

MDU

inpractice

Something
missing?



Morale

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editorial

The NHS always features prominently in the media, and has done so recently, unfortunately often in a negative way. Healthcare workers can sometimes feel unfairly targeted, and there is a perception that complaints from patients are on the increase, despite the best efforts of staff.

Figures released recently by the GMC confirm these fears, and information like this can have a profoundly negative impact on staff morale. In this edition of *inpractice*, Nicola Mullineux from Peninsula Business Services provides helpful advice on how to improve the morale of your staff.

An article by Dr Mike Roddis highlights the impact the actions of individual staff members can have on others, and provides tips on how to make your staff feel valued at work, hopefully avoiding the potentially negative outcome of staff resignation, which is featured in another article by Nicola Mullineux.

On a positive note, we feature the 2012 winners of the MDU GP Enterprise Awards, prime examples of excellent teams working together for the benefit of their patients, the vast majority of whom highly value the hard work of the primary care staff who care for them.

I hope you enjoy reading this edition of *inpractice*. As always, we welcome any feedback you may have. **I**

Dr Beverley Ward
Medical editor

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In focus

Pension auto-enrolment

Employers now have a duty to help their workers save for retirement, under a new pension law introduced in 2012. This means that each employee must automatically be enrolled into a qualifying workplace pension scheme by their employer to make contributions.

This new law will be implemented in six stages over the next few years. In the first stage, the law applies to employers with 120,000 workers or more. Practices with fewer than 30 staff will have to auto-enrol their staff from June 2015. Exact dates depend on PAYE reference numbers.

Practices will have to register with the pensions regulator within four months of the June 2015 stage. Each worker will need to be informed of their auto-enrol status. Not all workers will need to be auto enrolled, some may opt in depending on age and earnings.

For more information visit thepensionsregulator.gov.uk

Complaints on the rise

Doctors remain the most trusted profession in the UK and there is no evidence of declining standards. However, the number of concerns and complaints reported to the GMC rose by 23% between 2010 and 2011, according to the GMC's report *The State of Medical Education and Practice in the UK 2012*¹. This is part of an international pattern of rising numbers of complaints and in the UK alone complaints have gone up by 70% since 2007.

The GMC will be commissioning research to look at the causes of complaints, but points out that the number of complaints is very small compared with the vast number of patient encounters that take place every year.

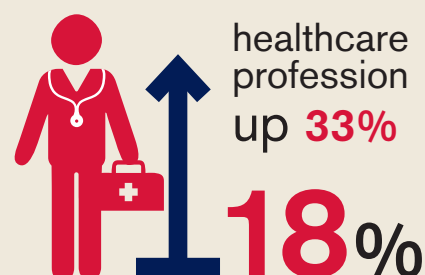
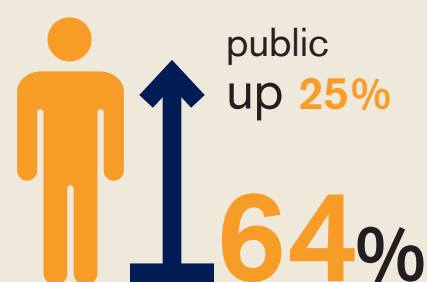
Other key findings in the report include that while clinical care is the most common cause for complaint, concerns about poor communication were up 69% in 2011. Doctors who qualified 20 years or more ago were over-represented compared to their numbers on the register, as were male doctors. General practice, surgery and psychiatry were also over-represented as specialities.

However, any doctor can be subject to a complaint at any time, and MDU members can rest assured that our skills are second to none in assisting doctors who find themselves subject to a GMC investigation.

Reference

¹The state of medical education and practice in the UK 2012 bit.ly/inpractice23

Some 64% of complaints came from the public, a rise of 25% from 2010. A further 18% came from other doctors, healthcare professionals and investigations initiated by the GMC, a yearly increase of 33%.



UK complaints have gone up

70%

since 2007



Family-friendly childcare vouchers

For working parents, one of the biggest headaches is the cost of good childcare. Now you can be a 'family-friendly' employer by offering tax-free childcare vouchers to eligible staff – all at no net cost to the practice.

The MDU has teamed up with Computershare Voucher Services to provide a childcare voucher scheme at exclusive discounted rates for **GROUPCARE** practices. The scheme can be offered as an attractive benefit to parents in your practice. It costs nothing to set up and both the employer and employees can make savings in tax and National Insurance.

What are childcare vouchers?

Childcare vouchers are an employee benefit offered by forward-thinking employers to support working parents.

Employees can choose to spend up to £243 a month¹ of their gross salary, before tax and National Insurance, on vouchers towards the cost of registered childcare. Both parents can join a scheme, increasing the value of the vouchers.

Vouchers may be paid automatically to the childcare provider. They can be used to pay multiple carers and for more than one child. They can also be saved up to use when needed, such as during school holidays.

What can employees save?

There are attractive savings for the employee. For example, a basic rate taxpayer who requests the full £243 voucher value each month can save around £900 a year in tax and NI, depending on their circumstances.

How can the vouchers be used?

The vouchers can be used for **all types of registered childcare**, including:

- childminders
- nurseries
- nannies
- au pairs
- crèches
- playgroups
- after school clubs
- holiday schemes
- qualifying childcare provided by schools
- activity clubs
- summer camps.

To be eligible, the employee must be the parent, legal guardian or a person with parental responsibility of at least one child aged between 0 and 16 years. The vouchers are valid until 1 September following the child's 15th birthday, or 1 September following the 16th birthday of a child who is registered disabled.

Setting it up is child's play

Setting up a childcare voucher scheme is easy with Computershare Voucher Services. **Download and complete the form** on the MDU website (themdu.com/groupcare) with your practice details, and email to mdu@computershare.co.uk

It's free to register for the Computershare voucher scheme.

- There is no net cost to you.
- Minimal ongoing administration.
- No hidden costs.
- Direct savings on National Insurance payments - up to £402 per employee, per year.

What does 'no net cost to you' mean?

Computershare Voucher Services takes a percentage of each employee's monthly voucher value as a service charge. However, when an employee buys childcare vouchers from their gross salary, you don't need to pay National Insurance on that sum each month.

So, although you will be charged for the scheme, you will recoup that cost in National Insurance savings. In Computershare's experience, the NI savings made by the employer are always greater than the cost of the scheme.

Exclusive rates for MDU GROUPCARE scheme members

MDU GROUPCARE practice members win both ways, thanks to the exclusive discounted rates we have negotiated with Computershare Voucher Services. The higher the GROUPCARE tier, the more the practice can save.

Childcare Vouchers – the benefits

Setting up a childcare voucher scheme:

- allows you to **access competitive rates** as a **GROUPCARE** practice member
- **improves your corporate reputation** as a family-friendly employer
- is relevant for **all staff with children under 15** (16 if child is registered disabled)
- assists you in the **recruitment and retention** of staff
- helps **reduce absenteeism** of staff taking days off for childcare
- **improves staff morale** through recognising the need for a work-life balance.

References

¹Applies to basic rate taxpayers. Different limits apply to higher and additional rate taxpayers.



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The MDU Guide to CQC.

**FREE and exclusive
for MDU GROUPCARE
members.**

*The guide also contains relevant
medico-legal and regulatory
information and suggests examples
of documents that may provide
evidence of compliance.*

Visit themdu.com/cqc

News in brief

Excellent service from the MDU – it's official

The MDU's membership department has achieved the Customer Service Excellence Standard (CSE), a recognised independent benchmark of excellent service. The Standard tests in depth the areas that research shows are important to members – delivery, timeliness, accuracy, professionalism and staff attitude – and places great emphasis on how well the MDU understands its members' experience of service.

David Cardno, head of membership, said: 'The service innovations and focus on quality we have introduced over the last two to three years were critical to gaining accreditation.' Following the accreditation, the MDU also went on to reach the finals of the UK Customer Experience Awards 2012, in both the Overall Customer Experience and Training categories. **1**

'The service innovations and focus on quality we have introduced over the last two to three years were critical to gaining accreditation.'



For your staff room





GMC launches

confidential patient safety helpline

The GMC has launched a confidential helpline for doctors to discuss any concerns they have about patient safety. Worried doctors can call for advice from specially trained advisers who will be able to investigate the situation further, and pass queries to the CQC if necessary. The helpline is part of the GMC's on-going commitment to support doctors who raise concerns about patient safety.

The GMC helpline can be reached on 0161 923 6399.

Monday to Friday 8am – 6pm Saturday 9am – 5pm

Something missing?

Maintaining staff morale requires constant care and attention, but what are the signs that tell you when morale is low? And more importantly, how do you address it?

Nicola Mullineux

Research Co-ordinator at Peninsula Business Services offers advice.



Morale

1. Recognising low staff morale

The first step in dealing with low staff morale is to recognise the employees who may be vulnerable. You may possibly have heard or sensed the following from employees who do not feel motivated:

- 'I feel like I have no voice'.
- 'Although I am vocal, I don't feel like I am being listened to'.
- 'I feel under-appreciated'.
- 'I feel unstable as there have been many changes in the workplace'.

2. Addressing low staff morale

Provide employees opportunities to air their views

If your staff feel under-appreciated and ignored, ensure you give them a voice and allow it to be heard. Running a staff survey allows you to rate and review all the different aspects of the workplace to ensure it is a motivating environment to work in. Asking employees what they believe to be the most difficult parts of their job will give you some interesting insights and ideas on how the areas highlighted can be improved.

You could also consider adding in an 'ideas or improvement session' in to regular team meetings to allow staff to voice their opinions. Knowing there is a regular forum for voicing annoyances and problems will make staff feel engaged and integral to the practice. In turn, this encourages team work and staff cohesion.

Don't assume that employees will just use the opportunity as a soapbox. No one knows the job like the person who is doing it and everyone wants parts of their job to be easier to achieve, so good suggestions for improvement are often made. Simple ideas can have huge benefits. For example, updating the list of everyone's telephone extensions and providing all staff with a copy can help save time.

A structured appraisal system

Both the practice and its staff will benefit from a structured appraisal system. This usually takes the form of an annual review during which the employee and manager discuss past performance and future targets. Investing the time in identifying where the employee is performing well provides positive reinforcement and lets the employee

know that their hard work is recognised, appreciated and valued.

Staff appraisals should include the following points:

- How the employee feels they are performing, and where their strengths lie.
- A review of any key projects the employee was involved in, and their results.
- A review of previous development objectives and whether they have been reached.
- Areas where the employee could improve and ways to demonstrate improvement.
- A series of objectives for the following year.
- Identifying any training or support needed.

If an employee is working towards a particular position, the appraisal should be geared towards the development areas that need to be improved to reach this position. The review and outcome of the appraisal should be recorded and saved, accessible to both the employee and the line manager. Employee appraisal should be a continuous process and the frequency should be tailored to the employee. Some may prefer annual appraisals whereas other employees may prefer a meeting every six months to raise any concerns or ask for advice about their career progression.

Encourage participation in significant projects

Staff should be encouraged to participate in new projects and operations that the practice is involved in. The latest changes in the primary care industry have brought up some new additional responsibilities that can be assigned to practice staff. For example, your practice may need to create the role of a complaints manager, or a designated person with responsibility for infection control. It is ideal to match the skills and the interests of your employees with the needs of the role. So, instead of simply choosing the first person in your eye line, choose the person whose personal development will benefit from being given extra responsibility and who you think will excel at the job. **1**

Case study

A practice manager is concerned that a member of staff seems to be becoming demotivated and is convinced she will leave shortly.

There was no drastic change in the employee's performance last year, but recently a slow and sure dip in her output has been noticeable. She has also begun to turn up late for work regularly and speak negatively about the tasks she is given to do. The employee had always been an asset to the team so her behaviour has concerned her manager, who initially wanted to jump straight to disciplinary action. Instead, the practice manager called the employee in for an informal meeting about her performance.

The manager learned that the employee felt a little disillusioned with her role. She had been dismayed when she was unsuccessful for a recent promotion opportunity and felt she was stuck in her role and wanted a new challenge.

Outcome

The practice did not want to lose a previously valued member of the team and was keen to restore her previous enthusiasm. The practice had been considering staff integration as a whole and wanted to implement a new formal scheme for staff suggestions. An individual was needed to co-ordinate the implementation of the scheme and the task was given to the employee.

Her performance began to improve, she immediately perked up and began to form closer relationships with some of her colleagues. She chaired meetings, and began to gain a deeper understanding of how the practice worked.

At a subsequent review meeting, the employee described how her confidence had grown; she felt valued, her job now had a new purpose and she appreciated the trust the practice had placed in her. Her renewed enthusiasm had filtered through to her 'normal' job too and it didn't take long for her to achieve her previous performance standards. **1**

This is a fictional case compiled from actual cases from Peninsula's files.

GROUPCARE members receive access to a free 24-hour employment law advice line. For more information on how to set up a **GROUPCARE** scheme, visit themdu.com/groupcare

GP Enterprise awards 2012

The overall winners of the GP Enterprise Awards 2012 were honoured at the Royal College of General Practitioners' (RCGP) headquarters, completing another memorable year for the awards scheme.

Organised by *GP magazine* and the RCGP to celebrate innovation in general practice and promote ideas that can be easily adopted by other UK surgeries, the awards were once again proudly sponsored by the MDU.

All category winners received a cheque for £1,000 and a plaque for their surgery waiting room.

To find out more about their schemes, or to enter the 2013 awards, visit gponline.com/awards



Thamesmead Medical Associates, based in Greenwich, London were the overall winner of the 2012 GP Enterprise Awards, scooping the Outstanding Team Practice prize for a screening programme. Dr Eugenia Lee (second right) received her award from (left to right) the MDU's Dr Michael Devlin, former RCGP president Dr Iona Heath and RCGP treasurer Dr Helen Stokes-Lampard.



The MDU would like to congratulate the winners of the 2012 GP Enterprise awards

Outstanding Practice Team and MDU Enterprise Award

Thamesmead Medical Associates
Greenwich, London

Thamesmead Medical Associates set up health checks at its local supermarket, screening 1,024 men over eight Saturdays. The checks included BP, random blood glucose and BMI, and smokers were also offered spirometry. Of those screened, 424 were offered follow-up for one or more abnormal readings, 325 of whom had no previously diagnosed disease.

The practice collected the Outstanding Practice Team award, worth £1,000 and went on to beat the five other section winners in a poll of *GP* readers to take the £4,000 overall prize and the MDU Enterprise Award.

Dr Eugenia Lee, the practice's public health lead, who came up with the idea, said: 'We're absolutely thrilled. Being visible in the community gives out the positive message that the NHS is not just about fire-fighting but also about prevention.'



MDU

MDU proudly supports.

NEW Best Practice Conference.

Innovative Clinical Care Award
School Hill Practice

Lewes, East Sussex

This practice successfully introduced a new sexual health clinic for young people with little access to confidential, non-judgemental services.

Caring for Vulnerable Groups Award
State Hospital

Carstairs, Lanarkshire

The primary care team at the high-security psychiatric State Hospital in Carstairs, Lanarkshire, won this award for its ground-breaking research on vitamin D deficiency in patients.

Best Use of Media and Technology Award
The Elmham Surgery

Norfolk

The Elmham Surgery transformed the sharing of information within the team by creating a surgery online website, where users were able to share their knowledge and information.

Improving Quality and Productivity Award
Dykes Hall and Deer Park Medical Centres

Sheffield

By introducing an effective multi-disciplinary team approach, the practice reduced unscheduled admissions in the over 75 age group by 20%.

RCGP First5 Award
Dr Poppy Freeman, Camden PCT

London

The RCGP give this award to a GP in their first five years of practice. This year's winner Dr Poppy Freeman of Camden PCT in London, developed a central website for local practices, covering up-to-date clinical services, pathways and occupational information. **1**

Develop your skills in successful practice management at the keynote primary care event – **Best Practice** (produced in partnership with the NAPC) at the Birmingham NEC on the 16-17 October 2013.

The MDU is proud to support Best Practice, the primary care show for those who are *actually doing it*. Don't want another conference full of tired top-down policy? Best Practice provides expert case-study based educational seminars, innovative new learning formats, and practice-based speakers. Our expert speakers have 'been there and done that' and will help you with:

- Managing your practice finances.
- Navigating your practice through CQC.
- Surviving revalidation.
- Understanding what can be achieved with good PR.
- The latest developments in the wellness agenda.
- How to make patient engagement a reality.
- How to get the best out of the relationship with your CCG.
- Turning tele-health from 'luxury' to 'can't live without'.
- Accredited clinical education stream.

All this, free of charge for NHS professionals.
To find out more, visit bestpracticeshow.co.uk



Do you work in a dream team?

When a team works together harmoniously it can achieve something greater than the sum of its parts. But frictions, factions and unresolved conflict can reduce a team's effectiveness. Dr Mike Roddis of Healthcare Performance asks if you can spot the common symptoms of a dysfunctional team.

The following questions highlight some of the common problems that beset a dysfunctional practice and may detract from providing the best possible patient care. If they sound all too familiar, it may be time to act.

*Dr Mike Roddis is a joint director of Healthcare Performance. With his colleague, Dr Emma Sedgwick, he runs the MDU's practical workshops for doctors. Workshops include **Communicating with colleagues and Professional challenges in medical practice** which address some of the problems highlighted in this article. For more information, visit the Learn and develop section of the MDU website themdu.com*

Q At a multi-disciplinary team meeting, the GP principal discusses a relevant article they read about good record keeping. During the meeting, a GPST asks to speak about the record-keeping training course she did at a previous practice as she thinks there are lessons the practice can learn from it. What response is most likely?

A The team hears the GPST out and the GP principal follows up her suggestion after the meeting, thanking her for her contribution.

B The GP principal interrupts her with the words 'well.. you're here now?!'. The meeting resumes as if she had never spoken.

Q A GPST3 who is observing a consultation challenges the salaried GP afterwards about the diagnosis of a feverish young patient, admitted following a series of fits. The GPST3, who has just returned from maternity leave, suggests measles and is told: 'That is what I might expect from someone with your limited perspective'. This is not the first time the salaried GP has been dismissive towards her and the GPST3 is visibly upset. What are the repercussions?

A The GPST3 talks to the GP principal and practice manager about the incident. The salaried GP is warned that his behaviour could be in breach of the trust's bullying policy.

B There are none. The GPST3 does not make a complaint as she fears it may harm her career and her colleagues tell her to just ignore it.

Q You call a meeting to discuss high rates of sick leave among reception staff. What is the typical reaction?

A A meeting would be worthwhile. Due to sickness, there has been a lot of disruption on the front desk and the practice has been slow to respond to patients' requests to see a doctor.

B What's the point? Today's reception staff are here today and gone tomorrow anyway.

Q A patient rings the local practice to order a repeat prescription. The busy receptionist writes down an incorrect dosage. Thankfully, the GP spots the mistake. What does the subsequent investigation conclude?

A Human error may have been a factor, but the system of delegation within the practice is not conducive to clear communication. A new protocol is introduced whereby repeat prescriptions are checked by the reception team leader, for accuracy and detail. All GPs receive further development in prescribing.

B There was no need for an investigation. The receptionist was to blame as they should have checked if the dosage was understood.

Q In your practice, discussions and team meetings are likely to be:

A Open and a priority. The practice meets fortnightly and each member gets the chance to put forward any agenda topics that they would like to discuss. Action points are distributed at the end of the meeting.

B Hastily arranged between the practice manager and the GP principal at their desk. Nothing is in writing and there is no agenda.

Q Two principal GPs with a history of personal disagreements have a row in the reception about who should undertake next week's minor surgery operation which neither has done before. What happens next?

A Both doctors are invited to discuss their differences with a mediator. They eventually agree who is best suited to the minor surgery operation, based on experience. The other GP watches and observes.

B Cliques develop within the practice team as people align themselves with their preferred GP and bad mouth the followers of their adversary. **I**



Mostly A's

Congratulations, your practice sounds like a place where every member of the team is encouraged to contribute, no matter how junior. Keep up the motivation and ensure that communication and clear direction flows easily between all members of the team.

Mostly B's

A team is less effective in meeting patients' needs if team members are inhibited from speaking out to improve services, or fear they will be blamed if something goes wrong. Where employees do not feel valued, levels of staff sickness and turnover are likely to be high. Worse, there may be medico-legal repercussions, such as complaints. For this unhealthy culture to change, everyone must start to work together as a team – for example, team meetings are formal and minuted; everyone is encouraged to contribute to improvements to services and incidents that might affect patient care are properly managed. The key to success is effective leadership. Senior members of the practice can help change the tone by openly and actively soliciting opinions from colleagues about what could be done better. By ensuring that the best ideas are seen to be acted upon, there is an incentive to contribute and work as a motivated team.



Employee resignation



One of the most common queries Peninsula receives from **MDU GROUPECARE** practices is to do with resignation of an employee. But what is the best way to deal with resignation? Nicola Mullineux from Peninsula identifies some of the warning signs and explains how resignation should be managed.

The resignation letter

A practice manager of a busy surgery arrives one morning to find an envelope on her desk. She has an inkling of what is inside. There is an ongoing issue with a member of support staff which has got progressively worse. Her suspicions are correct; the envelope contains a resignation letter from the employee concerned. No specific reason for the resignation is given; the letter simply states that 'it has become impossible for me to continue to work here any longer'.

The practice manager is relieved that this employee will no longer be a 'problem' and writes a confirmation of resignation letter in which she asks the employee to leave the same day, adding that she will be paid in lieu of notice. She prints the letter, puts in an envelope and leaves it for the employee. She sits

down and watches out for the employee arriving so that she can escort her off the premises.

The employee was not happy that an annual leave request that she had made was denied as there were too many staff members off that week. The practice had already reached maximum quota for having employees off on holiday in that week and all employees know the rules. The practice manager doesn't really see that as reason enough to leave the practice but thinks that if that's what the employee wants then that's fine. The practice is a pleasant place to work and there's no room for troublemakers.

The employee arrives later and is visibly upset by the contents of the letter. She hadn't expected to have to leave immediately but feels that this is a further demonstration of the way she has been treated over the last few

months. She realises that she would, in fact, prefer to leave sooner rather than later to avoid any gossip. Her colleagues had made her working life almost unbearable recently and she couldn't see why she was being targeted.

It had all started when she had requested time off to look after her children in the school holidays because her mother, who normally looks after her children, was going to be in hospital for a week. The request was refused because the maximum quota for employees on leave that week had already been reached. In the past, the employee had swapped her shifts over with a colleague, which worked out well. She asked another colleague whether she would swap – her colleague didn't have children and wasn't going away. Her colleague had said no and seemed irritated by the request which resulted in an argument.

News of the argument spread quickly and colleagues started to treat the employee differently. She often heard her colleagues talking about her, claiming that her behaviour was 'out of order' and that she was in the wrong. The employee had informed the practice manager about this by email but had received no response.

The last straw

The employee had felt sidelined and left out; her colleagues had stopped asking whether she wanted to go out at lunch and gradually stopped talking to her completely. Once again, she had asked to speak to the practice manager who promised a meeting, which was never organised.

A work night out was arranged on a day that her colleagues knew she couldn't make as she had to go to a parent teacher meeting. She was aware that she was the only employee at the practice with young children and felt that this was being used against her. When she was asked to remove pictures that her children had drawn from her desk as part of a 'general office tidy up', she felt this was unfair, especially as colleagues were allowed to keep photographs

on their desks. She felt this was the last straw, the practice manager was ignoring what was going on and her only option was to leave.

Warning signs

This case study outlines how a few missed signals and hints could lead to a dissatisfied employee, and a resignation that could have been avoided.

The practice manager had ignored the employee's attempts to report the behaviour towards her several times. She had heard that the employee was having a hard time but assumed this wouldn't happen in her practice as she had her ear to the ground and tight control of everything that went on. She had dismissed the employee's feelings and therefore did not take any of her complaints seriously.

Ideally, the practice manager should have investigated the employee's concerns and spoken to all the employees involved. Reports of negative behaviour towards other employees should not be ignored even if the employee concerned does not raise them personally.

The wording of the resignation letter should have triggered alarm bells. Although her explanation was kept vague, it signified external forces were influencing the employee's decision. A **verbal conversation with the employee after receiving the resignation letter** would have been ideal, and the practice manager should have prompted the employee to provide

Recruitment procedures can often be costly, in both time and money, so it may be better to retain staff rather than recruit new ones.

some reasons for her resignation, which would help her assess improvements that could be made in the workplace.

A **formal exit interview** would have helped ascertain the real reason for leaving. This should be held by someone other than the employee's immediate supervisor. A formal exit interview should discuss the following issues.

- Reasons for leaving.
- Feedback on the job duties and job description, and whether they are accurate.
- Assessment of the work environment.
- Whether the pay and benefits are suitable for the role.
- Management style and culture.

Recruitment procedures can often be costly, in both time and money, so it may be better to retain staff rather than recruit new ones.

Any signs of low staff morale should be investigated. If the practice manager had delved deeper at the exit interview, she may have discovered bullying behaviour which should have been addressed. Bullying in the workplace must be taken seriously, as it might ultimately lead to a constructive dismissal claim at an employment tribunal. **I**

This is a fictional case compiled from actual cases from Peninsula's files.

Peninsula Business Services are the leading provider of employment law and health and safety services in the UK. **GROUPCARE** members have **FREE** access to **Peninsula's 24/7 employment law advice line** via telephone or email.

To find out how to join **GROUPCARE** visit **themdu.com/groupcare**



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