General Medical Council

Report of undermining check to Ninewells 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*

Check	Undermining and bullying checks
Date	30 October 2014
Location Visited	Ninewells Hospital, NHS Tayside
Team Leader	Professor Bill Reid
Visitors	Professor Helen Sweetland Dr Toby Reynolds
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Purpose of the check

We are undertaking a series of checks to obstetrics and gynaecology (O&G) 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.

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 detailed exploration of our evidence which includes 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 Ninewells Hospital in trauma and orthopaedics and general surgery. The check comprised meetings with: foundation, core and higher specialty doctors in training, the hospital Senior Management Team (SMT), general surgery and trauma and orthopaedic Consultants and a meeting with representatives from the East Region of the Scotland Deanery.

Summary of the organisation

Ninewells Hospital is administered by NHS Tayside, and is a centre of both undergraduate and post-graduate teaching. There are surgical services provided across three NHS Tayside sites: Ninewells Hospital, Stracathro Hospital and Perth Royal Infirmary. Although the focus of our check was on surgical training at Ninewells Hospital, we did hear of doctors in training's experience of working across the three sites.
Stracathro Hospital is a rural General Hospital and we heard that some of the foundation year one doctors in training rotate through this hospital for a four week period. Although we heard about some of doctors in training's experience of working at other sites, the content of this report relates only to Ninewells Hospital.

*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

Summary of key findings

Requirements

1.	Appropriate cover must be scheduled on the rota to allow foundation year doctors in training to attend teaching sessions Additionally, teaching time must be protected. (TTD Standard 5.4)
2.	Doctors in training produce their own rotas however there is variable senior oversight and scrutiny of these rotas. These rotas must be consistently reviewed and scrutinised by a senior member of the department to ensure that rotas are suitable for education and training, safe and legally compliant. (TTD Standard 1.5)
3.	Doctors in training must be enabled to record their working hours accurately for the purposes of monitoring. (TTD Standard 1.5)

Recommendations

1.	Options which will enable general surgery specialty doctors in training to attend regional teaching should be explored, such as video conferencing facilities. (TTD Standard 5.4)
2.	We heard that there appeared to be an endemic issue with bullying and undermining in the relationship between the Emergency Medicine staff members and surgical doctors in training of all grades. This should be explored in conjunction with the Health Board and Deanery. (TTD Standard 6.18)

Findings

Learning environment

1 Almost all the doctors in training reported that Ninewells hospital provided a good training environment despite the busy nature of the general surgery and trauma and orthopaedic units. They valued the clinical exposure and support from middle grade doctors.

2 We heard that the Health Board had investigated undermining and bullying at the site and had planned a number of actions to address this. Although a number of the Senior Management Team's planned actions were in their initial stages, it was positive to note that focus was being placed on preventing and addressing undermining and bullying in the workplace.

3 We heard about a NHS Tayside bullying and harassment policy which had recently been implemented. A training workshop, 'Values and Behaviour Training for Teams',

on this policy was scheduled to be delivered to the general surgery and trauma and orthopaedic departments shortly after this check. We also heard that a bullying mentoring scheme was going to be introduced. The scheme will appoint four Consultants as identified points of contact for doctors in training to be able to report undermining and bullying concerns. These mentors will receive specific training on how to deal with concerns, including procedures for escalation. One of the objectives of the scheme is to provide doctors in training with an alternative reporting pathway than their educational and clinical supervisors.

4 We also heard from many of those that we met during the check that the historical prevalence of 'strong characters' in surgical specialties, which can lead to undermining and bullying, is slowly disappearing. We also heard that there has been a change in teaching styles from a historical concept that surgeons 'teach by scaring', to a teaching style where surgeons provide constructive feedback and support to doctors in training.

Workload

Requirement 1: Appropriate cover must be scheduled on the rota to allow foundation year doctors in training to attend teaching sessions. Additionally, teaching time must be protected. (TTD Standard 5.4)

5 In the 2014 NTS Ninewells Hospital received poorer than average results for workload and clinical supervision in general surgery. The issues with foundation doctors' workload became a known issue with the Deanery following their quality management visit in May 2012. As a result they held focus group meetings with doctors in training in an attempt to address the issues, however, during the check we heard that this remains an issue. Foundation doctors told us of their heavy workload, the frequent rota gaps and their difficulty in attending teaching sessions. We also heard that when foundation doctors do manage to attend teaching, this time is not protected as they feel unable to attend sessions without their pagers. Some foundation doctors explained that this was because there is no one to cover for them.

6 The SMT recognised and acknowledged that they are dependent on foundation year one doctors in training for service provision on the wards. We heard from almost all of those that we met that foundation year one doctors are expected to manage a very heavy workload. It was recognised by some that the service requirements may be having a detrimental effect on their education and training.

7 It was reported that some foundation year one doctors would appreciate more support from foundation year two doctors, particularly for the management of trauma and orthopaedic patients with medical problems. But as they are theatre based and foundation year one doctors are ward based this is not currently practicable. We

heard mixed reviews from foundation year one doctors about access to supervision. But on the whole we were told that it was the sheer volume of work which they felt is at times unmanageable, rather than feeling as though they were lacking clinical supervision.

8 These workload issues have been raised by some foundation year one doctors and a meeting with the clinical director was scheduled for shortly after this check. It was positive to hear that foundation doctors were confident that management will be receptive to their feedback, as they have previously been told by management that they don't want to see foundation doctors under too much pressure.

9 We were told that the Health Board are moving towards greater use of nurse practitioners and physician associate services. We were also told that there is currently a review of surgical services across the three sites, the outcome of which may help to reduce the service pressures on junior doctors. In order to help to improve the learning environment for foundation year one doctors, we would encourage initiatives such as an increase in the numbers of allied healthcare professionals, thus alleviating some of their heavy workload.

Rotas

Requirement 2: Doctors in training produce their own rotas, however there is variable senior oversight and scrutiny of these rotas. These rotas must be consistently reviewed and scrutinised by a senior member of the department to ensure that rotas are; suitable for education and training, safe and legally compliant. (TTD Standard 1.5)

10 We were told that general surgery and trauma and orthopaedic doctors in training produce their own rotas. This arrangement was supported and encouraged by management and Consultants who felt that as the doctors in training are familiar with, and understand the complex requirements of the rotas and their training, they are therefore best placed to produce them. Although we appreciate that they may be very capable of producing the rotas, we heard that there is variable senior oversight and scrutiny of these rotas and the lack of senior oversight may present an unnecessary risk to trainee and patient safety. A procedure should be put in place to ensure that senior review of the rotas is carried out consistently.

11 We also heard that these rotas are mainly drafted by one higher specialty doctor in training. We recommend that this process is shared among a number of doctors in training and reviewed by a Consultant within the department so that this doesn't become an issue when an individual's training progresses. It will also ensure that rotas are; suitable for education and training, safe and legally compliant.

The process for monitoring hours worked

Requirement 3: Doctors in training must be enabled to record their working hours accurately for the purposes of monitoring. (TTD Standard 1.5)

12 Doctors in training reported examples of feeling unable to record accurate hours of working due to a range of pressures. It was also unclear what was done with this monitoring information once it had been collected.

13 We heard that doctors in training recorded their working hours on a form and that if they worked beyond the designated hours on the rota they need to get a Consultant to sign it.

14 We heard that although doctors in training have been told by some Consultants and HR staff that they need to be honest about hours they have worked on the forms they are required to complete. However, some reported that they subsequently felt pressured to record their hours inaccurately in order for their rotas to appear compliant with the European Working Time Regulation.

15 We were very concerned to hear that some doctors in training may be working inappropriate hours and that they have felt pressure to record these hours in-accurately. Doctors in training must be enabled to record their working hours accurately for the purposes of monitoring. This is to ensure that the hours being worked by doctors in training are; suitable for education and training, safe and legally compliant.

Regional teaching

Recommendation 1: Options which will enable general surgery specialty doctors in training to attend regional teaching should be explored, such as video conferencing facilities. (TTD Standard 5.4)

16 In the 2014 NTS Ninewells Hospital received a negative outlier for regional teaching in general surgery for the third year in a row. The issue with specialty doctors in training's access to regional teaching was also a known issue at the Deanery prior to the check, and is currently being monitored through the Dean's Report. General surgery specialty trainees reported difficulty in attending regional teaching which is jointly managed by the North and East Regions of the Scotland deanery. They explained that this was due to the fact that there are only relatively small numbers of specialty doctors in training so cover can be an issue, and due to the distance required to attend some of the sessions across the North Region.

Support/feedback

17 We heard from foundation year doctors that they actively seek and receive feedback from specialty doctors in training on the wards which they find constructive and greatly value. However, some reported that they do not receive much Consultant feedback which may be due to the limited exposure they have with these Consultants. We heard from some others that the level and frequency of feedback was dependant on the individual Consultant. Some reported that they find their clinical supervisors to be very approachable and supportive when they see them, but reported that these encounters were infrequent.

18 Doctors in training reported that the quarterly morbidity and mortality (M&M) meetings, during which teams are invited to present cases, are a good learning opportunity. The feedback received is constructive and there is no blame culture during them. Trauma and orthopaedic specialty doctors in training reported that the regular trauma meetings are good, as there is attendance by doctors at all levels and there is valuable input from several Consultants during them.

Undermining and bullying

Recommendation 2: We heard that there appeared to be an endemic issue with bullying and undermining in the relationship between the Emergency Medicine staff members and surgical doctors in training of all grades. This should be explored in conjunction with the Health Board and Deanery. (TTD Standard 6.18)

19 Although we heard isolated examples of bullying and undermining from the doctors in training we met with, we found no evidence that there was a culture of undermining and bullying in the general surgery and trauma and orthopaedic units.

20 The SMT, Clinical Leads, the Deanery and Consultants confirmed that doctors in training do feel able to report instances of undermining and bullying. They often have difficulty in continuing with the escalation of a concern once they ask for permission for more information. This means that the anonymity would be lost.

21 We heard from all groups that we met that there may be issues with interaction with other departments such as emergency medicine. There was some confusion as to whether the emergency medicine department has admitting rights into other departments without referral to colleagues in those departments, and we heard this can lead to tension.

22 We also heard that doctors in training feel unable to attend the Emergency Medicine department unless they are explicitly asked to do so by staff in that department.

Additionally when they do attend we heard examples of when they were undermined and/or bullied.

23 We felt that these issues of poor communication, undermining and bullying and lack of clear patient care processes between the emergency medicine department and other departments are likely to present a risk to patient safety. The regional GMC Education Quality Team in conjunction with the Deanery and Hospital will be investigating and dealing with the concerns externally to these checks.

Conclusion

24 There is still scope for improvement, particularly in relation to workload of doctors in training, their rotas and the undermining and bullying issues identified during the check. Although we found no evidence that there was a culture of undermining and bullying in the general surgery and trauma and orthopaedic units, we encourage improvements to be made in regards to the interaction between the emergency medicine department and other specialties. Overall, the doctors in training that we met were very positive about their experience at this Hospital.

Monitoring	The Health Board is responsible for quality control and will need to report on what action is being taken regarding the requirements and recommendations in this report. The action plan must be sent to quality@gmc-uk.org copying the East region of the Scotland Deanery in 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.

Addendum to Ninewells check report

Between September and December 2014 we completed check visits to 12 local education providers (LEPs) in England, Scotland and Northern Ireland to investigate concerns about the undermining of doctors in training.

We visited six obstetrics and gynaecology departments, and six surgical departments, as the evidence suggested these specialties warranted further exploration. One of the sites selected was Ninewells Hospital in NHS Tayside and we looked at surgical training at that site.

When we spoke to doctors in training in surgery we heard that they perceived that they were experiencing undermining behaviour in their interactions with the emergency medicine department and we included this finding in the report. However, because the visit was focussed on surgery we did not meet with staff from the emergency medicine department during the visit.

Following the publication of the report, consultants from the emergency medicine department asked to meet with us to discuss their concerns. They felt that the report was unjustifiably critical of their service and staff and did not take into consideration evidence from the emergency medicine department or accurately reflect practice. While agreeing that the perceptions of the surgical trainees are concerning and need to be addressed in the manner outlined, the emergency medicine consultants felt that some balance required to be added to the report, that the GMC should be aware that their perceptions differed.

They also felt that there were factual inaccuracies in stating that there were no documented policies for patient admission processes, and that this should be corrected. We met with them on 1 May 2015.

At the meeting we were able to understand more about how the emergency medicine department interacted with doctors in training from surgery. We heard about a range of processes and policies being put in place by the emergency medicine department to help doctors in training from other specialities better understand how the department works. We discussed in detail the perceptions of emergency medicine department staff on their interaction with doctors in surgical training.

We acknowledge the alternative views presented by the emergency medicine consultants and are pleased that the emergency medicine department and the surgical specialties are working proactively to address the perception of doctors in surgical training that they could be being undermined.

Next steps

We will work with NHS Education Scotland and NHS Tayside on an action plan to address the requirements and recommendations in the visit report.

We will take feedback from NHS Tayside staff, including staff from the emergency medicine department, into account as we review and develop our procedures for carrying out check visits.