NHS
Health Education England

HEE East Midlands Procedure for Dealing with bullying, harassment and undermining in the workplace.

The culture of the Education and Training environment is fundamental to the delivery of high quality education and patient care. The GMC state that bullying and undermining can have a big impact on patient safety and have a serious impact on the effectiveness of healthcare teams.[1] The GMC National trainee survey suggests that there is a reluctance to speak out about bullying and undermining from a fear of reprisals and from a lack of faith that anything will be done. This procedure outlines the steps that HEE EM as an organisation is taking to tackle bullying, harassment and undermining in partnership with our Local Education Providers (LEPs). This includes both NHS Trusts and Training Practices

DEFINITIONS:

Bullying is defined as persistent, offensive, abusive, intimidating or insulting behaviour, abuse of power or unfair penal sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress. Harassment can be defined as conduct that is unwanted and offensive and affects the dignity of an individual or group of individuals. Whether the harassment is intentional or not is irrelevant; the key point is that it is offensive[2]. There is no fixed definition of the term undermining but it is usually taken to mean 'lowering someone's confidence or self-esteem.'[3] The perpetrator of the bullying, undermining or harassment may be a medical professional in a permanent post, a trainee doctor/dentist or other healthcare personnel or manager within the NHS. Likewise the victim may be any one of this group of personnel. The act of bullying, undermining or harassment may be considered under three headings[4] in table 1.

Table 1:

Type	Descriptor
Active	Belittling, humiliating, intimidating or insulting behaviour towards an individual or group of individuals.
Passive	This includes the supervisor who is unwilling to come in on-call or who does not schedule educational supervision meetings or complete portfolio requirements.
Bystander	This refers to witnessing bullying and not intervening. The individual becomes tacitly complicit in the bullying.

Whilst it is normally considered that this behaviour is evident in the work place, the bullying, undermining or harassment may also be cyber bullying carried out by social networking sites, social media, texting or telecommunications.

WHAT IS NOT BULLYING AND HARRASSMENT?

In contrast, constructive criticism and feedback on performance, failure in an assessment, or referral to the ARCP panel or the Training Support Service are not considered bullying or harassment. These should be carried out in a constructive and supportive way, preserving a good relationship between the supervisor and the trainee.

WHY SHOULD WE TACKLE BULLYING?

Apart from the deleterious effects on an individual who is being bullied, the BMJ[5] highlights that the impact of bullying extends beyond those who are being bullied or undermined and that this behaviour affects patient safety by disrupting communication within teams, avoiding asking for help in situations of clinical uncertainty and failing to raise concerns following adverse events.

It is recognised that bullying, undermining and harassment has serious consequences, but that it is exhibited at different levels:

Table 2:

Level	Descriptor
Low level	Background culture within the department, directorate or organisation, leading to the perception of undue pressure and failure of communication between staff members. No one individual noted to be responsible for bullying and undermining. No outright complaints of bullying and undermining, but general reports of 'noise' in the system.
Mid-Level	Behaviours exhibited that are not conducive to an appropriate working environment. This may be as individuals or a group of individuals leading to isolated incidents of informal complaints of bullying, undermining and harassment.
High Level	Individual or group of individuals exhibiting persistent bullying, harassment or undermining behaviour to an individual or group of individuals. Examples would include: spreading malicious rumours or insulting someone, ridiculing or demeaning someone, exclusion or victimisation, unfair treatment, unwelcome sexual advances, deliberately undermining a competent worker by overloading and constant criticism and prevention of an individual's progress by intentionally blocking promotion or training opportunities.

UNDERLYING PRINCIPLES OF MANAGEMENT:

The management of bullying, harassment and undermining requires a collaborative approach between HEE EM and the Local Education Providers in the East Midlands to ensure that a positive culture and training environment is developed and that high quality patient care is delivered. Our joint philosophy is that bullying, undermining and harassment should be dealt with proactively and proportionately. Processes will include informal and formal measures and be based on transparent lines of communication between HEE EM and our Local Education Providers. The underlying principles are that:

- Trainees/learners are employees of the NHS and must adhere to the Bullying and Harassment/ Dignity at Work policy of their employer.

- The employer must apply their Bullying and Harassment/ Dignity at Work policy in a fair and equitable manner to all employees including trainee doctors/learners.
- HEE EM will work with employers to ensure there is a positive culture of education, training and patient care.
- HEEM will ensure the improvement of feedback through the Quality Management visiting process, the Specialty Schools (Foundation, General Practice and Secondary Care) End of Placement surveys, the GMC National trainee survey and the National Student survey and work with the employers in partnership to respond to negative cultural feedback.
- Through developing a simple reporting mechanism HEE EM and the Directors of Medical Education or Practice Managers in the LEPs will work together to manage low level concerns and report openly to trainees/learners regarding actions taken.
- Mid-level concerns will be acted upon at Trust or Practice level through the appraisal system, but where a mid-level concern regards an individual who is undertaking a role in HEE EM (Associate Postgraduate Dean, Head of School or Training Programme Director) this will be remediated through the HEE EM appraisal system. HEE EM and employers will report openly to trainees/learners regarding actions taken and will monitor improvement.
- High Level concerns will be dealt with by the Employing Trust/Practice through the formal Bullying and Harassment/Dignity at Work Policy unless the high level concern relates to a person in their role as a HEE EM employee (Associate Postgraduate Dean, Head of School or Training Programme Director) when the issue will be dealt with through the HEE EM Bullying and Harassment policy.
- Bullying/harassment/violence by patients to any member of staff including trainees/learners must be dealt with through the employers zero tolerance policy.

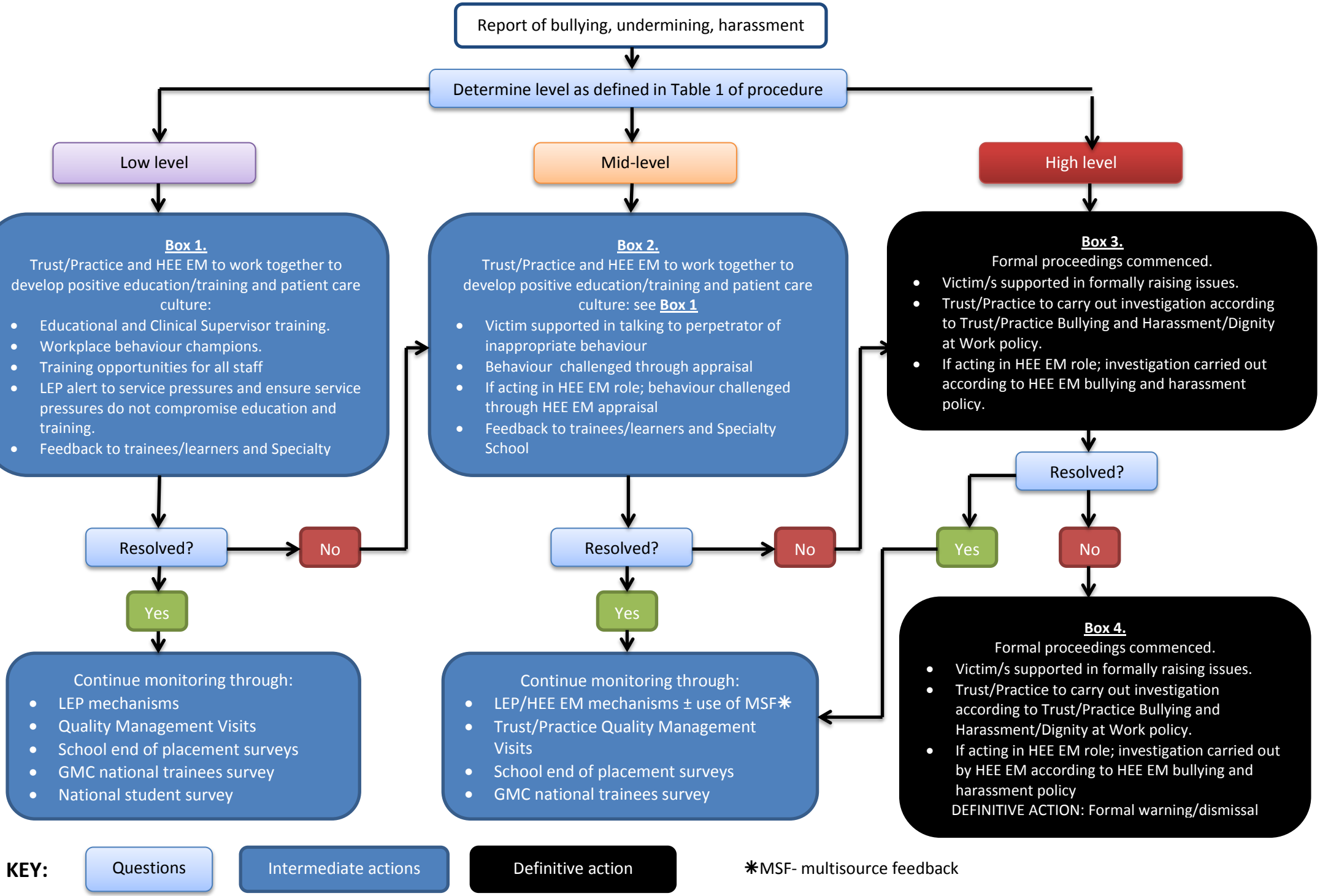
UNDERPINNING DOCUMENTS:

1. NHS Employers guidance - bullying and harassment. http://www.nhsemployers.org/~/media/Employers/Publications/Bullying%20and%20harassment.pdf. Accessed 15th April 2016
2. Employing Trust/Practice Bullying and Harassment/Dignity at Work Policy
3. HEE EM Bullying and Harassment Policy. https://www.eastmidlandsdeanery.nhs.uk/downloadFile.php?id=2436. Accessed 15th April 2006

REFERENCES:

1. General Medical Council. National Training survey 2014. Bullying and Undermining. http://www.gmc-uk.org/NTS_bullying_and_undermining_report_2014_FINAL.pdf_58648010.pdf. Accessed 15th April 2006
2. Health Education East Midlands. Bullying and Harassment Policy.
3. Health Education England - London. Managing Bullying, Harassment and Undermining. Accessed 15th April 2016
4. Mörch-Siddal J. Bullying, what to do? Royal College of Anaesthetist. Bulletin 90. March 2015. 26-28
5. British Medical journal. Tackling bullying among doctors. May 2015 Careers 6.

SEE BELOW FOR FLOW CHART


Report of bullying, undermining, harassment
Determine level as defined in Table 1 of procedure
Low level
Mid-level
High level
Box 1.
Trust/Practice and HEE EM to work together to develop positive education/training and patient care culture:
Educational and Clinical Supervisor training.
Workplace behaviour champions.
Training opportunities for all staff
LEP alert to service pressures and ensure service pressures do not compromise education and training.
Feedback to trainees/learners and Specialty
Box 2.
Trust/Practice and HEE EM to work together to develop positive education/training and patient care culture: see Box 1
Victim supported in talking to perpetrator of inappropriate behaviour
Behaviour challenged through appraisal
If acting in HEE EM role; behaviour challenged through HEE EM appraisal
Feedback to trainees/learners and Specialty School
Box 3.
Formal proceedings commenced.
Victim/s supported in formally raising issues.
Trust/Practice to carry out investigation according to Trust/Practice Bullying and Harassment/Dignity at Work policy.
If acting in HEE EM role; investigation carried out according to HEE EM bullying and harassment policy.
Resolved?
No
Yes
Resolved?
No
Yes
Resolved?
Yes
No
Continue monitoring through:
LEP mechanisms
Quality Management Visits
School end of placement surveys
GMC national trainees survey
National student survey
Continue monitoring through:
LEP/HEE EM mechanisms ± use of MSF✳
Trust/Practice Quality Management Visits
School end of placement surveys
GMC national trainees survey
Box 4.
Formal proceedings commenced.
Victim/s supported in formally raising issues.
Trust/Practice to carry out investigation according to Trust/Practice Bullying and Harassment/Dignity at Work policy.
If acting in HEE EM role; investigation carried out by HEE EM according to HEE EM bullying and harassment policy
DEFINITIVE ACTION: Formal warning/dismissal
KEY:
Questions
Intermediate actions
Definitive action
✳MSF- multisource feedback