

# Bullying, discrimination and sexual harassment on clinical placements

A resource for UWA medical students



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# Introduction

Bullying, discrimination, and sexual harassment is unfortunately commonly experienced by medical students, but it is *never* acceptable.

Should you or your peers ever experience it, we hope this document can help you in finding avenues for support and resolution.

In 2018, the MD4s were surveyed on their experiences of bullying, discrimination, and sexual harassment while on placements. This is what we found:

- Bullying, discrimination, and sexual harassment of medical students on clinical placements is **common**
- **Those in positions of power are more likely to be perpetrators** of bullying, discrimination, or sexual harassment against medical students, however, it may come from anyone within a healthcare setting, be they consultant, registrar, RMO, intern, nurse, midwife, GP, or other medical students.
- **Only half of students who experienced bullying spoke with someone about it**
- The **most common barriers** reported to taking action were
  - The stress associated with making a complaint
  - Concern of not being believed or taken seriously
  - Fears of embarrassment
  - Not realising it was bullying at the time
  - Concerns about confidentiality
- **Only 1 in 3 students would know what to do** if experiencing bullying, discrimination, or sexual harassment on a clinical placement.

This document details what to do if it happens to you, including addressing common barriers to seeking support, and also explores frequently asked questions and resources available for students.

# What to do if you experience bullying, discrimination, or sexual harassment



# What is...

## ...bullying?

Bullying is defined as a pattern of repeated 'unreasonable behaviour' that a reasonable person would consider to be intimidating, humiliating, undermining or threatening. The behaviour may be subtle or overt. The behaviour has potential to cause harm to the person experiencing the behaviour.

Bullying may be in one-to-one situations or in front of colleagues, may be written, visual, verbal or other.

Examples include

- Repeated hurtful remarks, attacks or abuse, such as making fun of a person's work
- Aggressive and intimidating behaviour
- Belittling, degrading, or humiliating comments

Bullying is not

- One-off abrupt comments
- Differences of opinion
- Fair, constructive criticism

## ...discrimination?

Discrimination is defined as treating a person with an identified attribute or personal characteristic less favourably than another person who does not have that attribute or personal characteristic. For example: gender, age, race, religious belief, political belief, pregnancy, disability, marital status, sexual orientation or cultural background.

Examples include:

- Denying students learning opportunities due to their family or parental responsibilities
- Referring to male students by name but female students as 'sweetheart' or another term
- Assumptions that some students are not as physically or emotionally able as others due to their gender, religion, education, etc.

## ...sexual harassment?

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated.

Examples include:

- Inappropriate, unnecessary touching of an individual
- Comments, jokes, propositions, questions or insinuations about a person's sexual or private life
- 'quid pro quo' harassment or 'sexual blackmail', when behaviour is accompanied by direct or implied threat, benefit or promise
- Misuse of contact details/mobile numbers

This information has been adapted from the Royal Australasian College of Surgeons' *Bullying, Discrimination and Sexual Harassment: Fact Sheet*.<sup>1</sup>

**In a survey of UWA MD4s of 2018, ~2/5 students felt they had experienced bullying** whilst on placement and ~1/2 had seen bullying behaviours towards their peers.

**~2/5 students felt they had experienced discrimination** whilst on placement, most commonly based on gender. ~1/3 of students have witnessed discrimination against their peers.

**~1/10 of students felt they have experienced sexual harassment** while on clinical placements, ~1/10 have witnessed sexual harassment against their peers.

These results are similar to other surveys of medical students in Australia

# What to do

## Immediately

If you feel comfortable to do so, you can address it with the person immediately.

Example sentences

- A comment like 'that's inappropriate' is non-aggressive and can be very effective in ending the behaviour.
- An "I" statement focuses on the speaker and can be a way for you to express your perception of the situation without being blameful. For example
  - o "I feel \_\_\_\_\_ when you \_\_\_\_\_",
  - o 'I get the impression that \_\_\_\_\_, when you \_\_\_\_\_',
  - o or even simply: "I am feeling uncomfortable."

However, we also understand that this may not be appropriate or possible in every situation.

## Afterwards

The following process is as per the UWA Policy on: Student Complaint Resolution. There are two stages: seeking support and finding a resolution, with the capacity for an appeal.

### 1. Seeking support

Your welfare is the highest priority. It is normal to be upset, shaken, angry or feel other emotions when facing or witnessing bullying, discrimination or sexual harassment.

Sometimes, experiences may seem ambiguous, where you are not sure whether it was acceptable or unacceptable behaviour. Talking it through with someone you trust can be very helpful and insightful both for yourself and them. There are many people you could talk to, such as:

- Your friends and family
- The other doctors on your team
- Your clinical mentor
- Your Sub-Dean (Support Co-ordinator)
  - o MD1: [Dr Zaza Lyons](#)
  - o MD2: [Dr Jacqueline Frayne](#)
  - o MD3: [Dr Brett Montgomery](#)
  - o RCSWA: [Dr Susannah Warwick](#)
  - o MD4: [Dr Kate Jutsum](#)
  - o International: [Dr Scott McCoombe](#)
- [Deborah Leicester](#) Manager Student Experience
- [Paul McGurgan Deputy Head of School \(Student Matters\) and UWA Diversity, Equity and Inclusion Contact Officer](#)
- If seeking further support, you could consider talking with your GP or accessing services such as Guild Student Assist, UWA Counselling and Psychological Services, Sexual Assault Resource Centre or others – see end of this document for a more comprehensive list.

## 2. Finding a resolution

The stress associated with making a complaint is a major barrier to taking action for many students. While it is impossible to make this a stress-free process, we hope to reduce unnecessary stress by clarifying the options available and what happens throughout the process. Know that any and all concerns raised are taken very seriously, and that there is support at every step of the way.

### a) Informal resolution

You may feel that someone's behaviour was inappropriate and like to take some form of action, but not want to do it through formal processes.

- We would encourage you **to talk with your Sub-Dean** to discuss what you would like to see happen, and to explore the options available to do so. If you do not feel comfortable approaching your cohort's Sub-Dean for any reason, it is also possible to contact other Sub-Deans; they are here to support students.

As this is an informal process, what happens will be determined on a case-by-case basis. One potential option is for the student or the Sub-Dean to meet with the Discipline Coordinator, who may talk with the staff member in question. The staff member may be able to respond to the concerns raised, with the response communicated back to the student. The student may decide if they are happy with this outcome, or if they wish to take it further. If the latter, the Sub-Dean again will be able to support you in this process, advising you on what further options there might be, such as referring your complaint to the UWA Complaints Resolution Unit.

- You could also approach the Discipline Coordinator directly, without having first talked with your Sub-Dean, if you feel comfortable doing so.
- Similarly, you can report it in your **end of rotation surveys**. These are anonymous and provide a written record of your experiences. They do not, however, guarantee that any action can be taken, as the survey is anonymous.

If the issue is not resolved to your satisfaction via an informal resolution, you may want to pursue a formal resolution.

## b) Formal resolution

If an informal resolution was insufficient, or if the behaviour requires a more serious response, here is the process of submitting a formal complaint.

- Some students may feel comfortable **directly approaching the [UWA Complaints Resolution Unit](#)**
- Others may prefer further School support throughout the process. In this case, **contact your Sub-Dean**. Again, if you do not feel comfortable approaching your cohort's Sub-Dean for any reason, it is also possible to contact other Sub-Deans.

Either way, the process would be as follows:

[Submit your complaint](#) to the UWA Complaints Resolution Unit (CRU) Please note that the web-portal initially asks for your name/contact details. We acknowledge that this may be a potential barrier to reporting, but is required for the relevant CRU staff to be able to contact you as part of working through your complaint.

The web-portal also has an Anonymous reporter option. The University recognises that in some instances you may choose to report anonymously, however this will impact on the ability to deal with your matter. *Please provide as much information as possible as the CRU will be unable to contact you for any further clarification.*

Your Sub-Dean will be able to support you throughout this process. The Complaints Resolution Unit is also likely to recommend the Guild Student Assist for support.

You should receive a response from the Complaints Resolution Unit within 5 University working days.

Depending on the complaint, the person in charge of managing your complaint will differ.

Respondent - the person the complaint is about	UWA staff?	Hospital staff member?	GP preceptor?
Responsible Officer - the person in charge of managing the complaint	The staff member's immediate supervisor, e.g. <ul style="list-style-type: none"> <li>- Unit Coordinator (if complaint is about teaching staff)</li> <li>- Head of School (if complaint is about Unit Coordinator)</li> <li>- School, Faculty or Unit Manager (if complaint is about a general staff member)</li> </ul>	The staff member responsible for engaging them (likely the Rotation Coordinator or Unit Coordinator, who may then contact the hospital.)	The staff member responsible for engaging them (likely, the GP Discipline Coordinator who would speak with the GP directly or their immediate supervisor.
Policy	<a href="#">UWA Policy on: Student Complaints Resolution</a>	<a href="#">WA Health Discipline Policy</a>	GP practice's workplace policy

- Complaints about UWA Staff?
  - These will be managed by the staff member's immediate supervisor.
- Complaints about non-UWA Staff, such as a hospital staff member or GP preceptor?

- These will be managed by the staff member responsible for engaging the staff member. Likely, Discipline Coordinator or Unit Coordinator.
- The Unit Coordinator will liaise with the relevant staff member of the organisation, such as the Human Resources (HR) Unit for a hospital staff member, or the Practice Owner for a GP placement.
- The HR Unit may then escalate the complaint as per the WA Health Discipline Policy. In short:
  - The HR Unit will address the staff member in question, and they will be given a chance to respond. If the HR Unit finds there are reasonable grounds to suspect a breach, their response will depend on the seriousness of the behaviour. If less serious, they may recommend counselling, training and development, or issue a warning. If more serious, there is a range of possible consequences, from a reprimand, a fine, to dismissal of the employee.

For your reference, student complaint resolution stage requirements can be found [here](#).

### **3. Appeal**

If it is still not resolved to your satisfaction, you can appeal the resolution to the Senior Deputy Vice-Chancellor, who will appoint another 'Responsible Officer', who will work through the process of a *Formal Resolution* again.

### **Vexatious complaints**

According to the UWA Policy on Student Complaints Resolution, a vexatious complaint 'means one that is made or pursued without reasonable grounds or made to harass or annoy, to cause delay or detriment, or for any other wrongful purpose. This system and policy are here to protect and support students, and the Medical School is here to support you through this process. However, please note that if your complaint is found to be vexatious, it will be dismissed.

# Why don't students report?

Despite knowing that bullying of students is common, few students formally report the behaviour. This page explores the most common reasons why students don't report and aims to address them.

The most commonly reported barriers according to the Class of 2018 were:

Bullying	Discrimination	Sexual harassment
The stress associated with making a complaint	The stress associated with making a complaint	The stress associated with making a complaint
Not realising it was bullying at the time	Concern of not being believed or taken seriously	Fear of embarrassment
Concerns about confidentiality Fears of embarrassment	Fears of embarrassment	Concern of not being believed or taken seriously

## The stress associated with making a complaint

This is evidently an important factor in deciding whether or not to make a complaint, and the Medical School understands that there are many factors that contribute to the stress, such as the barriers listed below. We hope that by demystifying the process, and providing information on supports/contacts, there can be less stress from uncertainty. Know that your report will be taken seriously, and that the people reading your reports are in their roles because they want to make the student experience better.

## Concerns about confidentiality

Many students have concerns about being identifiable, such as when there are only a few students on a clinical placement, or if they report a very distinct incident. The [UWA complaints policy](#) generally allows up to **1 year** following the incident, but has discretion for longer time periods for serious matters.

The first priority is supporting students, making sure you are okay, helping you find a resolution and to prevent it from happening to other students. Please also remember that you may choose not to progress further with your complaint at any time if you feel uncomfortable (though the complaint may continue to be discussed if raised to a formal level and requires action). Your Sub-Dean is here to support you through this process.

Secondly, know that confidentiality and these reports are not taken lightly. Bullying, discrimination and sexual harassment are serious; these are not simply Medical School policies, these are institutional policies from the University and from specific workplace policies. Please be reassured that while the people involved in this process are looking to resolve your complaint to your satisfaction, they understand the importance of maintaining your confidentiality while doing so.

## Fear of embarrassment

The people involved in this process are here to help, not to ridicule or judge you. Bullying, discrimination and sexual harassment are unacceptable in any workplace; we recognise it takes great strength to make a complaint and that it may be an uncomfortable experience for you.

## Concern of not being believed or taken seriously

The Medical School strongly believes there should be no bullying, discrimination and sexual harassment of medical students. We are however aware that it does happen, and would like to be

able to do something about it. The people in the student support roles, such as the Sub-Deans, are best equipped to help you.

**Not realising it was bullying at the time**

You may want to discuss your experiences with your fellow students or other friends/family. This can help you better process your experiences, and it may be easier to realise when it is bullying the next time, or you may help others recognise bullying.

Bullying is defined as a repeated pattern of behaviour. It is likely that it is not a once-off event involving only you. By letting someone know of your experiences by making a formal, informal or even anonymous report, you can help let the Medical School know and be better able to respond and prevent other students from experiencing the same.

# Frequently Asked Questions (and frequently heard comments)

## **What's the point? What can even be done?**

Firstly, it is important that students feel better supported and have a better learning experience throughout their time in medical school. Secondly, the Medical School wishes to address bullying, discrimination and sexual harassment as an important issue and wants to do something about it. However, the only way that any action can be taken is if people speak up.

We understand that can be very stressful – hopefully, the information in this document will demystify some of the process, and reassure you that there are always options and people available to support you.

## **It wasn't serious enough to need to report it/it's not a big deal.**

Bullying, discrimination and sexual harassment are not acceptable, and so if you think something is affecting your learning or wellbeing, or may affect students in future rotations, let someone know. Repeated reports from multiple students of minor grievances can result in further investigation and change. One comment may not be a 'big deal', but repeated comments may reveal a pattern of behaviour that warrants action.

## **The person in charge is buddies with the person the complaint is against. Perth is too small. There's no way they would actually do anything.**

If you feel concerned about this, you may prefer to go through the formal processes via the UWA Complaints Resolution Unit. These cases are managed in accordance with the [University Policy on: Conflicts of Interest](#). In short, the supervisor of the 'Responsible Officer' will be in charge of finding an alternative person to manage the case. The complaint will escalate up the chain of command as required, even to the Vice-Chancellor.

Failure to declare Conflicts of Interest can lead to staff being in breach of the UWA Code of Conduct, in addition to failing to comply with workplace policies regarding bullying, discrimination and sexual harassment. Furthermore, there is also an appeals process should you find that your report has been poorly managed. Please be assured that action will be taken.

## **What if I'm not sure if I want to make a report?**

Although not affiliated or endorsed by UWA, there are some websites e.g. <https://talktopot.com/> that allow you to document and time-stamp your experience, should you wish to take action later.

**What happens to the information I give?**

Following resolution of the complaint, it will be stored by the UWA Complaints Resolution Unit as per the [University Policy on: Records Management](#).

**Can I report anonymously?**

Yes, however, the anonymity makes it impossible to follow up on your wellbeing and to offer you support without your contact details.

The **UWA Complaints Resolution Unit** offers the option of anonymous complaints. Please note that only limited actions may be made on anonymous reports. In the case of repeated reports regarding one person, these may be forwarded to the relevant staff member within the Medical School for further investigation.

The **end of rotation surveys** and **end of unit surveys** also offer an opportunity to report. They are immediately reviewed by the relevant rotation coordinator and give a documented, written record of what happened. Although small rotations may make responses potentially identifiable; the intent of the process is to improve rotations, and to monitor if future students are having the same experience.

# What to do when you're being grilled

Every medical student will have had an experience where they will be asked a question that they don't know the answer to. What happens when the questions keep coming? Is it teaching, or is it bullying? Is this experience meant for the student's learning, or for the teacher?

Socratic Instruction is "a series of questions is posed by the teacher, and responses to those questions are provided by students."<sup>2(p182)</sup>, and is a method commonly used in medicine. However, there is a fine line between Socratic Instruction and being grilled. Unfortunately, many have experienced such teaching methods where "a series of difficult and often intentionally unanswerable questions [are] posed to a medical student...in quick session...to teach, motivate and involve the learner in clinical rounds while maintaining a dominant hierarchy and cultivating humility by ridding the learner of egotism."<sup>3(p2347)</sup>

While there is little evidence on the efficacy of this teaching method, and growing evidence on its potential harms,<sup>3</sup> it remains commonplace in hospitals. Furthermore, there is a large variation in people's interpretation of what is acceptable behaviour; what some students might see as a grilling, others may see as a useful teaching session.

If you find yourself in such a situation, the following tips from [Oh & Reamy](#) may be helpful.<sup>4</sup>

## Pointers for Students

1. *Give teachers the benefit of the doubt.* If attending physicians ask difficult questions and if a student feels humiliated, the effect was most likely unintentional.
2. *Use the answers you know to reinforce your learning.* When you do know the answers, even if you don't say so out loud, take that as positive reinforcement that you are on the right track in learning the key points.
3. *Use the questions you don't know to motivate you to read and learn.* If you didn't know the answers, then write them down and hit the books hard and learn it well. This becomes a great needs-assessment tool to help you to learn and focus your studies.
4. *Don't be afraid to speak up.* Be courageous and give teachers some feedback, whether directly or through your school's feedback system, especially if humiliating behaviour becomes a recurring theme.

Afterwards, if you find you would like to debrief with someone, formally or informally, we encourage you to get in touch with a support person (as listed in 'What to do')

# Contacts

## Student contacts

### Your year representatives

[year1@wamss.org.au](mailto:year1@wamss.org.au)

[year2@wamss.org.au](mailto:year2@wamss.org.au)

[year3@wamss.org.au](mailto:year3@wamss.org.au)

[year4@wamss.org.au](mailto:year4@wamss.org.au)

### WAMSS Vice President Welfare

[vpwelfare@wamss.org.au](mailto:vpwelfare@wamss.org.au)

## Medical school contacts

### Your Sub-Dean

MD1: Dr Zaza Lyons  
(08) 6457 2218

[zaza.lyons@uwa.edu.au](mailto:zaza.lyons@uwa.edu.au)

MD2: Dr Jacqueline Frayne

[Jacqueline.frayne@uwa.edu.au](mailto:Jacqueline.frayne@uwa.edu.au)

MD3: Dr Brett Montgomery

[Brett.Montgomery@uwa.edu.au](mailto:Brett.Montgomery@uwa.edu.au)

RCSWA: Dr Susannah Warwick

[Susannah.warwick@rcswa.edu.au](mailto:Susannah.warwick@rcswa.edu.au)

MD4: Dr Kate Jutsum

[kate.jutsum@uwa.edu.au](mailto:kate.jutsum@uwa.edu.au)

International: Dr Scott

McCoombe [scott.mccoombe@uwa.edu.au](mailto:scott.mccoombe@uwa.edu.au)

Deputy HoS: Dr Paul McGurgan

[Paul.mcgurgan@uwa.edu.au](mailto:Paul.mcgurgan@uwa.edu.au)

Ph: 0405514124

### Manager Student Experience

Deborah Leicester  
(08) 6488 8500

[deborah.leicester@uwa.edu.au](mailto:deborah.leicester@uwa.edu.au) **Other**

## UWA contacts

### UWA Student Guild - Student Assist

Student Assist can give independent, impartial advice on your situation and guide and support you through the complaints process, while also providing a free counselling service.

<http://www.uwastudentguild.com/assist/>

### UWA Student Guild – student representatives

The Guild student representatives can be a source of support and guidance when going through the complaints process. If dealing with sexual harassment, the Guild Women's Department is also well-versed in the complaints process.

<http://www.uwastudentguild.com/meet-your-student-representatives/>

### UWA Counselling and Psychological Services

UWA students are entitled to six free counselling sessions per calendar year. Visit in one of their triage times, and they will find the counsellor best suited to you. (Note: spots are limited in each triage session so go early to avoid disappointment)

<https://www.uwa.edu.au/students/Support-services/Mental-health-and-wellbeing>

## Non-UWA contacts

### Your GP

## Other UWA contacts

Everyone should have their own GP. If you do not have a regular GP, the UWA Medical Centre is conveniently located and you can easily book an appointment online or by calling up **Doctors Health Advisory Service (WA)**

The Doctors' Health Advisory Service have an interest in promoting the welfare of medical students and doctors, including promoting a work environment that is free of bullying, discrimination and sexual harassment. You can contact them for advice and support.

If you are looking for a GP, they have also compiled a list of 'Doctors for Doctors', who have expressed an interest in doctors' health and are willing to see doctors and medical student patients as a priority.

<http://www.dhaswa.com.au/>

### **Beyondblue**

Abundant resources, as well as offering chat, email, forums and a phone line to talk to trained mental health specialists for those seeking further support.

<https://www.beyondblue.org.au/>

### **Headspace**

Youth mental health service aimed at people aged 12-25 years, with online and in-person services available for free or at a low cost.

<https://headspace.org.au/>

### **Sexual Assault Resource Centre**

An emergency sexual assault (rape crisis) service.

(08) 6458 1820

<https://www.kemh.health.wa.gov.au/Our-services/Statewide-Services/SARC>

### **QLife**

Australia-wide anonymous, LGBTI peer support and referral for people wanting to talk about a range of issues including sexuality, identity, gender, bodies, feelings or relationships

### **Medical Defence Organisations**

All medical defence organisations offer free membership for all medical students and are able to give free legal advice to students throughout the process of submitting formal complaints. Contact the individual organisations for more information on how they can support you.

## **Emergency Counselling Services**

### **Doctors Health Advisory Service**

A phone line for doctors in crisis

Available 24/7.

(08) 9321 3098

### **Beyond Blue Support Service**

Phone available 24/7, 1300 22 4636

Web chat: available 3pm-12am/7 days a week

<https://www.beyondblue.org.au/get-support/get-immediate-support>

### **Lifeline crisis support and suicide prevention**

Available 24/7, 13 11 14

Crisis chat: Available 7pm-midnight (AEST), 7 days a week

<https://www.lifeline.org.au/crisis-chat/>

### **Crisis Care Helpline**

Available after hours, 7 days a week

(08) 9223 1111

### **Sexual Assault Resource Centre Crisis line**

Available 24/7, (08) 6458 1828

# About this resource

*This resource was produced as part of a Scholarly Activity – Service Learning project, by ex UWA MD student Dr Lianne Leung under the supervision of Dr Lucy Gilkes.*

*It is shaped by your feedback! If you have any questions not answered here, please get in contact by emailing your Sub-Dean or [Deputy HoS](#).*

## Feedback, please!

Want something clarified? Think more information should be included? We'd love to hear from you! Please contact your Sub-Deans or Year reps to let them know your thoughts.

## References

1. Bullying, Discrimination and Sexual Harassment: Fact Sheet [Internet]. East Melbourne: The Royal Australasian College of Surgeons; 2017 Aug [cited 2023 Feb 27Apr 7]. Available from: <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/operating-with-respectcomplaints/building-respect/DBSH-fact-sheet.pdf?rev=0986c1e0e3ea44fa9c86de3acc1834fb&hash=808928C7B04EE62C1626A4388A3DBA13>
2. Stoddard, HA, O'Dell, DV. Would Socrates Have Actually Used the "Socratic Method" for Clinical Teaching? J Gen Intern Med. 2016 [cited 2019 Apr 11]; 31(9):1092-1096. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978680/#CR10>
3. Mccarthy, C & McEvoy, J. Pimping in Medical Education. JAMA [Internet]. 2015 [cited 11 April 2019]; 314(22):2347-2348. Available from: <https://jamanetwork.com/journals/jama/fullarticle/2474430>
4. Oh, RC & Reamy, BV. The Socratic Method and Pimping: Optimizing the Use of Stress and Fear in Instruction. Virtual Mentor [Internet]. 2014 [cited 2019 Apr 11]; 16(3):182-186. Available from: <https://journalofethics.ama-assn.org/article/socratic-method-and-pimping-optimizing-use-stress-and-fear-instruction/2014-03>

## Useful links

### UWA

- [The UWA Complaints Resolution Unit including Advocate](#)

### WA Health

- [WA Health Code of Conduct Policy](#)
- [WA Health Workplace Bullying Policy](#)

### RACS Operating with Respect Apps

- <https://apps.apple.com/us/app/racs-speak-up/id1437874350?platform=iphone>
- <https://play.google.com/store/apps/details?id=com.racs.speakup>

## **Updates in the 2022 version**

Addition of 'last updated' footer  
MD2 Sub-Dean's (Support Co-ordinator) updated  
Website links update

## **Updates in the 2023 version**

Embedded links to UWA Complaints reporting system

Sub-Dean's, Dep HoS and VP Welfare information

Provided further information on anonymous reporting and UWA student resources

Website links updated incl. Operating with Respect app info

QLife resource