



Royal Australasian

**College of Surgeons**

*Let's operate with respect*

Building Respect,  
Improving Patient Safety

**2022  
Progress  
Report**



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**College of Surgeons**

*Let's operate with respect*

**Further information**

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Committed to Indigenous health

*Service | Integrity | Respect | Compassion | Collaboration*

## Message from the President and Vice President

There is now a groundswell of effort supporting cultural change across the health sector in Australia and Aotearoa New Zealand, and recognition of the tight link between respect and safer patient care. We are proud that our work to build a culture of respect in surgery is leading the medical profession and part of the necessary, wider efforts being made to foster cultural reform.

RACS' commitment to our important program of work continues, in collaboration with speciality societies and surgical training boards. Beyond the work we do together, we know that cross sectoral collaboration across the health sector is key to effective and sustained cultural change.

This Progress Report spans the work we have done since 2020 to build a culture of respect in surgery.

Our primary focus in 2021 was on the five-year evaluation of our work to date and the subsequent formation of a reconfigured independent Expert Advisory Group (EAG). We set up the EAG to review the progress made by the College community since 2015 to build respect and improve patient safety in surgery, and to advise on a framework for future action.

In 2022, we developed a comprehensive Building Respect Action Plan that responds to the challenges set by the EAG and will guide the next chapter of our effort.

The EAG noted that RACS and the wider surgical community has stepped up to meet many challenges. It recognised that cultural change takes a concerted and sustained effort, was not surprised that there is still work to be done and noted that other professions have faced or are facing moments of reckoning, as communities speak up about what they will no longer tolerate.

*“Over six years, RACS has worked hard to ensure that awareness in the profession is high. The College must now keep pace with community standards and expectations and keep striving to effect real change.”*

We are pleased to present this 2022 Progress Report to the College community.

Other comprehensive reports published in recent years add depth and offer additional perspectives on our effort, progress and effectiveness in building respect in surgery:

- [Phase 2 Evaluation Building Respect Improving Patient Safety, 2021](#)
- [Building Respect, Improving Patient Safety: From Awareness to Action, 2022](#)



**Associate Professor Kerin Fielding**  
President



**Professor Owen Ung**  
Vice President

*Now is the time for action. Six years has built awareness and understanding of the need to operate with respect. We are now looking for actions to foster professional behaviour that keep teams performing at their best and patients safe.*

RACS Expert Advisory Group 2022

## Progress and priorities: Our second framework for action

*RACS Action Plan: Building Respect, Improving Patient Safety 2022* sets out our next five-year program of work. It calls for collaboration, leadership and shared responsibilities with Specialty Societies, hospitals and others in the health sector. We want to work together, because no single organisation can build a culture of respect alone.

Based on the EAG's recommendations, RACS has refreshed the existing three pillars of work (cultural change and leadership, surgical education and complaints management) and refined the goals we have set.

### 2022 - 2027 Action Plan goals

#### Cultural change and leadership

1. Enrich the culture of surgery through professionalism, respect and civility, applied in all professional roles, including within the College.
2. Advance system-wide cultural change by strengthening relationships of trust, confidence and cooperation with employers, medical colleges, governments and their agencies.
3. Foster cultural safety and diversity, striving for gender equity and the identification and elimination of racism and other forms of discrimination.

4. Develop and apply compassionate and collaborative leadership in surgery consistent with RACS values, to advance culture change.
5. Contemporise RACS governance.

#### Surgical education

6. Build and consolidate professionalism and civility and embed a culture of respect and collaboration in surgical education.
7. Improve the capability and effectiveness of all surgeons involved in surgical education and training, through a continued focus on professionalism, civility and respect.

#### Accountability and complaints management

8. Normalise constructive feedback and speaking up as cornerstones of continuous improvement, to help build a culture of respect.
9. Build trust and confidence in RACS revised complaints and feedback process for end stage issue resolution.

## Our approach

A number of core features underpin RACS proposed approach to reaching the goals set out in the 2022 – 2027 Action Plan and supporting long term cultural change. They are:

1. *Leadership* – by fostering, developing and embedding compassionate, collaborative and inclusive leadership across the College, consistent with RACS’ organisational values of Service, Integrity, Respect, Compassion and Collaboration.
2. *Professionalism* – including by expanding RACS’ focus to date on bullying, discrimination, harassment and sexual harassment, towards building respect and supporting professionalism and civility in surgery more broadly.
3. *Cultural safety and diversity, including racism* – including by escalating our efforts to identify and eliminate racism and racial discrimination in surgery and the wider healthcare sector.
4. *Governance* – including addressing complexities in the College’s governance model that, unchecked, increase the difficulty RACS faces in reaching the standards of professionalism it has set and aspires to.
5. *Data and transparency* - Collecting, sharing, reporting on and ultimately publishing data on a wide range of metrics relevant to RACS work to build a culture of respect will be a core future strategy, and central to continuing evidence-led cultural change.
6. *Speaking up and feedback* – by fostering a culture in which is it safe, expected and routine to speak up and to receive feedback about unprofessional behaviour is a core feature of a culture of respect.
7. *Collaborations and partnerships* - effective collaboration and partnerships between RACS, speciality societies and Surgical Training Boards are key to the success of continued efforts to build a culture of respect in surgery.
8. *Language and communication* – by harnessing ‘Operate with respect’ as a known concept in the surgical lexicon, refresh RACS communications and messaging from raising awareness to driving action, refocusing on positive behaviours and goals, through a re-launched Building Respect campaign.
9. *Independent scrutiny* – through scheduled evaluation to measure progress, continue to bring external scrutiny of and reporting on progress towards the Action Plan goals.



*A specific, re-energised focus on actions to support gender diversity is required, and will be strengthened by efforts to understand and foster a range of other diversity dimensions.*

Expert Advisory Group commentary, 2022

## Pillar 1: Cultural Change and Leadership

Much of our work during 2021 and 2022 has been centred on assessing our progress and building a framework for future action. All the work we have done supports our wider work to build respect in surgery.

### Progress

In the two years since the last Progress Report, we have been busy reviewing what we have done, and building a framework to support our ongoing efforts to foster positive cultural change. In broad terms, we have:

- Completed the 2021 Evaluation of our work to build respect in surgery.
- Published the Evaluation Report and the updated incidence report in 2021, in lieu of a 2021 Progress Report.
- Reconvened an Expert Advisory Group to review our progress and advise on a framework for future action
- Developed and adopted a new five-year plan to guide our work to build respect in surgery: Building Respect Improving Patient Safety: From Awareness to Action, 2022
- Integrated the goals and priorities set in the 2022 Action Plan throughout the routine work and strategic priorities of the College.

### Diversity and inclusion

Diversity strengthens our profession, enriching it with different perspectives. Diverse surgical teams are more cognitively diverse, which improves problem solving, decision making, innovation, and bias and blind spot mitigation. Diversity helps foster cultural safety among surgeons and improves the care we give our patients.

### Women in surgery

The work program of the Women in Surgery Section in 2022 was focussed on the development of a the Women in Surgery Strategic Plan 2022 – 2026. Building on achievements of previous years, this plan was developed as a result of wide consultation and a reckoning of progress in terms of achieving gender equity in surgery.

The plan outlines six key objectives that aim to support broader efforts across the college to create an equitable surgical workforce that reflects the gender makeup of our community, recognising the need to embrace a comprehensive approach to attracting, selecting and retaining women into the profession.

The plan includes six priorities for action, including addressing systemic barriers to women entering and completing surgical training, challenging gender bias and supporting women as leaders in

surgery. The strategic plan will guide the Section Committee's priorities for 2023.

### Flexible training

Annual reporting on the numbers of people taking up flexible training indicates that while these numbers are low, they are steadily increasing. In 2022, Specialty Training Boards reported that 25 requests for flexible posts were requested and accepted. In future, we aim to capture the reasons why requests for flexible training cannot be met, through a requirement to report in our updated hospital training post accreditation guidelines. In this way, we aim to collect data that more clearly highlights barriers to takeup.

### Working towards cultural competence and cultural safety

Cultural diversity in the surgical profession strengthens collective cultural competence and fosters cultural safety for people from diverse backgrounds who in the past have been less visible in surgery. It increases and improves services to under-served populations and will help ensure that surgeons who are overseas trained, First Nations and other people of colour, feel part of the RACS community and able to contribute fully and safely.

Cultural diversity improves the health workforce by enriching teams'

cognitive diversity. This supports better problem solving, decision making, innovation and bias and blind spot mitigation. It helps everyone reach their full potential.

Our 10th Surgical Competency – Cultural Competence and Cultural Safety - fosters a willingness to embrace diversity among all patients, families, carers and the healthcare team, and respects the values, beliefs and traditions of individual cultural backgrounds which are different to our own. It is a reference point in our work to support increased action on a range of diversity dimensions.

Our work to build Aboriginal and Torres Strait Islander cultural competency, funded by the Australian Government Department of Health through the Specialist Training Program, has progressed with the completion and launch of two comprehensive training modules, developed following consultation with stakeholder and expert groups. A third module focussing on intercultural competency has been recently released and is now being widely promoted to Fellows, Trainees and Specialist International Medical Graduates (SIMGS).

An additional area of focus has been the delivery of tailored cultural competency awareness presentations to speciality training boards, with the aims of introducing these concepts and their relevance in the practice of surgery.

2022 saw us further progress our first two year Innovate Reconciliation Action Plan (RAP). RACS met many of its key milestones and received positive feedback from Reconciliation Australia in preparation for our next RAP. Engagement with Reconciliation Australia commenced on the next iteration of the Reconciliation Action Plan for launch in 2023.

RACS has engaged with Australian Indigenous Doctor's Association (AIDA) as an active member of the Cross College Project Troup of the AIDA Specialist Trainee Support Program, and as a Gold Partner at their conference where we had a stand and ran a surgical skills workshop.

Activities to support NAIDOC week and Reconciliation Action Week in Australia extended to internal as well as external audiences, including staff education sessions and the creation of an indigenous book group, featuring books by and about Indigenous Australians.

In Aotearoa New Zealand, an MOU was signed with Pūhoro, an independent Māori organisation with a focus on encouraging Māori rangitahi (youth) into science, technology, engineering and mathematics, to showcase surgical careers to Pūhoro students at expos, annual hui, school visits and through work experience and internships.

The Koha Policy, a term given to the cultural practice of Māori people of gifting support and assistance

*Cultural diversity increases and improves care to under-served populations and works to reduce inequities in healthcare delivery. It also helps make surgery a more welcoming profession, where surgeons who are Indigenous and First Nations, people of colour, overseas trained and/or LGBTQIA+, feel they belong, are valued in the RACS community and can contribute fully and safely .*

to facilitate achieving an outcome for the community and family, was approved by Council.

Dr Jonathan Koea commenced in the role of Māori Trainee Liaison Lead with the purpose to provide culturally competent support for Indigenous non-accredited surgical registrars and SET Trainees with the goal of increasing the Indigenous surgical workforce.

Through the targeted initiatives and the work of RACS Indigenous health committees (MINA and Maori Health Committee), we recognise and play our part in addressing generations of Indigenous disadvantage in Australia and in Aotearoa New Zealand.

### **Supporting system-wide change**

Our colleagues and partners in agencies across the health sector in Australia and Aotearoa New Zealand now share our appetite to foster cultural change that better protects patients, is safe for individuals and enables teams to perform at their best.

The challenges we have set aim to keep pace with community standards and expectations, and effect real change.

To continue to strengthen support for change within the profession of surgery, we are working closely with specialty societies and specialty training boards to support surgeons

to convert awareness of the value of respect in surgery, into action.

To support system wide change:

- RACS has actively engaged in wider work across the health sector to build a culture of respect, including presenting at a profession wide symposium on the culture of medicine held by the Medical Board of Australia (MBA)
- Joined with other medical colleges to endorse a MBA statement of intent, supporting a culture of respect in medicine
- Actively contributed to and advocated in support of the recommendations in the Respect@Work report, Australian Human Rights Commission.
- Shared skills and knowledge about cultural change with our peers in other Specialist medical colleges, including Royal Australasian College of Medical Administrators, Australian and New Zealand College of Anaesthetists, , Royal Australasian College of Obstetricians and Gynaecologists, Australasian College of Emergency Medicine, Royal Australasian College of Ophthalmologists, and the Council of Presidents of Medical Colleges.

### **Next steps**

As we continue to build respect in surgery, during 2023 we will:

- Strengthen our work to increase diversity in surgery
- Redouble our efforts to achieve gender equity
- Address racism at individual and systemic levels
- Advocate for approaches which achieve health system change, consistent with our Building Respect goals
- Continue to embed the work we do into business as usual in the work of the College and its committees
- Work in partnership - both internally and externally - to achieve our aims

## Pillar two: Surgical Education

Continuing to strengthen and improve surgical education remains central to our work. For the next five years, we aim to better support surgeons to consolidate professionalism and civility in their practice and embed a culture of respect and collaboration in surgical education.

Our ongoing focus on professionalism, civility and respect is designed to improve the capability and effectiveness of all surgeons involved in surgical education and training.

### **Supporting a positive training environment**

RACS has a duty of care to surgical Trainees to ensure a safe training environment.

The inclusion of evidence-informed principles and standards in RACS Hospital Training Post (HTP) Accreditation Guidelines, that are consistent with the goals of our Building Respect Improving Patient Safety initiative, is an important way that RACS can influence the environments in which our Trainees learn.

The new draft guidelines reflect a focus on the demonstration of institutional leadership, policy, cultural safety, training, information sharing, flexible training, performance management, complaints mechanisms and availability of psychological support that are the hallmarks of approaches to fostering positive workplace cultures of respect.

They have been the subject of extensive consultation throughout this year, to ensure the guidelines in development are relevant, fit for purpose and reflective of the conditions we see as essential to optimising surgical training,

The new guidelines will be progressively implemented by specialty training boards, following their finalisation in 2023.

## Equipping our surgical workforce through professional development

Recognising the time pressures on Trainees and the surgical workforce, wherever possible, we redeveloped our skills and professional development courses to enable online or blended delivery of training.

During 2022, we provided and developed a mix of mandated training (when we specify required training for particular groups of Fellows) and elective education to strengthen professionalism in surgery.

### Mandated training

- **Operating with Respect emodule**  
Following completion of the Operating with Respect online module by all mandated groups, we have embedded continued uptake of this module by requiring its completion as a prerequisite for application to SET.
- **Operating with Respect face to face course**  
The Operating with Respect (OWR) course provides an evidence-based approach to equip surgeons with behavioural strategies and skills to respond to unacceptable behaviour. During 2022, RACS held 15 OWR courses; 161 surgeons completed the course.

- **Foundation Skills for Surgical Educators (FSSE) course**

The FSSE course sets the standard expected of RACS surgical educators and furthers knowledge in teaching and learning, with particular emphasis on the delivery of constructive and timely feedback.

In 2022, we modified our FSSE course to enable online delivery. 14 FSSE course were held (Nine FSSE face-to-face and five online); 151 surgeons completed the course.

### Non-mandated professional development for RACS Fellows, Trainees and SIMGs

Completion of the following professional development courses result in learning outcomes consistent with the goals of the Building Respect, Improving Patient Safety initiative.

- **Difficult Conversations with Underperforming Trainees**  
RACS developed the *Difficult Conversations with Underperforming Trainees* course to meet the needs of FSSE participants with an appetite for more training in conducting a constructive and procedurally fair conversation with a Trainee who is not meeting required standards, despite feedback.

Surgeons can attend the *Difficult Conversations with Underperforming Trainees* course in an online or face to face format. During 2022, RACS held nine of these courses (Four face-to-face and five online), 57 Surgeons completed the course.

- **Induction for Surgical Supervisors and Trainers**

The Induction for Surgical Supervisors and Trainers course is designed to introduce supervisors and trainers of SET to their roles and responsibilities and support them to provide high-quality education and training to RACS Trainees.

During 2022, six courses were held and 47 Surgeons completed the course.

- **Keeping Trainees on Track (KTOT)**

Keeping Trainees on Track (KTOT) is essentially a toolkit, designed to provide surgical supervisors and trainers with the tools they need to support the development and growth of Trainees. KTOT is crafted to assist underperforming Trainees get 'back on track'.

During 2022, 11 courses were held, 90 surgeons completed the course.

- **Trainee Feedback**

The *Trainee Feedback eLearning* course was developed at the specific request of Trainees, to support them to acquire the



## Sexual harassment: moving from awareness to action

RACS provides resources to help individuals keep their knowledge and skills up to date and to support individual surgeons to be accountable for their own 'respect' literacy.

[RACS micro module Recognizing and Responding to Sexual Harassment](#) is available online, providing CPD points to participating surgeons.

Every surgeon can speak up for a culture of respect, with dedicated training provided in [RACS Operating with Respect \(face to face\) course](#), with follow-up support accessible through the Speak Up app.

Knowing where to get help is another critical skill – useful to each of us when we need it, and also to share with others when we see they do.

Those wishing to have a confidential discussion regarding sexual harassment that they have witnessed or experienced may wish to contact the [RACS Feedback and Complaints](#) office.

RACS Fellows, Trainees, SIMGs, and their families have access to free psychological support through [RACS Support Program](#) delivered by Converge International. Doctors can access support and healthcare through Doctors4Doctors.

You can get more information on each of the above by clicking on the relevant links or visiting the [RACS website](#).

*With the Respect@Work legislation now in place, there is a legal as well as an ethical imperative to advance our work to prevent sexual harassment in surgery.*

knowledge and skills necessary to participate in feedback conversations effectively. The course involves two one-hour online modules.

Following the launch in September 2022, 18 Trainees and Surgeons completed the three courses offered.

- **Recognising and Responding to Sexual Harassment**

The development of this micromodule is based on the content of the RACS guidance document of the same name, and recognises that sexual harassment persists in surgical workplaces. It aims to provide guidance to those who may experience or witness sexual harassment, including possible steps to take, where to get support and how to support a colleague. The online delivery of this micromodule is anticipated to facilitate strong uptake from Fellows, Trainees and SIMGs seeking information and guidance on this issue.

### **Next steps**

- Continue to deliver mandated training to new Supervisors and Trainers as they volunteer their time and expertise to the SET Program
- Review OWR (online and face-to-face) course content to reflect expanded scope of updated Building Respect Action Plan 2022, including an update of the Speaking Up app
- In response to evaluation findings, develop a new e module to increase understanding and awareness of microaggression in the workplace
- Foster compassionate and collaborative approaches to surgical leadership, as we commence the journey to articulating a leadership development framework for surgery.

## Pillar three: Feedback and Complaints

RACS aims to normalise constructive feedback and speaking up as cornerstones of continuous improvement, to help build a culture of respect. Our forward plan of work, outlined in the Building Respect Action Plan 2022, is designed to support this.

However, managing issues and complaints about discrimination, bullying and sexual harassment are areas of ongoing focus. Our feedback and complaints system recognises that many concerns are better handled by other agencies with the legal powers to address them, but that RACS can play an important role in supporting those engaged in that process. To that end, we prioritise ongoing communication with all involved in the complaints process. We acknowledge that formalising a complaint is seen by many as having inherent risks. We are pleased that feedback suggests that increased communication appears to reduce the distress involved.

### Independent External Review

In the period since our last report, RACS has worked to evolve its complaints management processes based on the recommendations proposed in the second independent external review of the feedback and complaints process.

The final report included 21 recommendations, focussed on areas such as:

- increasing visibility and access to information about the process itself
- independence and objectivity
- confidentiality
- pursuit of “information sharing” of with hospitals, in relation to findings of investigations conducted by those external bodies.
- the monitoring of complaint issues and trends.

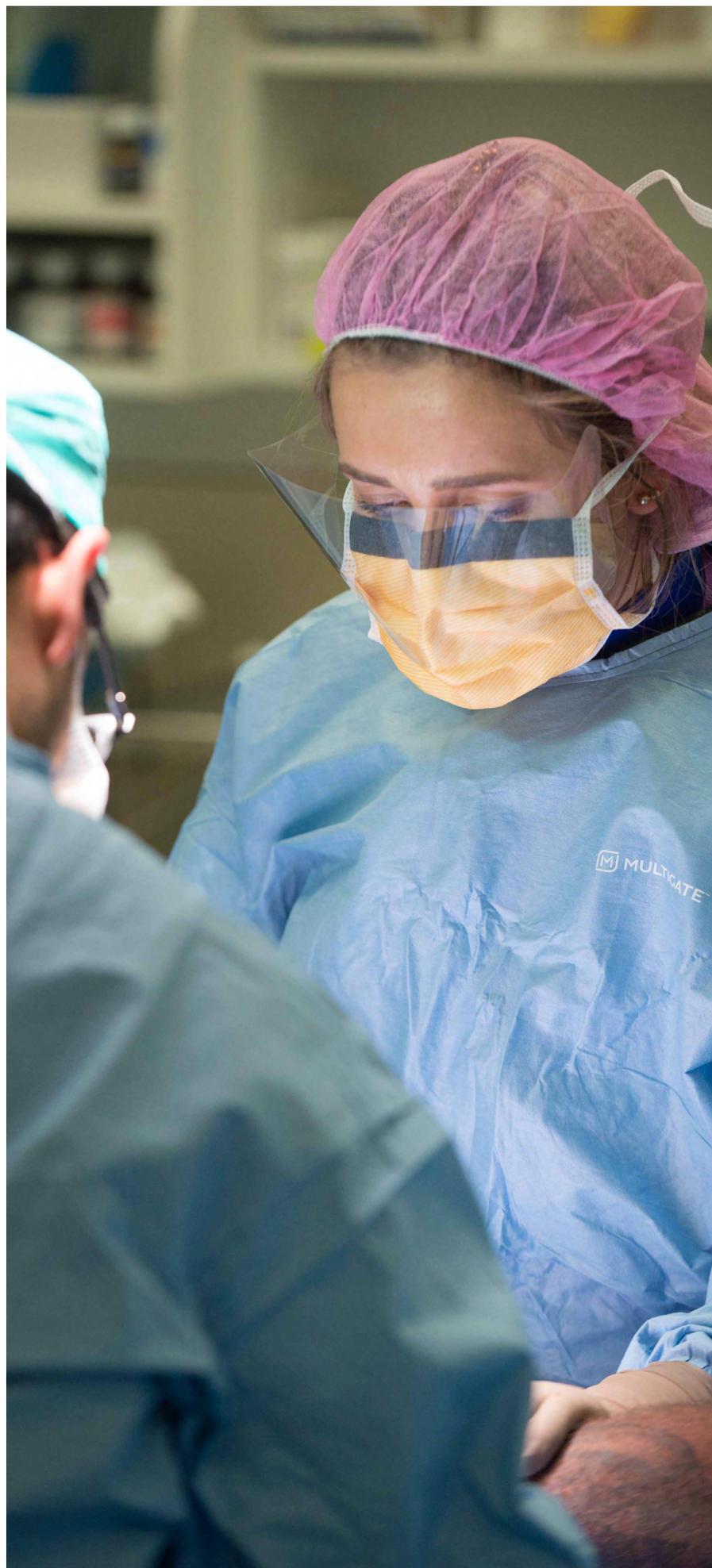
Actions have been implemented to address these recommendations, in particular around internal process improvement and communication with those engaged in complaints matters.

Notably RACS has expanded its team of staff surgeons, whose role it is to triage complaint matters, so that they are handled by the agency best placed to manage them. Where appropriate, our Executive Director of Surgical Affairs (EDSA, Australia)

and our Surgical Advisors (Aotearoa New Zealand) lead informal and non-judgemental discussions with those involved, with a view to encouraging reflection, and resolving issues early.

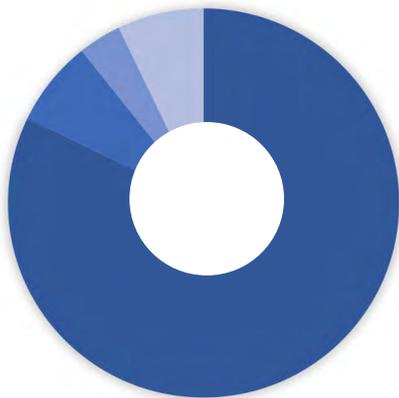
Refinements to the composition and approach of the triage group speak to the importance placed on confidentiality. Processes to embed information sharing with hospitals are evidenced through inclusion of the information sharing protocol in updated Hospital Training Post Accreditation Guidelines, currently in their pilot phase

Importantly, the report noted that the College's DBSH complaints process operates in "a complex environment of professional and employment relationships, and external complaint and investigation processes by hospitals, employers and regulators". The report also observed that achieving best practice requires reflection. The refinement of our work is ongoing, always with a view to continuous improvement.



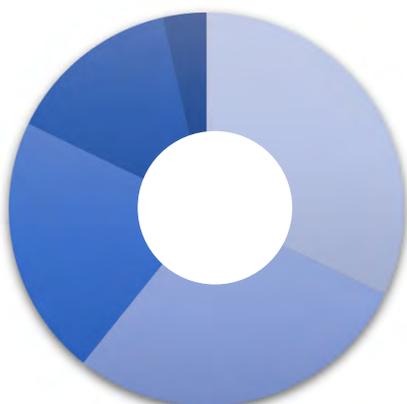
## Summary of data from 2022

Number of Complaints received about Bullying, Discrimination Sexual Harassment and Harassment in 2022.



- Bullying 23
- Harassment 2
- Discrimination 2
- Sexual harassment 1

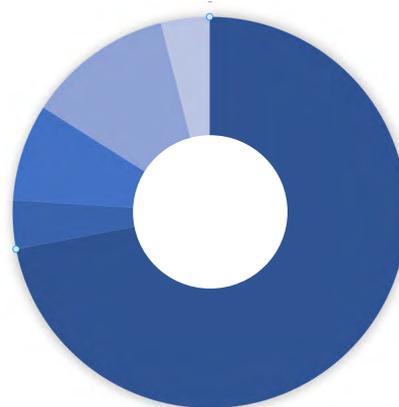
The source of complaints received in 2022.



- Fellows 32%
- RACS employees 14%
- Trainees 29%
- Health professionals 21%
- Public 4%

The mode of resolution of the Bullying, Discrimination, Sexual Harassment and Harassment complaints received in 2022.

Note: Excludes cases that are still in progress.



- Executive Director Surgical Affairs (Aust), Surgical Advisors (Aotearoa New Zealand) 72%
- Employer managed 4%
- Refer to regulator 8%
- No further action 12%
- Apology 4%

**LEGEND**

**Executive Director Surgical Affairs (Aust), Surgical Advisors (Aotearoa New Zealand)**

- Meeting – peer led discussion involving RACS Surgical Advisors
- Telephone discussion
- In writing

**Employer Managed**

- Managed internally at the workplace

**Refer to Regulator**

- Referred to Ahpra, Commission, Ombudsman, Health Minister, Medical Council or require Legal advice

**No further action**

- Complainant did not respond to RACS email/ phone calls
- Complainant wished to remain anonymous
- Complainant did not wish to pursue matter

**Apology**

- Written communication provided to the complainant.

## Discussion

The graphs shown summarise headline indicators regarding incidence and handling of DBSH issues over the last 2 years. The incidence of DBSH issues involving RACS Fellows, Trainees and SIMGs raised by staff are now shown; the mode of resolution of all issues is also shown, as per previous reports.

A decrease in reporting of DBSH issues is seen in comparison with previous years. It is important to note that the external healthcare environment in 2021 and 2022 was characterised by healthcare worker shortages, burnout and the many impacts of the prolonged need to manage the COVID-19 pandemic. It is difficult to say the extent to which this explains the decrease in reporting as compared with other factors that may have occasioned this. We are aware from our independent evaluation and from information gathered by the Medical Board of Australia that behaviours such as discrimination, bullying and sexual harassment in healthcare persist.

It should also be noted that this data reflects DBSH issues raised through the formal complaints avenue only. It has come to our attention that DBSH issues which arise through the Reconsideration, Review, and Appeals process, made directly to the Specialty Training Committees/Boards and as a result of hospital

accreditation processes, are not shown in this data. In keeping with EAG recommendations and as part of our focus on continuous improvement, we are working to address this.

## Next steps - 2023 Priorities

Consistent with our commitments in the Action Plan 2022, RACS will:

- Continue to review and improve complaints handling processes, as suggested through independent external review or other, as needed, to address specific issues
- Undertake ongoing communication of our feedback and complaints processes and to encourage our Fellows, Trainees and SIMGs to call our Feedback and Complaints Office to discuss issues of concern
- Formalise processes to collect deidentified user feedback to inform ongoing process refinement
- Monitor and report on implementation of external reviewer recommendations and additional refinements to RACS Council.



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