee is invited to participate in external consultations and endorsements on behalf of the College on matters relating to First Nations people's health (1.6.a).

### *Representation*

- We have added 'equity, diversity and inclusion' to our risk register, to enable monitoring and underpin efforts to increase the diversity of participation in our activities (1.8.h).
- The College now has a Diversity and Inclusion Policy and position statement (1.8.i).
- We have created a policy to address reasonable adjustments that we can offer to trainees to replace the special consideration process (1.4.f). This contributes to RANZCOG's goal to remove any systemic barriers to full participation in our training programs.

## Overdue actions

The following actions were due for completion at the end of 2022 and are now overdue.

- ‘Contribute to the Australian Council of Presidents of Medical Colleges’ project, “Improving Workplace Behaviour and Trainee Experience” (1.3): this project did not receive Commonwealth Government funding and was replaced with a new project, ‘A Better Culture’. The council has agreed on the project purpose and outcome and appointed a Chair of the Advisory Board. The next step will be to fill the other Board positions.
- ‘Trainees’ Committee to develop a proposal on minimising the negative impacts of pregnancy on training progression’ (1.4.a): the proposal was discussed at the Training Accreditation Committee, Education Standards Committee and Board meetings in March 2023, and further work is in progress.
- The Trainees’ Committee proposal will inform the Training Accreditation Committee’s review of the *Clinical Training while Pregnant Guideline*, which was due in 2022 (1.4.e).
- ‘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’ (1.10): the current code is valid until September 2023; it will be updated later this year.



## Training and education

This section of the plan focuses on:

- expanding our DBSH education offerings
- building critical education into our Continuing Professional Development (CPD) Framework
- developing a leadership training package for members in workplace leadership roles.

Please see our progress on individuals actions below.

### Education

The BHD Advisory Working Group recommended that RANZCOG mandate compulsory DBSH education for heads of department, clinical directors and training supervisors. Given the difficulty of administering the non-College roles of clinical director and head of department, we have reduced the scope of this action to:

- RANZCOG Board and Council members – required to complete DBSH education every two years
- training supervisors – required to complete DBSH education every three years (action 2.3.a).

### CPD requirements

- In considering ways to encourage participation in respectful communication, cultural safety training and reflective practice, we have built these topics into our CPD program.
- In 2022, RANZCOG added 'Bullying, discrimination and sexual harassment training programs' to the eligible educational activities of its [CPD Framework](#). These include:
  - RACS' Operate with Respect eLearning module
  - RANZCOG's Respectful Workplaces training program
  - employer training, such as Speaking up for Safety and Respect at Work programs (2.3.b).
- We have structured the Professional Development Plan for Fellows to include a compulsory goal to complete the RACS Operating with Respect module (or equivalent). From 1 Jan 2024, Fellows will be required to complete this module once every two years (2.4.b).

### Leadership training

- We have partnered with the Royal Australasian College of Medical Administrators (RACMA) to develop a leadership program (2.5).
  - RANZCOG and RACMA have established a working party to contextualise the program to suit early- and mid-career O&G specialists in rural and remote areas.
  - The program will cover culture, governance and workforce management.
  - A program co-ordinator has been recruited to manage the rollout of the program in October 2023 for around 60 Fellows.

### Overdue actions

- 'Supplement RACS' Operating With Respect online module with our own interactive case studies of O&G scenarios' (2.4.a): while this action was due for completion in 2022, we have experienced delays filming the case studies due to feedback education taking priority, to support the RANZCOG Supervisor Training Program and roll out of the new Mini-CEX work-based assessment tool.



## Complaint handling

The focus of actions in the first year of the plan included:

- improving our complaint handling processes
- advocating to employers to offer early intervention pathways for DBSH
- increasing data sharing on DBSH with employers.

Please see our progress on individuals actions below.

### Complaint handling

- The College appointed an [Independent External Reviewer](#) for RANZCOG complaints (action 3.1.b).
- RANZCOG reviewed and updated complaint handling processes to align with a victim-centred approach (3.2). [Read our updated complaint policy and guideline.](#)
- The Independent External Reviewer is conducting a comprehensive assessment of the complaints framework to ensure it complies with relevant standards and best practices.

### Advocacy

- We are advocating to Te Whatu Ora to adopt a national approach to DBSH and complaint management for all public hospitals in Aotearoa New Zealand (3.4.c).
- We have also promoted early intervention pathways for DBSH via our existing networks, such as the NZ Clinical Directors Network (3.4.d).
- The RANZCOG President advocated for early intervention approaches when he shared our 2021 DBSH survey results with Board Chairs and CEOs of training hospitals (3.4.a).
- The CEO and President routinely raise early intervention in meetings with hospital executives (3.4.b).
- Our Accreditation Steering Group can now recommend that a hospital adopt an early intervention pathway following an accreditation visit, when indicated (3.4.f).

### Partnering with employers

- We have started work on a protocol for sharing information with and collecting complaint data from hospitals. This will enable and support early intervention to resolve emerging issues. Our work has included engaging with RACS, which has lead the way in this area (3.5.a).

### Mentoring

- In March 2023, we started a 12-month [pilot mentoring program](#) for a small cohort of Advanced Trainees, New Fellows and Fellows (3.3). The program is developing well, with 77 participants enrolled.

### Overdue actions

- ‘Promote early intervention pathways for DBSH via existing Australian networks, such as the RANZCOG Wellbeing Advocates’ (3.4.e): this action was due for completion in 2022, but was delayed by the cancelled December 2022 Wellbeing Advocates meeting. We expect to complete this action at the next meeting in July 2023.

## Monitoring and evaluation

The College's actions in this section aim to:

- increase transparency of the complaints we receive and the outcomes
- measure the prevalence of DBSH in O&G workplaces through regular surveys.

Please see highlights of our progress below.

### Transparency

We have committed to publishing complaint statistics annually, starting in 2023 (action 4.1).

- Under the [Independent External Reviewer Policy](#), the newly appointed Independent External Reviewer is responsible for writing these deidentified annual reports, including the number and nature of complaints (formal and informal) and the outcomes. These reports will be publicly available.

### Workplace monitoring

We are conducting surveys every two years to measure the prevalence of DBSH in O&G workplaces (4.2).

- With the most recent survey undertaken in 2021, our independent contractors are currently building our 2023 survey. The survey will ask members and trainees about their workplace experiences in the last two years. This data will allow us to see if there has been any change in prevalence since 2021.
- The latest survey includes new questions, as recommended by the BHD Advisory Working Group:
  - asking participants to voluntarily identify the health service where they work, to learn where poor behaviour exists
  - questions on health services' leadership performance and capability, and complaint handling.
- The survey will run from August to September 2023; we will publish deidentified results on our website.



## Appendix 1: BHD Advisory Working Group recommendations and RANZCOG actions

### Culture, leadership and governance

Recommendation	Action no.	Action	Complete by	Status
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.	1.1	RANZCOG released an apology and statement of commitment on 28 Feb 2022, the date the BHD Advisory Working Group's report was published.	2022	Complete
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.	1.2.a	Links to survey results and the working group report were emailed to all members, including Fellows, Diplomates, Trainees and SIMGs, on 28 Feb 2022.	2022	Complete
	1.2.b	Write to hospitals and provide link to survey results and working group report.	2022	Complete
RANZCOG advances system-wide culture change by strengthening relationships with employers, governments and their agencies, and deepening collaboration with medical colleges and other partners.		Employers: see actions 1.2.b, 3.4.a-f, 3.5.a-e and 3.6.a	n/a	
	1.3.a	Governments and agencies: RANZCOG meets regularly with Aotearoa New Zealand health ministers and departments. 'Wellbeing for trainees' is a standing item in these meetings.	Ongoing	Ongoing
	1.3.b	Governments and agencies: RANZCOG meets regularly with Australian Commonwealth and State health ministers and departments. 'Wellbeing for trainees' is a standing item in these meetings.	Ongoing	Ongoing

Recommendation	Action no.	Action	Complete by	Status
<p>(cont.) 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>	1.3.c	Medical colleges: Contribute to the Australian Council of Presidents of Medical Colleges' joint project on BHD, 'Improving Workplace Behaviour and Trainee Experience' [now the RACMA-led project, 'A Better Culture']	2022	Delayed
	1.3.d	Medical colleges: Engage with the Council of Medical Colleges New Zealand / Te Kaunihera o Ngā Kāreti Rata o Aotearoa	Ongoing	Ongoing
	1.3.e	Other partners: Seek meetings with Aotearoa New Zealand [medical associations] and association of salaried medical specialists about joint advocacy on industrial relations.	2023	On track
	1.3.f	Other partners: Seek meetings with Australian medical associations and associations of salaried medical specialists about joint advocacy on industrial relations.	2023	On track
<p>RANZCOG makes clear that gender, parental and pregnancy discrimination is unacceptable in O&amp;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>	1.4.a	Trainees' Committee to develop a proposal on minimising the negative impacts of pregnancy on training progression.	2022	Delayed
	1.4.b	Review our policies	2023	On track
	1.4.c	Review our education offerings – including Respectful Workplaces and Training Supervisor workshops – to ensure they promote full participation by all members.	2023	On track

Recommendation	Action no.	Action	Complete by	Status
<p>(cont.) RANZCOG makes clear that gender, parental and pregnancy discrimination is unacceptable in O&amp;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>	1.4.d	Review structural support for trainees returning to training from extended leave.	2023	On track
	1.4.e	Review Clinical Training While Pregnant guideline.	2022	Delayed
	1.4.f	Draft policy to address reasonable adjustments offered by RANZCOG to trainees to replace the Special Consideration process.	2023	Complete
<p>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>	1.5.a	Review our policies	2023	On track
	1.5.b	Review our education offerings. Include content on discrimination in our DBSH training (see action 2.3.a)	2023	On track
	1.5.c	Review SIMG training program and administrative processes, taking into account feedback from SIMGs.	2025	Not started
	1.5.d	Offer orientation sessions to new SIMGs: include information on Australian and Aotearoa New Zealand contexts and on DBSH.	2025	Not started

Recommendation	Action no.	Action	Complete by	Status
<p>(cont.) 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>	1.5.e	Review exam preparation support for partially comparable SIMGs, especially for candidates sitting oral exams and based in hospitals with no exam revision program.	2025	Not started
	1.5.f	Offer unconscious bias training to oral examiners, training supervisors, selection committee members and Specialist International Medical Graduate (SIMG) assessors.	2025	Not started
	1.5.g	Offer targeted support to all SIMGs, such as mentoring.	2025	Not started
	1.5.h	Review assessment processes for SIMGs.	2025	Not started
<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>	1.6.a	Consult and engage with the Aboriginal and Torres Strait Islander Women’s Health Committee on actions to address this recommendation, including training and education, complaint processes and Code of Conduct changes.	Ongoing	Ongoing
	1.6.b	Consult and engage with He Hono Wāhine and Te Kāhui Oranga ō Nuku on actions to address this recommendation, including training and education, complaint processes and Code of Conduct changes.	Ongoing	Ongoing

Recommendation	Action no.	Action	Complete by	Status
<p><i>(cont.)</i> RANZCOG enforces a zero-tolerance approach to discrimination of Aboriginal and Torres Strait Islander and Māori members and trainees.</p> <p>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>	1.6.c	In our DBSH education (see action 2.3.a), include content on discrimination against Aboriginal and Torres Strait Islander people and Māori.	2023	On track
	1.6.d	Review our online learning modules, including: <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Women's Health and Cultural Competency</li> <li>• Intercultural Competency</li> <li>• Mentoring.</li> </ul>	2023	In progress: likely completion 2024
	1.6.e	Continue to promote the Māori/Indigenous Health Innovation cultural competence course, 'Application of the Hui Process and Meihana Model to RANZCOG' to all Fellows.	Ongoing	Ongoing
	1.6.f	Offer mentoring to Māori and Aboriginal and Torres Strait Islander trainees.	2025	Started
	1.6.g	Set up/continue networks for Māori members and trainees.	2025	In progress
	1.6.h	Set up/continue networks for Aboriginal and Torres Strait Islander members and trainees.	2025	In progress
	1.6.i	Encourage Māori trainees to participate in Te Ohu Rata O Aotearoa (TeORA) / Māori Medical Practitioners Association.	2025	In progress
	1.6.j	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.	2025	In progress

Recommendation	Action no.	Action	Complete by	Status
<p>RANZCOG ensures College Board and committee members and training supervisors (not just trainees) are trained in cultural safety and competence.</p>	1.7.a	<p>Update Board and Council charters to include the requirement for Board and Council members to complete training in cultural safety and competence. Require committee members to complete training in cultural safety and competence.</p>	2022	Complete (required for committee Chairs; optional for other committee members)
	1.7.b	<p>Require training supervisors to complete training in cultural safety and competence.</p>	2025	Not started
	1.7.c	<p>Develop cultural safety training. Fellows to earn CPD hours for completion. Recognise equivalent training offered by our members' other employers (hospital, university, etc.).</p>	2025	In progress
<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>	1.8.a	<p>Committee representation: act on recommendations of the Gender Equity and Diversity Working Group.</p>	Ongoing	Ongoing
	1.8.b	<p>Survey the Board, Council and committee members on cultural diversity.</p>	2023	On track
	1.8.c	<p>Extend cultural diversity survey to our membership, to establish whether our leadership is representative of our membership. Act on any under-representation.</p>	2024	Not started
	1.8.d	<p>Expand data collected on Committee members, including ethnicity data (gender data currently collected)</p>	2024	On track



Recommendation	Action no.	Action	Complete by	Status
<p>(cont.) 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>	1.8.e	Expand data collected on FRANZCOG Trainees, including ethnicity data (gender and part-time data currently published in Activities Report)	2024	Not started
	1.8.f	Expand data collected on SIMG Fellows, including ethnicity data (gender data currently published in Activities Report)	2024	Not started
	1.8.g	Expand data collected on Training Supervisors, including ethnicity data. Analyse current data collection to identify gaps.	2024	Not started
	1.8.h	Add equity, diversity and inclusion to risk register	2022	Complete
	1.8.i	Develop a RANZCOG Diversity and Inclusion Policy	2023	Complete
<p>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.</p>	1.9	Review committee composition to see where community or other representation would improve outcomes. Reference the cultural diversity data collection in actions 1.8.a-g.	2024	Not started
<p>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&amp;Gs, including in College roles.</p>	1.10	Amend Code of Conduct	2022	Delayed

## Training and education

Recommendation	Action no.	Action	Complete by	Status
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.	2.1	Amend FRANZCOG hospital accreditation standards and guidelines.	2023	On track
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.	2.2.a	Add the 360-degree assessment requirement for training supervisors and clinical directors to our FRANZCOG hospital accreditation standards and guidelines.	2023	On track
	2.2.b	Recommend hospitals use 360-degree feedback as a tool when DBSH issues arise in the workplace.	2023	On track
RANZCOG mandates compulsory education for heads of department, clinical directors and training supervisors on recognising and addressing DBSH.	2.3.a	Create and deliver DBSH education, building on the existing Respectful Workplaces Workshop. Require: <ul style="list-style-type: none"> <li>• Board and Council members to complete DBSH education once every two years</li> <li>• training supervisors to complete DBSH education every three years</li> </ul>	2023	Complete

Recommendation	Action no.	Action	Complete by	Status
<i>(cont.)</i> RANZCOG mandates compulsory education for heads of department, clinical directors and training supervisors on recognising and addressing DBSH.	2.3.b	Consider ways to encourage participation in respectful communication, cultural safety training and reflective practice, such as via our CPD program.	2023	Complete
RANZCOG requests that all Fellows complete the RACS Operating with Respect online module as part of their Continuing Professional Development.	2.4.a	Continue to offer RACS' Operating With Respect online module to Fellows, supplemented by RANZCOG's own interactive case studies of O&G scenarios.	2022	Delayed
	2.4.b	Consider structuring the Professional Development Plan for Fellows to include a compulsory goal to complete the RACS Operating with Respect module or equivalent.	2022	Complete
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.	2.5	Research current offerings by other medical colleges and universities. Create a leadership training package and resources tailored to O&G. Link to RANZCOG mentoring project (see Recommendation 3.3).	2025	Started

## Complaint handling

Recommendation	Action no.	Action	Complete by	Status
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.	3.1.a	Create a College role that advises members and trainees on complaint options.	2023	On track
	3.1.b	Appoint an independent reviewer for RANZCOG complaints	2023	Complete
RANZCOG reviews and updates informal and formal complaint handling processes to align with a victim-centred approach.	3.2	Professional Standards Committee to conduct this review.	2023	Complete
RANZCOG offers support from outside the workplace, such as from mentors, to members and trainees affected by DBSH.	3.3.a	Mentoring Working Group to prioritise SIMGs and trainees for RANZCOG's new mentoring program	2025	Not started
	3.3.b	Include dealing with DBSH in mentor induction program.	2025	Not started
RANZCOG advocates to employers to offer early intervention pathways for DBSH, such as the Vanderbilt model.	3.4.a	Advocate for early intervention pathways in letter to hospitals in Recommendation 1.2	2022	Complete
	3.4.b	RANZCOG CEO and President to raise early intervention in meetings with hospital executives.	Ongoing	Ongoing
	3.4.c	Advocate to Te Whatu Ora to adopt a national approach to DBSH and complaint management for all public hospitals in Aotearoa NZ.	Ongoing	Ongoing

Recommendation	Action no.	Action	Complete by	Status
<i>(cont.)</i> RANZCOG advocates to employers to offer early intervention pathways for DBSH, such as the Vanderbilt model.	3.4.d	NZ - Promote via existing networks, such as the NZ Clinical Directors Network.	2022	Complete
	3.4.e	Australia - promote via existing networks, such as the RANZCOG Wellbeing Advocates	2022	Complete
	3.4.f	Recommend that a hospital adopt an early intervention pathway following an accreditation visit when indicated.	2022	Complete
RANZCOG strengthens links with and reporting to training sites and other hospitals. RANZCOG signs memoranda of understanding (MoU) 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.	3.5.a	Consult with RACS on their memoranda of understanding and information sharing protocol.	2023	Started
	3.5.b	Roll out MoU and information sharing protocol	2024	Not started
	3.5.c	Update hospital accreditation standards.	2025	Not started

Recommendation	Action no.	Action	Complete by	Status
<p>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.</p>	3.5.d	Collate data from substantiated RANZCOG complaints and employer complaints (see Recommendation 3.6).	2025	Not started
	3.5.e	Ask hospitals for relevant data from workplace surveys, such as the People Matters survey in Victoria.	2025	Not started
	3.5.f	Review workplace data in 2023 pulse survey (see Recommendation 4.2).	2023	On track
	3.5.g	Review Terms of Reference of Training Accreditation Committee and update if required.	2024	Not started
<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>	3.6.a	Include this provision in our new information sharing protocol (see Recommendation 3.5 and action 3.5.b)	2024	Not started

## Monitoring and evaluation

Recommendation	Action no.	Action	Complete by	Status
RANZCOG increases transparency on the number and nature of complaints (informal and formal) and outcomes.	4.1	Publish complaint statistics in annual progress updates, like RACS does.	2023	On track
RANZCOG conducts a pulse survey every two years to measure the prevalence of DBSH and publishes the results. <ul style="list-style-type: none"> <li>· RANZCOG asks participants to voluntarily identify the health service where they work, to learn where poor behaviour exists.</li> <li>· RANZCOG includes questions on leadership performance and capability, and health services' handling of complaints.</li> </ul>	4.2	Conduct pulse surveys in 2023 and 2025.	2023	On track
RANZCOG commissions an external review of the implementation of this report four years from the date of publication.	4.3	Commission an external review in February 2026.	2026	Not started

## Appendix 2: List of acronyms

AIDA: Australian Indigenous Doctors' Association

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

RACMA: Royal Australasian College of Medical Administrators

RACS: Royal Australasian College of Surgeons

SIMG: Specialist International Medical Graduate







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