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Anti-harassment policies across Canadian and international medical programs: strengths, areas for improvement, and a need for standardization

Politiques de lutte contre le harcèlement dans les programmes de médecine au Canada et à l'international : forces, aspects à améliorer et nécessité de normalisation

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Abstract

Background/Purpose: Medical trainee harassment is a global issue that has led to a multitude of detrimental effects. An important area of consideration is whether harassment policies are clear and available to all medical trainees globally. We aimed to develop a standardized rubric for evaluating anti-harassment policies and assess policies across Canadian medical schools and top international universities to identify strengths and areas for improvement.

Methods: We constructed a rubric by synthesizing criteria from established frameworks on harassment policy effectiveness, adapting key elements to assess clarity, accessibility, and comprehensiveness in medical school policies. On March 2023, we evaluated 58 harassment policies from 16 Canadian medical schools and 31 policies from eight of the top 10 Quacquarelli Symonds (QS)-ranked universities. Our rubric, developed from four key frameworks, scored policies across three themes: (1) Policy Foundation, (2) Complaint Procedures, and (3) Resolution and Implementation.

Results: Canadian universities performed well in foundational policy areas (average score 83.00% on Theme 1) but showed meaningful gaps in Complaint Procedures (48.75%) and Resolution and Implementation (39.38%). Top international QS-ranked universities similarly scored low in these latter themes, though they performed better on formal complaint processes. Key areas needing improvement include informal complaint procedures and timelines for response in Canadian universities, and policy revision commitments in top QS-ranked universities.

Conclusions: This study highlights the need for enhanced anti-harassment policies, particularly in complaint and resolution procedures. Our rubric provides a structured approach for policy evaluation, enabling Canadian and potentially international institutions to improve policy clarity, accessibility, and comprehensiveness, fostering safer training environments.

Résumé

Contexte/ Objectif : Le harcèlement des internes en médecine est un problème mondial aux multiples conséquences néfastes. Il est important de se demander si les politiques en matière de harcèlement sont claires et accessibles à tous les internes en médecine du monde entier. Notre objectif est d'élaborer une grille d'évaluation normalisée des politiques de lutte contre le harcèlement et évaluer les politiques des facultés de médecine canadiennes et des meilleures universités internationales afin d'identifier les points forts et les points à améliorer.

Méthodes : Nous avons élaboré une grille d'évaluation en synthétisant les critères des cadres établis sur l'efficacité des politiques de lutte contre le harcèlement, en adaptant les éléments clés pour évaluer la clarté, l'accessibilité et l'exhaustivité des politiques des facultés de médecine. En mars 2023, nous avons évalué 58 politiques de lutte contre le harcèlement de 16 facultés de médecine canadiennes et 31 politiques de huit des 10 meilleures universités classées QS. Notre grille d'évaluation, élaborée à partir de quatre cadres clés, a évalué les politiques selon trois thèmes : (1) Fondements de la politique ; (2) Procédures de plainte ; et (3) Résolution et mise en œuvre.

Résultats : Les universités canadiennes ont obtenu de bons résultats dans les domaines fondamentaux des politiques (score moyen de 83,00 % pour le thème 1), mais ont présenté des lacunes importantes en matière de procédures de plainte (48,75 %) et de résolution et de mise en œuvre (39,38 %). Les universités internationales les mieux classées par QS ont également obtenu de faibles résultats dans ces derniers thèmes, bien qu'elles aient obtenu de meilleurs résultats dans les processus de plainte formels. Les principaux domaines à améliorer comprennent les procédures de plainte informelles et les délais de réponse dans les universités canadiennes, ainsi que les engagements de révision des politiques des universités les mieux classées par Quacquarelli Symonds (QS).

Conclusions : Cette étude souligne la nécessité de renforcer les politiques de lutte contre le harcèlement, notamment en ce qui concerne les procédures de plainte et de résolution. Notre grille d'évaluation propose une approche structurée pour l'évaluation des politiques, permettant aux établissements canadiens et potentiellement internationaux d'améliorer la clarté, l'accessibilité et l'exhaustivité de leurs politiques, favorisant ainsi des environnements de formation plus sécuritaires.

Introduction

The problem

Harassment in medical training programs is a pervasive global issue with detrimental consequences, including health complications, performance decline, isolation, financial loss, and decreased productivity.[1-3] Many studies consistently report high incidences of harassment: A US-based 2016-2017 survey of 27,504 medical students revealed that 40.9% of female students and 25.2% of male students reported at least one incident of mistreatment.[4] In Canada, surveys spanning from 2012 to 2020 found that between 73% to 78.2% of residents encountered intimidation or harassment during training.[5–7] Studies from Australia[8] and the United Kingdom[9] echo similar findings: 54.3-57.5% of junior doctors in their first or second year of residency reported being bullied while 63.3% of medical students have experienced at least one type of discrimination or harassment. These findings underscore harassment as a widespread issue in medical training, highlighting the need for programs that empower students and residents to report incidents.

Despite increased awareness of harassment, many incidents likely go unreported.[10] A survey conducted by the Department of Surgery at Yale University found that only 7.6% of residents who experienced sexual harassment reported the incident.[10] The most cited reasons for not reporting the harassment were: 1) perception that the incident was "harmless" (62.1%); 2) belief that reporting would be a waste of time (47.7%); 3) feeling that they were too busy to file the complaint (37.9%); or 4) uncertainty that the incident would qualify as sexual harassment (31.8%).[10] These barriers raise a critical question: do medical trainees have access to clear and timely information that allows them to identify and feel empowered to confidently report experienced harassment?

The gap

University harassment policies are essential for informing medical trainees on how to report harassment. However, if these policies are unclear, inaccessible, or unknown to trainees, they may fail to encourage reporting and could inadvertently contribute to ongoing harassment.[10] There is scarce published literature examining the effectiveness and accessibility of harassment policies for medical trainees. A 2019 position paper stated that one of the primary concerns for Canadian medical students was the lack of understanding from trainees surrounding harassment policy development.[11] To this end, a national survey conducted in 2018 found that one-fifth of residents were unaware of their institution's harassment policy, and only about 10% of those reporting harassment accessed institutional resources.[6]

The lack of standardized evaluation makes assessing policies of institutions unclear, especially when evaluating an institution relative to its peers. Hence, there is a need to develop criteria that can be used to evaluate harassment policies and to determine if they are accessible, comprehensive, and supportive of their students and residents. Previous work that deals with policies are scarce, and an in-depth search beyond published journal articles captures only a couple of relevant works: Justine Brisebois' 2010 master's thesis[12] for the University of Manitoba, and Marni Roberta's 2008 doctoral thesis[13] for the University of British Columbia. The former evaluated the policies of Canadian institutions. Instead of utilizing a standardized rubric, it outlines three different approaches Canadian universities used for establishing their policies: the respectful workplace approach, the legal-preventative approach, and the forerunner approach. [12] Brisebois' work is insightful in contributing to understanding of how policies in Canadian universities were formed and the fundamental philosophies behind them. Roberta's work dives deep into anti-harassment practitioners, and while it does intimately discuss policies, it does so in terms of the history of how harassment was conceptualized and how it relates to authoritarianism and neoliberalism.[13] Overall, this thesis focuses on practitioners, and illuminates the relationship between harassment and society, and the roles anti-harassment practitioners have and the constraints they face. These two works, however, do not provide a clear way of comparing institutions across a set of standards, underscoring the need for standardized approach to policy analysis.

We aimed to develop a comprehensive, nominal, set of criteria applicable to harassment policies across medical schools, designed for quantitative evaluation and comparisons. We focused on capturing organizational structures and policy environments relevant to both Canadian and international institutions.

Four key sources guided our approach: 1) Roehling and Huang's paper that featured a framework illustrating various factors that influence the effectiveness of sexual harassment training;[14] 2) Wilken and Badenhorst's list of elements identified as crucial in anti-sexual harassment policies;[15] 3) the recommendations outlined by The Royal College of Physicians and Surgeons of Canada for creating a positive work environment;[16] and 4) the directive on workplace harassment prevention and resolution by the Government of Canada.[17] Specifically, we relied on these

four pieces to iteratively develop a standardized rubric for examining harassment policies and to critically discuss our findings.

Roehling and Huang's framework, Primary Factors for Influencing the Effectiveness of Sexual Harassment Training, acted as our theoretical lens for our evaluation.[14] The framework outlines key variables—Training Design and Delivery, Trainee Characteristics, and Organizational Contexts—and their influence on outcomes across three levels: proximal outcomes (e.g., knowledge and attitudes regarding harassment); intermediate outcomes (e.g., how internal reporting of harassment is conducted); and distal outcomes (e.g., productivity and turnover as the result of anti-harassment training). Roehling and Huang's framework highlights how these factors interact within the organizational climate, with supportive or "aligned" policies and leadership meaningfully enhancing training outcomes. Misalignment, such as inconsistent definitions of harassment between training materials and policy language, can lead to "false positives" or misunderstandings around reporting.[14] Further, their framework examined organizational tolerance for harassment, suggesting that the institutional climate—reflected in leadership support, cultural inclusivity, and the explicit zero-tolerance policies—directly affects trainees' perceptions and responses to mistreatment. All in all, the framework helped us situate the impact policies can have on the overall landscape of combatting harassment, guiding our identification of critical policy elements to inform our rubric and anchor our analysis.

We then examined Wilken and Badenhorst's checklist, which was initially developed for evaluating harassment policies in South African universities. This checklist identifies essential policy components—including zero-tolerance statements, clear definitions of harassment, workplace safety, reporting timelines, and disciplinary actions—that contribute to creating ethically sensitive environments in higher education.[15] Their comprehensive framework informed our rubric, as it provided critical structure for assessing institutional policies in medical education. By integrating these elements, we helped ensure our evaluation addressed the full scope of policies needed to support a safe and responsive environment for trainees.

We also reviewed the recommendations provided by The Royal College of Physicians and Surgeons of Canada for creating a positive work environment to ensure that our criteria will align with the context of Canadian medical education.[16] For developing our own rubric, we relied on the definitions provided by The Royal College of Physicians and Surgeons of Canada (see Table 1, Definitions of harassment).[16] We added additional elements to our adapted criteria: understanding harassment, additional definitions, and more detailed, separate sections for informal and formal complaint reporting and resolutions (see Table 2).

Finally, we examined the directive on workplace harassment prevention and resolution by the Government of Canada[17] to ensure the criteria complied with the Canadian context of the study. Based on this directive, we set out to examine additional specifications such as concrete, appropriate, and timely responses towards harassment; definitions of racism; and details of informal and formal complaint procedures (see Table 2).

Table 1. Definitions of harassment

Term	Definition
Harassment	"Harassment is a form of discrimination. It involves any unwanted physical or verbal behaviour that offends or humiliates. Generally, harassment is a behaviour that persists over time. However, one single incident, if sufficiently serious, can constitute harassment."
Personal harassment	"Engaging in a course of vexatious comments or conduct not related to a prohibited ground, which creates an intimidating, humiliating, hostile, or offensive work environment. Personal harassment can include spreading malicious rumors, gossip, or innuendo; Intimidating a person, verbal abuse, threats, belittling or humiliating a person; Yelling or using profanity or making jokes, that are offensive (written, verbal or graphic); Punishment; Tampering with a person's personal belongings or work equipment; Undermining or deliberately impeding a person's work; and Other objectionable behaviour designed to torment, pester or abuse someone."
Sexual harassment	"A specific form of discriminatory harassment related to the prohibited grounds of sex (gender) or sexual orientation. It is not possible to identify every act that constitutes sexual harassment. Sexual harassment can include unwelcome flirtations, advances, propositions, solicitation, requests for sexual favors, lewd or suggestive comments or other vocal activity such as catcalls, whistles, and kissing sounds; Vulgar or sexual jokes (oral, written, or graphic); Continuing to express sexual interest after becoming aware that the interest is unwelcome; Unwanted physical touching, blocking or impeding movements; Indecent exposure; and Sexual assault."
Workplace harassment	"Engaging in a course of vexatious comments or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome."
Discrimination	"An action or decision that results in the unfair or negative treatment of a person or group. There are 11 grounds of discrimination that are protected under the *Canadian Human Rights Act:* Race, National or Ethnic Origin, Colour, Religion, Age, Sex, Sexual orientation, Marital status, Family status, Disability, A conviction for which a pardon has been granted or a record suspension has been ordered."

All definitions came directly from the "Creating a Positive Work Environment."[16]

Table 2. Harassment policy rubric theme and criteria

Theme	Components	Items
Theme #1 Policy Foundation	1. Policy Statement	1.1 Zero tolerance / not tolerant / harassment-free statement included
		1.2 Commitment to timely and appropriate response towards harassment
		1.3 Workplace and learning environment safety, and confidentiality all mentioned
	2. Harassment Definition	2.1 Define harassment
		2.2 Define sexual harassment
		2.3 Different kinds of harassment are included (e.g., personal harassment or workplace harassment)
		2.4 Define discrimination
	3. Understanding of Harassment	3.1 Explicitly describes who's applicable for the policy
		3.2 References to legal definition (e.g., references the human rights code/government protection act)
Theme #2 Complain Procedures	4. Informal and Formal Complaint Procedures	4.1 Is there a clear distinction between informal and formal complaint procedures?
	4.2 Informal Complaint Procedures	4.2.1 Is there a university office agency that students can report harassment to?
		4.2.2 When the complaint will be reviewed in relation to when the complaint was filed? (Is there a timeline)
		4.2.3 If an investigation will occur?
		4.2.4 When an investigation will occur?
		4.2.5 When the resolution for complainant and the respondent to the complainant will be reached?
		4.2.6 Does the policy explicitly state how a complainant can start their report process (i.e., written or verbal report)
	4.3 Formal Complaint Procedures	4.3.1 Is there a university office agency that students can report harassment to?
		4.3.2 When will the complaint be reviewed in relation to when it was filed? (Is there a timeline)
		4.3.3 If an investigation will occur?
		4.3.4 When an investigation will occur?
		4.3.5 When the resolution for complainant and the respondent to the complainant will be reached?
		4.3.6 Does the policy explicitly state how a complainant can start their report process (e.g., written, verbal)?
	4.4 Pre-caution for the Complaint Process	4.4.1 Are there safety precautions put in place to protect the complainant from retaliation?
		4.4.2 Are there procedures put in place to address the concerns of false accusations?
Theme #3 Resolution and Implementation	5. Resolution	5.1 Is the resolution explicitly discussed with both the complainant and respondent to the complaint?
		5.2 Are disciplinary actions outlined to both the victim and accused?
		5.3 Is coordination with law enforcement discussed in the event the case needs to be escalated for the complaint?
		5.4 Is there an opportunity for the perpetrator to contest/appeal the resolution?
		5.5 Reappeal: Is there a process in place for a reappeal/reconsideration clearly outlined for the victim and accused?
	6. Training Process	6.1 Is there a mandatory training module in-person harassment training for all students and to take?
		6.2 Is there a mandatory training module or in-person harassment training for all staff to take?
		6.3 Does the university state how often the harassment training will be provided?
	7. Implementation	7.1 Is there an ombudsperson or ombuds office?
		7.2 Does the university commit to reviewing and revising the policies? (Is there a timeline)

Study objectives

To address the lack of standardized methods of evaluating harassment policies in medical schools in Canada, we aimed to:

1) Establish a standardized rubric for evaluating harassment policies.
2) Evaluate Canadian universities across all major themes to examine strengths and areas for improvement.
3) Compare Canadian universities and the top 10 Quacquarelli Symonds (QS)[a] ranked universities across all major themes in order to examine strengths and areas for improvement.

Methods

Study protocol

We employed an iterative process to develop and refine a protocol for collecting harassment policies from Canadian medical schools, completing three rounds of revision. The first author (HP) initially led the development of the search protocol and rubric, working closely with the fourth author (NL) to conduct preliminary searches and evaluations under the supervision of the senior author (JMH). Throughout this process, the research team refined methods to consistently identify relevant policy documents and ensure reliable policy ratings. The first author and her work continued to guide the project, while the second (BTA) and third (RG) authors took on primary responsibility for protocol refinement and evaluation in subsequent iterations under the supervision of the senior author. In the final iteration, the third author served as lead reviewer, assisted by three additional support reviewers under the joint supervision of the senior and second authors.

For institutions without medical school-specific harassment policies, we included applicable university-wide policies. Inclusion and exclusion guidelines were established to maintain relevance and consistency, with reviewers collecting documents outlining harassment-related rules, definitions, and procedures. Exclusions included external resources, outdated policies, and policies unrelated to harassment or medical students.

For Sherbrooke University, Université de Montréal, and Université Laval, the lead reviewer translated French documents using Google Translate and cross-verified them with a bilingual support reviewer. After individual collections, the lead reviewer ensured alignment with criteria, and all reviewers reached consensus on inclusion. The reviewers had a mean 88.4% agreement rate (*SD* = 5.7%). Persistent disagreements were resolved with the second author as an adjudicator. The final search protocol was executed on March 16, 2023. The inclusion exclusion guidelines and the list of policy documents identified are available upon request.

Rubric organization and policy rating

To compare the anti-harassment policies collected amongst the medical schools, we adapted Wilken and Badenhorst's work and modified it based on the other three key guiding works (i.e., Roehling and Huang's paper; The Royal College's recommendations; and the Government of Canada's workplace harassment directive). The final rubric comprised seven components: (1) Policy Statement, (2) Harassment Definition, (3) Understanding of Harassment, (4) Informal and Formal Complaint Procedures, (5) Resolution, (6) Training Process, and (7) Implementation. We grouped these into three themes: Policy Foundation (components 1–3), Complaint Procedures (component 4), and Resolution and Implementation (components 5–7).

Policies were rated with a score of 0 (content missing/inadequate) or 1 (criteria met). The lead reviewer and a support reviewer initially tested interrater reliability on two universities (McMaster University and University of Calgary), achieving agreement rates of 91.5%, 89%, and 94% with each of the three reviewers. After this calibration, the lead reviewer evaluated all policies, with support reviewers each assessing about a third of the universities. For Université de Sherbrooke, Université de Montréal, and Université Laval, the lead reviewer used Google Translate for scoring, with a bilingual adjudicator confirming accuracy against the original French texts. Final interrater agreement rates were 90.63%, 88.14%, and 81.17%, with discrepancies resolved through consensus or adjudicator input. We summarized our research findings via descriptive statistics to achieve our research objectives.

Results

Due to the Northern Ontario School of Medicine and Johns Hopkins University restricting access to their policy documents, they were excluded in this review. While the University of Toronto appeared in the top 10 of QS ranked universities in the year of our analysis, we analyzed it exclusively within the Canadian cohort for consistency. Ultimately, we reviewed 58 policies from 16 Canadian medical schools and 31 from eight of the top 10 QS ranked universities.[18] The detailed analyses for Canadian and QS ranked universities are available to readers upon request. A direct comparison between the two groups in Table 3.

[a]Quacquarelli Symonds (QS) is a global higher education analytics company that annually publishes the QS World University Rankings, a widely used benchmark for comparing the academic performance and reputation of universities internationally.

Table 3. Percent of anti-harassment policy elements by Canadian and international medical universities in 2023

Themes and Items	Canadian University Average	QS School Average	Delta (CAN – QS)
Theme #1 Policy Foundation			
1. Policy Statement			
1.1 Zero tolerance/not tolerant/ harassment-free statement included	100%	87.50%	12.50%
1.2 Commitment to timely and appropriate response towards harassment	43.75%	50%	-6.25%
1.3 Workplace and learning environment safety, and Confidentiality all mentioned	75%	50%	25.00%
2. Harassment Definition			
2.1 Define harassment	87.50%	75%	12.50%
2.2 Define Sexual harassment	93.75%	87.50%	6.25%
2.3 Different kinds of harassment are included (e.g., personal harassment or workplace harassment)	75%	62.50%	12.50%
2.4 Define discrimination	75%	50%	25.00%
3. Understanding of Harassment			
3.1 Explicitly describes who's applicable for the policy	100%	100%	0.00%
3.2 References to legal definition, (e.g., references the human rights code/government protection act)	100%	100%	0.00%
Theme #2 Complain Procedures			
4. Informal and Formal Complaint Procedures			
4.1 Is there a clear distinction between informal and formal complaint procedures?	56.25%	87.50%	-31.25%
4.2 Informal Complaint Procedures			
4.2.1 Is there a university office agency that students can report harassment to?	69%	87.50%	-18.50%
4.2.2 When the complaint will be reviewed in relation to when the complaint was filed? (Timeline)	6.25%	0%	6.25%
4.2.3 If an investigation will occur?	12.50%	0%	12.50%
4.2.4 When an investigation will occur?	0	0%	0.00%
4.2.5 When the resolution for complainant and the respondent to the complainant will be reached?	12.50%	12.50%	0.00%
4.2.6 Does the policy explicitly state how a complainant can start their report process (i.e. written or verbal report)	37.50%	62.50%	-25.00%
4.3 Formal Complaint Procedures			
4.3.1 Is there a university office agency that students can report harassment to?	93.75%	100%	-6.25%
4.3.2 When will the complaint be reviewed in relation to when it was filed? (Is there a timeline?)	50%	62.50%	-12.50%
4.3.3 If an investigation will occur?	81.25%	100%	-18.75%
4.3.4 When an investigation will occur?	37.50%	62.50%	-25.00%
4.3.5 When the resolution for complainant and the respondent to the complainant will be reached?	37.50%	75%	-37.50%
4.3.6 Does the policy explicitly state how a complainant can start their report process (i.e. written, verbal)?	100%	100%	0.00%
4.4 Pre-cautions for the complaint process			
4.4.1. Are there safety precautions put in place to protect the complainant from retaliation?	93.75%	87.50%	6.25%
4.4.2 Are there procedures put in place to address the concerns of false accusations?	43.75%	37.50%	6.25%
Theme #3 Resolution and Implementation			
5. Resolution			
5.1 Is the resolution explicitly discussed with both the complainant and respondent to the complaint?	56.25%	87.50%	-31.25%
5.2 Are disciplinary actions outlined to both the victim and the accused?	56.25%	62.50%	-6.25%
5.3 Is coordination with law enforcement discussed in the event the case needs to be escalated for the complainant?	31%	75%	-44.00%
5.4 Is there an opportunity for the perpetrator to contest/appeal the resolution?	69%	75%	-6.00%
5.5 Reappeal: Is there a process in place for a reappeal/reconsideration clearly outlined for the victim and the accused?	6.25%	12.50%	-6.25%
6. Training Process			
6.1 Is there a mandatory training module or in-person harassment training for all students and to take?	12.50%	12.50%	0.00%
6.2 Is there a mandatory training module or in-person harassment training for all staff to take?	37.50%	12.50%	25.00%
6.3 Does the university state how often the harassment training will be provided?	0%	0%	0.00%
7. Implementation			
7.1 Is there an ombudsperson or ombuds office?	56.25%	37.50%	18.75%
7.2 Does the university commit to reviewing and revising the policies? (timeline)	68.75%	0%	68.75%
Grade (total 34):	**55.15%**	**56.25%**	**-1.10%**

UBC= University of British Columbia; UA=University of Alberta; UC= University of Calgary; US= University of Saskatchewan; UM=University of Manitoba; UO=University of Ottawa MC=McMaster University; WU= Western University; UT= University of Toronto; QU=Queens University; NO=Northern Ontario University; McG=McGill; SU= University de Sherbrooke; MtU=Montreal University; UL=University of Laval; MU= Memorial University; DU=Dalhousie University.

Objective 1: Establish a standardized rubric for evaluating harassment policies.

Using an iterative, research-informed process, we created a comprehensive rubric designed to assess harassment policies across medical schools. Drawing from established frameworks on policy effectiveness and organizational support, this rubric offers a systematic means to evaluate the accessibility, clarity, and comprehensiveness of institutional policies. By applying this tool, policymakers, educators, and institutional leaders can more readily identify gaps and target areas for improvement, fostering the development of robust, supportive policies that align with both legal standards and educational best practices—especially for institutions seeking to strengthen their anti-harassment initiatives.

Objective 2: Policy analysis of Canadian medical schools: strengths and areas to improve

In Theme 1 (Policy Foundation), Canadian universities showed a high level of policy robustness, with an average score of 83.00% (*SD* = 16.73%). Top performers—University of Ottawa, McMaster University, University of Sherbrooke, University Laval, and University of Manitoba—each achieved 100%. Dalhousie University scored lowest, meeting only 44.44% of the criteria, with weaknesses in Component 2 (Harassment Definition). A notable gap emerged in item 1.2, "Commitment to timely and appropriate response towards harassment," which was met by only 43.75% of universities. Overall, Canadian institutions demonstrated strength in clearly defining and condemning harassment.

For Theme 2 (Informal and Formal Complaint Procedures), policies averaged a score of 48.75% (*SD* = 18.17%). University of Manitoba led with a coverage of 12 out of 15 items, including clear distinctions between informal and formal procedures and anti-retaliation measures. In contrast, seven universities (University of Alberta, University of Calgary, McMaster University, Western University, University of Sherbrooke, University of Montreal, and University Laval) scored below 50%, highlighting this theme as a key area for improvement. Specific gaps were common, with less than half of universities meeting criteria for timeline-related details, such as when complaints and resolutions will be addressed and when investigations will occur. Notably, only 6.25% met item 4.2.2 (timeline for reviewing complaints), while items such as 4.2.4 (when an investigation will occur) scored 0.00%.

Theme 3 (Resolution, Training, and Implementation) had the lowest score across the three themes, with an average of 39.38% (*SD* = 18.79%). Only University of British Columbia (60%) and University Laval (80%) scored above 50%. Many items saw low compliance, with less than half of the universities meeting criteria for items such as 5.3 (coordination with law enforcement, 31.00%) and 5.5 (reappeal process for victims and accused, 6.25%). Mandatory training requirements for students and staff also revealed deficiencies, with only 12.5% of policies addressing student training (item 6.1), 37.5% covering staff training (item 6.2), and none stating how often training would occur (item 6.3). However, there was relative strength in items related to resolution processes and policy review timelines, with 69.00% and 68.75% meeting criteria for items 5.4 and 7.2, respectively. These findings underscore the need for Canadian medical schools to improve in Resolution, Training, and Implementation to ensure comprehensive policy coverage.

Objective 3: Comparison of Canadian Universities and the top 10 QS Ranked Universities

The average overall scores for Canadian universities (55.15%; *SD* = 11.64%) and top QS ranked universities (56.25%; *SD* = 8.67%) were comparable. In Theme 1 (Policy Foundation), Canadian universities averaged 83.33% (*SD* = 16.73%), surpassing top QS ranked universities, which scored 73.61% (*SD* = 13.20%). Notable differences included item 1.3 (workplace and learning environment safety and confidentiality), and item 2.4 (discrimination definition), where Canadian universities scored 75% compared to 50% for QS ranked universities. Canadian universities matched or outperformed QS universities on all but item 1.2 (commitment to timely responses), with Canadian institutions at 43.75% and QS universities at 50%.

For Theme 2 (Complaint Procedures), QS ranked universities outperformed Canadian universities, scoring an average of 58.33% (*SD* = 9.92%) compared to 48.75% (*SD* = 18.17%). The greatest disparity was for item 4.3.5 (resolution timeline for complainant and respondent), with Canadian universities at 37.50% and QS universities at 75.00%. Similar gaps appeared in items 4.2.6 (starting report processes) and 4.3.4 (timelines for investigations), with QS universities scoring 62.5% and Canadian universities 37.5%. Both groups scored low (0–12.5%) across most items in 4.2 (Informal Complaint Procedures).

Theme 3 (Resolution and Implementation) showed the lowest average scores for both groups, with Canadian universities averaging 39.38% (*SD* = 18.79%) and QS ranked universities at 37.50% (*SD* = 19.82%). Within this theme, QS universities demonstrated relative strengths in Component 5 (Resolution), particularly for items 5.3 (coordination with law enforcement) and 5.1 (resolution communication with complainant and respondent), where Canadian universities scored 31.00% and 56.25%, and QS universities scored 75.00% and 87.50%, respectively. Canadian universities outperformed in Component 6 (Training Process) and Component 7 (Implementation), with 68.75% meeting item 7.2 (commitment to policy review), compared to none of the QS universities.

In sum, while Canadian medical schools generally matched their QS ranked counterparts, they lagged in formal complaint and resolution procedures (Components 4.3 and 5). However, Canadian universities led in harassment definitions and implementation efforts (Components 2 and 7).

Discussion

The main objectives of this article were to establish a standardized rubric for evaluating medical schools' harassment policies. We then used this rubric to evaluate and compare Canadian medical universities' harassment policies among themselves and with top international universities to identify strengths, weaknesses, and areas for improvement. Our results demonstrate the merit of systematically collecting and analyzing policy documents to identify areas that need improvement. Specifically, our analyses have identified that while both Canadian and top QS ranked medical schools fare relatively well concerning policy foundations (theme 1), they have room for improvements concerning complaint procedures (theme 2), as well as the resolution and implementations of complaints (theme 3). Our analysis further revealed how Canadian and top QS ranked universities both have strengths in certain components and can learn from each other in other areas where they are weak.

Difficulties in committing to a timeline

Our results highlighted that policy items relevant to the university committing to a timeline in addressing harassment was a challenge for both Canadian and top QS-ranked universities. Even for Theme 1 (Policy Foundation), where Canadian universities achieved a score of 88.89%, the score for item 1.2 (Commitment to timely and appropriate response towards harassment) was only 43.75%. The QS ranked universities had a similar score for this item (50%) highlighting item 1.2 as a challenge for majority of medical schools worldwide.

The difficulties of committing to a timeline were especially highlighted for theme 2 (Complain Procedures). Amongst the theme 2 components, both Canadian and top QS ranked universities barely satisfied any criteria relating to temporal aspects, especially for component 4.2, Informal Complaint Procedures. Items 4.2.2, 4.2.4, 4.2.5, deal with when an investigation will occur, and the timeline for the complaint being reviewed and the resolution being formed—the average Canadian or top QS ranked universities had scores raining from 0.00% to 12.50% for all of these items. We noted how the top QS ranked universities seemed to have better scores for items concerning timeline for *formal* complaint procedures, with similar policy items (4.3.2, 4.3.4, 4.3.5) ranging from 62.50% to 75.00%. Canadian universities also had better scores for these items, but to a lesser extent, with scores ranging from 37.50% and 50.00% for these items.

Items from theme #3 (Resolution and Implementation) echoed the challenges universities had committing to a timeline. While Canadian universities' average for providing a timeline for when the policies will be revised was relatively high (item 7.2; 68.75%), none of the universities provided details on how often harassment training will be provided (item 6.3). The QS ranked universities scored 0.00% for both items.

While Roehling and Huang's framework[14] does not directly mention the need for specific timelines, it emphasizes the importance of prompt action in addressing and correcting incidents of sexual harassment as part of legal and organizational best practices. The framework highlights that effective sexual harassment training and response mechanisms should aim to prevent harassment and enable organizations to respond quickly to complaints, underscoring the importance of establishing clear timelines to ensure timely and consistent resolution, a challenge documented in both Canadian and QS-ranked universities.

Weak informal complaint procedures

The lack of timelines was a major contribution to weak scores for component 4.2 (Informal Complaint Procedures), the general weak scores of 22.92% for Canadian universities and 27.08% for QS ranked universities. Notably, concerning whether an investigation will occur (item 4.2.3), the scores for Canadian universities was 12.50%, while the score for QS ranked universities was 0.00%. Combined with a lack of timeline, the lack of specificity can create uncertainty for trainees, potentially

deterring them from reporting incidents due to fears that their complaints will not be addressed promptly or effectively.

These findings align with concerns raised in previous studies, where medical trainees often refrain from reporting harassment due to perceptions that it would be a waste of time or that nothing would change.[10] The absence of clear, accessible, and detailed complaint procedures may contribute to this perception. According to Roehling and Huang's framework,[14] organizational context and policies significantly influence trainees' reporting behaviours. Therefore, improving the clarity and comprehensiveness of complaint procedures may be crucial for encouraging reporting and ultimately reducing the prevalence of harassment.

Need for stronger resolution and implementations

With 39.38% and 37.50% scores respectively, both the Canadian and QS medical universities had the lowest scores for theme 3 (Resolution and Implementation). Canadian universities relative to their international peers, can improve clarifying the resolution to *both* the complainant and respondent (item 5.1), as well as clarify the coordination with law enforcement when need be (item 5.3). Both Canadian and QS universities can also work towards creating a clear process for reappeals for both the victim and the accused (item 5.5), especially given how the scores for this item were 6.25% and 12.50% for Canadian and QS ranked universities respectively.

Further, a critical step towards reducing harassment is providing education and guidelines for medical trainees to access. Medical trainees learn and model the professional behaviour of senior physicians and staff, and thus training at the senior level is also critical to ensure that a cycle of abuse and mistreatment does not continue. While most medical schools likely have various training programs available, relatively few universities' policies explicitly mentioned *mandatory* training available for students (item 6.1) and staff (item 6.2); the scores ranged from 12.50% to 37.50% for these two items across both Canadian and QS ranked universities. We also found that none of the universities stated how often such harassment training will be provided (item 6.3). Ensuring that harassment training is provided to all students and staff affirms that stopping harassment is a collective organizational effort, as well as demonstrating the institution's commitment to a harassment-free environment.[19] Additionally, it is important to recognize the role that systemic oppression, including individuals' demographics and minority status, including sex, gender, race, Indigenous status, and LGBTQ2S+, contribute to minoritized individuals receiving disproportionally high amounts of harassment and encourage universities to address this important issue.[4,20-22]

Most Canadian universities mentioned an ombudsperson or ombuds office (item 7.1; 56.25%), in addition to providing a timeline on how the university will commit to revising their policies (item 7.2; 68.75%). This was a relative strength to the QS ranked universities, where notably no university met the criteria for revising policies. Despite the Canadian medical schools' strengths, the Resident Doctors of Canada has recently found that only a little over 10% of medical residents accessed and used their institution's policies and resources to report harassment.[65] It is therefore clear that there is considerable room for improvement in ensuring that these policies are current, accessible and that harassment training is provided to all students and staff.

Limitations and future directions

One major limitation of this study was the chance our reviewers could have missed policy documents due to universities hosting the policies on multiple webpages. Additionally, our analysis focused on universities based in North America and Europe, as schools outside these regions were not part of the top 10 QS ranking, limiting the comparison of policies internationally. Further, a design weakness of this study is the assignment of a nominal rating system, meaning either a score of 1 for the element being present or a score of 0 for the element not being present. Although this was useful for our purposes, some nuances may be missed with a binary rating system. For example, two universities may both include a zero-tolerance policy statement, but these statements might not be equally helpful or accessible. Our analysis did not involve directly contacting the universities and instead relied on independent search strategies to locate all of the harassment policies. Therefore, policies could have been missed based on external accessibility issues. Finally, our search for policies took place between March 22 to 28, 2023. It is possible some university's policies may have or may soon change.

When considering the findings from this policy evaluation, two critical areas of future policy development include more distinct definitions of harassment and clarifying reporting guidelines. For example, at the time of this writing, McGill University has a website offered by the Office for Mediation and Reporting, where they offer clear definitions for harassment, discrimination, and sexual

violence.[25] While this website delivers relevant content and policies in one location and hence reduces barriers to finding and reporting harassment events,[23] it still misses some key terms we have identified in our review, such as workplace harassment and personal harassment. In the future, other Canadian institutions could draw on this website as a model to create a more accessible, single resource for students and trainees, but also strive to include more distinct definitions and clear reporting procedures to help students feel supported and empowered to report harassment.

A future direction could be a pilot study, where multiple Canadian medical university harassment policy development teams use these criteria to assess their current policies. If they can replicate our findings and utilize these criteria effectively to highlight areas of strengths and weakness, this could further serve as support for the applicability of this tool. A future follow-up study could provide the criteria to university policymakers and student representatives, such as an ombudsperson, to examine potential differences between their ratings on the policies.

Further, we hope that Canadian medical universities can use the adapted criteria proposed in this study as a tool to evaluate their policies to ensure they are comprehensive and accessible to medical trainees. For example, structural factors (e.g., lack of policies) may contribute to historical marginalized medical trainees' experiences of harassment and psychological safety.[20,23–25] One common reason minority trainees may not report harassment is that they perceive the reporting to be ineffective.[9] Our findings across Canadian medical universities and top international universities, such as differences across informal complaint procedures, illustrate the need for a standardized evaluation system. We hope that the proposed evaluation criteria can be applied to future comparisons with universities worldwide to help inform Canadian as well as international medical universities harassment policy development moving forward.

Conclusion

This policy review has identified significant gaps and areas for improvement in the harassment policies of Canadian medical schools relative to international counterparts, particularly within themes related to complaint procedures, resolution, and implementation. Both Canadian and high-QS-ranked medical universities exhibit strengths in foundational policy areas but struggle with clearly defined timelines and accessible complaint processes, which can undermine the effectiveness of harassment reporting and response mechanisms. While The Resident Doctors of Canada and The Royal College of Physicians and Surgeons of Canada have proposed criteria to help improve harassment reporting procedures across Canada,[16,19,26] our proposed rubric helps address the need for standardized criteria to evaluate and improve the clarity, accessibility, and comprehensiveness of these policies. By applying this rubric, Canadian medical universities and potentially other institutions worldwide can enhance policy robustness, enabling a safer and more supportive training environment. Future policy development efforts should prioritize clear reporting procedures, timeline commitments, and regular training, all aimed at empowering trainees and fostering a psychologically safe organizational culture.

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