AIDA
The Australian Indigenous Doctors' Association
ABN: 84 131 668 936

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Senators

Re: Review of the medical complaints process in Australia

The Australian Indigenous Doctors' Association (AIDA) is pleased to provide this submission to the Senate Community Affairs References Committee's review of the medical complaints process in Australia.

As you would be aware, AIDA is the national peak body representing Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health.

AIDA works to achieve parity of Indigenous health professionals across the health sector, and shape a health system that is culturally safe, high quality, reflective of need, and which respects and incorporates Aboriginal and Torres Strait Islander cultural values. We believe that by actively pursuing a culturally safe health system AIDA follows the most promising path towards eliminating bullying, harassment and racism in Australia's health system.

Background

Aboriginal and Torres Strait Islander medical doctors and students are highly underrepresented in Australia's medical workforce. In 2014 the AIHW listed 98,807 registered medical practitioners in Australia. Currently only 261, or 0.26%, of those identify as Aboriginal and/or Torres Strait Islander doctors.[1] To reach the 3% population parity, Australia requires a further 2703 Indigenous doctors.

The Medical Deans 2015 Workforce Data Report shows that Indigenous medical students (265) currently account for less than 1.9% of the overall cohort of 14419 medical students in Australia. Population parity would require a further 167 Aboriginal and/or Torres Strait Islander medical students.

The urgency for an increase in the number of Aboriginal and Torres Strait Islander Medical Professionals is apparent from those numbers alone, but is exacerbated by the fact that the burden of disease for Aboriginal and Torres Strait Islander people remains nearly 2.5 times higher than for Australia's non-Indigenous population.

The disparities described above cannot be fully attributed to the existence of bullying and harassment in Australia's medical profession, or the barriers to reporting those behaviours. However, AIDA would like to stress that bullying and harassment, often in the form of racist remarks or behaviour as well as inadequate reporting mechanisms, have a highly detrimental effect particularly on Aboriginal and Torres Strait Islander medical students and doctors. Both create a culturally unsafe work environment, lacking in respect and support, and create a barrier for Indigenous medical students and doctors to pursue and persist on their medical career. Reducing the prevalence of bullying and harassment and racism in Australia's medical profession, establishing safe, effective and culturally appropriate reporting mechanism for non-acceptable

[1] This number has been confirmed with the Department of Health Workforce Division in May 2016.

language and behaviour would go a long way towards fostering culturally safe work environments and attracting Aboriginal and Torres Strait Islander students and doctors to a career in medicine.

AIDA recognises that Aboriginal and Torres Strait Islander health professionals play an important role in improving health outcomes, given their unique ability to align clinical and socio-cultural skills to improve access to services and provide culturally appropriate care for Aboriginal and Torres Strait Islander people. This has been demonstrated within the medical profession.

On the basis of this background, AIDA's submission to the review will focus on addressing the first two points of the Terms of Reference:

a. the prevalence of bullying and harassment in Australia's medical profession; and
b. any barriers, whether real or perceived, to medical practitioners reporting bullying and harassment.

The recent Expert Advisory Group Report on discrimination, bullying and sexual harassment to the Royal Australasian College of Surgeons (RACS) confirmed that discrimination, bullying and sexual harassment are more widespread and common throughout the health system than anticipated. The RACS is to be commended for its immediate and strong call to action and for developing an Action Plan to minimise the occurrences of all forms of discriminatory behaviour in the practice of surgery. The College's call for action was quickly taken up by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA), both promising to review what regulators can do to better the situation.

The RACS report corroborates other research that suggests that Aboriginal and Torres Strait Islander doctors and medical students experience a substantially higher rate of bullying and racism in their workplaces than their non-Indigenous colleagues.[2] Despite noting that racism is not mentioned in the scope of this review, AIDA strongly believes that in the context of Aboriginal and Torres Strait Islander medical professionals, racism cannot be excluded from any inquiry into the prevalence of bullying and harassment and this position is supported by the provisions of the *Racial Discrimination Act 1975*.

To date, most of the reports AIDA received from its members in regards to bullying and harassment have focussed on racist behaviour and attitudes of colleagues or systemic racism embedded in the institutions they work in and under. AIDA is working to counteract the detrimental effects these experiences have on our members and on Aboriginal and Torres Strait Islander patients by fostering and supporting the shift towards a culturally safe health system. We do so through advocacy and representation, high level policy advice and development, fostering resilience and a strength based approach and, most importantly, through supporting and listening to our membership.[3]

In an effort to develop better and more targeted policies and actions to progress a culturally safe health system and alleviate the frequency and detrimental effects of bullying and racism in the workplace, AIDA recently undertook a survey of its membership. The intention of this survey was for AIDA to better understand where and how often bullying and racism directed against Aboriginal and Torres Strait Islander medical students and doctors occur in today's Australian health system and what impact those factors have on the work and lives of our members.

The answers provided by AIDA members have informed this submission and will also inform an AIDA presentation on Racism in the Health System at the Lowitja Institute's International Indigenous Health and

[2] See for example beyondblue's National Mental Health Survey of Doctors and Medical Students.

[3] AIDA has produced a Position Paper on Cultural Safety as well as a Cultural Safety Toolkit, providing collation of existing resources on this issue.

Wellbeing Conference later this year as well as an AIDA position paper on bullying, racism and lateral violence in the health sector.

Survey participants were asked to provide their answers guided by the following definitions of bullying and racism:

'Bullying is when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless. Bullying can be physical, verbal, emotional, and it also includes messages, public statements and behaviour online intended to cause distress or harm.' (https://humanrights.gov.au/what-bullying-violence-harassment-and-bullying-fact-sheet).

'Racism can be defined as organised systems within societies that cause avoidable and unfair inequalities in power, resources, capacities and opportunities across racial or ethnic groups.' (Paradies et al, 2015, 'Racism as a Determinant of Health: A Systematic Review and Meta-Analysis'). Racism is manifest in beliefs, stereotypes, prejudices or discrimination. It can be internalised or occur on an interpersonal or institutionalised and systemic level.

The prevalence of bullying and harassment in Australia's medical profession

One initial point underpinning the prevalence, and indeed the expectation of bullying, harassment and racism in the workplace, is the continuing under-identification as Aboriginal and Torres Strait Islander in their workplace or place of study. A number of AIDA members participating in the survey either do not identify at all, or identify only to some, but not others. The comments provided by those who chose not to, or only selectively identify, make clear how deeply embedded their concerns are. They rank from not identifying to avoid bullying and stigmatisation to concerns about being singled out, or colleagues assuming that Indigenous doctors request and attract special treatment by identifying.

Some AIDA members reported *witnessing* bullying and racism almost every day with the remainder reporting incidents occurring at least once a week or a few times a month.

While the reported rates of *experiencing* bullying almost every day or at least once a week were slightly lower, a number of participants did report experiencing racism in the workplace at least once a week. Incidents described included doubting members' status as Aboriginal and Torres Strait Islander, experiences of 'unrelenting and systematic bullying', being belittled and shamed, and verbal racist abuse.

Any barriers, whether real or perceived, to medical practitioners reporting bullying and harassment

AIDA asked whether participants were aware of policies and complaints procedures in regards to either bullying or racism in their workplace or not and whether they had read or utilised those policies and procedures. Participants were also asked whether they thought those policies and procedures offered accessible and adequate support for victims of bullying or racism and accessible and adequate pathways to enable perpetrators to reflect on and change their behaviour. Participants were also asked to report what they thought was missing in those policies and procedures.

A majority of participants reported that policies and procedures were in place at their workplace but stated that they did not believe that victims or perpetrators were adequately supported by the existing policies and procedures, suggesting a lack of confidence, particularly in complaints procedures and the actual application of existing policies.

This is born out when analysing the survey data in respect to the reporting of bullying and/or racist behaviour. While less than half of participants witnessing or experiencing bully or racist behaviour formally

reported the incident the majority chose not to do so. Some in the latter category addressed the issues in a more informal way by discussing the incidence with the person committing the offensive behaviour. However, the majority of statements received from AIDA members, both those who did and those who did not report, point to significant barriers for reporting incidents:

The vast majority of AIDA members who formally reported incidents of bullying or racism through the mechanisms in their workplace commented that those had not been appropriately addressed or followed up. The majority of those also reported belittling of their concerns ('toughen up', 'this is the way it is') when reporting incidents. More than half of those who did not formally report mentioned a lack of confidence in their workplace's complaints procedures, or fear of endangering their position or career path, as the main reasons for taking that path.

The above brief analysis of what AIDA's Aboriginal and Torres Strait Islander medical student and doctor members have to say on the issues of bullying and racism clearly indicates that bullying and harassment in the medical profession often take the form of racism and that they do occur far too frequently in their workplaces. These findings are supported by a large body of research, undertaken with a national and international focus, on racism as a social determinant of health, the mental health effects of bullying, harassment and racism in general, and their effects in the medical workforce in particular.[4]

Recommendations

1. Include racism in the terms of reference of this review.

   The issues of bullying and harassment cannot be adequately adressed without the inclusion of racism. AIDA strongly supports a system-wide approach to tacking bullying and harassment that includes all levels of government and stakeholders in the health sector. However, as the peak body for Aboriginal and Torres Strait Islander doctors, AIDA cannot ignore the frequent racist experiences of its members and their Indigenous patients. As a result, AIDA would like to see racism to be considered as one of the most common forms of bullying and harassment towards Aboriginal and Torres Strait Islander medical students and doctors.
2. Mandatory cultural safety training

   AIDA is a strong agent of change towards a culturally safe health system. AIDA believes that the mandatory inclusion of appropriate, substantial, and face to face cultural safety training for all employees in the health sector, particularly all medical doctors, will lead to a strong improvement in the cultural safety of workplace, thereby reducing the occurences of bullying and harassment and encouraging the intake and retention rates of Aboriginal and Torres Strait Islander medical students and doctors. Such cultural safety training should be embedded in a broader cultural safety strategy and repeated at appropriate intervals to ensure continuous learning.
3. The inclusion of AIDA and other relevant Aboriginal and Torres Strait Islander health peak bodies in the development, accreditation and delivery of such training.
4. The adoption of a 'zero tolerance' approach to bullying, harassment and racism on a national level.
5. The development of sensitive and sensible guidelines for the protection of victims and witnesses of bullying and harassment,and pathways towards behavioural change for perpetrators.

[4] AIDA is more than willing to share the collated references to some of these studies. However, such a list would exceed the parameters of this submission.

If you would like to engage with AIDA further on any of the issues raised above, please contact Mr Mark Murray, A/g CEO at or by email on .

Thank you for the opportunity to provide our input into this process.

Yours sincerely

Dr Kali Hayward
AIDA President

12 May 2016