

Report of undermining check to Birmingham Children's 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	01 October 2014
Location Visited	Birmingham Children's Hospital, Birmingham Children's Hospital NHS Foundation Trust
Team Leader	Mrs Jane Nicholson
Visitors	Dr Rick Turnock Dr Toby Reynolds
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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 Birmingham Children's Hospital in Paediatric surgery. Meetings were held with: foundation and core doctors in training; higher specialty doctors in training; hospital Senior Management Team (SMT); paediatric surgery and urology Consultants and representatives from Health Education West Midlands (HEWM).

Summary of the organisation

Birmingham Children's Hospital is one of the UK's designated specialist paediatric teaching centres covering a wide range of children's health issues. This includes 34 specialties with approximately 257,000 patient visits a year.

Birmingham Children's Hospital's paediatric surgery service covers neonatal surgery and general paediatric surgery, and also gastroenterology, oncology, trauma, thoracic surgery, and urology. There are seven consultant paediatric surgeons in the department, and four consultant urologists.

Summary of key findings

Good Practice

1.	Doctors in training reported a supportive environment with a 'flat' rather than hierarchal structure which will encourage them to raise concerns as
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*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

	they occur. (TTD Standard 5.4)
2.	The LEP SMT are committed to the continuous improvement of educational experience. Following an audit of night time working, rotas were redesigned to introduce hybrid shift patterns and to implement protected sleeping time for specialty doctors in training on call. Thus the adverse effects of sleep deprivation are minimised and educational value of training is optimised. (TTD Standard 2.3)
3.	The LEP has recruited overseas Fellows onto research programmes and Physician Associates who, we were told, have helped with the workload of doctors in training and improved continuity of patient care. (TTD Standard 1.2)
4.	The LEP implemented a highly praised outreach team, the Paediatric Assessment, Clinical Intervention and Education Team (referred to as the PACE Team), Doctors in training reported that this was a team of very experienced, supportive nurses who improve service provision and enhance their learning environment when working at night and out of hours. (TTD Standard 1.2)

Requirements

1.	The LEP must ensure all doctors in training have undertaken Birmingham Children's Hospital's undermining and bullying training module. (TTD Standard 6.18)
2.	The LEP must ensure that all doctors in training have been made aware of, and have access to, a formal written escalation procedure to report instances of undermining and bullying. (TTD Standard 6.19)
3.	The LEP must ensure that there is a formal and reliable feedback process after reporting a serious untoward incident. (TTD Standard 6.21)

Recommendations

1.	The LEP should ensure that doctors in training are made aware of the staff members to whom they can report concerns with undermining and bullying. (TTD Standard 6.18)
2.	The LEP and LETB should work together to ensure that procedures for investigating and responding to allegations of undermining and/or bullying complement and aid each other. (TTD Standard 6.18)

Findings

Learning Environment

Good Practice 1: Doctors in training reported a supportive environment with a 'flat' rather than hierarchal structure which will encourage them to raise concerns as they occur. (TTD Standard 5.4)

- 1 All doctors in training told us they enjoy a supportive environment with a flat and non-hierarchical structure within the surgical unit which they felt contributed to a positive, open and nurturing learning environment.
- 2 We were informed collaborative cohesiveness across the multi-disciplinary teams and doctors in training said they had regular contact with Consultants which improved their learning experience.
- 3 Doctors in training felt that they were able to gain constructive feedback and support at morbidity and mortality meetings and during mandatory ward rounds. They told us they felt able to have open discussions which help their learning at compulsory weekly multi-disciplinary meetings.
- 4 They were also able to raise general training issues at the Junior Doctors Forum with ease. Additionally, doctors in training have found the outcomes of these meetings helpful.

Leadership and management

Good Practice 2: The LEP senior management team are committed to the continuous improvement of educational experience. Following an audit of night time working, rotas were redesigned to introduce hybrid shift patterns and to implement protected sleeping time for specialty doctors in training on call. Thus the adverse effects of sleep deprivation are minimised and educational value of training is optimised. (TTD Standard 2.3)

- 5 We found a highly engaged SMT which has taken comprehensive action to address specific bullying and undermining issues previously identified. The subsequent substantial investment of resources in the unit has reduced pressures on service provision and created a more positive learning environment as a result.
- 6 We were told that the surgical unit went through a period of analysis to assess team working by engaging with a team of expert Organisational Development Consultants to address issues of bullying and undermining and to improve team working and morale.
- 7 This analysis and change occurred after a quality management visit by HEWM in November 2012 which was in response to our National Training Survey data and comments. The visit helped the surgical unit to identify the underlying causes of the dissatisfaction voiced by doctors in training. The evidence from the visit and further analysis by the Trust helped the unit to recognise there was too much pressure on middle grade doctors in training.

- 8 We were told about efforts made by the SMT to create culture change at the hospital to improve the learning environment and reduce the risk of undermining and bullying. They told us that prior to the new ways of working, the workload pressures, an unbalanced staffing ratio and poor rota management contributed to, and exacerbated a culture in which undermining and bullying could take place. They felt staff would be less likely to perceive criticism intended to be constructive as bullying or undermining, if the overall environment was not one of tiredness and stress but instead one of openness and support without a hierarchical structure.
- 9 The surgical unit carried out an audit of night-time calls to on-call specialty doctors in training. This showed that many unnecessary calls were being made, disrupting their sleep. The outcome of this analysis was to redesign the rotas by introducing hybrid shift patterns, increasing the presence of Clinical Site Practitioners' and providing Physician Associates to provide 24 hour ward cover to support junior doctors in training.
- 10 The redesigned rota ensured protected sleeping time for on call specialty doctors in training. Specialty doctors in training told us that the rota changes and protected sleeping time meant less continuity of care for patients overnight. However, they did agree with trainers that they could now more easily attend training sessions early the following morning, as they had had a guaranteed rest period. The SMT had acknowledged and considered the feedback from the specialty doctors in training to the changes. Overall, the specialty doctors in training understood the reasoning for the changes to the rotas.
- 11 Many told us that following the efforts and actions taken by the Trust to make positive changes to the training environment there is 'more open dialogue than ever before' across multi-disciplinary teams, in particular between Consultants and doctors in training.

Pastoral support

Requirement 2: The LEP must ensure that all doctors in training have been made aware of, and have access to, a formal written escalation procedure to report instances of undermining and bullying. (TTD Standard 6.19)

Recommendation 1: The LEP should ensure that doctors in training are made aware of the staff members to whom they can report concerns with undermining and bullying. (TTD Standard 6.18)

- 12 Doctors in training felt able to approach a particular senior Consultant about undermining and bullying concerns, however we were unsure of the robustness of this mechanism for reporting. In particular we noted that doctors in training may be left without such a readily identifiable person to go to if that Consultant was unavailable. We felt that this could be easily rectified by the production and

dissemination of a clear formal written procedure, including multiple avenues for reporting concerns.

- 13 We were told by doctors in training that upon induction on the first day of their rotation, they were told to report to a Consultant if they were experiencing or witnessing any incidents of undermining or bullying and that such behaviour would not be tolerated. They were then reminded of this in their e-portfolio meeting with their Clinical Supervisor.
- 14 Although we were told by the doctors in training that they knew which Consultants they could report bullying and undermining concerns to, they were unaware of the existence of a formal written procedure for escalating concerns. We felt that the informal channels for reporting would be more robust if they were documented and made readily available to doctors in training.

Rotas/recruitment

Good Practice 3: The LEP has recruited overseas Fellows onto research programmes and Physician Associates who, we were told, have helped with the workload of doctors in training and improved continuity of patient care. (TTD Standard 1.2)

- 15 There was a significant rota redesign which human resource employees with expertise in rota management completed. Previously there had been issues with rotas' compliance with European Union Regulations. We were told the rotas are now compliant and the Trust has undertaken to monitor the rotas at six monthly intervals.
- 16 One of the changes made to the rota was an increase of specialty doctors in training added to the shifts. There has also been an increase in the number of Advanced Clinical Practitioners, who are Band 6 or 7 nurse practitioners providing 24 hour cover and who are able to prescribe. We heard that they have alleviated some service pressures on doctors in training.
- 17 We were also told of how the rota redesign in the surgical unit has enabled doctors in training to gain enough exposure to index case numbers to meet their paediatric surgery training requirements and they were over-exceeding their annual departmental targets.
- 18 Following these changes, the National Trainee Survey 2014 results show that there are no red outliers for paediatric surgery training at Birmingham Children's Hospital.
- 19 The Trust has recruited overseas Fellows onto research programmes and Physician Associates who, we were told, have helped with the workload of doctors in training and improved continuity of patient care.
- 20 Physician Associates support doctors in training with the diagnosis and management of patients under their supervision. They are trained to perform a number of roles

including: taking medical histories, performing examinations, diagnosing illnesses, analysing test results and developing management plans.

- 21 The Trust has become a training centre for Physician Associates which should encourage further recruitment, training and employment to support the learning experience of doctors in training.
- 22 Overseas Fellows are both senior and very experienced doctors in training and we were told that this supports the educational value in the handover process, which is not Consultant led.

Working at night

Good Practice 4: The LEP implemented a highly praised outreach team, the Paediatric Assessment, Clinical Intervention and Education Team (referred to as the PACE Team). Doctors in training reported that this was a team of very experienced, supportive nurses who improve service provision and enhance their learning environment when working at night and out of hours. (TTD Standard 1.2)

- 23 In January 2013, the Trust formed a highly commended outreach team, the Paediatric Assessment, Clinical Intervention and Education team, referred to as the PACE Team, which is a small group of healthcare professionals. Doctors in training reported that this was a team of experienced and supportive nurses that help to improve service provision and enhanced the learning environment at night and by providing out of hours support.
- 24 Doctors in training reported that hospital night time working is good. Clinical site practitioners are present until midnight and then the PACE Team throughout the night are a vital part of this team. They said this enhances patient continuity and allows for the 'protected sleeping time' between the hours of 02:00am and 06:00am for specialty doctors in training.
- 25 We were told by junior doctors in training that the Clinical Site Co-ordinator supports their learning experience and improves the productivity of hospital at night by filtering and prioritising their referrals and bleeps, resolving staffing issues, managing beds, carrying out patient assessment and triage and tasks such as cannulation, catheterisation, electrocardiograms and taking bloods.

Support/feedback

- 26 We saw a very supportive environment, in particular doctors in training welcomed constructive feedback during mortality and morbidity meetings and valued being in a learning environment with a no blame culture.
- 27 Weekly lunch sessions provided in the doctors' mess, attended by Consultants and doctors in training, compulsory weekly multi-disciplinary departmental meetings and

the Junior Doctors Forum are highly valued as fora for open discussion and a good opportunity to gain constructive feedback which adds value to their education and training.

Clinical supervision

- 28 The Trust separates the educational and clinical supervisor roles which we were told works well for doctors in training. Doctors in training valued this in terms of being able to discuss a range of issues with both supervisors and having more than one point of contact when issues arise. Some doctors in training had the same educational supervisor throughout their training and some reported that this helped them to build trust and confidence with their supervisors and to provide continuity in their education and training.

Quality Management

Recommendation 2: The LEP and LETB should work together to ensure that procedures for investigating and responding to allegations of undermining and/or bullying complement and aid each other. (TTD Standard 6.18)

- 29 We heard that the LETB had monitored the Trust around identified issues of undermining and bullying. However it was unclear how far the joint investigations of the LETB and the Trust had been optimally coordinated. A review of this process would support future management of any undermining and bullying concerns.

Training

Requirement 1: The LEP must ensure all doctors in training have undertaken Birmingham Children's Hospital's undermining and bullying training module. (TTD Standard 6.18)

- 30 The Trust currently requires completion of an undermining and bullying awareness online training module which covers the expectations of colleagues, examples of undermining and bullying and the appropriate channels in which to raise a concern. However we were not assured that all doctors in training have completed the training. Many of those we spoke to were unaware this module was available.

Conclusion

- 31 We were pleased to see that the unit had made significant progress to make the learning environment supportive with a zero tolerance of undermining and bullying behaviour. It was clear from all participants of this visit that the Trust has created a better learning environment for doctors in training.

- 32 The unit continues to monitor and evaluate the training experience. There is still some scope for improvement, particularly in formalising processes and offering feedback to doctors in training when issues have arisen.
- 33 Overall, the doctors in training we met with were very positive about their experience at this Trust with unanimous agreement that they would recommend the site to a colleague as a good training environment.

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 West Midlands in by 01 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.