Declaration of Interests

◦ Employee of The Royal Australasian College of Medical Administrators

◦ No commercial sponsorships

◦ Currently practising administrator and clinician

◦ No company or governmental interests.

I acknowledge …

The traditional custodians of this land –   Bunurong Boon Wurrung and Wurundjeri Woi Wurrung peoples of the Eastern Kulin Nation

The wrongs and injustices meted upon them by my forebears and which continue today

That much of the wealth I carry today has come at the expense of a people whose land was occupied and whose children were stolen

I pay my respects to their culture, their rights, and their elders, past and present, and to any Aboriginal and Torres Strait Islander people here today, as well as Indigenous people from other nations who honour us with their attendance.
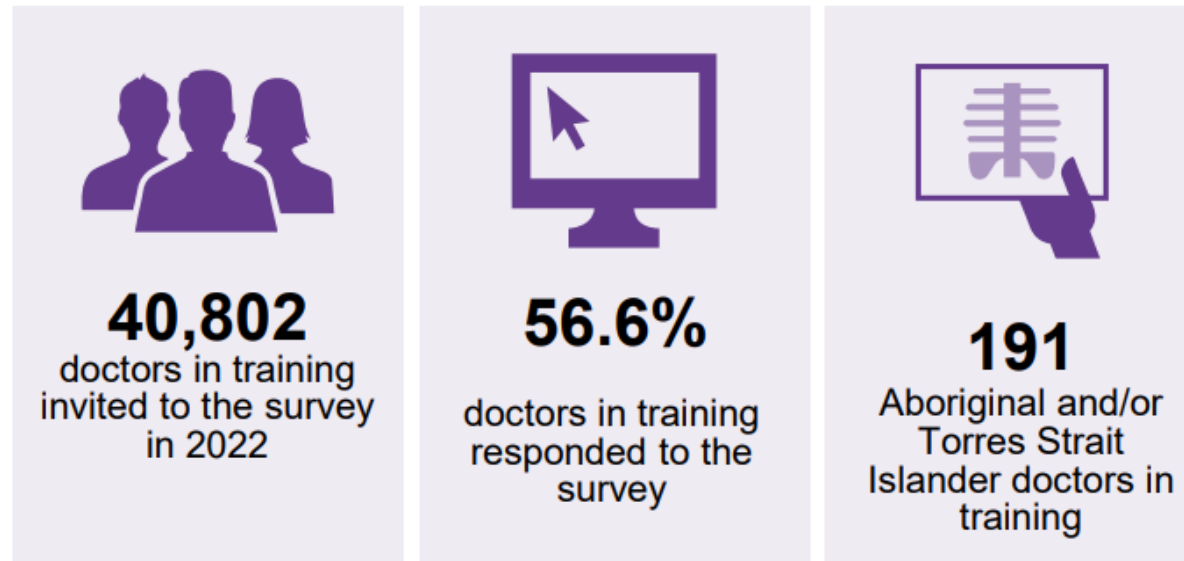
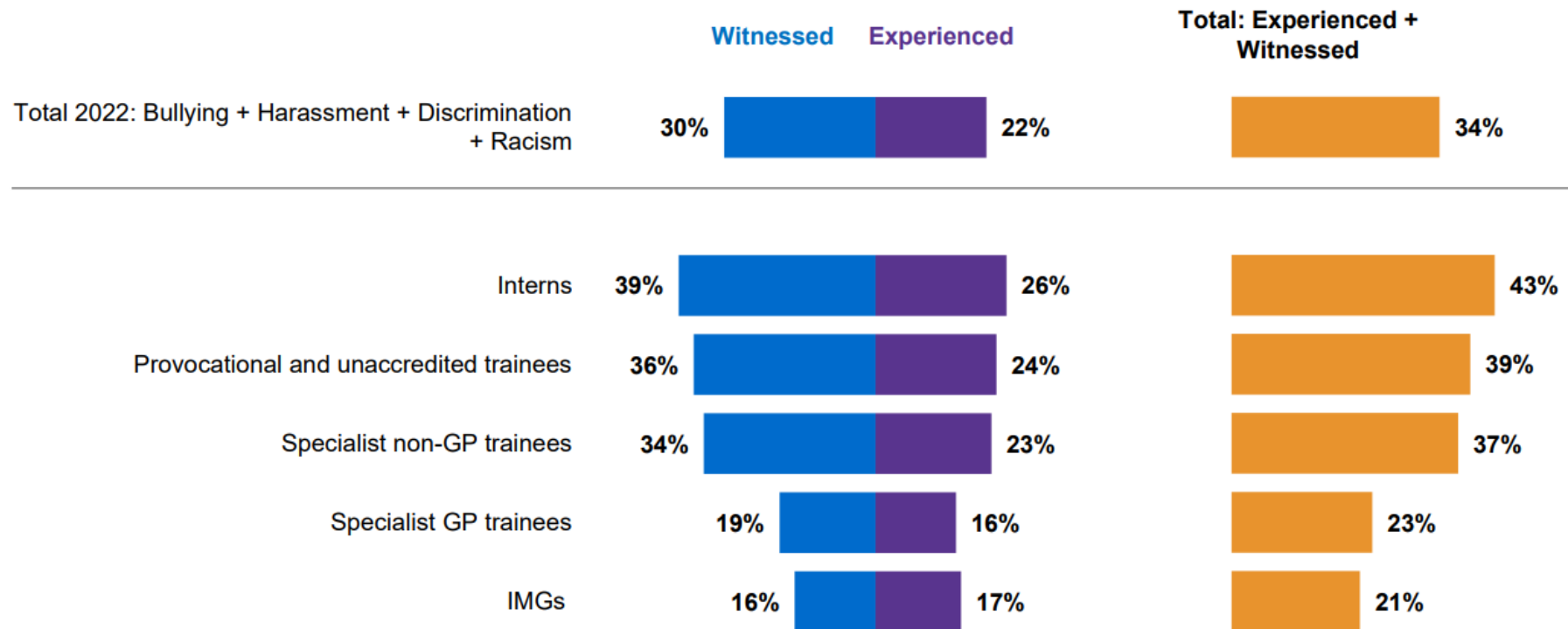The
Why

The Survey – The "Why?"

40,802 doctors in training invited to the survey in 2022

56.6% doctors in training responded to the survey

191 Aboriginal and/or Torres Strait Islander doctors in training

Reproduced from Medical Board of Australia's **2022** Medical Training Survey national report
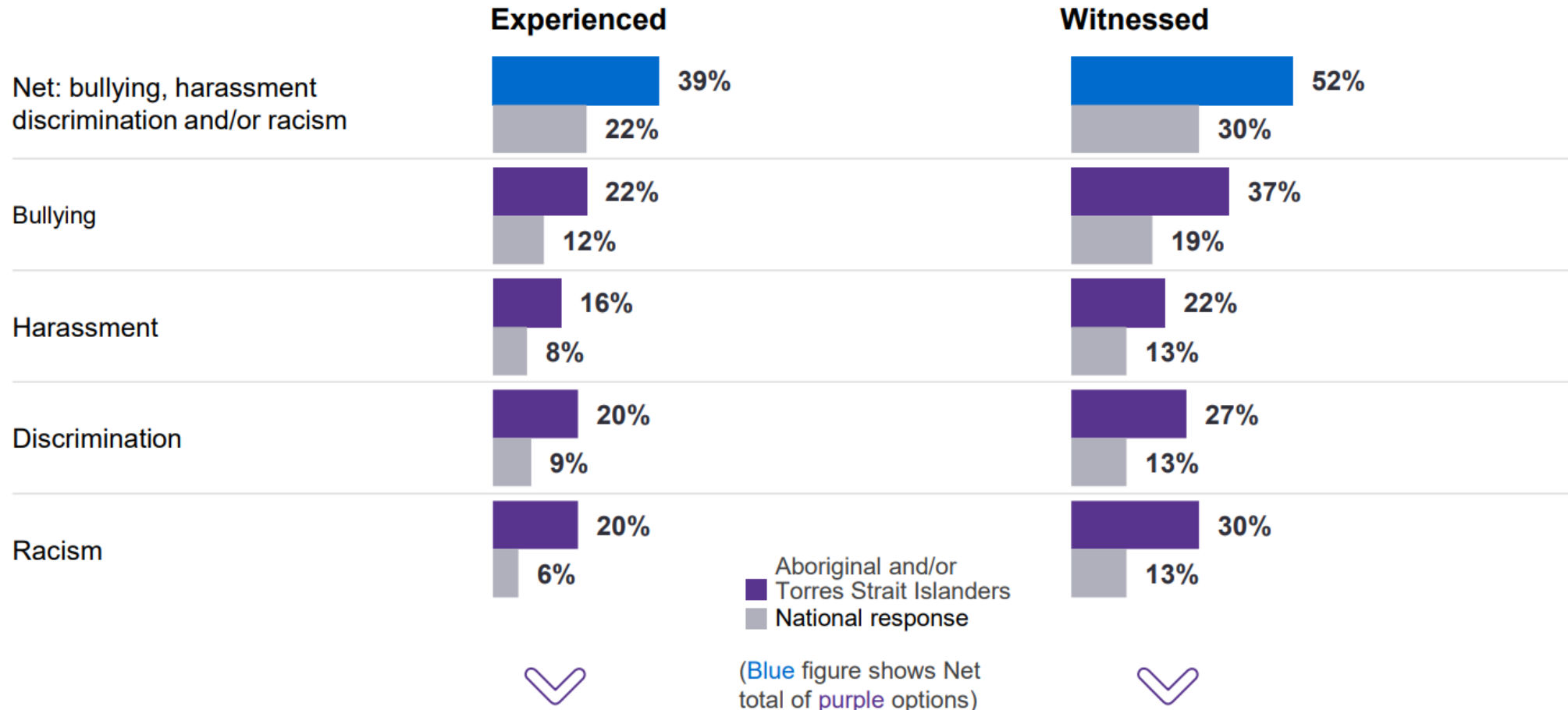https://medicaltrainingsurvey.gov.au/Results/Reports-and-results

The Why

Q42. Thinking about your workplace, in the past 12 months, have you experienced or witnessed bullying, harassment, discrimination and/or racism? (% yes)
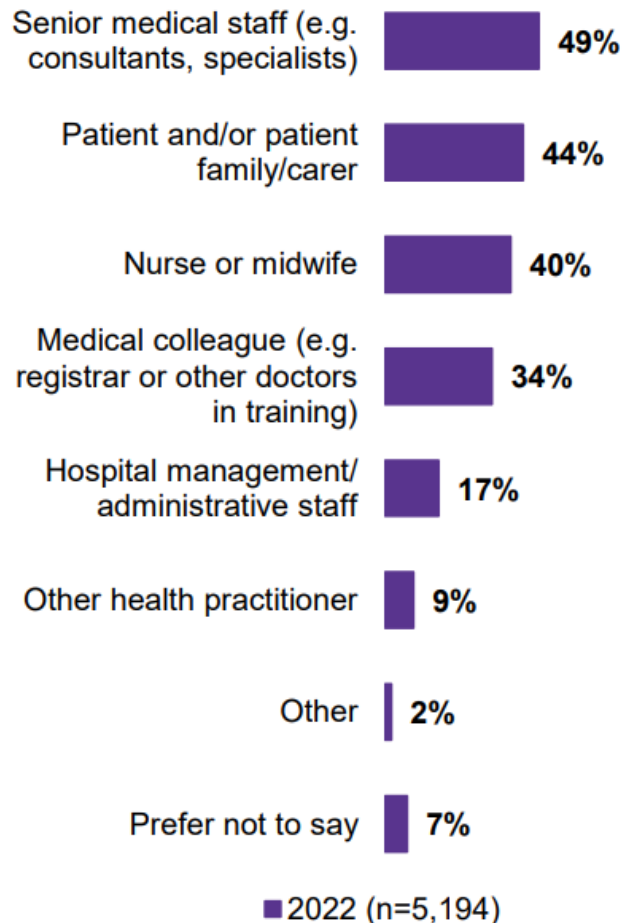
	Witnessed	Experienced	Total: Experienced + Witnessed
Total 2022: Bullying + Harassment + Discrimination + Racism	30%	22%	34%
Interns	39%	26%	43%
Provocational and unaccredited trainees	36%	24%	39%
Specialist non-GP trainees	34%	23%	37%
Specialist GP trainees	19%	16%	23%
IMGs	16%	17%	21%

The Why

IN THE PAST 12 MONTHS, HAVE YOU… (% yes)

	Experienced	Witnessed
Net: bullying, harassment discrimination and/or racism	39% / 22%	52% / 30%
Bullying	22% / 12%	37% / 19%
Harassment	16% / 8%	22% / 13%
Discrimination	20% / 9%	27% / 13%
Racism	20% / 6%	30% / 13%

Aboriginal and/or Torres Strait Islanders
National response

(Blue figure shows Net total of purple options)

The Why

Who was responsible…

Senior medical staff (e.g. consultants, specialists)	49%
Patient and/or patient family/carer	44%
Nurse or midwife	40%
Medical colleague (e.g. registrar or other doctors in training)	34%
Hospital management/ administrative staff	17%
Other health practitioner	9%
Other	2%
Prefer not to say	7%

■ 2022 (n=5,194)

The staff member or colleague was…

In my team	38%
In my department but not in my team	39%
From another department	35%
Prefer not to say	18%

■ 2022 (n=4,068)
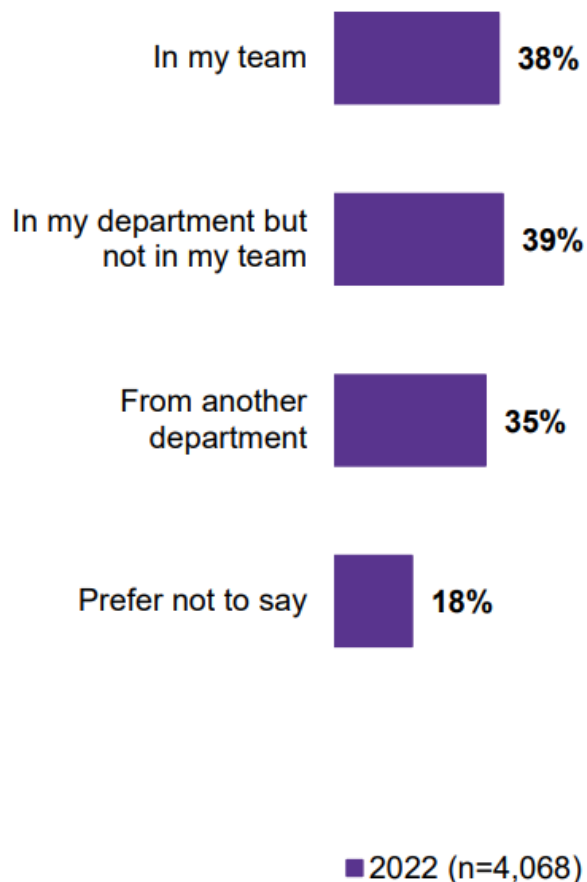
The staff member or colleague was my supervisor…

Yes	31%
No	58%
Prefer not to say	11%

■ 2022 (n=2,574)
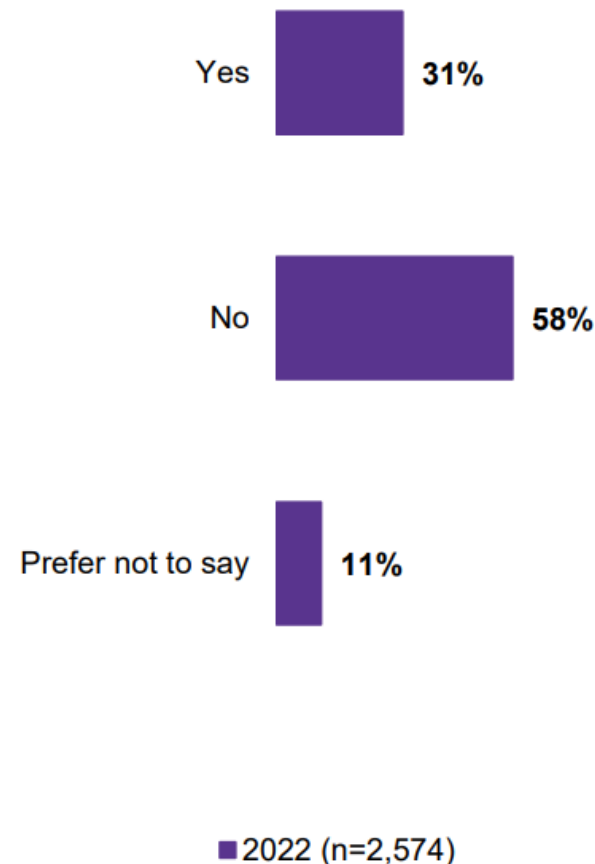
The Why – Experienced

What prevented you from reporting?

- Concern about repercussions — **55%**
- Nothing will be done if I do report it — **51%**
- I feel it is not the accepted practice to report it — **29%**
- Lack of support — **28%**
- Lack of processes in place — **15%**
- Wasn't provided information on how or who to report to — **12%**
- Other — **9%**
- Prefer not to say — **15%**

■ 2022 (n=2,472)
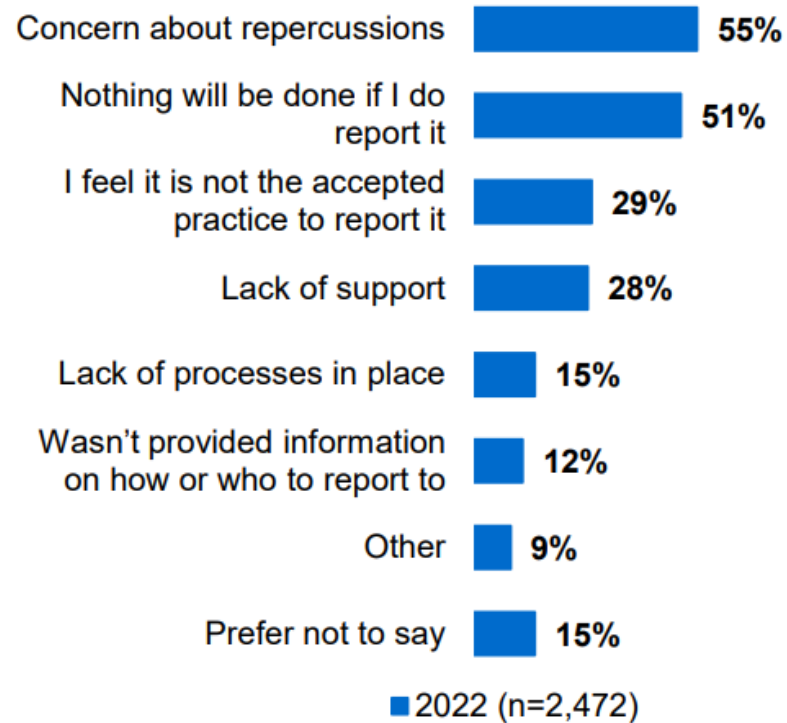
How has the incident adversely affected your medical training?

- No effect — **21%**
- Minor effect — **34%**
- Moderate effect — **24%**
- Major effect — **13%**
- Unsure — **8%**

■ 2022 (n=3,557)
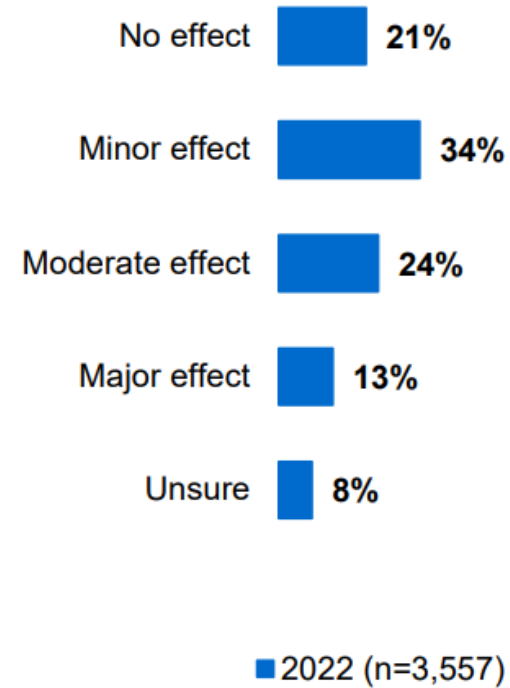
The Why

Bullying, harassment and discrimination by anyone is not tolerated at my workplace

Aboriginal and/or Torres Strait Islanders (n=191)

Total agree: 63% Total disagree: 14%

| 26% | 37% | 23% | 10% | 4% |

National response (n=18,976)

Total agree: 79% Total disagree: 7%

| 32% | 47% | 14% | 6% | |
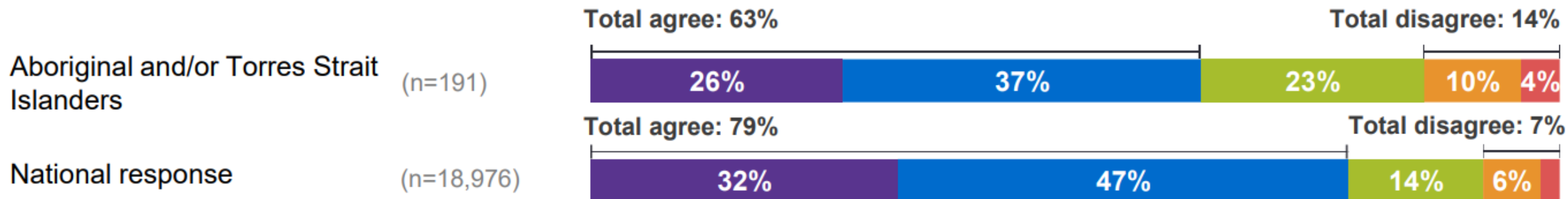
Racism is not tolerated at my workplace

Aboriginal and/or Torres Strait Islanders (n=191)

Total agree: 69% Total disagree: 13%

| 28% | 41% | 18% | 11% | |

National response (n=18,977)

Total agree: 85% Total disagree: 4%

| 38% | 47% | 11% | | |
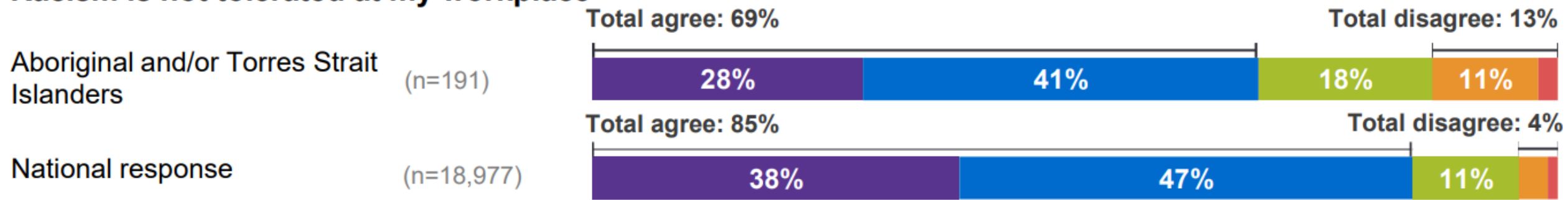
The Why
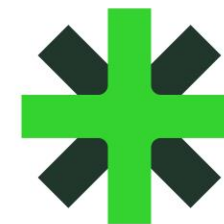
I am considering a future outside of medicine

Total agree: 29%

Total disagree: 46%

Aboriginal and/or Torres Strait Islanders (n=191)

| 9% | 20% | 25% | 27% | 19% |

Total agree: 20%

Total disagree: 57%

National response (n=18,275)

| 5% | 15% | 22% | 34% | 23% |

The Ultimate Why

◦ **Disrespect is a threat to patient safety because it inhibits collegiality and cooperation essential to teamwork, cuts off communication, undermines morale, and inhibits compliance with and implementation of new practices**

◦ Leape L et al   Academic Medicine, Vol. 87, No. 7 / July 2012

Poor workplace culture is a **patient safety risk** –

◦ Reduced likelihood of speaking up about concerns

◦ Reduced likelihood of asking for help

◦ Reduced likelihood of openly discussing errors

◦ Increased cognitive load

◦ Reduced problem-solving capacity.

Other Data Sources

The Senior Manager Perspective

Key findings:

1. **Leadership** is about the balance between a strong policy and a human touch. Both formal and informal leaders should recognise and cultivate leadership and management skills.

2. **Workplace Behaviours** stress the significance of training on communication across hierarchy and feedback mechanisms.

3. **Healthcare Workforce** well-being is paramount. Emphasis on addressing maladaptive stress responses and advocating for better working conditions was evident.

4. **Recognition and Consequences.** Collaboration, awareness of reporting barriers, and ensuring just, timely, and visible responses to issues are essential.

5. **Barriers to Change** highlighted the importance of collaboration with government and healthcare entities and the need for resourcing for culture change activities.

6. **Enabling Workplace Structures** underscored the potential of mentoring and innovative care models to promote team cohesion.

7. **Monitoring and Evaluation** can be enhanced by leveraging direct and indirect measures employed by experienced healthcare leaders.

Lived Experience Perspective

But You Were Born Here, Right? Male Surgical Fellow

A question asked so innocently yet phrased to suggest only one acceptable answer. "Um, yea." I hesitantly reply, feeling disappointed in myself for not owning my truth. But the reality is, I am one of the lucky ones: a perfect Australian accent, a love of footy and a relaxed 'no worries' attitude makes it seem impossible that I migrated here from a thirdworld country at the age of 3. And this situation is not unique: one-third of Australian's population are born overseas, yet it seems many prefer to hide that part of themself.

Dr Nisha Khot ~ Obstetrician/Gynecologist, Australian Doctor who Trained Overseas, RANZCOG Board Director, RDAV Board Director, Clinical Director of O&G

"Doctors who come to Australia from UK, Ireland, USA are absolutely fine. But IMGs (international medical graduates) who come from elsewhere…they are a problem. Their training just isn't good enough." This is not a view from a different era. It is a current view.

Dr Soumitra Das, MBBS, MD, FRANZCP ~ Consultant Psychiatrist , EMH/Western Health, Harvester Pvt, Essendon Pvt, Sunshine Pvt

Challenging stereotypes is paramount, including the notion that certain IMG trainees lack the ability to manage certain cases like BPD. It is crucial to understand that individuals from all backgrounds possess unique strengths and knowledge that can contribute positively to the medical field…. In conclusion, shedding light on covert structural racism necessitates profound reflection and introspection.
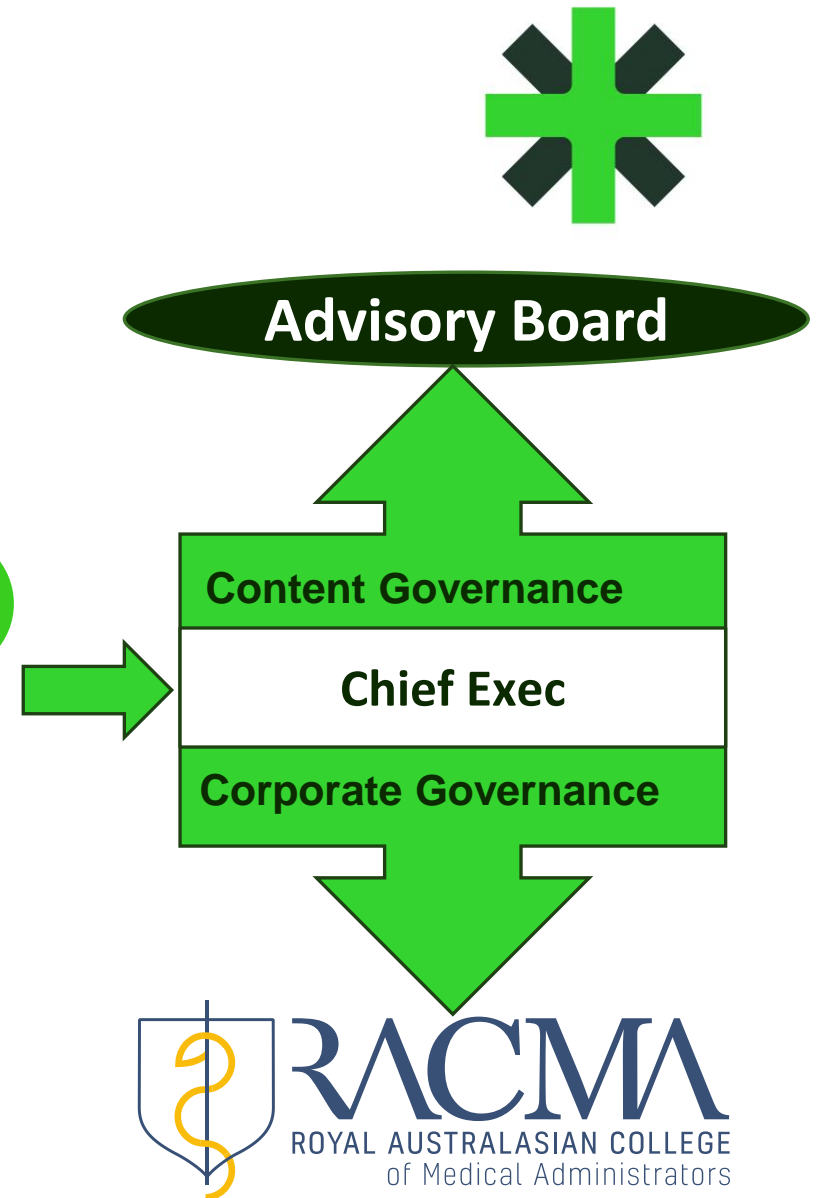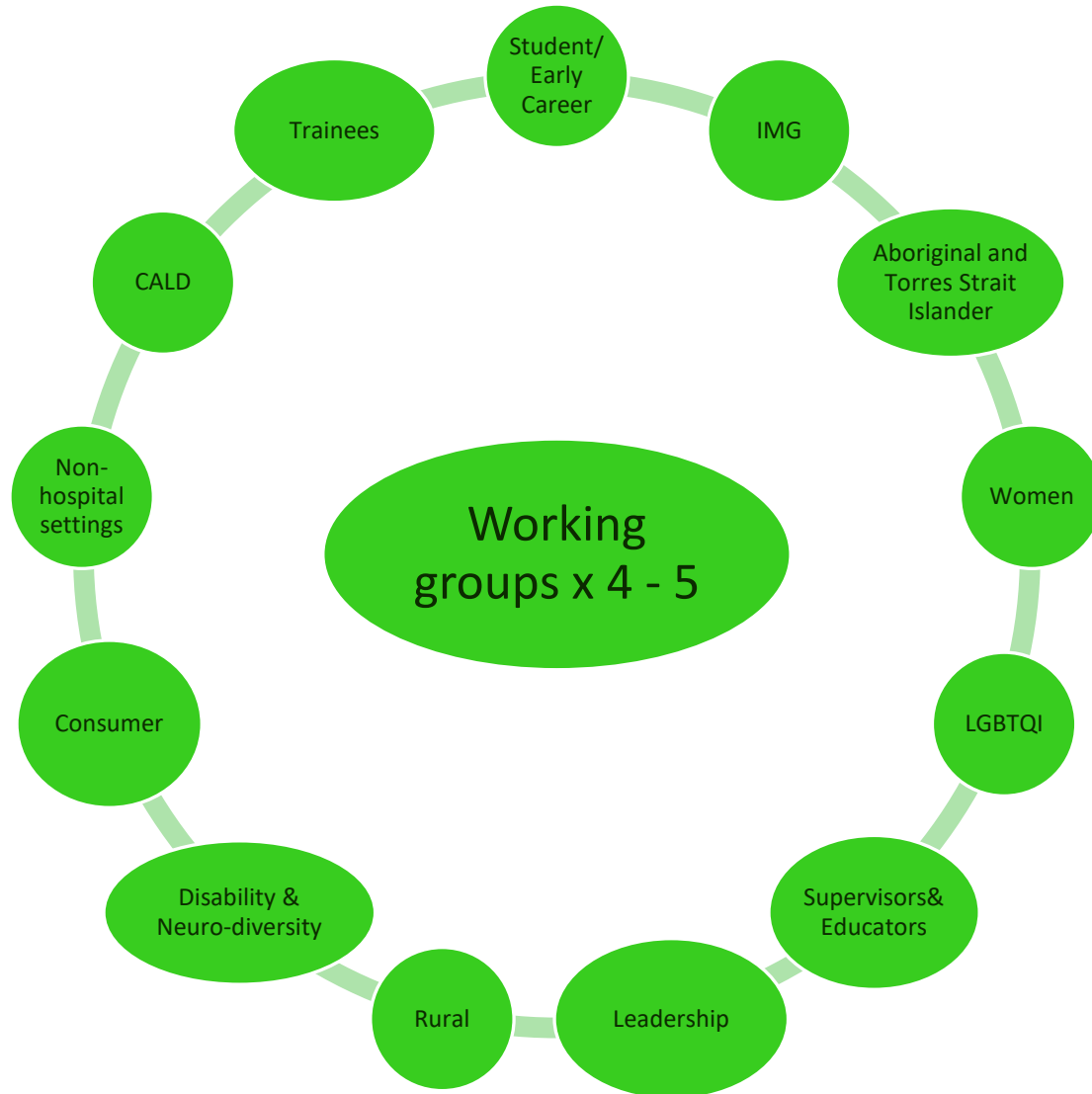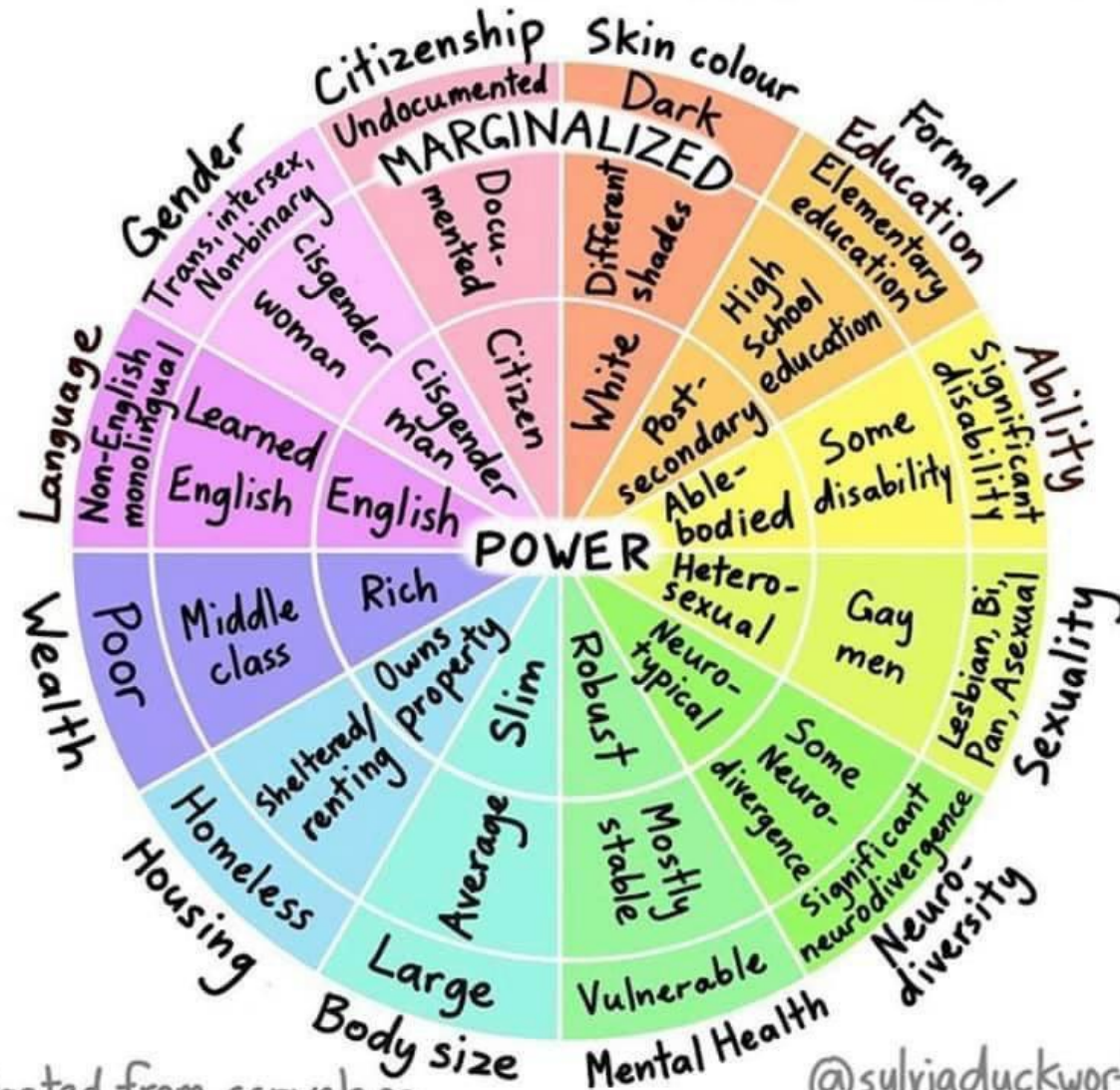
The How

The How: Engagement & Governance

The How

Initial 2 year funding

Key deliverable in this period is

1. Engagement
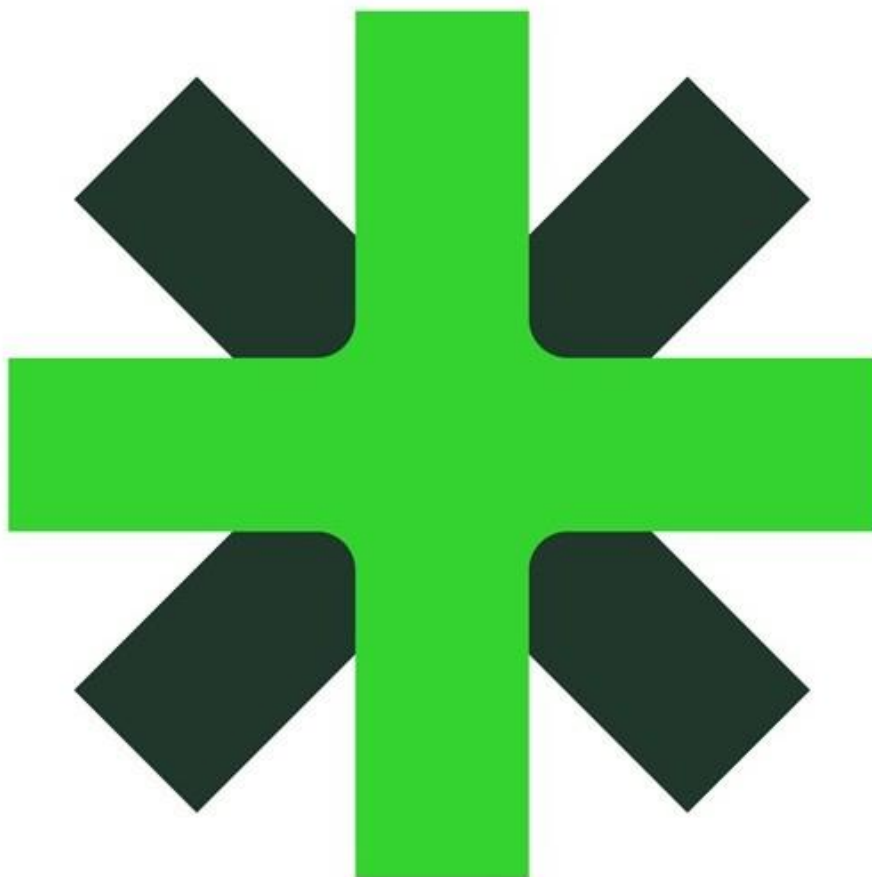
2. A clear pathway forward.

WHEEL OF POWER/PRIVILEGE

Adapted from ccrweb.ca · @sylviaduckworth

The
What

The What- 4 proposed key focus areas

1

Unified, profession wide competencies to define professionalism and clarify expectations across the entirety of a medical career, from undergraduate to senior leadership.

2

Training and skills development for leaders at all career stages

3

Development of a national framework for addressing bullying, harassment, racism and discrimination (similar to the Every Doctor Every Setting framework) that sets out the roles and responsibilities of employers, the Colleges, Fellows and Trainees.

4

Development of a complementary national evaluation framework for measuring progress - Design, testing and scale-up assessment and monitoring tools

Revised Pillar 1

a) Development of a consensus statement on model behaviours and capabilities that should underpin professional relationships, including (but not limited to) peers, supervisees, medical students and between health professions.

b) A specific body of work on anti-racism and cultural humility to provide health system entities with a starting point to accelerate their development of these concepts into their own workplaces. This work may include model behaviours and capabilities but may also include a communications package to support partner organisations in promoting these concepts.

Revised Pillar 2

a) Key elements for training should include cultural safety, cultural humility, Training and skills development at all career stages, starting early with basic supervisory and feedback literacy, and self-regulation.

b) Bystander capability development – building on existing work eg the Victorian Government Bystander-take-action guide, development of a guide for healthcare professionals for appropriate and safe bystander action.

c) In addition to training and skills development, the Pillar should also include focussed initiatives to support greater diversity in advancement to leadership roles.

Revised Pillar 3

a) Development of a national framework for action to achieve culture change in healthcare, that sets out the necessary actions, programs and responses, along with roles and responsibilities of employers, other health professions, the Colleges, Fellows and Trainees and other relevant groups.

b) The driving goal of this culture change would be diversity, equity, belonging, and creation of safe, healthy workplaces which, at a minimum, accord healthcare workers fundamental workplace health and safety protections, most particularly, psychological safety, cultural safety and sexual safety.

Revised Pillar 4

Development denovo or adoption of existing measurement tools to form a national evaluation framework for measuring progress. This framework should be applicable (or have elements applicable) to all work settings and suitable for application in medical and non-medical workforce.

Words...

* Health

* Wellness

* Wellbeing

* Safety

* WHS/OHS/OSH

Wellbeing and Harm Prevention

WHS is about preventing workers being harmed at work.

Initiatives to improve workers' wellbeing, (e.g. meditation classes or encouraging healthy eating and regular exercise) can have positive impacts. However, they do not protect workers from harm from psychosocial or physical *hazards*.

If you aren't sure whether something is a WHS *control measure* or a wellbeing initiative consider whether it is preventing harm from the work.

safe work australia

Model Code of Practice - Psychological Safety

safe work australia

Psychosocial hazards that may arise at work

- Job demands
- Low job control
- Poor support
- Lack of role clarity
- Poor organisational change management
- Inadequate reward and recognition
- Poor organisational justice
- Traumatic events or material

- Remote or isolated work
- Poor physical environment
- Violence and aggression
- Bullying
- Harassment including sexual harassment
- Conflict or poor workplace relationships and interactions

Responsibilities

A Person Conducting a Business or Undertaking (PCBU) must ensure, so far as is reasonably practicable, workers and other persons are not exposed to risks to their psychological or physical health and safety. A PCBU must eliminate psychosocial risks in the workplace, or if that is not reasonably practicable, minimise these risks so far as is reasonably practicable.

Suicide of Healthcare workers

A nurse whose death is at the centre of a criminal case against the NSW Health Department alleged she was the victim of sexual harassment and bullying at Cumberland Hospital, warning that her ward was "toxic and damaging".

The Western Sydney Local Health District is facing criminal charges over the deaths in late 2020 of two nurses who worked in an acute psychiatric ward, but the case is shrouded in secrecy after NSW Health and the state's work safety regulator, SafeWork, made a confidentiality agreement over the allegations.

Michael McGowan

Sydney Morning Herald July 20 2023

Junior doctor blamed Birmingham hospital for her suicide, family say

🕒 20 January

FAMILY

Vaish Kumar died in June and had told paramedics not to take her to the hospital where she worked

Vaish Kumar, 35, who was based at Birmingham's Queen Elizabeth Hospital (QE), said in the letter shared by her parents the working environment "just broke me".

She died in June and an inquest heard she told paramedics shortly before she died not to take her to the QE.

The trust running the hospital said it needed to learn from her death.

In the note to her mother, Dr Kumar said her mental health had declined while working at the QE and she was "now a nervous wreck".

The letter, which the family tried unsuccessfully to submit as evidence on the day of the doctor's inquest, ended: "I am sorry mum, I can blame the whole thing on the QEH."

BBC News 20 Jan 2023

× Less

+More

✕ Less

- Not about individual "resilience" and "Wellbeing"

- Not a Doctors Health Program (but if successful will have profound effects on health, resilience and wellbeing}

- Challenge traditional perceived locus of control.

+More

- More Emphasis on occupational health and safety, especially psychological safety

- More emphasis on drivers, enablers and perpetuators of adverse workplace cultures

- More emphasis on organisational responsibilities

- More emphasis on hard levers

- More collaboration with non-health partners eg Race Discrimination Commissioner, SafeWork Australia, Respect@Work

+More

- **Is it time for Doc-cupational Health and Safety?**

Learn More or Get Involved
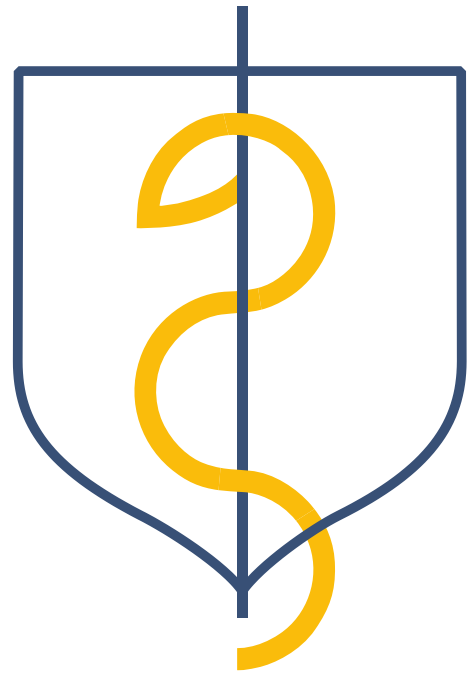
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Acknowledgement

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