




Navigating bullying, discrimination and sexual harassment in the general practice workplace



We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future. We commit to working together in the spirit of mutual understanding and respect for the benefit of the broader community and future generations.

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About the guide

Creating positive and fulfilling work environments is paramount for high quality training, yet bullying, sexual harassment, and discrimination persist across Australia in all sectors, including the general practice setting.

This comprehensive guide has been developed as a tool to help training practices enforce a zero-tolerance policy for bullying, sexual harassment, and harassment. These behaviours are not only unacceptable and illegal but also have severe and long-lasting repercussions - derailing a target's professional and personal life, negatively affecting their health, compromising patient safety and potentially leading to legal consequences.

In the training practice setting, the confidence to navigate these highly prevalent but unacceptable behaviours improves both the professional environment and the quality of patient care.

This guide serves as a testament to the importance GPSA places on all coalface participants in general practice training. It acknowledges the diverse cultural backgrounds in the healthcare profession, emphasising the unique contributions of each individual and the need for careful consideration of legal, ethical, and cultural aspects of their role. It is a core source of information for all parties about their rights, responsibilities, and the resources available to manage and prevent issues related to conflict, bullying, sexual harassment, discrimination, and harassment, including upward bullying in the workplace.

A crucial inclusion in this guide, ensuring that the content meets contemporary legal standards and workplace needs, is the detailed reference to the new Respect@Work legislation. This significant development emphasises a positive duty on the employer, and addresses sexual harassment, sex discrimination, sex-based harassment, victimisation, and the creation of hostile work environments.

Equally, this guide offers information about "upward bullying" which supervisors and wider team members in clinical learning environments report as a reason for diminishing interest in supervision. We hope the content provided here empowers the reader to navigate this concept proactively.

We wish you success on your journey towards zero tolerance and commend your dedication, whether you are an employer or an employee. To maximise the benefits of this resource, we suggest you keep it handy during team meetings, in your tearoom, and refer to it as part of your induction and team-building activities.

Together, we can build respectful and supportive work environments that uphold professional conduct and patient care standards.

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Section one
introduction

1

Introduction

This guide is designed to assist with addressing and managing workplace behaviour issues that can undermine a healthy and safe work environment in the Australian training practice. With this resource we aim to create a safe, respectful, and inclusive space for our members, their patients and registrars.

While tailored to the medical practice setting for enforcement and advocacy by practice owners and managers, the principles outlined in this guide may also be helpful in other professional contexts where similar behavioural issues arise.

The material contained herein will be updated as necessary to reflect changes in legal standards, professional norms, and societal expectations.

Objectives

1

To educate practice managers, and general practitioners on recognising signs of inappropriate behaviour.

2

To provide actionable strategies for preventing bullying, sexual harassment, upward bullying, victimisation, and discrimination.

3

To outline clear and effective response mechanisms for dealing with incidents should they occur, ensuring all parties understand their roles and responsibilities.

4

To foster a workplace culture that upholds dignity and respect for every individual, regardless of background or position.

Scope

This guide applies to all activities conducted within general practices, including patient interactions, staff communications, and business-related activities. It covers all forms of interaction, whether in-person, digital, or via other forms of communication.

Application

Targets and perpetrators

Whether working in a small or large multi-faceted general practice, all team members are potentially vulnerable to bullying and harassment at any time in their career.

Targets and perpetrators may equally be employer, supervisor, doctor, practice staff, medical student, GP registrar or patient. The behaviour may occur downwards from employer/manager to staff member, upwards from staff member to employer or manager, or sideways from peer to peer (senior or junior).

The Medical Board of Australia's 2023 Medical Training Survey (MTS) national report revealed that as many as 35% of trainees across all medical specialties had either experienced or witnessed bullying, harassment, discrimination and/or racism in the workplace¹.

Medical students, doctors in training, females, and international medical graduates have been identified as the most likely targets of bullying and harassment in the medical profession¹.

The perpetrator's intentions are irrelevant

While some bullies deliberately intimidate, humiliate or threaten another person, many people will be surprised and upset to be accused of this conduct.

Bullying may occur without the bully understanding the impact of their behaviour. However, this is no excuse. Bullying and harassment have no place in the modern Australian workplace. Whether bullying is intentional or unintentional is irrelevant: the key issue is the impact the behaviour has on the target.

Defining Key Terminology

Bullying

Bullying is repeated, unreasonable behaviour by an individual or group of individuals directed towards a worker or a group of workers that creates a risk to health and safety. It includes both physical and psychological risks and abuse. It includes behaviour that could be expected to intimidate, offend, degrade, humiliate, undermine, threaten or have the potential to cause harm. Whether it is intended or not, bullying is an OHS hazard.

Bullying in general practice

A [2024 Lancet article](#) refers to bullying, discrimination and harassment in the medical setting as an “*epidemic*” that “*risks healthcare worker wellbeing, patient safety, public health, and industry reputations*”³.

While there is notably little in the literature about bullying in the general practice context, in ‘Workplace bullying: What’s it got to do with general practice?’ (AFP, 2013) [Schluter, Dick and Askew](#) refer to their cross-sectional study which found that 21 per cent of GPs felt they had been bullied by a diverse range of perpetrators: “*colleagues, patients, nurses and organisations such as the government and specialist colleges*”⁴.

Examples⁵

- Constant criticism and/or negativity by a senior GP toward more junior GPs or practice nurses.
- The practice manager constantly rostering a receptionist on at the busiest times, or at weekends, despite requests to have a weekend off; or changing rosters for that staff member at the last minute.
- Repeated hurtful remarks or attacks, or making fun of one staff member’s work or him or her as a person (including their family, sexuality, gender identity, race or culture, education or economic background).
- Deliberate sabotage or withholding of critical information or resources that prevents a team member from competently performing their role.
- Ridicule or insinuations by patients and/or their family that the GP is incompetent, inexperienced or not fit to practise.



Discrimination

Unfavourable treatment of an individual or group based on protected characteristics or presumed characteristics such as age, gender, race, religion, or sexual orientation that results in detriment to the affected individual(s).

Compared to the national average of 35% of trainees reporting they have experienced or witnessed bullying, discrimination and harassment, including racism, 54% of Aboriginal and Torres Strait Islander trainee doctors have experienced and/or witnessed bullying, discrimination and harassment, including racism⁶.

Racial Prejudice

This is behaviour that incites or encourages hatred, serious contempt, revulsion or severe ridicule against a person or group of people based on their race, religion or ethnic origin.

The Australian Indigenous Doctors' Association (AIDA) expresses alarm not only over the fact revealed in the MTS that *"more than half of surveyed Aboriginal and Torres Strait Islander trainee doctors reported experiencing and/or witnessing bullying, harassment, discrimination and/or racism"*, but that *"only one in three doctors are reporting it"*⁷.

Sexual Assault

Any sexual contact or behaviour that occurs without the explicit consent of the recipient, including forced sexual acts and inappropriate touching.

Sexual Harassment

Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment⁸.

Upward Bullying

Bullying behaviour directed at a superior by one or more subordinates, which can undermine authority, disrupt workplace harmony, and lead to significant psychosocial risks.

Victimisation

The action of singling someone out because they have made an allegation or formal complaint of discrimination, sexual harassment or bullying⁹.

The Workplace

A comprehensive professional environment that serves multiple interconnected functions:

Primary Location of Employment

- Principal place of employment for all staff members.
- Includes full-time, part-time, and casual employees of the medical practice.

Training and Professional Development Hub

- Designated location for registrar training and professional skill development.
- Supports structured learning and supervised clinical experiences.

Inclusive Professional Space

- Encompasses areas where practice employees, registrars, volunteers, tenants, and independent practitioners conduct their professional activities.
- Includes clinical spaces, administrative areas, training rooms, and shared facilities.

Scope of Coverage

- Covers physical premises owned, leased, or controlled by the medical practice.
- Extends to any location where professional duties are performed under the practice's supervision.

Key Characteristics

- Legally recognised professional environment.
- Supports multidisciplinary healthcare education and service delivery.
- Provides a structured setting for professional interactions and learning.

Understanding Cultural Sensitivity and Workplace Dynamics

Overview of Cultural Diversity in Australia

Australia is a vibrant multicultural nation with a rich tapestry of cultures encompassing Indigenous communities and people from all corners of the globe.

The 2021 census revealed that nearly half of all Australians have at least one parent who was born overseas and just over a quarter were themselves born outside Australia¹⁰. This diversity is mirrored in every sector, including healthcare - where cultural backgrounds influence patient care and workplace interactions – and most prominently in a GP workforce which now consists of almost 50% international medical graduates (“IMGs”)¹¹.

Common cultural misunderstandings and their impacts

Cultural misunderstandings can arise from differences in communication styles, attitudes towards hierarchy and authority, and varied interpretations of professional conduct and personal space.

Examples

| | |
|--------------------------------|---|
| Communication Styles | In some cultures, direct communication is valued and seen as honest and efficient, while in others, indirect communication is preferred to maintain harmony and respect. |
| Hierarchy and Authority | In specific cultural contexts, questioning authority figures is seen as disrespectful, which can impact staff interactions and the process of feedback and innovation in the workplace. |
| Professional Conduct | Varied cultural norms can lead to different expectations about punctuality, work ethic, and conflict resolution. |

These misunderstandings can lead to conflicts, reduced collaboration, and feelings of alienation or disrespect, undermining team cohesion and effectiveness.

Strategies, and why they're needed

It is not uncommon for GP supervisors, registrars and other clinical and non-clinical members of the practice team to be sensitive to their patients' needs based on cultural and linguistic diversity ("CALD")¹². This is considered part of the generalist healthcare model, a natural extension of patient-centred care which the GP Specialty Colleges as training providers translate into Cultural Safety training for GP registrars through the Aboriginal and Torres Strait Islander lens.

Sadly, what is equally common is for those same GP supervisors, registrars and practice team members who demonstrate cultural competence

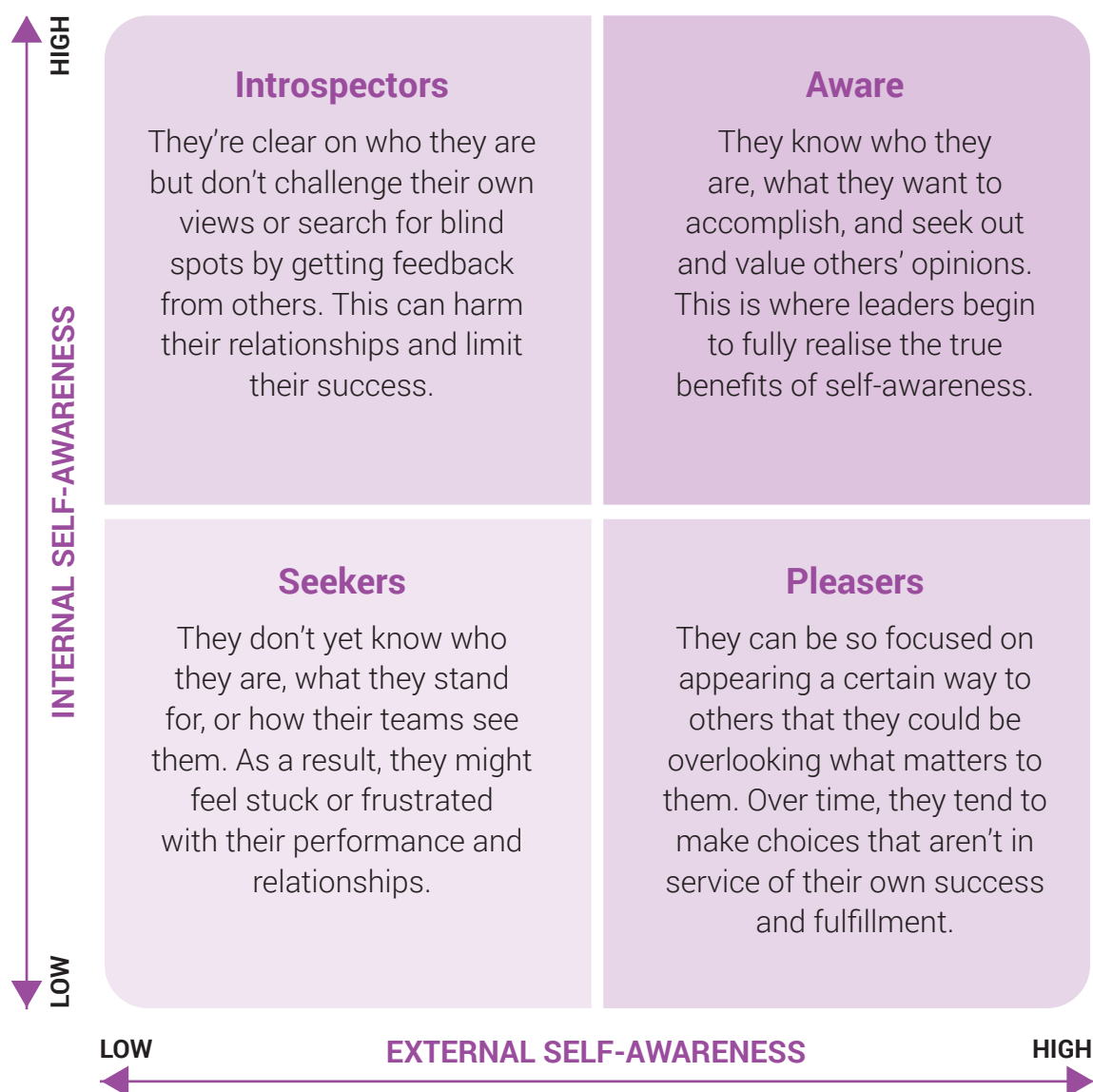
with their patients to be oblivious to the exact same needs of peers and trainees who are of Aboriginal or Torres Strait Islander heritage or from a CALD background.

Cultural competence starts with genuine curiosity and humility – the latter involving the reflection and self-awareness needed to keep us on the right side of that fine line between cultural comfort and stereotyping¹³.

The Four Self-Aware Archetypes¹⁴

This matrix maps internal self-awareness (how well you know yourself) against external self-awareness (how well you understand how others see you).

Figure 1: What Self-Awareness Really Is (and How to Cultivate It)¹⁵



Professional Standards and Conduct

Upholding professional standards is a shared responsibility across all levels of a general practice setting.

Leadership must come from employers, practice managers, supervisors and other medical professionals who are expected to model exemplary behaviours. This leadership sets the tone for the entire practice.

Shared responsibility

Every team member, regardless of their role, has a duty to contribute to a respectful and safe workplace environment. This includes actively preventing and addressing workplace bullying and harassment.

Examples

| | |
|------------------------------------|---|
| Collaborative patient care | All workers, from receptionists to nurses to doctors, work together to ensure patient information is accurately communicated and care is coordinated effectively. |
| Maintaining confidentiality | Everyone in the practice, regardless of role, is responsible for protecting patient privacy and adhering to confidentiality protocols. |
| Continuous learning | Doctors, nurses, and administrative staff all participate in ongoing professional development to stay current with best practices and medical advancements. |
| Reporting concerns | Any team member who witnesses unprofessional conduct or potential safety issues has a duty to report these through appropriate channels. |
| Cultural competence | All staff members are expected to contribute to creating a culturally safe environment for patients and colleagues from diverse backgrounds. |
| Workplace safety | Everyone in the practice has a role in maintaining a safe work environment, from following infection control procedures to reporting potential hazards. |
| Respectful communication | All team members, regardless of position, are responsible for maintaining professional and respectful communication with colleagues and patients. |

By embracing these shared responsibilities, the general practice team collectively upholds high professional standards and ensures a safe, ethical, and high-quality healthcare environment for team members and patients alike.

Professional conduct extends to patient-centred care, maintaining confidentiality, working collaboratively, and continuously developing skills and knowledge.

Policy in action

While workplace policies are essential, they must be more than just documents¹⁶.

Examples

Policies Provide Clear Communication of Expectations

- During onboarding, new team members receive a comprehensive briefing on the practice's code of conduct and professional standards.
 - Regular team meetings include discussions on ethical scenarios and best practices for maintaining professional conduct.
-

Consistent Enforcement

- When a team member makes an inappropriate comment about a patient's appearance, management promptly addresses the issue in line with the practice's harassment policy.
 - A registrar who consistently arrives late for their shift is subject to the same disciplinary process as other staff members, demonstrating fair application of punctuality policies.
-

Proactive Training

- The practice organises annual workshops on cultural sensitivity and unconscious bias for all workers.
 - Managers undergo specific training on how to handle complaints and maintain confidentiality in line with practice policies.
-

Feedback Mechanisms

- Regular performance reviews include discussions on adherence to professional standards and provide opportunities for two-way feedback.
-

Conflict Resolution

- When a disagreement arises between two team members, the practice's mediation process is initiated, following the steps outlined in the conflict resolution policy.
-

Continuous Improvement

- After a patient complaint about privacy, the practice reviews and updates its confidentiality procedures, demonstrating a commitment to ongoing policy refinement.
-

Effective implementation requires clear communication, consistent enforcement, regular monitoring, and prompt action when issues arise. By collectively embracing these standards and actively fostering a positive workplace culture, the general practice team ensures a safe, ethical, and high-quality healthcare environment for all workers and patients.



Good Medical Practice

The Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*¹⁷ serves as a cornerstone for professional standards in the medical field.

This comprehensive guide outlines the principles and standards of ethical and professional conduct expected of all registered medical practitioners in Australia. It emphasises the importance of maintaining professional boundaries, respecting patient autonomy, and fostering a culture of safety and quality in healthcare settings.

The Code explicitly addresses issues of discrimination, bullying, and sexual harassment, stating that such behaviours are unacceptable and contrary to the principles of medical practice. General practices can align their workplace policies with nationally recognised standards, ensuring that all team members understand their professional obligations and the expectations placed upon them in maintaining a respectful and inclusive work environment.



Section two

Understanding and recognising inappropriate and unlawful behaviour

2

Sexual Harassment

Overview of the Respect@Work legislation

The *Discrimination and Human Rights Legislation Amendment (Respect at Work) Act 2022* implemented a number of the remaining recommendations in the Respect@Work report, including the following key changes¹⁸:

1. Introduced a new positive duty to eliminate sexual harassment on all employers.
2. Lowered the threshold for finding sex-based harassment.
3. Expressly prohibits conduct that subjects another person to a hostile workplace environment on the grounds of sex.
4. Expanded the investigative and enforcement powers of the Australian Human Rights Commission.



Defining sex-based unlawful conduct

What is Sexual Harassment?

Respect@Work defines sexual harassment as any unlawful conduct of a sexual nature (including sexual advances, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature) that a reasonable person (aware of all the circumstances) would anticipate that could possibly make the recipient feel offended, humiliated and/or intimidated¹⁹.

When is conduct considered 'unwelcome'?

Whether the conduct was, in fact, unwelcome is addressed from the perspective of the particular complainant rather than from that of any other ordinary or reasonable person²⁰.

Conduct is considered unwelcome where:

- it is not solicited or invited by the recipient; and
- the recipient regards it as undesirable or offensive.

When is sexual harassment unlawful at work?

1. Where certain working relationships exist, sexual harassment is prohibited between:
 - employers, employees and prospective employees, and
 - persons conducting a business or undertaking workers and prospective workers.
2. In cases of no working relationship but in connection to work, sexual harassment is prohibited where:
 - it occurs in the course of, or "in connection with", one of the persons being a worker or an employer or an independent practitioner performing work, or functions related to work.

What is Sex-Discrimination?²¹

Sex discrimination = Less favourable treatment based on a person's sex.

Sexual harassment has been recognised by the courts to be a form of sex discrimination against women. This is because, although men can be harassed, case law has been developed around the prevalence of sexual harassment perpetrated against women.

What is Sex-Based Harassment (aka Sexist/Sexism²²)

Sex-based harassment is any unwelcome behaviour of a demeaning nature because of a person's sex (or a characteristic of their sex) which a reasonable person having regard to all the circumstances would anticipate the possibility that the conduct would have offended, humiliated or intimidated the other person.

This encompasses:

1. Verbal Harassment
Comments about a person's appearance, jokes or comments of a sexual nature.
2. Physical Harassment
Unwanted physical contact or gestures.
3. Visual Harassment
Displaying offensive or sexually explicit posters, screensavers, or messages.



Signs of Sexism

Exclusionary Practices:

Excluding certain genders from meetings, discussions, or projects based on stereotypes or biases.

Demeaning Comments:

Remarks that reinforce stereotypes or diminish an individual's role or contributions based on gender.

Inequitable Opportunities:

Disparities in access to training, promotions, or assignments which are not based on performance or qualifications.

Examples

By reason of a characteristic that is generally imported to persons of that sex

Jane is an administrator officer in a general practice. Her supervisor, James, harassed her on the basis that she should be at home taking care of her husband and children and is a selfish and terrible mother for remaining in the workforce.

By reason of a person's sex

Frank works at the front administration desk, where patients receive information on where to go in the hospital for their appointments or admission. On a number of occasions, Frank's manager has said to Frank that he is not as attractive and attentive as female staff and does not offer the same 'customer experience' because he is male.

By reason of characteristics that appertain generally to a person's sex

Shane is a new registrar at the practice. During his first work week, his colleagues belittle him for having an "excessively high-pitched voice" and "sounding more like a girl than a boy".

Victimisation in the context of Respect@Work

Victimisation occurs when an individual is treated adversely because they have made, or proposed to make, a complaint about sexual harassment or discrimination. Under the Respect@Work legislation, victimisation is illegal, and protections are in place to ensure that complainants and those who assist them are safeguarded against retaliation.

What is a Hostile Work Environment?

A hostile work environment is created when the behaviour of one or more persons in the workplace generates an intimidating, hostile, or offensive workplace atmosphere²³.

Examples

Persistent Sexual Harassment

Repeated unwanted advances, sexually charged comments, or demeaning jokes that permeate the work environment.

Systemic Discrimination

Policies or practices that disadvantage certain groups based on sex or gender.

Understanding Positive Duty

Employers are required to implement 'reasonable and proportionate measures to prevent, as far as possible, workplace sexual harassment and, discrimination on the grounds of sex and victimisation.

What is reasonable and proportionate will depend on, among other things, an employer's size, its resources and the cost of implementing proposed measures.

“Everyone has the right to feel **safe** and to be **treated respectfully** at work.”

**Sexual harassment
& sexist behaviour**

**will not be
tolerated**



Recognising Workplace Bullying and Harassment

Bullying and harassment in the workplace can manifest in various forms, ranging from direct (overt) to indirect (covert) behaviours.

These actions may be intentional or unintentional, but their impact remains significant regardless of intent²⁴.

Workplace bullying occurs when an individual or group repeatedly behaves unreasonably towards a worker or group of workers²⁵.

This behaviour poses a risk to health and safety and is an OHS hazard.

It includes both physical and psychological risks and abuse.

Types of Bullying

Bullying can manifest in various ways, including:

1. Verbal abuse
2. Physical aggression
3. Psychological mistreatment.

Bullying behaviours can be subtle or overt and may not always be easily recognisable.

The key factors are the repetitive nature of the actions and their negative impact on the target's well-being and safety in the workplace.

Examples

Verbal abuse

This includes insults, criticism, shouting, and other forms of verbal aggression.

Psychological/ emotional bullying

Behaviours aimed at undermining someone's self-esteem, unfair criticism or causing emotional distress. This could include repeated hurtful remarks or making fun of a person's work performance, family, sexuality, gender, race or culture, disability, or social background²⁶.

Physical bullying

While less common, this can include pushing, shoving, or threats of physical violence or assault. This may consist of stalking and damage to property. This behaviour is illegal and should be reported to the police.

Cyberbullying

Using digital platforms to harass, embarrass, degrade, offend or threaten someone.

Task-related bullying

Assigning unreasonable workloads, impossible deadlines, or work below or above someone's competence level.

Social exclusion

Isolating or excluding someone from work activities or social events.

Rumour spreading/ gossip

Sharing false or malicious information about someone.

Withholding information

Deliberately withholding vital work-related information or setting someone up to fail.

Examples cont.

| | |
|---------------------------------------|---|
| Intimidation | Using threatening behaviour to frighten or coerce someone. |
| Micromanagement | Excessively monitoring, changing rosters without consultation and controlling someone's work. |
| Taking credit for others' work | Claiming credit for ideas or work others do. |
| Humiliation | Publicly embarrassing, performing practical jokes on, or ridiculing someone. |
| Undermining | Sabotaging someone's work or reputation or pressuring someone to misbehave. |
| Offends | Displaying material that degrades or offends. |

The impact of bullying on targets

The consequences of such behaviour can be severe and far-reaching.

Targets may experience²⁷:

- Decreased concentration at work
- Increased anxiety
- Deterioration in work performance
- Sleep disturbances
- Declining physical and mental health
- In extreme cases, suicidal thoughts or actions.

The impact of bullying on the practice

When bullying and harassment occur within a general practice setting, the repercussions extend beyond the immediate targets. There can be a substantial negative impact on:

- Quality of patient care
- Patient safety
- Overall practice efficiency.



Workplace Harassment

What is Workplace Harassment?

Harassment is defined as behaviour that intimidates, offends or humiliates a person. It can be inferred from a single incident and is typically based on gender, sexual orientation, religion, age, race, ethnicity, socio-economic background, etc.

Harassment may be an ongoing pattern of behaviour, or it may be just a single act²⁸.

The difference between harassment and bullying

The term 'Harassment' is used to describe:

- unwelcome/offensive behaviour of a discriminatory nature based upon personal characteristics used in anti-discrimination legislation
- an unreasonable or offensive condition of employment
- behaviour or language that is sufficiently severe or pervasive that a reasonable person would consider it to be intimidating, hostile or abusive.

The term 'Bullying' is used to describe:

- behaviours that are unreasonable, but which cannot be prosecuted under anti-discrimination legislation.

Why do people harass or bully?²⁹

Often people who harass others will do so for one or more of the following reasons:

- The thrill of exercising power
- Insecurity
- Career competition
- Person has a history of being a victim
- Peer pressure
- Workplace culture
- Values and beliefs.



Reasonable Work Instruction, Bullying or Harassment?

What is reasonable work instruction?

A work instruction is not considered bullying or harassment when it is a legitimate management action carried out in a fair and reasonable manner.

Managers retain the right to³⁰:

- Provide honest feedback on work-related behaviour
- Inform a worker about unsatisfactory work performance
- Set performance goals, standards and deadlines
- Performance management/disciplinary process
- Roster and allocate fair working hours
- Not select a worker for promotion.

Managers are responsible for providing staff and other workers with honest and constructive feedback on their performance and work-related behaviour.

This includes delivering both positive and negative appraisals when necessary. However, these conversations must be conducted in a reasonable, professional, and sensitive manner.

When can reasonable work instruction be considered bullying or harassment?

Employees commonly experience dissatisfaction or feelings of being undervalued in the workplace, making it crucial to distinguish between legitimate workplace grievances and instances of bullying and harassment. Disagreements with organisational policies or management decisions do not inherently constitute bullying or harassment. Both parties should approach such situations with open communication and a willingness to find mutually beneficial solutions.

Remember, fostering a respectful and inclusive work environment is a shared responsibility between employers, employees and other workers.

However, these actions must be conducted in a reasonable manner. If they are not, they could still be defined as bullying³¹.

See [Section 4 Management Tools at the end of this guide](#) for further information



Discrimination and Vilification

Workplace discrimination occurs when an employee or job applicant is treated unfavourably because of certain protected attributes or characteristics in Australia.

It can occur at any stage of employment, from hiring to firing and everything in between³².

Figure 2: Direct vs Indirect Discrimination

| DISCRIMINATION | |
|--|---|
| DIRECT Treating an individual or group unfavourably because of a characteristic or presumed characteristic | INDIRECT Setting unreasonable expectations that could unfairly disadvantage an individual or group based on a personal characteristic |

It is illegal to discriminate against someone in the workplace on the basis of:

- Race, colour, nationality or ethnic origin
- Sex, gender identity, sexual orientation, intersex status
- Age
- Disability (physical, intellectual, mental or psychiatric)
- Marital status, relationship status, pregnancy or potential pregnancy
- Family or carer's responsibilities
- Employment Activity
- Employer Association
- Religion
- Breastfeeding
- Political Opinion
- Social Origin
- Medical Record
- Profession

- Criminal Record
- Industrial Activity
- Trade Union Activity.
- Subjection to family and domestic violence.

Anti-discrimination laws aim to promote equality and ensure that all employees are treated fairly in Australian workplaces, regardless of their personal characteristics, attributes or background.

What is Vilification?

Vilification is a serious form of discriminatory behaviour that is not tolerated in general practice settings.

It is behaviour that incites or encourages hatred, serious contempt, revulsion or severe ridicule against a person or group of people because of certain protected attributes.

In Australia, vilification is unlawful when based on the protected attributes³³:

- Race
- Religion
- Sexuality
- Gender identity
- Sex characteristics (in some jurisdictions).

Example

In 2020, a high-profile case of vilification occurred in the medical community when two Queensland paramedics were subjected to racist abuse on social media. The paramedics, who were of Chinese heritage, were falsely accused of spreading COVID-19 and were targets of xenophobic comments online. This incident highlighted the problem of racial vilification in healthcare settings and led to increased discussions about protecting healthcare workers from such abuse.

Diversity and Inclusion

What is Diversity?

Diversity refers to the mix of people in an organisation – that is, all the differences between people in how they identify in relation to their³⁴:

- **Social identity** e.g., Aboriginal and/or Torres Strait Islander background, age, gender, caring responsibilities, LGBTIQA+ status, culture or faith
- **Professional identity** e.g., profession, education, organisational level, location.

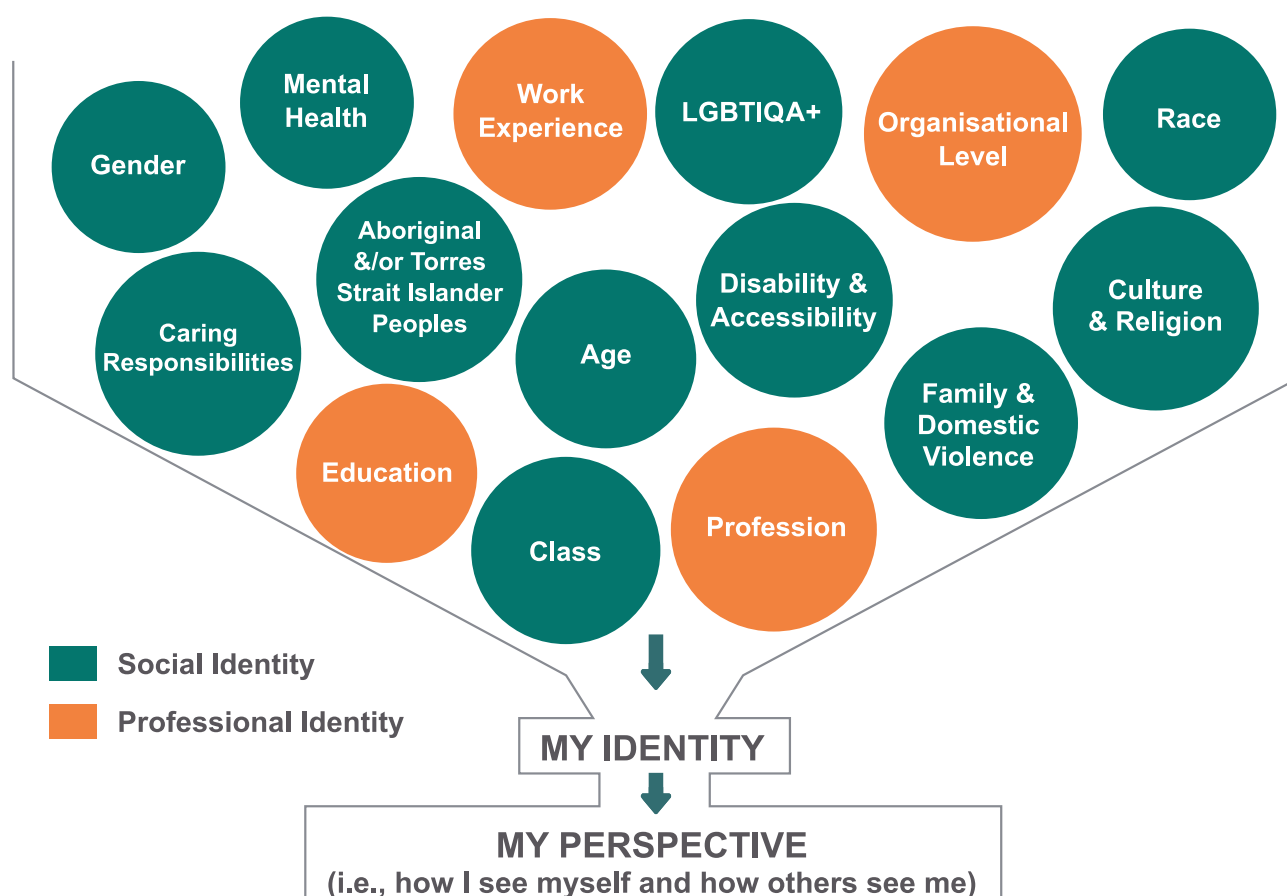
These aspects come together in a unique way for each individual and shape the way they view and perceive their world and workplace.

Diversity definition is identity-based, as it recognises that the starting point should be how each of us identifies ourselves rather just how others categorise or label us.

This diversity definition also takes into account multiple intersecting diversity dimensions. A person's identity is often influenced by multiple dimensions. For each individual, these different dimensions come together or 'intersect' to form their particular identity.

For example, an individual may not just identify as a woman, but also someone with a trans history who comes from a culturally diverse background.

Figure 3: Diversity Definition, Diversity Council Australia³⁵



What is Inclusion?

Figure 4: Inclusion Model, Diversity Council Australia³⁶



Inclusion refers to getting the mix of people in an organisation to work together to improve performance and wellbeing³⁷.

Inclusion in a workplace is achieved when a diversity of people (e.g. ages, cultural backgrounds, genders, perspectives) feel that they are:

- **Respected** for who they are and able to be themselves;
- **Connected** to their colleagues and feel they belong;
- **Contributing** their perspectives and talents to the workplace; and
- **Progressing** in their career at work (i.e. have equal access to opportunities and resources).



Upward Bullying

Upward bullying refers to situations where subordinates or staff members engage in repeated, unreasonable behaviour directed towards managers or those in positions of authority, which creates a risk to health and safety.

This can include covert or overt actions that undermine, intimidate, or harm the manager³⁸.

Examples

| | |
|---------------------------------|--|
| Disrespecting authority | Consistently showing disrespect towards practice managers, lead GPs, or senior staff members. |
| Task refusal | Refusing to complete assigned clinical or administrative tasks or ignoring directives from practice leadership. |
| Information manipulation | Withholding crucial patient information or practice data needed for decision-making. Providing misleading information about patient care or practice operations. |
| Undermining leadership | Challenging the authority of practice managers or senior doctors, especially in front of patients or other staff members. |
| Reputation damage | Spreading rumours or false information about practice leaders within the healthcare community or to patients. |
| Meeting disruption | Turning practice meetings or case discussions into confrontational situations through constant arguing or interruption. |
| Vexatious complaints | Making unfounded complaints about practice management, supervisors and other member of the supervision team to regulatory bodies or health authorities. |
| Digital harassment | Using practice communication platforms or social media to criticise or embarrass supervisors and practice leaders. |
| Incivility | Displaying rude behaviour, using inappropriate language, or making offensive gestures towards supervisors and practice management. |
| Subtle intimidation | Making veiled threats or creating an intimidating atmosphere for practice leaders. |
| Work sabotage | Deliberately mishandling patient bookings, delaying referrals, or obstructing management-led practice initiatives. |
| Exclusionary tactics | Deliberately excluding supervisors, practice managers or senior staff from important clinical discussions or decision-making processes. |
| Competence questioning | Repeatedly questioning practice leaders' clinical or managerial competence in front of staff or patients. |

Examples cont.

| | |
|-------------------------------|---|
| Coalition forming | Organising groups of workers against practice management decisions or policies. |
| Procedural obstruction | Using excessive emails, policy debates, or documentation requests to obstruct practice operations or changes. |
| Patient manipulation | Attempting to turn patients against practice management through negative comments or misinformation. |

When repeated and targeted at practice leaders - whether practice principal, practice manager or GP supervisor - these behaviours can create a hostile work environment, undermine the effective operation of the general practice, and potentially impact patient care.

Practices must have clear policies and procedures to address such behaviours promptly and effectively.

Impact of Upward Bullying³⁹

Impact on Practice Leadership

Upward bullying can lead to:

- Psychological distress for targeted managers
- Decreased job satisfaction and performance among practice leaders
- Erosion of managerial authority and effectiveness.

Organisational Dysfunction

The effects of upward bullying extend beyond individual targets:

- Disruption to team dynamics and overall practice functioning
- Potential for compromised patient care due to organisational dysfunction
- Increased likelihood of targeted managers leaving the organisation.

Workplace Culture

Upward bullying can create:

- A hostile work environment
- Undermining of effective practice operations
- Challenges in maintaining high standards of patient care.

Professional Relationships

The behaviour can strain:

- Relationships between workers and management
- Collaborative efforts essential for quality healthcare delivery
- Trust and respect within the practice team.

Strategies to prevent upward bullying⁴⁰

By recognising and addressing upward bullying, general practices can maintain a more positive work environment, ensure effective leadership, and ultimately provide better patient care.

Prevention

Studies emphasise the importance of clear policies and procedures to address upward bullying promptly and effectively. This includes comprehensive workplace conduct policies, regular training, and fostering a culture of respect and psychological safety.

Intervention

Research suggests that early intervention remains the most effective approach to addressing all forms of workplace bullying, including upward bullying. This involves prevention, awareness, self-management, bystander intervention, and prompt reporting and investigation of incidents.



Section three
**Managing
inappropriate and
unlawful behaviour**

3

Prevention and Response

Legal Duty

Employers have a legal duty under Work Health and Safety laws to ensure health and safety in the workplace as far as reasonably practicable. This includes protecting staff, tenants and contractors from both physical and psychological hazards, such as workplace bullying and harassment. Proactive steps must be taken to prevent these issues and to address them promptly if they occur⁴¹.

Employers are obligated to investigate all reported incidents fairly and take appropriate action. They have a **“Positive Duty”** to take reasonable measures to eliminate sexual harassment, sex discrimination, and victimisation in the workplace.

If a team member experiences bullying or harassment, they must be able to report it without fear of retaliation. Several avenues are available, including internal reporting processes, making a complaint to the Fair Work Commission the Australian Human Rights Commission, or seeking legal advice.

Policies and procedures

General practices need comprehensive policies and procedures to prevent and address all forms of workplace misconduct, including bullying, sexual harassment, discrimination, upward bullying, and victimisation. Regularly reviewed and updated policies clearly outline expected behaviours and consequences for violations. Established procedures ensure a consistent and fair approach to resolving issues when they arise, regardless of the perpetrator’s position within the practice.

While employers and managers are responsible for educating staff about these policies, all team members must adhere to the standards. This includes refraining from and reporting any instances of bullying, sexual harassment, discrimination, or victimisation, whether directed at colleagues, subordinates, or superiors. Everyone must be aware that upward bullying (bullying directed at those in authority) is

equally unacceptable and subject to the same consequences as other forms of misconduct.

Creating a healthy work environment and maintaining high standards of patient care is a collective responsibility. This extends beyond physical safety to include psychological well-being, ensuring all individuals are treated with respect and dignity, regardless of their role, gender, race, or any other protected characteristic. Working together to uphold these standards and actively preventing all forms of workplace misconduct helps to create a positive, inclusive, and productive healthcare setting to benefit staff and patients alike..

Policy Checklist

Comprehensive Workplace Conduct Policy Checklist:

- ☐ Scope and purpose of the policy

Definitions of misconduct:

- ☐ Bullying (including upward bullying)
- ☐ Harassment
- ☐ Sexual harassment
- ☐ Discrimination
- ☐ Victimisation
- ☐ Legal framework and compliance requirements
- ☐ Detailed examples of unacceptable behaviours
- ☐ Statement of zero tolerance for all forms of workplace misconduct
- ☐ Expected standards of behaviour for all staff

Rights and responsibilities:

- ☐ Employer
- ☐ Managers and supervisors
- ☐ Employees
- ☐ Tenants, contractors, volunteers and visitors

Reporting procedures

- ☐ How to report incidents
- ☐ Multiple reporting channels
- ☐ Confidentiality assurances.

Investigation process

- ☐ Timelines
- ☐ Fairness and impartiality
- ☐ Protection against victimisation
- ☐ Consequences for policy violations
- ☐ Support services for affected individuals
- ☐ Training and education requirements
- ☐ Policy reviews and update schedule
- ☐ Relationship to other workplace policies
- ☐ Specific considerations for vulnerable groups (cultural overlays)
- ☐ Procedures for addressing false or malicious complaints
- ☐ Record-keeping and data protection measures.

The checklist provides a comprehensive and structured approach to addressing all forms of workplace misconduct in a general practice setting. It covers the essential elements of a robust policy while also addressing the specific issues of bullying, sexual harassment, victimisation, discrimination, and upward bullying.



Individual Responsibilities

Employer Responsibilities⁴²

- ☐ Implement and maintain a comprehensive workplace conduct policy
- ☐ Provide a safe work environment, free from all forms of misconduct
- ☐ Conduct regular risk assessments for psychosocial hazards
- ☐ Offer regular training on workplace conduct and prevention of misconduct
- ☐ Ensure prompt, fair, and confidential handling of all complaints
- ☐ Take proactive measures to prevent sexual harassment (Positive Duty)
- ☐ Provide resources and support for employees affected by misconduct
- ☐ Regularly review and update policies and procedures
- ☐ Foster a culture of respect, inclusion, and psychological safety.

Manager and Supervisor Responsibilities

- ☐ Model appropriate behaviour and enforce policy standards
- ☐ Identify and address potential misconduct early
- ☐ Respond promptly and effectively to reported incidents
- ☐ Support employees who report misconduct
- ☐ Participate in and promote training initiatives
- ☐ Monitor team dynamics and address conflicts proactively
- ☐ Ensure fair treatment and equal opportunities for all team members
- ☐ Recognise and address attempts at upward bullying.

Employee Responsibilities⁴³

- ☐ Familiarise themselves with and adhere to the workplace conduct policy
- ☐ Treat all colleagues, patients, and visitors with respect and dignity
- ☐ Report any witnessed or experienced incidents of misconduct
- ☐ Participate in training and awareness programs
- ☐ Contribute to a positive and inclusive work environment
- ☐ Refrain from any form of retaliation or victimisation
- ☐ Cooperate fully with any investigations
- ☐ Seek clarification if unsure about appropriate conduct.

Tenant/independent Practitioners Responsibilities

Adherence to Policies

Tenants are required to familiarise themselves with and adhere to all workplace policies and procedures outlined in the manual. This includes understanding and following guidelines related to:

- Respectful behaviour
- Anti-discrimination
- Bullying
- Victimisation and sexual harassment
- Harassment prevention.

Participation in Training

Tenants/independent practitioners are expected to participate in any mandatory training sessions related to workplace conduct, cultural sensitivity, and prevention of inappropriate behaviour.

Reporting Obligations

Tenants/independent practitioners have a responsibility to report any incidents of inappropriate behaviour, this includes, anti-discrimination, bullying, victimisation

and sexual harassment and harassment, they witness or experience. They must also be familiar with the reporting procedures outlined in the practice's manual.

Maintaining Professional Standards

Tenants/independent practitioners are required to maintain high professional standards in their interactions with staff, patients, and other tenants/independent practitioners.

Compliance with Workplace Culture

Tenants/independent practitioners are required to contribute positively to the workplace culture, respecting diversity and promoting an inclusive environment.

Confidentiality

Tenants/independent practitioners are responsible for maintaining confidentiality regarding any incidents or investigations related to workplace conduct.

Cooperation in Investigations

If an incident occurs, tenants/independent practitioners are required to cooperate fully with any investigations or resolution processes.

Awareness of Legal Obligations

Tenants/independent practitioners should be aware of their legal obligations under relevant Australian laws, such as the Fair Work Commission, Australian Human Rights Commission and workplace safety legislation.

Feedback and Improvement

Tenants/independent practitioners may be asked to provide feedback on the effectiveness of prevention and response measures, contributing to continuous improvement.

Personal Accountability

Tenants/independent practitioners are personally accountable for their conduct and its impact on the workplace environment.

Recommended focus areas

| | |
|-----------------------------------|--|
| Zero tolerance | Approach to all forms of inappropriate behaviour that creates a risk to health and safety. |
| Bystander responsibilities | Encourage active bystander intervention. |
| Remote work | Address conduct in virtual environments and remote work settings. |
| Social media | Extend policy to cover online behaviour affecting the workplace. |
| Intersectionality | Recognise and address compounded discrimination. |
| Continuous improvement | Encourage feedback on policy effectiveness. |

All personnel in the practice must comply with these responsibilities



Education and Training

General practice employers are responsible for providing comprehensive education and training to all team members, including medical students, GP registrars, doctors, and other personnel.

This training should address all forms of workplace misconduct, including bullying, harassment, sexual harassment, discrimination, victimisation and upward bullying. The training program should be included in the induction process and regularly updated to reflect current laws and best practices⁴⁴.

Key components of the training should include:

- Defining and recognising all forms of workplace misconduct
- Understanding the impact of misconduct on individual and team well-being
- Appropriate workplace behaviour and professional communication
- Building resilience and managing stress in high-pressure environments
- Effective strategies for speaking up when experiencing or witnessing misconduct.

- The link between respectful behaviour, psychological safety, and patient care quality
- Rights and responsibilities under current workplace laws and practice policies
- Bystander intervention techniques
- Cultural competence and inclusion in diverse healthcare settings

Specialised training should be provided to employees with specific roles in preventing and addressing workplace misconduct. This includes:

- **Managers and supervisors**
Training on early intervention, handling complaints, and fostering a positive team culture.
- **Health and safety representatives**
Understanding psychosocial hazards and risk management.
- **Designated contact officers**
Specialised training in providing support and guidance to workers experiencing misconduct.

Measures for Responding to Workplace Misconduct

This table guides you on the measures you should have in place to ensure you can respond correctly to workplace misconduct and inappropriate behaviour.

| | |
|------------------------------------|--|
| Act promptly | Respond to reports quickly and within established timelines. Advise parties of expected response time and keep them informed of progress. |
| Treat all matters seriously | Assess all reports on their merits and facts, regardless of the parties involved or the nature of the complaint. |
| Maintain confidentiality | Ensure confidentiality for all parties. Share details only with those directly involved in handling the matter. Ensure all persons involved in a complaint are reminded to maintain confidentiality and privacy during the investigation. |
| Ensure procedural fairness | Treat the accused as innocent until allegations are proven. Allow them to respond to allegations. Explain the review process to all parties. |
| Be neutral | Maintain impartiality throughout the process. The person handling the report should have no direct involvement or bias. |

| | |
|---|--|
| Support all parties | Inform all involved of available support services (e.g., employee assistance programs). Allow support persons in interviews or meetings. |
| Support for the complainant | Ensure ongoing support and protection is provided to the person who reported the misconduct. |
| Prevent victimisation | Protect reporters, accused individuals, and witnesses from any form of retaliation or victimisation. |
| Cultural sensitivity | Ensure that all parties involved in the investigation and response process are aware of and respectful towards cultural differences. |
| Communicate process and outcomes | Inform all parties about the process, timeline, and potential outcomes. Provide reasons for actions taken or not taken. |
| Keep comprehensive records and documentation | <p>Ensure all documentation is thorough at every stage of the process. Document all aspects of the process, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dates and times. <input type="checkbox"/> Who made the report, and when. <input type="checkbox"/> To whom the report was made. <input type="checkbox"/> Details of the issue reported. <input type="checkbox"/> Actions taken in response. <input type="checkbox"/> Further actions required (what, when, by whom). <input type="checkbox"/> Records of all conversations, meetings, and interviews. |
| Consider intersectionality | Be aware of how multiple forms of discrimination may intersect in misconduct cases. |
| Offer flexible reporting options | Provide multiple channels for reporting, including anonymous options where appropriate. |
| Conduct risk assessments | Evaluate potential risks to involved parties and implement necessary safety measures. |
| Follow-up and monitoring | Implement a follow-up process to ensure the issue is resolved and no further misconduct or retaliation occurs. |
| Continuous improvement | Use insights from each case to refine and improve misconduct prevention and response processes. |
| Psychosocial considerations | Ensure there are measures to address potential mental health impacts on all parties involved. |

Ensuring a Psychologically Safe Workplace

Recent changes in Australian workplace health and safety legislation have emphasised psychological health in the workplace. These new Psychological Health Regulations require employers, including training sites, to actively address and manage psychological risks with the same diligence as physical hazards^{45,46}.

This means adapting policies and procedures to explicitly address psychological health risks and implementing proactive measures to create a psychologically safe work environment.

While the wellbeing of registrars and supervisors is central to the training context, a supportive work environment, based on trust and respect, must extend to all members of the workplace.

Defining Psychosocial Hazards

Psychosocial Hazards include factors like bullying, sexual harassment, occupational violence, exposure to traumatic events, high job demands, poor support, and poor workplace relationships.

Defining a Respectful Workplace

Figure 5: Trust Driven Performance – the heart of a respectful workplace



Legal Framework

The Occupational Health and Safety Act 2004 (OHS Act) requires employers to provide a safe working environment, including psychological health. New regulations are being introduced across Australia to strengthen the focus on psychological health.

Key Obligations for General Practices



1. Identify psychosocial hazards in the workplace.



2. Control risks to health and safety associated with these hazards.



3. Implement a risk management approach to psychological health.



4. Review and update policies and procedures regularly.

Risk Management Approach

- ☐ Identify hazards
- ☐ Assess risks
- ☐ Implement control measures
- ☐ Review the effectiveness of controls.

Specific Requirements

- ☐ Provide clear guidance to employees on psychological health and safety
- ☐ Offer training and education on recognising and managing psychosocial risks
- ☐ Establish reporting mechanisms for psychological health concerns
- ☐ Ensure proper investigation and response to reported incidents.

Implementation

- ☐ Assemble a compliance team
- ☐ Review and update existing policies and procedures
- ☐ Provide training to all staff on the new requirements
- ☐ Regularly assess and monitor the psychological safety of the workplace.

Resources

- ☐ Utilise WorkSafe guidance materials on managing workplace psychosocial hazards
- ☐ Consider developing a Prevention Plan for high-impact psychosocial risks
- ☐ Implementing these measures can help general practices create a psychologically safer work environment and comply with the new regulations.

Compliance and Enforcement

- ☐ WorkSafe can take enforcement action, including prosecution, for non-compliance.
- ☐ Penalties may apply for breaches of the regulations.

Taking Action

What to do if you experience Workplace Misconduct⁴⁷

Familiarise yourself with policies and understand the complaint procedures and available support mechanisms.

- ☐ Document the incidents and record details of each incident, including date, time, location, and witnesses. Note the specific behaviours, any attempts to address them, and their impact on you and save any relevant emails, messages, or other evidence.
- ☐ Prioritise your safety and well-being. If you feel unsafe, remove yourself from the situation immediately and seek support from trusted colleagues, friends, or family members. Consider using available employee assistance programs or counselling services.
- ☐ Seek internal support from your supervisor, HR representative, practice manager or designated contact officer. Also, speak with your health and safety representative.
- ☐ If you feel safe and confident, consider addressing the behaviour directly. Calmly explain to the person how their behaviour affects you, and request that they stop the unwanted behaviour.
- ☐ Report the behaviour if it continues or you're uncomfortable addressing it directly; report it through official channels. Follow your workplace's formal complaint procedures and be prepared to provide your documented evidence.
- ☐ Explore external resources and advice from professional associations, such as the AMA. Contact relevant government agencies (e.g., Fair Work Commission, Australian Human Rights Commission). Consider legal advice if the situation is severe or unresolved.

- ☐ Understand your rights and familiarise yourself with relevant laws protecting you from workplace misconduct. Know that you have the right to a safe work environment free from bullying and harassment.
- ☐ Follow up after reporting and follow up on the progress of your complaint. If you're unsatisfied with the response, consider escalating to higher management or external authorities.
- ☐ Take care of yourself and prioritise your mental and physical health. Consider seeking professional help if the situation is causing significant stress.

Remember, you have the right to a safe and respectful workplace. Don't hesitate to seek help and support when dealing with workplace misconduct.



What to do if you are accused of Workplace Misconduct

Remain calm and professional and avoid reacting defensively or emotionally. Remember that an accusation is not a final judgment⁴⁸.

- ☐ Listen actively if the complainant approaches you directly; listen carefully to their concerns and try to understand their perspective and feelings without interrupting.
- ☐ Consider the setting and ensure the conversation occurs in an appropriate, private location. If you feel uncomfortable meeting alone, suggest having a neutral third-party present.
- ☐ Respond thoughtfully and speak calmly and respectfully. Avoid engaging in arguments or debates. If caught off guard, requesting time to process and respond later is okay.
- ☐ Reflect on your behaviour. Consider your actions objectively and how they might have been perceived. Be open to the possibility that your behaviour may have unintentionally caused distress.
- ☐ Document the interaction and make a detailed record of the conversation and any agreements made. Include the date, time, location, and any witnesses present.
- ☐ Seek guidance and consult with HR, your supervisor, or a designated contact officer for advice. If the situation is serious, consider seeking legal advice.
- ☐ Cooperate with investigations. If a formal complaint is made, cooperate fully with any investigation and provide honest and complete information.
- ☐ Maintain confidentiality about the complaint and investigation process and avoid discussing the matter with colleagues or attempting to influence witnesses.
- ☐ Consider mediation if appropriate and offered; consider participating in mediation to resolve the issue.

- ☐ Commit to improvement if your behaviour was inappropriate, acknowledge it and commit to changing and participate in any recommended training or coaching.
- ☐ Understand anti-retaliation policies and know that retaliation against the complainant is strictly prohibited.
- ☐ Take care of your well-being and recognise that being accused can be stressful. Use available support services, such as employee assistance programs.
- ☐ Learn from the experience regardless of the outcome, and use this as an opportunity to reflect on your communication and behaviour in the workplace.

Remember, the goal is to address the issue professionally and contribute to a respectful work environment. Taking these steps can help resolve the situation constructively and prevent future misunderstandings.



What to do if you witness Workplace Misconduct

What are Active Bystanders?

Active bystanders are individuals who witness inappropriate behaviours and intervene in ways that positively impact the outcome of the incident.

How to be an Active Bystander

If you witness bullying, harassment, or sexual harassment in the workplace, you can play a crucial role in preventing and addressing such behaviour. Here are some guidelines on how to be a supportive bystander^{49,50,51}:

Recognise the behaviour

- ☐ Know what constitutes bullying, harassment, and sexual harassment under current laws and workplace policies.

Prioritise safety

- ☐ Ensure your own safety and that of the target before intervening directly.

Intervene if safe to do so

- ☐ Stand close to the target to show support
- ☐ Calmly but firmly state that the behaviour is unacceptable
- ☐ Redirect the conversation or create a distraction to de-escalate the situation.

Support the target

- ☐ Ask if they're okay and need any immediate assistance
- ☐ Offer to accompany them to report the incident or seek help
- ☐ Provide information about available support services.

Document the incident

- ☐ Record details of what you witnessed, including date, time, location, and any witnesses
- ☐ Note any patterns of behaviour if it's a recurring issue.

Report the behaviour

- ☐ Inform appropriate authorities within your organisation (e.g., HR, practice manager, management)
- ☐ If the behaviour is severe or criminal in nature, consider reporting to external authorities.

Follow up

- ☐ Check in with the target after the incident
- ☐ Offer ongoing support and be willing to corroborate their account if needed
- ☐ Participate in creating a respectful workplace
- ☐ Attend bystander intervention training if offered
- ☐ Promote a culture of respect and inclusion in your workplace.

Understand your rights and responsibilities

- ☐ Familiarise yourself with your organisation's policies on bystander intervention
- ☐ Be aware that the Respect@Work laws provide protections for bystanders who report or intervene in good faith.

Remember, as an active bystander, your actions can significantly impact the prevention and resolution of workplace misconduct.

By intervening safely and appropriately, you can create a more respectful and inclusive work environment for everyone.

Active Bystander Well-being

Witnessing workplace misconduct can have significant psychological impacts on bystanders. Recent studies have shown that observing bullying, harassment, or sexual harassment in the workplace can lead to:^{52,53}

- Increased stress and anxiety
- Higher risk of developing depressive symptoms
- Decreased job satisfaction and engagement
- Potential feelings of guilt or helplessness.

By taking action as a supportive bystander, you not only help the target but also protect your own mental health. Intervening or reporting misconduct can:

- Reduce personal stress and anxiety
- Prevent feelings of complicity
- Contribute to a more positive work environment
- Enhance your sense of empowerment and workplace satisfaction.

Remember, supporting colleagues and maintaining a respectful workplace benefit everyone's well-being. If you're affected by witnessing workplace misconduct, don't hesitate to seek support through your organisation's employee assistance program or other mental health resources.

If You Become the Target

If you find yourself the target of bullying, harassment, sexual harassment, or any other form of workplace misconduct, consider the following principles:

| | |
|------------------------------------|---|
| Prioritise Your Safety | <ul style="list-style-type: none">• Remove yourself from immediate danger if necessary• Seek help from colleagues or supervisors if you feel threatened. |
| Document the Incident | <ul style="list-style-type: none">• Record details including date, time, location, and witnesses• Save any relevant emails, messages, or other evidence. |
| Know Your Rights | <ul style="list-style-type: none">• Familiarise yourself with workplace policies and Australian laws• Understand your protections under the Respect@Work legislation, Fair Work Commission and Australian Human Rights Commission. |
| Report the Behaviour | <ul style="list-style-type: none">• Inform your supervisor, HR department, or designated contact person• Follow your workplace's formal complaint procedures. |
| Seek Support | <ul style="list-style-type: none">• Reach out to trusted colleagues, friends, or family members• Utilise employee assistance programs (EAP) or counselling services. |
| Maintain Professionalism | <ul style="list-style-type: none">• Continue to perform your duties to the best of your ability• Avoid retaliatory actions or behaviours. |
| Consider External Resources | <ul style="list-style-type: none">• Contact relevant authorities like the Fair Work Commission or Australian Human Rights Commission if internal processes are inadequate. |
| Practice Self-Care | <ul style="list-style-type: none">• Prioritise your mental and physical well-being• Engage in stress-reduction activities and seek professional help if needed. |

Remember, you have the right to a safe and respectful workplace. Don't hesitate to speak up and seek help if you experience any form of misconduct.

Investigation and Principles to Follow

A confidential and fair investigation helps determine what has happened and the appropriate course of action. The general practice should have an experienced and trained person dealing with investigations. This person needs to suspend judgment and remain impartial⁵⁴.

The complainant, respondent, witnesses, or other relevant parties should be interviewed separately and their statements documented.

The person conducting the investigation should:

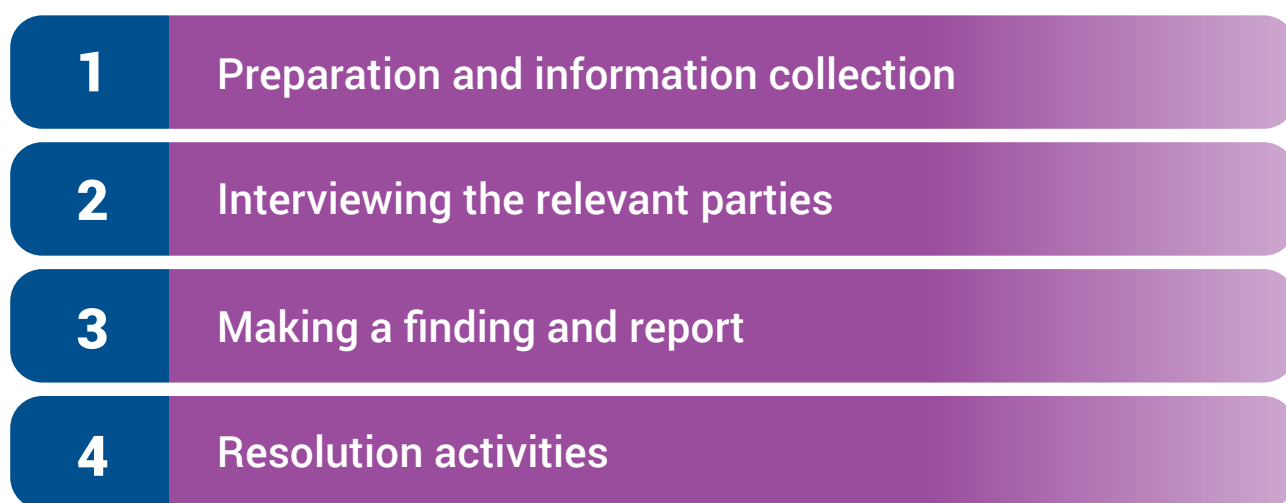
- Take all complaints seriously
- Examine matters in a timely way
- Identify and speak to all relevant parties

- Don't victimise/retaliate
- Ensure confidentiality
- Act appropriately
- Keep record
- Remain impartial
- Inform relevant parties of the investigation results and outcome.

At the end of the investigation, a report should be submitted, and the key findings should be communicated sensitively to the complainant and respondent.

Principles

Figure 6: Steps involved in managing an issue or claim





Section four

Tools and resources

4

Zero Tolerance Policy

This is an example of a Zero Tolerance Policy you can embed in your own human resources documentation or display in a common area within the practice.

Welcome to the Team

Our practice fosters a safe, flexible, harmonious and respectful environment for all workers.

We uphold a strict zero-tolerance policy against any behaviour that undermines individuals' dignity, safety, or well-being or creates a hostile work environment.

We want you to:

- *Enjoy coming to work every day, feeling secure, valued, and respected*
- *Contribute positively to our team and workplace culture*
- *Feel safe and uphold the right of others to feel safe from all forms of misconduct*
- *Understand the differences between bullying, harassment, discrimination, upward bullying, sexual harassment, victimisation, and legitimate performance management*
- *Acknowledge your obligation to report any incidents of misconduct without fear of retaliation or victimisation*
- *Participate in creating an inclusive, respectful, and equitable workplace for all*
- *Feel supported and empowered to speak up against inappropriate behaviour*
- *Know that your concerns will be taken seriously and addressed promptly and fairly*
- *Contribute to a culture where mutual respect and professional conduct are the norm.*

Together, we can create a workplace where respect, dignity, and equality are prioritised and where everyone can thrive professionally and personally. Remember, maintaining a positive and safe work environment is a shared responsibility, and your active participation is crucial in upholding these standards.

Management Tools

Evaluation Exercise

Is your management style a reasonable work instruction or bullying and harassment?

Managers and supervisors play a crucial role in preventing workplace bullying and inappropriate and unlawful behaviour and ensuring they don't inadvertently engage in behaviours that could be perceived as bullying. The key is to create a respectful work environment, communicate clearly, and handle performance issues professionally.

Steps for managers and supervisors to avoid the perception of bullying

Model respectful behaviour

- ☐ Demonstrate the organisation's values through your own conduct
- ☐ Treat all employees fairly and with respect.

Communicate clearly and professionally:

- ☐ Provide clear expectations and instructions
- ☐ Use a calm and professional tone in all interactions
- ☐ Avoid aggressive or intimidating language or gestures.

Implement and enforce anti-bullying policies:

- ☐ Ensure all staff are aware of the organisation's anti-bullying policy and other relevant policies that manage inappropriate and unlawful behaviours
 - ☐ Consistently enforce the policies across all levels of the organisation.
-

Provide regular, constructive feedback

- ☐ Focus on work performance and behaviours, not personal attributes
- ☐ Offer specific, actionable feedback
- ☐ Balance negative feedback with positive recognition.

Handle performance issues appropriately:

- ☐ Address performance concerns promptly and privately
 - ☐ Use a fair and transparent process for performance management
 - ☐ Document all performance discussions and actions taken.
-

Promote open communication

- ☐ Encourage employees to voice concerns without fear of retaliation
 - ☐ Listen actively to employee concerns and take them seriously.
-

Manage workloads fairly

- ☐ Ensure work is distributed equitably among team members
- ☐ Avoid setting unreasonable deadlines or expectations.

Respect work-life balance:

- ☐ Avoid contacting employees outside of work hours unless necessary
 - ☐ Respect employees' time off and leave entitlements.
-

| | |
|---|--|
| Provide training and development opportunities | <input type="checkbox"/> Offer equal opportunities for training and career advancement <input type="checkbox"/> Support employees' professional growth. |
| Handle conflicts professionally | <input type="checkbox"/> Address conflicts promptly and impartially <input type="checkbox"/> Use mediation techniques when appropriate. |
| Be aware of power dynamics | <input type="checkbox"/> Recognise the inherent power imbalance in the manager-employee relationship <input type="checkbox"/> Be mindful of how subordinates may perceive your actions and words. |
| Seek feedback on your management style | <input type="checkbox"/> Regularly ask for feedback from your team <input type="checkbox"/> Be open to constructive feedback and be willing to adjust your approach <input type="checkbox"/> By following these steps, managers can create a positive work environment and minimise the risk of their actions being perceived as bullying. |



Self-Awareness Checklist for Managers

This checklist is a tool for personal reflection and growth.

If you identify areas for improvement, consider seeking support from mentors, or professional development resources.

Self-Awareness Checklist for Managers

Communication and Interaction

- ☐ Is my communication style transparent, respectful, and inclusive?
- ☐ Do I actively listen to my team members' concerns and ideas?
- ☐ Am I mindful of my tone, volume, and body language in all interactions?
- ☐ Do I provide constructive feedback in a supportive manner?
- ☐ Am I aware of and respectful of cultural differences in communication?

Management Style

- ☐ Do I lead by example, demonstrating the behaviour I expect from my team?
- ☐ Am I consistent and fair in my treatment of all team members?
- ☐ Do I promote a psychologically safe environment where team members feel comfortable speaking up?
- ☐ Am I approachable and open to feedback about my management style?

Performance Management

- ☐ Are my expectations for work performance clear, reasonable, and achievable?
- ☐ Do I provide regular, balanced feedback that includes both positive reinforcement and areas for improvement?
- ☐ Am I supporting my team members' professional development?
- ☐ Do I address performance issues promptly and professionally?

Stress Management

- ☐ Am I aware of how my behaviour changes under stress?
- ☐ Do I have effective strategies to manage my own stress and emotions?
- ☐ Am I modelling a healthy work-life balance for my team?

Inclusion and Respect

- ☐ Do I ensure all team members are included in relevant meetings and information sharing?
- ☐ Am I actively working to eliminate unconscious bias in my decision-making?
- ☐ Do I respect and accommodate diverse and cultural working styles and needs?

Conflict Resolution

- ☐ Do I address conflicts or disagreements promptly and fairly?
- ☐ Am I skilled in de-escalating tense situations?
- ☐ Do I promote collaborative problem-solving within my team?

Power Dynamics

- ☐ Am I aware of the inherent power imbalance in my role as a manager?
- ☐ Do I use my authority responsibly and ethically?
- ☐ Am I vigilant about not abusing my position of power?

Self-Reflection and Growth

- ☐ Do I regularly seek feedback on my management style?
- ☐ Am I open to learning and improving my leadership skills?
- ☐ Do I take responsibility for my mistakes and learn from them?

Policy Adherence

- ☐ Am I familiar with and adhere to all relevant workplace policies, including bullying, sexual harassment, harassment, and discrimination?
- ☐ Do I ensure my team is aware of and follows these policies?

Support and Resources

- ☐ Do I know where to seek support or guidance if I'm unsure about my behaviour or management approach?
- ☐ Am I aware of the resources available to help me improve my leadership skills?

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