

## Report of undermining check to Belfast City 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 checks
<b>Date</b>	3 November 2014
<b>Location Visited</b>	Belfast City Hospital, Belfast Health and Social Care Trust
<b>Team Leader</b>	Mrs Jane Nicholson
<b>Visitors</b>	Dr Rick Turnock Dr Achyut Valluri
<b>GMC staff</b>	Dr Vicky Osgood, Assistant Director of Education and Standards Ms Charlotte Rogers, Education Quality Analyst Ms Samara Zinzan, Education Quality Programme Manager

### 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 (NTS)\* asked doctors in training if they had experienced undermining or bullying 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 NTSs, 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 (LETB) and deaneries.

This check was one of six surgical checks and was undertaken at Belfast City Hospital in surgery. Meetings were held with: the hospital Senior Management Team (SMT); doctors in training in general surgery and urology; general surgery and urology clinical leads; general surgery and urology consultants and a meeting with representatives from Northern Ireland Medical and Dental Training Agency (NIMDTA).

## Summary of the organisation

Belfast City Hospital is a university teaching hospital providing acute services and has 434 beds. The hospital's general surgery unit has 26 doctor in training posts and the urology unit has five doctor in training posts. Doctors in training in general surgery and urology programmes rotate across three sites in the Belfast Health and Social Care Trust: Belfast City Hospital, Mater Infirmorum Hospital and Royal Victoria Hospital. The Trust was formed in April 2007.

\*[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)

## Summary of key findings

### Good practice

1.	Doctors in training told us that Belfast City hospital has a good training environment despite heavy service pressures. They value the support from Consultants. (TTD Standard 5.4, 6.2)
2.	The current SMT is perceived as listening to the clinical voice at all levels. We recognise and encourage the efforts by the SMT to address the pressures on the rotas and cross-site working. (TTD Standard 6.18, 7.2)
3.	We have heard a number of positive examples of excellent training and teaching at all levels of surgical training. (TTD Standard 5.4)

### Requirements

1.	Trainers do not have consistent and sufficient time in their job plans for training responsibilities. All trainers must have adequate time for training in their job plans and the Trust must review this. (TTD Standard 8.4)
2.	We heard that the urology training experience is very good for doctors in training. However, the current middle grade urology rota is non-compliant with the European Working Time Regulations due to doctors in training having to stay at work beyond the length of their shift (this also applies to foundation doctors in urology) and having to come in to perform surgery during the night when on call. The Trust must review this. (TTD Standard 1.5, 2.1)
3.	The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used. All documentation, guidance and rotas should be reviewed to ensure that this terminology is removed. The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)

### Recommendations

1.	Doctors in specialty training told us they consistently experience inappropriate calls for their level of expertise when undertaking emergency calls. Core doctors in training appear to be deprived of useful learning opportunities due to the doctors in specialty training having the emergency phone. The Trust should review these arrangements to ensure that doctors in specialty training are not asked to attend calls which are not appropriate for their level of expertise and core doctors in training have appropriate learning opportunities. (TTD Standard 6.10, 6.11, 6.13)
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## Report in context

### Learning environment

**Good practice 1:** Doctors in training told us that Belfast City hospital has a good training environment despite heavy service pressures. They value the support from Consultants. (TTD Standard 5.4, 6.2)

**Good practice 3:** We have heard a number of positive examples of excellent training and teaching at all levels of surgical training. (TTD Standard 5.4)

**Recommendation 1:** Doctors in specialty training told us they consistently experience inappropriate calls for their level of expertise when undertaking emergency calls. Core doctors in training appear to be deprived of useful learning opportunities due to the doctors in specialty training having the emergency phone. The Trust should review these arrangements to ensure that doctors in specialty training are not asked to attend calls which are not appropriate for their level of expertise and core doctors in training have appropriate learning opportunities (TTD Standard 6.10, 6.11, 6.13).

- 1 The Trust's senior management team (SMT) told us that the learning environment for doctors in surgical specialty training is probably strained due to high service pressures by having to cover three sites and recent re-organisation of surgical services. The SMT said that intense media scrutiny and local politics can make the implementation of change difficult. Doctors in training feel that Belfast City Hospital has a good learning environment despite heavy service pressures. They value the support they receive from Consultants and find the multi-disciplinary team supportive also, particularly the nursing staff.
- 2 There are no reported problems with handovers. These take place twice a day between the day shift and night shift teams. The Trust and departmental induction is considered to be good.
- 3 Foundation doctors and core doctors in training reported that the feedback they receive from doctors in specialty training on their work is helpful, delivered appropriately and in a supportive manner. Feedback from Consultants is usually appropriate.
- 4 Doctors in specialty training reported that feedback from Consultants is supportive, a two way process, and they feel comfortable in challenging decisions made by Consultants.

## Support for doctors in training in raising concerns

- 5 The SMT is aware of undermining and bullying concerns raised by doctors in training in the NTS. For several of these concerns, doctors in training were unwilling to take them further or provide more information, so the Trust had limited scope to make changes. In other contexts where the Trust received cooperation from doctors in training, the doctors were supported, their concerns were investigated and appropriate action was taken.
- 6 The SMT told us they have tried to ensure doctors in training feel supported and able to raise concerns. Steps include:
  - Leadership 'walk rounds' every two weeks where members of the SMT speak with staff about emerging issues and ask them about specific concerns
  - Doctors in training can attend a recently established open forum every six to eight weeks to discuss concerns
  - Informal drop-ins for staff on how to raise concerns
  - Communications from both the Trust and the NIMDTA as to how to raise concerns including an email address for staff to use to report concerns.
- 7 Trust induction for doctors in training includes information on how concerns can be raised and the relevant Harassment and Working Well Together policies.
- 8 Doctors in training reported that bullying and undermining concerns are taken seriously by supervisors and the SMT and are dealt with appropriately. We heard examples of how some concerns had been addressed.
- 9 Doctors in training are supported by the Trust when raising concerns and know the processes to follow in order to do so.
- 10 NIMDTA maintains a central log of all undermining and bullying issues which are identified through the National Training Survey, NIMDTA surveys and visits and when doctors in training report them directly to their Trust or NIMDTA. NIMDTA expects the medical director to respond to these issues following an investigation period and to feedback to the doctor in training. NIMDTA told us how issues are resolved and that the medical director at the Trust is very responsive to these kinds of issues and takes them seriously.

## Leadership and management

**Requirement 3:** The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used. All documentation, guidance and rotas should be reviewed to ensure that this terminology is removed.

The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)

- 11 The SMT told us they have worked closely with NIMDTA to ensure doctors in training receive the best training and opportunities. They also said that when doctors in training raise concerns relating to undermining and bullying they work closely with NIMDTA to resolve problems.
- 12 The SMT has a vision for improving the training in surgery but we heard there are barriers to this including service pressures and in some cases the absence of political will. For example, the Trust would like to deliver all surgical services from one site which would have benefits for training but this level of re-organisation is not an option due to legal covenants which pre-date the creation of the Belfast Health and Social Care Trust in April 2007. These covenants protect services at Mater Infirmorum hospital and therefore need to be taken into account with the reconfiguration of services.
- 13 However the SMT is hopeful there will be further reconfiguration within the Trust in the next few years which will address some of the issues.
- 14 The SMT has introduced a scheme where doctors in specialty training can work with them on joint initiatives. We heard positive feedback from doctors in specialty training about the SMT.
- 15 Doctors in training identification badges do not consistently identify the grade of the doctor in training. It is important that staff and patients can identify the training grade of the doctor in training. The Trust must review this.

## Rotas and workload

**Good practice 2:** The current SMT is perceived as listening to the clinical voice at all levels. We recognise and encourage the efforts by the SMT to address the pressures on the rotas and cross-site working. (TTD Standard 6.18, 7.2)

**Requirement 2:** We heard that the urology training experience is very good for doctors in training. However, the current middle grade urology rota is non-compliant with the European Working Time Regulations due to doctors in training having to stay at work beyond the length of their shift (this also applies to foundation doctors in urology) and having to come in to perform surgery during the night when on call. The Trust must review this. (TTD Standard 1.5, 2.1)

- 16 Doctors in surgical training cover three sites which are within two miles of each other. There is currently a rota for each site. The SMT told us they would like to operate a split rota across all three sites but the Specialty Advisory Committee (SAC) has told them that a separate rota for each site is needed. Maintaining three rotas is

problematic for the Trust because of vacancies, which make it difficult to staff each rota safely.

- 17 The SMT is trying to address issues around ensuring rotas are suitable for training by creating a voluntary service rota to be introduced in February 2015. This works by maximising the training opportunities on one rota at one of the three sites and maintaining service at the other two sites.
- 18 We heard from doctors in specialty training that rota issues are having an impact on their training. They are appreciative of the current rota manager who has a good understanding of the issues and is supportive of them.
- 19 We heard from foundation doctors in urology that it is not always possible to leave on time because their shift finishes 90 minutes before the start of the next rota and handover to the night team. This means they are covering the wards until the next rota starts. During a working hours monitoring exercise foundation doctors were encouraged to leave on time but are aware that staying until handover is better for continuation of patient care and that ward tasks need to be completed to ensure safe care.
- 20 We heard from doctors in training that the middle grade rota for urology can be onerous due to the number of sites they cover when on call and because they work during the day following a night on call. The middle grade rota for urology doctors in training is not compliant with the European Working Time Regulations.
- 21 Consultants reported they will send doctors in training home if they have had a busy night on call and are too tired to work safely during their shift the next day. NIMDTA is aware of the issues which are exacerbated by two unfilled Trust grade posts which, if filled, would ease the pressure on doctors in training. Recruitment in urology is a UK-wide problem.
- 22 Foundation doctors told us they would value more exposure to emergency surgery but realise that as emergency surgery takes place in the Emergency Medicine Surgery Unit at the Royal Victoria Hospital, this is not possible.
- 23 There are significant regional difficulties with recruitment of core training grades in surgery to higher specialty grades. In 2013 there were 26 vacancies in core surgery across the province which has impacted on the number of out of hours shifts doctors in training are required to work.
- 24 The SMT told us they ensure that doctors in training have support at all times but it is challenging due to service pressures. The team also said the political environment can be a barrier to the implementation of organisational change which would ease the pressures resulting from a high number of vacancies.

## Clinical supervision

- 25 Doctors in training said it is always possible to get support and they feel appropriately supervised, including at night.
- 26 Doctors in training are satisfied with provision of educational supervision and they all meet with their educational supervisor at the start and end of each post. They can arrange additional meetings with their educational supervisor when needed.

## Time for training in job plans

**Requirement 1:** Trainers do not have consistent and sufficient time in their job plans for training responsibilities. All trainers must have adequate time for training in their job plans and the Trust must review this. (TTD Standard 8.4)

- 27 The provision for training in job plans is one supporting professional activity (SPA) per 16 doctors in training per week. The SMT said most educational and clinical supervisors have educational responsibility for four doctors in training, so have 0.25 of an SPA per week for training. Consultants reported that this provision is insufficient and there should be an allocation of SPA per doctor in training which is more transparent and fair.

## Quality management

- 28 We heard that executive and non-executive Trust Board members receive regular updates on educational issues. The SMT review summaries of NIMDTA visit reports and reports from other external organisations (such as the Regulation and Quality Improvement Authority) with a view to understanding good practice in training and education at other sites and learning from others.

## Training

- 29 We were surprised that there appeared to be no mandatory training on equality and diversity (E&D) awareness for doctors in training. NIMDTA have since clarified they are delivering their own E&D training to doctors in training during Foundation year two.

## Conclusion

- 30 The main issues during our visit are concerns with service pressures, rotas and working hours. Despite this, doctors in training note a positive educational experience and learning environment.
- 31 We found there is neither a culture nor a systemic problem of undermining and bullying in the department and doctors in training feel able to report concerns when

they arise. The undermining concerns we heard about are being dealt with appropriately.

- 32 The SMT is taking a range of steps to ensure doctors in training feel supported to raise concerns and clearly take undermining and bullying issues seriously.
- 33 The Trust is working well with NIMDTA to resolve undermining and bullying issues.

### Monitoring

The Trust is responsible for quality control and will need to report on the actions being 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 NIMDTA by 02 April 2015. The Deanery 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.