

Report of undermining check to Altnagelvin Area 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 check
Date	15 October 2014
Location Visited	Altnagelvin Area Hospital
Team Leader	Mrs Jane Nicholson
Visitors	Dr Jo Mountfield Dr Achyut Valluri
GMC staff	Joe Griffiths, Education Quality Analyst Samara Zinzan, Education Quality Programme Manager Dr Vicky Osgood, Assistant Director of Postgraduate Education

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 bullying and undermining
- gain further insight into local and national challenges in addressing bullying and undermining of doctors in training
- explore the challenges faced when empowering victims of bullying and undermining 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 concerns 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 and Royal College of Obstetricians and Gynaecologists and local intelligence from Local Education and Training Boards (LETB) and deaneries.

This check was one of six obstetrics and gynaecology checks and was undertaken at Altnagelvin Area Hospital. Meetings were held with: the hospital senior management team; specialty doctors in training; obstetrics and gynaecology clinical leads and consultants; midwives; trainee midwives and a tele-conference with representatives from Northern Ireland Medical and Dental Training Agency (NIMDTA).

Summary of the organisation

Altnagelvin Area Hospital is an acute hospital and the main hospital for the North West of Northern Ireland with 529 beds. The hospital's obstetrics and gynaecology unit has 15 trainee posts and nine supervising consultant posts.

*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

Serious concerns raised during the check

1.	We recognise that a lot of work has been done to address the issues with reported undermining. However, we heard that there is still unacceptable professional behaviour from some members of senior medical staff within the obstetrics and gynaecology unit. We are concerned that the actions taken have not as yet resulted in sustained improvement.
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Good practice

1.	The Northern Ireland Medical and Dental Training Agency (NIMDTA) education package for doctors in training which includes 'Building resilience', 'Accessing support' and Equality and Diversity. This is a recent positive intervention. The Consultant body recognises that this training package is necessary and has actively requested their own training on 'Managing relationships' and 'Delivering feedback'. (TTD Standard 6.35)
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Requirements

1.	We recognise the concerted effort to change systems and processes to support the obstetrics and gynaecology Consultant team. However the success of these changes appears to be hindered by a lack of engagement of some Consultants. The Trust must ensure that trainers and Consultants understand the requirements of the programme and their role in supporting the Local Education Provider in meeting these. (TTD Standard 6.39)
2.	The Trust must introduce more formalised opportunity for obstetrics and gynaecology doctors in training to raise concerns and issues about their training environment. Doctors in training must have a means of feeding back any concerns in confidence, in the knowledge that privacy and confidentiality will be respected where appropriate. (TTD Standard 6.7)
3.	We heard that inconsistent Consultant application of clinical guidelines is in some cases leading to tensions between staff. This has a detrimental impact on the training environment. Trust senior management and Consultants must work together to ensure a consistent approach to education and training. (TTD Standard 6.33)
4.	Current handover arrangements are not perceived by doctors in training to be useful educational opportunities, particularly due to the way in which negative feedback is being given. Supervising Consultants must adopt a constructive approach to giving feedback (TTD Standard 6.31[b])

Findings

Learning environment

Requirement 3: We heard that inconsistent Consultant application of clinical guidelines is in some cases leading to tensions between staff. This has a detrimental impact on the training environment. Trust senior management and Consultants must work together to ensure a consistent approach to education and training. (TTD Standard 6.33)

- 1 Doctors in training reported that AAH has a good training environment and they value the clinical exposure. There was unanimous agreement that they would recommend it as a training opportunity. They endorsed the quality of the academic experience and the good exam results obtained by trainees whilst in post at the unit were recognised and valued by the doctors in training.
- 2 We heard that some Consultants have differences of opinions regarding patients which sometimes resulted in patients' care plans being changed throughout the day. This appears to be impacting on patient care and the educational environment. Doctors in training are sometimes required to change the way they work depending on which Consultant they are working with, rather than working consistently according to Trust policies and clinical guidelines.
- 3 The doctors in training informed us that their working relationships with midwives are generally good and they are satisfied with the way midwives raise issues with them. The doctors in training understand why a midwife may need to contact a Consultant to ensure patient safety and said they are always informed by midwives that this is going to happen before the Consultant is contacted.
- 4 The NIMDTA Deputy Head of School for Obstetrics and Gynaecology introduced a charter for undermining and bullying that doctors in training and Consultants are required to sign. Some doctors in training feel this is a tick-box exercise, others feel it is a good idea but think the way it is delivered could be improved to promote the charter more effectively.
- 5 Clinical teaching happens once per week within the Trust. We heard that doctors in training asked for more Consultant-led teaching which has been implemented by the Trust.

Leadership and management

- 6 We heard from the Trust senior management team that they ensure their presence on the wards, and provide formal and informal opportunities for doctors in training to raise issues directly through an 'open-door policy'. However, we heard from some doctors in training and midwives that the relationship between them and the Trust management team is not always experienced as helpful.

- 7 The obstetrics and gynaecology department holds weekly clinical risk management meetings. Doctors in training are generally not present at risk meetings, however a new Consultant in the unit is reviewing how these are run. It is essential that doctors in training are involved in this process as it is a key part of learning and development in the speciality.

Rotas and workload

Requirement 4: Current handover arrangements are not perceived by doctors in training to be useful educational opportunities, particularly due to the way in which negative feedback is being given. Supervising Consultants must adopt a constructive approach to giving feedback. (TTD Standard 6.31[b])

- 8 There are three Consultant handovers during a day which is disruptive for doctors in training and causes uncertainty for patients due to the number of doctors they may be treated by in one day, particularly if the care plan for the patients changes from one Consultant to another (as described in paragraph 2). Two new Consultants have been recruited in to the unit and the Consultant body is reviewing the current arrangements as they recognise this is currently a problem.

Out of hours working

- 9 There were no concerns from doctors in training about support during out of hours (evenings and weekends). We were told that there is an on-call consultant during out of hours. There is dedicated consultant presence on Labour Ward from 09:00–17:00 Monday to Friday and this is prospectively covered within consultant job plans to ensure unbroken cover during times of leave.

Support and feedback

Requirement 2: The Trust must introduce more formalised opportunity for obstetrics and gynaecology doctors in training to raise concerns and issues about their training environment. Doctors in training must have a means of feeding back any concerns in confidence, in the knowledge that privacy and confidentiality will be respected where appropriate. (TTD Standard 6.7)

- 10 The Trust management team is concerned that the culture within the unit is being perceived by doctors in training as undermining rather than supportive. As a result of these concerns it is now made clear at induction that trainees are part of a team and efforts are made to promote relationship building.
- 11 We heard that monthly breakfast meetings have been re-instated, providing opportunities for Consultants to hear about issues from doctors in training. We also heard that there is a forum for doctors in training to raise concerns, although it seemed the doctors in training are not aware of this nor making use of this

opportunity. The forum should be promoted to raise awareness amongst doctors in training.

- 12 Doctors in training and midwives highlighted that some Consultants give negative feedback to doctors in training in public rather than in private. Handover is where most discussions between Consultants and doctors in training take place and it was felt by doctors in training and midwives that this is not always delivered in the best way. Those who have observed exchanges had felt uncomfortable at the time and told us that they would not have liked to have been on the receiving end of the feedback. We heard that the way feedback is given varies between Consultants.
- 13 Handover has now moved to a computerised system and there is a multi-professional input. However, the Trust management team recognise there is still work to be done in terms of the comments from Consultants to doctors in training.
- 14 The Consultants we spoke to recognise the importance of giving feedback in a sensitive way and realise that the manner of giving feedback needs to change. However we heard that the consultant body was not agreed on how to make these changes.
- 15 Although we heard comments about the way feedback is given by Consultants, the doctors in training recognise that obstetrics and gynaecology is a stressful environment which can impact on behaviours.
- 16 Doctors in training feel that there is not much encouragement or positive feedback within the unit. This seems to vary depending on the Consultant and we heard positive examples of some Consultants giving constructive one to one and written feedback which the doctors in training appreciate. A new Consultant in the unit is looking at how positive feedback can be used within the department.
- 17 A recently appointed Consultant has a role as a mentor for the doctors in training. The Consultant body is hopeful that concerns will be picked up in this way and we heard from doctors in training that the mentor is very approachable.

Clinical supervision

- 18 Trust management said there was previously a delay with doctors in training getting supervision and procedures signed off. We heard of examples where some doctors in training had asked for a procedure to be signed off three weeks after the event. As a result of this the senior management team have since agreed that doctors in training need to bring their evidence and forms to Consultants to be signed off in a more timely way.
- 19 Doctors in training can now identify a Consultant they would like to be their supervisor and the Trust tries to honour this based on their individual educational needs.

Quality management

Requirement 1: We recognise the concerted effort to change systems and processes to support the obstetrics and gynaecology Consultant team. However the success of these changes appears to be hindered by a lack of engagement of some Consultants. The Trust must ensure that trainers and Consultants understand the requirements of the programme and their role in supporting the Local Education Provider in meeting these. (TTD Standard 6.39)

- 20 We recognise the early acknowledgement of the bullying and undermining concerns which were first reported in 2007 and the ownership and actions taken by the consultant body to address these. Quality management and improvement has been difficult as although concerns are raised through GMC National Training Surveys and NIMDTA surveys, Northern Ireland is a small community and doctors in training feel they are identifiable by comments made anonymously.
- 21 Since 2007 the Trust has been looking at various improvements and has rewritten its 'dignity at work' policy. One of the Consultants in the department is a Royal College of Obstetrics and Gynaecology undermining and bullying champion and has been developing a toolkit to help the Trust deal with undermining and bullying issues.
- 22 All groups we met with throughout the day feel there has been improvement in the culture of the department over the last two years, however some midwives feel this is partly due to the unit having more senior trainees who are able to work more autonomously.
- 23 The Trust management team has been able to identify concerns through the GMC National Training Survey and NIMDTA's annual survey in previous years, but is hopeful that the new mentor system will be an additional way to gather feedback from doctors in training.
- 24 As part of the Trust's quality improvement processes it has introduced guidelines on complications in early pregnancy, and has updated the in-house obstetrics and gynaecology induction booklet. This is to enable all team members within the unit to be working to the same guidelines, although we still heard examples of differences in Consultant opinion causing anxiety amongst doctors in training (as described in paragraph 8).
- 25 When doctors in training finish their training posts at AAH, Consultants ask them to complete feedback stating three things being done well in the unit and three things that can be improved on. The Consultants then look at any themes and changes are made as a result of this.

Training

Good practice 1: The Northern Ireland Medical and Dental Training Agency (NIMDTA) education package for doctors in training which includes 'Building resilience', 'Accessing support' and Equality and Diversity. This is a recent positive intervention. The consultant body recognises that this training package is necessary and has actively requested their own training on 'Managing relationships' and 'Delivering feedback'. (TTD Standard 6.35)

- 26 The Trust has targeted both doctors in training and Consultants for training in order to improve supervision and build resilience amongst doctors in training. As an RCOG undermining and bullying champion, one of the consultants in the unit has been to workplace bullying training.
- 27 Consultants undertake equality and diversity training from the Trust on a three yearly cycle and this is mandatory as part of the appraisal process. Equality and diversity training for doctors in training is managed by NIMDTA.
- 28 When there were instances of reported bullying and undermining the Trust took the approach of not blaming individuals but took a collective approach with all Consultants attending remedial training as a group.

Pastoral support

- 29 We heard examples from doctors in training of some excellent supervisors providing outstanding educational and pastoral support. The doctors in training are very grateful for this support.
- 30 The Medical Director of the Trust has written to all doctors in training as part of their induction to inform them there is a zero tolerance to bullying at AAH and to advise who they can contact for support if they or a colleague are being bullied or undermined.

Conclusion

- 31 The main issues we heard during our visit were with handover and the way in which negative feedback is given to doctors in training, and inconsistency between Consultants. This means the doctors in training are receiving conflicting advice about a patients' treatment which is causing confusion amongst the doctors in training and having an impact on patient care. The number of handovers each day is also a problem and we heard this is being reviewed by the Trust.
- 32 The senior management team at AAH is clearly concerned about these issues and has been working with NIMDTA to move towards address them. NIMDTA has been very supportive of the Trust and Consultants in improving the training environment.

- 33 Although concerns regarding undermining have been raised by doctors in training, either through local or National Training Surveys, we found that these concerns are difficult for NIMDTA and the Trust to investigate. The small medical education community in Northern Ireland means that it can be difficult for doctors in training to report problems because they are concerned about lack of anonymity.

Monitoring

The Trust is responsible for quality control and will need to report on the actions taken regarding the requirements and recommendations in this report. The action plan must be sent to quality@gmc-uk.org and Northern Ireland and Medical Dental Training Agency by 24 March 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.