

Portfolio:	Education Development and Delivery	Ref. No.	TOR-2015
Team:	Research and Scholarships		
Title:	Managing Bias in Surgery Working Party		

1. PURPOSE AND SCOPE

These terms of reference establish the RACS Managing Bias in Surgery Working party.

2. KEYWORDS

Bias, SET selection, Careers in Surgery, Assessment, Examinations, Diversity, Inclusion

3. BODY OF POLICY

3.1. Background

- 3.1.1. We all have bias, both conscious and unconscious. Biases have significant impact within the field of surgery through the way surgeons behave, workplace culture and perception in ways that are often imperceptible to individuals. It needs to be understood, mitigated, and managed as it cannot be eradicated in ourselves or in our colleagues.
- 3.1.2. Bias has contributed to producing and maintaining a surgical workforce that is less diverse in terms of gender equity, religion, race, cultural background, sexual preference and indigenous inclusion than the community that it serves.
- 3.1.3. Bias is likely to have a significant impact, not only upon selection into surgical training, but also career progression, opportunity within the hospital community and even more widely within the College structure. It impacts upon the “culture“ of surgery and the way that surgeons are perceived within the community.

3.2. Duties and responsibilities

- 3.2.1. Evaluate levels of diversity and inclusion in the surgical workforce in comparison to the community at large in conjunction with professional services.
- 3.2.2. Examine the biases, both conscious and unconscious, that impact upon:
- Choosing a career in surgery
 - Selection into surgical training
 - Access to training opportunities
 - Assessments and Examinations
 - SIMG assessments
- 3.2.3. Review existing strategies within Surgical Training Boards/Committees directed at managing bias.
- 3.2.4. Review strategies and “best practices” that have led bias management in other institutions (medical, corporate, military, education etc).
- 3.2.5. Investigate and develop (if required) practical tools, processes and other strategies that can guide Surgical Training Boards/Committees and the surgical community in general to manage bias.

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- 3.2.6. Develop a culture where inclusion on College Committees is through expressions of interest rather than “a tap on the shoulder”.

3.3. Composition

- 3.3.1. The working party of 10, comprising the following:
- a. Chair (RACS Councillor)
 - b. Other Member(s) of the Education Committee
 - c. Women in Surgery Representative
 - d. Trainee Representative
 - e. Specialist International Medical Graduate (SIMG) Representative
 - f. Prevocational Doctor Representative
 - g. Indigenous Health Committee Representative
 - h. Rural Surgery Representative
 - i. Medical Student Representative
 - j. At least 1 position filled by Fellows or medical practitioners with diverse backgrounds who can contribute perspectives on unconscious bias and methods that can diminish the impact of bias in Surgery
 - k. Community representative with expertise in managing bias
 - l. Ability to co-opt other members if required for specific roles

3.4. Accounting and reporting structure

- 3.4.1. The RACS Managing Bias working party will report to the Education Committee.
- 3.4.2. Minutes from the Working Party meetings will be shared with the Building Respect Monitoring group.

3.5. Administrative Support

- 3.5.1. Project Manager
- 3.5.2. Secretariat

3.6. Schedule of meetings

- 3.6.1. Monthly
- 3.6.2. Final report to Council Meeting October 2023
- 3.6.3. Working Party to be Completed September 2023

Approver: CEO
Authoriser: Education Committee