Bullying, Harassment & Undermining in Vascular Training

Working Group Report

Authors

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Acronyms

VSGBI – Vascular Society of Great Britain & Ireland

RC – Rouleaux Club (UK & Ireland vascular Trainee association)

vSAC – Vascular Specialty Advisory Committee

BHU – Bullying Harassment & Undermining

Executive Summary

The **Bullying, Harassment and Undermining (BHU) Working Group** was created November 2017 by agreement of the Vascular Society of Great Britain & Ireland (VSGBI), Rouleaux Club (RC) and Vascular Specialty Advisory Committees (vSAC) in response to an anonymised survey of vascular trainees carried out by the RC in June – Oct 2017. This survey demonstrated an unacceptably high prevalence of these behaviours being experienced by current vascular trainees.

The working group was tasked to:

1. Quantify the type, frequency and severity of BHU behaviour in vascular training
2. Propose (and implement) a strategy to reduce the frequency and severity of BHU behaviour
3. Propose a method to monitor the progress of the above strategy

BHU behaviour is, by its very nature likely to be, underreported and it is extremely difficult to quantify. The recurrent barrier of trainees fearing personal detriment, as a result of reporting the behaviour, was encountered.

The working group undertook a survey of newly appointed Vascular Consultants, in an attempt to overcome this fear, and also considered the initial anonymised trainee survey and the subsequent BHU section of the RC 2017 annual trainee survey. The incidence of BHU behaviour is believed, based on these surveys, to be approximately 20% per year and 50% of trainees will experience BHU behaviour over the course of their training.

This working group in agreement with the VSGBI, RC & vSAC have proposed and implemented the following broad strategy to tackle BHU behaviour:

1. Open declaration of the existence of the problem
2. Raise awareness of what constitutes BHU
3. Publish resources for those witnessing or experiencing BHU behaviours on strategies to challenge and report it.

The working group have explored multiple options regarding monitoring the progress in tackling BHU behaviour in vascular training. The only realistic pathway is intermittent surveys of the trainee population (with an anonymised option) administered by RC (the trainee body).

Acknowledgements

The following individuals have attended or been involved in some or all of the working group process. Their inclusion here is not necessarily an indication of their agreement with all the working group's recommendations or actions.

Mr Ayoola Awopetu	RC ASiT Representative
Mr Jonathan Boyle	vSAC Chairman 2016-2018, VSGBI council member
Prof Robert Fisher	VSGBI Lead BHU Working Group & Council Member
Mr Andrew Garnham	vSAC Member, VSGBI council Member
Mrs Hannah Jordon	RC vSAC Representaive
Mrs Olivia McBride	Vice President RC
Mrs Anna Murray	RC Affiliate Representative
Mr Iain Roy	President RC 2017/18
Mr Philip Stather	President RC 2016/17

Working Group Meeting Dates

The majority of work was conducted by e-mail but the following key dates indicate when the working group met.

12/06/2017 - Initial Survey results presented by RC to vSAC
Working group proposed

26/06/2017 – Initial Survey results presented by RC to President and Exec committee of VSGBI
Working Group Creation agreed
Decision later ratified by full VSGBI committees

23/11/2017 – Initial contact of Key working group members & agreement of first meeting

25/01/2018
11/04/2018 – Working Group Teleconference meetings
10/10/2018

27/11/18 VS council ratification of this document for publication on website

BHU Working Group – Actions

12/06/2017 Vascular SAC Meeting

- The Rouleaux Club President, Mr P Stather, presented their trainee survey on bullying, undermining and harassment to the Vascular SAC.
- Survey was not complete, and Mr Stather agreed to encourage more trainee participation.
- Mr Boyle and Mrs Lay provided an overview of the work that the JCST was undertaking via it's short life working group on bullying and undermining in surgical training and the JCST plans to publish a position statement later in the year.
- It was agreed that Mr Boyle would arrange to write a joint statement with the Vascular Society to raise awareness about the bullying, undermining and harassment concerns.

16/07/2017 Joint statement from president of VSGBI and vSAC chair sent to all VSGBI members (Appendix 1)

12/09/2017 Vascular SAC Meeting

- Hannah Travers the SAC trainee representative presented the completed trainee survey.
- The establishment of a Vascular Society and SAC Joint working group on BHU was agreed following the discussions at the VS Council meeting at BSET. The SAC agreed this was a good idea and the SAC Chair, Mr Boyle, would represent the SAC.
- Mr Boyle in his role as Associate Editor of the EJVES had invited Mr R Fisher and the Rouleaux club to write a manuscript on BHU for the EJVES. (This manuscript has now been published in the EJVES)
- It was agreed that Hannah Travers would present the Rouleaux Survey to the TPDs meeting in Wolverhampton in September 2017.

23/11/2017 Joint RC / VSGBI session at the annual VSGBI Annual scientific meeting.

- The Joint Session focused on Bullying, Harassment and Undermining and was Chaired by the Presidents of the Vascular Society, Professor R Sayers and the Rouleaux Club, Mr P Stather.
- Mr Boyle, The SAC Chair, presented data on Recruitment and Retention in Vascular Surgery.
- Mr Awopeto, Presented the Rouleaux Club Trainee Survey
- Miss R Barnes Presented the Results of the Consultants Survey and on Instigating Change

December 2017. Mr Boyle wrote to all SAC liaison members and all Vascular TPDs and asked them to complete the RCS of Edinburgh's E-module on BHU.

26/01/2018 Vascular SAC

- Megan Wilson confirmed most of the SAC LMs and Vascular TPDs had completed the RCSEd E-Module on BHU.
- All TPDs and LMs had been sent the RCS England's booklet on unconscious bias.
- The SAC Chair underlined the importance of effecting a culture change around these behaviours.
- The SAC Chair reported the list of issues raised by the trainees at the joint teleconference with the VS and Rouleaux.
- It was agreed that BHU would be on the agenda for the SAC Meeting on 6th June and the Rouleaux Club would present the results of their survey on BHU experiences of recently appointed consultants.

Quantifying the type, frequency and severity of BHU behaviour in vascular training

The working group's initial focus was to define the extent and nature of the BHU problem in vascular training. This was felt to be important as it would allow better targeting of strategies to combat the behaviours that are most prevalent/serious, and it would also stand as a baseline to assess the impact of the working groups strategy.

The Working Group agreed with the definitions that BHU used by the RC in their initial survey. These definitions are, with minor adaptations, those of the Advisory, Conciliation and Arbitration Service (ACAS), and are generally accepted in the UK working environment. They are:

Bullying Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient.

Harassment Unwanted behaviour or conduct either persistent or singularly, directed at a person or persons which creates an environment which is intimidating, hostile, degrading, humiliating or offensive.

Undermining To make someone less confident, less powerful, or less likely to succeed.

The initial survey instigated by Mr Ayoola Awopetu and Miss Rachel Barnes and conducted (June-October 2017) by the RC provide the largest and most in-depth dataset. A summary of the complete data is available in Appendix 1. It was a totally anonymised survey e-mailed to members of the RC. The anonymous nature resulted in an inability to identify geographical areas or individual centres of concern, which was a potential weakness. The high response rate was however likely due to its anonymised nature.

The working group arranged for a further confidential but identifiable survey to be sent via email to newly qualified (within 5 years) Consultants who were members of the VSBGI . In addition to being a further corroborating data source, it was anticipated that the job security of their Consultant post might mean they would be willing to identify training centres in which they had experienced BHU behaviours.

A summary of the complete data is available in Appendix 2. Unfortunately, this survey received a low response and whilst some centres were identified, no individual centre had a particularly high incidence and some centres did not feature at all in the training of the respondents. Therefore it was felt inappropriate to include names of any centres in this report .

Finally the RC end of year (2017) survey was conducted and provided further data for analysis including data identifiable to region regarding BHU behaviour. A summary of the complete BHU data is available in Appendix 3.

Summary of Survey Results

The 3 surveys consistently show that approximately 20% of trainees will suffer BHU behaviour in any given placement/year. Overall ~50% will suffer BHU behaviour during their training.

It highlighted that ~25% of perpetrators were Educational Supervisors. Almost all perpetrators were doctors, most commonly Vascular Consultants; although there is an incidence of trainee to trainee BHU and also incidents involving doctors outside the speciality.

Approximately two thirds of the experienced behaviour was undermining, however forms of bullying including physical incidents or harassment are reported. Legally protected characteristics (Age, Gender, Sexual Orientation, Race or physical characteristics) were thought to be the motivation in >10% of cases.

Only ~25% of incidents were ever reported and trainees felt that the BHU and their welfare were poorly dealt with following reporting.

Conclusion

The working group believe the overall incidence of BHU behaviour to be in the region of 20% of trainees experiencing the behaviour per a training year. There is a detectable rate of very serious cases (physical or BHU as the result of a legally protected characteristic). The most frequent BHU behaviour is undermining, which free text examples suggest may be the result of a lack of appreciation by the perpetrator that their behaviour is interpreted as undermining.

Propose (and implement) a strategy to reduce the frequency and severity of BHU behaviour

The working group was tasked to develop a strategy to reduce the incidence of BHU in vascular training. The group agreed that this strategy should fall into 3 main areas.

1. The open admittance that there is a BHU problem in vascular training and its impact.

   This is intended to de-normalise the behaviour and to raise awareness of its negative impacts.

2. Education.

   There is persistent reporting in the surveys of victims believing that many perpetrators are simply not aware that their behaviour constitutes BHU. This was also highlighted at the VSGBI ASM session in November 2017.

3. Publish resources for those witnessing or experiencing BHU behaviours on strategies to challenge or report it

   Survey data and feedback from the VSGBI ASM session suggested that there was a lack of awareness of the possible routes (of varying formality) in which BHU behaviour can be challenged or reported. The hope is that this will increase reporting levels.

The open admittance that there is a BHU problem in vascular training

From the presentation of the initial survey results to the SAC and VSGBI it was felt to be imperative to make as much data as possible and the response to it available to the vascular community at large. This has been achieved by:

1. Presentation of the survey data to the full VSGBI and vSAC committee meetings
2. Joint letter from VSGBI & SAC chair to the VSGBI community (Appendix 4)
3. Presentation and discussion of BHU data at the 2017 VSGBI ASM session
4. Publication of an editorial in EJVEVS (Appendix 5)
5. Letters to the clinical lead in each individual arterial centre (Appendix 6)
6. E-mail to all RC (Appendix 7) & VSGBI (Appendix 8) documenting the publication of this working group report and action plan for individual members.

Education

The working group became aware that there is eLearning module that is available free on the RCSEd website that is CPD accredited that informs what constitutes BHU in medical/surgical environments. We felt this was ideally suited to educating the greater vascular community. This has been encouraged by:

1. The SAC chair requesting all SAC members to complete this module – this includes all regions TPD's. Many TPDs have gone on to request the same of their regions education supervisors.
2. Highlighting and advocating the completion of the RCSEd e-learning module:
   The Newsletter article sent to all VSGBI members
   The EJVEVS Editorial
   The letters to each individual arterial centre -requesting they consider the inclusion of this module as a requirement for the next annual appraisal
   The covering e-mail to VSGBI members documenting the publication of this report
   The covering e-mail to RC members documenting the publication of this report

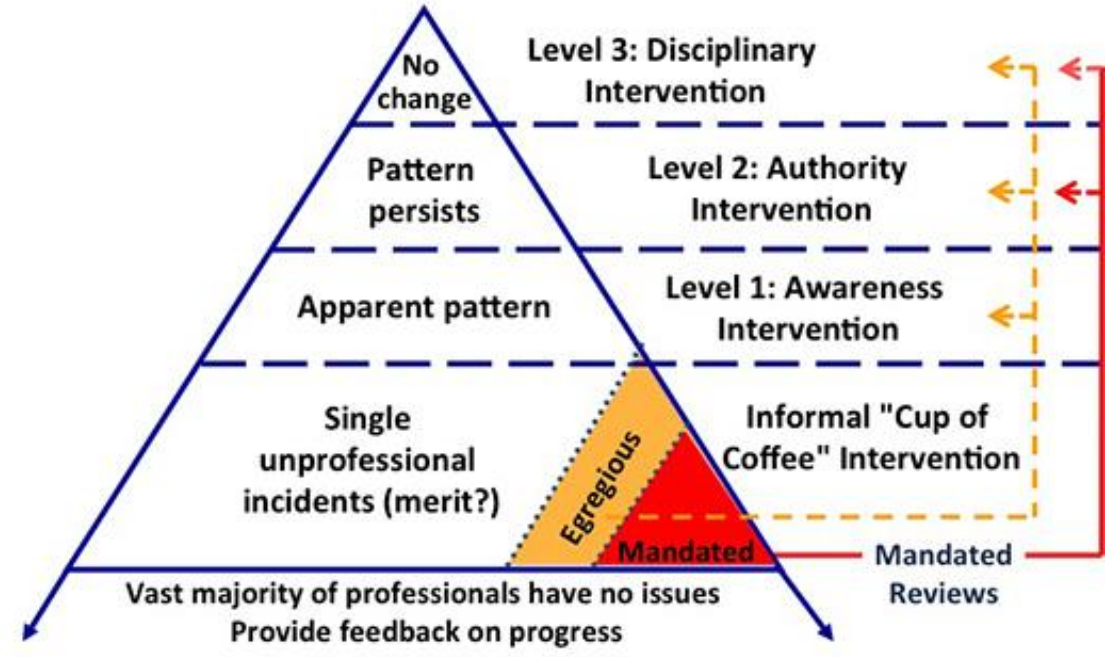
Educational supervisors should have all completed a higher level of training in line with GMC guidance "The Trainee Doctor" (Domain 6, pgs 30-32). They must be able to show this in their

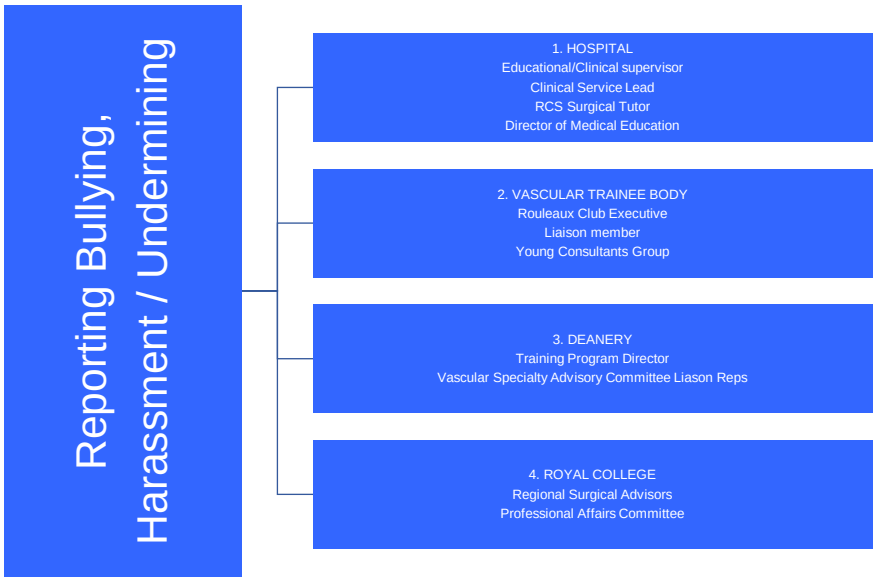
portfolio. The RCSEng TrACE course was identified as a good resource for those who felt they required further training in this area.

Summarise strategies and pathways open to those witnessing or experiencing BHU behaviours and how to challenge or report it

Summary Graphics been identified / created for those witness / experience / dealing with reports of BHU on the various levels of formality and places that BHU can be raised and routes to challenge / report / deal with this behaviour. These are included below. The actual processes undertaken are the prevue of the departments / institutions and deaneries involved.

We would highlight the Freedom to Speak up Guardians in each trust (www.cqc.org.uk/national-guardians-office/content/national-guardians-office) and a Rouleaux Trainee representative who are universally available and can confidentially discuss any concerns an individual may have.





Method to monitor the progress of the above strategy

The working group explored multiple options regarding monitoring the progress in tackling BHU behaviour in vascular training. The only option discussed that was felt to be a robust methodology was intermittent surveys of the trainee population (with an anonymised option) administered by RC (the trainee body). It was also felt keeping the same methodology as previously would offer the best comparison as to the impact of the above work.

While it was noted that several other trainee surveys record data regarding BHU they are either not anonymised or have much lower participation rates by vascular trainees than in RC surveys.

Appendix 1: Summary of initial UK vascular trainees BHU survey

The survey was undertaken of all the Rouleaux Club's membership who were in full time vascular training. It was sent to a total of 131 e-mail addresses. A total of 71 responses where received, giving a response rate of 54%. Responses where received between June & Oct 2017, with over 80% of responses received in the first 2 weeks.

Therewas no way to trace responses back to individuals and respondents were able to skip any questions they felt uncomfortable answering.

Responses

Age

ANSWER CHOICES	RESPONSES	
<25	0.00%	0
25-29	12.68%	9
30-34	49.30%	35
35+	38.03%	27
TOTAL		71

Sex

ANSWER CHOICES	RESPONSES	
Male	74.29%	52
Female	24.29%	17
Prefer not to say	1.43%	1
TOTAL		70

Experienced BHU ever

ANSWER CHOICES	RESPONSES	
Yes	47.14%	33
No	52.86%	37
TOTAL		70

Experienced BHU in your current placement

ANSWER CHOICES	RESPONSES	
Yes	18.18%	6
No	60.61%	20
Prefer not to say	21.21%	7
TOTAL		33

How regularly do you see these behaviours?

ANSWER CHOICES	RESPONSES	
Daily	5.00%	2
Weekly	30.00%	12
Monthly	32.50%	13
Other	32.50%	13
TOTAL		40

Who was the perpetrator?

ANSWER CHOICES	RESPONSES	
Doctor	97.44%	38
Member of Nursing Staff	20.51%	8
Allied Health Professional	5.13%	2
Manager	5.13%	2
Patient, Family or Member of the Public	7.69%	3
Other (please specify)	0.00%	0
Total Respondents: 39		

If a doctor what was their grade?

ANSWER CHOICES	RESPONSES	
Consultant	81.58%	31
Registrar	15.79%	6
Staff grade	0.00%	0
Senior house officer	0.00%	0
House officer	0.00%	0
Other (please specify)	2.63%	1
TOTAL		38

What sort of behaviour was experienced / seen?

ANSWER CHOICES	RESPONSES	
Bullying	22.58%	7
Harrassment	9.68%	3
Undermining	67.74%	21
TOTAL		31

Was the incident physical?

ANSWER CHOICES	RESPONSES	
Yes	6.45%	2
No	93.55%	29
TOTAL		31

Was it related to a legal protected characteristic?

Race/Religion

ANSWER CHOICES	RESPONSES	
Yes	12.90%	4
No	87.10%	27
TOTAL		31

Gender or sexual Orientation

ANSWER CHOICES	RESPONSES	
Yes	9.68%	3
No	90.32%	28
TOTAL		31

A physical characteristic (including pregnancy) or a disability

ANSWER CHOICES	RESPONSES	
Yes	6.45%	2
No	93.55%	29
TOTAL		31

Age

ANSWER CHOICES	RESPONSES	
Yes	3.23%	1
No	96.77%	30
TOTAL		31

Was the incident reported to the responsible educational supervisor?

ANSWER CHOICES	RESPONSES	
Yes	25.81%	8
No	51.61%	16
Unknown	22.58%	7
TOTAL		31

If reported, Did the trainee feel:

	DEFINITELY	SOMEWHAT	NEUTRAL	NOT REALLY	DEFINITELY NOT	TOTAL	WEIGHTED AVERAGE
The complaint was taken seriously	15.38% 2	7.69% 1	15.38% 2	46.15% 6	15.38% 2	13	3.38
Their welfare was appropriately addressed	14.29% 2	14.29% 2	21.43% 3	35.71% 5	14.29% 2	14	3.21
The bully was treated appropriately	6.67% 1	20.00% 3	13.33% 2	26.67% 4	33.33% 5	15	3.60

Appendix 2: Newly appointed Consultant survey on BHU in training.

Rouleaux Club Junior Consultants survey results

This survey was conducted over a 3-month period. There were 32 respondents, comprising of 87.5% Male (n = 28) and 12.5% Female (4). 30 of these Junior Consultants were UK trained. Currently, the job roles of these individuals comprise of 90.1% Substantive Consultants (29), 6.25% Locum Consultants (2) and 3.13% Other (1).

50% of respondents experienced bullying during their training. The individual centres were identified however no individual centre appeared to have identifiable severe incidence once response rate had been considered.

Each line is an identified centre (percentage of respondents who worked in that centre that reported BHU):

(25%) n=8

(16%) n=6

(20%) n= 5

(67%) n=3

(100%) n=2

(50%) n=2

(50%) n=2

(50%) n=2

(100%) n=1

(100%) n=1

(100%) n=1

(100%) n=1

(33%) n=1

The frequency of BHU behaviours

ANSWER CHOICES	RESPONSES	
Daily	6.67%	1
Weekly	60.00%	9
Monthly	13.33%	2
Other	20.00%	3
TOTAL		15

Perpetrator

ANSWER CHOICES	RESPONSES	
Doctor / Surgeon (Vascular Surgeon)	100.00%	15
Doctor / Surgeon (Other Speciality)	20.00%	3
Member of Nursing Staff	20.00%	3
Allied Health Professional	0.00%	0
Manager	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 15		

Was the bullying perpetrated by an Educational Supervisor?

ANSWER CHOICES	RESPONSES	
Yes	26.67%	4
No	73.33%	11
TOTAL		15

Was the BHU physical

ANSWER CHOICES	RESPONSES	
Yes	6.67%	1
No	93.33%	14
TOTAL		15

Was it related to race or religion?

ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	15
TOTAL		15

Was it related to sex or sexual orientation?

ANSWER CHOICES	RESPONSES	
Yes	13.33%	2
No	86.67%	13
TOTAL		15

Was it related to a physical characteristic (including pregnancy) or a disability?

ANSWER CHOICES	RESPONSES	
Yes	6.67%	1
No	93.33%	14
TOTAL		15

Was it reported to the Educational Supervisor?

ANSWER CHOICES	RESPONSES	
Yes	26.67%	4
No	60.00%	9
Unknown	13.33%	2
TOTAL		15

If Reported did you feel:

	DEFINITELY	SOMEWHAT	NEUTRAL	NOT REALLY	DEFINITELY NOT	TOTAL	WEIGHTED AVERAGE
The complaint was taken seriously	33.33% 2	16.67% 1	33.33% 2	16.67% 1	0.00% 0	6	2.33
Your welfare was appropriately addressed	0.00% 0	33.33% 2	16.67% 1	50.00% 3	0.00% 0	6	3.17
The bully was treated appropriately	0.00% 0	33.33% 2	16.67% 1	0.00% 0	50.00% 3	6	3.67

Free text examples:

“At *** I was backed against a wall by a tirade of expletive laden abuse on my first day for not having visited the department before starting despite only being given a week’s notice of placement and being on holiday at the time. At **** iIwas informed by one consultant that he could ruin my career if he so chose as he sat on all consultant interview panels and that if he chose Iwould fail as a surgeon. This individual has been known to do this to others”

“Not allowed to operate with a particular Consultant as I criticised his organisation of the illegal rota! Was forced to assist the very junior non-trainee or Consultant rather that actually do any operating”

“In *** the individual was a cultured bully, with an impenetrable arrogance and uncaringly contemptuous of everyone - in short sociopathic, there is no hope here. In *** the individual was simply a childish bully who was over-opinionated, poorly observant of his own considerable frailties and offered little other than a negative role model, there seemed to be a purposeful seeking out of trainees to belittle - this appeared to be enjoyed”

Free Text: If not reported, why?

“*** incident was discussed with other Registrars and there was the impression this was normal. Didn’t bother me hugely and actually we got on well in the end. Doesn’t condone the behaviour nor help others that may have experienced similar. But Iwanted to maximise my opportunities and

himspending time in disciplinary hearings and not training me wouldn't have helped me. Just an angry outburst but definitely threatening and bullying behaviour. Second was the regional TPD idle threat. Actually discussed the incident moments later with another Consultant in the department. Again Ifelt no personal threat as he had a reputation and wasn't respected due to this. Just a bully trying to exert power. Different trainee may have had a different outcome and certainly felt threatened and undermined and bullied. Both now retired or left surgery."

"felt powerless as it was decided that I was a failing traineeand motions had been set in place already by the trainer to defend their decision that I was a failing trainee"

"Reporting I felt would impact my future training"

"I was advised to organise so that I did not have to attend the particular Consultant's theatre sessions (Which I did). Incidentally I was also told not to bother applying for a Consultant position at the Trust by my Educational Supervisor in case the Consultant I complained about was on the shortlisting interviewing panel because I would Not be given the job. Incidentally I also reported the bullying at my ARCP and I also documented incidents contemporaneously in the reflection section of my ISCP portfolio and made it visible to my TPD."

"It would have been detrimental to my career progression"

"1998 to 2003 one did not report this sort of thing if one wished to continue training"

"I am referring this to the *** experience. In *** the individual was notoriously disliked anyway and will no longer be a problem to trainees. In *** I have no doubt an official bullying report would have been taken seriously by those who were chosen as Educational or Clinical Supervisors, however, you have respect for a unit as much as an individual and there was fear of losing respect from those who mattered and indeed causing them trouble in reporting as they would then have to deal with it. Some episodes were laughable if they had not been so personal. I think it was understood by the other Consultants that it was happening but they would only act if complaint was made and it wasn't. The individual had a considerable fear of his seniors and contemporaries and in the end has very little to offer both trainees and the greater vascular surgery. This has made for some cracking stories"

Free text :The respondents were asked how they would respond to witnessing a trainee being bullied?

"Speak to colleague and the trainee separately"

"Explore, support and revisit. Offer formal pathway via HR/Deanery."

"Intervene"

"Make sure the trainee is Ok. Explain to colleague how their actions came across in case they did not realise. Have a more in depth conversation if it was habitual. Raise the issues with management if not improved."

"Report to line manager"

"Speak to colleague and / or HoD"

"Try to counteract with support for the trainee and model a better relationship between myself and the trainee. Get other Consultant colleagues on side to support the trainee. Unlikely to tackle it directly with the instigator unless very serious event witnessed."

“I have already supported a junior colleague through a bullying case by escalating through the chain of command.”

“Definitely stop it and address / escalate”

“Iwould talk with my colleague and discuss their behaviour and also talk with the trainee and support them if needed.”

“take them aside and speak to them and make clear in no uncertain terms that they should stop their behaviour”

“I will have a word with my colleague and warn that bullying will not be tolerated and report it to clinical director if still persisting”

“Stand up for my colleagues/trainee. However I only feel I can do this since I’ve completed my training.”

“Would advise to report as this type of behaviour is completely unacceptable.”

“speak to the colleague, advice colleague/trainee, report it if no change in behaviour”

“Challenge behaviour”

“Report it to the educational supervisor”

“Step in. Nobody should feel undermined at work.”

“Intervene directly or report to a more senior individual”

“Intervene mostly. Discuss with trainee always. Report rarely”

“I would discuss it with both separately”

“Quiet word with both parties separately in first instance”

“If it was that bad I might have a word in private.”

“I am concerned about this as there are some colleagues who can be approached about this and some who cannot even as a Consultant (there is also a junior / senior Consultant bullying in a mild form which has been noticed). There is also an interpretation issue - what is it that an individual actually thinks bullying is? Could it be that not offering operations regularly is seen as taking it out on a trainee. I have, however, been lucky that I have not really been in a situation to say I have seen bullying but if seen I would need to speak to the individual in question on an informal basis to air my concerns as a colleague and a friend and if something sickens me, as it did when I was a trainee, I now know they listen”

“challenge them, report to CD/ medical director”

“speak to them”

“No concerns about stepping in and challenging my colleagues’ behaviour directly”

“For an isolated incident - offer support to the trainee, discuss the incident, ask if they can understand why the other person has behaved in that way, create forward plan to avoid similar incidents (eg increase knowledge base, discuss barriers to effictive communication, dealing with authority, etc) Recurrent incidents - discuss with the colleague, same as above. Persistent incidents - escalate to Clinical Director”

“Get the facts, both sides and escalate as appropriate”

“Speak with colleague and trainee to understand reasons. If appropriate, report the colleague bullying”

“Report to Clinical Director”

Appendix 3: BHU section 2017 annual survey

The survey elicited 129 responses from 174 e-mails invitations sent out, response rate of 74%. There was a relatively even spread of trainees in different years of training. Military, Less than fulltime and academic trainees were all represented.

Have you felt bullied, harassed or undermined during your 12 month placement?

ANSWER CHOICES	RESPONSES	
Yes	22.22%	18
No	69.14%	56
Prefer Not to say	8.64%	7
TOTAL		81

Have you witnessed anyone else being bullied, harassed or undermined during your 12 month placement?

ANSWER CHOICES	RESPONSES	
Yes	39.51%	32
No	50.62%	41
Prefer Not to say	9.88%	8
TOTAL		81

If you suffered bully who was the perpetrator?

Speciality 1							
	VASCULAR SURGERY	GENERAL SURGERY	ANAESTHETICS	INTERVENTIONAL RADIOLOGY	OTHER	N/A	TOTAL
Consultant	68.75% 11	12.50% 2	0.00% 0	6.25% 1	0.00% 0	12.50% 2	16
Staff Grade/ Associate Specialist	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 3	3
Registrar	0.00% 0	40.00% 2	0.00% 0	0.00% 0	0.00% 0	60.00% 3	5
Core Trainee	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 3	3
Foundation Doctor	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 3	3
Nurse	25.00% 1	0.00% 0	0.00% 0	0.00% 0	25.00% 1	50.00% 2	4
Allied Health Professional	0.00% 0	0.00% 0	0.00% 0	0.00% 0	33.33% 1	66.67% 2	3
Other	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 2	50.00% 2	4
Speciality 2							
	VASCULAR SURGERY	GENERAL SURGERY	ANAESTHETICS	INTERVENTIONAL RADIOLOGY	OTHER	N/A	TOTAL
Consultant	0.00% 0	25.00% 1	0.00% 0	25.00% 1	0.00% 0	50.00% 2	4
Staff Grade/ Associate Specialist	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Registrar	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Core Trainee	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Foundation Doctor	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Nurse	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Allied Health Professional	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 1	1
Other	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0

Appendix 4: Letter from VSGBI President & vSAC Chair July 2017

JCST Joint Committee on Surgical Training

VASCULAR SOCIETY

16th July 2017

Members of the Vascular Society of Great Britain and Ireland

Bullying, Undermining and Harassment in Vascular Surgical Training

Dear Member,

The Rouleaux Club, which represents vascular surgical trainees in Great Britain and Ireland, has recently undertaken a survey into Bullying, Undermining and Harassment.

Whilst the survey is still live and yet to be formally analysed, it has highlighted significant areas of concern. The Vascular SAC and the Executive Committee of the Vascular Society of Great Britain and Ireland have discussed the preliminary findings.

The Vascular SAC and Vascular Society strongly condemn this type of behaviour in all circumstances. Bullying and undermining behaviour have a negative impact on the surgical team, patient safety and are not in keeping with the GMC's Good Medical Practice guidance.

At a time when surgical careers are becoming less attractive, it is vital that we develop and maintain a positive culture and environment in which our trainees can flourish.

Kind Regards

Yours Sincerely

Jonathan Boyle
Chair of Vascular SAC

Yours Sincerely

Professor Rob Sayers
President of the Vascular Society of Great Britain and Ireland (VSGBI)

35-43 Lincoln's Inn Fields, London WC2A 3PE | tel: 020 7869 6350 | fax: 020 7869 6250 | e-mail: jcst@jcst.org | website: www.jcst.org

Appendix 5: EJVES Editorial

This manuscript is published at https://doi.org/10.1016/j.ejvs.2018.06.041

Title:

Bullying, undermining and harassment in vascular surgical training in the UK: How can it be confronted? Revision EJVES12690

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On behalf of the Vascular Society of Great Britain and Ireland and The Rouleaux Club.

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Keywords: Surgical training, bullying, undermining, harassment,

Manuscript.

Understanding the Problem

The performance of surgery to the highest standard relies upon ongoing education, a fundamental principle of which is the creation of a safe learning environment. The responsibility for this lies with both the trainer and trainee, although it is the trainer who holds the duty of care. A recent unpublished report by the Rouleaux Club membership (the vascular surgical trainee body in GB&I) identified an issue with bullying and harassment in current UK training. In a national survey of 120 vascular trainees, of whom 60% responded, 46% reported experiencing or witnessing bullying, undermining or harassment and over 85% recorded that unsatisfactory action was taken to address it. Whilst this has not been previously recognised in the UK vascular specialty, it has been reported in other specialties both in Britain and internationally.

The Royal Australasian College of Surgeons, in June 2015, commissioned a national survey of all members in Australia and New Zealand.1 Some 3516 individuals (47.8%) responded from all surgical specialties, of whom 81% were male and 15% were trainees. Almost half confirmed personal experience of bullying (39%), harassment (19%), discrimination (18%) and sexual harassment (7%) in the workplace. Of the trainees, 88% reported experiencing one or more of these behaviours. For those that took action, the commonest outcome was a continuation of the behaviour. The greatest barrier to taking action was the potential detrimental effect on future career.

Similar alarming data were reported in a study on bullying and sexual discrimination in the Greek health care system, with 50% of trainees experiencing verbal abuse, 38% threatening behaviour, 20% sexual harassment and only 15% of institutions reporting official support mechanisms.2 Furthermore, within the UK, the Royal College of Obstetricians and Gynaecologists performed an email survey of consultants and fellows working in the UK and 44% reported being persistently bullied or undermined.3

In the face of growing evidence of bullying, undermining and harassment in training, a response to change current practice is necessary. In order to instigate change, one must understand the problem, starting with the definition of bullying. Whilst numerous definitions exist depending on the social environment, the core principles remain. A widely accepted definition is that provided by ACAS (Advisory, Conciliation and Arbitration Service: http://www.gov.uk/>acas): bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

The survey undertaken by the UK vascular trainees indicates that elements of this definition are being demonstrated across the country, and such behaviour needs addressing. It may be that bullying has always existed in surgical training, as suggested by the Australasian study and may relate to the personality types attracted to and selected for the profession, as well as the culture that has evolved over many years. The demands and stresses of surgery can also drive individuals to unacceptable behaviour. The increased financial and political influences within a state funded health

service may also be highly relevant in raising the work pressures experienced by the surgical trainer. There are constant conflicts and opposing forces between service delivery and training/education which are bourn largely by the trainer and may compound all the other pressures, resulting in adverse behaviour towards the trainee. Whilst there is some understanding of these pressures and sympathy toward the difficult working and learning environment they create, bullying behaviour, as a consequence, is never acceptable and cannot be tolerated by the profession. Not only does it detract from training and productivity, there is also good evidence of potential harm to trainees and patients.4 As such, it is beholden upon us to recognise those areas we can change and evolve. Honest personal reflection of ones practice as an educator and multisource feedback can enlighten the surgeon to their behaviour as a trainer. Collaborative team working can also highlight issues within a unit, and addressing any problem areas is essential.

Facilitating Change

Educating the educator is a principle that has evolved over the last two decades and the Royal Colleges now have specialty specific courses in place such as Training the Trainers and Training and Assessment in the Clinical Environment {TrACE}. The benefit of these over locally run, generic courses is the recognition of the unique pressures that the surgical specialty exerts on the trainer, which may represent the key issue driving behavioural traits. These courses can be invaluable in supporting the trainer in delivering the required education in a challenging environment, and understanding the needs of the trainee, the assessment tools and systems utilised. They also highlight the potential for bullying and harassment, how to recognise it and what resources are available. The surgical community should mandate that their educators have the relevant training, and the health institutions should financially support this. This will facilitate objective feedback and assessment that is more robust than subjective criticism. Understanding these processes promotes honest discussion in a more professional and productive manner. The authors do not advocate a submissive or undermined role of the trainer but more one of an informed, considered professional that has an awareness of the modern educational environment.

The Academy of Medical Educators and the General Medical Council (GMC) have implemented an educational appraisal and revalidation mechanism to improve training in the UK. This incorporates 7 domains that, when fulfilled, provide evidence of good practice, including feedback from colleagues and trainees.(www.hee.nhs.uk).

Changing the culture within surgery may be challenging. Recognising the problem and how individuals perceive it is the first step. In response to the Australasian College of Surgeons survey on bullying, they developed a retrospective analysis of an operating theatre video simulation which identified that trainees were more aware of instances of harassment and were more likely to intervene than consultants.5 Such simulated exercises may be useful in supporting the surgical community in evolving a culture whereby recognition and intervention is allowed and respected.

The Royal College of Surgeons of Edinburgh recognised the issues of bullying, harassment and undermining and developed a comprehensive website offering valuable information and support for trainees and trainers (https://www.rcsed.ac.uk/professional-support.../bullying-and-undermining-campaign). The Vascular Society of GB&I, in collaboration with the Rouleaux Club, has also invested time in formulating a support network to address bullying within vascular training. A pathway for referral of problems has been constructed, utilising local, regional and national bodies (figure 1). In addition, a Young Consultant Group has been developed to offer advice and mentorship to trainees and new consultants. Appropriate training is important, and relevant courses have been recommended to the group, such as Mentorship and Assertiveness training.

Furthermore, statements from the GMC and the Joint Committee for Surgical Training (JCST), on behalf of the Royal Colleges of Great Britain and Ireland offer advice on recognising and dealing with bullying, undermining and harassment. Evidence exists of adverse behaviours in other European countries and the respective trainees may find support from their national societies or draw on the resources offered in this editorial.

Summary

Bullying, undermining and harassment occurs in surgical training at an unacceptable rate and the response to the growing evidence has, to date, been inadequate. The reluctance of individuals to identify the problems is clear and the surgical community needs to address these issues in order to change the training culture and environment.

Taking personal responsibility for ones performance as an educator is imperative, and through personal reflection and feedback we can improve our delivery. Understanding our own learning styles and drivers at work, as well as our personality traits is important. The individual interaction between trainer and trainee will be influenced by multiple factors and their recognition and acceptance by both parties encourages appropriate behaviour and avoids conflict. We must all be prepared to evolve and adapt to the changing environment and educational needs of vascular surgery and address behavioural issues without fear of recrimination.

Action Plan

1. Ensure Educational Supervisors have appropriate accreditation as stipulated by GMC (recommendation for RCS Eng Training the Trainers and TrACE courses).

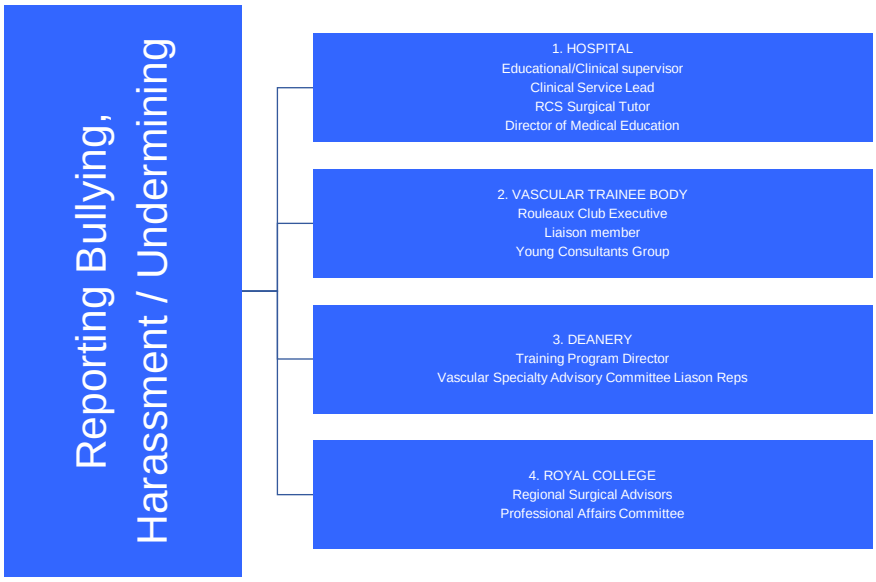
2. Notify trainees of the referral pathway in event of bullying behaviour.

3. Trainee and new consultant mentorship through the Young Consultants Group.

4. Develop simulation based education session on bullying, harassment and undermining for first year Trainee Induction.

5. Annual Rouleaux and Vascular Specialty Advisory Committee surveys of bullying, harassment and undermining to be reported to VS council.

Figure 1:Referral pathway for Bullying.



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Appendix 6: Letter to individual Arterial Centres

Bullying, Harassment and Undermining in vascular training

Dear Clinical lead/Director of Medical Education/TPD

A Rouleaux Club 2017 survey identified that each year 20% of UK vascular trainees experienced bullying, harassment or undermining behaviour. During their entire training 50% of trainees experienced such behaviour and nearly all the perpetrators were doctors, with 25% being educational supervisors. These results are corroborated in the literature from other surgical specialties and highlight a very real issue with our training and the medical working environment in general. A second survey of recently appointed vascular consultants reported similar incidence and named several institutions. The data are not substantive enough to pursue individual centres, however a general communication to key stakeholders was felt appropriate through this letter.

The Vascular Society and SAC have been working with the trainee body, the Rouleaux club, to address the issues around bullying and has published a comprehensive document on the society website (http:www.vascularsociety.org.uk) summarising the results of the surveys, the actions taken and the proposed pathways to address the issue.

We are encouraging every arterial centre to reflect on their position on bullying, harassment and undermining so that we can change the learning culture within vascular surgery.
To this end we are specifically suggesting two action points:

1. All surgeons involved in surgical education undertake the e-module on Bullying, Harassment and Undermining available from the Royal College of Surgeons of Edinburgh website(https://www.rcsed.ac.uk) as part of their medical and educational appraisal.
2. Local departmental/deanery induction material is created to include the definitions of Bullying, Harassment and Undermining and the different ways this can be raised if encountered. This should also include the details of the trusts Freedom to speak up Guardian.
   The summary graphics in the report on the VS website may support this.

We consider it appropriate for institutions to highlight these to their workforce and encourage engagement in the process of cultural change through appraisal.

We are also encouraging the ARCP process to be used to discuss bullying behaviour with individual trainees to allow them to highlight any areas of concern and to raise awareness within the region regarding unacceptable behaviour.

In addition, the Vascular Society / Rouleaux Club members will all receive a newsletter on this matter highlighting the proposals and directing them to the VS and RCSEd websites for educational and reference material.

Through raised awareness, action from institutions and personal engagement from the vascular community, it is hoped that we will see an improved working and training environment and so a safer patient experience. Further surveys will be undertaken to review the situation and identify centres that remain a problem.

We are grateful for your involvement in this project and would welcome any feedback, as we are always happy to work with individual institutions in addressing such matters.

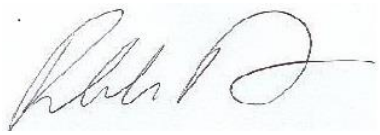
Kind regards

Prof Robert Fisher

VSGBI BHU Working group Lead

Mr Iain Roy

Rouleaux Club President 2017/18



Prof Mark McCarthy

Vascular SAC Chair 2018

Prof Ian Loftus

President VSGBI 2018/19

Appendix 7: E-mail to Rouleaux Club Members on publication of this report

Rouleaux Club Statement

In 2017 the Rouleaux Club undertook a survey to understand the prevalence of Bullying, Undermining and Harassment (BUH) in UK Vascular training. Just under half of those who responded stated they had suffered these behaviours during their vascular training.

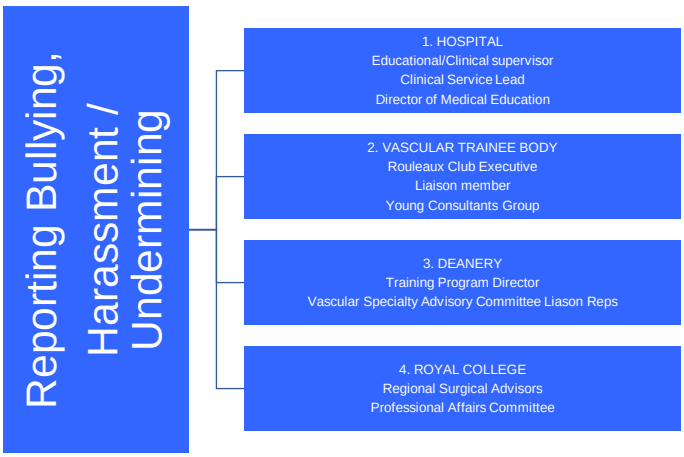
These findings were shared with the Vascular SAC and Council of the Vascular Society and their response was encouraging, resulting in a dedicated session at the Vascular Society ASM in 2017. A position statement declared their acknowledgement that such behaviour was a problem in vascular training and was not acceptable. This year a joint Rouleaux Club and Vascular Society session will focus on the importance of fostering a positive and healthy working environment.

Rouleaux Club, Vascular Society and SAC members have been working on a strategy to tackle this negative behaviour.

This report{linked} focuses on raising awareness of what constitutes BUH behaviour, promoting higher levels of training in those involved in the educational process, highlighting reporting mechanisms and providing a further contact point outside the local environment.

We all have a responsibility to ensure a positive, supportive working environment that is safe for patients and I would encourage all trainees to undertake the RCSEd online training module on BHU here.

Below is a summary graphic of the various routes available to report BUH behaviour. In addition each trust also has a freedom to speak up guardian who can confidentially discuss options locally. We all have a role to play; by tolerating such behaviour we simply perpetuate future cases.



If you have been affected by this type of behaviour, the Rouleaux Club SAC representative can provide advice on how best to proceed.

I hope we will all, over time, see an end to these behaviours in UK vascular practice.

Best Wishes

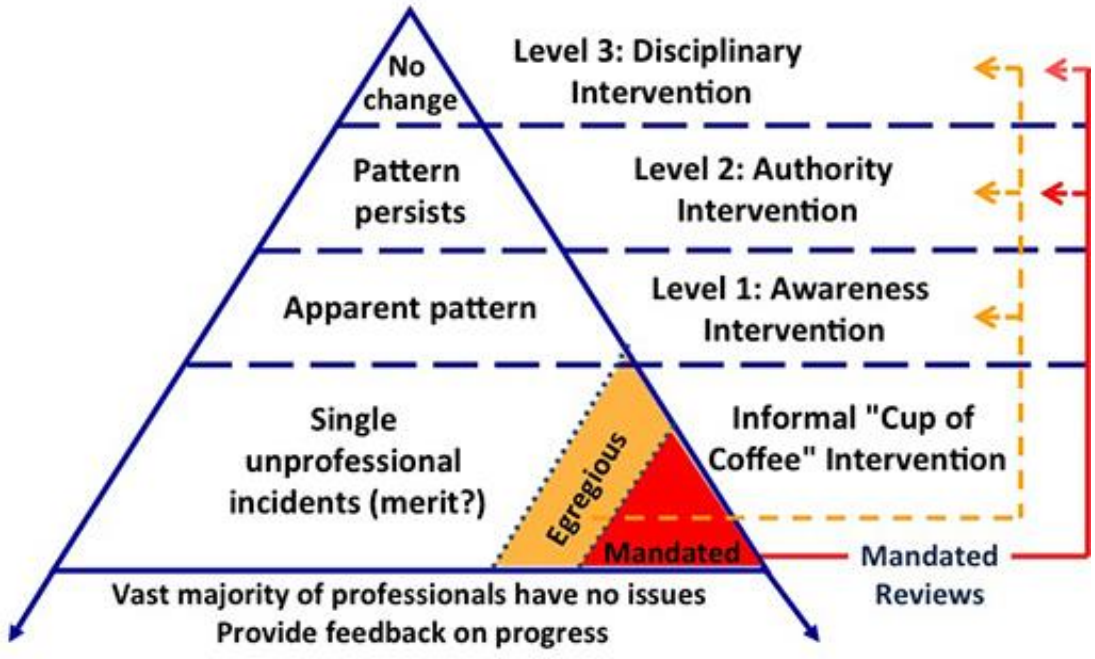
Iain Roy

Rouleaux Club President 2017/18

Appendix 8: VSGBI Newsletter update 2018.

Following the highly successful session on Bullying, Harassment and Undermining at the VS ASM in November, the working group has met to review the Vascular Society's position. The latest results from a new consultant's survey corroborates the findings of the trainees survey with 50% having been exposed to such behaviour. Some examples were given and institutions named, however no individual or patient was deemed at immediate risk. The institutions will be alerted to the fact that bullying behaviour has been identified by their trainees, with advice regarding resources for improving behaviour in the workplace and appropriate accreditation for trainers (e.g. RCS Ed online bullying module: https://www.rcsed.ac.uk/professional-support.../bullying-and.../what-can-you-do; RCS Eng TrACE course: https://www.rcseng.ac.uk/.../training-and-assessment-in-the-clinical-environment-trace). In addition there is clear advice offered in a statement to be posted on the VS website that includes the process of escalation for anyone that is concerned about bullying. This includes communication with Clinical and Educational Supervisors, the trust and deanery representatives, the SAC and ultimately Professional Affairs and GMC. In addition there are Freedom to Speak up Guardians in each trust (www.cqc.org.uk/national-guardians-office/content/national-guardians-office) and a Rouleaux Trainee representative (hannahtravers@doctors.org.uk) who can confidentially discuss any concerns an individual may have.

Representatives from the working group attended a recent conference on Tackling Bullying in the NHS, where inspirational presentations on the deleterious effect of incivility on team performance and the importance of role-modelling were given. These speakers have been invited to attend the ASM in Glasgow and we are confident that the Rouleaux club will produce another strong session on this important matter. Discussion with GMC representative at the conference emphasised their stance that individuals and institutions should strive to resolve most episodes of bullying and undermining at a local or regional level. A useful diagram to summarise this is the Vanderbilt Centre for Patient and Professional Advocacy:



The working group will continue to identify good practice and evidence areas of poor behaviour with recommendations on how to improve the training environment. The presence of bullying is irrefutable and ingrained in our culture. A behavioural and cultural change takes time and is the responsibility of trainers and trainees alike. The progress made will be reported through the Newsletter and at VS ASM in Glasgow.