

## **Violence and Aggression in the Workplace HSC Framework Consultation: Response from the Royal College of General Practitioners Northern Ireland**

### **Background**

The Royal College of General Practitioners is the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice.

We support GPs through all stages of their career, from medical students considering general practice, through training, qualified years and into retirement. In addition, we set the standards for competency through our examination process.

In Northern Ireland, RCGPNI represents more than 1,400 GPs, more than 80% of the general practice workforce.

### **Response**

RCGPNI welcome the purpose of the proposed framework to ensure the prevention, reduction and management of violence and aggression towards staff in the workplace, and to ensure associated structures, policies and support are in place to enable staff to work safely. We agree unequivocally that no member of health and social care staff in Northern Ireland should be expected to tolerate violence or abuse of any kind simply for doing their job.

The College agree that the definitions of violence and aggression within the workplace adopted by the framework are clear and comprehensive. We welcome in particular the acknowledgement within the framework that incidents of violence and aggression can include serious or persistent use of verbal abuse. This includes communications via telephone, through social media platforms, and abuse or assault which staff may face outside their place of work. We strongly support the recommendation that staff should be encouraged and supported to report all such incidents and encourage careful management of health service social media channels to promote a culture of respect towards all staff and prevent personal abuse from taking place across these platforms.

We note with concern the worrying increase in violent incidents reported at GP surgeries across the UK, which have almost doubled within the past five years<sup>1</sup>. GPs and their practice teams have frequent, close interaction with patients and their families, often under challenging circumstances. The vast majority of patients and the wider public appreciate that GPs and colleagues are doing the best they can under immense pressure, and treat staff with respect. However, by virtue of their position at the front line of primary care in the community, GPs and practice staff can face a distressing level of abuse from a small minority of patients.

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<sup>1</sup> <https://www.bmj.com/content/377/bmj.o1333>

It is our view that the proposed framework guidance and approach to the prevention, reduction and management of violence and aggression through risk assessment, staff training, and incident reporting is clear and useful. However, as independent contractors with responsibility to support and protect their practice teams, GPs need adequate time and resources within an already overburdened workload to dedicate to the full implementation of training, conducting of risk assessments, and following of monitoring and reporting procedures. Incident reporting procedures also need to be set out clearly beyond practice level so that appropriate escalation takes place. The question of staff workload must be addressed urgently to allow GPs and their teams the capacity to engage with these processes in the most proactive and effective manner possible, rather than reactively or superficially, or at the expense of time spent caring for their patients.

Many GPs surgeries are smaller organisations without the level of security that might be available in secondary care settings, and as such it is vital that GPs have the resources, capacity, and support to embed safe systems of work and appropriate levels of training appropriate for smaller numbers of staff and lone workers. In addition to permanent surgery teams, locum and other temporary staff working within an unfamiliar environment will need additional support through induction and other appropriate training, and the time and resources required for this is likely to disproportionately impact those practices which are already heavily reliant on temporary cover to meet existing staff shortages.

We also note that primary interventions within the “Trauma” Lens strategy for prevention and reduction of incidents of violence and aggression include consideration of the impact of the physical environment on service users, for example noise levels, crowds, lighting, and signage. It must be recognised that GP surgeries need adequate financial support to ensure that the physical environment of surgeries are fit for purpose and suitable for the increasing numbers of patients they serve.

In line with the recognition that serious abuse can be verbal as well as physical, we suggest that Appendix 3, HSC Regional Impact Table, should be updated to reflect that what might be categorised by the framework as a “minor” incident in terms of physical harm may still have a significant psychological impact on staff. A recent report highlighted that ethnic minority staff may be less likely to report incidents of racial abuse in medicine for fear of recrimination or of not being taken seriously<sup>2</sup>. We would highlight the particularly distressing impact which abuse relating to a protected equality characteristic (such as race, sexual orientation, or religion) may have on staff, and the need for training, reporting procedures and post-incident support which acknowledge the nuances around the intersections of violence, abuse, and prejudicial attitudes.

General Medical Services statistics reveal that Northern Ireland lost nearly nine percent of its active GP practices between 2014 and 2022, even as the number of registered patients per practice has increased by around 15 percent<sup>3</sup>. In order to ensure a safe

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<sup>2</sup> <https://www.bma.org.uk/media/5745/bma-delivering-racial-equality-in-medicine-report-15-june-2022.pdf>

<sup>3</sup> General Medical Services for Northern Ireland, Annual Statistics 2021/22

and sustainable working environment for GPs and their staff, it is vital that any strategy designed to tackle violence and aggression within the healthcare ecosystem has particular cognizance of the specific pressures and challenges within primary care and is implemented alongside a broader plan to alleviate them.

To conclude, we welcome the opportunity to respond to this public consultation. In general practice and across our health service, our workforce is our greatest asset. Health care professionals have the right to work in a safe place, free from harassment, violence, and intimidation. The development of this guidance and framework is an important first step, but it is vital that the Department of Health continues to act to ensure our health service is a safe, welcoming place to work and our valued staff can focus on providing high quality patient care, free from violence and harassment.