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Research Article

Women Grievance Redressal Committee in Medical Education

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ABSTRACT

Background: Medical education demands an environment that promotes equality, dignity, mutual respect, and professional well-being. Women students, interns, residents, faculty members, nurses, and other healthcare professionals constitute a substantial proportion of the medical workforce and contribute significantly to healthcare delivery, education, and research. However, gender discrimination, sexual harassment, workplace bullying, verbal abuse, cyber harassment, and unequal opportunities continue to affect women in academic and healthcare institutions worldwide. Such incidents adversely influence mental health, academic performance, professional development, job satisfaction, and patient care. Recognizing these concerns, India enacted the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH Act), which mandates the establishment of Internal Complaints Committees (ICCs) in all workplaces, including medical institutions. The National Medical Commission (NMC), University Grants Commission (UGC), and other regulatory bodies have further emphasized the importance of institutional mechanisms for preventing gender-based discrimination and ensuring safe educational environments.

Objective: To review the role of Women Grievance Redressal Committees (Internal Complaints Committees) in medical education, discuss the legal and regulatory framework governing women's safety, and highlight strategies for promoting gender equality, dignity, and professional well-being in medical institutions.

Methods: A narrative review was conducted using peer-reviewed literature published between 2021 and 2026 together with statutory provisions under the POSH Act, 2013, recent University Grants Commission (UGC) regulations, National Medical Commission (NMC) directives, World Health Organization (WHO) recommendations, and United Nations (UN Women) policy documents. Publications related to workplace harassment, gender equity, medical professionalism, institutional governance, and higher education were critically reviewed.

Results: Women Grievance Redressal Committees play a pivotal role in preventing sexual harassment, addressing complaints confidentially, promoting gender-sensitive institutional policies, and fostering safe learning and working environments. Effective implementation of preventive education, awareness programmes, institutional accountability, transparent grievance mechanisms, and timely redressal significantly improves women's safety, psychological well-being, professional confidence, and academic productivity. Leadership commitment, faculty sensitization, and continuous monitoring further strengthen institutional compliance with legal and ethical standards.

Conclusion: Women Grievance Redressal Committees represent an essential component of good institutional governance in medical education. Strengthening grievance redressal mechanisms, promoting gender equality, and fostering respectful institutional culture are fundamental to ensuring safe, inclusive, and professionally supportive medical institutions. Such initiatives not only protect women's rights but also enhance educational quality, workplace harmony, and patient care.

Keywords: Women Grievance Redressal Committee, Internal Complaints Committee, Medical Education, Posh Act, Gender Equality, Sexual Harassment, Professionalism, Workplace Safety, Medical Institutions, Women's Well-Being.

INTRODUCTION

Medical institutions are expected to uphold the highest standards of professionalism, ethics, equality, and human dignity. As centres of education, research, and healthcare delivery, they must provide an environment where students, residents, faculty members, nurses, and healthcare professionals can work and learn without fear of discrimination, harassment, intimidation, or gender-based violence (1). Among these responsibilities, ensuring the safety and well-being of women has emerged as a critical institutional priority.

Women now constitute a substantial proportion of undergraduate medical students, postgraduate residents, faculty members, researchers, and healthcare professionals across India and globally. Their increasing participation has significantly strengthened healthcare delivery, medical education, leadership, and scientific research. Nevertheless, numerous studies continue to report incidents of sexual harassment, gender discrimination, workplace bullying, verbal abuse, cyber harassment, unequal career opportunities, and hostile work environments within healthcare institutions (2). Such experiences adversely affect academic performance, psychological health, professional confidence, career progression, and patient care.

The consequences of workplace harassment extend beyond individual victims. Institutions experiencing unresolved gender-related grievances frequently demonstrate reduced employee satisfaction, lower productivity, increased absenteeism, impaired teamwork, higher staff turnover, and diminished institutional reputation (3). Conversely, organizations promoting gender equality, respectful communication, transparent grievance mechanisms, and inclusive leadership report higher employee engagement, improved educational outcomes, and better healthcare quality.

Recognizing these concerns, the Government of India enacted the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, commonly known as the POSH Act, which legally mandates every educational institution and workplace employing ten or more individuals to establish an Internal Complaints Committee (ICC) for addressing complaints of sexual harassment (4). In higher education, including medical colleges, the University Grants Commission (UGC) has issued regulations requiring institutions to develop comprehensive mechanisms for prevention, prohibition, and redressal of gender-based harassment (5). The National Medical Commission (NMC) has similarly emphasized institutional responsibility toward maintaining professional conduct, ethical behaviour, and safe educational environments, including the reconstitution and effective functioning of Internal Complaints Committees (6).

Medical education presents unique challenges because students and healthcare professionals interact closely within classrooms, laboratories, hostels, hospitals, outpatient departments, operation theatres, emergency services, and community settings. Hierarchical relationships between students, residents, faculty members, and administrators may sometimes discourage reporting of inappropriate behaviour. Therefore, accessible, confidential, impartial, and time-bound grievance redressal systems are essential for protecting women's rights while maintaining institutional integrity (7).

This review examines the role of Women Grievance Redressal Committees in medical education, traces the evolution of women's safety initiatives, discusses the legal and regulatory framework governing institutional responsibilities, and highlights the importance of creating gender-sensitive medical institutions that promote dignity, equality, and professional well-being.

Women Grievance Redressal in Medical Education

Women Grievance Redressal refers to the systematic institutional mechanism established to receive, investigate, resolve, and prevent complaints related to sexual harassment,

gender discrimination, workplace bullying, victimization, and other forms of gender-based misconduct within educational institutions (8). In medical education, such mechanisms are indispensable because of the close interpersonal interactions that occur during academic instruction, clinical training, research, and healthcare delivery.

A safe educational environment is fundamental to learning. Medical students, interns, postgraduate residents, faculty members, nurses, and allied healthcare professionals spend prolonged periods within classrooms, laboratories, hospitals, hostels, and clinical departments. The demanding nature of medical education, combined with hierarchical supervision and clinical responsibilities, makes robust grievance redressal mechanisms particularly important (9).

Women Grievance Redressal Committees function not merely as complaint-handling bodies but also as preventive, educational, and advisory organizations. They encourage early reporting of grievances, ensure confidentiality, protect complainants from retaliation, facilitate fair inquiry procedures, recommend corrective actions, and promote institutional awareness regarding gender sensitivity (10). Such committees contribute significantly to developing respectful institutional culture, professional behaviour, and ethical leadership.

Medical institutions also have a responsibility to cultivate zero tolerance toward sexual harassment and discrimination. Preventive strategies including orientation programmes, faculty development workshops, awareness campaigns, online reporting systems, confidential counselling, mentorship programmes, and periodic policy review reduce the likelihood of workplace misconduct while strengthening institutional accountability (11).

An effective grievance redressal mechanism therefore protects not only individual rights but also institutional credibility, educational excellence, and the quality of healthcare delivered to society.

Evolution of Women's Safety and Gender Equality in Medical Institutions

The movement toward gender equality in higher education has evolved considerably over the past several decades. Historically, women entering medical education frequently encountered restricted educational opportunities, limited leadership roles, gender stereotypes, unequal remuneration, and workplace discrimination (12). Progressive legal reforms, educational policies, and international advocacy have gradually transformed institutional attitudes toward gender equity.

International organizations such as the United Nations**,** UN Women, and the World Health Organization (WHO) have consistently advocated equal educational opportunities, elimination of workplace violence, gender-responsive institutional policies, and women's leadership in healthcare (13). These initiatives recognize gender equality as both a human rights issue and an essential determinant of healthcare quality and sustainable development.

Within India, significant progress has occurred through constitutional guarantees of equality, judicial interpretations, enactment of the POSH Act, UGC regulations, and institutional policy reforms. Medical colleges increasingly recognize that women's safety extends beyond legal compliance and requires proactive institutional commitment toward dignity, inclusion, mutual respect, and professional well-being (14).

The COVID-19 pandemic further highlighted the indispensable role of women healthcare professionals while simultaneously exposing challenges related to workplace stress, violence, psychological well-being, work-life balance, and occupational safety (15). Consequently, contemporary medical institutions increasingly emphasize holistic approaches encompassing grievance redressal, mental health support, leadership development, mentorship, flexible working environments, and gender-sensitive organizational culture.

Today, gender equality is recognized as an indicator of institutional excellence. Medical colleges promoting women's safety, equitable opportunities, and respectful workplace culture are better positioned to attract talented students and faculty, enhance research productivity, strengthen patient trust, and deliver high-quality healthcare.

Legal and Regulatory Framework (POSH Act 2013, UGC Guidelines, NMC Guidelines)

The legal framework governing women's safety in Indian medical institutions is founded upon constitutional guarantees of equality, dignity, and non-discrimination, supplemented by statutory and regulatory provisions specifically addressing workplace harassment.

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH Act) constitutes the

principal legislation addressing sexual harassment in workplaces, including educational institutions (16). The Act defines sexual harassment broadly to include unwelcome physical contact, sexually coloured remarks, demands for sexual favours, displaying sexually explicit material, and any unwelcome conduct creating an intimidating, hostile, or offensive work environment. It mandates every institution employing ten or more persons to establish an Internal Complaints Committee (ICC) responsible for receiving complaints, conducting impartial inquiries, maintaining confidentiality, and recommending appropriate action.

The University Grants Commission (UGC) has issued regulations requiring higher educational institutions to establish institutional mechanisms for prevention, prohibition, and redressal of sexual harassment, conduct regular awareness programmes, ensure gender sensitization, and promote safe campus environments (10). These regulations complement the POSH Act by emphasizing preventive education and institutional accountability.

The National Medical Commission (NMC) similarly requires medical colleges to maintain professional, ethical, and safe educational environments consistent with the objectives of Competency-Based Medical Education. Recent NMC administrative directions have reinforced the importance of properly constituted Internal Complaints Committees and compliance with statutory requirements (17).

Collectively, these legislative and regulatory frameworks establish clear institutional obligations to prevent gender-based harassment, protect complainants, ensure fair inquiry procedures, and foster educational environments founded upon dignity, equality, justice, and professional respect. Their effective implementation remains essential for promoting safe and inclusive medical education.

Women Grievance Redressal Committee (Internal Complaints Committee)

The Women Grievance Redressal Committee, commonly known as the Internal Complaints Committee (ICC) under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH Act), is the principal institutional body responsible for preventing, prohibiting, and addressing complaints of sexual harassment in educational institutions and workplaces (18). In medical colleges, the committee plays a vital role in safeguarding the dignity, equality, safety, and professional well-being of women students, interns, postgraduate residents, faculty members, nursing staff, researchers, administrative personnel, and other employees. Unlike a disciplinary committee that primarily focuses on punitive action, the Women Grievance Redressal Committee functions as a preventive, educational, advisory, and quasi-judicial body. Its objectives include creating a safe academic and professional environment, ensuring confidential grievance redressal, promoting gender-sensitive institutional culture, and preventing discrimination and harassment (19).

Medical institutions present unique challenges because teaching, research, patient care, and clinical training occur within hospitals, laboratories, hostels, outpatient departments, operation theatres, emergency services, community health centres, and residential campuses. The hierarchical relationship between undergraduate students, interns, postgraduate residents, faculty members, consultants, and administrators may discourage reporting of inappropriate behaviour due to fear of academic or professional consequences. Consequently, the Internal Complaints Committee must function independently, transparently, impartially, and confidentially to maintain confidence among complainants and respondents (20).

Beyond complaint resolution, the committee actively promotes institutional policies that encourage respect, professionalism, equality, and ethical conduct. Regular interaction with students and employees, awareness campaigns, confidential counselling services, policy dissemination, and collaboration with institutional leadership contribute to establishing an inclusive educational environment where every individual feels safe, respected, and valued.

Constitution, Functions and Responsibilities

The POSH Act, 2013 prescribes the constitution of the Internal Complaints Committee for every institution employing ten or more individuals (9). The committee should be constituted through a formal institutional order and comprise:

1. A Presiding Officer, who shall be a senior woman employee.
2. At least two employee members committed to women's welfare or possessing

experience in social work, legal knowledge, or gender issues.
3. One external member from a non-governmental organization or association committed to women's rights or with expertise in matters relating to sexual harassment.
4. At least 50% of the members should be women (10).

The committee's composition ensures independence, diversity of perspectives, legal competence, and credibility while minimizing institutional bias.

The primary responsibilities of the committee include receiving complaints, conducting preliminary assessments, facilitating conciliation where legally permissible (excluding monetary settlement), undertaking fair inquiries, recommending appropriate disciplinary action, protecting confidentiality, preventing retaliation against complainants, and monitoring implementation of recommendations (9).

Equally important are preventive responsibilities. The committee should periodically organize orientation programmes, seminars, workshops, awareness campaigns, faculty development programmes, and online learning modules to educate students and employees regarding institutional policies, gender equality, respectful workplace behaviour, professional ethics, cyber safety, and legal rights (11).

The committee should maintain confidential records, submit annual reports to institutional authorities and appropriate regulatory bodies as required, review institutional policies periodically, and recommend improvements based on observed trends and emerging challenges. Anonymous climate surveys, campus safety audits, and policy reviews further strengthen institutional governance and preventive strategies.

Medical institutions should ensure that committee members receive regular training in legal provisions, inquiry procedures, trauma-informed interviewing, documentation, confidentiality, natural justice, and conflict resolution to improve the quality and fairness of grievance redressal.

Complaint Redressal Mechanism

An effective grievance redressal mechanism is fundamental to maintaining trust in institutional governance. The complaint handling process should be transparent, accessible, impartial, confidential, time-bound, and consistent with the principles of natural justice (7).

Medical colleges should establish multiple reporting channels, including written complaints, secure institutional email, confidential online reporting portals, designated grievance officers, and direct submission to the Internal Complaints Committee. Information regarding reporting procedures should be prominently displayed in academic buildings, hospitals, hostels, libraries, laboratories, and institutional websites.

Upon receiving a complaint, the committee conducts a preliminary review to determine jurisdiction and admissibility under the POSH Act. Where appropriate and requested by the complainant, conciliation may be attempted without involving monetary settlement (9). If conciliation is unsuccessful or inappropriate, a formal inquiry is initiated.

The inquiry process should provide equal opportunity to both complainant and respondent to present evidence, identify witnesses, and respond to allegations while maintaining strict confidentiality. Proceedings should be conducted respectfully, avoiding unnecessary delays or secondary victimization. Institutional authorities should provide interim protective measures where necessary, including changes in reporting relationships, academic supervision, hostel accommodation, or clinical postings, without adversely affecting the complainant's academic progress or employment.

Following completion of the inquiry, the committee submits its findings and recommendations to the competent institutional authority for implementation within the prescribed statutory timeframe (9). Recommended actions may include counselling, written apology, warning, mandatory training, disciplinary proceedings, suspension, termination, or other measures consistent with institutional regulations and applicable law.

Confidentiality is essential throughout the process. Disclosure of the identities of complainants, respondents, witnesses, committee proceedings, or inquiry findings should be strictly prohibited except where legally required. Institutions should also ensure that complainants are protected from retaliation, intimidation, academic disadvantage, or professional discrimination following complaint submission.

Role of Medical Colleges in Prevention of Sexual Harassment

Prevention remains considerably more effective than grievance resolution. Medical colleges therefore have a proactive responsibility to cultivate institutional cultures characterized by dignity, mutual respect, equality, professionalism, and zero tolerance toward sexual harassment (2).

Institutional leadership should clearly communicate policies prohibiting sexual harassment and ensure their widespread dissemination among students, faculty, healthcare professionals, administrative staff, contractual employees, patients, and visitors. Institutional codes of conduct should explicitly define acceptable professional behaviour, reporting procedures, disciplinary consequences, and mechanisms for protecting complainants.

Regular orientation programmes for newly admitted students, interns, postgraduate residents, and newly appointed employees should include sessions on gender equality, respectful communication, professional boundaries, digital professionalism, cyber harassment, bystander intervention, and grievance reporting procedures.

Medical colleges should periodically conduct campus safety audits assessing hostel security, transportation facilities, lighting, surveillance systems, emergency communication mechanisms, and workplace safety. Anonymous institutional climate surveys help identify emerging concerns while enabling evidence-based policy improvements.

Departments of Anatomy, Physiology, Biochemistry, clinical disciplines, nursing, and allied health sciences should integrate professionalism, ethics, gender sensitivity, communication skills, and respectful workplace behaviour into undergraduate and postgraduate teaching. Such integration aligns with Competency-Based Medical Education and contributes to professional identity formation (21).

Institutional collaboration with psychologists, legal experts, women's organizations, police authorities, and civil society organizations further strengthens preventive programmes and enhances awareness regarding women's rights and institutional support mechanisms.

Gender Sensitization Programmes

Gender sensitization is a continuous educational process that promotes understanding of gender equality, mutual respect, inclusivity, diversity, professional ethics, and respectful interpersonal behaviour. Rather than merely informing participants about legal provisions, sensitization programmes aim to transform institutional attitudes and organizational culture (3).

Medical colleges should organize regular workshops, seminars, panel discussions, continuing medical education (CME) programmes, guest lectures, role-play sessions, theatre-based learning, simulation exercises, poster competitions, and awareness campaigns addressing gender equity, sexual harassment prevention, unconscious bias, inclusive leadership, workplace communication, and digital professionalism.

Competency-Based Medical Education provides opportunities to integrate gender sensitivity within the Attitude, Ethics and Communication (AETCOM) curriculum. Clinical case discussions, reflective writing, simulated patient encounters, and professionalism modules enable students to appreciate ethical responsibilities while developing empathy and respectful communication.

Faculty development programmes should emphasize gender-inclusive teaching practices, equitable supervision, conflict management, mentorship, prevention of unconscious bias, and effective handling of sensitive situations involving students and colleagues.

Student-led initiatives—including peer education programmes, gender equality clubs, mentorship networks, women's leadership forums, and community outreach activities—encourage active participation in promoting respectful campus culture.

Continuous monitoring, participant feedback, pre- and post-training assessments, and periodic institutional evaluation ensure that gender sensitization programmes remain effective, relevant, and responsive to evolving institutional needs (22).

Table 1. Composition and Responsibilities of the Internal Complaints Committee

No.	Component	Description
1.	Presiding Officer	Senior woman employee of the institution
2.	Internal Members	Faculty/staff with experience in women's welfare, legal knowledge, or social work

3.	External Member	Representative from NGO or person experienced in women's rights or legal issues
4.	Female Representation	Minimum 50% of committee members
5.	Primary Functions	Prevention, prohibition, inquiry, grievance redressal, awareness, policy implementation
6.	Key Responsibilities	Complaint inquiry, confidentiality, recommendations, annual reporting, awareness programmes

Table 2. Preventive Measures for Women's Safety in Medical Institutions

No.	Domain	Institutional Measures
1.	Policy	Comprehensive anti-sexual harassment policy
2.	Awareness	Orientation programmes and workshops
3.	Education	Gender sensitization and AETCOM integration
4.	Reporting	Confidential online and offline complaint mechanisms
5.	Infrastructure	Safe hostels, CCTV, campus lighting, emergency helplines
6.	Counselling	Psychological support and legal guidance
7.	Faculty Development	POSH training and gender-sensitive teaching
8.	Monitoring	Safety audits, feedback systems, annual review

Challenges

Despite comprehensive legal provisions and institutional policies, the effective implementation of Women Grievance Redressal Committees (Internal Complaints Committees) in medical institutions continues to face several organizational, administrative, educational, and cultural challenges (4).

One of the major challenges is underreporting of complaints. Many women hesitate to report incidents of sexual harassment because of fear of retaliation, academic disadvantage, damage to professional reputation, social stigma, or lack of confidence in institutional inquiry mechanisms (3). In medical colleges, hierarchical relationships between undergraduate students, interns, postgraduate residents, faculty members, and administrators may further discourage reporting.

Maintaining confidentiality throughout the inquiry process is another critical challenge. Unauthorized disclosure of complaints, witness identities, or inquiry proceedings may adversely affect the psychological well-being of complainants and compromise institutional credibility (23).

Inadequate awareness regarding the POSH Act and institutional policies also limits the effectiveness of grievance redressal mechanisms. Students, residents, contractual employees, hospital staff, and support personnel may remain unfamiliar with complaint procedures, legal protections, and available institutional support services (11).

Variability in the constitution and functioning of Internal Complaints Committees across institutions further affects consistency in grievance handling. Committee members may require regular training in legal provisions, inquiry procedures, trauma-informed communication, conflict resolution, documentation, and principles of natural justice to ensure impartial and efficient investigations (9).

The rapid expansion of digital communication and social media has introduced new forms of misconduct including cyber harassment, online stalking, inappropriate messaging, non-consensual sharing of digital content, and virtual workplace harassment. These evolving challenges require institutional policies that extend beyond conventional workplace interactions and incorporate digital professionalism and cybersecurity awareness (24).

Furthermore, increasing academic workload, clinical responsibilities, and administrative pressures may reduce opportunities for continuous awareness programmes and faculty participation. Sustained institutional leadership, adequate financial resources, periodic monitoring, and independent evaluation therefore remain essential for ensuring long-term effectiveness of Women Grievance Redressal Committees.

Future Perspectives

Future medical institutions should adopt a proactive, preventive, and technology-enabled approach toward women's safety rather than relying solely on grievance resolution. Institutional policies should promote a culture of dignity, equality, inclusiveness, transparency, and zero tolerance toward sexual harassment (2).

The National Medical Commission's Competency-Based Medical Education (CBME) curriculum provides an excellent opportunity to integrate gender sensitivity, professionalism, ethics, communication skills, and respectful workplace behaviour throughout undergraduate and postgraduate medical education (11). The AETCOM (Attitude, Ethics and Communication) modules can be further strengthened by incorporating structured discussions on gender equity, workplace behaviour, unconscious bias, bystander intervention, digital professionalism, and legal responsibilities.

Medical colleges should implement digital grievance management systems that allow secure online complaint submission, confidential case tracking, automated documentation, and timely communication while preserving confidentiality. Artificial intelligence-assisted analytics may help institutions identify recurring institutional risks, monitor complaint trends, and strengthen preventive interventions without compromising privacy.

Regular gender sensitization programmes, mandatory orientation sessions, continuing medical education (CME), faculty development programmes, simulation-based training, and peer-led awareness initiatives should become integral components of institutional quality assurance (25).

Institutions should also strengthen psychological counselling services, legal assistance, mentorship programmes, employee assistance programmes, and rehabilitation support for complainants. Such multidisciplinary support facilitates recovery while minimizing academic or professional disruption.

Future accreditation standards may increasingly incorporate measurable indicators such as POSH compliance, grievance redressal efficiency, campus safety audits, faculty training, institutional climate surveys, and women's representation in leadership positions. These indicators would encourage continuous institutional improvement and accountability.

Ultimately, creating a gender-responsive medical institution requires sustained leadership commitment, transparent governance, effective Internal Complaints Committees, evidence-based policies, continuous education, and active participation from students, faculty, healthcare professionals, and administrators. Such institutions will foster safe, respectful, and inclusive environments that support academic excellence, professional development, and quality healthcare (26).

Table 3. Challenges and Future Strategies for Women Grievance Redressal in Medical Institutions

No.	Challenge	Impact	Recommended Strategy
1.	Underreporting of complaints	Delayed justice and continued misconduct	Confidential reporting systems and victim protection
2.	Fear of retaliation	Reduced reporting and psychological stress	Anti-retaliation policy and institutional support
3.	Limited awareness of POSH provisions	Poor utilization of grievance mechanisms	Regular awareness campaigns and orientation programmes
4.	Inconsistent functioning of ICC	Delayed or variable grievance resolution	Standard operating procedures and periodic training
5.	Cyber harassment	Emerging digital safety concerns	Digital professionalism policy and cybersecurity education
6.	Inadequate counselling support	Mental health consequences	Professional counselling and legal assistance
7.	Insufficient faculty training	Inconsistent implementation of policies	Mandatory faculty development programmes
8.	Limited institutional monitoring	Weak policy enforcement	Annual audits, climate surveys, and continuous quality improvement

CONCLUSION

Women Grievance Redressal Committees, functioning as Internal Complaints Committees (ICCs) under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, constitute an indispensable pillar of institutional governance in medical education. Their role extends beyond grievance resolution to encompass prevention, awareness, policy implementation, gender sensitization, counselling, institutional

accountability, and promotion of professional ethics.

Medical institutions occupy a unique position because they combine higher education, clinical training, biomedical research, and healthcare delivery within a single organizational framework. Consequently, ensuring a safe, respectful, and gender-equitable environment is fundamental not only for protecting women's rights but also for maintaining educational excellence, professional integrity, patient safety, and public trust.

The implementation of Competency-Based Medical Education (CBME) further reinforces the importance of professionalism, communication, ethics, and respectful workplace behaviour. Integrating gender equality and prevention of sexual harassment within the AETCOM curriculum enables future healthcare professionals to develop empathy, ethical reasoning, leadership, and professional responsibility alongside clinical competence.

Recent initiatives by the National Medical Commission and the University Grants Commission emphasize that every medical institution should maintain a properly constituted Internal Complaints Committee, conduct regular awareness programmes, ensure timely grievance redressal, and periodically review institutional policies for compliance with the POSH Act. Continued institutional commitment, faculty training, leadership support, confidential reporting mechanisms, and digital grievance management systems will further strengthen women's safety and organizational transparency.

Ultimately, a truly inclusive medical institution is one in which every woman—whether student, intern, resident, faculty member, researcher, nurse, or healthcare worker—can pursue education and professional responsibilities with dignity, equality, security, and confidence. Strengthening Women Grievance Redressal Committees through evidence-based policies, continuous education, and transparent governance will contribute to healthier academic environments, enhanced institutional credibility, improved healthcare delivery, and sustainable professional well-being.

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