Tackling bullying, harassment and undermining in Trauma and Orthopaedic Surgery
Introduction

Significant advances have occurred in the quality of T&O training and care; however some unfavourable behaviours have failed to evolve with time and remain tolerated in the workplace. These behaviours have a negative impact on the person experiencing them, those witnessing them, the smooth running of a team and, perhaps most importantly, put patient care and patient safety at risk.

In 2016, the British Orthopaedic Trainees Association (BOTA) presented the results of a census of Trauma & Orthopaedic (T&O) trainees in the UK. This was undertaken to explore the variation in trainee experience across all aspects of the speciality. One of the key issues highlighted from the results was that of bullying, harassment and undermining behaviours.

We aspire to develop a just and positive culture in which bullying, harassment and undermining behaviours directed towards trainees, non-trainees, consultants and allied health professionals are no longer accepted. Clinicians from all generations should be empowered to drive this culture change.

It is our aim to address this issue using a multi-year campaign against bullying, harassment and undermining behaviours within T&O surgery. Delivering this will require multiple organisations and disciplines working together; patient care is delivered by the multidisciplinary team and therefore improving the workplace, training and patient outcomes must involve the multidisciplinary team also. We recognise meaningful change will take time and will need to occur across the entire health service.

All change must start somewhere, and this change must start now.
Background

Bullying and harassment is present within many workplaces. In the 2012 General Medical Council (GMC) National Training Survey (NTS), core and higher surgical training were found to be outliers in undermining and bullying behaviours. Furthermore, following the Mid Staffordshire enquiry, Sir Robert Francis’ Quality Commissioner’s report noted that bullying and undermining cultures correlated with poor patient outcomes.

The GMC NTS defines the following:

“**Undermining** is behaviour that subverts, weakens or wears away confidence.”

“**Bullying** is behaviour that hurts or frightens someone who is less powerful, often forcing them to do something they do not want to do.”

The Advisory, Conciliation and Arbitration Service (ACAS) use the following:

“**Bullying and harassment** means any unwanted behaviour that makes someone feel intimidated, degraded, humiliated or offended. It is not necessarily always obvious or apparent to others, and may happen in the workplace without an employer’s awareness.”

These behaviours can be overt or insidious in nature. Medical students and doctors in training report that some staff believe humiliation to be acceptable and helpful to the learning experience. The Academy of Medical Royal College’s ‘Creating Supportive Environments’ states that “…bullying and undermining are not conducive to high quality training and does not help recruitment nor retention of staff.” ACAS accepts it can be difficult to know where to turn when experiencing such unwelcome behaviours and that obstacles can prevent individuals from acting on their concerns.

What is the scale of the problem?

In the 2015 GMC NTS, 7% of doctors in training reported having experienced undermining or bullying behaviours themselves; 13% said that they had witnessed such behaviours and 17% felt they had been undermined by senior colleagues. In the 2016 survey, 1 in 20 doctors in
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training said they had a bullying or undermining concern but did not wish to report it within the NTS.

In the 2016 BOTA Census, 43% of trainees stated that they had witnessed a colleague being bullied in their T&O post; 7% reported that they themselves had been the victim of bullying. 70% of trainees had witnessed a colleague being undermined with 25% reported having felt undermined themselves in the last 4 weeks. Surveys are undeniably a blunt tool, but available data makes it undeniable that this is an area that T&O, surgery and the wider NHS must do better in.

Understanding the scale of the problem is only the beginning. This issue is not confined to trainees but all members of the multi-disciplinary team. A culture of dignity and respect is required to improve the working environment and patient care.
Aims

1. To create a positive and just workplace culture in T&O surgery that is free from bullying, harassment and undermining behaviours.

2. To recognise the many positive aspects unique to T&O surgery and develop it as a highly desirable surgical specialty to work in, appealing to a diverse population and creating a balanced and representative workforce.

3. To nurture an environment within T&O that empowers individuals to speak up if they experience or witness unacceptable behaviours.

4. To promote and share examples where the T&O community demonstrate exemplar behaviours in the workplace and use these to model further improvements in the wider NHS culture.

5. To inspire positive culture change in the wider medical community, to improve patient care.
**Actions**

**Guidance**

1. Provide and disseminate information regarding what constitutes bullying, harassment and undermining behaviours, with real life examples.

2. Provide and disseminate guidance and real life examples regarding exemplar trainee and trainer behaviours in surgical practice.

3. Provide and disseminate guidance on challenging unacceptable trainee and trainer behaviours in surgical practice.

4. Provide advice on the different ways that concerns can be raised regarding a colleague’s behaviour in the workplace.

**Collaborative Working**

1. Set up a Short Life Working Group with appropriate membership to develop the HammerItOut campaign and to help achieve its aims.

2. Collaborate with other organisations in tackling bullying, undermining and harassment.

3. Work with the British Orthopaedic Association (BOA) and other engaged stakeholders, to gather further data on the issues raised in this document and to promote the campaign and publicise progress.

4. Champion areas of good practice and improvement within T&O surgery.

5. Support the BOA’s Women in Surgery and gender representation campaign.

**Education and Training**

1. Develop behavioural standards for inclusion in the T&O curriculum.
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2. Include a bullying, harassment and undermining behaviours section within the Training Orthopaedic Trainers (TOTs); Training Orthopaedic Leaders (TOLs) and Training Orthopaedic Educational/Clinical Supervisors (TOES & TOCS) courses.

3. Develop a bespoke Workplace Behaviours Course, face-to-face or online, to be compulsory for Training Program Directors; Assigned Educational Supervisors and Annual Review of Competency Progression (ARCP) panel members.

4. Deliver a dedicated session regarding these issues at future BOA Congresses.

5. Utilise all available online portfolios, available to doctors and allied health professionals at all levels, to record, assess and reflect on both appropriate and inappropriate professional behaviours.

Communication and Engagement

1. Utilise BOA Clinical Champions, Regional Advisors, the BOTA Regional Representatives, British Orthopaedic Directors Society (BODS) and other resources to disseminate information, educational resources and guidance on behavioural standards to every T&O unit in the United Kingdom and Ireland.

2. Establish a named HammerItOut champion within each T&O specialist society.

3. Utilise social media and other outlets to disseminate the key aims and action points of the campaign.

4. Present the HammerItOut campaign at every T&O specialist society meeting.

5. Develop a novel reporting system, where people can discuss their experiences in confidence.
Summary

The aim is to change T&O culture, so that bullying, undermining and harassment become a thing of the past. We hope that in the future every member of the team feels valued and respected in a positive working environment.

Impact Assessment

1. Conduct a 2nd BOTA Census and a BOA Census

2. Utilise data from the GMC and Joint Committee on Surgical Training (JCST) survey and assess any changes.
Statement of Support - Joint Surgical Royal Colleges and JCST

Bullying and undermining have no place in surgery. The Surgical Royal Colleges and the Joint Committee on Surgical Training (JCST) are committed to tackling these behaviours, as well as creating positive working environments, and are currently reviewing such issues across all surgical specialties. We welcome BOTA’s initiative to address unprofessional behaviour in trauma and orthopaedic training which has stimulated a renewed focus on bullying and undermining in surgical practice.
About BOTA

The British Orthopaedic Trainees Association (BOTA) is an independent professional body that was set up in 1987 to assist trainees in ‘planning a career in orthopaedic surgery’.

Over time, BOTA has grown into a proactive and respected organisation that strives to promote surgical excellence in trauma & orthopaedic (T&O) surgical training within the United Kingdom and Ireland, as well as promoting the interests of its members. Where areas for change in training or employment are identified, BOTA is the primary voice for T&O trainees, leading the way for better training, resulting in improved patient care.

About BOA

The British Orthopaedic Association (BOA) is the Surgical Specialty Association for Trauma and Orthopaedics in the UK.

We provide national leadership, a unifying focus, and charitable endeavour by:

- Caring for Patients; Supporting Surgeons; Transforming Lives

As a membership organisation we care for patients and support surgeons by focusing on excellence in:

- Professional Practice; Training and Education; Research

Trauma and Orthopaedic Surgery is a highly cost effective form of treatment which aims to restore pain free mobility for patients. By restoring mobility, Trauma and Orthopaedic surgery can not only help people stay active for longer, but deliver major economic savings; enabling people to return to work, or live more independently.

Given the growing musculoskeletal disease burden, and the transformative impact surgery can have for the right patients, we believe surgeons, commissioners and colleagues across the NHS should work together to increase surgical capacity.
Appendix 1 - Glossary

ACAS - Advisory, Conciliation and Arbitration Service
ARCP - Annual Review of Competency Progression
BOA - British Orthopaedic Association
BODS - British Orthopaedic Directors Society
BOTA - British Orthopaedic Trainees Association
GMC - General Medical Council
JCST - Joint Committee on Surgical Training
NTS - National Training Survey
T&O - Trauma and Orthopaedics
TOCS - Training Orthopaedic Clinical Supervisors
TOES - Training Orthopaedic Educational Supervisors
TOLS - Training Orthopaedic Leaders
TOTS - Training Orthopaedic Trainers
Appendix 2 - Stakeholders

British Orthopaedic Trainees Association (BOTA)

British Orthopaedic Association (BOA)

Training Program Directors (TPDs)

Special Advisory Committee (SAC) Chairs

Joint Committee on Surgical Training (JCST)

Faculty of Surgical Trainees (FST)

Association of Surgeons in Training (ASiT)

Royal College of Surgeons of England, Edinburgh, Ireland, Glasgow

Academy of Medical Royal Colleges (AOMRC)

Academy Trainees Doctors Group (ATDG)

Royal Australasian College of Surgeons (RACS)

Patient Liaison Groups (BOA PLG)

British Medical Association (BMA)

Health Education England (HEE)

NHS Education for Scotland (NES)

Wales Deanery

Northern Ireland Medical and Dental Training Agency

Conference Of Postgraduate Medical Deans (COPMeD)
Appendix 3 – HammerItOut Endorsed and Supported by

- British Orthopaedic Association
- BOTA
- Patient Liaison Group (PLG)
- ACADEMY OF MEDICAL ROYAL COLLEGES
- AoMRC
- Trainee Doctors’ Group
- JCST
- Joint Committee on Surgical Training
- ASiT
- Royal College of Surgeons
- RCP E
- Royal Australasian College of Surgeons
- AOA
- Registrars
- COPMed
- NHS
- NHS Education for Scotland
- Health Education England