Reporting Discrimination, Bullying and Harassment in Teaching Settings (Including Clinical Placements): Addressing Perceived Barriers and Challenges

**What is Discrimination?**

Discrimination is the unjust or prejudicial treatment of different categories of people, especially on the grounds of protected characteristics (age, disability, gender, marriage and civil partnership, pregnancy/maternity, race, religion, sex and sexual orientation: [Protected characteristics | Equality and Human Rights Commission (equalityhumanrights.com)Links to an external site.](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics)

**What is Bullying?**

There are several ways to explain what bullying is, although this doesn’t have a legal definition in the Equality Act.

The [Anti-Bullying AllianceLinks to an external site.](https://anti-bullyingalliance.org.uk/tools-information/all-about-bullying/understanding-bullying/definition) defines bullying as “the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. Bullying can be physical, verbal or psychological. It can happen face-to-face or online”.

According to the [National Centre Against BullyingLinks to an external site.](https://www.ncab.org.au/bullying-advice/bullying-for-parents/definition-of-bullying/), bullying is “an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm. It can involve an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening”.

St George’s is committed to developing and encouraging a learning environment in which any form of bullying, harassment, discrimination or victimisation is recognised as completely unacceptable and where students have the confidence to report this without fear of ridicule or reprisals.

For more information, please see the SGUL [Dignity at Study](https://www.sgul.ac.uk/about/governance/policies/dignity-at-study) policy.

**Background**

Students should know that they are always encouraged to report any concerns they may have. However, we understand through anecdotal feedback that, at times, students may feel worried about reporting bullying or harassment incidents due to fear of repercussions or uncertainty about the process used to address their concerns.

In the below, we have tried to offer clarity and reassurance around the most common barriers / challenges that we are aware of. Some of these have been reported directly to us in discussions with students reporting concerns, and others have come out of a survey about bullying on placements conducted by Annie O’Leary, one of the Clinical Teaching Fellows in the 2021-22 academic year.

**Frequently Asked Questions / Reported Concerns**

In this section:

* If I report an incident, what support will I receive?
* If I report an incident, will it really be anonymous?
* What can the university do to ensure I don’t encounter that individual again?
* How can the university ensure that a report is escalated at the NHS Trust site and is then followed up on?
* Are all reports of bullying reported to the GMC?
* If I report an episode of discrimination/bullying on placement, are there any risks to my progression and future career?
* Should I accept being spoken to in an intimidating/condescending/rude way just because we are medical students as “the norm”?
* Being given a “hard time” by senior doctors because they were given a “hard time” seems to be part of the mentality in the NHS. Is this being addressed and how?
* As students, we can be made to feel powerless. How is this changing?
* When you arrive at a placement sometimes clinical staff or receptionists ignore you, is this something I should report and who to?
* Is there compulsory Anti-Bullying training given to all NHS staff?
* **If I report an incident, what support will I receive?**

Any student has access to their personal tutor, the SU and the SGUL Counselling service for support for any reason.

In relation to reporting incidents, the Quality Team can themselves offer support, or discuss more appropriate options with you if you don’t feel able to make use of these channels.

Students reporting incidents relating to bullying or harassment via the Student Voice will be signposted to a range of support options and services. You will also be offered the opportunity to meet with a member of academic or administrative staff to talk about the incident and where necessary, we can offer ongoing support and liaison throughout the onward reporting process.

In some instances, it may be relevant for the student to link in with the central Report & Support team to access additional support services. For example, the Report & Support team can offer an assigned individual with specifically relevant training and experienced to support you through the process of making a report. This can be done in parallel to a complaint via Student Voice, or entirely separately from the MBBS team if you prefer.

* **If I report an incident, will it really be anonymous?**

Yes. Your name and details will be treated in the strictest confidence and only staff directly managing your concern/raised incident will have access to this information, unless you consent to sharing beyond this. We ask you to provide your name and contact email when submitting your concern/incident only for the following reasons:

* + to confirm receipt of your concern/incident
	+ to ask for further details (if necessary)
	+ to inform you of the outcome, where possible
	+ to provide you with additional support (if appropriate)

If your raised concern/incident is shared with the placement provider or departmental manager (if internal at St George’s) this will also be done in a completely anonymous manner. Should they wish to elicit any further information or investigate further, you will be contacted to ask permission to share your name/email.

You might also be concerned that the nature of the complaint, depending on who else was on placement at the time, might identify you (e.g., a complaint about sexist and racist comments, when you were the only non-white female student at the time). If that is the case, you might want to defer making your complaint until after you have finished the placement. If you feel unsafe, ensure you aren’t alone with the individual, or speak to someone you trust on the placement. There are also other steps we can take to protect you as in the next section.

* **What can the university do to ensure I don’t encounter that individual again?**
	+ If your complaint is about a fellow student, we can make arrangements to move you to a different stream or teaching group to minimise the risk of you having contact. We can do this without disclosing to anyone (including the person you have complained about) why.
	+ If your complaint is about a specific tutor you are due to have regular contact with (e.g., CBL, PBL, or personal tutor) we can move you to a different tutor/group, again without disclosing why to the tutor.
	+ If the complaint relates to staff on a clinical placement, depending on the seriousness of the complaint, and extent to which contact/any risk of recurrence can be mitigated whilst remaining on placement, we have also on occasions moved students from one placement location to another midway during the placement. However, this is sometimes not feasible (due to placement capacity) and can take at least a few days to arrange even where possible.
	+ For serious complaints, we can check if the individual is a CCA examiner, and ensure that you aren’t allocated to be examined by them for any future CCAs (though in reality, whilst you will remember them, it is much less likely that they will remember you given the hundreds of students that NHS staff encounter in a year).
	+ We can’t guarantee that you will never encounter the individual on campus or in publicly accessible spaces (on the placement or, of course, outside of the university).
	+ Where a complaint has been formally investigated, upheld, and both parties are aware of this, there can be a written agreement as part of the outcome that the individuals will not have any direct contact with each other (in person or otherwise), and also a commitment to confidentiality which if breached can lead to a fitness to practice investigation.
* **How can the university ensure that a report is escalated at the NHS Trust site and is then followed up on?**

If you provide your name/email at the point of reporting via the Student Voice, we will keep you updated on any steps being taken. It may be difficult to provide you with a detailed outcome as we also have to, by law, respect the privacy and confidentiality of other individuals, including the person being complained about, but we will share what we reasonably can.

* **Are all reports of bullying reported to the GMC?**

No identifiable information about students reporting complaints is shared with the GMC. We do share summary information about complaints and student feedback with NHS England Workforce and Training (previously Health Education England), the GMC, and the University Quality Assurance and Ethics Committee (QAEC) as part of our annual monitoring and performance reporting. Serious incidents may also be escalated to them during the year, so that they can be triangulated with other reports from e.g., the NHS Provider, or Post Graduate national training surveys.

If an individual has received multiple complaints from different sources, or a single serious allegation is upheld that raises concerns about fitness to practice, the employing organisation may escalate this to the GMC. Information about GMC Fitness to Practice outcomes where this applies (e.g., penalties, conditions, suspensions) is in the public domain on the GMC register. This doesn’t’ include any information/detail about the identification of complainants.

* **If I report an episode of discrimination/bullying on placement, are there any risks to my progression and future career?**

No. We can never say never, but are confident about this for lots of reasons:

* + You have done nothing wrong by raising your concerns, and as above we can take steps to protect your anonymity.
	+ You aren’t required to tell the GMC or any future employer that you have made a complaint (this is of course not the case, if you are the target of a complaint which is investigated, which you must declare).
	+ Decisions about foundation programme placements and training and non-training posts beyond that are never made by individuals, always by panels, and increasingly with anonymised application forms (to reduce the risk/impact of bias, conscious or unconscious).
	+ Additionally, as mentioned before, whilst the victim of an incident may often remember the incident, and people involved in great detail – as the emotional distress at the time imprints this on the memory – that is often not the case for the perpetrator. Particularly where the incident represents a pattern of behaviour, sadly the individual incident and people involved will often not be recalled.
	+ We are all programmed to remember particularly influential people and events, over and above day-to-day occurrences and activities. So even if you did by chance end up facing your perpetrator, they almost certainly wouldn’t remember you – which in many ways puts you in the position of power as you have knowledge they don’t.
	+ Memories are also very much influenced by context – you are unlikely to want to apply to work for the same team/same people in any event. If the perpetrator had moved to a different department, and you encountered them unexpectedly in different role, this makes it even less likely that they will remember you.
* **Should I accept being spoken to in an intimidating/condescending/rude way just because we are medical students as “the norm”?**

Absolutely not. This is never acceptable, and should not be the norm, and fortunately is not something encountered on the vast majority of placements/with our teaching staff. That said, NHS staff are as human as you are, often under considerable pressure and this may sometimes unintentionally influence how someone comes across. You will have to use your own judgement, also informed by discussions with someone you trust as to whether something “crosses” the line and should be reported or not.

* **Being given a “hard time” by senior doctors because they were given a “hard time” seems to be part of the mentality in the NHS. Is this being addressed and how?**

This is not an attitude MBBS, the University or our placement providers support. However changing attitudes in the workplace takes time and effort from all stakeholders involved. NHS Providers are all very aware of the importance of the workplace environment to retention and recruitment, and have active workstreams to address this. Having open conversations about challenges is part of that. Additionally, part of the role of the new MBBS Academic Lead for Learning on Placements (commenced June 2023) is to work with NHS providers to help them understand the sorts of challenges students face now (cost of living, fees, personal circumstances/disabilities) that were much less prevalent where/when some more senior staff trained. Ensuring students (and staff) feel empowered to speak up about any concerns – including informally with the individual concerned (as per the allyship and advocacy training now offered) is also part of the work that is needed to change the culture in the workplace.

* **As students, we can be made to feel powerless. How is this changing?**

Allyship and advocacy training has been offered to all students joining MBBS since the 2021/22 A.Y.  Medical students are all future NHS colleagues, and potential healthcare leaders. Although there are lots of things that take a long time to change, or that are outwith your or our control, you are more powerful than you think you are. Learning to use your voice effectively to influence change is part of developing as a leader, and many of you are in leadership roles already (in the SU, in external projects, as year reps etc.).

* **When you arrive at a placement sometimes clinical staff or receptionists ignore you, is this something I should report and who to?**

Unless this is a repeated problem with a specific individual, this probably shouldn’t be reported. There may be lots of reasons why on a particular occasion someone might appear to ignore you. For example:

* + They may not know who you are unless you have made the effort to introduce yourself, and are also wearing your SGUL ID and badge.
	+ They may be very busy/dealing with something clinically urgent (even if they aren’t “obviously” doing something, they may be thinking/concentrating hard on something else, so have “dissociated” from noticing you – we can all do that at times).
	+ They may themselves have a disability or social communication disorder impacting on how they respond to people they don’t know well.

If there is someone on the placement you trust, ask them for advice. Or if you feel able to, you could even consider politely introducing yourself, apologising if you are interrupting, and take it from there.

* **Is there compulsory Anti-Bullying training given to all NHS staff?**

All NHS staff (at all levels) have to do a lot of mandatory training. This includes issues relating to Equality, Diversity and Inclusivity (at least 3-yearly, sometimes annually). This now includes new training on Autism (from 2023 onwards). All will also have done the appropriate communication skills training commensurate with their role. Many will also have had training on e.g., Microaggressions. For the vast majority of staff (as with students), specific anti-bullying training beyond this would be superfluous and unnecessary. Trainees and Consultants also have to have regular multisource feedback, from an approved range of individuals (not just their friends). Where feedback indicates a need, or an individual has had complaints made against them which have been upheld, a recommendation for specific additional training is usually the first next step, with closer monitoring of feedback (including student feedback) for a period of time afterwards. This is the sort of outcome that we can’t feed back to a student in any specific detail, without breaching the privacy of the individual.

**If you are not sure whether an incident should be reported or not, please make an appointment to meet with the Academic Lead for Learning on Clinical Placements (****clinicalplacementsupport@sgul.ac.uk****) where you can discuss what happened and receive advice.**