

Report of undermining check to Salisbury District 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	09 December 2014
Location Visited	Salisbury District Hospital, Salisbury NHS Foundation Trust
Team Leader	Professor Bill Reid
Visitors	Professor Helen Sweetland Mrs Jane Nicholson 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 share 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 O&G 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 (NTS); and evidence from the Joint Committee on Surgical Training (JCST) and Royal College of Obstetricians and Gynaecologists (RCOG); local intelligence from Local Education and Training Boards (LETB) and deaneries.

This check was one of six surgical checks and was undertaken at Salisbury District Hospital. The check was looking specifically at plastic surgery training within the hospital and consisted of meetings with: higher specialty doctors in training; the hospital Senior Management Team (SMT); Consultants and representatives from Health Education Wessex.

Summary of the organisation

Salisbury District Hospital is managed by Salisbury NHS Foundation Trust. The Trust is a specialist regional centre for plastic surgery. The hospital has around 470 beds and the plastic surgery department has approximately 46 beds in total. Salisbury District Hospital's plastic surgery service provides most types of plastic surgery and is a regional centre for cleft lip and palate, burns and the laser service. Consultants in the department also perform major reconstructive operations on military personnel. The plastic surgery services provided by the Hospital cover a catchment population of approximately 3 million people across Hampshire, Dorset, Wiltshire, the Isle of Wight and the Channel Islands.

The plastic surgery programme that doctors in training at Salisbury District Hospital are undertaking is jointly managed by Health Education Wessex (HEW) and Health Education Thames Valley (HETV). Specialty doctors in training on this programme rotate through posts at Stoke Mandeville Hospital, Royal Berkshire Hospital, Oxford University Hospitals, Queen Alexandra Hospital and St Richard's Hospital, Portsmouth, as well as Salisbury District 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

Good practice

1.	There was overwhelming recognition by doctors in training, the senior management team and Consultants, of the role that the Trauma Coordinators play in supporting the clinical teams and enhancing educational experience of doctors in training in the department. (TTD Standard 6.10)
2.	As a result of the 2010 and 2011 NTS outcomes, the Consultant body has recognised and is addressing the issues of undermining and bullying. The education lead with the support of the LETBs have worked together well to try to improve the training and education in the department. (TTD Standard 2.2)
3.	The higher specialty plastic surgery doctors in training reported that they greatly value the support from Consultants and the excellent range of operative opportunities in the department. We heard that plastic surgery Consultants were technically excellent and passionate about patient care. We also heard that the majority of Consultants are approachable and doctors in training are able to raise concerns to their supervisors. (TTD 5.4, TTD Standard 6.2, TTD Standard 8.1)
4.	Doctors in training reported that the clinical governance meetings are an excellent learning opportunity. (TTD Standard 5.4)

Requirements

1.	The Local Education Provider (LEP) must continue work with the LETBs to resolve the remaining issues of undermining consultant behaviour in the unit. (TTD Standard 6.18)
2.	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)
3.	The Senior management team within the Plastic Surgery department must review its processes for Consultant job planning so that job plans are effective and transparent to improve cohesion and team working amongst Consultants. There must be consistency in the allocation of time for Consultant educational responsibilities. (TTD Standard 6.34)

Recommendations

1.	There should be clear and identifiable clinical leadership within the department to encourage the Consultant body to be accountable for education and training within their department. (TTD Standard 6.18)
2.	The roles and responsibilities of Health Education Wessex and Health Education Thames Valley should be clarified, with regards to doctors in

training on joint LETB programmes. It must be clear to doctors in training who manages their training and education. (TTD Standard 2.2)

Findings

Learning environment

Good practice 3: The higher specialty plastic surgery doctors in training reported that they greatly value the support from Consultants and the excellent range of operative opportunities in the department. We heard that plastic surgery Consultants were technically excellent and passionate about patient care. Consultants are approachable and doctors in training are able to raise concerns to their supervisors. (TTD Standard 5.4, TTD Standard 6.2, TTD Standard 8.1)

Good practice 4: Doctors in training reported that the clinical governance meetings are an excellent learning opportunity. (TTD Standard 5.4)

Requirement 2: 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)

- 1 Overall, plastic surgery specialty doctors in training reported a heavily supervised and mostly supportive environment. We were told that weekly departmental teaching sessions, which are frequently led by specialty doctors in training, and the clinical governance meetings, are excellent learning opportunities that add value to their education and training. They welcomed constructive feedback during Consultant-led mortality and morbidity meetings, which they find are now encouraging open discussion, have a strong educational focus and create a learning environment with a no blame culture.
- 2 We were told by higher specialty doctors in training that they are provided with very good supervision and teaching by plastic surgery Consultants. We heard that almost all of the Consultants are approachable and doctors in training are able to raise concerns to their supervisors. The doctors in training that we met reported that they have a lot of exposure to Consultants and have a high level of supervision because of the ratio between them. They felt that the level of supervision is higher than in other hospitals because there are no clinical or research fellows in the department who would also require supervision and access to learning opportunities. They felt that this frequency of Consultant contact provides them with maximum opportunities to get involved in theatre which they greatly valued.
- 3 The higher specialty plastic surgery doctors in training reported that they are exposed to an excellent range of operative opportunities in the department. We heard from

doctors in training and the Senior Management Team that the plastic surgery Consultants are technically excellent and are passionate about patient care. This contributes to an outstanding learning experience for doctors in training.

- 4 Throughout the visit the doctors in training and Consultants we met frequently used the term 'senior house officer' (SHO) and referred to 'SHO rotas'. We also observed that some identification badges did not consistently identify the grade of training of the doctor and used the outdated term 'SHO'. The term 'senior house officer' or 'SHO' is ambiguous for doctors in training, members of the multi-disciplinary team, and patients, as it does not specify the level of training of the individual doctors and may lead to doctors being asked to work outside the limits of their competence or without appropriate supervision. The grades of doctors in training must therefore be used, so that everyone has an awareness of the level of training.

Working at night

Good practice 1: There was overwhelming recognition by doctors in training, the senior management team and Consultants, of the role that the Trauma Coordinators play in supporting the clinical teams and enhancing educational experience of doctors in training in the department. (TTD Standard 6.10)

- 5 Doctors in training reported that hospital night time working is good. There was overwhelming recognition by doctors in training, the SMT and Consultants, of the role that the Trauma Coordinators play in supporting the clinical teams and enhancing educational experience of doctors in training in the department. We were told that the Trauma Coordinator holds the pager, rather than it being the responsibility of a doctor in training and they find this a very efficient and effective system for managing patients and allocating the appropriate doctor. In addition, we were pleased to be informed that there is strong group cohesiveness across the multi-disciplinary teams.

Undermining and bullying

Good practice 2: As a result of the National Trainee Survey results the Consultant body has started to recognise and address the issues of undermining and bullying. The education lead with the support of the Local Education and Training Boards have worked together well to try to improve the training in the department. (TTD Standard 2.2)

Requirement 1: The Local Education Provider (LEP) must continue work with the LETBs to resolve the remaining issues of undermining consultant behaviour in the unit. (TTD Standard 6.18)

Requirement 3: The plastic surgery department must review its processes for Consultant job planning so that job plans are effective and transparent to improve cohesion and team working amongst Consultants. (TTD Standard 6.34)

Recommendation 1: There should be clear and identifiable clinical leadership within the department to encourage the Consultant body to be accountable for education and training within their department. (TTD Standard 6.18)

- 6 In response to the NTS results in 2010 and 2011, which showed red outliers for clinical supervision and undermining and bullying by Consultants, the Consultant body began to recognise and address the issues. The education lead for the plastic surgery department, with the support of the LETBs, have since worked together well to try to improve the training in the department, in particular to eliminate undermining and bullying behaviour. We were told about regular quality management visits that were carried out by HEW to investigate the concerns, encourage and implement changes and monitor progress. An external facilitator was invited to visit the department to help to address the behaviours. We were told that this encouraged discussion of the underlying issues. Follow up visits from HEW included meetings with individual Consultants and groups of doctors in training to investigate, address and monitor progress to eliminate undermining and bullying behaviour. The last of these visits was conducted in March 2014 when it was found that the learning environment for doctors in training had improved.
- 7 We were told by doctors in training, the SMT and HEW that historically there had not been good rapport amongst Consultants. We also heard from some specialty doctors in training and consultants that the department's method of working had been very dysfunctional and that the atmosphere amongst consultants was at times uncomfortable, which fed down to doctors in training and those from other disciplines.
- 8 However, we also heard that the atmosphere and behaviour amongst the majority of Consultants has greatly improved. We were told that issues are now being resolved quickly through discussion, which would not have occurred previously due to silo working patterns of some Consultants. We welcome the fact that Consultants now meet as a group on a regular basis and consider education and training issues at these meetings.
- 9 Doctors in training described positive changes to the environment and the culture of morbidity and mortality meetings, which previously had been of little educational value and poorly attended. These meetings are now attended by most Consultants. We heard that there is a strong educational focus at these meetings, that there is a good mixture of cases discussed and that there is open discussion about complications that have arisen. The cases discussed are presented in an anonymised fashion which we were told helps to prevent a blame culture and encourage open discussion.
- 10 Although we were pleased to hear that the cohesion and behaviour of the Consultant body as a whole has improved, we heard evidence of continuing undermining Consultant behaviour within the department. The majority of the doctors in training

that we met said that they had not experienced bullying or undermining. However they felt that doctors in training and others in the multi-disciplinary teams who are less experienced, have not been employed at the hospital as long, or may not be as 'robust' as themselves, may be subject to bullying or undermining by some Consultants. A small number of Consultants were described by doctors in training and LETB representatives as having very demanding standards and intolerant of things not being done in their preferred way. We were concerned to hear that although some doctors in training feel that they are receiving excellent training and education opportunities, more vulnerable individuals are still likely to feel either subjected to undermining or bullying or may be receiving a very different educational experience. This is not acceptable and should be investigated and dealt with by the LEP and LETBs.

- 11 We were concerned that the lack of clear clinical leadership within the department may be contributing to the ongoing undermining and bullying behaviour and is obstructing progress in managing change and promoting cohesion. We were told by the SMT that the lack of unified clinical leadership is purposeful to enable the department to function in a devolved way. Although this intention is noted, the Consultants that we spoke to were keen for more effective leadership and structure to come from within the team. We are supportive of this development as we believe this will encourage Consultants to feel more accountable for the education and training delivered by their department.
- 12 It was reported by Consultants that there is a lack of effective and transparent job planning within the department. We were told by Consultants that there is variable allocation of time within Consultant job plans for educational and training responsibilities. They also explained that this allocation is not reflective of time actually spent by some Consultants on educational responsibilities and some feel as though they do more than others, without being allocated suitable and appropriate time in their job plans. The lack of transparency in job plans and performance review led to a perception, widely held, that one group of Consultants were much harder pressed than the other. In order to improve cohesion and team working amongst Consultants, the plastic surgery department must review its processes for Consultant job planning so that job plans are effective and transparent. Consultants should be accountable for their training and educational responsibilities, which should be addressed and followed up in appraisal meetings.

Quality management

Recommendation 2: The roles and responsibilities of Health Education Wessex and Health Education Thames Valley should be clarified, with regards to doctors in training on joint LETB programmes. (Domain 2 TTD 2.2)

- 13 We were told that HEW and HETV LETBs jointly manage the programme and doctors in training move between sites in the two LETBs. The LETB managing the site where a doctor in training is placed has responsibility for their education and training needs.

Although the LETBs have this agreement in place there remained some confusion. Clarity on the role of and relationship with and between the two LETBs in regards to doctors in training on joint LETB programmes would be beneficial. It must be clear to doctors in training who manages their training and education.

Conclusion

- 14 We were pleased to hear that the Consultants had made efforts to make the learning environment more supportive and to improve behaviours and we encourage these efforts to continue. It was evident from all participants of this check that the plastic surgery department is a better learning environment for doctors in training than it had been previously.
- 15 Although there has been some progress there is still scope for further improvement. In particular areas for development include the lack of clear clinical leadership within the department and appropriate and consistent job planning for those who undertake training and education roles. Overall most of the doctors in training that we met were very positive about their experience at this Hospital.

Monitoring

The Trust 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 Health Education Wessex and Health Education Thames Valley 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.