

2018 Training Data Analysis

Topic: Workplace Behaviour

Background

Undermining and bullying behaviour has long been recognised as a problem. It came to the forefront in 2013 when the highest rate of undermining and bullying amongst specialty trainees reported in the GMC Trainees survey, was found within Obstetrics and Gynaecology. ⁽¹⁾ The RCM's survey also found that 43% of students and fully qualified midwives reported that they had experienced bullying and harassment from a colleague. ⁽²⁾

Research has demonstrated that bullying has negative implications for individuals, groups, and organisations. Consequences range from affecting the psychological and physical health of individuals to lower job satisfaction, high turnover and absenteeism. ⁽³⁾ A review in 2013 estimated the annual cost of bullying to organisations in the UK is £13.75 billion, taking into account absenteeism, turnover and productivity. ⁽³⁾ It is also known that negative workplace behaviours affect team performance and patient care. ^(4,5)

In 2013 the RCOG and RCM published a joint statement about tackling undermining and from this the joint RCOG and RCM learning resource on improving workplace behaviours was created. ⁽²⁾ Additionally, the RCOG appointed their first Workplace Behaviour Advisor in 2013 to lead on the College's strategy to address undermining behaviour in the specialty.

Last year's detailed analysis on workplace behaviours showed that 4.46% of trainees reported being subjected to behaviours which eroded their professional confidence or self-esteem and in a third of the cases they did not report this. When contacted for advice and support, the WPB champions were a helpful resource for trainees in tackling bullying and undermining, but half of trainees still did not know who their Regional Champion was.

Recommendations from the 2017 detailed analysis were:

1. Develop training in which behaviours and departmental characteristics can contribute to trainees feeling undermined. This training should be part of college Tutor's mandatory training.
2. WBCs to raise awareness of their role. A poster was launched to be displayed in the trainee's offices, mess that details the regional WBC contact details.
3. Workplace behaviour champions network to discuss how to make champions more accessible and approachable.

Change the TEF question from 'Local' WBC to 'regional' WBC to remove any confusion as confusion over terminology.

Training issues/Questions

Regarding undermining and bullying in O&G training:

1. What are the rates of undermining/bullying?
2. 'Who' is most affected by undermining/bullying-demographic trends?
3. What types of negative behaviours are reported?
4. Who is subjecting trainees to these unprofessional behaviours?
5. Is undermining and bullying being reported? If so, what was the outcome? If not, why not?
6. What is the current role of Workplace Behaviour Champions?
7. Are there regional variations in workplace behaviour?
8. Are there wider trends relating to workplace behaviour?
9. Were last year's recommendations executed?

Analysis

Data from the TEF survey was analysed. GMC Trainee survey data was not yet available.

Detailed results tables can be found in the appendix 1

1) Rates of undermining/bullying

TEF Q7.1 'In this post, I was NOT subjected to persistent behaviours by others which have eroded my professional confidence or self esteem'

Year	Strongly Agreed	Agreed	Neither agreed/ disagreed	Disagree	Strongly disagree	Total responses
2018	722	839	112	62	19	1754
	1561 (89.0%)		112 (6.4%)	81 (4.6%)		
2017	597	697	98	54	11	1457
	1294 (88.8%)		112 (6.7%)	65 (4.5%)		

The overall rate of trainees personally being subjected to bullying and undermining behaviours across the UK was steady at 4.6% of trainees, compared to 4.5% in 2017, with 81 of the 1754 trainees either disagreeing or strongly disagreeing with TEF Q7.1.

TEF Q7.5 'In this post, I did NOT witness other specialist trainees being subject to persistent behaviours by others which has erode their professional confidence or self esteem'

Year	Strongly Agreed	Agreed	Neither agreed/ disagreed	Disagree	Strongly disagree	Total responses
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2018	608	864	179	84	19	1754
	1472 (83.9%)		179(10.2%)	103 (5.9%)		
2017	512	721	157	60	7	1457
	1233 (84.6%)		157(10.8%)	67 (4.6%)		

The overall rate of trainees witnessing other trainees being subjected to bullying and undermining behaviours across the UK has slightly increased at 5.9% of trainees, compared to 4.6% in 2017, with 103 of the 1754 trainees either disagreeing or strongly disagreeing with TEF Q7.5.

When both questions are considered together 7.4% of trainees had either been subjected to or witnessed bullying and undermining behaviours, with 129 disagreeing or strongly disagreeing with either or both of TEF Q7.1 and Q7.5. This is an increase compared to 6.9% in 2017.

2) Demographic trends in 'who' is most affected by undermining/bullying

Rates of undermining/bullying (disagree or strongly disagree with Q7.1) by demographic subgroups are below.

- Gender: difference is small

Male	19/356	5.3%
Female	62/1387	4.5%
Unspecified	0/11	0%

- Disability: Higher rates noted in those who consider themselves to have a disability.

Considers self disabled	2/13	15.4%
Does not consider self disabled	79/1729	4.6%
Unspecified	0/12	0%

- Training Grade: Higher rates reported by subspecialty trainees but numbers are small. This is in contrast to 2017 when rates reported by subspecialty trainees were low at only 2%. Rates amongst academic trainees remain low (also 0% in 2017).

ST1/2	26/547	4.8%
ST3-5	34/705	4.8%
ST6/7	16/401	4.0%
Sub specialty	5/68	7.4%
Academic/LAT and OOP	0/33	0%

- Ethnicity: Some group numbers are small but considering the largest groups; white British (4.2%) has a slightly lower rate of undermining/bullying when compared to Asian and Asian British (5.8% combined).

Caribbean	1/8	12.5%
Asian British	10/153	6.5%
Other	7/111	6.3%
Black	1/18	5.6%
Asian	10/188	5.3%
African	2/42	4.8%
Mixed	3/66	4.5%
White	46/1108	4.2%
Black British	1/28	3.6%
Multiple	0	0.0%

- Full-time vs LTFT: Less than full-time trainees report lower rates of undermining/bullying. This was also observed in the 2017 data.

Fulltime	69/1364	5.1%
LTFT	11/375	2.9%
'other'	1/15	6.7%

3) What negative behaviours were reported?

TEF Q 7.14. Please identify the types of behaviour you have witnessed or being subjected to (please select ALL that apply)

Detailed results table can be found in Appendix 1.

2018 Top 5 Unprofessional Behaviours reported	Number of times reported
Persistent attempts to belittle and undermine your work	87 (17.3%)
Persistent and unjustified criticism and monitoring of your work	78 (15.5%)
Persistent attempts to humiliate you in front of colleagues	51 (10.1%)
Undermining your personal integrity	39 (7.7%)
Constant undervaluing of your efforts	39 (7.7%)

2017 Top 5 Unprofessional Behaviours reported	Number of times reported
Persistent attempts to belittle and undermine your work	40 (17.7%)
Persistent unjustified criticism and monitoring of your work	26 (11.5%)

Undermining your personal integrity	22 (9.7%)
Persistent attempts to demoralise you	20 (8.8%)
Constant undervaluing of your efforts	18 (8.0%)

The top two unprofessional behaviours reported in 2018 are the same as in 2017

1. Persistent attempts to belittle and undermine your work
2. Persistent unjustified criticism and monitoring of your work

Persistent attempts to humiliate you in front of colleagues has risen to third (7.1% in 2017 to 10.1% in 2018). 'Undermining your personal integrity' and 'constant undervaluing of your efforts' remain in the top 5.

Please see Appendix 2 for free text comments made by trainees describing their experiences.

4) Who is subjecting trainees to these behaviours?

TEF Q7.15 'who subjected you/your colleague to inappropriate workplace behaviour'

Trainees were able to select more than one answer. 220 answers were received in total. The top 5 responses are in the table below. A full results table can be found in Appendix 1.

Role- top 5	Number of responses
Consultant in your department	89 (40.5%)
Senior Nursing or Midwifery Staff	46 (20.9%)
Junior Nursing or Midwifery Staff	20 (9.1%)
Senior trainee (ST 3+)	14 (6.4%)
SAS Doctors (Staff grade or associate specialist)	12 (5.5%)

In 2017 Consultants, followed by senior nursing or midwifery staff, made up the largest groups of staff implicated in the undermining and bullying of trainees. This remains the case in 2018.

However, the proportion attributable to consultants has reduced. In 2017 consultants accounted for 73.8% of undermining/bullying reported by affected trainees and 82% of undermining/bullying which was witnessed by other trainees. In 2018 the Consultants accounted for 40.5% overall.

5) Reporting

The rate of reporting by trainees who were subjected to undermining/bullying (disagreed or strongly disagreed to TEFQ7.1) was 55.6% (45/81).

The top two reasons for non-reporting in this group were concerns about the impact on their career (27.8%) and concerns that reporting would make the situation worse.

Reasons for non-reporting among those subjected to undermining/bullying	
I was concerned about the impact reporting the issue would have on my career	10
I was concerned reporting the issue would make the situation worse	10
I felt I would not be supported if I reported the issue	5
The person I would normally report the issue to is the perpetrator	5
The issue was already reported by another person	4
The behaviour stopped and has not recurred	2

The rate of reporting by trainees who witnessed undermining/bullying (disagreed or strongly disagreed to TEFQ7.5) was lower at 20.4% (21/103).

The top reasons for non-reporting in this group was that the issue was already reported by another person which accounted for 34.1% of answers. There was then a reasonable spread between reason relating to career, not being supported, making the situation worse and the behaviour stopping.

Reasons for non-reporting among those who witnessed undermining/bullying	
The issue was already reported by another person	28
I was concerned about the impact reporting the issue would have on my career	15
I felt I would not be supported if I reported the issue	14
I was concerned reporting the issue would make the situation worse	12
The behaviour stopped and has not recurred	12
The person I would normally report the issue to is the perpetrator	1

Outcomes from reporting

Outcomes from reporting have been stratified by those who were subjected to and those who witnessed unprofessional behaviours.

The issue was resolved and the behaviour stopped in 24.4% of cases reported by trainees who reported being subjected to undermining/bullying compared to 16.7% when the behaviour was not reported.

Subjected to undermining/bullying: Outcomes of reporting, n=45		
The issue was resolved and the behaviour stopped	11	24.4%
The issue was resolved but the behaviour recurred	5	11.1%
The issue was addressed but not resolved and the behaviour continued	7	15.6%
The issue was not addressed and the behaviour continued	10	22.2%
The issue was not addressed however the behaviour stopped	0	0%
Other	12	26.7%

Subjected to undermining/bullying: Outcome of not reporting, n=36		
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The issue was not addressed however the behaviour stopped	6	16.7%
The issue was not addressed and the behaviour continued	19	52.8%
Other	11	30.6%

The issue was resolved and the behaviour stopped in 19% of cases reported by trainees who witnessed undermining/bullying compared.

Witnessed undermining/bullying: Outcomes of reporting, n=21		
The issue was resolved and the behaviour stopped	4	19.0%
The issue was resolved but the behaviour recurred	5	23.8%
The issue was addressed but not resolved and the behaviour continued	6	28.6%
The issue was not addressed however the behaviour stopped	1	4.8%
The issue was not addressed and the behaviour continued	4	19.0%
Other (please specify)	1	4.8%

Overall behaviours were addressed and resolved in 15/66 (22.7%). This is a reduction on last year's figure of 35.6%.

Behaviours persisted in 37/66 (56.1%) of reported cases of undermining/bullying. This is an increase on last year's figure of 46.2%.

Behaviours were not addressed in 15/66 (22.7%) of cases that were reported.

6) WPB Champions

Only 132 (7.5%) trainees answered questions relating to WPB Champions. Full results tables can be found in Appendix 1.

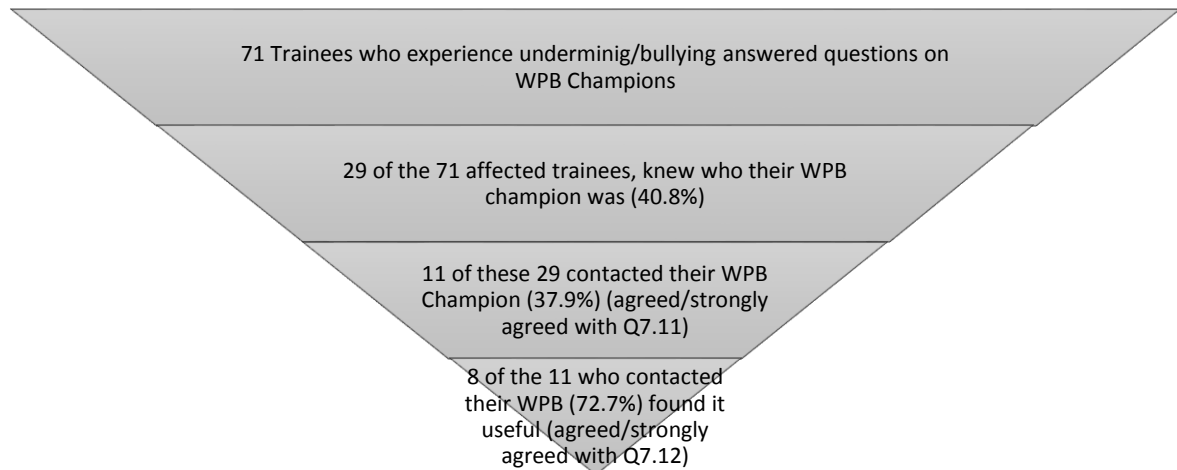
TEF Q7.9. 'I know who my local work place behaviour champion is'
45/132 (34.1%) knew who their local WPB champion was (strongly agreed/agreed).

TEF Q7.10. 'My local work place behaviour champion is approachable and accessible'
34 of the 45 trainees (75.6%) who knew their local WPB Champion felt they were approachable/accessible.

Focusing on trainees who experienced undermining bullying (Disagreed/Strongly Disagreed to TEF Q7.1):

TEF Q7.11. 'I contacted my workplace behaviour champion in relation to behaviour experienced or witnessed'

TEF Q7.12. 'My regional workplace behaviour champion was helpful in tackling the issue'



TEF Q7.13. 'If your workplace behaviour champion was not helpful please give reasons'

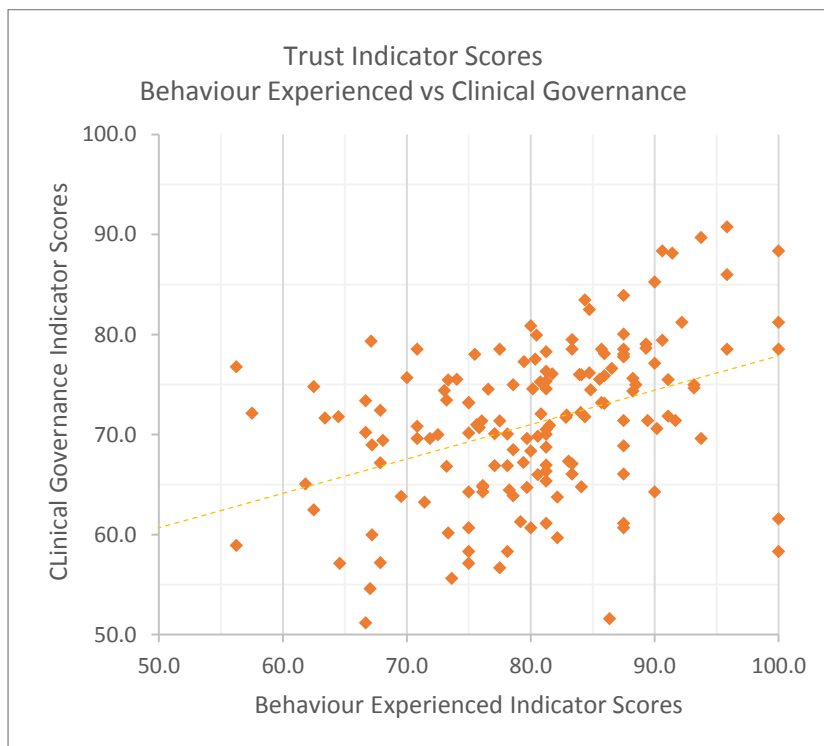
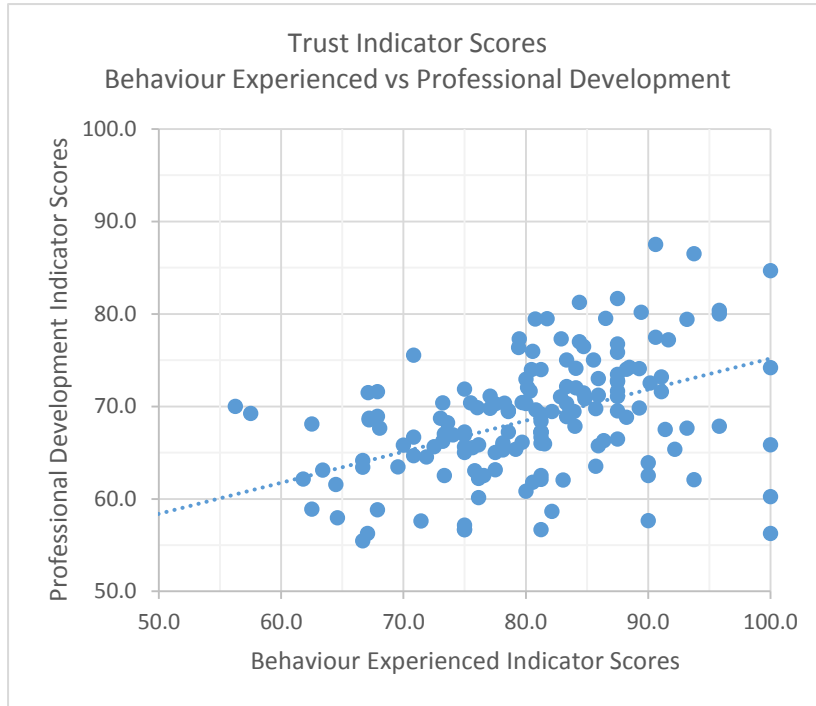
One trainee answered and wrote: 'There was no improvement in observed behaviours'

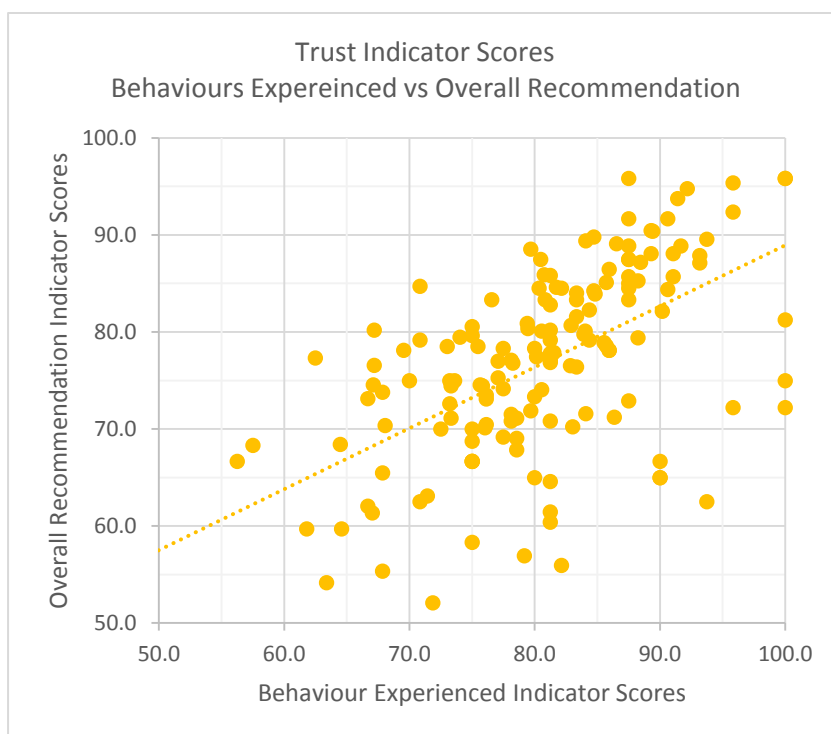
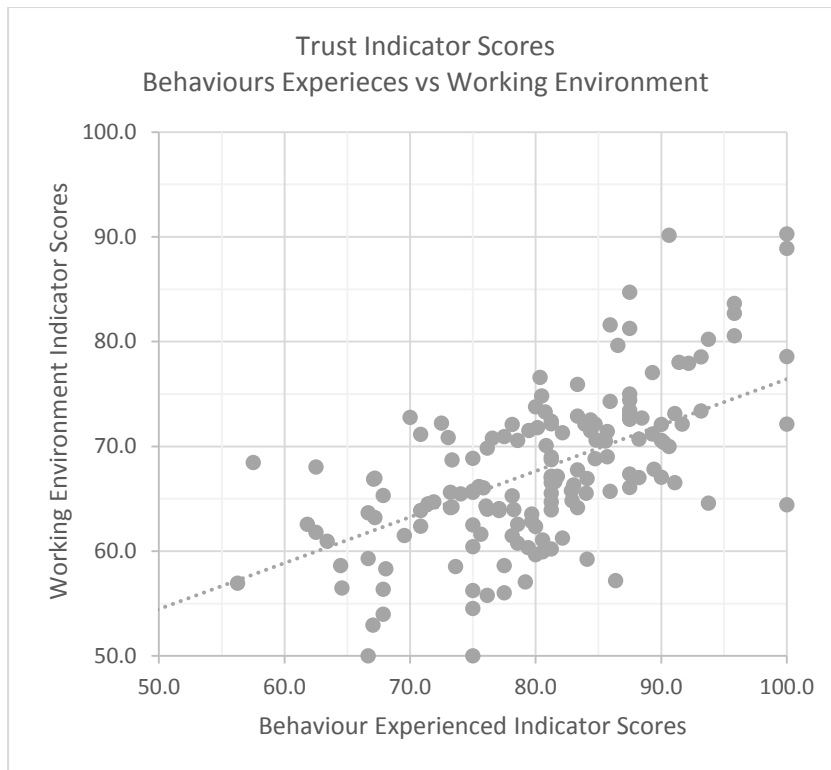
7) Wider trends relating to WPB

Indicator scores for Professional Development, Clinical Governance, Working Environment and Overall recommendation were plotted against the indicator scores for Behaviours Experienced to look for correlations. A score of 100 is the top score i.e. least reports of undermining/bullying.

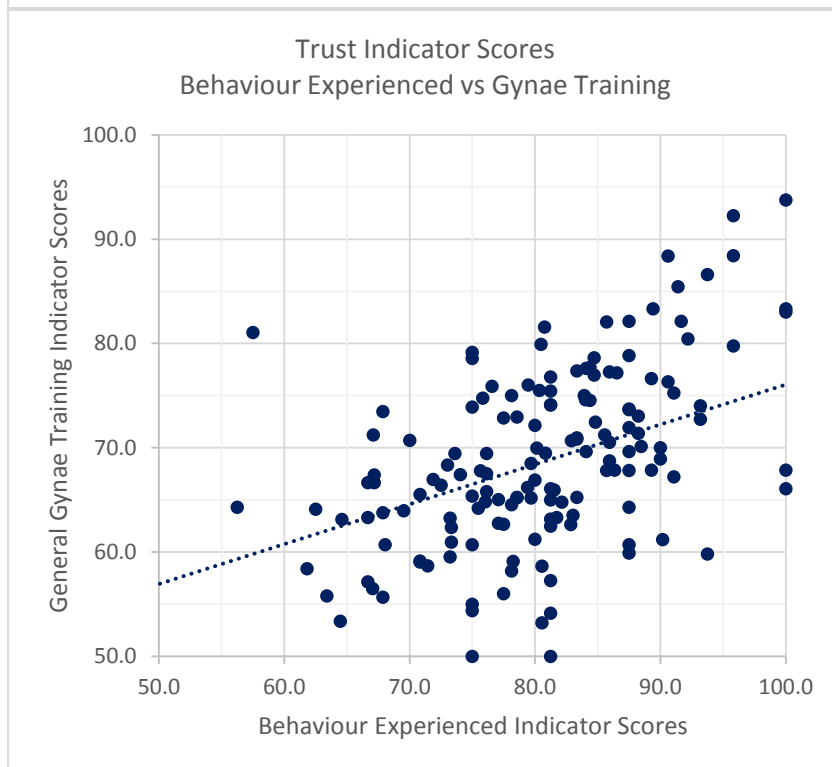
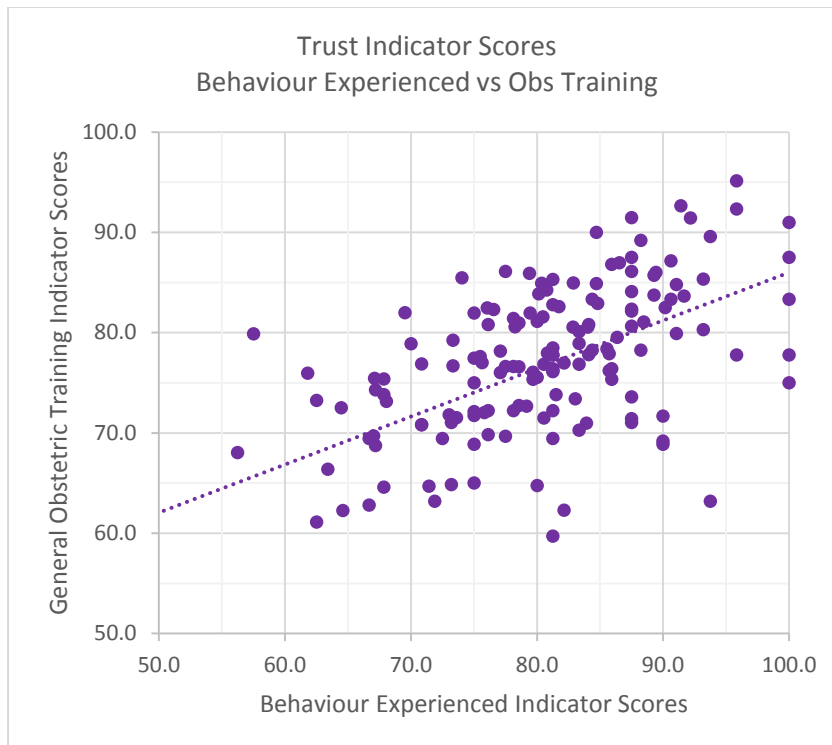
Full results table is in Appendix 1.

Graphs are below.



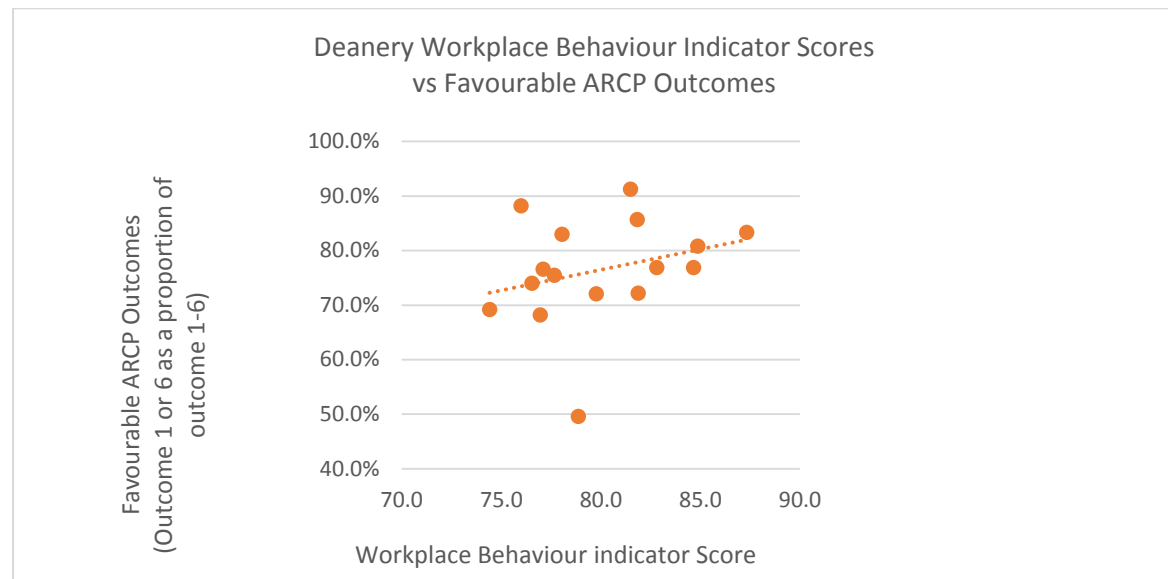


Positive correlations were seen between indicator scores for Workplace Behaviour and Working Environment, Clinical Governance and Overall recommendation scores.



Positive correlations were also seen with the satisfaction with general Obstetric and Gynaecology training.

Deanery indicator scores were also compared to favourable ARCP outcomes (Outcome 1 or 6 as a proportion of outcomes 1-6). A results table can be found in Appendix 1.



There is a positive correlation although there is considerable spread of data points along the line of best fit.

8) Regional Variations

Indicator scores for 'Behaviours Experienced' were compared regionally. A score of 100 is the top score i.e. least reports of undermining/bullying.

Indicator Scores for 'Behaviours Experienced' by region				
Deanery	Rank 2018	Indicator Score 2018	Rank 2017	Indicator Score 2017
<i>UK</i>	<i>N/A</i>	<i>79.5</i>		
Wessex	1	87.3	4	80.4
Mersey	2	84.9	1	84.7
Northern Ireland	3	84.6	3	81.7
Peninsula	4	82.8	9	77.2
KSS	5	81.9	14	75.1
East of England	6	81.8	8	77.2
Severn	7	81.5	5	80.1
London	8	79.8	6	78.9
West Midlands	9	78.9	11	76.1
North Western	10	78.0	12	75.9
East Midlands	11	77.7	15	74.8
Scotland	12	77.1	13	75.5

Yorkshire & the Humber	13	77.0	10	76.6
Wales	14	76.5	16	69.6
Oxford	15	76.0	2	83.9
Northern Deanery	16	74.4	7	77.9

When considering indicator score for 'Behaviours Experienced' in individual trusts:

- Five trusts scored 100 (all responses 'strongly agree'), two of these also scored 100 in 2017.
- Three trusts had a score of less than 50. All three saw their scores fall significantly compared to last year.
- However, the number of reports for several of these trusts are low.

LETB/Country	Trust Name	Response count	2018 Behaviours Experienced Indicator Score	2017 Behaviours Experienced Indicator Score
East of England	Mid Essex Hospital Services NHS Trust	4	100.0	75.0
Peninsula	Northern Devon Healthcare NHS Trust	1	100.0	100.0
Scotland	NHS Borders	4	100.0	100.0
Wales	Cwm Taf Health Board (North)	3	100.0	71.9
Wessex	Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	4	100.0	87.5
Mersey	Isle Of Man	1	37.5	75.0
North Western	Tameside Hospital NHS Foundation Trust	8	48.4	82.5
Wales	Hywel Dda Health Board (Carmarthen)	3	37.5	87.5

9) Review of 2017 detailed analysis report recommendations

1. Develop training in which behaviours and departmental characteristics can contribute to trainees feeling undermined. This training should be part of college Tutor's mandatory training.
A research project is underway but the results have not been released.
2. WBCs to raise awareness of their role. A poster was launched to be displayed in the trainee's offices, mess that details the regional WBC contact details.
34.1%.
Poster was launched. However, the rate of trainees who know who their local WPB champion is lower than last year.

3. Workplace behaviour champions network to discuss how to make champions more accessible and approachable
Level of approachability was good at 75.6% but could be improved still. Some champions have developed tools such as cards to be handed out during doctors' induction ensuring all trainees know that the champions are accessible. These examples have been shared with the network.
4. Change the TEF question from 'Local' WBC to 'regional' WBC to remove any confusion as confusion over terminology.

TEF Questions 2018
7.9. I know who my local work place behaviour champion is
7.10. My local work place behaviour champion is approachable and accessible
7.11. I contacted my workplace behaviour champion in relation to behaviour experienced or witnessed
7.12. My regional workplace behaviour champion was helpful in tackling the issue
7.13. If your workplace behaviour champion was not helpful please give reasons

The terminology still requires clarification. Q7.9 and 7.10 refer to 'local' WPB champions and Q 7.12 refers to 'regional' WPB champions.

Conclusions

- 1) What are the rates of undermining/bullying?**
 - 7.4% of trainees had either been subjected to or witnessed bullying and undermining behaviours, an increase compared to 6.9% in 2017
 - The overall rate of trainees personally being *subjected to* bullying and undermining behaviours across the UK was steady at 4.6% of trainees, compared to 4.5% in 2017.
 - The overall rate of trainees *witnessing* other trainees being subjected to bullying and undermining behaviours across the UK has slightly increased at 5.9% of trainees, compared to 4.6% in 2017.
- 2) 'Who' is most affected by undermining/bullying-demographic trends?**
 - Higher rates noted in those who consider themselves to have a disability (15.4%), Subspecialty trainees (7.4%) and Asian/British Asian trainees (5.8%).
 - LTFT had lower rates of undermining/bullying (2.9%)
- 3) What types of negative behaviours are reported?**
 - The top two unprofessional behaviours reported in 2018 remain 'Persistent attempts to belittle and undermine your work' (17.3%) and 'Persistent unjustified criticism and monitoring of your work' (15.5%).
- 4) Who is subjecting trainees to these unprofessional behaviours?**

- Consultants (40.5%), followed by senior nursing or midwifery staff (20.9%), remain the largest groups of staff implicated in the undermining and bullying of trainees.
- However, the proportion attributable to consultants has roughly halved compared to 2017.

5) Is undermining and bullying being reported?

- The rate of reporting by trainees who were *subjected to* undermining/bullying was 55.6%.
- The top two reasons for non-reporting in this group were concerns about the impact on their career and concerns that reporting would make the situation worse.
- The rate of reporting by trainees who *witnessed* undermining/bullying was lower at 20.4%.
- The top reasons for non-reporting in this group was that the issue was already reported by another person which accounted for 34.1% of answers.
- Less behaviours were addressed and resolved compared to 2017, 22.7% (15/66) vs 35.6%.
- More behaviours persisted after reporting, 56.1% (37/66) vs 46.2%.

6) What is the current role of Workplace Behaviour Champions?

- Fewer trainees knew who their WPB champion was 34.1% (45/132) vs 49.5% in 2017.
- 34/45 trainees (75.6%) who knew their local WPB Champion felt they were approachable.
- Most trainees found their WPB champion useful when contacted (8/11)

7) Are their regional variations in workplace behaviour?

- Indicator Scores for 'Behaviour Experienced' ranged from 87.3 to 74.4
- 5 trusts scored 100.

8) Are there wider trends relating to workplace behaviour?

- Positive correlations were seen between indicator scores for Workplace Behaviour and Working Environment, Clinical Governance, Overall recommendation, General Obstetrics and Gynae training provision scores and also favourable ARCP outcomes.

9) Action on last year's recommendations

- Work to increase awareness of WPB champions still needed
- TEF questions not adjusted

Recommendations

1. Raise awareness of workplace behaviour champions and their role
 - a. This will be discussed at the next workplace behaviour network meeting and measures to raise awareness will be discussed.

- b. Develop an online network for workplace behaviour champions to ensure improved contact and support for the champions and sharing innovative ways of raising awareness.
2. Action to reduce the undermining behaviours- All trainers should be trained in how to give constructive feedback as part of training to be an educational/ clinical supervisor. This should be discussed at the SEAC and the College tutors meeting.
3. It is important to get engagement from college tutors as they can encourage and signpost the trainee experiencing undermining towards their Workplace Behaviour Champion.
4. To work with the RCOG trainees committee to identify barriers to reporting undermining behaviour and develop a culture of psychological safety to encourage reporting.
5. Work with the RCM to jointly address undermining.
6. Change the TEF questions to regional workplace behaviour champions.

Suggestion for GMC survey speciality specific questions (SSQs)

GMC data was not available for analysis

Suggestions for changes to TEF questions

TEF Questions 2018-suggested changes
7.9. I know who my local regional work place behaviour champion is
7.10. My local regional work place behaviour champion is approachable and accessible
7.11. I contacted my regional workplace behaviour champion in relation to behaviour experienced or witnessed
7.12. My regional workplace behaviour champion was helpful in tackling the issue
7.13. If your workplace behaviour champion was not helpful please give reasons

There is a Workplace Behaviour Champion in every school/deanery making the role a regional one. The TEF questions from 2018 are not clear about this and can be misinterpreted.

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References

1. GMC National Training Survey 2013. Narrative report-undermining https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/-/media/documents/nts-2013-autumn-report-undermining_pdf-54275779.pdf (accessed September 2018)
2. RCOG/RCM press announcement: Royal Colleges jointly address issue of undermining and bullying in the workplace <https://www.rcog.org.uk/en/news/rcogrcm-press-announcement-royal-colleges-jointly-address-issue-of-undermining-and-bullying-in-the-workplace/> (accessed September 2018)
3. Illing JC, Carter M, Thompson NJ, Crampton PES, Morrow GM, Howse JH, et al. Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS. Final report. NIHR Service Delivery and Organisation programme; 2013. <https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/10101201/#/> (accessed September 2018)
4. The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/> (accessed 31 August 2017)
5. The Report of the Morecambe Bay Investigation (2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf (accessed September 2018)

Appendices

APPENDIX 1- Results Tables

APPENDIX 2: Free text comments regarding types of unprofessional behaviours seen

APPENDIX 3: Free text comments regarding reporting of undermining/bullying

APPENDIX 1- Results Tables

<i>TEF Q7.1 'In this post, I was NOT subjected to persistent behaviours by others which have eroded my professional confidence or self esteem'</i>			
	Count	Combined count	%
Strongly Agree	722	1561	89.0%
Agree	839		
Neither Agree nor Disagree	112	112	6.4%
Disagree	62	81	4.6%
Strongly Disagree	19		
Total	1754		

<i>TEF Q7.5 'In this post, I did NOT witness other specialist trainees being subject to persistent behaviours by others which has erode their professional confidence or self esteem'</i>			
	Count	Combined count	%
Strongly Agree	608	1472	83.9%
Agree	864		
Neither Agree nor Disagree	179	179	10.2%
Disagree	84	103	5.9%
Strongly Disagree	19		
Total	1754	1754	100.0%

<i>TEF Q 7.14. Please identify the types of behaviour you have witnessed or being subjected to (please select ALL that apply)</i>		
Persistent attempts to belittle and undermine your work	8 7	17.3%
Persistent and unjustified criticism and monitoring of your work	7 8	15.5%
Persistent attempts to humiliate you in front of colleagues	5 1	10.1%
Undermining your personal integrity	3 9	7.7%
Constant undervaluing of your efforts	3 9	7.7%
Freezing out, ignoring or excluding	3 5	6.9%
Destructive innuendo or sarcasm	3 4	6.7%
Persistent attempts to demoralise you	3 0	6.0%
Intimidating use of discipline or competence procedures	1 9	3.8%
Making inappropriate jokes about you	1 4	2.8%
Discrimination on racial, gender or sexual grounds or other protected characteristics	1 3	2.6%

Other (please specify)	1 3	2.6%
Verbal and non-verbal threats	8	1.6%
Withholding necessary information from you	8	1.6%
Undue pressure to produce work	8	1.6%
Shifting goalposts without telling you	8	1.6%
Persistent teasing	6	1.2%
Removal of areas of responsibility without consultation	6	1.2%
Unreasonable refusals of applications for leave or training	3	0.6%
Setting of impossible deadlines	3	0.6%
Physical violence	1	0.2%
Unwelcome sexual advances	1	0.2%

<i>TEF Q7.15 'who subjected you/your colleague to inappropriate workplace behaviour'</i>		
	8	
Consultant in your department	9	40.5%
Senior Nursing or Midwifery Staff	4 6	20.9%
Junior Nursing or Midwifery Staff	2 0	9.1%
Senior trainee (ST 3+)	1 4	6.4%
SAS Doctors (Staff grade or associate specialist)	1 2	5.5%
Your College tutor	1 0	4.5%
Other (please specify)	8	3.6%
Your Educational Supervisor	5	2.3%
The Clinical Director for your department	4	1.8%
Medical Staff from another department	4	1.8%
Departmental management team	4	1.8%
Junior trainee (F1-2, GPVTS, ST1-2)	2	0.9%
Trust management team	1	0.5%
The Workplace Behaviour Champion	1	0.5%

Reporting by those subjected to bullying/undermining (disagree or strongly disagreed with Q7.1)	
Reported	45
Not Reported	36

Reasons for non-reporting among those subjected to undermining/bullying	
I was concerned about the impact reporting the issue would have on my career	10
I was concerned reporting the issue would make the situation worse	10

I felt I would not be supported if I reported the issue	5
The person I would normally report the issue to is the perpetrator	5
The issue was already reported by another person	4
The behaviour stopped and has not recurred	2

Reporting by those who witnessed bullying/undermining (disagree or strongly disagreed with Q7.5)	
Reported	21
Not Reported	82

Reasons for non-reporting among those who witnessed undermining/bullying	
The issue was already reported by another person	28
I was concerned about the impact reporting the issue would have on my career	15
I felt I would not be supported if I reported the issue	14
I was concerned reporting the issue would make the situation worse	12
The behaviour stopped and has not recurred	12
The person I would normally report the issue to is the perpetrator	1

Subjected to undermining/bullying: Outcomes of reporting, n=45		
The issue was resolved and the behaviour stopped	11	24.4%
The issue was resolved but the behaviour recurred	5	11.1%
The issue was addressed but not resolved and the behaviour continued	7	15.6%
The issue was not addressed and the behaviour continued	10	22.2%
The issue was not addressed however the behaviour stopped	0	0%
Other (please specify)	12	26.7%

Subjected to undermining/bullying: Outcome of not reporting, n=36		
The issue was not addressed however the behaviour stopped	6	16.7%
The issue was not addressed and the behaviour continued	19	52.8%
Other (please specify)	11	30.6%

TEF Q7.9. 'I know who my local work place behaviour champion is'		
Strongly Agree	12	9.1%
Agree	33	25.0%
Neither	8	6.1%
Disagreed	51	38.6%
Strongly Disagreed	25	18.9%
n/a	3	2.3%

Of those who knew their local WPB champion :		
<i>TEF Q7.10. 'My local work place behaviour champion is approachable and accessible'</i>		
Strongly Agree	13	28.9%
Agree	21	46.7%
Neither	9	20.0%
Disagreed	1	2.2%
Strongly Disagreed	0	0.0%
n/a	1	2.2%

TEF Deanery Indicator Scores (0-100)					
Deanery	Behaviours Experienced	Professional Development	Clinical Gov.	Working Environment	Overall Recommendation
East Midlands	77.7	77.6	67.6	64.4	76.7
East of England	81.8	82.6	71.7	67.8	79.9
KSS	81.9	79.8	72.7	67.9	75.5
Mersey	84.9	78.5	70.9	68.5	76.8
North Western	78.0	78.2	68.6	65.6	73.6
Northern Deanery	74.4	82.6	76.2	68.7	74.6
Peninsula	82.8	81.3	74.2	67.8	80.7
Scotland	77.1	79.6	72.3	67.2	76.0
Wales	76.5	77.8	67.3	66.9	77.5
West Midlands	78.9	79.7	68.8	65.1	75.5
Yorkshire	77.0	75.8	68.2	64.6	72.3
London	79.8	79.9	70.7	65.5	77.5
Northern Ireland	84.6	82.1	79.4	75.6	80.7
Oxford	76.0	83.6	72.0	64.0	79.4
Severn	81.5	83.2	71.0	68.8	79.3
Wessex	87.3	84.1	77.7	73.4	85.6

Comparison of Deanery Workplace Behaviour Indicator Scores and their favourable ARCP outcomes																
Ranking by WPB Indicator Score	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Indicator Score	87.3	84.9	84.6	82.8	81.9	81.8	81.5	79.8	78.9	78.0	77.7	77.1	77.0	76.5	76.0	74.4
Proportion of favourable ARCP Outcomes (outcomes 1 or 6 proportion of 1-6)	83%	80%	76%	76%	72%	85%	91%	72%	49%	83%	75%	76%	68%	74%	88%	69%

APPENDIX 2: Free text comments regarding types of unprofessional behaviours seen

Some comments have been edited to maintain anonymity or shorten.

I have been subject to constant threatening behaviour and aggressive comments from a staff grade in the unit. She constantly undermines me in meetings and announces that I have done something wrong, when I go back and check it is frequently found that I have nothing to do with the patient or she is incorrect.

Within weeks of me starting X entered my scan room without knocking (as she now frequently does, despite patients being inside) and subjected me to a barrage of verbal abuse.

I confided in the consultant who reassured me over the phone. However, a week later he walked into my clinic room and told me that " you need to bury your hatchet... you will be gone in 18 months anyway

Other colleagues not doing their duties. not tending to clinical duties and asking the nurses to hand over to the on call team when their shift ends.

Pressure on rota coordinators to cover rota gaps with little support. Pregnant trainees have been asked to swap their later on calls to earlier on in the year so that they can work the shifts, rather than there being a rota gap.

Lack of advocate at formal meetings, despite asking for one. Lack of appropriate warning for meetings (no time to find an advocate for me and prepare). Attending a meeting and then a different person being present at the meeting to what I was expecting. Felt very intimidated during part of the meeting to discuss my reports of bullying last year. No minutes, no independent party. No feedback. Confidential conversations I have had with consultants/registrars have been relayed at the consultant meetings without my consent.

I feel I am more heavily supervised since the incident. I have not been allowed to do some procedures, the consultants have wanted to do them. I have just been generally made to feel I am not wanted here. That may not be the intention, I don't know. That's just the way I feel.

Unpleasant comments made to work colleagues (midwives) I have to work with, about me. Criticism of my work to others , yet no direct constructive criticism. Being ignored sometimes.

Persistent and unjustified criticism and monitoring of another.

Very negative and unsolicited comments made about a good friend who worked the unit last year, (X is the worst trainee we've ever had here). The same person very publicly blamed me for a ureteric injury in a theatre full of people, when they weren't there at the time and had no idea what had happened.

This person refuses to make eye contact with me and ignores me to ask the midwives (no matter how junior) if there is anything they need to know about on labour ward. Other consultants have talked about how one of our ST1s won't make the grade to me (I told him I thought this was unacceptable but he still made a similar comment at a later date)

Poor support of ST1's on labour ward and undermining behaviour towards ST1s from theatre staff. Issue raised but not acted on.

Lack of support for a colleague returning from maternity leave.

Religious related comments which undermine my own religion and those of others.

Comments in front of others regarding my presence and my training needs which made me feel unwelcome and I felt it would impact on achieving my required competencies.

The rota co-ordinators (SHO and reg trainees) have a very difficult job and at times it seems as though it is their responsibility to ensure that rota gaps are covered, rather than the senior management/consultants. This can leave trainees feeling very stressed and overwhelmed.

I witnessed a colleague being undermined in theatre several times with theatre staff often being very unsupportive towards trainees being allowed the time to practise their skills.

I saw middle grade trainees prevented from delivering twin pregnancies on more than one occasion as the midwives stated it was a normal birth and did not require a doctor. Again, the midwives have not grasped the concept that in order to help them during medical emergencies, it is crucial that doctors participate in normal deliveries.

Sadly this behaviour is associated with certain personalities that in an ideal world would become more aware through resilience training/reflection. However often the perpetrators are not aware of their impact on others therefore we urgently need resilience training courses (>6 month duration) to strengthen our trainees in order to change this oppressive undermining and bullying culture.

An example: Midwife pages trainee registrar to come to labour ward as a patient needs a KIWI delivery. Trainee arrives and is gestured to set up for KIWI without being given the opportunity to assess the situation. Trainee manages a peak over the midwife's shoulder and suggests an episiotomy. Midwife tells trainee - Don't tell me my job. All this within hearing distance of the patient. Baby was delivered safely after an episiotomy. Trainee was not given an opportunity to assess the situation. He/She was just dictated to - regarding what to do. These situations are commonplace till a trainee gains the trust of the team. And once a midwife forms an

opinion of a trainee, this opinion is passed on to the rest of the labour ward team and the trainee doesn't stand a chance. This is not confined to the present unit. It is the general labour ward theme. I enjoy working in this unit and would surely recommend it to other trainees but I can see how it can also be detrimental to a trainees confidence if they are unable to make a good impression early on. This unit is moving forward with clear attempts to promote positive culture. Despite this that particular trainee continues to be undermined.

I am aware of at least two people who are leaving/considering leaving the specialty due to this behaviour from my own unit

APPENDIX 3: Free text comments regarding reporting of undermining/bullying

Some comments have been edited to maintain anonymity or shorten.

I spoke to the trainee concerned and asked her if she needed any support. I did not feel it was appropriate to report something, which was her decision.

Unlikely to change situation.

Did not feel it was my place.

The trainee in question did not wish for action to be taken.

I supported the trainee and gave her support if she wanted to report it.

I felt that reporting it would have a negative impact on the specialist trainees affected by this behaviour.

These negative behaviours usually came from other health professionals and not doctors.

I did not report it because this kind of behaviour is rife in labour ward. It is a culture that I think will be difficult to change as it is so ingrained in labour ward working across the NHS. I have learned to cope with it and turn things around. Two questions come to my mind here.

- 1) Should it be up to me to gain trust of the labour ward team every year I rotate to a new unit?
- 2) What happens to new trainees who haven't yet learnt the art of hiding your disappointment/embarrassment at being undermined while trying to change opinions? I dealt with this by encouraging the trainee to report the incidents to his/her ES. On my part I provided emotional and professional support.

Longstanding issue, has been reported several times by previous trainees but no change in behaviour.

The consultant in question does not see an issue with their rude and belittling behaviour.

I believed that the individuals involved had already discussed with the college tutor.

Well known behaviour within the unit from a senior consultant - happens to all other staff within the unit (including other consultants). Nature of e-mails is often like speaking to small children.

Not been subjected to any such behaviour personally.

The person concerned did not want to report it.

I have witnessed persistent undermining and negative behaviours from a consultant to a trainee and staff grade. I also am aware that this was reported after which the bullying behaviour became worse and frankly intolerable. This was reported confidentially by the trainee. The consultant then made this very public with in the unit. I feared I too would be targeted if I raised the issue. I had offered to raise the issue for the trainee involved, but the trainee did not want me to as they thought it would make the situation worse for them.

I did not know who to tell, and the colleague subjected to the behaviour did not want anyone to know so I respected this.

I witnessed a registrar being persistently challenged and criticised by a midwife co-ordinator. The behaviour has been identified before and addressed before. It is currently being re-examined

Unlikely to change situation.

The trainee did not want me to report it although I encouraged them to.

I was concerned about the impact of reporting the issue would have on my career, as whenever I tried to raise the issue with a consultant, I was not even let to finish my story, cut off from the beginning, being told off that person is extraordinary and the problem is most likely on my side. The same answer received by other trainees apparently. Therefore, I decided not to mention anything again.

The rota at current hospital is so short and everyone under pressure. Even though it was quickly obvious that one of our colleagues was struggling after leave and moving to a new area, as far as I can see they were not given the support to get back up to speed. I have been aware of consultants talking about this individual and openly dismissing their abilities in front of other registrars and midwifery staff. I believe the individual has sought help but not found support. Also a number of senior trainees have mentioned their concerns.