



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Student Anti-bullying and Harassment Policy

Introduction

The Medical School does not tolerate bullying, harassment or any form of intimidation and adopts a zero tolerance approach in order to maintain a positive and supportive learning environment for its students whatever their background. It aims to foster a community whose members promote each other's dignity such that appropriate respect, courtesy and consideration are the norm. The Medical School believes that bullying pollutes the learning environment, damaging the wellbeing, health, confidence, morale and performance of those who are bullied and for those who witness bullying. Bullying, through its attack on the dignity of its staff, students and the patients involved, erodes the effectiveness of the Medical School's education of its students to become safe and effective doctors.

The Medical School recognises bullying to be distinct from vigorous academic debate, which is respectful, encouraging a variety of viewpoints and having the effect of stimulating and encouraging thought and discussion. Bullying must not be confused with constructive criticism or feedback which is intended to be developmental and supportive. It is recognised that professional disagreements concerning patient care are common amongst doctors who will always seek to maintain the best interest of the patient in any professional interactions. Whilst students and staff will clearly hold a wide range of differing and often opposing views on a variety of issues, they would be expected to treat all members of the Medical School community with dignity and respect and ensure that the expression of their views is not manifested in such a way that creates an environment that is intimidating, hostile, degrading, humiliating or offensive to anyone.

The Medical School seeks to tackle bullying by appropriate engagement with the bully, the victims of bullying and witnesses to bullying or harassment, as professionally as possible, not only through the intervention of staff entrusted with such engagement, but by promoting the engagement of the whole Medical School, such that all members work toward an environment free of threat and intimidation. Furthermore, the Medical School encourages any student who genuinely considers that they have experienced bullying to take action using the procedures set out in this policy. Any student or staff member who witnesses potential acts of bullying or receives a complaint of bullying or harassment must ensure that appropriate action is taken promptly, sensitively and confidentially. The Medical School in turn commits to take seriously and thoroughly, investigation of any allegations of bullying that are brought to its attention. Where such an allegation is found to be true, action will be taken against the bully. The Medical School encourages the reporting of any subsequent victimisation of a complainant or witness because they have, in good faith, made an allegation of bullying and will seek to act appropriately and decisively in such instances. Importantly, students who bring allegations to the Medical School in good faith which are not subsequently found out by investigation will not be treated less favourably by the Medical School under any circumstances. Bullying behaviour can cover a wide spectrum and the professional thing to do is to address it early.

1. Scope of this Policy

This Policy describes what is meant by bullying and states the Medical School's position on bullying, as well as providing guidance:

- *to students who are being bullied*
- *to students who are bullying, or alleged to have been bullying*
- *to students or staff who are witnesses to bullying*
- *to staff who are entrusted with the investigation and management of reported bullying*

2. Definition of Bullying

Behaviour can be defined as bullying if it *'it is unwanted by the recipient', 'it is perceived by the recipient as violating his or her dignity and/or creating an intimidating, 'it is a hostile degrading, humiliating or offensive environment.*

The intention of the person engaging in the behaviour, whether or not they intended to bully, is not a primary factor in determining if bullying has taken place. Bullying is therefore viewed as behaviour which, intentionally or unintentionally, by direct action or by omission, deprives a fellow human of the dignity to which they have a fundamental right. Bullying may be conducted on account of gender, race, ethnic or national origin, colour, disability, sexuality, religion or belief, age, perceived intelligence, physical attribute, state of health, any 'deviation from the norm', or none of these. It may occur as an isolated event but is more typically persistent, developing over a period of time.

Bullying may take place physically, verbally, or by explicit facial expression. A bully may seek to intimidate or isolate their target in a range of ways including directly in person or indirectly by phone, social media, email, letter or text message. Bullying may involve insult, malicious or vexatious gossip, the spreading of rumours or ostracism. Bullying can be targeted at a particular individual, but a student culture in which a more diffusely targeted disrespect towards a group can also constitute bullying by, for example, the telling of racist, homophobic or sexual jokes. The following list of bullying behaviours indicates behaviour which the Medical School would regard as unacceptable, especially if persistent:

- *ridiculing and undermining behaviour, including the ridiculing of a peer's academic contribution in a group work or clinical setting*
- *intimidating, coercive or threatening actions and behaviour, including ridiculing or domineering behaviour in group work or clinical setting, which fails to allow for the viewpoints of other group members or students to be heard*
- *undermining or destructive criticism, including that which lacks the necessary constructive feedback to help a peer to improve their performance*
- *marginalising, ignoring, non-cooperation or deliberate exclusion, including the persistent 'singling out' of peers in the group work or clinical setting*
- *setting a peer up to fail by changing the rules, expectations or goalposts without explanation, e.g. by deliberately withholding necessary information or by work overload in the group work or clinical setting*
- *inappropriate comments about a person's appearance, intrusive questions or comments about a person's private life*
- *inappropriate or unnecessary physical contact*
- *unwelcome sexual touching, advances or sexually abusive comments*
- *physical assault or threats of physical assault, are viewed as especially serious by the School*
- *targeted insults, shouting, name-calling, sarcasm, inappropriate jokes, swearing and threats or gestures specifically meant to offend or cause upset*
- *persistent use of explicit facial gestures indicating aggression or contempt or racist taunts*
- *Misuse of social media, text messaging, calls and assisted technology (ie. camera and video) to share or distribute offensive images and literature, to cause upset to an individual or group*

3. Guidelines for students who perceive themselves to be bullied

Many students may find it difficult to think clearly about a situation which is causing them distress, particularly if their self-respect has been damaged, or if they are facing a new or challenging environment. As a student one of the first steps you might want to take is to try to review and reflect on the events that made you feel bullied, their effect on your self-esteem and how this is affecting your ability to study. This document can help you to structure this process. Ensure that you give yourself time to articulate how you feel and remember that the Medical School is here to support you.

1. Getting help and advice if you think you are being bullied

If an incident has upset you, you might want to seek support by talking it over with the Medical School's Student Support Team. They will be able to give you confidential support and help you to gain a perspective. They will also be able to help you decide on how best to go about documenting and challenging the behaviour of the person who you consider is bullying you. You may also find a trusted friend, your Personal Tutor, or another member of staff to be a useful source of support.

2. First steps: Talking directly to those involved

It is recommended that when possible and appropriate and if you feel it is safe to do so, you should attempt to resolve the situation informally in the first instance. Resolution will require that the bully be challenged and this can be a difficult step to take if you choose to do it yourself, but it may well be enough to bring bullying to an end. After this it is up to you on how you wish to proceed. If you do not feel that you can challenge a bullying individual or group in person your concerns should be addressed directly to the Chief Operating Officer **by email to med-antibullying@buckingham.ac.uk stating clearly the nature of the bullying and the student(s) involved.**

Ideally, if you feel able, you should seek first to talk with the person or persons bullying you, challenging them in a civil manner. Your challenge may be most effective if it is made as soon as the next bullying incident occurs. You may choose to challenge at a later point or in a relatively private setting, either alone or with a witness or friend. If you do make a personal challenge, then having someone else witness your challenge may constitute a useful deterrent to further bullying, but you should not discuss your allegation with other students more than is necessary to establish the identity of any witnesses to the original bullying. Whenever you challenge the bully you should; clearly describe the bullying; state why it is wrong and importantly request that it cease.

You should describe the behaviour and when and where it happened precisely. If you are vague or uncertain, the person causing the problem may pretend that they do not understand what you are talking about. There is the possibility that the person you challenge may deny the incident, make a counter-accusation or simply minimise your concerns. It is advisable to let a friend or member of staff know before you approach the person concerned, even if you feel able to take this action on your own. Always be prepared to listen to any explanation or apology and keep a record of any discussions at this stage, as this may be useful in the event that further action becomes necessary.

3. Taking the matter further and in confidence with the Medical School

If deemed appropriate, the Chief Operating officer, or the member of staff he/she designates, together with at least one other member of staff, will then meet with the person you have identified. The detail of your report will be presented to the alleged bully, who will need to respond and may be required to make a formal written statement. You will be informed when this meeting has taken place, though you may not necessarily be given detailed information about its content, other than its intended purpose of bringing the bullying to a halt. Separate meetings may be arranged with any

witnesses, before or after the alleged bully has been interviewed. The aim of all meetings is to bring the bullying to a halt. If the investigation of bullying becomes formal you should not contact the bully or any named witnesses about the matter.

4. *What to do if the bullying continues*

If the bullying persists, irrespective of whether or not its nature has changed, you should make an accurate written record of the bullying and the time, date and place at which it took place. You should also raise the matter directly with the Chief Operating Officer **by email to med-antibullying@buckingham.ac.uk stating clearly the nature of the bullying and the student(s) involved**. You should email the person you consider is bullying you a concise note about it and you need to save a copy and send a copy of this to a member of staff (e.g. your Personal Tutor). The note should state the time(s) at which any bullying has occurred, the nature of the bullying, why you feel it is wrong, and your request that it cease.

You may wish to use the format below.

To: _____

From: _____

Date: _____

At ___ __ am/pm on _ / _ / _ you [describe bullying event here]. This made me feel [describe detrimental effect]. Please stop behaving in this way or in any other way that disregards the basic respect due to me and to others.

Optional text:

I have copied this communication to the Medical School Student Support Team so they are aware of this issue so that this can be dealt with in a transparent manner

This form of words should be recognised by the person you consider is bullying you as a clear signal that you are objecting to bullying and seeking a resolution of the problem. It is important that you need to keep a record of any correspondence at this stage, as it will be evidence of your reasonable attempt to address the issue in the event that further action becomes necessary. Copies of your email should not be shared with other students other than the alleged bully and selected witnesses. If the bullying persists, or if you choose not to make a personal or e-mail challenge, you should inform the Chief Operating Officer. You should, in confidence email a copy of the above note to med-antibullying@buckingham.ac.uk **stating clearly the nature of the bullying and the student(s) involved**, together with the names of any witnesses and any supplementary information. They will arrange to meet with you, or delegate a member of staff to meet with you. You may attend this meeting with a fellow student or a member of staff, who should be a member of the Medical School.

5. *Formal investigation of allegations of bullying*

If appropriate, disciplinary measures will be taken, in relation to the bully, to promote a lasting cessation of bullying. These measures will range from a verbal warning or written warning recorded on the bully's School file and the bully may be referred to the Concerns Group who may, in extreme cases refer to the Fitness to Practise Committee. The Fitness to Practise Committee will act in line with GMC guidelines and Terms of Reference in its implementation of sanctions, which can range from written reflection, to suspension or termination of studies.

NB: No student should accuse another of bullying, knowing their accusation to be false; the potential consequences are serious.

4. Guidelines for students who are accused of bullying

For some it can come as quite a surprise that another student or students feel that you have bullied them or others. Your first reaction might well be that whatever you said or did was just a part of normal interaction between students. However, if another student confronts you with an accusation of bullying you should think through why this might be the case. The first thing you should do is listen to the person making the challenge and give them the time and space to say what they want to say. This is likely to save you both a huge amount of anxiety and lead to an early and amicable resolution. By listening carefully to their account, you may recognise that you have bullied or find that you have unintentionally caused offence, or that your words or actions have been misinterpreted or misjudged.

A behaviour that you find acceptable or even friendly may be offensive to someone else and this should be respected. You should keep calm in order to try to reach an understanding with the person accusing you, this being the professional response. Unless there is a compelling reason to do otherwise, you should give assurance that the alleged bullying behaviour will not be repeated and agree with the student making the allegation what behaviour is acceptable and what is not. Importantly, if you believe the accusation to be unfounded say so, but seek to understand where the misunderstanding has arisen and respectfully seek to resolve it, without any discussion with the wider student body.

After this you should give yourself time to objectively think about what has been said and reflect on the events. Think about the effect you might have intended to have and the actual effect it had on the other person or people. If the type of interaction they have spoken about has been happening for some time, think of how this would be perceived as a pattern of behaviour. During this reflection, you should be honest with yourself about your real motivations, whether you really did intend to undermine those making the allegation then you need to be honest with yourself so that you can discuss this with the Student Support Team and begin to address it in a professional manner.

Additionally it may be useful to formally respond to those making the allegation in email format. The form of words should be recognised by the person who considers you to have bullied them, as a willingness to resolve the situation whether or not there was any intent to bully. If the issue appears amicably resolved then you may want to leave it there, or alternatively you might want to arrange to seek advice and support as soon as possible, whether the situation is resolved informally or formally. You will be required to participate in any proceedings if the situation remains unresolved.

1. Taking the matter further in confidence with the Medical School

If you feel unduly upset by an accusation of bullying you are encouraged to seek support from the Student Support Team, who will be able to give support and help you to gain perspective. They will also be able to help you decide how best to proceed and if appropriate they will be able to help you decide how best to go about documenting and if necessary explaining the misunderstanding or rebutting allegations in a professional manner. You may also find a trusted friend, your Personal Tutor, or another member of staff to be a useful source of support.

Again, the most important thing is to be as honest as you can with yourself about the issue, as it may simply be that there was a misunderstanding that can easily be addressed. Alternatively there may be a bullying issue that can be addressed in a straightforward way. If the allegations are genuinely unfounded then it is important to think about getting advice from the Student Support Team.

2. Formal investigation of allegations of bullying

If you become subject to a formal investigation of bullying you should not contact the complainant or any named witnesses about the allegation. You should not become involved in counter-accusation, recrimination or discussion with the wider student body. You may request to be accompanied by a fellow student or a member of Medical School or University staff to any interview or other stage in the investigative procedure. If you are deliberately bullying, you need to be honest with yourself. Be ready to change the behaviour causing offence. The best advice you can take is to stop it as persistent bullying is a disciplinary offence and is considered to be an area of concern relating to student Fitness to Practise. Such behaviour, particularly if persistent and unresponsive to advice, insight and actions taken to improve the behaviour, would raise questions about a student's ability to practise as a safe, effective and compassionate doctor. You are strongly advised to reflect, in depth, on the situation and seek advice from Student Support, with a view to developing insight and promoting a mind-set that respects the dignity of all.

You should be aware that the Medical School encourages its members to challenge you if you are thought to be bullying and that they are at liberty to do so in person, by email, or through the Chief Operating Officer (med-antibullying@buckingham.ac.uk). Be aware that a verbal or email request to stop bullying means that your challenger is seeking a resolution to the problem, but does not mean that they have not already raised the issue with the Chief Operating Officer.

Details of any verbal or email challenge by a peer, or any staff investigation, should not be shared with other students. Any attempt to spread awareness of the challenge, or to discredit your challenger, may be interpreted as victimisation. Any failure to stop bullying, upon challenge by the victim, witness or member of staff, is likely to be interpreted as refractory resistance to the adoption of professional values and behaviour.

If you are found to be bullying, measures will be taken to promote a lasting cessation of your behaviour and measures will range from a verbal or written warning recorded on your Medical School file and referral to the Concerns Group who may, in extreme cases refer to Fitness to Practise Committee who may implement sanctions ranging from tasks requiring written reflection, to warnings, suspension or termination of studies. It is important therefore that you do not persist in bullying or falsely deny bullying behaviour as the consequences can be serious. You should also note that if you engage in bullying which constitutes unlawful harassment (harassment on the grounds of age, disability, gender reassignment, race, religion or belief, gender or sexual orientation) you may also be held personally liable for your actions and be subject to prosecution under criminal law (Equality Act 2010).

Be aware that if your bullying is extreme and/or physically violent you may be reported to the police, by those you have bullied.

5. Guideline to students who witness bullying

For bullying to persist there is a requirement for:

- *a bully or bullies*
- *a target or targets of bullying*
- *an absence of positive action on the part of those who witness the bullying or are reliably informed of its existence*

Unless the bullying is particularly discrete it is likely that other students or staff will witness it. The Medical School therefore strongly recommends that any member who witnesses the bullying of one

of its students raise a concern promptly using the MB ChB Concern form. The Medical School will do all in its power to correct the situation, and to protect someone who takes such action in good faith. A situation, in which the target of bullying cannot deter the bullying, will not be seen to diminish the correctness of an individual reporting of bullying, or the diligence with which anti-bullying measures are pursued.

If you wish to discuss how best to challenge bullying about which you are aware, you should talk it over with your Personal Tutor or a member of the Medical School Student Support Team. To make a challenge you may, in the first instance, contact a member of Medical School staff, but you may seek first to challenge the bully yourself so in a civil but assertive manner, if you feel confident to do so. A prompt challenge emphasises that the bullying is unacceptable. You may, however, choose to talk with the bully at a later time, in private, or with other witnesses.

If bullying persists, irrespective of whether or not its nature has changed, you may choose to e-mail the perceived bully a formal note, a copy of which you should save, stating the time(s) at which the bullying has occurred, the nature of the bullying, and your request that it cease.

You may wish to use the format below:

To: _____

From: _ [your name or names of witnesses]

Date: _____

At ___ am/pm on _ / _ / _ you [describe bullying event and give victim's name here]. This was bullying. Please stop behaving in this way or in any other way that disregards the basic respect due to others.

Optional text

I have copied this communication to the Medical School Student Support Team so they are aware of this issue and so that it can be dealt with in a transparent manner.

This form of words should be recognised by the alleged bully as a signal that you are objecting to bullying and seeking a resolution of the problem. It is strongly advisable to keep a record of any correspondence at this stage, as this may be useful in the event that further action becomes necessary. Copies of your e-mail should not be shared with students other than the alleged bully and the target.

If the bullying persists, or if you choose not to make a personal or email challenge, you should inform the Chief Operating Officer to med-antibullying@buckingham.ac.uk stating clearly the nature of the bullying and the student(s) involved. You could email him/her a copy of the above note, together with any additional pertinent information. They will arrange to meet with you, or delegate a member of staff to meet with you, and if deemed appropriate, he or the member of staff he designates, together with at least one other member of staff, will meet with the person you have identified. There is no obligation for staff to reveal to an alleged bully who has raised the concern. The description of the bullying event(s) will be presented to the bully, who will need to respond and may be required to make a written statement. Separate meetings may be arranged with any witnesses, either before or after the bully has been interviewed. The aim of such meetings is to bring the bullying to a halt.

If appropriate, measures may be taken against the bully to promote a lasting cessation of bullying. Such measures will be proportionate, ranging from a verbal warning or written warning recorded on

a bully's school file through the Concerns Group or in extreme cases referral to the Fitness to Practise Committee. The Fitness to Practise Committee will act in line with GMC guidelines in its implementation of sanctions, which can range from remedial tasks requiring written reflection, to suspension or termination of studies. Bullying has detrimental fallout effects for witnesses as well as targets. If you need personal support ensure that you contact the School's Student Support Team.

NB: No student should accuse another of bullying, knowing their accusation to be false; the potential consequences are serious.

6. Guidance for staff entrusted with the investigation and management of reported bullying

Bullying is a form of harassment which can destroy a student's self-esteem and prevent them from progressing on their course. It can be detrimental on their future psychological wellbeing. The intention of the person engaging in the behaviour, whether or not they intended to bully, is not a primary factor in making a judgement about whether or not bullying has taken place. The Medical School should apply a test of 'reasonableness' to determine if bullying has taken place and should consider whether the behaviour in question could 'reasonably be considered' to amount to bullying, e.g. could it reasonably be considered to:

- *violate the complainant's dignity*
- *create an intimidating, degrading, hostile or offensive environment for them*

Reports of bullying which are shown to be valid should be taken very seriously and acted upon, promptly and incisively, accurate records being kept of all meetings. It may be necessary to give advice to both bully and target and to monitor a situation for some months after action has been taken. Targets of bullying will vary in their ability to deter bullying and a target's personal inability to deter bullying should not be viewed as a reason to avoid a diligent, sustained investigation of the alleged bullying, or to instigate robust, effective action designed to bring the bullying to a halt. Bullying should not be tolerated, irrespective of the degree to which a victim conforms to a perceived personality norm or expected level of resilience.

Interviews with students alleging bullying, with witnesses, or with alleged bullies, should whenever possible, be conducted in the presence of two members of staff, one of whom should be the Chief Operating Officer or the member of staff to whom the investigatory role has been designated. Whenever possible the same two members of staff should conduct all interviews associated with the case. The complainant and alleged bully should be informed that there should be no communication between them, either directly or indirectly, in relation to the allegation. As part of this process the alleged bully should be given the opportunity to respond to any additional evidence that may arise during the course of the investigation.

Throughout the discussions, each interviewee should be required to make a brief but adequately detailed written statement about the alleged incident. If the alleged bully refuses to attend for interview or to provide comments in response to the allegations they will be deemed to be in breach of this policy and therefore liable to disciplinary measures. Witnesses, named by the complainant may not be required to attend but should give a valid reason if they choose not to do so.

Allegations of bullying should be investigated as confidentially as possible, information about the allegation being released only to who need to be aware that an investigation is taking place. As part of the investigation, witnesses may need to be given details of the allegation. Where this is the case they should be made aware that the details must not be disclosed to others.

7. Situations in which evidence of bullying is insufficient to justify the implementation of corrective sanctions

Situations may arise in which a student alleges bullying which is denied by the alleged bully, there being no witnesses. In these instances it is important that the student who alleges bullying should not be told that nothing can be done, or has been done. The student should be told that the alleged bully has been informed that whilst there is no corroborating evidence of their having bullied, and that while they may be completely innocent of any bullying, any further evidence that comes to light showing that the described bullying did take place, or any substantive evidence of other bullying, will have serious consequences. In a situation of this type, in which one student's word stands against another, the student alleging bullying should be informed that, whilst they are always encouraged to challenge bullying themselves, any further reports of bullying to the Medical School will be investigated.

8. Situations in which evidence of bullying is sufficient to justify the implementation of corrective sanctions

In situations in which the alleged bully admits to bullying behaviour or in which there is corroborating evidence which shows bullying to have occurred, beyond reasonable doubt, corrective actions to correct their behaviour should be implemented. The bullied target and any witnesses who have formally raised a concern, should be informed that corrective measures have been implemented with the expectation that the bullying cease. Staff are not obliged to give details of corrective measures, but should make clear to both the complainant and corroborating witnesses that their alerting the Medical School to any further bullying is appropriate and will be taken seriously.

9. Further considerations for a student who has bullied

It is recognised that bullying behaviour can sometimes be a result of a bully's insecurity or other psychological issues. If there is any suggestion that this is the case the individual will be strongly advised to discuss their situation with the Student Support Team. It should be made clear that the student in question need not divulge detail of their bullying behaviour in either setting but that they should explore its origin and resolution. Advice to seek help in this way is compatible with the simultaneous implementation of corrective sanctions. Should the student be shown to bully again, their compliance with the above advice should be investigated.

10. Further considerations for a student who has been bullied

Students may, to their psychological detriment, endure persistent bullying before raising a concern. A prompt cessation of the bullying is the most pressing issue in such circumstances. In such cases, the student should be recommended to the Student Support Team. Individuals may be bullied randomly, because the bully holds prejudice or because their response to bullying is ineffective. If there is any suggestion that the student could benefit from a more assertive response to bullying, then non-judgemental advice that they contact staff of the Student Support Team should be seriously considered.

NB: In no instance in which bullying has taken place, should referral of the targeted student to Student Support for pastoral care be a substitute for the need for staff to take decisive and incisive action to bring the bullying to a prompt halt.

Appendices

The Medical School has a number of relevant Policies and documents which should be consulted in relation to this Policy. All members of the Medical School are responsible for helping to ensure that individuals do not suffer from unacceptable forms of harassment and that they are encouraged and supported in any legitimate complaint.

University of Buckingham Equality, Diversity and Equal Opportunities Policy

University of Buckingham Dignity at Work and Study Policy and Procedures

MB ChB Whistleblowing Policy

MB ChB Concerns Group Code of Practice

MB ChB Fitness to Practise Code of Practice

Medical Students: Professional Values and Fitness to Practise MSC/GMC 2009.

<http://www.gmc->

[uk.org/Medical_students_professional_values_and_fitness_to_practise_0613.pdf_48905163.pdf](http://www.gmc-uk.org/Medical_students_professional_values_and_fitness_to_practise_0613.pdf_48905163.pdf)

Document Version Information

Document Title: Student Anti-bullying and Harassment Policy

Originator: Dr Claire Stocker, adapted from University of Leicester, Medical School. I

Date: 8th January 2015

Replacing Document:

Approved: Curriculum Exec January 2015

Date: