

Bullying and undermining: interim JCST policy statement

The JCST has set up a short-life working group on bullying and undermining with the following aims:

1. To consider current evidence of bullying and undermining in surgical specialties.
2. To identify existing resources, guidance and good practice.
3. To identify action that the JCST, our parent Colleges and partner organisations should take to promote supportive environments in surgery.
4. To develop a policy statement with recommendations for submission to the surgical royal colleges and to share this with all relevant bodies in the four devolved nations of the UK and Ireland.

There are multiple definitions of the terms, but the General Medical Council (GMC) uses the following:

- **Bullying** is behaviour that hurts or frightens someone who is less powerful, often forcing them to do something they do not want to do.
- **Undermining** is behaviour that subverts, weakens or wears away confidence.

While we have work to do in gathering and analysing evidence, we set out the following principles as a starting point:

- Bullying and undermining have no place in surgery. Together with the surgical royal colleges, on whose behalf we work, the JCST is committed to tackling these behaviours and to creating positive working environments.
- Working in an environment where bullying and undermining are tolerated is a risk to patient safety.
- Such an environment reflects the culture at all levels. It is this culture that needs to change.
- While our particular focus is on surgical trainees and trainers, we recognise that the problem is multi-layered. Bullying and undermining may take place at all levels and in all directions.
- The British Orthopaedic Trainees Association (BOTA's) **#CutItOut** initiative has played a valuable role in highlighting unprofessional behaviour as reported by trainees.
- It should be clear, however, that such behaviour is not confined to one specialty alone – or indeed to any single group within the healthcare sector. The JCST's

own surveys make this clear, as do those carried out by the GMC and within the NHS.

- If the culture is to change, there is a need for clear leadership. While those at all levels have a role to play, senior members of the profession have a particular responsibility to lead by example and to act as champions. JCST members recognise and accept our own responsibility to do so.
- Changing the culture will also involve robust reporting mechanisms, visible resources to increase awareness of what good and bad behaviours look like, zero tolerance of the bad and encouragement of the good.
- All healthcare professionals should understand the mechanisms for reporting and resolving incidences of bullying and undermining, whether these take place within the workplace or – for trainees and trainers – within the wider training environment.
- It must be clear, however, that constructive criticism is necessary to help trainees and others to develop and improve their skills, and in some circumstances more formal performance management may be necessary. This is also important for patient safety.
- Equally, trainees should feel free to raise concerns and be confident that doing so will not have an adverse impact on their training.
- The GMC's **Generic Professional Capabilities** (GPC) framework offers an important opportunity to embed positive behaviours and values in the curricula for surgery and all other areas of practice.
- Trainees will need to demonstrate these behaviours and values in order to complete their training and trainers will need to be able to assess them – and, by extension, model them in their own practice.
- These behaviours and values should form the basis of professional practice for all doctors throughout their careers.

September 2017