

# **Undermining and Bullying in Surgical Training**

*A consensus statement of the Council of the*



May 2013



35-43 Lincoln's Inn Fields, London, WC2A 3PE, UK

**Telephone:** 0207 973 0301

**Fax:** 0207 430 9235

**Web:** [www.asit.org](http://www.asit.org)

**Twitter:** @ASiTofficial

**Email:** [president@asit.org](mailto:president@asit.org)

**Authors:**

Mr Henry Ferguson (ASiT Vice-President)

Mr Frank McDermott (South West Peninsula Representative)

Mr Andrew Beamish (ASiT President)

Mr Steve Hornby (Immediate ASiT Past-President)

*Written On behalf of the ASiT Executive and Council*

## Foreword

*As professionals, surgical trainees have a right to feel valued and safe in the workplace. There is evidence from the General Medical Council's Trainee Survey that the generality of surgery is an outlier in the area of undermining and bullying, with excess rates reported.*

*The objective of this statement is to clarify the position of The Association of Surgeons in Training (ASiT) on the monitoring and reporting of undermining and bullying, as well as the actions we would expect from Deaneries and Employers in instances where it is raised.*

## About ASiT

*ASiT is a professional body and registered charity working to promote excellence in surgical training for the benefit of junior doctors and patients alike. With a membership of over 2,300 surgical trainees from all 10 surgical specialities, the association provides support at both regional and national levels throughout the United Kingdom and Republic of Ireland. Originally founded in 1976, ASiT is independent of the National Health Service (NHS), Surgical Royal Colleges, and specialty associations. Governed by an elected Executive and Council, the association is run by trainees for trainees.*

## Background

*Undermining occurs when one practitioner intentionally aims to erode another practitioner's reputation or intentionally seeks to turn others against them.*

*Bullying includes but is not limited to<sup>(1)</sup>:*

- *Aggression, including threats, shouting abuse and obscenities and shouting at people to get work done.*
- *Persistent humiliation, ridicule or criticism in front of patients, colleagues or alone.*
- *Engaging in malicious rumours.*
- *Unjustifiably changing areas of responsibility and relegating people to demeaning and inappropriate tasks.*
- *Deliberately excluding an individual from discussions or decisions.*
- *Aggressive communication in any form, including electronic communication.*

*In the General Medical Council's (GMC) training survey 2012, multiple training levels within multiple surgical specialties were flagged as outliers for the presence of regular undermining and bullying in the workplace<sup>(2)</sup>*

*The GMC has made the decision to remove the questions surrounding undermining and bullying from the 2013 Trainee Survey online reporting tool, citing that it was felt the results could be*

*misleading. The GMC plans to publish analysed results in Autumn 2013 and highlighted its commitment to sharing anonymised responses with appropriate deans for investigation <sup>(3)</sup>.*

*Discussions at the Academy of Medical Royal Colleges (AoMRC) trainee doctors group have led to decisions to raise the profile of undermining and bullying, and to demonstrate the need for ongoing monitoring and action against such events and behaviours.*

## I. Introduction

- I.1 This statement summarises the issues surrounding undermining and bullying within a surgical training environment, and outlines the expected consequences of a persistent environment of this kind within a training centre.
- I.2 The 2012 NHS Staff survey revealed that 33% of doctors and dentists in the NHS staff have been bullied, undermined, or received abuse from managers over the last 12 months <sup>(4)</sup>.
- I.3 The General Medical Council has removed the questions concerning undermining and bullying from the 2013 Training Survey online reporting tool, but plans to publish analysis of responses to questions on undermining in Autumn 2013.
- I.4 Core Surgical Training and Higher Surgical Training in multiple specialties were both flagged as outliers for undermining and bullying in the 2012 GMC Training Survey.
- I.5 Undermining and bullying results in decreased productivity both for the trainee and the organisation involved.
- I.6 Harassment, bullying and victimisation are, in the eyes of the law, forms of discrimination and, as such, unlawful. Serious harassment may be a criminal offence.

I.7 Incidents of this kind are subject to the GMC's 'Dignity at Work' Policy. Their own guidance states that it will be dealt with under the GMC's Disciplinary Procedure and could lead to dismissal in serious or repeated cases <sup>(5)</sup>.

I.8 One of the main findings of the Francis Report into the failings of care at Mid Staffordshire Hospital was the existence of a culture of bullying, which undermined clinical care <sup>(6)</sup>.

I.9 The current climate surrounding whistleblowing, as well as undermining and bullying, is sensitive. ASiT recognises the significant repercussions that can result for both victims and perpetrators as a result of an investigation.

## Concerns

2.1 In a UK study, 37% of junior doctors reported being bullied in the previous year and 84% had experienced at least one bullying behavior, a finding that is repeatedly echoed in subsequent publications <sup>(7-9)</sup>. This, in combination with the 2012 NHS survey, indicates that bullying and undermining is not being addressed in any meaningful way within the NHS <sup>(7)</sup>.

2.2 Procedures exist, both at a GMC and Deanery level, for the identification of placements and specialties that permit an environment of undermining or bullying to exist. However, identification of ongoing issues raises concerns regarding their effectiveness.

2.3 The General Medical Council has made the decision to remove questions related to undermining and bullying for the 2013 Trainee Survey online reporting tool. This is despite almost 2,000 trainees reporting some form of bullying/ harassment in their 2012 Trainee Survey <sup>(10)</sup>. This appears to be a backward step in identifying and addressing this serious problem in surgical training. We eagerly await the release of published analysis of survey data in this area in the autumn of this year.

2.4 Interestingly, the response to the Francis Report from the General Medical Council does not pass comment on the problem of bullying or undermining <sup>(11)</sup>.

2.5 Undermining does not solely occur between a senior doctor and a junior doctor. It should be recognised that it can occur between trainees of similar or different levels, and particularly between different allied healthcare professionals.

## **Recommendations**

3.1 The removal of the undermining and bullying section of the GMC survey online reporting tool gives out the wrong signal to trainees and potential underminers. This should be reinstated.

3.2 The profile of undermining and bullying should be raised within the surgical specialties by inclusion in trust and deanery training scheme induction processes.

3.3 A duty should be placed upon Trusts to report incidents of undermining or bullying to the relevant training committee for further investigation.

3.4 Deanery mechanisms should be in place for the removal of trainees from placements which are consistently shown to present an unsuitable environment in terms of bullying or undermining, independent of the eminence or previous track record of the department and individuals therein.

3.5 Deaneries should take responsibility for the timely investigation of potential undermining and bullying, as it is within their remit to ensure appropriate training placements.

3.6 Once concerns have been investigated and proven to be founded, referral to the appropriate regulatory body for a disciplinary investigation should be routine.

3.7 Trainees should not be placed within a department that is under investigation, or one with a proven record of undermining or bullying until robust processes have been followed to ensure this will not continue or recur and individuals or departments have undergone a period of retraining.

3.8 Systems should be in place to allow bullying or undermining to be reported without fear of recrimination. The format of the GMC survey, which states that your Head of School will be informed of your concerns, while well intentioned, could be construed as threatening or discouraging.

## **Conclusions**

4.1 Undermining and bullying are widespread within medicine, but occur with a proportionately higher rate within surgical specialties.

4.2 Undermining and bullying have serious consequences to the victim, and can result in poor treatment for patients as well as adverse consequences for the individual involved.

4.3 Objective evidence that concerns about undermining and bullying are recognised, investigated, and acted upon should be apparent at Trust, Deanery and GMC Levels.

4.4 Undermining and bullying do not have a place in modern surgical training. Those perpetuating the model of 'learning by humiliation' should not be permitted to do so.

4.5 It should be expected that there will be professional consequences to both the perpetrator and the organisation involved when bullying or undermining is found to be present and unaddressed.

## References

- 1) British Medical Association. Bullying and Harrassment. Accessed online at:  
[www.bma.org.uk;practical-support-at-work:doctors-well-being:bullying-and-harassment](http://www.bma.org.uk/practical-support-at-work/doctors-well-being/bullying-and-harassment)
  
- 2) Analytical report of GMC Trainee Survey 2012. Accessed online at:  
[https://webcache.gmc-uk.org/analyticsrep/saw.dll?PortalGo&\\_scid=PRkJYQIaF8o](https://webcache.gmc-uk.org/analyticsrep/saw.dll?PortalGo&_scid=PRkJYQIaF8o)
  
- 3) National Training Survey 2013 Key Findings Report. Accessed online at:  
[http://www.gmc-uk.org/National\\_training\\_survey\\_key\\_findings\\_report\\_2013.pdf\\_52299037.pdf](http://www.gmc-uk.org/National_training_survey_key_findings_report_2013.pdf_52299037.pdf)
  
- 4) National Health Service Staff Survey 2012 Accessed online at:  
<http://www.nhsstaffsurveys.com/cms>
  
- 5) Dignity at Work Policy. General Medical Council. 2012. Accessed online at:  
[http://www.gmc-uk.org/Dignity\\_at\\_work\\_policy.pdf\\_37469315.pdf](http://www.gmc-uk.org/Dignity_at_work_policy.pdf_37469315.pdf)
  
- 6) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry  
Volume I. Francis R. 2013. London: The Stationery Office. Accessed online at:  
[http://www.midstaffsinquiry.com/assets/docs/Inquiry\\_Report-VolI.pdf](http://www.midstaffsinquiry.com/assets/docs/Inquiry_Report-VolI.pdf)
  
- 7) Workplace bullying in junior doctors: questionnaire survey.  
Quine L. BMJ. 2002 Apr 13;324(7342):878-9.
  
- 8) Bullying among doctors in training: cross sectional questionnaire survey. Paice E, Aitken M, Houghton A, Firth-Cozens J. BMJ. 2004 Sep 18;329(7467):658-9

9) The perils and triumphs of night surgical residents across South Australia. Nabi H, Harley S, Murphy E. J Surg Educ. 2013 Mar-Apr;70(2):265-72. doi: 10.1016/j.jsurg.2012.09.004

10) National Training Survey 2012: Key Findings Document. General Medical Council .

Accessed online at:

[http://www.gmc-uk.org/National\\_training\\_survey\\_2012\\_key\\_findings\\_\\_\\_final.pdf](http://www.gmc-uk.org/National_training_survey_2012_key_findings___final.pdf)

11) The General Medical Council response to the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry. General Medical Council, 2013. Accessed online at:

<http://www.gmc-uk.org/about/21705.asp>