Royal Australasian
College of Surgeons

2022 Report, Recommendations and Action Plan

Building Respect, Improving Patient Safety: From Awareness to Action

RACS Expert Advisory Group (Discrimination, Bullying and Sexual Harassment)

Further information

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Background

In September 2021, the Royal Australasian College of Surgeons (RACS) re-convened an Expert Advisory Group (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.

Detailed information about the work and recommendations of the 2015 EAG, and RACS' response and actions since then, are published on the RACS website. This information is comprehensive and provides an important reference point that has informed and guided the considerations of EAG 2022.

"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."

EAG 2022

Introduction

EAG 2022 welcomes the opportunity to support RACS' ongoing work to build a culture of respect in surgery. We are struck by the seriousness of the College's ongoing commitment, the significant resources invested over the last five years and the diligence of the efforts of staff and Fellows, Trainees and Specialist International Medical Graduates (SIMGs).

By any measure, the College has prioritised identifying and addressing a serious problem. An ambitious program of work involving the entire College community has been rolled out. RACS has reviewed and reported on its efforts over five years thoroughly and transparently. EAG 2022 notes the outcomes of two comprehensive evaluations (in 2019/20 and 2021) of the *Building Respect* program of work.

A lot has changed in the last five years, in communities inside and outside the College. The wider social context in Australia, Aotearoa New Zealand and internationally is radically different post #MeToo and after Black Lives Matter, and as a result of the many brave individuals who have raised their voices and shared their experiences. Community dialogue and expectations about acceptable behaviour and culture have profoundly altered RACS' operating environment and re-shaped the wider community.

Since 2016, a substantial body of international evidence has been established linking unprofessional conduct with increased risks to patient safety. This evidence, which substantiates the impact of unprofessional behaviour on patients, the medical team and across the wider health sector, has informed the work of EAG 2022.

We recognise RACS' ongoing leadership in the medical profession and the wider health sector, about the importance of building a culture of respect and highlighting the fundamental link between behaviour and patient safety. The health system in Aotearoa New Zealand is undergoing significant change and it is complex in Australia. Accountabilities and responsibilities for action are shared between employers, jurisdictions, educators, regulators and others. The College has stepped up to meet many challenges, but cross sectoral collaboration is key to effective and sustained cultural change.

Unsurprisingly, RACS' job is not done. Cultural change takes a concerted and sustained effort. EAG 2022 commends the College's long-term commitment to continuing this work and recommends an explicit renewed commitment to it.

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. Patients trust their doctors, and with that trust comes both responsibility and privilege. Ongoing, concerted effort and a renewed commitment is needed to convert awareness to action and enable the profession to change and meet the expectations of the community it serves.

We are grateful to RACS staff and the groups that have presented to EAG 2022 for the insights and ideas they have shared about progress to date, current challenges and opportunities. We have considered the input of all stakeholders

and learned from their perspectives. The effort and experience of the RACS community over the last six years, the outcomes of progressive independent evaluations and all that EAG 2022 members bring to this important task, have shaped our recommendations for future action.

-RACS Expert Advisory Group, 2022.

Context

EAG 2022 notes the findings of the independent evaluation of RACS' *Building Respect Improving Patient Safety* Action Plan. In its most recent assessment, this found that RACS' work to build respect in surgery is on track. Awareness and support in the surgical community is high. Behaviour is changing, in intended and unintended ways.

RACS' approach has been comprehensive, multi-pronged and evidence informed. Importantly, it is characterised by tailored, targeted communications, education and training that is underpinned by a solid policy framework, and an empowering approach to complaints management.

Through its partnerships, RACS has helped foster an increasing appetite across the health sector for systemwide change and shown an openness to collaboration to promote this. Advocacy across the College has helped facilitate the development of supportive workplaces for Fellows, Trainees and SIMGs.

The evaluation found that the College has done what it set out to do, supported by an appropriate governance framework.

Predictably, many challenges remain. In some areas, work has only just begun and in others, entrenched problems will be solved only by cross sectoral commitment and collaboration. While RACS alone does not have all the levers to effect the necessary change, it does have an important role in sharing knowledge, showing leadership and being open to disruptions to the status quo.

Sustainable cultural change in the health sector relies on employers, jurisdictions and others addressing not only the problems they each can solve alone but working collaboratively to find and implement solutions to problems that result from interdependence and overlap between agencies.

Strategy and focus

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 keeps patients safe and teams performing at their best.

The strong foundations built over the last six years enable RACS to now refocus from raising awareness about the links between unprofessional conduct and patient safety, to driving action to eliminate these behaviours.

A major enabler will be partnerships, both internal (Specialty Societies, Specialty Training Boards) and external to the College (hospitals and employers, medical colleges, governments). This strategy – from awareness to action – will apply across all domains and areas of work.

The next phase of the Building Respect work – moving from awareness to action - recognises that cultural and behavioural change requires a sustained and multi-faceted approach. Building on progress made so far will best support the safety and wellbeing of all surgeons (Fellows, Trainees and SIMGs), strengthen patient safety and help improve patient outcomes.

The focus for future actions is the workplace – in the hospitals where surgeons train and work, as well as in the College. Given the limits of RACS' influence over workplace settings, our recommendations rely on collaboration, leadership and shared responsibilities.

Observations and approach

Given the substantial effort and demonstrated impact of RACS' work to build respect and improve patient safety in surgery, EAG 2022 believes that building on RACS current approach will provide the most robust framework for the future and best serve the RACS community to achieve its goals.

EAG 2022 has reviewed the 2015 Action Plan: Building Respect, Improving Patient Safety. We are confident that this framework will provide a solid platform for future work. A proposed refresh of the existing three pillars of work (Cultural change and leadership, Surgical education and Complaints management) and eight goals are detailed on page 13.

The core features of the proposed approach to reaching these goals and supporting long term cultural change are:

1. Leadership
2. Professionalism
3. Cultural safety and diversity, including racism
4. Governance
5. Data and transparency
6. Speaking up and feedback
7. Collaborations and partnerships
8. Language and communication
9. Independent scrutiny.

These features are the hallmarks of the recommendations made by EAG 2022.

Leadership

Foster, develop and embed compassionate, collaborative and inclusive leadership across the College, consistent with RACS' organisational values of Service, Integrity, Respect, Compassion and Collaboration. This represents a shift from historically autocratic leadership styles. Engaging surgeons in the transition to a new leadership model that fosters self-awareness and awareness of others, reflects RACS values, and upskills the surgical community, is an essential step.

To support and effect real change, it will be necessary to draw on leadership expertise and scholarship both within and outside surgery. Accessing expertise outside surgery to teach and train surgeons about issues that are not surgery-specific, increases the breadth of knowledge, expertise and insight to be gained and the potential value and impact of training. EAG 2022 recognises this will involve a paradigm shift in RACS' approach and stresses the importance of this disruption.

Surgical directors are a powerful conduit to cultural change in surgical units across Australia and Aotearoa New Zealand. Resourcing, supporting and enabling leadership for this group is key. More broadly, every surgeon is a leader of multidisciplinary teams in their daily work. Future work should be founded on strengthening awareness of the value and impact of surgical directors' behaviour on team performance and patient outcomes, and enabling surgeons to model civil, respectful and professional behaviours.

Professionalism

Expand RACS' current focus to date on bullying, discrimination, harassment and sexual harassment, towards building respect and supporting professionalism and civility in surgery more broadly. This includes providing tools to help surgeons eliminate passive and overt behaviours and practices, that make others feel silenced, traumatised or unable to reach their potential. This focus will help recognise and address the behavioural shifts noted by the 2021 evaluation, towards micro-aggressions and increased reporting of sexual harassment (which may reflect greater community literacy about sexual harassment and its impacts, or increased incidence).

Cultural competence and safety, racism and diversity

Escalate efforts to identify and eliminate racism and racial discrimination in surgery and the wider healthcare sector.

EAG 2022 commends the College's efforts to recognise and address generations of Indigenous disadvantage in Australia and Aotearoa New Zealand, through specific Indigenous health programs and committees and targeted initiatives. The depth of talent, expertise and leadership of the surgeons involved in this work for the profession is a rare and valuable asset. We encourage RACS to continue listening to Indigenous voices to inform action and consider using the intent of the Uluru Statement from the Heart to shape ongoing work in Australia and to recognise the importance of the Treaty of Waitangi to healthcare delivery for Māori. Ensuring there are appropriate governance frameworks for this voice to be heard is key.

RACS' introduction of a 10th surgical competency – Cultural competence and cultural safety - and the consequent integration of this priority throughout RACS' policy framework and accreditation guidelines - provides a critical platform to enable this important work. While the new competency focuses on Aboriginal and Torres Strait Islander groups, it provides a helpful launching pad to support increased action on other diversity dimensions and in Aotearoa New Zealand.

Increasing diversity in surgery will strengthen the profession and over time, ensure it reflects the community it serves. Cultural diversity helps individuals to reach their full potential and improves the health workforce by enriching teams' cognitive diversity, which in turn supports better problem solving, decision making, innovation and bias and blind spot mitigation. Cultural diversity strengthens collective cultural competence and fosters cultural safety and increases and improves services to under-served populations. It 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.

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.

Ongoing cultural change will be supported by continually refreshed knowledge of contemporary professional standards and expected behaviours, and by greater diversity literacy among surgeons.

Strategy and focus (cont)

A continuing focus on the evidence linking unprofessional conduct with increased risk to patient safety, and of the impacts of unprofessional behaviour on patients, teams and individuals, remains important. The connection between diversity and improved patient safety, through increased professionalism and a strengthened culture of respect, should feature in this narrative.

Access to ongoing knowledge and training, including about direct and indirect discrimination and harassment, will help foster constructive cultural change in the surgical community and help address concerns expressed by many SIMGs, about inequity, barriers to entry to the profession in Australia and treatment after joining the profession.

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. Shared, contextualised data that enables accurate and timely comparison and benchmarking will help drive accountability and change.

Speaking up and feedback

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. RACS has done extensive and effective work to train and enable senior surgeons to speak up, through 'Operating with Respect' face-to-face and online courses and training. Continuing and scaling up this work is a core enabler of this behaviour and will be a feature of ongoing work more broadly. This includes skills in both speaking up and listening.

EAG 2022 was consistently reminded of ongoing issues and shortcomings in relation to feedback across surgery and this is an area in which RACS needs to do better. Continuing efforts to build and strengthen a feedback culture in surgery are central to cultural change and are required. This will involve progressing beyond the traditional 'master and apprentice' surgical training model, towards fostering a culture of lifelong learning and continuous feedback that embeds giving and receiving constructive feedback throughout practice. This is consistent with the program of work that aims to support and normalise speaking up to optimise patient safety.

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. Early and meaningful engagement between these influential and critically important groups, and co-design and development of strategies and actions to support cultural change, is essential.

In hospitals across Australia and Aotearoa New Zealand, surgeons work in teams with other medical specialists and health practitioners from other professions. Respectful and active partnerships between RACS, other specialist colleges and hospitals are key to addressing complex systems issues and developing effective solutions to build a culture of respect. Serious consideration of possible

collaborations across professions, potentially those represented in operating theatres, is warranted.

Many agencies across the medical profession, other health professions and the health sector more widely have now recognised the need to improve the culture in healthcare and are implementing strategies to support change. EAG 2022 recognises there are limits to RACS' jurisdiction and scope of influence, and that many changes can only be developed and implemented collaboratively. However, surgical leadership and the active engagement of surgeons is essential to effective system wide cultural change.

Governance

There are 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.

Surgical training currently involves RACS, nine specialty training programs, 13 Specialty Societies, 13 Surgical Training Boards, volunteer surgical supervisors and Trainees. This complexity brings both benefits and challenges. The effectiveness of surgical training and ongoing improvements rely on constructive collaboration, a shared understanding of roles and responsibilities, information and data sharing, trust and mutual respect between these groups.

EAG 2022 is disturbed by reports of concerns about the behaviour of some current College, Council and Committee members and the impact on RACS staff, surgical peers and others. We are concerned that some of the current RACS governance structures and lexicon are anachronistic and likely to be impeding progress towards high professional standards. Revisiting the recommendations of the 2019 RACS governance review and reinvigorating the commitment to implementation, will support cultural change and high standards, and close the current gap between what RACS does in practice and what it is asking of Fellows, Trainees and SIMGs.

We note that the behaviour of surgeons while exercising leadership within the College, is strictly a matter for the College. RACS is solely responsible for ensuring the professional behaviour of surgeons in RACS leadership roles, including in their interactions with RACS staff.

Language and communication

'Operate with respect' is now firmly established in the surgical lexicon. Harnessing this, refresh RACS communications and messaging from raising awareness to driving action, refocusing on positive behaviours and goals, through a re-launched Building Respect campaign.

Planned and tailored communications approaches are shown to be a useful adjunct to training and a vehicle to build literacy about contemporary issues and expectations. We look to RACS leadership to actively champion this refreshed campaign at every opportunity and ensure the campaign is built into ongoing RACS initiatives and frameworks.

Independent scrutiny

In 2017, RACS adopted a three-step evaluation framework to monitor and report on the effectiveness and progress of its work to build respect in surgery. The third comprehensive evaluation is planned for 2026, to measure progress after 10 years.

EAG 2022 recommends a further independent EAG-style review at that time, to bring external scrutiny of and reporting on progress towards the goals outlined in this report.

2022 Pillars and 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.

Recommendations

1.0 Cultural Change and Leadership

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 culture 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 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.

Refresh and sustain the commitment

EAG 2022 recommends that RACS builds on the efforts and achievements of phase one and maintains a commitment to long term cultural change. The College can advance professionalism, by widening the focus beyond discrimination, bullying and sexual harassment.

The next phase of work involves refocusing the Building Respect program from awareness of the links between unprofessional conduct and patient safety, to action at individual, workplace and institutional levels.

Leadership in all its forms must be a cornerstone of a college – wide approach. Continue to prioritise efforts towards greater diversity and inclusion; a sharpened focus on the elimination of racism in surgery must be pursued.

We recommend that RACS continues to use strong and tailored communication to support change, and retains *Building Respect* campaign branding, refocusing and refreshing language and messaging. Continue to drive evidence informed change, through policy, program monitoring and widespread data reporting and transparency.

Recommendations

Advance professionalism

1.1 Expand the scope of the Building Respect program of work to advance professionalism, civility and respect in surgery, and address unprofessional conduct that undermines patient safety (such as microaggressions), as well as discrimination, bullying and sexual harassment.

1.2 Strengthen and embed cultural competency and cultural safety in surgical training and practice.

1.3 Maintain focus on addressing direct and indirect discrimination.

1.4 Sharpen focus on the identification and elimination of racism.

1.5 Continue to support diversity and inclusion, so increasingly the profession reflects the community it serves.

1.6 Re-double efforts to consistently increase gender equity and inclusion.

1.7 Increase literacy in the surgical community about the impact and value of diversity on the profession.

1.8 Support physical and psychological wellbeing for all Fellows, Trainees, SIMGs.

Collaborate to advance health system-wide change

1.9 Internally:
Collaborate with Specialty Societies and Training Boards, sharing ownership of problems and solutions through joint planning and implementation.

1.10 Externally:
Continue and deepen collaboration with employers, Medical Colleges and other partners to support system-wide change.

Invest in leadership

1.11 Lead the shift from awareness to action, through institutional leadership based on patient safety priority, and safety and quality framework.

1.12 Adopt a leadership model aligned with RACS' values, that reflects compassionate, collaborative and inclusive leadership.

Communication

1.13 Recommit and relaunch Building Respect campaign, retaining branding, refocusing and refreshing language and messaging and creating opportunities for leaders across the College to promote and bring profile to the campaign.

Modernise RACS governance

1.14 Refresh and align RACS governance with contemporary best practice

1.15 Set clear expectations of organisational leaders and members of all RACS committees.

1.16 Ensure RACS office bearers, office holders and committee members consistently demonstrate professional behavior in their interactions with College staff.

1.17 Address behavioural issues identified in RACS committees early, identifying and implementing a framework that spans prevention, early intervention, influence and mediation, with escalation options as required, and clear consequences if unprofessional behaviour persists.

2.0 Surgical Education

Goals

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.

Refresh and sustain the commitment

Refresh and deliver training and education to reflect the updated scope and focus of the Building Respect Action Plan (2022). This includes developing and delivering education and training to support a contemporary understanding of respect, professionalism and civility in practice, such as the impact of micro-aggressions, sexual harassment, sexism and racism on trainees and colleagues and on the outcomes for patients.

Maintain embedded Building Respect education and training and reinforce professionalism and civility in surgery, through integration with training on RACS core surgical competencies and wider education offering.

Leverage medical registration requirements for continuing professional development (CPD), and AMC accreditation standards and requirements, to strengthen surgical training and skills development in respect, professionalism and civility in practice.

Design and deliver robust leadership education aligned with RACS values for surgical directors and others in leadership roles, such as members of RACS major committees and Council as well as RACS CEO and Executive Staff. In this, access non-surgical leadership expertise and flexible delivery where possible.

Recommendations

Supporting leadership

2.1 Foster surgical leadership by developing, supporting and implementing compassionate, collaborative and inclusive leadership

2.2 Access leadership resources outside surgery to strengthen leadership training

2.3 Identify priority audiences for leadership training to support and enable cultural change

2.4 Recognize, resource and leverage the value and impact of surgical directors as leaders

Capacity building

2.5 Ensure surgical education and training includes development of self-awareness under pressure, and builds skills and confidence to speak up

2.6 Evolve and refresh OWR education and training to strengthen surgeons' skills to speak up

2.7 Review RACS Professional Development program and CPD criteria, for opportunities to facilitate and encourage learning that supports professionalism, respect and civility in surgery and increases literacy in diversity

2.8 Remove barriers and explore opportunities to provide creative incentives for surgeons to undertake training that supports respect, professionalism and civility in surgery

2.9 Explore and advance partnerships and collaborations with employers and other colleges/professions with the shared purpose of driving effective cultural change in practice, and fostering multi-disciplinary approaches

Supporting a feedback culture

2.10 Embed speaking up, listening and the respectful delivery and receipt of feedback as cornerstones of a culture of lifelong learning and continuous improvement

2.11 Address ongoing issues associated with feedback provided to trainees (timeliness, quality and lack) and ensure anecdotal feedback between surgeons about trainees is aligned with written reporting about them.

2.12 Build feedback opportunities into the examination process, to support continuous improvement

Strengthening diversity

2.13 Review, refresh and modernise ongoing education and training to promote a 21st century understanding of diversity

2.14 2022 Re-energise efforts to increase gender equity

2.15 Review RACS' application of the Medical Board of Australia's requirements for specialist recognition / assessment of comparability to ensure fairness and equity of access, ensure requirements are being applied as intended and ensure no undue barriers to entry are being imposed.

Leveraging accreditation to build respect

2.16 Meet AMC accreditation requirements to support a system-wide approach to delivering and acting on quality and timely feedback in the training environment

2.17 Leverage revised RACS Guidelines for the Accreditation of Hospital Training Posts, to foster a culture of respect in training posts and the surgical workplace

3.0 Accountability and Complaints Management

Goals

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.

Refresh and sustain the commitment

Continue to build a culture of respect by actively fostering a culture of open feedback and speaking up, to enable surgeons to address emerging issues locally, directly and in a timely way when possible. Prioritise and position respectful feedback and speaking up as cornerstones of a continuous improvement culture, that also supports a culture of respect.

Build trust and confidence in RACS complaints and feedback process as end-stage issue resolution that is procedurally fair, reflects the scope of RACS' jurisdiction and dovetails with existing external complaints agencies (eg: employers, complaints commissions, regulators).

Collect, report on, share and publish anonymised data on complaints and complaint resolution to help drive cultural change.

Recommendations

Foster continuous improvement

3.1 Continue to conduct an independent external review on a biannual basis and apply the recommendations of the independent reviewer to continuously improve the complaints process.

3.2 Develop informal structures within RACS to support complainants/ people affected to pursue action in the workplace.

Cultural safety

3.3 Working with RACS Indigenous Health Committee and others, review and amend RACS existing complaints process as required to ensure cultural safety.

See also wider cultural safety recommendations in pillar one.

Supporting a feedback culture

3.4 Design and implement an ongoing communications strategy to explain and build confidence in the RACS complaints and feedback process as end stage issue resolution, in a culture of ongoing feedback and speaking up.

See also recommendations under pillars 1 and 2 on supporting a feedback culture and equipping surgeons to speak up.

Data and information sharing

3.5 Actively support and engage in two-way information sharing with employers about unprofessional conduct and surgical practice related complaints, as required by RACS Guidelines for the Accreditation of Hospital Training posts - RACS information sharing protocol (2021)

3.6 Capture, report on and publish complaints and feedback data, including hospital complaints data, to internal and external audiences, as appropriate.

Action Plan

EAG recommendations and RACS response


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Action Plan

Pillar 1 Cultural change and Leadership

Goals:

- Enrich the culture of surgery through professionalism, respect and civility, applied in all professional roles, including within the College.
- Advance system-wide culture change by strengthening relationships of trust, confidence and cooperation with employers, medical colleges, governments and their agencies.
- Foster cultural safety and diversity, striving for gender equity and the identification and elimination of racism, and other forms of discrimination.
- Develop and apply compassionate, collaborative and inclusive leadership in surgery consistent with RACS values, to advance culture change.
- Contemporise RACS governance.

#	Recommendation	Action(s)
Advance professionalism		
1.1	Expand the scope the Building Respect program of work to advance professionalism, civility and respect in surgery, and address unprofessional conduct that undermines patient safety (such as micro-aggressions, racism, lack of diversity), as well as discrimination, bullying and sexual harassment	– See all actions under pillars 1,2 and 3. This recommendation impacts on all activities in this plan.
1.2	Strengthen and embed cultural competency and cultural safety in surgical training and practice	– Build on current cultural competence and safety education which addresses issues relevant to Aboriginal, Torres Strait Islander and Maori people – Expand scope of cultural competence and safety initiatives to address additional diversity dimensions such as race, religious belief, sexual orientation – Review policy and augment RACS training and professional development programs to support literacy in this expanded scope. – Support AMC recommendation to mandate cultural safety training for all supervisors, clinical trainers and assessors. (AMC recommendation 18).
1.3	Maintain focus on addressing direct and indirect discrimination	– Build literacy of Fellows, Trainees and SIMGs about discrimination and its impact, for all protected attributes under discrimination law in Australia and Aotearoa New Zealand.
1.4	Sharpen focus on the identification and elimination of racism	– Formally adopt an antiracism stance based on an explicit Position Statement

#	Recommendation	Action(s)
Advance professionalism		

1.5	Continue to support diversity and inclusion, so increasingly the profession reflects the community it serves	– Council will prioritise diversity, including by viewing it through a risk management lens, which includes:
		  – Flagging diversity in the RACS risk register.
		  – Requiring and reviewing data on indicators/progress against targets across specialties.
		  – Reviewing diversity indicators/targets at each Council meeting.
		– Expand RACS data collection to enable identification and underrepresentation of diverse groups within the profession
		– RACS will support Specialty Societies to meet AMC recommendations 16: to ensure there are no structural impediments to a diversity of applicants applying for and selected into all specialty training programs.
		– Support the goals and actions under RACS' Rural Health Equity Strategy, particularly those focused on securing a diverse surgical workforce

1.6	Re-double efforts to consistently increase gender equity and inclusion	– Establish and continue to report on targets for the selection of diverse gender into surgical training for the next five years. – Establish specialty-specific gender targets, to progress gender diversity whilst recognizing the differences between the gender makeup of each specialty – Monitor and support dissemination of research findings about impediments to the selection of females into clinical leadership roles. – Strengthen efforts towards securing the appointment of female surgeons in leadership roles in clinical settings – Identify and support diversity allies / champions. – Bolster efforts to increase successful applications for flexible training, including through increased use and circulation of comparative data. – Improve understanding of Flexible Training take-up: BSET reporting to include number of applicants requesting and reason for rejection. – RACS to identify a coordinator of diversity actions across the college
1.7	Increase understanding and literacy in the surgical community about the impact and value of diversity on the profession	– Communicate widely about how surgical profession benefits from a diverse workforce, how it strengthens patient care and improves patient safety.
1.8	Support physical and psychological wellbeing for all Fellows, Trainees, SIMGS	– Align the efforts and maximise the impact of the Wellbeing and Building Respect committees, where there is overlap. – Promote RACS services such as RACS Support Program. – Support efforts under the Rural Health Strategy to assess and improve existing psychosocial and other support structures for rural trainees – Advocate for actions which increase physical and psychological safety in the workplace.

#	Recommendation	Action(s)
Collaborate to advance health system-wide change		
1.9	**Internally:** Collaborate with Specialty Societies and Training Boards, sharing ownership of problems and solutions through joint planning and implementation.	Recognising the primary relationship between Specialty Societies and their specialty aligned Fellows, Trainees and SIMGS: – Work with Specialty Societies to jointly achieve the goals and actions outlined in this plan. – Build on and continue to strengthen the current engagement effort, encouraging two-way dialogue, information sharing, consultation, collaboration and co-design. – Continue to provide central coordination and support for Specialty Societies to encourage their buy- in / commitment, strengthen their advocacy of these issues and advance specific actions with their Fellows. – Reaffirm commitment of Specialty Societies to Building Respect Action plan 2022
1.10	**Externally:** Continue and deepen collaboration with employers, Medical Colleges and other partners to support system-wide change.	– Continue to support College-wide advocacy on professionalism and *Building Respect* initiatives. – Build on commitments from employers and other medical colleges, including the College of Nursing, to work in partnership to support cultures of safety and respect across the health system. – Update and sustain RACS partnership agreements with government health jurisdictions (District health boards -AoNZ, State health departments - Aus) as a platform to secure policy support and commitment to advancing cultures of safety and respect at a health-system level. – See also recommendation 2.9.
Invest in leadership		
1.11	Lead the shift from awareness to action, through institutional leadership based on patient safety priority, and safety and quality framework	– See all leadership actions in pillars 1 and 2. – Quality and safety committees to explicitly recognise the impact of unprofessional conduct on patient safety
1.12	Adopt a leadership model aligned with RACS values, that reflects compassionate, collaborative and inclusive leadership.	– Establish a leadership development framework to guide the training of RACS Fellows, Trainees and SIMGs to recognize and model the characteristics of compassionate, collaborative and inclusive leadership – Distill the hallmarks of the leadership models supported in the literature and evidence-informed practice as suited to clinical settings and consistent with RACS values: – Compassionate – Collaborative – Inclusive – Draw on external expertise in research and development of this model and engage with representatives of the College community in this work – For additional actions to support implementation, see also Pillar 2.
Communication		
1.13	Recommit and relaunch the Building Respect, Improving Patient Safety initiative, retaining branding, refocusing and refreshing language and messaging and creating opportunities for leaders across the College to promote and bring profile to the campaign	– Develop a three to five-year communications strategy, with intermediate goals and stages – Refreshed messaging under OWR branding: – Scope to reflect the expanded focus of this plan – Clearly communicates RACS' role in contrast with employing jurisdictions, regulators and the role of individuals surgeons – Collateral for use by Regional office staff and Specialty Societies – Communications channels tailored and targeted to RACS audiences – Promotion of the complementary skills training and professional development options – Widely promote refreshed campaign to internal and external stakeholders across the health system, including the community – Actively promote and monitor adherence to the "Panel pledge" for all RACS sponsored speaking opportunities, meetings and conferences; include in reporting (ASC, ASMs, Specialty Society events)

#	Recommendation	Action(s)
Modernise RACS governance		
1.14	Refresh and align RACS governance with contemporary best practice	– Review and rebuild college committee structures to ensure clear, unambiguous reporting arrangements, streamlined communication and reporting arrangements, consistent with contemporary best practice. – Update terminology for the naming of committees and boards as per Governance Review (2019) recommendations – Review RACS Governance Charter review through a diversity lens – Incorporate guidelines to promote transparency and equity in appointments to RACS committees in reviewed Governance Charter (and E o I for committees and working groups) to improve culture and gender diversity at all levels
1.15	Set clear expectations of organisational leaders and members of all RACS committees.	Office bearers, office holders to be exemplars of expected behaviours (see 1.16) Develop new or update existing guidance for RACS Chairs. Responsibilities of Chairs to include – to manage conduct issues in meetings, maintain professional behavior and address inappropriate behavior in meetings. – to remind meeting participants at commencement of meetings about professional conduct expected – to conclude key meetings with a reflection on conduct. Review guidance documents for those participating in RACS committees, highlighting expected conduct of all committee members, including during staff interactions Specify governance training requirements for membership of RACS major committees as a pre-requisite to participation or appointment to: – Council - review and update Council induction; AICD course recommended – Education Board, Professional Standards and Advocacy Committee, Audit Risk and Finance Committee - a tailored online module to developed as a prerequisite for participation – Award CPD for governance training
1.16	Ensure RACS office bearers, office holders and RACS committee members consistently demonstrate professional behavior in their interactions and while engaging with College staff	Improve interactions between RACS office bearers and office holders and College staff: – Include 360/multisource feedback as a new element of RACS Council annual appraisal; this feedback should include input from RACS staff – RACS committee members to be mindful of the need to demonstrate expected standards of behavior in their interactions with RACS staff, as well as in the workplace – Support RACS staff to report unprofessional conduct, from Fellows, Trainees and SIMGs: – Articulate clear reporting mechanisms – Enable anonymous reporting – Encourage staff feedback and reporting
1.17	Address behavioural issues identified in RACS' committees early. Identify and implement a framework that spans prevention, early intervention, influence and mediation. Facilitate escalation options as required, and clear consequences if unprofessional behaviour persists.	Address behavioural issues identified in RACS committees early by: – Examining the process adopted by the Victorian Bar and adapting / adopting relevant aspects if deemed appropriate – Establishing a mechanism to work with Fellows who fail to display expected standards of behavior that features prompt and early intervention, influence and mediation, with escalation options as required. Define consequences if expected standards of behavior are not met, which includes ineligibility to hold a committee position. – In this mechanism, explore the use of trained Fellows / a trained team providing feedback and working with Fellows whose behaviour falls short of expected standards – Communicate framework to all members of RACS committees and make explicit in the committee code of conduct (refer 1.14)

Pillar 2 Surgical Education

Goals:

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

#	Recommendation	Action(s)
Advance professionalism		
2.1	Foster surgical leadership by developing, supporting and implementing compassionate, collaborative and inclusive leadership	– Provide relevant leadership training, consistent with adopted leadership framework. See also recommendations and actions in Pillar 1.
2.2	Access leadership resources outside surgery to strengthen leadership training	– Draw on expert external resources to complement surgical leadership expertise.
2.3	Identify priority audiences for leadership training to support and enable cultural change	– Provide education and training so surgeons are valued and supported as leaders in all facets of their work: individuals leading teams, as surgical directors, in committees and as leaders of RACS as an institution. – Foster leadership skills among surgeons appointed to senior appointments in public hospitals. – Identify how best to support leadership development in the training curriculum. – Effectively target and promote Surgeons as Leaders in Everyday Practice to Trainees and early career surgeons.
2.4	Recognise, resource and leverage the value and impact of surgical directors as leaders	– Define leadership attributes and expectations of Surgical Directors and provide access to relevant leadership development for this group. – Promote leadership and governance courses for sabbaticals, prior to commencement as Surgical Director.

#	Recommendation	Action(s)
Capacity building		
2.5	Ensure surgical education and training continues to include opportunities for development of emotional intelligence/ self-awareness under pressure and builds skills and confidence to speak up	– Reflect this in the professional skills curriculum and PD curriculum – Provide access to OWR face to face training to all Fellows, Trainees and SIMGs, beyond the current mandated groups – provide opportunities to reinforce OWR training /practical skills with tools eg OWR App
2.6	Evolve and refresh OWR education and training to strengthen surgeons' skills to speak up	– Update OWR (face to face) to build on skills development, reflecting expanded scope of updated Building Respect Action Plan and fostering professionalism and civility in surgery, including: – Moving beyond DBSH to include micro-aggressions and other practices that impact on patient safety – 'Speaking up' as key action – Speaking up in a culturally appropriate way, working with and drawing on expertise of surgeons with lived experience – Expand range of case studies used in training – eg racism, sexual harassment, age or other discrimination (to cover broader range of protected attributes)
2.7	Review RACS Professional Development program and CPD criteria, for opportunities to facilitate and encourage learning that supports professionalism, respect and civility in surgery and increases literacy in diversity	– Examine RACS Professional Development program through the expanded Building Respect lens and address areas requiring inclusion, such as – Discrimination, racism and unconscious bias – Microaggressions – Identify opportunities to integrate this focus in existing courses upon review
2.8	Remove barriers and explore opportunities to provide creative incentives for surgeons to undertake training that supports respect, professionalism and civility in surgery	Scale up the delivery of Operating with Respect (face to face) Training to non-mandated groups and resource appropriately: – Identifying and quantifying barriers (staffing, time commitment, cost, demand) – testing efficacy of blended online and face-to-face delivery to reduce time commitment – Develop faculty to support this Completion of all professional development activities consistent with the Building Respect Initiative, including those specifically identified in this plan, to be allocated CPD points
2.9	Explore and advance partnerships and collaborations with employers and other colleges/ professions, to support with the shared purpose of driving effective cultural change in practice and fostering multidisciplinary approaches	– Work with partners and representative peak bodies to codesign education and training, for example, with others in surgical teams such as anaesthetists, nurses – Work collaboratively to establish commonality of purpose and processes amongst medical colleges

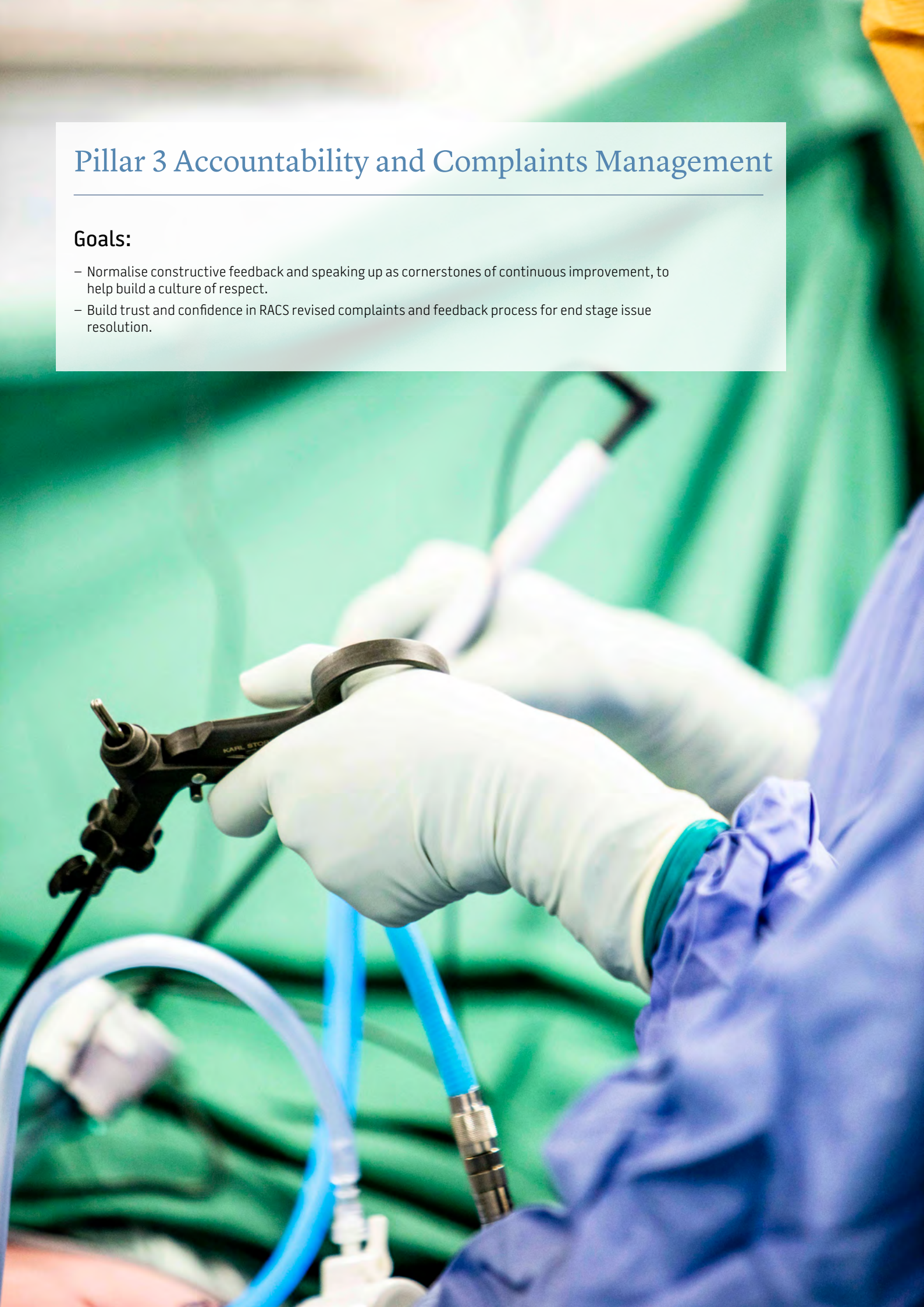
#	Recommendation	Action(s)
Supporting a culture of feedback		
2.10	**Embed speaking up, and respectfully delivering and receiving feedback as cornerstones of a culture of continuous learning and improvement**	– RACS to work with employers, jurisdictions and Surgical Directors, to influence workplace policy and culture that supports speaking up and feedback – Develop and deliver training to support respectful delivery and receipt of feedback, including via e learning – Fellows to be supported by RACS to engage in multisource feedback at the workplace or as part of RACS' CPD; evidence of participation in workplace multisource feedback to be awarded with CPD points – Include in RACS policy frameworks wherever relevant
2.11	**Address ongoing issues associated with feedback provided to trainees (timeliness, quality and lack) and ensure anecdotal feedback between surgeons about trainees is aligned with written reporting about them.**	– Review and update FSSE course content to reflect insights from evaluation and trainee surveys, strengthen current focus on feedback. – Continue requirement for completion of (updated) FSSE course for all Supervisors, Trainers and others involved in the training of RACS Trainees – Educate surgeons and raise awareness that "off the record" anecdotal reporting must align with written assessments of trainees.
2.12	**Build feedback opportunities into the examination process, to support continuous improvement**	– Identify opportunities for exam candidates to provide feedback on examiners, noting that feedback should be disclosed to examiners after marks are received and collated.
Strengthening diversity		
2.13	Review, refresh and modernise ongoing education and training to promote a 21st century understanding of diversity	– Refresh OWR on-line module to reflect this recommendation and continue to include completion of this as a training entry requirement – Actively seek other opportunities in the skills training curriculum and integrate new content as appropriate – Refresh professional development and CPD offering.
2.14	Re-energise efforts to increase gender equity	– See also actions under Pillar 1.
2.15	Review RACS application of the Medical Board of Australia's requirements for specialist recognition / assessment of comparability to ensure fairness and equity of access, ensure requirementa are being applied as intended and endusre no undue barriers to entry are being imposed	Review RACS approach to SIMG assessment processes against MBA specialist registration and recognition requirements, to ensure: – alignment with MBA intention – fairness and equity of access – requirements are being applied as intended and – no undue barriers to entry are being imposed. Work in partnership with Specialty Societies to provide guidance for Specialty Training Boards in matters arising.

#	Recommendation	Action(s)
Leveraging accreditation to build respect		
2.16	Meet AMC accreditation requirements to support a systemwide approach to delivering and acting on quality and timely feedback in the training environment	– AMC Recommendation 12 (formerly recommendation 19): Establish methods to seek confidential feedback from supervisors of training, across the surgical specialties, to contribute to the monitoring and development of the training program. (Standard 6.1.2) – 2022 – AMC recommendation 13 (formerly 20) Develop and implement completely confidential and safe processes for obtaining—and acting on—regular, systematic feedback from trainees on the quality of supervision, training and clinical experience. (Standard 6.1.3 and 8.1.3) - 2022 – AMC recommendation 19 (formerly 31) In conjunction with the Specialty Training Boards, finalise the supervision standards and the process for reviewing supervisor performance and implement across all specialty training
2.17	Leverage revised Guidelines for the Accreditation of Hospital Training Posts, to foster a culture of respect in training posts and the surgical workplace	– Develop induction materials and tools to support Specialty Training Boards to implement the revised Guidelines for the Accreditation of Hospital Training Posts (2021), including provisions designed to foster culturally and psychologically safe hospital workplaces. (These include, but are not limited to, hospital leadership, policy, training and complaints management, consistent with the BR 2022 Action Plan goals.) – Develop induction materials and tools to support hospitals to implement the revised Guidelines for the Accreditation of Hospital Training Posts (2021), as above. – Have regard to the varying circumstances of rural training posts in developing these tools. – Aggregate training post accreditation data to enable comparisons between hospital and training site performance. – Aggregate training post accreditation data and make available to health departments/ jurisdictions

Pillar 3 Accountability and Complaints Management

Goals:

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



#	Recommendation	Action(s)
Foster continuous improvement		
3.1	Continue to conduct an independent, external bi-annual review and apply the recommendations of the independent reviewer to continuously improve the complaints process.	– Continue biannual review by independent reviewer or as needed to address specific issues. – Systematically seek and publish deidentified user feedback to inform ongoing process refinement. – Monitor and report on implementation of external reviewer recommendations to RACS Council.
3.2	Develop informal structures within RACS to support complainants/people affected to pursue action in the workplace.	– RACS will help complainants and people affected to pursue claims in the workplace by developing a range of support services in navigating workplace issues. – Ensure those who have been part of our process are consulted on how informal support mechanisms can be improved
Cultural safety		
3.3	Working with RACS Indigenous Health Committee and others, review and amend RACS' existing complaints process as required to ensure cultural safety. *See also wider cultural safety recommendations in pillar one.*	– Work collaboratively with subject matter experts and those with lived experience to achieve this – Seek the input of RACS Indigenous Health Committee, SIMG Committee – Use complaints feedback mechanism to track issues (as per 3.1)
Fostering a culture of feedback		
3.4	Design and implement an ongoing communications strategy to demystify and build confidence in the RACS complaints and feedback process that positions the complaints and feedback process as end stage issue resolution, in a culture of ongoing feedback and speaking up	Communication strategy will: – ensure that communication is tailored to the information needs of internal and external stakeholders (All Fellows, Trainees, SIMG; RACS Specialty Training Boards and Specialty Societies; Employers) – reinforce timeliness, procedural fairness, natural justice and transparency as hallmarks of RACS complaints and feedback processes that apply equally to complainants and respondents – make clear RACS role in facilitating access to psychological and practical support, including by facilitating access to appropriate existing external complaints agencies.
Data and information sharing		
3.5	Actively support and engage in two-way information sharing with employers about unprofessional conduct and surgical practice related complaints, as per RACS Guidelines for the Accreditation of Hospital Training posts - RACS information sharing protocol (2021)	– Within RACS, and between Specialty Societies, Specialty Training Boards and relevant committees, ensure tools, communication and internal processes are aligned to enable timely and relevant information sharing about complaints with hospitals/employers
3.6	Capture, report on and publish complaints and feedback data, including hospital complaints data, to internal and external audiences, as appropriate	– Review complaints management database to enable nuanced, accurate capture and reporting of complaints data (NOTE: data fields are currently limited and restrict accuracy of data capture) – Report on deidentified complaints handling outcomes and feedback from users – Data from complaints to be available to Speciality Training Boards when assessing training posts – Share data with specialty societies; publish on website; annual report/annual Building Respect Progress Report

Appendices

Appendix 1

Membership of the Expert Advisory Group, 2022

Hon Rob Knowles AO (Chair) - previous Minister of Health in Victoria and current expert community member on RACS Council, current Chair of the Royal Children's Hospital Board and a Director of the following: Beyondblue Ltd; Drinkwise Australia Ltd; Global Health Ltd; Great Ocean Road Health, IPG Ltd and the Silverchain Group of Companies.

Dr Helen Szoke AO (Deputy Chair) – previously the Australian Federal Race Discrimination Commissioner, Victorian Equal Opportunity and Human Rights Commissioner and former CEO of Oxfam, currently performing a number of Non-Executive Director roles.

Dr Szoke has also provided her expertise on several advisory groups. These have included chairing the Australasian College of Emergency Medicine Expert Advisory Group investigating racism, the Victorian Department of Health and Human Services Bullying and Harassment Advisory Group, Deputy Chair of the Royal Australasian College of Obstetricians and Gynaecologists working group on Bullying Discrimination and Sexual Harassment.

Dr Anne Tonkin – Chair, Medical Board of Australia. Dr Anne Tonkin is Chair of the Medical Board of Australia which is responsible for registration and regulation of all doctors in Australia. She has been involved in medical regulation for more than 10 years and Chair of the National Board since 2018. She was the inaugural Chair of the national committee set up by the Medical Board of Australia in 2017 to deal with complaints involving sexual boundaries.

Dame Judith Potter DNZM, CBE – Retired Judge of the High Court of New Zealand and Pitcairn Islands Court of Appeal, Judge of the High Court of the Cook Islands, first woman President of the New Zealand Law Society, member of the decision maker panel for the Greater Christchurch Claims Resolution Service. She has recently retired from the role of expert community adviser, Aotearoa New Zealand National Committee, RACS.

Mr Kieran Pender, lawyer, writer, academic. Kieran led the International Bar Association's work to address bullying and sexual harassment in the legal profession, authoring the Us Too? (2019) and Beyond Us Too? (2022) reports. He is also an honorary lecturer at the ANU College of Law and serves on the NSW Law Society's Diversity and Inclusion Committee and the advisory council of the Global Institute for Women's Leadership. Kieran was previously a member of the advisory panel to the independent review of sexual harassment in the Victorian courts system, commissioned by Victoria's Attorney-General and Chief Justice in 2020.

Dr Lawrie Malisano, FRACS – RACS Vice President.

Dr Cathy Ferguson, FRACS – previous EAG member, Vice President of RACS (2017-2019).

Dr Eugenia Ip, FRACS – representative of the Younger Fellows Committee of RACS.

Advisors to the Expert Advisory Group

Mr Michael Gorton AM - Michael is a senior partner at Russell Kennedy Lawyers and has more than 30 years' experience advising the health and medical sector on all aspects of commercial law, assisting boards of health organisations to understand their legal obligations for effective governance structures, governance policies and implementing risk management strategies. He is the Chair of Alfred Health and Chair of Wellways Australia. He is a Board member of Ambulance Victoria and the Holmesglen Institute (TAFE), and is the former Chair of the Australian Health Practitioner Regulation Agency (AHPRA) and former Board member of the Australasian College for Emergency Medicine. He is a former Chair of the Victorian Equal Opportunity and Human Rights Commission.

Ms Nicole Newton - Nicole is a strategic communications professional with extensive experience in communication, public relations, journalism, issues management and crisis preparedness. She has been working with RACS since 2015 and instrumental in the delivery of the College action plans to help build respect in surgery, in response to the recommendations of both expert advisory groups. Nicole has provided ongoing specialist advice to shape the College's communication strategy and support long term cultural and behaviour change in the profession.

Ms Susan Halliday AM, awarded for significant service to social welfare, particularly through gender equality and human rights advocacy. Susan is a former federal Sex Discrimination Commissioner and Disability Discrimination Commissioner, ministerial appointment to the Australian Defence Abuse Response Taskforce, inaugural Chair of Victoria's largest professional regulator, The Victorian Institute of Teaching. Susan has conducted independent Governance & Cultural Reviews at City of Greater Geelong and City of Ballarat and has worked with RACS since 2015 supporting the work of both Expert Advisory Groups. With Board appointments spanning government, NFP and private sector entities over 25 years, Susan was originally a teacher who moved to the corporate world via BHP and onto Assistant Director at the Business Council of Australia prior to her federal Commissioner roles. *A life governor of the Australian Childhood Foundation, Susan chairs the Foundation's Accreditation Panel for the Safeguarding Children Program (Australia & NZ), currently sits on the Kooyoora Board and recently stepped down from the Caraniche Board (psychological services / EAP) after 16 years.*

Appendices

Appendix 2

1 Gender diversity targets and indicators

The following gender diversity targets were set in 2016:

Increasing representation of women in SET from 29% in 2016 to 40% by 2021 – currently at 31%

Women's representation on Committees and other leadership roles - 20% by 2018 and 40% by 2020 – currently at 36%

2 Biannual reporting to RACS Council Executive (2017-2021):

The biannual dashboard (2017-2021) shows detail behind these headlines for women in surgery

Trainees: Applications to surgical training; Accepted into surgical training; Total Trainees, now shown by specialty

Fellows: New Fellows; Total active Fellows; Fellows on Council and main committees including regional committees (n = 26)

Numbers/ percentage of women on Council.

Number / percentage of female invited speakers for Annual Scientific Congress and Annual Scientific Meetings

Appendix 3

Legally protected personal characteristics and attributes

Across Australia and Aotearoa New Zealand, an array of personal characteristics and attributes are protected by law. While coverage is not identical in the relevant jurisdictions, it is very similar. A best practice approach is to utilise a collective list.

For the purposes of this report, these personal characteristics and attributes are noted to ensure a comprehensive picture of diversity:

- age
- sex
- sexual orientation
- gender identity, gender history, transgender, intersex or transsexual status
- pregnancy
- childbirth and breastfeeding
- marital, domestic relationship or relationship status
- parenthood or parental status
- disability, impairment, assistance animals or equipment
- race
- physical features
- carer status
- family status and family responsibilities
- religious belief, conviction, affiliation or activity
- political belief, conviction, affiliation or activity
- trade union or professional association membership and industrial activity
- irrelevant, spent or expunged criminal records; and
- association with a person who is identified with any of the above personal attributes.

Appendix 4

The Panel Pledge - Taking a stand on visibility of women at forums

> "Many high-profile conferences, events and taskforces lack gender balance, despite there often being no shortage of qualified women. It is estimated less than 15% of panellists in Australia are women. Less than 12% of experts cited in business newspapers are women. Such optics have consequences." Except from Panel Pledge: a quick guide. Male Champions of Change, 2017

In 2017, RACS Council agreed to adopt the "panel pledge" and actively pursue this across the scientific meetings and fora it leads, engages in and supports. The pledge seeks to achieve gender balance at every forum. It states that whenever we are invited to be involved in or sponsor a panel or conference, we will inquire about organiser efforts to ensure women leaders are represented.

Since that time, RACS has monitored the participation of women in its key meetings, most notably the Annual Scientific Congress and Annual Scientific Meetings. It is important however, that this pledge is kept front of mind and is constantly revisited, in order that gender balance becomes simply 'business as usual'.

The panel pledge is an initiative of The Male Champions of Change, Chief Executive Women and Women's Leadership Institute Australia.

Royal Australasian
College of Surgeons