



The Royal Australian and New Zealand College of Radiologists®

Submission to the Senate Standing Committees on Community Affairs Inquiry into the Medical Complaints Process in Australia

Introduction

The Royal Australian and New Zealand College of Radiologists (RANZCR) welcomes the opportunity to make a submission to the Inquiry into the Medical Complaints Process in Australia.

RANZCR is the peak body advancing patient care and quality standards in the clinical radiology and radiation oncology sectors. It represents over 3,500 members in Australia and New Zealand.

RANZCR's role is to drive the appropriate, proper and safe use of radiological and radiation oncological medical services. This includes supporting the training, assessment and accreditation of trainees; the maintenance of quality medical care and standards in both specialties; and workforce mapping to ensure the appropriate availability of staff to support the sectors in the future.

Recent reports and findings are prompting many organisations to consider those aspects of the underlying culture in medicine and the healthcare sector that might contribute to workplace bullying and harassment and may act as a barrier to those who have reason to report such behaviours.

RANZCR firmly opposes any form of bullying, harassment, discrimination or behaviour that denigrates others. There are a number of policies and processes in place to counter these behaviours and to assist and support our members when making medical complaints.

As of 31 December 2015¹, in Australia, there were 2841 RANZCR members who were currently practising or in training. The ratio of male/female clinical radiologists was 2.8:1 (74/26%) and the ratio of male/female radiation oncologists was 1.4:1 (58.3/41.7%). For clinical radiology trainees, the ratio of male/female trainees was 1.9:1 (65.12/34.88%) and for radiation oncology trainees was 1:1 (53.13/46.88%) which indicates that there is movement towards gender equity occurring in both specialties.

As of 31 December 2015², in Australia, out of the 7.9% of clinical radiologists who work part-time, 54% are women. 16.3% of clinical radiologists who are female are working part-time. Out of the 8% of radiation oncologists who work part time in Australia, 96% are female. 18% of radiation oncologists who are female are working part-time.



¹ RANZCR Membership Data 2015

² RANZCR Membership Data 2015

Relevant TORs for this submission:

- a) The prevalence of bullying and harassment in Australia's medical profession.
- b) Any barriers, whether real or perceived, to medical practitioners reporting bullying and harassment.

RANZCR is aware of the recent inquiries into bullying and harassment within Australian hospitals.

The 2012 federal parliamentary inquiry into workplace bullying and harassment received over 310 submissions highlighting the complexities and absence of clarity surrounding this issue. Many were from individuals who conveyed uncertainty or lack of information about what to do and where to seek help when exposed to bullying³.

Research undertaken last year by the Royal Australasian College of Surgeons (RACS) found that discrimination, bullying and sexual harassment were pervasive and serious problems in the practice of surgery in Australia and New Zealand⁴. This made all the Colleges more aware of these issues and the need to review their current policies and processes became apparent, to ensure that complaints and grievances, should they arise, are able to be effectively and transparently managed.

RANZCR's responsibilities are particularly focussed on trainee doctors who are participating within RANZCR's training programs. Concerns are investigated and appropriate action is taken. This involves a spectrum of responses from pastoral care, to conferences with the relevant parties, to formal accreditation visits. In rare cases where the matter may be criminal, RANZCR's officers would not hesitate to encourage involvement of the relevant authorities.

A recent event that RANZCR acted on is the allegations of an assault in NSW of a trainee radiation oncologist by a senior radiation oncologist working in the NSW public system, RANZCR officers acted immediately to have the matter dealt with appropriately and the case was referred to the police. At the present, RANZCR is assisting the trainee who was supported at the trial by a senior RANZCR Fellow and is working in full cooperation with the relevant authorities⁵. RANZCR's Board has terminated the membership of the senior radiation oncologist in question.

Real or perceived barriers to our members reporting bullying or harassment

RANZCR is aware of multiple reports^{6,7,8} into workplace culture at hospitals that would affect medical practitioners. Some contributing factors may be excessive work hours and

³ Parliament of the Commonwealth of Australia. House of Representatives Standing Committee on Education and Employment. *Workplace Bullying: We just want it to stop*. Canberra, October 2012. http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=ee/bullying/report.htm

⁴ Royal Australasian College of Surgeons. Expert Advisory Group on discrimination, bullying and sexual harassment. *Report to the RACS*. Melbourne, 28 September 2015. <https://surgeons.org/media/22086656/EAG-Report-to-RACS-FINAL-28-September-2015-.pdf>

⁵ RANZCR Media Release issued October 2015

⁶ Royal Australasian College of Surgeons. Expert Advisory Group on discrimination, bullying and sexual harassment. *Report to the RACS*. Melbourne, 28 September 2015. <https://surgeons.org/media/22086656/EAG-Report-to-RACS-FINAL-28-September-2015-.pdf>

⁷ Victorian Auditor-General. *Report on Bullying and Harassment in the Health Sector*. March 2016. <http://www.audit.vic.gov.au/publications/20160323-Bullying/20160323-Bullying.pdf>

⁸ Australian Medical Association (Victoria). AMA Victoria's submission to the Victorian Auditor-General's Office Audit on Bullying and Harassment in the Health Sector. 14 August 2015.

communication issues between clinicians, hospital management and other staff. Common themes emerge in the reports which seem to coalesce around fear of reporting and lack of trust in the complaints-handling process, as well as perceptions that current systems are not fair or effective enough. Overcoming these barriers is an essential step in improving the culture for those that work within the medical profession.

Policies and processes in place as well as action taken to counter bullying and harassment

Articles of Association

There are processes in the Articles of Association for RANZCR to consider the membership status of any of its members should an issue of professional conduct arise. The approach is broadly consistent with other medical colleges and medical membership-based organisations. A distinction is often made between automatic (i.e. the member has been referred to the relevant regulatory body) and discretionary situations. There are provisions relating to the mechanics of hearings, the rights of members to respond to allegations, and the consequences of the Board's or the Faculty Council's decision.

Reconsideration, Review and Appeal of Decisions Policy

The Reconsideration, Review and Appeal of Decisions Policy enables RANZCR and those who have been subject to a decision which they consider unsatisfactory, to embark upon a defined pathway to enable resolution. This Policy sets out the mechanism for reconsideration, review and appeal by any members (and other individuals and organisations) adversely affected by a decision of RANZCR. This is to ensure that:

- (i) due processes were followed by RANZCR in reaching and reviewing those decisions; and
- (ii) proper consideration was given to evidence presented and available to RANZCR in relation to those decisions and any reconsideration, review and appeal of those decisions.

The appeals process involves the appointment of an Appeals Committee. This provides a very structured, formal approach to challenging decisions.

This Policy can be downloaded here: <http://www.ranzcr.edu.au/documents-download/document-library-2/document-library-5/773-reconsideration-review-and-appeal-of-decisions>

Grievance Policy

The RANZCR's *Grievance Policy* defines bullying and harassment, as well as discusses various common forms of discrimination and the related offences of victimisation and defamation. The policy applies to any incident of bullying, discrimination or harassment that occurs in the course of activities relating to the business of RANZCR. The Policy outlines the process and procedures a member should follow if they believe they have been bullied, discriminated against or harassed.

The Policy can be downloaded here: <http://www.ranzcr.edu.au/documents-download/document-library-2/document-library-5/1674-grievance-policy>

Reporting Directly to the CEO

Any issue relating to bullying, harassment and discrimination can be directly and confidentially reported to the CEO. The CEO will then direct the individual to the appropriate RANZCR Officer or advise them of appropriate resources to access.

Code of Ethics

In 2015, RANZCR launched the RANZCR Code of Ethics to articulate and promote a set of principles and values to guide our members in their relationships with patients, their profession and society. The RANZCR Code of Ethics has been designed specifically for RANZCR members to help navigate ethical issues and guide decision-making and critical reflection. It defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct RANZCR expects of its members.

In particular, the imperatives of Principle Eight in the RANZCR Code of Ethics represent explicitly RANZCR's position on these issues. These are:

Principle 8: Clinical radiologists and radiation oncologists have a duty to attend to the health and wellbeing of their colleagues, including trainees, students, and also of themselves.

1. Do not exploit students or colleagues under your supervision in any way.
2. Bullying, harassment, isolating or excluding any staff member is unacceptable.
3. If you witness or learn of bullying, discrimination or other unacceptable behaviour, you have a duty to report it and prevent it reoccurring.
4. Discrimination on the basis of (but not limited to) age, illness or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation or social standing is unacceptable.
5. Clinical teaching involving patients must be conducted in an ethical manner (i.e. informed consent, right of refusal, and recognition of priority of direct patient care).
6. If teaching or training, feedback must be given in a manner that is helpful, constructive and does not humiliate the recipient of the feedback.
7. If a colleague is having health and wellbeing issues they must be supported to the best of your ability. If patient care is at risk, appropriate steps must be taken to protect patient welfare.
8. You must ensure that your mental and physical health does not adversely affect patient care. If you experience any mental or physical health issues that affect your ability to deliver appropriate patient care you must seek appropriate treatment and take action to avoid the risk of harming patients.
9. If allegations are made against a practitioner, these must be taken seriously and investigated fairly. It must be recognised that there are many reasons for making a

complaint. Confidentiality about the matter must be maintained at all times to avoid further damage to the reputation of the person who is the subject of the complaint

RANZCR encourages members to seek feedback on ethical dilemmas, whether of a member's own or observed. RANZCR has formed an Ethics Committee who our membership can contact if they wish to discuss an ethical concern. This Committee is also currently undertaking roadshows in each State presenting the Code of Ethics to membership.

The Code is not intended to restrict or impede clinical practice, but rather to enhance it by providing a clear statement of the high ethical standards expected by RANZCR. However, RANZCR has stipulated that any member who breaches the Code may be brought to the attention of the Board.

The RANZCR Code of Ethics can be downloaded here: <http://www.ranzcr.edu.au/documents-download/document-library-9/3958-ethics>

Trainee Exit Survey

Recent graduates of the Clinical Radiology Training Program are invited to participate in an Exit Survey. This survey was held every four years and helps RANZCR to understand the experiences newly qualified radiologists face as they enter the employment market.

From 2016, it will now be held annually and recent graduates from both training programs will be invited to complete the survey.

Communique to all members regarding bullying and harassment.

In 2016, the President of RANZCR, Dr Greg Slater, will write to all members on the topic of working towards eradicating bullying and harassment in the professions of clinical radiology and radiation oncology.

The President will ask all members to consider whether their actions, or, conversely their inaction at work, promotes a fair, supportive and safe workplace for their colleagues, trainees and support staff.

Communication to membership via RANZCR in Quarterly Publication 'Inside News'

RANZCR continues to communicate and raise awareness of issues relating to stress, work pressures and conflict via communication channels such as RANZCR's quarterly publication to all members, *Inside News* and its electronic newsletters. In 2013, a series of articles ran in *Inside News* relating to stress, work pressures and conflict. The focus of the articles were on doctors' health advisory services:

- Under Pressure? Struggling to Cope?⁹
- Is Everything Alright?¹⁰
- When Work is Soulless, Life Stifles and Dies¹¹
- Effective Communication avoids Conflict¹².

⁹ Under Pressure, Struggling to Cope?, *Inside News*, Volume 9 No 2, march 2013, p. 19

¹⁰ Is Everything Alright?, *Inside News*, Volume 9, No 3, June 2013, p. 18

¹¹ When Work is Soulless, Life Stifles and Dies, *Inside News*, Volume 9 No 4, September 2013, p.28

¹² Effective Communication Avoids Conflict, *Inside News*, Volume 10 No 1, December 2013, p.20

The articles included a list of resources and organisations that RANZCR recommended that our members contact for support services should they feel like they were struggling to cope.

RANZCR also advertises webinars on its website on similar topics. For example, the webinar hosted by RACMA in 2014 on Ageism, sexism, bullying, respect or un-esteemed collaborations between medical professionals. The link for this example is located here:

http://www.ranzcr.edu.au/news-a-events/events?task=view_event&event_id=132

The latest edition of *Inside News* included an article¹³ on the topic of mandatory reporting which outlined the nature of this obligation for all practitioners, the criteria for mandatory reporting and provided links to The Medical Board of Australia's Guidelines. RANZCR believes it is important that all members are aware of their duties and the danger of bystander silence.

For trainees:

In addition to these RANZCR-wide mechanisms a number of specific processes focus on trainee well-being.

Site Accreditation and training program assessment

For trainees, the main mechanism in which we assess their safety is via training site accreditation. A new accreditation standard will be introduced in 2016 to explicitly and specifically address the requirement for sites to provide a safe working environment free from any bullying, harassment, or discrimination. An additional instrument is the Training Assessment of Training Site assessment where trainees rate and comment on their training experience.

Trainee Liaison Project Officer

The newly appointed Trainee Liaison Project Officer acts as a conduit between RANZCR, the trainees and Directors of Training to improve engagement and monitor issues that directly relate to the training curriculum and trainees' experience training.

Trainee Complaints Register

In 2016, RANZCR implemented a Trainee Complaints Register. This Register will be managed by the Trainee Liaison Project Officer who will review each type of complaint on a case-by-case basis and includes a tracking mechanism to ensure that complaints are handled as consistently and comprehensively as possible. Overtime the complaints will be analysed to ascertain whether any patterns emerge that would indicate gaps in our current policies and procedures for effectively handling these.

Stress, Satisfaction & Burnout Survey for Radiation Oncology Trainees

A survey in 2015 was undertaken to examine levels of stress, satisfaction and burnout within the radiation oncology training program in order to identify groups of radiation oncology trainees at higher risk of burnout.

¹³ Mandatory Reporting, *Inside News*, Volume 12 No 2/March 2016,p.24

This study identified specific areas of stress and satisfaction. One half of trainees were categorised as having burnout according to some definitions and a significant minority exhibited highly significant levels of burnout¹⁴.

RANZCR have engaged external consultants, The Australian Council of Educational Research (ACER) and Professor David Prideaux of Flinders University, to conduct a review and development project on RANZCR's assessment processes and procedures. One outcome of this review will be to create a better alignment between the curriculum, the assessments and trainees' work-based requirements. The need to review trainees' expectations in regards to their workload and streamline the training program requirements has been highlighted.

Conclusion

The welfare of our members is of utmost importance to RANZCR and we are committed to supporting our members and working with other organisations to address bullying, harassment and discrimination in the medical profession. RANZCR is open to implementing further mechanisms to counter these types of behaviours following the recommendations resulting from the Senate's inquiry.

Contact

For any questions or requests for further information relating to this submission, please contact the Chief Executive Officer, Ms Natalia Vukolova, via her Executive Assistant, Ms Danielle Callahan, on tel. _____ or email _____

The Royal Australian and New Zealand College of Radiologists

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¹⁴ Leung, J., Rioseco, P., & Munro, P. (2015). Stress, satisfaction and burnout amongst Australian and New Zealand radiation oncologists. *Journal of medical imaging and radiation oncology*, 59(1), 115-124.