General Medical Council

National training survey 2014

bullying and undermining

Working with doctors Working for patients

Each year, our national training survey asks doctors in training if they have experienced bullying or undermining in their workplace. This report describes how these issues are investigated and reported on, but also how these issues are dealt with locally by local education providers.

- Our data suggest that the majority of training environments are supportive, but that bullying and undermining does happen. 8.0% of respondents reported experiencing bullying (n=49,994) and 13.6% reported witnessing bullying (n=49,883).
- However, evidence suggests there is a reluctance to speak out about bullying and undermining – both from fear of reprisals and from lack of faith that anything will be done. Only 1.0% of respondents made a free text comment to us about bullying and undermining (n=53,077).*
- Bullying and undermining has a serious impact on the quality of training and on patient safety. It should not be accepted as part of the healthcare culture.
- Our challenge, and the challenge of deaneries, local education and training boards (LETBs) and local education providers (LEPs), is to demonstrate that we do take these issues seriously and we do take action. This report is part of this.
- Doctors in training report bullying and undermining to us in the survey, either by answering multiple choice questions or writing a free text comment.
- Case studies in this report give examples of how bullying and undermining issues have been investigated and resolved. The report also describes how we make sure that issues reported to us are followed up.
- We have been testing questions on the training environment, which measure whether doctors in training are supported and treated fairly. We will publish the 2015 results next year.

* Research published in the *British Medical Journal* suggests that workplace bullying remains a significant but under-reported problem in the National Health Service (NHS). Carter M, Thompson N, Crampton P, et al (2013) *Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting* available at: www.bmjopen.bmj.com/content/3/6/e002628.full#T3 (accessed 26 September 2013).

Introduction

Bullying and undermining are completely unacceptable and can have a big impact on the safety of care given to patients. They can also have a serious impact on the effectiveness of healthcare teams and departments. For example, instances of bullying and undermining may make doctors in training less likely to raise any concerns about patient safety or to seek help when faced with problems beyond their competence.

Bullying and undermining can be difficult to define – they can be very subjective matters. We've attempted to define them through this year's survey by asking respondents to categorise any bullying or undermining they've experienced. Categories include belittling or humiliation and threatening or insulting behaviour.

Where doctors in training report bullying and undermining through the national training survey, we take action. This report describes how we gather information on bullying and undermining and what we do about it.

However, it is also clear that some respondents didn't tell us about instances where they had been bullied. This report looks at the possible reasons for this, and why they may not report these issues locally within their training posts. It also explores different initiatives to encourage the local reporting of bullying and undermining to resolve these issues.

How does bullying affect patient safety?

It affects good communication and teamworking

Effective patient safety within a department or hospital relies, among other factors, on teamwork, communication and collaboration between professionals. These are essential for patients with multiple comorbidities who rely on treatment from a number of different teams and specialists. Bullying can severely disrupt the ability of teams to function and communicate effectively and to manage patients.

It is natural, when on the receiving end of bullying behaviour from an individual, to avoid that person and therefore avoid future bullying behaviour. This avoiding behaviour could be expressed, 'by a reluctance to call a disrespectful attending physician with questions for clarification of an order, or for clinical concerns that are not clear-cut.'*

When this happens, there is an increased risk of errors being made or of vital patient information not being shared.

It affects the likelihood of concerns being raised at local level

Errors do happen, so it's important to have effective systems for reporting these within training providers. Doctors in training, as healthcare practitioners working on the front line, have an important role to play in raising patient safety concerns and must be encouraged to do so. Our report on patient safety looks in more detail at the effectiveness of local reporting systems. But one thing is clear: bullying and undermining can have a big impact on patient safety.†

If senior doctors aren't receptive to feedback or react negatively when it is received, doctors in training are less likely to report concerns to them. In some cases, individuals are bullied or disadvantaged because of concerns they have raised. This is totally unacceptable and we take action if respondents tell us that this is happening as a result of concerns they raised through the survey. We support all respondents who raise issues in good faith and work together with deaneries and LETBs to make sure they are not disadvantaged.

However, we don't always know if bullying and undermining happens as a result of issues raised at a local level. We also don't know which training environments discourage respondents from raising concerns locally. Our training standards‡ state that doctors in training must be aware of reporting arrangements, and we systematically check this through our quality assurance visits.

* Leape M, Lucian L, Miles F, et al (2012) A Culture of Respect, Part 1: The Nature and Causes of Disrespectful Behaviour by Physicians *Acad Med 2012*; 87:845–852.

† For more information on this subject, see Paice E, Smith D. Bullying of trainee doctors is a patient safety issue. *The Clinical Teacher* 2009; published online 13 February. DOI: 10.1111/j.1743-498X.2008.00251x.

‡ General Medical Council (2011) *The Trainee Doctor* (standard 6.1) London, GMC available at: www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf (accessed 7 September 2014).

However, we cannot visit everywhere and may need to find ways to check with all doctors in training whether these arrangements are effective.

CASE STUDY: 'It was suggested that I wasn't pulling my weight'

A doctor in training explains how she felt excluded and was given unfair assessments after querying her rota.

I feel that I've had personal experience of bullying and undermining. However, I probably wasn't aware of this at the time. This is mainly due to the working cultures in my previous posts and also the culture of working as a doctor generally – we often put up with situations and behaviours that, in hindsight, have badly affected us.

One example was when I was working as a less-than-full-time doctor in training. I realised that I'd been working more than I should have been – so I worked out a job plan that was in line with what I was contracted to do. I gave it to the consultant in charge of the rota, who reacted badly.

I could feel a change in atmosphere within my department. Members of the team made unfair comments about me – it was suggested that I wasn't pulling my weight, even though I was working proportionally as much on-call as anyone else. The fact that I was working, and training, less than full time was not respected by consultants. At my annual review, I received poor assessments, even though no problems had been raised with me throughout the year. I felt I was being assessed unfairly.

How the undermining affected me

These instances may not sound like much, but they did affect me. After I moved to another post, I found that I was a lot more paranoid about, and sensitive to, any feedback. If an issue was raised within the team, I automatically assumed it would be about me. This was a real knock to my confidence – I no longer enjoyed going to work and would look forward to the end of my shift. I know that a lot of my peers at the same hospital felt the same way.

The way I was treated after standing up for myself was much too subtle to complain about. Also, I would never have complained because the behaviour of the consultants in charge of the department was well known. I'd witnessed, and heard about, many instances of undermining behaviour and nothing was ever done about it.

As doctors in training we are near the bottom of a very hierarchical structure and are in a vulnerable situation. If you get on the wrong side of the wrong consultant it might have a big impact on your future career. I've experienced this myself and it definitely makes me think twice about reporting instances of bullying, either locally or to the GMC. Consultants are a part of our daily life as doctors in training and they hold a lot of power.

When I've been faced with undermining and bullying in the past, rather than report my concerns, I would try to keep my head down and deal with it. As doctors in training we know that we can move on to the next post, or complete training, if we don't rock the boat. This, and the working cultures we are faced with, can really discourage us from ever reporting bullying and undermining concerns.

That said, I do think it's important for doctors in training to report when they have been bullied or undermined. If we don't speak up, then positive change cannot happen.

What impact does bullying have on training?

Training is not just about teaching the necessary skills and experience. Doctors in training must also be given the confidence to apply these skills appropriately. They should also learn how to work effectively as part of a multidisciplinary healthcare team. The British Medical Association (BMA) states that bullying:

'will affect other doctors and health professionals working within the department and can have a negative impact on the whole department's morale and ability to work together as part of a team.'*

It affects training satisfaction and learning ability

If they are being bullied, the perceptions of doctors on their training may be severely affected. This can be seen by the difference in average indicator scores for those respondents who reported bullying to us in the free text questions compared with the average score for those who did not.

Figure 1: Change in mean indicator scores for respondents who also made a free text bullying comment

* British Medical Association *Stopping harassment and bullying at work* available at: www.bma.org.uk/practical-support-at-work/doctors-well-being/bullying-and-harassment (accessed 7 September 2014).

† This indicator was tested in 2014 and not published.

As figure 1 shows, the mean scores in all indicators is lower for respondents who wrote a comment about bullying compared with those who did not. This suggests a clear link between doctors in training being bullied and how they view their training. The mean overall satisfaction score reduces from 81.4 (n=52,559) to 66.6 (n=518). Similarly, the mean score for adequate experience drops from 81.58 (n=52,070) to 68.9 (n=518).

As well as the average indicator scores, we also have the undermining indicator scores to use as a comparison.* Figure 2 shows the difference in mean indicator scores between respondents who have reported being bullied every day and those who have not.

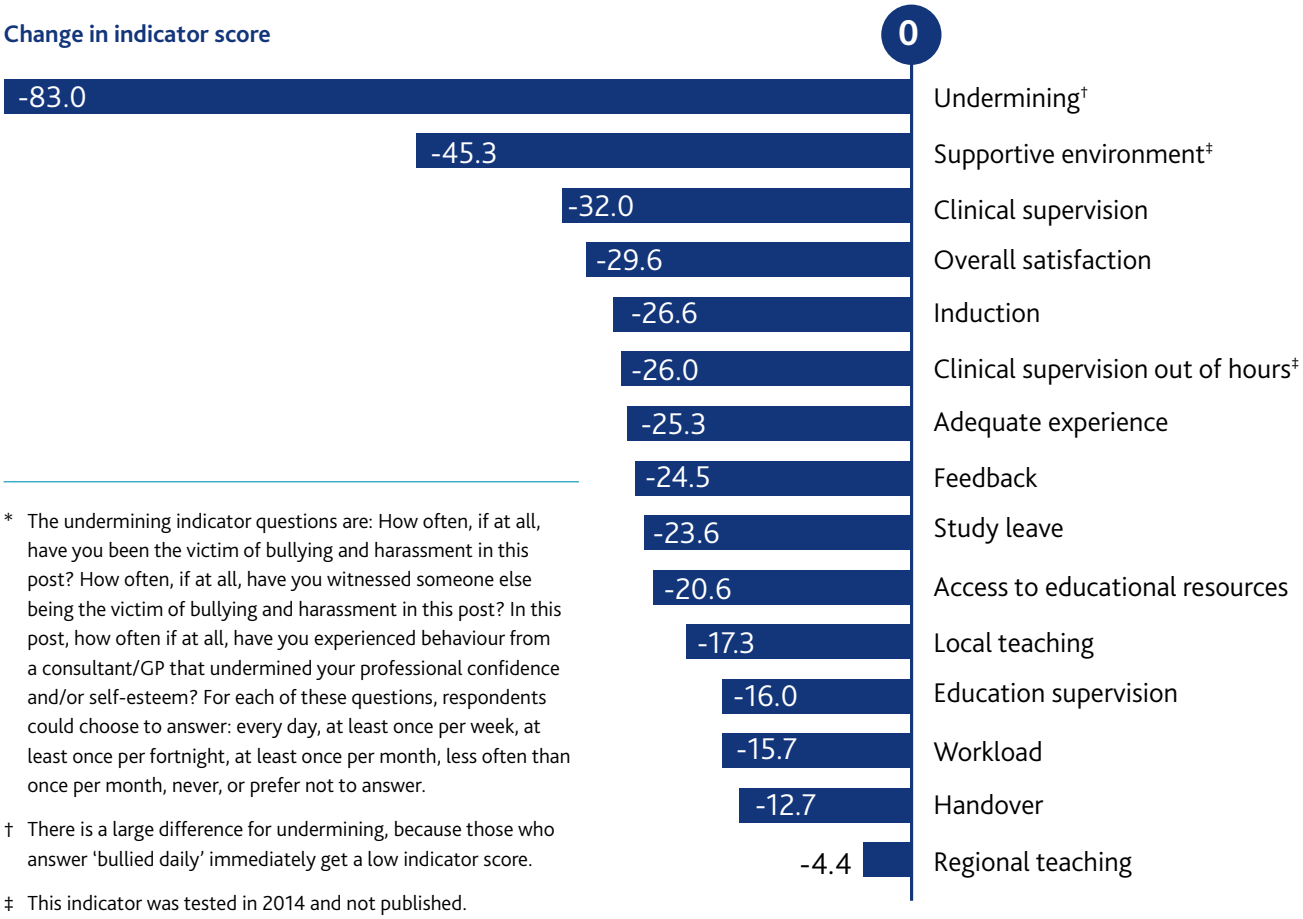
As you can see, the difference in mean indicator scores is much greater. For those who report being bullied every day, the mean score for overall satisfaction drops from 81.3 (n= 52,538) to 51.5 (n= 50). The mean score for adequate experience drops from 81.5 (n= 52,538) to 56.2 (n=50).

This more clearly shows the link between bullying and the quality and effectiveness of training. A doctor in training who is subject to bullying behaviour every day is much less likely to receive effective and fulfilling training.

The link between mean indicator score and reports of bullying could also mean that, in some cases, the bullying is symptomatic of other problems within the training environment. For example, it could point to poor clinical supervision or a workload that is too heavy.

The following case study describes a link between reports of undermining and training for educational supervisors.

Figure 2: Change in mean indicator scores for respondents who reported being bullied every day



* The undermining indicator questions are: How often, if at all, have you been the victim of bullying and harassment in this post? How often, if at all, have you witnessed someone else being the victim of bullying and harassment in this post? In this post, how often if at all, have you experienced behaviour from a consultant/GP that undermined your professional confidence and/or self-esteem? For each of these questions, respondents could choose to answer: every day, at least once per week, at least once per fortnight, at least once per month, less often than once per month, never, or prefer not to answer.

† There is a large difference for undermining, because those who answer 'bullied daily' immediately get a low indicator score.

‡ This indicator was tested in 2014 and not published.

CASE STUDY: How we make sure doctors in training have appropriate educational supervision

We recently attended a triggered visit to a specialty department at a hospital together with representatives from the deanery/ LETB.

The visit was part of a wider review by the deanery/ LETB into that specialty programme. This review was triggered by a series of outliers* in the 2013 survey (including workload) and evidence gathered during deanery/LETB visits.

One particular issue we looked at was reports by doctors in training of bullying and undermining. These issues were not reported in the survey but had been raised through other routes. We spoke to individual doctors in training in confidence to gather further details.

These discussions suggested that the undermining behaviour came from one consultant in the specialty. It was suggested that this consultant was reluctant to allow the doctors in training to participate in procedures and therefore was limiting their learning opportunities. The doctors in training also told us that the consultant's feedback was not constructive and undermined their confidence.

Action to make sure trainers are effective

Following the investigations, the hospital is planning to talk to the consultant to discuss their role as educational supervisor and whether they would like to continue with this responsibility. If the consultant chooses to not continue as an educational supervisor the hospital will restructure the supervision within the department. The deanery/LETB has also prepared an action plan with very short deadlines to deal with the other issues at this hospital, including workload.

This issue demonstrates how important it is that trainers' roles are clearly defined, and that they are supported in these roles. The skills needed to be an effective trainer are different to those needed to be an effective doctor. We're in the process of introducing a new framework for recognising and approving trainers, which will clearly define the roles of both educational and clinical supervisors. In addition, this autumn we're running a pilot of a new trainer survey. The survey aims to identify areas where trainers require more support in their role, as well as examples of good practice within training settings.

* An outlier, or red flag, is a result where the score for a report is significantly below the national score in the benchmark group.

The culture of bullying in training

As well as affecting the quality and effectiveness of a training post, bullying and undermining has another serious impact on the training environment. Where doctors in training are routinely exposed to bullying and undermining and, crucially, nothing is seen to be done about this behaviour, this can help to perpetuate a bullying culture; either by acceptance of it or from repeating learned behaviours.

This process begins with medical students, who get increasing exposure to training environments as part of their medical school programmes. A study by Anja Timm* has shown that 17.0% of the medical students surveyed have experienced or witnessed incidents of bullying or harassment. The study has a relatively small sample size compared with our national training survey, but it is interesting that the percentages who report bullying and harassment are similar.

Where bullying and harassment are experienced or witnessed but not reported, this contributes to normalising this behaviour. Doctors in training, or medical students, who have previously witnessed nothing being done to combat bullying are less likely to report it when it happens to them. This can be inferred from the number of respondents who reported experiencing (8.0%, n=49,994) and witnessing (13.6%, n=49,883) bullying compared with the number who told us about it in a free text comment (1.0%, n=53,077).

As we explain in the question guidance, we share free text comments with deaneries and LETBs, who, in turn, share with the relevant LEP. Each issue raised triggers an investigation and we make sure that the findings and resulting action plans are appropriate. The comparatively small number of doctors in training willing to initiate this process could reflect a lack of faith that a positive change can be made.

The following case study looks at the impact undermining can have on the effectiveness of training, and highlights the work of one LEP to address this.

* Timm A. 'It would not be tolerated in any other profession except medicine': survey reporting on undergraduates' exposure to bullying and harassment in their first placement year. BMJ Open 2014; 4:e005140.

CASE STUDY: All sides willing to work together to come up with a solution

Following reports of bullying and undermining issues at an acute LEP, the Director of Medical Education took steps to make the training environment more supportive for doctors in training. She explains the effect undermining can have on the training environment and the actions taken to make improvements.

'It was brought to my attention that there were several issues about bullying and harassment affecting doctors in training in our trust. As an organisation, we want doctors in training to work and train in a supportive environment. When steps to combat undermining and bullying are not taken, this can give the impression that it is acceptable. This can lead to apathy and failure to report concerns in the future.

'We should act as positive role models for doctors in training and teach appropriate behaviours. So it is important that inappropriate behaviour is tackled through a process of support and engagement.

'It was important that trainers were engaged in this process. Without them it would have been impossible to make any changes.

Challenges in addressing undermining

'I came across a number of difficulties in investigating the reports of undermining we received from the national training survey. Firstly, many doctors in training had left their posts by the time we received the reports. Secondly, there are not always enough details to identify where the issue occurred. It can be hard to get this additional information by speaking to doctors in training. In my experience, most doctors, when approached, are really upset and are unwilling to make a formal complaint due to the repercussions they believe it may have on their future career.

'For these reasons, I decided it would be best to concentrate on the general issues, rather than the specific incidents or people mentioned. I do a lot of work on human factors and we always say that it's the system and the process that is the problem – not people. The vast majority of people don't set out to be a bully and they are generally horrified when faced with this feedback about their behaviour. Raising awareness about the effect of behaviours and systems can have a big impact.

'One example of this was handover in a department in our hospital. During handover, consultants would put doctors in training on the spot by quizzing them on how they would deal with certain patients. Doctors in training raised concerns about this, as they were felt they were put under pressure in front of the rest of the team, which undermined their confidence.

Continued>>

'When I fed this back to the department consultants, they were surprised as this was really not their intention. They had intended to use the handover process as a learning experience, giving cues to doctors in training and drawing out their knowledge. They agreed, however, that the educational value of this was limited if doctors in training did not perceive it as being helpful. This perception also had a negative impact on the effectiveness of handover as a whole.

By working together, we found a solution

'I worked with trainers and doctors in training to address these concerns. Following group interactions with consultant trainers and doctors in training, we agreed that consultants would make the process explicitly more educational and doctors in training would be given notice so that they could prepare for cases and expect to present them in front of a multidisciplinary group. It helped that there was more openness about the intentions behind the quizzes; doctors in training could appreciate the educational value of this rather than feeling put under unnecessary pressure.

'This solution sounds simple but involved a lot of work with different groups and took time. A few months on, feedback from doctors in training is now much more positive about undermining and handover. What helped in this case was that all sides accepted this was a problem and were willing to work together to come up with a solution.

'It can be difficult for me to stand in front of individuals or management and tell them there is a problem with bullying or undermining. They can instantly go on the defensive and be resistant to admitting there is a problem. They often demand evidence and details, which we can't provide while also protecting the anonymity of doctors in training. Anonymity is especially important for doctors in training as they feel exposed when making official complaints.

'We need to protect doctors in training and encourage reporting as we can't fix problems until we have identified them. This is why I think it's important that there is a recognised individual in each LEP who will champion issues for doctors in training. They will then know that bullying and undermining complaints are taken seriously and are not acceptable. To help encourage reports, I've also introduced a reporting system on our LEP's intranet so doctors in training can report issues, with total anonymity, direct to me.'

How do doctors in training report bullying and undermining?

Reporting through the survey

There are two different opportunities for respondents to report bullying and undermining in the national training survey.

- They can tell us about any issues by responding to our free text question. Doctors in training can give us detailed reports and every issue reported to us is investigated by deaneries and LETBs.
- They can also complete the indicator questions about bullying and undermining. These are multiple choice and are answered by all survey respondents. We aggregate these responses and give deaneries and LETBs quantitative results, which highlight areas with particularly low scores for them to investigate.

Reporting through local systems

The following case study shows how doctors in training have created their own survey to complement our undermining data and to allow issues to be identified and addressed.

CASE STUDY: Doctors in training lead the collection of feedback

Following low scores in the national training survey, doctors in training within a deanery/LETB developed their own survey to gather regular feedback on training issues. One of the doctors involved gives her views.

'The national training survey is annual and based on a point in time, so we designed an additional quarterly survey. This lets us monitor the progress of issues raised in the national training survey on a more regular basis. It also allows feedback from doctors in training in the same post at different points in the year to be collated and compared.

'This is especially important when reporting issues around undermining, which can be seen as being subjective or just a personality clash. By combining the views of multiple doctors in training from the same training post, we can give extra weight to their views. If all doctors in training throughout the year agree that there is undermining in that post, this is much harder to ignore.

Our evidence led to changes being made

'The survey is also supported by a head of school within the deanery/LETB. They use the feedback from doctors in training to talk to LEPs and highlight where there are problems. This has resulted in some positive changes already. For example, a number of doctors in training left free text comments, which said that they were being unduly pressured into carrying out tasks they were inadequately trained for. This left them feeling undermined. The head of school presented this evidence to two LEPs, which addressed and resolved the issue accordingly. The fact that so many doctors in training at the LEPs agreed that there were problems, and that this was adversely affecting their training, was a compelling argument for the LEPs to take action.

'One of the areas that our survey covers is how well supported doctors in training feel, and how encouraged they are to report patient safety concerns. I'm pleased that there aren't any reports of LEPs discouraging the reporting of concerns, although there have been some results where respondents do not feel encouraged. We have shared these with LEPs for them to make improvements.'

What have we found in this year's free text comments?

We included some additional questions to the undermining free text question this year, so that doctors in training could give us more information about the type of behaviours they have experienced as well as the sources of this behaviour.

We asked doctors in training who made a comment about bullying to code the type of behaviour they have experienced against our set categories. The purpose of this was to give deaneries and LETBs more structured information about the issues raised to help them in their investigations. It also shows us what the main problems are nationally.

What types of behaviour were reported?

As shown in figure 3, the main type of behaviour experienced is belittling or humiliation, with 77.2% (n=518) of respondents coding their issue as this. The next most common type of behaviour is threatening or insulting behaviour, with 32.0% (n=518) of respondents coding their issue as this.

Last year, we coded these comments about bullying ourselves. We were unable to categorise 40.0% of comments as the issues described in them were too general (for example, a comment may say 'I have been undermined in this post'). By getting respondents to code their own comments, we have encouraged them to give more specific details that can be investigated and, more importantly, resolved.

Figure 3: What types of behaviour were reported?

Behaviour	n	Total n	%
Belittling or humiliation	400	518	77.2%
Threatening or insulting behaviour	166	518	32.0%
Other	140	518	27.0%
Deliberately preventing access to training	84	518	16.2%
Bullying relating to a protected characteristic	70	518	13.5%

Comments could be coded to more than one behaviour category, so total percentages do not equal 100%.

What sources of behaviour were reported?

We also asked respondents to tell us what the source of the behaviour was. This, again, is really useful for investigating the issues raised.

The main source of bullying and undermining was consultants/GPs within posts of doctors in training, with 53.5% (n=518) of respondents indicating this.

Figure 4: What was the source of the behaviour?

Source	n	Total n	%
Consultant/GP (within my post)	277	518	53.5%
Nurse/midwife	114	518	22.0%
Consultant/GP (outside my post)	91	518	17.6%
Other doctor	79	518	15.3%
Management	65	518	12.5%
Other source	59	518	11.4%
Other doctor in training	20	518	3.9%
Patient/relative	5	518	1.0%

Comments could be coded to more than one behaviour category, so total percentages do not equal 100%.

Figure 5: Proportion of doctors in training who made a bullying and undermining comment by ethnic group

Ethinc group	Comments	Respondents	%
White	242	31,148	0.8%
Black and minority ethnic	223	18,975	1.2%
Prefer not to say	53	2,954	1.8%
Total	**518**	**53,077**	**1.0%**

Figure 6: Proportion of doctors in training who made a bullying and undermining comment by region of primary medical qualification

Region of primary medical qualification	Comments	Respondents	%
European Economic Area	29	2,004	1.5%
International medigal graduate	87	7,153	1.2%
UK	402	43,920	0.9%
Total	**518**	**53,077**	**1.0%**

Figure 7: Proportion of doctors in training who made a bullying and undermining comment by gender

Region of primary medical qualification	Comments	Respondents	%
Male	222	23,583	0.9%
Female	296	29,494	1.0%
Total	**518**	**53,077**	**1.0%**

How have we changed the bullying and undermining free text guidance?

We have changed the information and guidance given to respondents when they make a free text comment about bullying and undermining.

In last year's survey we didn't have a dedicated undermining free text question. Instead, respondents could write about any aspect of their training and then flag their comment against different categories. One of these categories was bullying and undermining.

This approach meant that many of the comments we received that were flagged as bullying and undermining were not really about this issue.

We changed this for 2014 by creating a dedicated question so that respondents could write about their bullying and undermining issues. We gave guidance about the details we would need in the comments in order for deaneries and LETBs to properly investigate them. We also gave guidance on what happens to the comments when we receive them, ie:

- they are shared with deaneries or LETBs
- we do not identify the respondent
- we share supporting information about the respondent, for example their post specialty and LEP
- deaneries and LETBs will share comments with LEPs in order for them to investigate the issues
- deaneries and LETBs report back to us on the actions they have taken.*

Following these changes there has been a reduction in the proportion of respondents who told us about bullying and undermining issues using the free text question, from 2.8% in 2013 to 1.0% in 2014. It is not clear if these changes have caused the reduction.

However, deaneries and LETBs have reported that the comments they've received are much more detailed than last year and identify more new issues than before. Also this year, we are able to say exactly how many issues are new and what we have done with them.

As part of the new way these comments are reported,† deaneries and LETBs suggest how each issue will be monitored. We then review them and confirm an approach.

How do deaneries and LETBs investigate these comments?

Although we, along with deaneries and LETBs, make sure that investigations and action plans are appropriate, comments on undermining and bullying can be difficult to investigate. This can be because investigations may not always be possible without the full support of the doctor in training who made the comment.

The following case study looks at how one deanery/LETB introduced a different approach to investigating these issues.

* Full details can be found in the undermining free text question text, in briefing note 3, annex A available at: www.gmc-uk.org/NTS_2014___briefing_note_3___Annex_A.pdf_55222382.pdf.

† Full details of the national training survey comments management process can be found in briefing note 4 available at: www.gmc-uk.org/NTS_2014___briefing_note_4___comments_management_process.pdf_55481362.pdf.

CASE STUDY: Undermining does happen – what's important is the response to it

One deanery/LETB has taken a different approach to addressing bullying and undermining comments in the national training survey.

'Our deanery/LETB and LEPs take comments around bullying and undermining seriously and are committed to ensuring a safe and supportive environment for education and training.

'In response to bullying and undermining comments raised by doctors in training through the national training survey, one LEP worked closely with our deanery/LETB and the GMC to explore comments that were linked to the trust in more detail.

'The LEP was keen to understand more about the issues raised in the survey (including any barriers experienced in raising them) to improve the future experience of doctors in training and to offer support where needed.

Introducing a confidential helpline

'As part of its response to issues raised, the trust has reaffirmed its zero tolerance approach to all forms of bullying, harassment or undermining in the workplace. It is setting up a confidential bullying hotline that doctors in training can use to contact the education team (either by email or phone). The hotline will be publicised to all junior doctors in the LEP so they are absolutely clear that they have someone to speak to, particularly if they feel unable or reluctant to raise concerns with their immediate clinical or educational supervisor.

'The trust is also setting up a monthly Director of Medical Education drop in session – where doctors in training can have a confidential chat about any concerns they have.

'Local reporting and discussion are encouraged wherever possible so that appropriate investigations and support can be implemented straight away, rather than waiting for the national training survey.

'The trust has also reviewed the support doctors in training receive as well as of the ways in which concerns can be raised and the types of support available.

'The Director of Medical Education commented: "I think the more openness there is about bullying and undermining, the better. We all know that bullying happens in all organisations to a greater or lesser extent – so what's important is the response to try to combat it."'

How do we use the undermining multiple choice question results?

Through the survey, we ask respondents multiple choice questions on bullying and undermining. The results are not published in the survey reporting tool because they are calculated differently to other indicator results. However, we do share results with deaneries and LETBs, and highlight significantly low results. These may point to bullying and undermining problems and are investigated by deaneries and LETBs. They then report back to us, telling us about their action plans, in the October deans' reports.*

We share survey results with deaneries and LETBs as soon as possible after the survey finishes, so that they can follow up on issues raised when doctors in training are still in post. We work with deaneries and LETBs to identify areas where doctors in training have reported bullying and undermining and require deans to tell us how they have worked with LEPs to resolve issues. Where local systems are not able to respond, we intervene through our enhanced monitoring process.

How do we use undermining data?

We use data from the survey to inform our quality assurance work. Undermining data are used when deciding which areas or specialties to visit, or when issues should be escalated to enhanced monitoring.

This autumn we are carrying out a series of short, targeted check visits to investigate how concerns around bullying and undermining are being responded to. These will focus on obstetrics and gynaecology and on surgery. During the checks, we will meet with doctors in training at foundation, core and higher specialty levels (seen as separate groups), trainers, senior management teams (including the HR Director), and multi-professional teams. Our discussions will focus on safe training and the environment in which doctors in training are educated. We will also explore the perceptions of doctors in training of undermining and bullying and how they feel this affects them in a clinical environment. We will publish our report on these check visits in 2015.

* Full reports are available on our website at: www.gmc-uk.org/education/annual_deanery_reports.asp.

New questions to find out more about the support environment

We've worked with deaneries and LETBs and doctors in training to develop a new indicator that measures how supportive different training environments are. This indicator has been designed to give us the following information.

- **More detail on the types of behaviours related to bullying and undermining**

  These questions are designed to measure different aspects of the training environment to help investigations.

- **Focusing on current problems**

  The current undermining questions do not allow respondents to indicate cases when they have experienced bullying, but this issue has been resolved.

- **Possible areas of good practice**

  These new questions allow for positive responses as well as negative ones. We would like to highlight LEPs and posts with a particularly supportive environment as this may point to good practice that can be shared and learned from.

We worked together with doctors in training to come up with questions that covered their main concerns about the supportive environment. The final questions ask respondents to agree or disagree* with the following statements.

- In general, the working environment is a supportive one.
- Staff, including doctors in training, are treated fairly.
- Staff, including doctors in training, treat each other with respect.
- The working environment is one which helps build the confidence of doctors in training.
- If I were to disagree with senior colleagues, they would be open to my opinion.

These questions allow us to highlight the different ways that a department may or may not be supporting doctors in training.

* The answer scale for all questions is: strongly agree, agree, neither agree or disagree, disagree, strongly disagree.

Figure 8: Supportive environment indicator scores by programme group

	Supportive environment	
Programme group	**Score**	**n**
Broad based training	82.9	38
Public health	81.5	167
Anaesthetics	78.4	3,489
GP	78.3	9,590
Psychiatry	77.7	2,577
Occupational medicine	77.6	58
Radiology	77.5	1,396
Acute care common stem	76.3	1,311
Ophthalmology	75.8	575
Pathology	75.7	667
Paediatrics and child care	75.5	3,003
Surgery	74.7	4,777
Emergency medicine	74.2	450
Foundation	73.8	14,983
Medicine	73.6	7,727
Obstetrics and gynaecology	71.2	1,780

Figure 9: Undermining indicator scores by programme group

	Undermining	
Programme group	Score	n
Public health	98.0	164
Psychiatry	98.0	2,474
Occupational medicine	97.9	53
GP	97.8	9,270
Radiology	97.2	1,318
Ophthalmology	97.1	542
Broad based training	96.7	38
Pathology	96.5	608
Paediatrics and child care	96.4	2,872
Anaesthetics	96.3	3,376
Surgery	96.2	4,504
Medicine	96.1	7,313
Acute care common stem	95.6	1,263
Foundation	95.0	14,455
Emergency medicine	94.9	429
Obstetrics and gynaecology	91.5	1,642

As shown by figures 8 and 9 above, the supportive environment indicator produces different results to the undermining indicator.

For example, medicine has the second lowest overall support environment score but has the fifth lowest undermining score. This suggests that many doctors in training within medicine, while not reporting bullying or undermining, are not working in what they perceive to be supportive environments.

However, there are also similarities between the two indicators. Obstetrics and gynaecology has the lowest scores in each indicator. This specialty, along with surgery, will be the focus of our series of check visits into undermining and bullying issues in the autumn.

Next steps

- Deaneries and LETBs reported new issues raised by the bullying free text questions in the October deans' reports. We will monitor their action plans to make sure they are appropriate and that progress is being made.
- Issues where progress is not being made may be escalated to our enhanced monitoring process. We publish this information on our website and we regularly provide updates with the progress that has been made.
- In the autumn, we'll carry out a series of short, targeted check visits to investigate how concerns around bullying and undermining are being responded to. These will focus on obstetrics and gynaecology and on surgery. We'll publish our report on these check visits in early 2015.
- We are working with doctors in training to understand more about the barriers that stop them reporting patient safety and bullying and undermining issues. We will work with them to come up with solutions that we can implement, together with deaneries and LETBs.
- We'll work with deaneries and LETBs to discuss how to investigate and resolve issues around bullying and undermining and how to encourage local reporting.
- We'll identify examples of particularly supportive training environments using the support environment indicator in 2015 so we can learn from them and share good practice examples.

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Published November 2014

Code: GMC/NTSRBU/1114

General Medical Council