

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



**BULLYING AND HARASSMENT MUST BE BANISHED FROM
 MEDICAL WORKPLACES**

AMA Position Statement on Workplace Bullying and Harassment

The AMA today released its updated *Position Statement on Workplace Bullying and Harassment*, which outlines the AMA’s commitment to work with the whole of the medical profession to banish bullying and harassment from medical workplaces.

AMA President, Professor Brian Owler, said the Position Statement was updated following public allegations of bullying and harassment in the surgical specialty earlier this year.

“Bullying and harassment must be banished from all medical workplaces,” Professor Owler said.

“While the recent allegations emerged from the surgical specialty, the problems are more widespread,” Professor Owler said.

“These are issues the whole profession needs to confront and resolve.

“There needs to be a zero tolerance approach, and close collaboration between all stakeholders - including employers, medical schools, unions, Colleges, and professional bodies - to drive the cultural changes required to stamp these problems out.

“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.

“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, or cultural minimisation of the problem.

“Workplace bullying and harassment 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.

“The medical profession must take direct responsibility for its culture, reputation, and standard of professionalism.

“We need comprehensive policy, practices, and education to foster a safe and healthy work and training environment, and we must maintain appropriate standards of patient care.

“Employers and education providers must work closely together to develop a strong response to change the culture in workplaces.

“This response should include appropriate counselling, care and support services, both internal and external, to assist victims of bullying and harassment.

“It is vital that managers and supervisors are aware of typical bullying and harassment behaviours that perpetuate an unhealthy culture, and develop strategies to change those behaviours,” Professor Owler said.

If a doctor believes he or she is being bullied, the AMA advises that they:

- read their workplace bullying and complaint policy and procedures;
- document threats or action taken by the bully;
- discuss their concerns with their college, employer, supervisor, or appointed contact person, as appropriate;
- consider making a complaint under their employer's bullying and harassment policy; and
- 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.

Professor Owler said the AMA also welcomes the recent release by the Royal Australasian College of Surgeons (RACS) of its *Action Plan on Discrimination, Bullying, and Sexual Harassment in the Practice of Surgery - Building Respect, Improving Patient Safety*.

“The AMA will continue to work with RACS and other stakeholders to ensure that we make real progress in this area,” Professor Owler said.

The updated AMA Position Statement on Workplace Bullying and Harassment is at <https://ama.com.au/position-statement/workplace-bullying-and-harassment>

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CONTACT: John Flannery 02 6270 5477 / 0419 494 761
 Kirsty Waterford 02 6270 5464 / 0427 209 753

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