Schedule 2 – AMA Position Statements

Workplace Bullying and Harassment - 2009. Revised 2015

03 Dec 2015

Introduction

All doctors have the right to train and practice in a safe workplace free from bullying and harassment.[1][2][3] [4] However, the hierarchical nature of medicine, gender and cultural stereotypes, power imbalance inherent in medical training, and the competitive nature of practice and training has engendered a culture of bullying and harassment that has, over time, become pervasive and institutionalised in some areas of medicine.

The AMA believes the medical profession must take a leadership role in condemning bullying and harassment as and where it occurs. This position statement affirms the AMA's commitment to a zero tolerance approach to all forms of bullying and harassment in the workplace. It should be read in conjunction with the AMA's Position Statements on *Sexual harassment in the medical workplace - 2015 and Equal Opportunity in the Medical Workforce - 2012.*

1. Definition and legal responsibilities

1.1. Bullying is unreasonable and inappropriate behaviour that creates a risk to health and safety. It is behaviour that is repeated over time or occurs as part of a pattern of behaviour. Such behaviour intimidates, offends, degrades, insults or humiliates. It can include psychological, social, and physical bullying.[4][5]

1.2. Harassment is unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended, Harassment can include racial hatred and vilification, be related to a disability, or the victimisation of a person who has made a complaint.[4]

1.3. Employers have a duty of care under a range of laws to ensure the health, safety and welfare of their employees. This includes identifying bullying and harassment and taking steps to eliminate and prevent it. The legislation also requires employees to take reasonable care for their own health and safety as well as for the health and safety of others who may be affected by their acts in the workplace.

2. Extent and impact of workplace bullying

2.1. Medical students, doctors in training, female colleagues and international medical graduates have been identified as the most likely targets of bullying and harassment within the medical profession.[6] Teaching by humiliation has been consistently reported by medical students and research suggests that up to 50 per cent of doctors, doctors in training and international medical graduates have been bullied or harassed.[7][8] [9]Verbal harassment is most commonly cited, and senior doctors are named as the most common source of harassment. Bullying can also occur between doctors in training with more senior trainees most likely to be reported as the perpetrator. Other factors which increase

the risk of workplace bullying and harassment include the presence of work stressors, leadership styles, systems of work, work relationships and workforce characteristics. [10]

2.2. Incidences of bullying and harassment are often not reported because of fear of reprisal, lack of confidence in the reporting process, fear of impact on career, and/or cultural minimisation of the problem. Hospitals and professional associations may unintentionally foster a culture of bullying as a result of failing to act or by discouraging change in preference to meeting service demands.[6]

2.3. Workplace bullying contributes to poor employee health including the physical and psychological manifestations of stress and depression. Others indirect costs include diminishing staff performance, reduced staff morale, reduced quality of patient care, and ultimately deteriorating patient safety. [11]

2.4. Workplace bullying and harassment of medical students, doctors in training and doctors creates an unsafe and ineffectual work and learning environment due to the continued erosion of confidence, skills and initiative, and can create a negative attitude towards a chosen career. Victims of bullying report being less satisfied with their current jobs and with being doctors, are more affected by job stressors and are more likely to be considering ceasing direct patient care than non-bullied doctors.[12] Exposure to bullying and harassment presents a risk to the retention of medical practitioners in clinical practice and in doing so threatens community access to quality medical care.

AMA position

3. Culture and Professionalism

3.1. The medical profession must take direct responsibility for its culture, reputation and standard of professionalism. It must provide a professional, clinical and academic environment that exemplifies the values it wants doctors to embody and does not require doctors at any stage of their career to experience abuse.[13] [14]

3.2. Medical colleges have a vital role to play in honouring the "societal contract" that exists between the profession and the public, in ensuring that bullying and harassment is not tolerated and in championing professionalism and standards.[6]

3.3. Tackling the problem of bullying and harassment requires changing the culture within organisations. Bullying and harassment thrives in a workplace culture where it progresses unchallenged and is ignored. Practical and positive initiatives that can be implemented by medical colleges, other education providers and employers include:

3.3.1. Having a clear and well publicised policy in place to tackle bullying and harassment issues.

3.3.2. Establishing cultural improvement programs.

3.3.3. Fostering an environment where staff feel able to raise any concerns before they become problems.

3.3.4. Establishing good examples through positive role models.

3.3.5. Empowering bystanders to take action against bullying and harassment behaviours when they see it through education and by positively endorsing reporting

3.3.6. Having a recognised champion against bullying and harassment in each organisation/workplace.

3.3.7. Undertaking recurring surveys which focus on and monitor workplace culture.

3.4. The accreditation standards for medical education and training should require medical colleges and other education providers to have policies, processes, education, training and support services in place to confront bullying and harassment within organisations and the workplace.

4. Policy

4.1. Employers, medical colleges and other medical education providers have an important role to play in raising the awareness of, and changing the culture of, bullying and harassment in the medical profession and health care sector. Well-thought-out and publicised policy in this area is important to foster a safe and healthy work and training environment, and maintaining appropriate standards of patient care.

4.2. The AMA encourages medical colleges, other education providers and employers to develop and promote consistent anti-bullying and harassment policies. Such policy should include:

4.2.1. A commitment to eradicating workplace bullying and harassment.

4.2.2. A clear statement of zero tolerance in relation to bullying behaviours, irrespective of the role or seniority of the perpetrator.

4.2.3. Adoption of a visible, organisation-wide anti-bullying and harassment policy, which:

- Acknowledges that bullying and harassment is a problem.
- Identifies examples of bullying behaviour.
- Clearly outlines roles and responsibilities concerning bullying and harassment.
- Outlines the steps that will be taken to prevent bullying and harassment.
- Provides tiered response strategies aimed at early intervention and resolution.
- Provides timely, clear and confidential grievance, investigation and disciplinary procedures.
- Protects staff who report bullying or cooperate in investigatory processes.
- Has clear repercussions for those found to exhibit bullying behaviours.

4.2.4. A process to support the implementation, review and monitoring of policy. Systems must be in place to determine the extent of bullying and harassment behaviours in an organisation or workplace and to understand the perspective and effect on those who have been harassed.

4.2.5. Systems to ensure appropriate counselling, care and support services, both internal and external, are available to assist victims of bullying and harassment.

4.2.6. An effective performance management framework and processes to avoid reasonable management actions escalating into harassment complaints.

4.3. In addition to specific policies, medical colleges and other medical education providers must be able to demonstrate they have processes in place to work closely with relevant employers to address this issue. The roles of employers and education providers can often be blurred and collaboration is essential if these issues are to be effectively addressed.

5. Education and training

5.1. Doctors at all stages in their career require further and ongoing education about what bullying and harassment looks like and how to manage bullying and harassment when and where it occurs. This include knowing how to make a complaint, and for those in management positions, how to investigate and manage a complaint.

5.2. Education providers and employers must provide education and training to all medical students, doctors in training, doctors and other staff to assist in the recognition and resolution of issues related to bullying and harassment. Training in appropriate behaviour, resilience, performing under pressure, and how to speak up when bullying and harassment occurs must be embedded in all education and training programs, with the link between appropriate behaviour, safe working environment and patient safety clearly set out. It should also be incorporated into an organisation's induction program, particularly for doctors in training and other new employees.[6]

5.3. Managers and supervisors need to be aware of typical bullying and harassment behaviours that perpetuate an unhealthy culture and develop strategies to change those behaviours.

5.4. While managers or supervisors have a responsibility to manage the performance of an employee or trainee professionally and constructively, many individuals are placed in leadership or supervisory roles with little or no training or support. Poor performance management of doctors, medical students and doctors in training can have a direct impact on health and wellbeing, professional confidence, career progression and satisfaction.

5.5. Appropriate management and leadership training must be provided, and should be a requirement for those in leadership or supervisory roles. This includes education on performance management, providing constructive feedback, communicating about difficult issues, and effective complaint management to prevent issues escalating where possible.

5.6. Skills in leadership, mentoring and management should be included in the curriculum for medical students and doctors in training and offered as continuing professional development courses for fellows. This is part of developing the qualities of

professionalism and leadership in doctors, and is consistent with the attributes outlined in *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

6. Support and advice

6.1. Employers, medical colleges and other medical education providers must have complaints processes in place that:

6.1.1. Provide for visible, fair and safe appeals, remediation and complaints processes.

6.1.2. Provide doctors with a safe place to bring forward complaints – free of shame, stigma or fear of repercussions.

6.1.3. Ensure that doctors are aware of how to access these processes if required.

6.1.4. Have been validated as professional, independent, confidential, and timely.

6.1.5. Result in an outcome.

6.2. Employers, medical colleges and other medical education providers must provide doctors with access to appropriate professional debriefing, support, and mentorship services, and provide confidential counselling and support for those who have been affected by bullying and harassment.

6.3. Where a doctor believes they are being bullied, the AMA advises that they:

6.3.1. Read their workplace bullying and complaint policy and procedures.

6.3.2. Document threats or action taken by the bully.

6.3.3. Discuss their concerns with their college, employer, supervisor or appointed contact person as appropriate.

6.3.4. Consider making a complaint under their employer's bullying and harassment policy.

6.3.5. Seek support from their peer network, colleagues, local AMA and other organisations (e.g. the Australian Human Rights Commission), who can provide advice on their options and rights, some of which may act on their behalf.

See also

AMA Position Statement on Sexual harassment in the medical workplace - 2015

AMA Position Statement on Equal Opportunity in the Medical Workforce - 2012

End Notes

[1] Australian Human Rights Commission. Workplace bullying: Violence, Harassment and Bullying Fact sheet. Available from https://www.humanrights.gov.au/workplace-bullying-violence-harassment-and-bullying-fact-sheet

[2] Scott J, Blanshard C, Child S. Workplace bullying of junior doctors: a cross sectional questionnaire survey. NZMJ Digest. 2008. Vol 121 No 1282: 13-15.

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[4] EAG Report to RACS on discrimination, bullying and sexual harassment. September 2015.

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[8] Fnais N et al. Harassment and discrimination in medical training: a systematic review and meta-analysis. Acad Med 2014; 89(5): 817-27 [abstract only].

[9] EAG Report to RACS on discrimination, bullying and sexual harassment. September 2015.

[10] Safe Work Australia (2013) Guide to Preventing and Responding to Workplace Bullying.

[11] Rosenstein AH. The Quality and Economic Impact of Disruptive Behaviours on Clinical Outcomes of Patient Care. American Journal of Medical Quality published online 21 April 2011 http://www.physiciandisruptivebehavior.com/admin/articles/25.pdf (accessed Aug 15).

[12] Askew et al. Bullying in the Australian medical workforce: cross sectional data from an Australian e-Cohort study. Australian Health Review, 2012, 36, 197–
204 http://www.publish.csiro.au/?act=view_fileandfile_id=AH11048.pdf

[13] Hillis DJ, Grigg MJ. Professionalism and the role of the medical colleges. Surgeon 2015. [abstract only].

[14] Flynn J. Not so innocent bystanders. Med J Aust 2015; 203(4): 163.

Equal Opportunity in the Medical Workforce - 2016

02 Dec 2016

The Australian Medical Association (AMA) is committed to advancing equal opportunity in the workplace and training environment for the medical workforce in Australia. It is important that the medical profession and workplace embraces the professional, economic and social contribution of doctors from diverse backgrounds and makes the most of the extensive skills, perspectives and networks that a diverse medical workforce will bring to the medical work and training environment. This will lead to a more productive, responsive and empathetic medical workforce, well equipped to deliver and advocate for the best health outcomes for patients and the broader community.

1. Preamble

1.1. The AMA believes that all members of the medical profession are entitled to fairness, impartiality and equal consideration within the medical workplace and training environment. The medical workforce should reflect the diversity of the patients it cares for, and be underpinned by values of professional integrity, respect, and collegiality within the medical workplace and training environment.

2. Equal Opportunity Legislation

2.1. Employers should at all times have regard to the relevant legislation in their State, Territory, or Commonwealth jurisdiction. The Federal Government has enacted specific legislation to advance the human rights and equal opportunity of specific groups within Australia as expressed in the Age Discrimination Act 2004, Racial Discrimination Act 1975, Sex Discrimination Act 1984, Human Rights and Equal Opportunity Act 1986, Disability Discrimination Act 1992, the Workplace Gender Equality Act 2012 and the Fair Work Act 2009.

3. Policy statement

3.1. The AMA expects medical workplaces and training providers to have in place fair, impartial and transparent policies and practices to provide all doctors and medical students with equal access to employment, education and training opportunities.

3.2. Medical workplaces and training providers should promote inclusive work and training environments that value the diversity of backgrounds and perspectives of the medical and wider community and respect doctors from all social and cultural backgrounds.

3.3. Organisations should employ staff who model behaviour consistent with promoting equal opportunity in the workplace. The AMA encourages medical workplaces and training providers to identify champions to celebrate and support equal opportunity.

3.4. Medical workplaces and training providers should work to enact equal opportunity legislation and policy to eliminate discrimination or harassment on the basis of race; colour; sex; sexual orientation; age; physical or mental disability; marital status; family or carer responsibilities; pregnancy; religion; political opinion; national extraction; and social origin, or any other characteristic otherwise specified in relevant anti-discrimination and equal opportunity legislation.[i]

3.5. The AMA recognises the current under-representation in leadership positions of women and supports developing targets to address this.

3.6. The AMA also supports development of targets to address the current under-representation in the medical workforce, including medical students and those in leadership positions of people who identify as Aboriginal and Torres Strait Islander (ATSI). Increasing the number of doctors who identify as ATSI in the medical workforce is imperative in improving Indigenous health outcomes.[ii]

3.7. Targets to address under-representation should be realistic, continue to be merit-based be accompanied by training and mentoring.

4. In employment and selection

4.1. Recruitment, selection and promotion practices should be open, competitive and based on merit.

4.2. All employment decisions should be consistent with the principle of equal employment opportunity and be made without bias.

4.3. Fair and transparent processes should be applied in assessing the capacity of a person to perform the job related requirements of a position, having regard to the person's knowledge, skills, qualifications and experience and their potential for future development.

4.4. While overall merit should be the overriding consideration of any application for appointment or employment, organisations should have in place a range of positive strategies and initiatives to attract doctors from diverse backgrounds to its workplace, profession and speciality.

5. In education and training

5.1. Equal opportunity in education includes the principle of selection and assessment of medical students and doctors in training into training programs on merit and job-related qualifications.

5.2. Fair and transparent processes should be applied in assessing the capacity of a medical student or doctor in training against specified requirements to apply for, undertake and complete training programs.

6. Under-representation of women in medical leadership positions

6.1. Medical workplaces and training providers should develop and implement workplace programs aimed at contributing to equal opportunity for women and men in the medical workplace, report on these programs and develop strategies to address issues such as the under-representation of women in leadership positions in medicine and within certain specialities

7. Equal Opportunity for doctors who identify as Aboriginal and Torres Strait Islander in the medical workplace

7.1. Medical workplaces and training providers should develop and implement strategies to encourage participation of doctors who identify as ATSI in the medical workforce and ensure culturally safe work and training environments. This includes providing support and resources for doctors who identify as ATSI to complete their medical training and/or advance their careers, improving access to mentoring and increasing networking opportunities. Removing the barriers to employment and training of doctors who identify as ATSI, and targeted recruitment, promotion, retention and support strategies, will help to achieve a diverse workforce able to respond to the needs of ATSI people and families.

8. Implementation of equal opportunity

8.1. The AMA expects that workplaces and training providers will:

8.1.1. Have contact point/s for employees to discuss any issues relating to equal opportunity.

8.1.2. Establish processes for reporting and responding to any complaints including access to appropriate grievance handling procedures (see below).

8.1.3. Make sure doctors and doctors in training are aware of policies and processes regarding equal opportunity; this is particularly important at orientation to a new workplace.

8.1.4. Provide training for doctors and doctors in training on their rights and responsibilities regarding equal opportunity.

8.1.5. Provide doctors and doctors in training with access to training and development, career advancement and mentoring opportunities.

8.1.6. Provide unconscious bias training for doctors, doctors in training and staff involved in selection of doctors in training for employment and training positions.

8.1.7. Develop other policies that support an organisations commitment to equal opportunity including policy on bullying and harassment, flexible work

arrangements, return to work following extended leave, doctors' health and well-being, and cultural safety.

9. Dealing with breaches of equal employment opportunity

9.1. Medical workplaces and training providers should take a proactive role in promoting equal opportunity and dealing with unlawful discrimination by:

9.1.1. Providing support to any doctor or doctor in training who experiences discrimination at work or during placement including providing assistance in making use of any internal procedures in place at the site or in accessing external forums.

9.1.2. Actively encouraging the reporting of behaviour that breaches equal employment opportunity policy.

9.1.3. Dealing with complaints in a sensitive, impartial, timely and confidential manner, ensuring that people are treated in a dignified and courteous manner, and are accorded natural justice through the use of procedures that are impartial and open.

9.1.4. Providing access to counselling and employee assistance services.

See also:

AMA Position Statement on Sexual harassment in the medical workplace – 2015

AMA Position Statement on Workplace Bullying and Harassment - 2009. Revised 2015

AMA Submission to the RACS Expert Advisory Group on Discrimination, Bullying and Harassment 2015

AMA Position Statement on Flexibility in Medical Work and Training Practices - 2005. Revised 2015.

AMA Position Statement on Safe work environments - 2015

AMA Position Statement on Health and wellbeing of doctors - 2011

References:

Australian National University Policy: Equal opportunity.

Australian Human Rights Commission. Ten steps to create a fair and productive workplace.

AIDA position paper on cultural safety for ATSI doctors, medical students and patients.

Sexual harassment in the medical workplace - 2015

03 Dec 2015

Introduction

Sexual harassment can be broadly described as any unwanted or unwelcome sexual behaviour, including a sexual advance, or an unwelcome request for sexual favours which makes a person feel offended, humiliated or intimidated.[1]

Offensive behaviour may include:

1. Comments about a person's private life or the way they look.
2. Sexually suggestive behaviour, such as leering or staring.
3. Brushing up against someone, touching, fondling or hugging.
4. Sexually suggestive comments or jokes.
5. Displaying offensive screen savers, photos, calendars or objects.
6. Repeated requests for social engagements outside of the workplace.
7. Requests for sex.
8. Sexually explicit emails, text messages or posts on social networking sites.

Prevalence and impact

In Australia, sexual harassment is recognised as a form of sex discrimination. Research indicatessexual harassment is an ongoing and common occurrence, particularly in workplaces, and that sexual harassment continues to affect more women than men.[2] Reports show that a quarter of women (25%) and one in six men (16%) aged 15 years and older have experienced sexual harassment in the workplace in the past five years.

There are a number of factors which may increase the risk of sexual harassment occurring in medicine including work stressors and workforce characteristics inherent to medicine.[3] While all doctors are at risk of sexual harassment, female doctors report a higher incidence. Gender inequity has a proven causal relationship with the incidence sexual harassment of female employees. This is particularly relevant for medicine where significant gender imbalances emerge in the majority of specialties despite female medical students and trainees slightly outnumbering their male counterparts.[4], [5]

The impact of sexual harassment is profound. It effects physical and mental health and undermines performance and collegiality in the workplace. Sexual harassment can influence career choice and career progression, and ultimately has the power to impact on the availability of female role models in medicine. [1] [2] There are also significant costs to the system associated with dealing with complaints and with time lost in unscheduled leave.

AMA Position

1. There is no place for sexual harassment in any workplace, including in medicine. All members of the medical workforce have a right to be treated with respect, dignity and as equals.
2. The medical profession must play a leadership role in tackling sexual harassment, modifying professional culture and modelling appropriate behaviour. This must include senior members of the profession making it clear that sexual harassment is unacceptable.
3. There are many different stakeholders that influence the working environment for doctors including medical schools, colleges, professional associations, employers, and unions. These bodies need to work together to put in place the right policies, processes and culture to promote a respectful work environment and eliminate sexual harassment from the workplace.
4. The AMA supports policies and processes in relation to sexual harassment that:

    4.1 Adopt a zero tolerance approach to sexual harassment.

    4.2 Address cultural factors contributing to sexual harassment.

    4.3 Engage champions of change including senior male leaders and female role models.

    4.4 Promote the intentional inclusion of women in the medical workforce, including achieving gender balance in senior roles and strengthening women in medicine mentoring programs.

4.5 Ensure all doctors are able to fully participate in the medical workforce and are guaranteed access to a range of flexible employment, return to work and training opportunities.

4.6 Include robust procedures, communication, education, and complaints processes that are developed through collaboration between stakeholders as appropriate.

4.7 Incorporate training in identifying, reporting and managing sexual harassment into professional development and training programs.

4.8 Encourage and support bystanders to speak up and act on instances of sexual harassment.

4.9 Are clearly articulated to engender greater confidence that sexual harassment complaints will be treated seriously and fairly and in a timely manner.

4.10 Offer an independent and 'safe space' for complainants so that they can raise issues of sexual harassment, free of shame, stigma or repercussions.

4.11 Apply appropriate sanctions on those responsible which are consistently applied irrespective of the status of the perpetrator.

4.12 Penalise workplaces in circumstances where they are shown not to have in place appropriate policies and/or fail to properly investigate and address allegations of sexual harassment.

4.13 Collect data on the incidence of sexual harassment to inform policy development, complaints monitoring and to measure success in tackling sexual harassment.

See also

AMA Position Statement on Workplace bullying and harassment - 2009. Revised 2015.

AMA Position Statement on Equal Opportunity in the Medical Workforce - 2012

End Notes

[1] Sex Discrimination Act 1984 (Cth)- S 28A.

[2] Australian Human Rights Commission. Working without fear: Results of the 2012 sexual harassment national telephone survey. Sydney: 2012.

[3] Safe Work Australia. Guide to Preventing and Responding to Workplace Bullying. 2013.

[4] Australian Government. Medical Training Review Panel Eighteenth Report. Canberra: 2015.

[5] Walton MW. Sexual equality. Discrimination and harassment in medicine: it's time to act. Med J Aust 2015; 2013(4):167-169.