

AMA Queensland strongly supports the broader AMA submission; however, we feel this presents a valuable opportunity to comment on developments and responses unique to the Queensland jurisdiction, such as the ‘The Hunter Review’ which has acknowledged the need to create a new organisational culture within Queensland Health.¹ We also refer to our own research undertaken as part of the formation of our five-year advocacy plan, the *Health Vision*, in particular Part II: Workforce and Training.² This additional information should be read in conjunction with the primary AMA submission and any inconsistency with that submission should be read down to that extent. That being said, we wish to offer further comment on the following questions contained within the issues paper:

1. Are Surgical Trainees well enough informed about appropriate behaviour in the workplace and given the skills to deal with the inappropriate behaviour of others? If not, what other training do they need? (1(b)(i));
 2. What else can be done to address gender inequality or promote gender equity? (2(a)(i));
 3. What will it take for this to change? (2(b)(ii));
 4. Do surgeons need more training in managing stress and maintaining professional standards under pressure? (2(c)(iv)); and,
 5. What actions can be taken by individuals, teams and organisations to prevent and address current discrimination, bullying and sexual harassment? (3(iii))
-
1. **Are Surgical Trainees well enough informed about appropriate behaviour in the workplace and given the skills to deal with the inappropriate behaviour of others? If not, what other training do they need? (1(b)(i))**

AMA Queensland strongly supports the comments contained within this section that propose to refocus training to prevent discrimination, bullying and sexual harassment by emphasising patient safety as well as compliance. We stridently echo the comments contained within the issues paper that institutional and individual responses to sexual harassment, discrimination and bullying must go beyond simple ‘tick-box’ compliance. There is the danger a sustained focus on ‘tick-box’ compliance reduces the issue to another of the myriad of policies and procedures that medical practitioners are required to complete throughout their employment. We strongly support the principle that any interventions in this field be viewed through the prism of patient safety, and the detrimental effects that non-compliance can have, to ensure

¹ Final Report, The Hunter Review: Review of the Department of Health’s structure, governance arrangements and high level organisational capability, June 2015

² Available at http://amaq.com.au/icms_docs/220358_ama-queensland-health-vision-part-2.pdf

that it is dealt with as organisations would intoxication or impairment. At no stage should there be any interference with the sacrosanct legal and moral right of an employee to work free from sexual harassment, discrimination or bullying.

2. What else can be done to address gender inequality or promote gender equity? (2(a)(i))

AMA Queensland strongly supports the comment that suggests the identification and elimination of potential barriers for females entering and staying in the profession. There has been a significant increase in the number of female medical graduates, with 57.2% of domestic graduates in 2008 being female.³ This is an increase of 1% from a year earlier.⁴ Given these increasing numbers, all organisations must make efforts to provide these graduates with the opportunity to reach their full potential. The optimal engagement of this group must be viewed as a **key** medical workforce priority to provide the healthcare that Australians deserve. In particular, the health sector must move towards workplace structures that support and encourage female medical practitioners who have, or are planning on having, children.

In preparing this submission, AMA Queensland consulted informally with several female medical practitioners who all agreed there were institutional barriers to entry in some specialities. This included questions over whether they were pregnant or planning to get pregnant and, if they were, a refusal to provide flexible work options.

3. What will it take for this to change? (2(b)(ii))

AMA Queensland is supportive of a unified strategy to address sexual harassment across the health sector. We believe the AMA, as the broadest representative group and peak advocacy body, must occupy a central position in this approach. As noted above, the maximum engagement of female medical practitioners should be of utmost concern to every organisation within the sector. While AMA Queensland supports the process being undertaken by the Royal Australasian College of Surgeons, it recognises the College does not have the sole ability, or responsibility, for the complete engagement of female medical practitioners and the mitigation of sexual harassment.

³ <http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-pubs-mtrp-13-toc~work-pubs-mtrp-13-2~work-pubs-mtrp-13-2-gra>

⁴ Ibid

Part II of the *AMA Queensland Health Vision*, undertaken in consultation with a broad cross-section of our members, focuses on the changes to the medical workforce in Queensland that are required to provide it with the doctors that it deserves. This includes the creation of a dedicated statutory body to monitor and develop training for junior doctors. It also includes improved support for doctors' health services and support mechanisms. This research highlights the importance, and necessity, of health service executive support for changes to the medical workforce.

The responsibility to improve institutional responses to the issues canvassed in this response rests within the executive management of hospital and health services. These groups must be comprehensively engaged, in a whole-of-sector strategy, to achieve meaningful change.

In Queensland, the recently released Hunter Review has identified the need for a cultural change program led by the Department of Health. This program will be outlined in the upcoming business case. We would suggest a similar program be used, in consultation with AMA Queensland and its members, to implement substantive reform that will ingrain a new, positive culture in the health sector.

4. Do surgeons need more training in managing stress and maintaining professional standards under pressure? (2(c)(iv))

AMA Queensland welcomes the College's awareness of the need for workplace support or programs to help support behavioural change. AMA Queensland has been acutely aware of the need for these programs through our advocacy for the implementation of Part II of the *AMA Queensland Health Vision*. This chapter outlined the need for targeted interventions to assist clinicians with living healthier and happier professional and private lives. We are currently piloting our 'Resilience on the Run' program at two internship sites in Queensland, with a particular focus on building resilience in common scenarios, to help improve the health of junior doctors. We would welcome a commitment from the College of Surgeons to support this program, and other AMA Queensland initiatives in the field, to help improve the health of the profession.

5. What actions can be taken by individuals, teams and organisations to prevent and address current discrimination, bullying and sexual harassment? (3(iii))

AMA Queensland, in Part II of the *AMA Queensland Health Vision*, strongly supported the establishment of programs that equip clinicians with the training to be effective leaders and

role models. This training must focus on the competencies that clinician leaders will exercise in their day-to-day practice and be reinforced by mentorship opportunities. The mantra of “right people, with the right training, in the right place” should be used to ensure clinicians are appropriately equipped to implement workforce initiatives that address discrimination, bullying and sexual harassment. Given changing models of practice, especially in the public sector, all clinicians will be required to exercise leadership capacities at some point in their professional life. We believe all clinicians should receive dedicated leadership training as part of their college training. We believe this training should reflect practical, on the job, leadership training. This should be reinforced by consistent, long-term mentoring and no-blame evaluation of leadership performance.

Conclusion:

AMA Queensland states unequivocally that sexual harassment, bullying and discrimination are parasites that must be removed from the training and practice of medicine. There must be zero-tolerance towards them in the medical profession. We offer our unique perspective born from the initiatives and reviews undertaken within our jurisdiction and the evidence-based advocacy that we have undertaken in response. By equipping the right people with the right training, and putting them in the right places, we can help ensure our colleagues, no matter their gender or nationality, are welcomed in the medical community. AMA Queensland invites the Colleges to join our initiatives in the field and is willing to provide our evidence-based insights gained from extensive research and consultation.