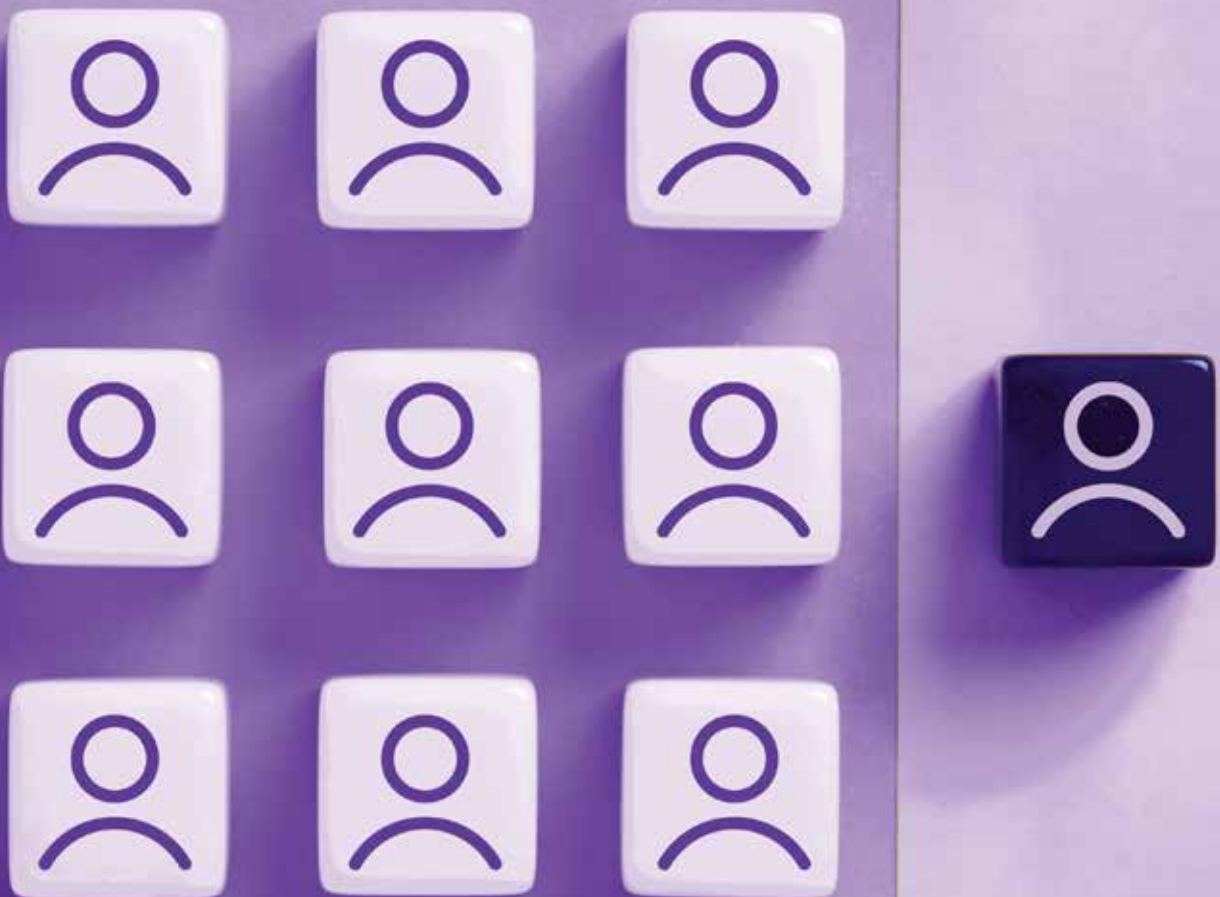


# Medical School student bullying and harassment framework



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*(all content in **bold grey** colour are links)*

# Glossary of acronyms

<b>Acronym</b>	<b>Meaning</b>
<b>Advocate</b>	The Advocate Complaints Management System provides an integrated approach to managing complaints and misconduct at the University.
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>FtP</b>	Fitness to practise
<b>GBCS</b>	Greater Brisbane Clinical School
<b>GP</b>	General Practice/Practitioner
<b>IoS</b>	Interruption of studies
<b>LC</b>	Learning Community
<b>MD</b>	Doctor of Medicine
<b>MSST</b>	Medical School Student Support Team
<b>OHS</b>	Occupational Health and Safety
<b>PPE</b>	Personal Protective Equipment
<b>RCS</b>	Rural Clinical School
<b>UQ</b>	The University of Queensland

# Overview

The medical school is committed to fostering a learning environment free from bullying, harassment, and discrimination. This framework outlines the procedures and support systems in place to ensure the well-being of all students and aligns with the broader institutional values of respect, integrity, and excellence, central to the medical school's mission.

The framework applies to all members of the medical school community, including students, faculty, administrative staff, and other stakeholders. It encompasses behaviours that occur on campus, during off-site clinical placements, and in any context where individuals represent the medical school.

This framework complements existing policies related to workplace health and safety, equal opportunity, and student conduct. It should be read in conjunction with these policies to understand the full spectrum of behavioural expectations:

- **Prevention of Discrimination, Harassment and Bullying Behaviours Procedure**
- **Australian Human Rights Commission's workplace discrimination, harassment and bullying information**
- **Queensland Human Rights Commission's discrimination in employment guidelines**
- **Fair Work Commission's anti-bullying information.**

Bullying, discrimination and harassment (BDH) can have significant negative impacts on individuals' mental health, well-being, and academic performance. Creating a supportive environment is essential for the success and retention of students and staff. Additionally, the medical school has legal obligations under anti-discrimination laws, workplace health and safety regulations, and educational standards to prevent and address bullying and harassment. Failure to comply with these obligations can lead to legal consequences and damage the institution's reputation.



## **Seek support:**

Medical School Student Support Team  
E: [med.mss@uq.edu.au](mailto:med.mss@uq.edu.au)

A photograph of three healthcare workers in blue scrubs. Two men and one woman are laughing and talking in a sink area. The woman on the right is washing her hands. A mirror above the sink reflects the woman. The scene is brightly lit, likely in a hospital or clinic.

## Defining bullying, harassment and discrimination

### MDANZ 2024 recommendation:

Students and staff have a shared understanding of the meaning of the terms 'bullying', 'discrimination', 'harassment' and 'sexual harassment' through the provision of bespoke examples of these behaviours within the context of medical education.

- Examples of these behaviours are co-designed with students.
- Examples of these behaviours engage student cohorts from diverse backgrounds, particularly cohorts at greater risk of experiencing BDH (e.g., Indigenous, people of colour, women, LGBTQI).

The following provides agreed definitions of BDH and is available on UQ resources.

**Bullying** is when someone repeatedly attacks a person who has less power, often without provocations. It can happen in various settings, including at university, work, social situations and online.

Bullying may be:

- **Overt**, involving physical intimidation, humiliation or verbal threats
- **Subtle**, involving passive-aggressive behaviour, spreading rumours or excluding someone.

While each act may seem minor on its own, the repetitive and often personal nature of bullying can lead those affected to feel isolated, helpless and humiliated.

Over time, individuals who are bullied may experience more severe and long-lasting problems, such as:

- **depression**
- **substance abuse**
- reduced motivation
- **loneliness**
- **low self-esteem**.

In extreme cases, someone who has been bullied may even question their will to live. It is crucial to address bullying at an early stage to prevent long-term harm.

## What it is

**Bullying** is repeated unreasonable behaviour towards a person or group of people that creates a risk to health and safety. Bullying behaviour can range from obvious verbal or physical assault to subtle psychological abuse.

**Discrimination** occurs when a person, or group of people, is treated less favourably than another person or group because of their background or certain personal characteristics. Discrimination may be direct or indirect.

**Harassment** includes behaviour that intimidates, offends or humiliates another person. It may or may not be on the basis of particular protected personal attributes. It is important to understand that a *one-off incident* can constitute harassment. There are specific laws relating to sexual harassment, racial hatred or disability harassment.

Examples of Bullying, Discrimination and Harassment include:

- Making repeated negative comments about a person's appearance, lifestyle, sexual orientation, gender identity or culture
- Unwarranted personal questions regarding one's personal life, orientation or gender identity
- Making loud and repeated comments about the lunch choices of culturally and linguistically diverse (CALD) people
- Sending sexually explicit emails, texts or messages
- Sexual innuendo, which may target orientation or gender identity
- Spreading rude and/or inaccurate rumours about an individual, including about their sexual orientation, gender identity or expression, Intersex status or disability status (either real or perceived)
- Displaying inappropriate materials designed to humiliate or intimidate colleagues
- Using aggressive language or ridiculing another's opinions
- Excluding a person from a work team.

## What it's not

Legitimate comment and advice from managers and supervisors on work performance or work-related behaviour, including relevant negative feedback, should not be confused with bullying, harassment or discrimination.

It is not bullying or harassment to:

- give appropriate guidance
- conduct performance counselling
- invoke diminished performance procedures or misconduct procedures
- have occasional disagreements or differences of opinion
- set reasonable performance goals and standards
- give constructive feedback on a team member's performance.

## Key definitions

**Bullying** in the medical school setting may include repeated, unreasonable behaviour that intimidates, offends, degrades, or humiliates a person. This behaviour can be overt, such as verbal abuse, or covert, such as social exclusion.

Examples might include undermining a student's confidence during clinical rounds, setting unreasonably difficult tasks, or spreading rumours about a colleague's competence.

**Harassment** includes unwanted conduct related to a protected characteristic (such as race, gender, or disability) that has the purpose or effect of

violating an individual's dignity or creating a hostile environment.

### Types of harassment:

- **Sexual harassment:** Unwelcome sexual advances, requests for sexual favours, and other verbal or physical harassment of a sexual nature.
- **Racial harassment:** Derogatory remarks, jokes, or behaviour targeting an individual based on their race or ethnicity.
- **Disability harassment:** Actions or comments that belittle or discriminate against someone with a disability.

**Discrimination** occurs when an individual is treated less favourably due to a characteristic protected by law, such as age, gender, sexual orientation, religion, or disability.

Discrimination can lead to unequal access to learning opportunities, affecting academic and career outcomes for affected individuals.

### Other related terms

- **Victimisation:** Treating someone unfairly because they have made a complaint or supported someone else's complaint of bullying or harassment.
- **Microaggressions:** Subtle, often unintentional, comments or actions that convey prejudiced attitudes towards marginalized groups. Although often dismissed as minor, they can accumulate to create a hostile environment.

Further resources:

[my.uq.edu.au/information-and-services/student-support/health-and-wellbeing/self-help-resources/bullying](https://my.uq.edu.au/information-and-services/student-support/health-and-wellbeing/self-help-resources/bullying)

[staff.uq.edu.au/information-and-services/human-resources/conduct-ethics/discrimination/prevent](https://staff.uq.edu.au/information-and-services/human-resources/conduct-ethics/discrimination/prevent)



# Addressing Bullying, Harassment and Discrimination (BHD)

## Reporting, documenting and seeking support

### MDANZ Recommendation:

*A layered reporting system provides students with multiple reporting options, ranging from an informal conversation with medical school student support to a formal complaint. Students are provided with accurate and honest advice about what they can expect from each option.*

*The reporting pathway chosen is the most acceptable, empowering, and least damaging to the person who has experienced or witnessed the behaviour.*

*Information clearly communicated through multiple channels: The medical school has developed a flowchart identifying the reporting options available to students in all learning environments and the multiple contact points for students to seek advice or make a report.*

*The flowchart is provided to students through multiple channels (e.g., online portals, bespoke publications, lectures/workshops, anti-BDH signage) with links to policy and procedures to ensure transparency.*

Any UQ Student has the right to study and participate in an environment free from discrimination, harassment and bullying behaviours. These behaviours are not tolerated by UQ. The **Prevention for Discrimination, Harassment and Bullying Behaviours Procedure** outlines the responsibilities and processes that support UQ's commitment to fostering an inclusive and harmonious environment where all members of the UQ Community feel welcome.

Students on clinical placement have reported a reluctance to discuss cases of bullying and harassment within their local clinical units, often due to fear of retribution. Many students identify the Medical School Student Support Team (MSST) as a "safe" space for reporting these issues.

**Consequently, the Medical School favours directing students to MSST to assist with such concerns.**

Within the Medical School if bullying or harassment is experienced or witnessed, action should be taken as inaction may place others at risk.

### Take action

If you notice bullying, harassment or discrimination you need to report it as you are putting others at risk of someone else being exposed.



**Don't bully others**



**Report the abuse**



**Reach out to the person**



**Protect others**

Taking action includes (but is not limited to):



**Tell the person their behaviour is inappropriate**



**Ask the person to stop the behaviour**



**Report the behaviour**



**Seek help and support**

Additionally, it is important to keep a detailed record of incidents, including dates, times, locations, and witnesses as this information can be crucial in building a case for formal intervention. Examples of useful notes to take can be found in Appendix 1.

Incidents involving students that are witnessed or experienced by staff, students or bystanders should be reported to the **Medical School Student support team (MSST)**. MSST can provide advice, mediation, case management and referrals to support services.



Importantly, if a student discloses an episode of BDH to any trusted staff member in any environment, it should be managed in the following way:

**1. Acknowledge and support the student**

**2. Ensure their immediate physical and psychological safety**

- a. If student's initial contact is via email, the team member should attempt to phone and speak with student.
- b. If the student cannot be reached by phone call, a text or email should be sent, acknowledging their concerns, and inviting them to call to discuss further.
- c. Any communication should advise the student to call 000 if they are in immediate danger.

**3. Believe them**

**4. Document any details reported**

- a. This may involve completing an incident report, depending on the specific location.
- b. The Local unit or MSST can assist the student in completing an incident or hazard form via UQSafe where appropriate.

**5. Refer the student to MSST**

- a. Any communication from the local unit should include guidance on contacting MSST (or consent should be obtained to refer them directly to MSST).
- b. Communication should from the local team should include MSST website link, email, and phone contact numbers as well as afterhours crisis support number.

- c. For Aboriginal and Torres Strait Islander students, the Associate Dean Indigenous Engagement should be informed via email: [med.adie@uq.edu.au](mailto:med.adie@uq.edu.au)

External services, such as **Beyond Blue**, offer free, confidential support during times of distress. The **UQ Counselling** and Crisis Line: **1300 851 998** is also available to provide support. The Aboriginal and Torres Strait Islander Studies (**ATSISU**) unit is available to provide culturally safe support to Aboriginal and Torres Strait Islander people at UQ.

**Additional services available to students:**

**Medical School Student Support team (MSST)**

**UQ Counselling**

**Beyond Blue**

**UQ Sexual Misconduct Support Unit (SMSU)**

to receive guidance around sexual assault and sexual harassment

Anonymous LGBTQIA+ peer support/referral: [qlife.org.au](http://qlife.org.au) or 1800 184 527

**Escalation pathway**

UQ takes instances of bullying, harassment or discrimination very seriously. Within the Medical School, MSST provides guidance and support to students through escalation and resolution processes as necessary. Staff and students are advised to refer affected students to MSST in the event of a report of BHD, while also providing the support outlined above.



The following tables outline the scenarios and expected actions for each circumstance:

### MD Program Onshore:

Year group	Situation	Initial actions	MSST and staff actions
Year 1	Peer to peer	<p><b>Student self refers to MSST</b></p> <p><b>Student connects with other (tutor, educational adviser) - refer to MSST</b></p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note – who, where, when, what happened, why and how of the incidents</p> <p>Inform student of options for reporting (informal and formal reporting, complete incident form via UQSafe)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student – MSST to refer to appropriate <b>local team member</b>, e.g. Head MD learning hub, Deputy Head Learning community, Head Clinical Unit, MD learning facilitator.</p> <p><b>Local Team Member:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>
Year group	Situation	Initial actions	MSST and staff actions
Year 1	Staff/other to student	<p><b>Student self refers to MSST</b></p> <p><b>Student connects with other (tutor, educational adviser) - refer to MSST</b></p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note – who, where, when, what happened, why and how of the incidents</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p>

			<p>With consent from student – MSST to refer to appropriate <b>local team member</b>, e.g. Head MD learning hub, Deputy Head Learning community, Head Clinical Unit, MD learning facilitator.</p> <p><b>Local Team Member:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate to line manager where appropriate</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>
<b>Year group</b>	<b>Situation</b>	<b>Initial actions</b>	<b>MSST and staff actions</b>
Year 2	Peer to peer	<p><b>Student self refers to MSST</b></p> <p><b>Student connects with other (tutor, educational adviser) – refer to MSST</b></p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note – who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student – MSST to refer to Deputy Head Learning Community/Clinical Unit Head +/- local tutor</p> <p><b>Clinical Unit Head/Deputy Head Learning Community:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate within Clinical School where appropriate</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>

Year group	Situation	Initial actions	MSST and staff actions
Year 2 and 3 (new program)	Staff/other to student	<p>Student self refers to MSST</p> <p>Student connects with other (tutor, educational adviser) - refer to MSST</p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note - who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student - MSST to refer to Deputy Head Learning Community/Clinical Unit Head +/- local tutor</p> <p><b>Clinical Unit Head/Deputy Head Learning Community:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate within Clinical School where appropriate (e.g. in the case of bullying by an ATH)</p> <p>Escalate within Health Service where appropriate (e.g. in the case of bullying by a staff member)</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>
Year group	Situation	Initial actions	MSST and staff actions
Year 3 and 4 (old program or teach out)	Peer to peer	<p>Student self refers to MSST</p> <p>Student connects with other (tutor, educational adviser) - refer to MSST</p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note - who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p>

			<p>Follow-up with student after session</p> <p>With consent from student – MSST to refer to Clinical Unit Head +/- Principal Clinical Team Leader +/- course coordinator</p> <p><b>Clinical Unit Head:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate within Clinical School where appropriate</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>
<b>Year group</b>	<b>Situation</b>	<b>Initial actions</b>	<b>MSST and staff actions</b>
<b>Year 3 and 4 (old program or teach out)</b>	<b>Staff/other to student</b>	<p><b>Student self refers to MSST</b></p> <p><b>Student connects with other (tutor, educational adviser) – refer to MSST</b></p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note – who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student – MSST to refer to Clinical Unit Head +/- Principal Clinical Team Leader +/- course coordinator</p> <p><b>Clinical Unit Head:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate within Clinical School where appropriate</p> <p>Escalate within Health Service where appropriate (e.g. in the case of bullying by a staff member)</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>

## MD Program Onshore:

Year group	Situation	Initial actions	MSST and staff actions
Year 3 and 4	Peer to peer	<p><b>Student self refers to MSST</b></p> <p><b>Student connects with other (tutor, educational adviser) - refer to MSST</b></p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note – who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student – MSST to refer to Deputy Director Student Affairs</p> <p><b>Deputy Director Student Affairs:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate within Clinical School where appropriate</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>
Year group	Situation	Initial actions	MSST and staff actions
Year 3 and 4	Staff/other to student	<p><b>Student self refers to MSST</b></p> <p><b>Student connects with other (tutor, educational adviser) - refer to MSST AND Deputy Director Student Affairs</b></p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note – who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student – MSST to refer to Deputy Director Student Affairs</p>

			<p><b>Deputy Director Student Affairs:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate within Clinical School where appropriate</p> <p>Escalate within Health Service where appropriate (e.g. in the case of bullying by a staff member)</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>
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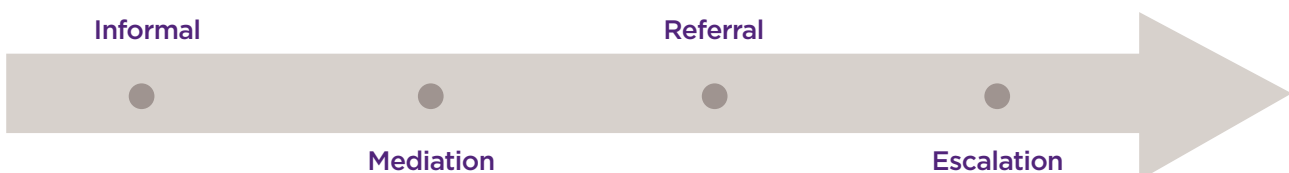
### Non-MD Medical School Programs:

Year group	Situation	Initial actions	MSST and staff actions
All	Peer to peer	<p><b>Student self refers to MSST</b></p> <p><b>Student connects with other (tutor, educational adviser) - refer to MSST</b></p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note - who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student - MSST to refer to Program coordinator</p> <p><b>Program coordinator:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>

Year group	Situation	Initial actions	MSST and staff actions
All	Staff/other to student	<p>Student self refers to MSST</p> <p>Student connects with other (tutor, educational adviser) - refer to MSST</p>	<p><b>MSST:</b></p> <p>Confidential appointment with student to discuss allegations.</p> <p>Case note - who, where, when, what happened, why and how of the incidents)</p> <p>Inform student of options for reporting (informal and formal reporting)</p> <p>Inform student of strategies to improve situation</p> <p>Provide referral to SMSU, Counselling and outside resources as appropriate</p> <p>Provide support to complete formal complaint/interruption of studies or transfer request as appropriate</p> <p>Follow-up with student after session</p> <p>With consent from student - MSST to refer to Program Coordinator</p> <p><b>Program coordinator:</b></p> <p>Support student</p> <p>Refer to MSST</p> <p>Assist in the completion of an incident form via UQSafe</p> <p>Manage local outcomes</p> <p>Escalate within placement unit where appropriate</p> <p>Escalate within Health Service where appropriate</p> <p>Escalate to Deputy Head Medical School (Wellbeing and Success) where appropriate</p>

## Resolution

All efforts to find a resolution will be attempted. In general, many concerns will be resolved informally or via mediation using the processes in the tables above, supported by MSST. Other concerns may need to be escalated to the local unit who may be able to help with reasonable adjustments to placement.





### Informal resolution

Members of the UQ Community are encouraged to take steps to informally resolve issues of discrimination, harassment and/or bullying, where appropriate and safe to do so. In the Medical School, this can be facilitated by MSST or another trusted member of the local unit.

The aim of informal resolution is to reach an acceptable outcome that minimises any potential harm to ongoing relations between those involved.

### Informal resolution should be considered when:

- the Complainant's desired outcome is a less formal resolution;
- the Complainant feels comfortable and safe undertaking informal resolution;
- the alleged unacceptable behaviour is most likely due to a miscommunication, misunderstanding or a lack of knowledge/awareness; or
- there is no power or status imbalance between involved persons (such as a supervisor and student, or a staff member and their supervisor).

Informal resolution usually entails engaging directly with the person who exhibited discriminatory, harassing or bullying behaviours by:

- stating the nature of the concern;
- explaining the impact of their behaviour; and
- outlining what the preferred outcome might be, noting that in most cases, the preferred outcome is for the behaviours to stop.

**Making a person aware of the impact of their behaviour can sometimes be enough to prevent it from occurring again in future.**

### Resolution via mediation:

MSST can support the local management of complaints, which may include interventions to stop the behaviours and/or resolve the matter.

Examples of interventions that can be supported by MSST include, but are not limited to:

- providing support to students to help them address the matter themselves;
- addressing the matter directly with the person(s) involved or liaising with the local/clinical unit;
- coordinating mediation (which, depending on need, may involve the local/clinical unit or other members of the Medical School such as the Deputy Head of Wellbeing and Success)
- provision of additional training as needed (e.g. BDH training for staff).

If informal resolution is not appropriate or has not successfully resolved an issue of perceived discrimination, harassment and/or bullying behaviours, members of the UQ Community may wish to make a formal Complaint.

### Referral/formal complaint

Students, Staff and other members of the UQ Community who wish to lodge a formal complaint are directed to the online **Complaints Management** webpage.

**Advocate** is a secure external website used to manage formal complaints and appeals at UQ. Complaints lodged through Advocate are treated with the highest confidence to protect your privacy. Students can choose to make an anonymous complaint; however, these can be more difficult to resolve.

### Make a complaint

#### UQ's complaints and appeals process

Within the Medical School, formal complaints will be logged into ADVOCATE. This can be completed with the assistance of MSST or independently.

Concerns are triaged centrally within UQ and referred to the appropriate Faculty or School integrity officer. Within the Medical School, the school integrity officer will review the information and determine the next steps under the provisions of the **Student Grievance Resolution Policy, Procedure and Guideline** and/or the **Student Integrity and Misconduct Policy**.

### Escalation

Following review by the integrity officer, incidents involving students (ie peer to peer) may be referred to the university misconduct board after review and discussion with the Dean of the Medical School or the Executive Dean of the Faculty of Health, Medicine and Behavioural Sciences.

Incidents involving UQ staff members will be managed through the University's human resources processes. Incidents involving non-UQ staff members will be escalated to the appropriate health service for consideration. In the case of severe, proven episodes of BDH, notification to AHPRA may be required.

### Dissemination of BDH processes to students

#### MDANZ recommendation:

*Information and training for students is spiralled through multiple points of the degree, most importantly at transition points:*

- Orientation/first year: Students develop a shared understanding of BDH, including their role in contributing to a positive, inclusive medical school culture that rejects these behaviours.*

- *Clinical orientation: Students develop skills in responding to BDH and other unprofessional behaviours in the context of clinical training.*
- *Clinical placements: Students provided with information on who to go to in case of BDH concerns at each clinical placement site; students welcomed at each rotation with relevant placement information and oriented to support for next placement.*
- *Rural, interstate & international placements: Special consideration given to rural and international placements where students are removed from their existing support networks.*

- *Pre-internship: Further skills development in responding to BDH behaviours in clinical settings, including how to manage difficult situations involving patients.*

Students will be advised of this framework and how to seek help when witnessing or experiencing BDH via the following methods:

- Orientation
- Website: [medical-school.uq.edu.au/current-students/medical-school-student-support-team/support-students-experiencing-discrimination-harassment-or-bullying-behaviours](http://medical-school.uq.edu.au/current-students/medical-school-student-support-team/support-students-experiencing-discrimination-harassment-or-bullying-behaviours)
- Posters (see MSST Fact sheets)



# Training

## MDANZ 2024 Recommendation:

- *All staff: Training provided to develop a shared understanding of individual BDH behaviours and the role of all staff members (including tutors, sessional/casual staff, adjunct appointees) in contributing to a positive, inclusive medical school culture that rejects these behaviours.*
- *Senior leadership: Additional training provided to equip leaders and managers (including clinical school directors, course directors, unit chairs) to support a whole-of-program approach, including modelling appropriate behaviours.*
- *Frontline staff: Academic and professional staff working most closely with students on campus and in clinical settings provided with additional training on how to respond in case of disclosure by students; special focus on support for cohorts at greater risk of experiencing BDH (e.g., Indigenous, people of colour, women, LGBTQI).*
- *Student representatives: Training provided for student representatives (e.g., medical society leadership) on how to respond in case of disclosure by peers; special focus on support for cohorts at greater risk (e.g., Indigenous, people of colour, women, LGBTQI).*

The University of Queensland has several online courses addressing BDH. These are summarised below. Staff interacting with students will be required to complete these courses as part of their Annual Professional Development (APD) framework.

## Mandatory:

### Appropriate workplace behaviour

*The University of Queensland is committed to building a welcoming, safe and inclusive environment for every member of our community. This means creating a culture where we do not tolerate any form of bullying, discrimination, sexual misconduct or harassment — a culture where observers of inappropriate behaviour are encouraged to speak out and are supported when they do. As part of this Appropriate Workplace Behaviour course, we explore these areas, the underpinning legislation and where to find support if you witness or experience behaviours that are inappropriate.*

*This course is mandatory for all staff. Refresher training is required every two years.*

**Target Audience:** *All fixed-term, continuing and casual staff.*

**Outcomes:** *Ability to identify and describe behaviours that are defined as sexual misconduct, bullying, discrimination, victimisation, harassment*

*and vilification. Identify examples of impacts of inappropriate behaviours and explain why it is important for observers of inappropriate behaviour to speak out. Understand the concepts of 'reasonable management action', 'special measures', 'psychosocial risks' and 'duty of care'. Know what to do if you need to make a complaint or need support at UQ. Understand your responsibilities as a supervisor.*

## Recommended:

### Bullying and harassment prevention and response

*Supervisors at UQ are responsible for creating a healthy and sustainable workplace culture within their teams. UQ is committed to developing an environment that ensures staff, students and visitors are not subjected to behaviours, practices or processes that may constitute discrimination, bullying, vilification or victimisation. This course will support supervisors to understand their obligations under anti-discrimination, harassment and anti-bullying legislation, their application in the workplace, and how to identify and minimise risks relating to an issue of workplace discrimination, harassment or bullying, and effectively respond to issues experienced or observed.*

**Target audience:** *All staff and particularly those with supervisory responsibility.*

**Outcomes:** *understand the relevant legislation and policy environment of UQ be aware of what is considered to be harassment, discrimination and bullying understand what constitutes unlawful discrimination, harassment and bullying in the workplace understand how to handle or report an issue of workplace discrimination, harassment or bullying understand individual rights, responsibilities and liabilities*

### What to do when you are bullied at work

*What should you do when you are bullied at work? Catherine Mattice Zundel, an internationally recognized expert in workplace bullying, explains why bullying happens and how to empower yourself to improve your situation. She provides action steps and role-play scenarios to help those who are bullied build up their confidence and confront the bully, prepare documentation to bring to a conversation with HR, and more.*

### Handling workplace bullying

*Bullying is a social phenomenon in which the bystanders, leaders, and organizational culture all play a role. It has emotional, psychological, and financial costs to targets and the business. In this course, workplace bullying expert Catherine Mattice Zundel helps HR professionals, leaders, managers, and supervisors put a stop to workplace bullying.*

She defines the key differences between workplace harassment and bullying, shares how to step in to stop bullying, and explains how to coach those identified as bullies. To create a positive workplace that's free from bullying, Catherine suggests a healthy workplace corporate policy, ongoing training, and the use of performance management. She also highlights the role leadership plays in being transparent about supporting a healthy workplace.

### **Bystander training: from bystander to upstander**

Working in a toxic environment can make anyone feel helpless. Even HR representatives can feel like their hands are tied. But you have the power to change the trajectory of your organization's culture, regardless of your level or position. In this course, Catherine Mattice shows that by going from bystander to upstander—someone who holds their coworkers accountable for bad behaviour—can turn a toxic workplace into a supportive environment where employees are able to do their best work. Catherine introduces actionable tools and strategies to help you become an upstander and an ally. Learn how to build an upstander culture, hold employees and peers to professional conduct, and develop the skills you need to speak up when fellow employees are being bullied or harassed.

### **Ethical bystander interventions in the university context**

The aim of this workshop is to provide staff with the skills to safely intervene if they witness harmful or discriminatory behaviour in the university environment.

### **Target audience: professional and academic staff.**

Outcomes: Staff can identify harmful situations that may require bystander intervention. Staff feel confident in their ability to safely intervene when they witness harmful or discriminatory behaviour in the university context. Staff are aware of the support and reporting pathways available to them and their colleagues.

### **Preventing harassment in the workplace**

Harassment is still pervasive in many workplaces—despite the fact that nearly every organization has an anti-harassment policy in place and offers related training. How can HR leaders—and leaders in general—proactively create safe and healthy workplaces? What are the standards required? In this course, Catherine Mattice explains how to approach this critical topic so that real, positive change can occur at your organization. Catherine dives into the realities of harassment, defining what it is and why many targets of harassment choose not to report it. Discover how to help prevent harassment by placing a greater focus on culture in conjunction with policy and training. In addition, learn tips that can help you create a culture of respect and inclusion, build empathetic and respectful relationships, and recognize the many subtle ways harassment can unfold.

In addition to these online courses for staff (and students) MSST have also produced the following fact sheets aimed at students:

### **MSST fact sheets**

**Harassment** on placements: A fact sheet for medical students

**Bullying:** A fact sheet for medical students

Additional Posters/Fact Sheets in Development include:



### **"Maintaining mental health during clinical placements"**

- **Focus:** Tips for managing stress, avoiding burnout, and maintaining a healthy work-life balance during placements.
- **Content:** Include advice like regular breaks, mindfulness practices, seeking mentorship, and utilizing support resources.
- **Design:** medical-themed icons, and sections UQ support services.



### **"How to handle difficult situations on placements"**

- **Focus:** Practical advice on dealing with challenging situations, such as conflict with colleagues, communication barriers, or high-stress scenarios.
- **Content:** Tips for de-escalation, maintaining professionalism, and knowing when to seek help.
- **Design:** Visual step-by-step guide format, using arrows and icons to highlight each step.



### **"Creating a culture of respect and professionalism"**

- **Focus:** Promote respectful behaviour, anti-bullying, and professionalism within the healthcare team.
- **Content:** Outline professional behaviours, do's and don'ts, and the impact of a positive workplace culture on patient care.
- **Design:** illustrations showing positive team interactions.



### **"Standing up against discrimination in medicine"**

- **Focus:** Highlight discrimination in clinical settings and encourage reporting and support for affected individuals.
- **Content:** Definitions of different forms of discrimination, how to report incidents, and available resources.
- **Design:** Bold typography, diverse imagery, and inclusive language. Use symbols like equality scales or handshake icons.

# Health service integration

## MDANZ 2024 Recommendation:

### Examples of effective practices:

- *Central team member designated as liaison point for all training sites:* A member of the central medical school team, who is largely campus-based and understands governance and policy, is designated as the contact point for all clinical leads at all training sites for information or advice on BDH issues. All medical school staff know this contact and understand their role.
- *An ongoing contact across changing placement sites:* Students are provided with a school-based contact for BDH-related issues for their whole clinical year, as well as a contact at each placement site/attachment.
- *Joint medical school discussions:* Development of a forum or process for sharing information amongst medical programs that use common training sites can deepen schools' insight into student experiences at particular sites.
- *Joint medical school/health service discussions:* Issues relating to the culture of clinical training environments are jointly discussed by medical schools and health service management/health jurisdictions.

### Central team members and ongoing contacts:

#### MSST

MSST provide whole program support to all medical school students and are available either in person or virtually within each clinical school and Medical School Programs.

#### UQ Respect Network

The **Respect Network** is a new program supported by UQ Respect and Human Resources that aims to educate, equip and empower **UQ staff and students** to enhance the prevention of, and response to, sexual misconduct and all forms of discrimination and harassment across the university.

### Overarching goals of the network

- Cultivate a university environment/s free from all forms of sexual misconduct, discrimination and harassment
- Identify and address barriers faced by students and staff in accessing information, support and reporting in relation to sexual misconduct, harassment and discrimination
- Drive collaboration and consultation to ensure all

university initiatives are designed with key, relevant populations in mind

- Create a vast community network of staff and students engaged in continuous learning to ensure up-to-date knowledge and approaches to prevention

Respect Network Ambassadors are not specialists in the prevention and response to sexual misconduct, discrimination and/or harassment. Instead, Respect Network Ambassadors represent UQ community members who believe that violence, discrimination and harassment have no place in the UQ community and want to champion change in their areas.

#### Joint Medical School Forum

The UQ Medical School is a member of the Medical Deans of Australia and New Zealand (MDANZ) whose purpose is to support and advocate on behalf of our members, who contribute to healthy communities through the development of high-quality, work-ready and patient-focused future doctors. Professor Stuart Carney (Dean Medical School, University of Queensland) is the UQ Medical School representative in this organisation.

Specifically relating to student support: The MDANZ Student & Staff Support Committee leads Medical Deans' work to support the health and wellbeing of medical students and medical school staff in Australia and Aotearoa New Zealand. Its role is to:

- Provide a forum to consider issues involving the health and wellbeing of medical students and medical school staff.
- Recommend, and where appropriate lead, any key pieces of work by Medical Deans on the health and wellbeing of students and staff
- Develop evidence-based strategies and policies on the health and wellbeing of students and staff, including identifying and addressing particular or heightened issues faced by vulnerable groups
- Share resources and environmental intelligence regarding:
  - o research projects and quality improvement activities
  - o programs and strategies aimed at upskilling medical students in self-care and self-management, and preventing or reducing the onset and severity of anxiety, depression and suicidal ideation and behaviour

o policies, practices and procedures supporting student and staff health, including addressing bullying, harassment and discrimination.

- Lead and contribute to the development of any communication materials, opinion pieces, articles, submissions or other resources to advocate Medical Deans' work and views

Extracted from: [medicaldeans.org.au/standing-committees/student-and-support-staff-support-committee/](https://medicaldeans.org.au/standing-committees/student-and-support-staff-support-committee/)

### Joint Medical School/Health service discussions

#### *Health service integration specific to the Rural Clinical School*

Within the Rural Clinical School (RCS) students are encouraged to approach the Head or other staff member they feel comfortable sharing this with. 'Student support is everyone's business'. Incidents in the community/GP rely on the student sharing with UQ staff – either MSST or RCS staff, or the site itself sharing information.

RCS staff support the student and work with MSST as deemed appropriate at the time.

Heads of RCUs meet with local EDMS and/or DMS regularly and issues of BDH are raised at these meetings.

- In general incidents within the hospital are managed between the RCU and the relevant Department Head. Hospital incidents are recorded in the RiskMan system which is managed by the relevant department within the health service (not UQ).
- Incidents escalated through RiskMan are managed by either EDMS or DMS who involve the RCU Head where needed.

Education Meetings between the Hospital PSS, MEU and RCU staff occur regularly – 3-4 x/year and are a forum for the RCU where they could discuss BDH more broadly and inform them of the approach for students who report to them experiences of BDH.

#### *Health service integration specific to the Ochsner Clinical School*

The links below outline the processes at Ochsner Clinical School and closely follow the processes detailed in the Ochsner Health policy:

#### Ochsner Student Support and Resources

##### OCS Student Policy Manual

##### Ochsner Clinical School Policy: Antidiscrimination, Non-retaliation and Harassment Free Environment

#### *Health service integration specific to the Greater Brisbane Clinical School*

In the GBCS (including GPCU) students would generally make their first contact with UQ, rather than through a formal hospital process. The UQ staff member would then engage with the hospital. Riskman is a hospital process that operates independently of any actions taken by UQ. This would be a decision for the hospital after being approached by a UQ staff member.

Managing any incident at the department level would be preferable to escalating it to the EDMS etc. However this decision ultimately lies with the hospital. The responsibility of the GBCS is to refer any incident to the hospital for whatever action they deem appropriate.

GBCS HoCUs also meet regularly with hospital executives and could use these meetings to identify issues or trends.

#### *Health service integration specific to non-MD programs within the Medical School*

Students at the Master of Mental Health are encouraged to report incidents to any academic staff member they feel comfortable with, including the leadership of the program (Art Therapy Field Coordinator, Psychotherapy Field Coordinator, Program Coordinator). If this occurs at a placement, they should report incidents to UQ staff and to their onsite supervisor and might be required to follow local procedures.

Link to QHealth workplace bullying policy:

[careers.health.qld.gov.au/working-for-us/employee-complaints/workplace-harassment](https://careers.health.qld.gov.au/working-for-us/employee-complaints/workplace-harassment)



## Appendix 1: Example documentation record

### Incident log

Date	Time	Location	Mode (F2F/Online)	Incident summary	Individuals involved (including witnesses)	Follow up



## Contact

**Deputy Head Medical School**  
(Student Wellbeing and Success)

**E** [med.medschool.sws@uq.edu.au](mailto:med.medschool.sws@uq.edu.au)

**W** [medical-school.uq.edu.au](http://medical-school.uq.edu.au)



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