



Bullying Policy

Version control		
Document name	Bullying Policy	
Owner	PGTC	
Author	PGTC	
Version	Version 1.0	v1.1
Approved		QAE
Date	May 2018	10.9.2025



1.0 Definitions:.....	3
1.1 Bullying	3
1.2 What bullying is not	3
1.3 Discrimination and harassment	4
1.4 Sexual harassment.....	4
2.0 Roles and Responsibilities:	5
2.1 The Employer:.....	5
2.3 The ICGP	6
2.4 Programme Scheme Staff:	6
2.5 The Trainer/Hospital teacher (Clinical Supervisor).....	6
2.6 The Trainee	7
3.0 Procedure for managing an allegation of Bullying or Harassment:.....	7
3.1 Informal procedure.....	7
3.1.1 Making a complaint	7
3.1.2 Local intervention of an appropriate Supervisor	7
3.1.3 Mediation	8
3.2 Formal procedures.....	8
4.0 Role of the ICGP in a substantiated case of bullying or harassment.	9
Further reading.....	10



Statement

The work and training environment in which GP Training occurs should be one in which trainees feel valued, recognized and safe. The ICGP considers bullying, discrimination and harassment as unacceptable behavior that will not be tolerated under any circumstances. This ICGP policy applies to GP Training and is relevant to all who are involved in GP Training. GP Trainees as HSE employees are also covered under HSE “Dignity at Work Policy” which can be accessed here

https://www.hse.ie/eng/staff/Resources/hrppg/Dignity_at_Work_2009_Policy.pdf

This Policy is consistent with the HSE “Dignity at Work Policy” and is based on the following Codes of Practice:

- The Health and Safety Authority’s Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work
- The Labour Relations Commission’s (LRC) Code of Practice Detailing Procedures for Addressing Bullying in the Workplace
- The Equality Authority’s Code of Practice on Sexual Harassment and Harassment Work

This policy is in concordance with the HSE HR Policy.

1.0 Definitions:

1.1 Bullying

Workplace bullying is repeated unreasonable behavior directed towards a person or group that creates a risk to health and safety.

Within this definition:

- “Unreasonable behavior” means behavior that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten.
- “Behavior” includes actions of individuals or a group, and may involve using a system of work as a means of victimising, humiliating, undermining or threatening.
- “Risk to health and safety” includes risk to the mental or physical health of the person.

The following types of behavior, where repeated or occurring as part of a pattern of behavior, could be considered bullying:

- Intimidating, hostile or threatening behavior.
- Giving someone the majority of unpleasant tasks.
- Verbal abuse or rude, berating behavior.
- Deliberately withholding information that is necessary for effective performance in training.
- Giving trainees, staff or contractors assignments to complete within unreasonable timelines.
- Humiliating someone through sarcasm or insults.
- Intimidation.
- Bullying is not just poor communication or interpersonal skills. It is not just unsatisfactory management or supervision skills.

This is not an exhaustive list.

1.2 What bullying is not

The following do not constitute bullying:

- An isolated incident of inappropriate behaviour may be an affront to dignity at work but, as a once-off incident, is not considered to be bullying, e.g. a heated conflict of views.
- Fair and constructive criticism of the performance, conduct or attendance of the Trainee.
- Fair and constructive guidance on acquisition of the criteria for satisfactory completion of training.
- Reasonable and essential discipline arising from the good management of the performance of a Trainee at work.
- Actions taken which can be justified as regards the safety, health and welfare of the employees.
- Legitimate supervisor responses to crisis situations which require immediate action.

Complaints relating to instructions issued by the Training Scheme, Clinical Supervisor or Trainer, assignment of duties, access to educational experience or other matters which are appropriate for referral under the ICGP Educational Grievance procedure.

1.3 Discrimination and harassment

Present day changes of attitude mean that behaviour once tolerated by colleagues is no longer acceptable. Behaviour that is acceptable to one person may not be acceptable to another. If the behaviour is unwelcome and unacceptable, then it is a problem. Whether the harasser intended it to be offensive is not the point. If the behaviour is unwelcome, it is harassment.

Discrimination and harassment involve discrimination and unwelcome behaviour relating to a person's:

- Age
- Disability
- Employment activity
- Lawful sexual activity
- Marital status
- Physical features
- Political belief or activity
- Race (including colour, nationality, ethnicity and ethnic origin)
- Pregnancy
- Religious belief or activity
- Gender
- Parental status or status as a carer
- Breastfeeding
- Gender identity
- Sexual orientation
- Social origin
- Irrelevant criminal record
- Personal association (whether as a relative or otherwise) with a person who is identified by reference to any of the above attributes.

This is not an exhaustive list

1.4 Sexual harassment

Sexual harassment is generally defined as someone making an unwelcome sexual advance, or an unwelcome request for sexual favours, to the other person. It includes engaging in any other unwelcome conduct of a sexual nature in relation to the other person in circumstances in which a reasonable person, having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated or intimidated.

"Conduct of a sexual nature" is generally defined as including conduct that subjects a person to

any act of physical intimacy, making verbally or in writing, any remark or statement with sexual connotations to a person or about a person in his or her presence or making any gesture, action or comment of a sexual nature in a person's presence.

Such behaviour may be offensive, embarrassing, intimidating or humiliating.

Sexual harassment can occur between males, between females, female to male, and male to female. It can be physical, verbal or written and includes:

- Unwelcome physical contact (for example, touching, patting or brushing against a person).
- Leering, patting, touching or unnecessary familiarity.
- Demands for sexual favours.
- Offensive or demeaning comments, emails, jokes or innuendo.
- Unwanted sexual propositions or advances.
- Sending emails, text messages or mail that may be sexually explicit and offensive to either gender.
- Offensive telephone calls.
- Spreading rumours of a sexual nature about a person's private life.
- Offensive gestures, staring or displaying offensive material.
- Unwelcome or uncalled for remarks, questions or insinuations about a person's sexual activities or private life.

This is not an exhaustive list.

2.0 Roles and Responsibilities:

2.1 The Employer:

The HSE protects the Trainee from bullying through their "Dignity at Work Policy".

- Every area in the country has a number of support contact persons available who have specific training to provide support and information on the HSE Dignity at Work Policy.
- The support contact person is available to any HSE employee who may feel they have experienced bullying, harassment or sexual harassment.
- The support contact person is a confidential service which provides information on the range of options to assist the situation. They are available for 3-4 visits if necessary, and any HSE employee can contact any support contact person, not just those in the work area.
- The list of contact support persons available nationwide is available here: https://www.hse.ie/eng/staff/Resources/hrppg/Support_Contact_Persons.html

2.3 The ICGP

It is the responsibility of the ICGP to foster a training environment in which a Trainee feels valued, recognised and safe.

The ICGP discharges this responsibility by promotion and regular revision of this Bullying Policy.

It is also a responsibility of the ICGP to ensure that Accreditation Standards which govern Training Practices specify compliance with ICGP policies.

The ICGP also supports the Trainee who opts for a formal investigation of an allegation of bullying. This support can be sought by the Trainee from the Training Scheme staff, or, if preferred from the National Director of GP Training.

2.4 Programme Scheme Staff:

- Programme Scheme Staff should be familiar with the “HSE Dignity at Work Policy”
- The induction to the scheme for trainees entering GP Training should include reference to the “HSE Dignity at Work Policy” and information on who are the local support contact persons.
- Set a good example by treating all Trainees and any other persons with whom they come into contact with courtesy and respect.
- Be vigilant for signs of bullying or harassment and intervene before the problem escalates.
- Respond sensitively to any Trainee who makes a complaint of bullying or harassment.
- Respond promptly and discreetly to requests from Trainees to intervene and seek to resolve the matter informally where appropriate
- Facilitate Support Contact Persons to carry out their role
- Ensure that an employee is not victimised for making a complaint of bullying or harassment in good faith
- Monitor and follow up the situation after a complaint is made so that the behaviour complained of does not recur
- If the alleged perpetrator of bullying is a GP Trainer, be aware of the terms within the HSE Trainer’s contract that make provision for a designated HSE Officer to work with the Contractor. In particular the scheme staff are required to be aware of the disputes resolution terms of this contract.
- Keep a record of all complaints and how these were resolved.

2.5 The Trainer/Hospital teacher (Clinical Supervisor)

As a supervisor of the Trainee, the Trainer/Hospital teacher has a responsibility to support a working and learning environment in which the Trainee feels valued, recognized and safe. This included the following responsibilities:

- All Clinical Supervisors, including Trainers should be familiar with the “HSE Dignity at

Work Policy”

- All Clinical Supervisors should set a good example by treating all Trainees and any other persons with whom they come into contact with courtesy and respect.
- Be vigilant for signs of bullying or harassment and intervene before the problem escalates.
- Respond sensitively to any Trainee who makes a complaint of bullying or harassment.
- Where the complaint is with regard to another individual under the line management of the Clinical Supervisor, respond promptly and discreetly to requests from Trainees to intervene and seek to resolve the matter informally where appropriate.
- Facilitate Support Contact Persons to carry out their role
- Ensure that an employee is not victimised for making a complaint of bullying or harassment in good faith
- Monitor and follow up the situation after a complaint is made so that the behaviour complained of does not recur.
- Keep a record of all complaints and how these were resolved.

2.6 The Trainee

- All Trainees have a responsibility to help maintain a working/training environment in which the dignity of all individuals is respected. All Trainees must ensure their behavior does not cause offence to fellow Trainees or any other person with whom they come into contact in the course of their training.
- Trainees should discourage bullying and harassment by objecting to unacceptable behavior. Trainees should inform a clinical supervisor or Programme Scheme staff if they feel a fellow Trainee is being subjected to bullying or harassment.

3.0 Procedure for managing an allegation of Bullying or Harassment:

3.1 Informal procedure

3.1.1 Making a complaint

Before deciding what course of action to take, if any, the Trainee may wish to discuss the matter on a confidential basis with their Trainer, Clinical Supervisor, Programme Director or HSE support contact person.

Sometimes the alleged perpetrator is genuinely unaware that their behaviour is causing distress. An informal discussion is often sufficient to alert the person concerned to the effects of his/her behaviour and can lead to greater understanding and agreement that the behaviour will stop.

3.1.2 Local intervention of an appropriate Supervisor

Where the Trainee is not confident about a direct approach to the alleged perpetrator, or where such

an approach has not resolved the issue, the Trainee should seek the intervention of an appropriate supervisor. This can be a Trainer, a hospital teacher or a Programme Director. The supervisor should establish the precise nature of the offending behavior and the context in which it occurs.

3.1.3 Mediation

Mediation is the preferred method under the Dignity at Work Policy for resolving complaints of bullying and harassment. The objective of mediation is to resolve the matter speedily and confidentially without recourse to a formal investigation and with the minimum of conflict and stress for the individuals involved. Mediation requires the voluntary participation and co-operation of both parties in order to work effectively.

Where the allegation of bullying or harassment is at a clinical teaching site, the Programme Director leads the role of mediation. The Programme Director will meet both parties, usually separately to begin with. The mediator will then bring both parties together to reach a common understanding and agreement on acceptable future behavior. A mediated solutions will not result in the issues being dealt with under the disciplinary policy. Minimal paperwork and/or records will be generated by this process.

Where the allegation of bullying or harassment is alleged to be by a member of the Programme Directing Team, again the Programme Director has initial responsibility to facilitate mediation.

However, if the Programme Director feels conflicted, or if the Programme Director is the subject of the complaint, the National Director of Training can be requested to mediate.

If the mediation process does not produce a satisfactory outcome, the complainant may seek to have the matter resolved through formal investigation. Any new information that emerges during the course of the mediation process remains strictly confidential and cannot be disclosed as part of the formal investigation.

3.2 Formal procedures

Formal complaints should be investigated in all situations where a complaint can be substantiated. It is required that a formal complaint is put in writing by the complainant to the appropriate HR department for that Trainee. Complaints of this nature cannot be anonymous. The written complaint must outline the details of the alleged offending behavior, including approximate dates and witnesses if any, and the context in which the alleged behavior occurred.

The HR departments for hospital based trainees are readily identifiable. For GP practice based trainees there is a HR department for each CHO area. The national contact details for HSE HR offices are available at <http://www.hse.ie/eng/about/Who/hr/contacts.html>

This submitted complaint will be subjected to a preliminary screening by the HR department to determine if it is appropriate to proceed with investigation of the complaint under the Dignity at Work Policy. The complainant will be notified of this decision within 7 working days.

If the complaint is upheld by the HR department, mediation or formal investigation as deemed most appropriate by the HR department. Further details on the conduct of an investigation are outline in the HSE “Dignity at Work” Policy.

If the complaint is in regard to a person who is not a HSE employee, e.g. a GP Trainer, this is also covered by the “Dignity at Work” Policy as follows:

“Where complaints against non-employees are the subject of a formal investigation the alleged perpetrator will be expected to co-operate fully with the process and will be afforded fair procedures and an opportunity to respond fully to the complaint.

If the complaint is upheld, appropriate sanctions will apply which may include:

- Exclusion of the individual from the premises
- Suspension or termination of service or other contract.”

4.0 Role of the ICGP in a substantiated case of bullying or harassment.

The ICGP does not have a role in the formal investigation of an incident of bullying or harassment, as the ICGP is not the employer of the Trainee.

In order to maintain standards in GP Training and foster a training environment in which a Trainee feels valued, recognised and safe, the ICGP should be informed by the schemes of the number of incidents, but not the details, in each year which have required intervention, either formal or informal to resolve a substantiated allegation of bullying or harassment. If more than three allegations of bullying or harassment, whether substantiated or not occur at a particular training site, or one SUBSTANTIATED allegation of bullying or harassment occurs at a training site, this training site must be identified to the ICGP.

This information should be forwarded to the National Director of GP Training. The information will be used to inform the next accreditation visit to that scheme.



Further reading

HSE Dignity at Work policy covers **Anti Bullying, Harassment and Sexual Harassment Policy and Procedure:**

http://www.hse.ie/eng/staff/Resources/hrppg/Dignity_at_Work_Policy.html

The Health & Safety Authority, Bullying at Work:

http://www.hsa.ie/eng/Workplace_Health/Bullying_at_Work/