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Discrimination, bullying and sexual harassment: where next for medical leadership?

Sexual harassment, the perceived career damage that can result from reporting such behaviour, and inconsistent standards of response by medical colleges and health services hit the headlines in early 2015. A background briefing paper published by the Royal Australasian College of Surgeons (RACS) in June 2015, as well as several articles in this issue of the Journal confirm these concerns are real.

Discrimination, bullying and sexual harassment (DBSH) occur in many workplace environments internationally, despite having been prohibited by law for decades. Trainees, medical students and female staff and colleagues are identified as the most likely targets. Proceduralists are particularly likely to offend. Some offenders unwittingly reproduce behaviours they have learned from role models of previous generations. Others are more deliberate or determined perpetrators, often with a reputation for misbehaviour that frequently goes unchecked. Observers who are aware of such behaviour may be co-victims or co-perpetrators, or both. Hospitals and professional associations sometimes foster a culture of abuse through covert sanctions against complainers, or by providing tacit approval by failing to act or by discouraging change.

There is little doubt of the perception among medical students and trainees that complaining can damage a career because “the hierarchy is too high and too strong.” Underreporting of abuse is prevalent across the entire health sector. Despite explicit professional values being taught, these seem to be overlooked, and there is a perceived disconnection between organisations’ stated values and their responses in individual cases of alleged abuse.

Significant cultural change is necessary to make perpetrators aware that their behaviour will no longer be tolerated. The leadership required includes the following:

- understanding what constitutes DBSH;
- taking responsibility for proactively improving workplace culture and eradicating DBSH;
- providing training in appropriate behaviour, including resilience, performance under pressure and speaking up when DBSH occurs;
- recognising the right of victims to be able to report abuse or complain without fear of retribution;
- providing appropriate timely responses to allegations, that include various levels of sanction for perpetrators; and
- providing confidential counselling and support for those who have been affected.

In March this year, the RACS established an Expert Advisory Group to provide well grounded, informed and independent advice. The college published the background briefing paper, above, reviewing the evidence, and an issues paper that will cover the areas described above as well as equity between the sexes. It has also commissioned a prevalence survey of college fellows, trainees and international medical graduates, and qualitative research that captures the stories, effects and outcomes of individual cases. On the recommendations of the Expert Advisory Group, the RACS mounted an improved complaints process, and partnered with an independent external agency to provide the RACS Support Program for those affected.

Medical colleges have a vital role to play in honouring the “societal contract” that exists between the profession and the public, ensuring that DBSH are never tolerated and championing professionalism and standards.

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Short report


