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Kent and Medway Medical School

Countering Bullying, Undermining and Harassment: Strategy

1. Introduction

- 1.1 Kent and Medway Medical School (KMMS) adopts a zero-tolerance approach to bullying, undermining, harassment, or any form of intimidation. Such behaviour has a detrimental effect on training through compromising the dignity of our students, staff, and patients. It compromises our work in ensuring our students become safe and effective doctors. This behaviour is unacceptable. KMMS have [seven core values](#) which underpin the School's ethos and which we expect students and staff to adhere to in their interactions with others.

2. Relationship with other Policies

- 2.1. This Policy compliments and supports the following policies and procedures of KMMS, Canterbury Christ Church University and the University of Kent:
- (i) Canterbury Christ Church University Equality and Diversity
 - (ii) Respect at Kent
 - (iii) KMMS Raising and Escalating Concerns
 - (iv) KMMS Non-Academic Discipline
 - (v) KMMS Low-Level Concerns, Fitness to Study and Fitness to Practise

3. Our aim

- 3.1. KMMS aims to foster a community where members promote each other's dignity. This means that appropriate respect, courtesy and consideration are the norm. It includes maintaining a positive and supportive learning environment for all students, irrespective of background. This forms part of our commitment to promote equality, diversity and inclusion (ED&I) to help all our students and KMMS staff to be treated fairly and consistently. We will challenge poor behaviour in others and support all concerned with delivering good training and care.

4. Our understanding of bullying, undermining and harassment

- 4.1. Bullying, undermining and harassment can be difficult to define. They can be subjective matters. Often these terms are regarded as interchangeable. This is a reflection that these behaviours are complex. They can take many different forms. These behaviours are difficult to measure objectively. They are often defined through the recipient's perceptions. This means that the range of different people's perceptions is important in understanding why people feel bullied or undermined.

- 4.2. For our purposes, we use the following broad definitions that have been used by the General Medical Council in their [National Training survey](#):

- (i) Bullying is behaviour that hurts or frightens someone who is less powerful, often forcing them to do something they do not want to do. Bullying can relate to protected characteristics. These are defined by the Equality Act 2010 as:
 - age;

- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

(ii) Undermining is behaviour that subverts, weakens or wears away confidence.

(iii) Harassment can be any unwanted attention or behaviour that a person finds objectionable or offensive and which makes them feel threatened or uncomfortable, leading to a loss of dignity or self-respect.

5. Racial Harassment

- 5.1. The British Medical Association (BMA) have produced a [charter for medical schools to prevent and address racial harassment](#). KMMS is committed to incorporating the guidance of the charter into policies and procedures and supporting students by taking action to prevent and address racial harassment. We aim to support students by:
- encouraging students to speak out through our Raising and Escalating Concerns Procedure, and our Complaints procedure
 - incorporating equality, diversity and inclusion across the learning environment
 - addressing racial harassment on placement

6. Our commitment

- 6.1. We believe that bullying, undermining and harassment compromises the learning environment and can affect patient safety. It also adversely affects the mental and physical health of individuals and undermines morale. Our commitment is to a culture of healthcare where everyone sees this kind of behaviour as unacceptable. We see everyone as having a part in stamping it out.
- 6.2. We ensure that all tutors, supervisors and students are aware of the importance of providing a supportive learning environment. We also ensure that our partners are aware of our commitment to tackling unacceptable behaviour.
- 6.3. As professionals, we have a duty to protect our patients from damaging and unnecessary treatments. As professionals, we have a right to protection from being bullied and undermined. Our commitment is to ensure this commitment to protect individuals is an understood part of our culture.
- 6.4. We commit to taking very seriously any reported bullying, undermining or harassment. Part of this commitment is to promote early resolution as part of our professionalism. Where early resolution is not possible, we will act on formal complaints. We have a complaints procedure for students that sets out the approach we take.

7. Our expectations

- 7.1. We expect KMMS students and staff to:

- demonstrate exemplary professional behaviour. This is to ensure they do not bully, undermine or harass students, colleagues and patients, either deliberately or inadvertently
- work collaboratively with colleagues, respecting their skills and contributions, and treating them fairly and with respect
- be aware of how personal behaviour may influence others
- be as respectful on social media and through email as in personal contact, and adhere to the KMMS Social Media Guidance
- have an understanding of what constitutes microaggressions, undermining or racist language and behaviour and that this is unacceptable
- adopt a zero-tolerance approach to bullying, undermining and harassment behaviours
- demonstrate to others that bullying, undermining and harassment is unacceptable
- challenge bullying, undermining and harassment behaviour when experienced or observed
- identify, report and (if a leader) investigate allegations of bullying and undermining behaviour. This is as both as a victim and as an observer
- contribute to investigations into allegations of bullying, undermining and harassment. This would be done without prejudice to either the alleged victim or perpetrator
- participate in any learning events arranged relating to countering bullying, undermining and harassment
- expect senior KMMS staff to demonstrate leadership. This includes developing School systems to maintain the confidence of students, staff and patients.

8. How we work with our staff and students

- 8.1. We encourage everyone to reflect on their own behaviour. This includes recognising the tackling of unacceptable behaviour as everyone's problem and the need to take personal ownership in stamping it out. We promote this through using visible freedom to speak up guardians, drawn from our staff and students.
- 8.2. At each induction of new KMMS staff and students, the Dean of the Medical School, or representative, highlights to all that they must not tolerate any bullying, undermining or harassment. The induction includes information about our approach to empowering our staff and students to raise concerns. The Dean draws attention to this approach.
- 8.3. For our students, the Dean or representative explains how students can seek assistance through the respect champions, personal academic tutors, supervisors and clinical tutors, or directly through the Dean's Office. In addition, the Dean sets out how students can get support from outside the Medical School. This support is available through Student Life and Wellbeing and the Students' Union at both universities.

- 8.4. For our staff, the Dean or representative explains assistance is available through respect champions, line managers, University of Kent Human Resources, or directly through the Dean's Office
- 8.5. Information provided to returning students at the beginning of the Academic Year reinforces the importance of acting on any issues and the means of seeking advice and support.
- 8.6. We ensure that feedback on behaviours is collected. A question focusing on opportunities to raise bullying, undermining or harassment concerns is part of all 'student evaluation of teaching' questionnaires issued at the end of modules. Students have the opportunity to raise concerns at any point in the programme via the Notification system (see 9.1 below) and on placement via the mid and end of module student evaluation questionnaires.

9. How students can raise concerns

- 9.1. We are committed to students, staff and patients being able to raise and resolve any concerns that they have promptly and thoroughly. The School has a single, widely accessible pathway via the Notification form process. Details of policy and process around raising concerns is described in the [KMMS Raising and Escalating Concerns Policy and Procedure](#), the [KMMS Student Complaints Procedures](#) and the [KMMS Low-Level Concerns, Fitness to Study and Fitness to Practise Policy and Procedure](#).
- 9.2. Students may also wish to discuss their concerns with the KMMS Student Life and Wellbeing (SLW) Team, their Personal Academic Tutor (PAT) or Student Support services.

10. How we learn from reported concerns

- 10.1. We include an analysis of reported behaviours in annual reports to Undergraduate Programme Board, Student Life and Wellbeing Board and KMMS Senior Leadership Team regarding both students and staff respectively. This includes maintaining close working relationships with student representatives through the KMMS governance system and our Student Staff Liaison Committee. We coordinate the distribution of feedback through student representatives in these forums.
- 10.2. We seek to identify good practice and lessons learned from our experience of dealing with these issues. This helps develop appropriate training and briefing for our staff and students.
- 10.3. We review, and develop, our processes for collecting, analysing and feeding back the results of cases. This takes account of maintaining the confidences of individuals. We seek to deploy a standardised approach across all the phases of medical education for collecting data.

11. Our understanding of Academic and Professional Debate

- 11.1. KMMS views vigorous academic debate as different from bullying, undermining and harassment. Debate encourages expressing a variety of viewpoints. It stimulates reflection and professional discussion.
- 11.2. There will be professional disagreements concerning patient care. However, practitioners maintain the interest of the patient in any professional interactions. In the School, students and staff will hold differing, even opposing, views on a variety of issues. However, the expectation is to treat professionals with dignity and respect. This means

ensuring expressing views does not create an intimidating, hostile, degrading, humiliating or offensive environment.

- 11.3. Constructive criticism or feedback differs from bullying. The purpose is developmental and supportive. We will work with our staff and students to understand the difference between academic freedom and offensive behaviour. Our staff seek to deliver difficult messages about progress and providing feedback on performance in a way which is constructive and could not be seen as bullying.

12. How we work with stakeholders

- 12.1. We review our arrangements to ensure that the systems in place adequately address concerns about bullying, undermining and harassment. This includes a review of student feedback mechanisms in partnership with placement partners. A question focusing on opportunities to raise patient safety and bullying or undermining concerns forms part of all 'student evaluation of placement' questionnaires.
- 12.2. KMMS works closely with the Practice Learning Unit at Canterbury Christ Church University to collect timely feedback on placements and coordinate the appropriate actions required as a result of the feedback. Both student inductions to placement and quality visits include sections on bullying and undermining behaviour. This is to ensure that students are aware of the processes and that any instances are identified.