

BULLYING AND HARASSMENT IN POSTGRADUATE MEDICAL AND DENTAL EDUCATION

Introduction

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is not prepared to tolerate bullying or harassment within postgraduate medical and dental education. Where this is found to be occurring NIMDTA will expect appropriate action to be taken. Failure to tackle inappropriate behaviour, which undermines the confidence of trainees may lead to unsafe practice and result in referral to the regulatory body.

Employer Responsibilities

Paragraph 14 of the service level agreement for the provision of postgraduate medical and dental education and training refers to the requirement for Trusts to have in place an appropriate policy under which complaints relating to harassment can be raised and dealt with appropriately. Trusts should ensure that their policy is communicated to all employees. Those with managerial and supervisory responsibilities must be made aware of their responsibilities. Employers have an obligation to ensure that complaints of harassment are investigated and trainees should be fully supported during the investigation.

Such policies and appropriate responses to reports of harassment or bullying should apply also within general medical and dental practice all academic units and clinical placements.

All local education providers should establish and maintain positive and supportive working environments free from harassment and bullying. Those who witness acts of bullying or receive a complaint of bullying are responsible for ensuring that appropriate action is taken promptly, sensitively and confidentially.

Role of NIMDTA

Addressing harassment and bullying is a high priority for the Postgraduate Dean and NIMDTA is prepared to work with the local education providers to eliminate bullying within health and social care.

Although trainees are encouraged to raise their complaint in accordance with internal procedures there may be circumstances when it is appropriate for the trainee to bring it to the attention of NIMDTA through the Head of School or Postgraduate/Associate Dean.

What is Bullying and Harassment?

There is not a single simple definition of harassment. A widely accepted definition is unwanted, offensive, intimidating or threatening conduct which affects the dignity and/or rights of people. It will include any conduct which denigrates or ridicules or is intimidating or physically abusive to an employee because of his or her age, disability, race, religion, political opinion, gender, sexual orientation or marital status. Any form of harassment that interferes with an individual's performance and approach to work is unacceptable.

Harassment may be unlawful and lead to proceedings under the Sex Discrimination (Northern Ireland) Order 1976, the Fair Employment Act 1976 as amended (1989), the Disability Discrimination Act 1995 and the Race Relations (Northern Ireland) Order 1997.

Forms of Harassment

Harassment may take many forms and include:

- Unwanted physical contact including unnecessary touching, patting or pinching.
- Assault
- Unwelcome sexual advances, propositions or pressure for sexual activity.

- Continued suggestions for social activity outside the work place after it has been made clear that such suggestions are unwelcome.
- Derogatory or degrading comments relating to a person's age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Comments which have the effect of isolating or humiliating a person by reason of their age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Offensive suggestive remarks, innuendoes or lewd comments.
- The display or circulation of pictures, objects or written materials which may be suggestive or offensive on grounds of age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Making gestures that mock a person's age, disability, race, colour, nationality, ethnic or national origin, religion, belief or political opinion, sex, sexual orientation or marital status.
- Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power which is meant to undermine, humiliate or injure the person on the receiving end.
- Behaviour which has the purpose of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

This list is not exhaustive. It contains illustrative examples of harassing behaviour which may take a wide variety of forms.

Distinguishing constructive supervision from bullying behaviour

Bullying should not be confused with the firmness and oversight that is required to develop a doctor or dentist in training. It is important to distinguish between bullying behaviour, which is always undermining and destructive and effective supervision which is developmental and supportive.

The General Medical Council's guidance on "*Good Medical Practice*", and the General Dental Council's '*Standards for Dental Professionals*' set out the standards of conduct and care which society and the profession expects of all doctors and dentists (irrespective of their area of practice) throughout their careers - from medical /dental school onwards. It is explicit about the requirement that doctors and dentists work with colleagues in "*ways that best serve patients' interests*". Doctors and dentists must therefore always treat all colleagues fairly, must not discriminate against colleagues and must not denigrate another doctor or dentist's skills or knowledge in front of patients.

Identifying the problem

Bullying can take the form of verbal, written, mental or physical intimidation, and in medical/dental education could typically include derisory remarks, shouting or threats. The person who bullies may not be aware of the effect their behaviour may have, but those effects can be catastrophic.

Providing support

If bullying is to be tackled successfully, it is essential that support is provided to all of those involved:

- ❖ Anyone who has suffered from the bullying behaviour of others should be offered additional support including mediation and counselling;

- ❖ Third parties who might be aware that bullying is taking place should feel empowered to challenge it directly or to raise it with the management of the Trust or the practice concerned;
- ❖ The person who is bullying should be offered support to enable him or her to change their behaviour and learn different ways of interacting with colleagues.

Examples of Bullying Behaviour in the Context of PGMDE

- ❖ Teaching by humiliation;
- ❖ Undermining status and credibility, e.g. criticism in the presence of others, possibly patients or the public;
- ❖ Using threats, abuse or swearwords or shouting inappropriately;
- ❖ Excessive criticism over minor things;
- ❖ Undervaluing or even ridiculing contribution and/or genuine effort;
- ❖ Changing objectives or expectations without consultation or explanation;
- ❖ Deliberately setting unreasonable objectives or tasks with impossible deadlines;
- ❖ “*Sending to Coventry*”, ignoring or devaluing;
- ❖ Exclusion from meetings that an individual might reasonably expect to attend;
- ❖ Unrealistic expectations/demands concerning the trainee's out of hours responsibilities;
- ❖ Two illustrative case histories are attached as Annex A.

Annex A

Case History 1

While on call on a number of occasions, a specialist registrar was obliged to discuss several difficult cases with a particular consultant.

Over this period of time, the consultant made it clear that he did not wish to be bothered when on call and made a number of unsubstantiated allegations, threats and personal remarks, such as:

- ❖ That the doctor in training should try a less challenging specialty, if he found his current specialty too demanding and stressful
- ❖ That the SpR had not attended a patient when requested to by nursing staff – although this was wholly without foundation
- ❖ That he should not bother the consultant over something that should be within his own capabilities
- ❖ That he would make a complaint to the trainee's own consultant supervisor and to the head of department
- ❖ That National Guidelines on Clinical Case Management did not apply to that Trust

Case History 2

A consultant conducted the weekly ward round with his trainees in an intimidating manner.

This included:

- ❖ Aggressive quizzing of the trainees on the patients they had presented
- ❖ Meeting their answers with derisory remarks and gestures

- ❖ Reducing trainees to tears
- ❖ Belittling trainees in front of patients and colleagues
- ❖ Setting impossible targets so that the trainees were bound to fail

The behaviour demonstrated by the educational supervisors in these two examples can mean that the trainees:

- ❖ Fail to request help when working outside their level of competence
- ❖ Become excessively ward bound because they wish to avoid being shouted at and therefore miss out on educational opportunities, such as topic teaching or divisional meetings
- ❖ Do not ask relevant questions and therefore fail to benefit from their training and reach an appropriate level of knowledge
- ❖ Perpetuate the bullying cycle when they become consultants
- ❖ Become disillusioned with medicine and leave so that the NHS loses the benefit of the substantial investment made in their training.