

## Report of undermining check to Derriford Hospital

This visit is part of the [GMC's remit](#) to ensure local education providers comply with the standards and outcomes as set out in *The Trainee Doctor*. For more information on these standards please see: [The Trainee Doctor](#)

<b>Check</b>	Undermining and Bullying Checks
<b>Date</b>	11 November 2014
<b>Location Visited</b>	Derriford Hospital, Plymouth Hospitals NHS Trust
<b>Team Leader</b>	Mrs Jane Nicholson
<b>Visitors</b>	Prof Helen Sweetland Dr Toby Reynolds
<b>GMC staff</b>	Kate Gregory, Joint Head of Quality Jean-Marc Lam-Hing, Education Quality Analyst Charlotte Rogers, Education Quality Analyst

### Purpose of the check

We are undertaking a series of checks to obstetrics and gynaecology departments and a number of surgical specialty departments across the UK to:

- explore undermining and bullying
- gain further insight into local and national challenges in addressing undermining and bullying of doctors in training
- explore the challenges faced when empowering victims of undermining and bullying to come forward.

We are also looking at ways in which sites have managed undermining and bullying concerns in order to learn and disseminate good practice to other Local Education Providers (LEPs).

These checks were prompted by an increasing number of undermining and bullying concerns reported to us. Our 2013 National Training Survey\* asked doctors in training if they had experienced bullying or undermining in the workplace; 13% reported that they had. We chose to focus on obstetrics and gynaecology and surgical specialties as doctors in training reported a high proportion of issues in these areas.

We selected 12 departments; six obstetrics and gynaecology and six surgical specialty departments to visit over a period of three months. The sites were chosen after analysing our evidence which includes bi-annual Dean's reports, data from the 2013 and 2014 National Training Surveys, and evidence from the Joint Committee on Surgical Training (JCST) and Royal College of Obstetricians and Gynaecologists (RCOG) and local intelligence from Local Education and Training Boards (LETBs) and deaneries.

This check was one of six surgical checks and was undertaken at Derriford Hospital with a focus on general surgery, neurosurgery and plastic surgery. The check comprised meetings with: foundation and core doctors in training; higher specialty doctors in training; the hospital Senior Management Team (SMT); Consultants and representatives from Health Education South West (HESW).

## Summary of the organisation

Derriford Hospital is a large teaching hospital with around 900 beds, the hospital provides emergency, trauma, maternity and paediatric services, plus a range of tertiary services including neonatal, cardiothoracic, neurosurgery, renal / bone marrow transplantation and upper GI with hepatobiliary surgery for the peninsula. The hospital is used for clinical training of medical students from the Peninsula Medical School which is maintained by the University of Plymouth and the University of Exeter and it is one of five hospitals with an attached Ministry of Defence unit for service personnel.

## Summary of key findings

### Good practice

1.	We recognise and encourage the efforts and planned actions taken by the Trust to introduce Service Line Education Leads. This is an example of a proactive initiative to improve the learning environment. (TTD Standard 6.18, 6.21, 6.34)
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\*[http://www.gmc-uk.org/NTS\\_2013\\_autumn\\_report\\_undermining.pdf\\_54275779.pdf](http://www.gmc-uk.org/NTS_2013_autumn_report_undermining.pdf_54275779.pdf)  
[http://www.gmc-uk.org/NTS\\_bullying\\_and\\_undermining\\_report\\_2014\\_FINAL.pdf\\_58648010.pdf](http://www.gmc-uk.org/NTS_bullying_and_undermining_report_2014_FINAL.pdf_58648010.pdf)

## Requirements

1.	The Trust must ensure that doctors in training receive an induction within an appropriate time frame. (TTD Standard 4.6)
2.	We are aware of staff shortages and the impact that this may have on doctor's health, their education and training and patient safety. Many doctors in training feel they regularly stay beyond their working hours in order to provide rota cover, which effects their health and potentially patient safety. Rota gaps are also causing missed training opportunities, including attendance at teaching sessions. The hospital should review the rotas of doctors in training and ensure that their working patterns are safe, appropriate and compliant with European Working Time Regulations. (TTD Standard 1.1, 2.1, 5.4)

## Recommendations

1.	The SMT has taken steps to promote a culture of openness, patient safety and professional behaviour through 'The Plymouth Way'. However doctors in training reported variable awareness of these recent initiatives. This should be rolled out to all staff in order to achieve the maximum benefit from this initiative. (TTD Standard 6.18)
2.	We heard that consultants within the neurosurgery unit have variable commitment to teaching. We know that the training issues raised in neurosurgery are under investigation by Health Education South West (HESW). The LETB should further explore these issues and provide a report to us when the investigation has ended. (TTD Standard 1.3, 5.4, 6.34)

## Findings

### Learning environment

- 1 The majority of doctors in training we met told us that, despite having busy surgical units, there is a good training environment with excellent learning opportunities. Many doctors in training said that they greatly value the support they receive from Consultants.
- 2 The SMT told us that despite staff shortages, teaching and training is a 'key value' of the Board and they are trying hard to protect education in order for doctors in training to gain the appropriate knowledge and skills and to attract more registrars to the hospital.

- 3 Consultants we met were clearly committed to training but were worried that service pressures and lack of time in their job plans for training restricted their capacity for educational activities.

## Leadership and management

**Good Practice 1:** We recognise and encourage the efforts and planned actions taken by the Trust to introduce Service Line Education Leads. This is an example of a proactive initiative to improve the learning environment. (TTD Standard 6.18, 6.21, 6.34)

**Recommendation 1:** The SMT has taken steps to promote a culture of openness, patient safety and professional behaviour through 'The Plymouth Way'. However doctors in training reported variable awareness of these recent initiatives. This should be rolled out to all staff in order to achieve the maximum benefit from this initiative. (TTD Standard 6.18).

- 4 We found a highly engaged SMT committed to providing an excellent standard of training at the hospital.
- 5 The SMT acknowledged that there is often a tension between education and service and that trainees in the department have a high workload, particularly at night. Patient flow pressures can result in teaching being cancelled, but these decisions are taken very seriously, as a last resort, and are always referred to executive level.
- 6 The Chief Executive of the hospital told us doctors in training could be experiencing undermining issues due to extreme service pressures. The Board is trying to alleviate the pressure by working closely with the LETB to increase trainee numbers in order to be able to keep up with higher patient numbers and a general growth in demand.
- 7 The Board is also employing more ancillary staff such as theatre assistants, physician assistants and specialist nurses in order to relieve pressure on doctors in training.
- 8 The SMT want to be proactive and look at the culture in departments and bring together doctors in training and trainers to improve the learning environment and culture. The SMT plan to start visiting departments, prioritising those with known problems.
- 9 There are plans to introduce a service line education lead. Currently there are several people in each area with responsibility for different doctors in training. The SMT would like to have one person in each service line to take overall responsibility for education and this would be integrated into the job planning process. This person would promote local teaching, inductions, respond to any training issues and work on the general culture of the unit. This is an important initiative and we look forward to seeing how it develops.

- 10 The SMT told us about an initiative called The 'Plymouth Way' which should form part of every induction. The 'Plymouth Way' sets expectations about how staff should treat each other and patients, in line with its values to respect each other for their roles and behave appropriately in all situations.
- 11 This appears to be a valuable initiative which puts patients' needs at the centre and supports staff by setting clear expectations on specific behaviours. However, many of the doctors in training and Consultants we met had a limited understanding of the 'Plymouth Way' which suggests more needs to be done to promote the initiative internally.
- 12 The SMT told us there are monthly 'Plymouth Way' workshops open to all staff that provides a good forum for voicing concerns and suggesting improvements to existing processes. However, doctors in training and Consultants told us they rarely had the opportunity to attend due to service pressures.

## Induction

**Requirement 1:** The Trust must ensure that doctors in training receive an induction within an appropriate time frame. (TTD Standard 4.6)

- 13 The Trust needs to ensure that doctors in training receive an induction in a timely manner. We heard that some doctors in training had started to work at the hospital without identification badges or IT access. This compromises their ability to fulfil the duties in their new posts and can be detrimental to patient care.

## Rotas

**Requirement 2:** We are aware of staff shortages and the impact that this may have on doctor's health, their training and patient safety. We are concerned that the lack of proactive management of the rota gaps is causing missed training opportunities for doctors in training, such as attendance at teaching sessions. Many doctors in training feel they have to stay beyond working hours in order to provide rota cover. The hospital should put measures in place to relieve the pressure on doctors in training and ensure that their working patterns are appropriate and compliant with European Working Time Regulations. (TTD Standard 1.1, 2.1, 5.4)

- 14 The SMT, Consultants and doctors in training told us that the management of rotas is an ongoing issue at Derriford Hospital. We heard on several occasions that doctors in training were being expected to fill rota gaps without any prior notice which meant that they were unable to access formal teaching sessions.
- 15 Doctors in training told us that some rota gaps took weeks to fill and that, in the meantime, they were often coerced into providing cover even after long shifts.

- 16 It seems the hospital has difficulty filling rota gaps with Locum doctors as they are in short supply in the region and their basic hourly pay is not considered to be competitive.
- 17 Some doctors in training attributed the problems with rotas to the fact that administrative staff were in charge of rota design. They believed that the rotas would run much more smoothly if doctors in training were more involved at the planning stage.
- 18 The SMT is trying to address staff shortages by asking the LETB for more doctors in training and looking to bolster the team by developing physician assistants and by recruiting non-training grade doctors from Romania.
- 19 We would recommend that this issue is investigated thoroughly by the Trust in order to find a lasting solution as it is not acceptable for doctors in training to routinely forego training opportunities and work back to back shifts.

### **Undermining and bullying**

**Recommendation 2:** We heard that Consultants within the neurosurgery unit have variable commitment to teaching. We know that the training issues raised in neurosurgery are under investigation by Health Education South West (HESW). The LETB should further explore these issues and provide a report to us when the investigation has ended. (TTD Standard 1.3, 5.4, 6.34)

- 20 From our meetings with doctors in training and Consultants at Derriford Hospital, we found that there is neither a culture nor a systemic problem of undermining and bullying in the general surgery and plastic surgery units.
- 21 The SMT, doctors in training and Consultants confirmed that doctors in training are able to report instances of undermining and bullying. However, doctors in training voiced concerns about adverse consequences if they are asked to identify the individual in question in order to address the allegations.
- 22 We heard from a number of doctors in training that Consultants within the neurosurgery unit sometimes have variable commitment to teaching and, at times, undermine doctors in training. We were given examples of neurosurgeons who refused to allow doctors in training on neurosurgery rotations to enter theatre even as observers.
- 23 We heard about a general lack of approachability among neurosurgeons and that they may give orders through other staff that did not filter through properly to doctors in training which made the Consultants angry.
- 24 Representatives from Health Education South West (HESW) told us they were aware of undermining concerns in neurosurgery and that they had already undertaken an

exception visit to address these problems. They were confident that the Trust was implementing appropriate measures to resolve the issues. They reassured us they were monitoring the situation closely. HESW told us they would let us know if sufficient progress isn't made or if the situation deteriorates further. We would like HESW to send us a report when the investigation has ended.

- 25 Most of the doctors in training we met, including those who had been on neurosurgery rotations, did not have any experience of undermining and bullying at Derriford. Some Consultants and doctors in training attributed this to the 'Plymouth Way' as they felt that this policy empowered staff at the hospital to challenge unacceptable behaviour.

## Conclusion

- 26 We were pleased to find an enthusiastic and engaged SMT at Derriford Hospital, dedicated to education and determined to improve the experience for doctors in training. We were impressed by plans to introduce service line leads and we think this has the potential to be an example of good practise once it has been rolled out.
- 27 The 'Plymouth Way' is another example of innovation at Derriford Hospital and it would be advantageous for patients and staff if doctors in training and Consultants had time to engage with its development.
- 28 There is still scope for improvement at Derriford, particularly in relation to the workload of doctors in training and their rotas. The hospital should put measures in place to relieve the pressure on doctors in training and ensure that their working patterns are appropriate and compliant with European Working Time Regulations.
- 29 Overall, the doctors in training we met were very positive about their experience at this hospital and had not experienced undermining and bullying.

### Monitoring

The Trust is responsible for quality control and will need to report on what action is taken regarding the requirements and recommendations in this report. The action plan must be sent to [quality@gmc-uk.org](mailto:quality@gmc-uk.org) copying Health Education South West in by 02 April 2015. The LETB is responsible for quality management of the requirements and recommendations and must report on progress to the GMC via the annual Dean's Report process.