MBChB

Raising concerns about

- Members of teaching staff
- Qualified doctors, other health professionals, the quality of care provided to patients
- Fellow students
- The Quality of Education and Training

2015-16
Raising Concerns

Background (GMC guidance)

Patient safety

Leicester Medical School will teach you about quality improvement and quality assurance during your studies, and you will have the opportunity to take part in audits and reviews. You will be in clinical settings – this will mean you have certain responsibilities to bring any adverse events (for example, medication errors) to your supervisor’s attention. During the course of your training, you may witness or be involved in an adverse event and may be asked to contribute to an internal enquiry. Although the Medical School will normally be informed of significant events, you should contact senior staff (see below) at an early stage so they can arrange support for you. This will protect patients and allow the clinical team you are working with to respond appropriately. It is very important that you contribute honestly and openly to the process. Openness and honesty are key to being a good medical student and a safe and trustworthy doctor. This is your professional duty of candour. You must also always be open and honest when you discuss things that have gone wrong or when you contribute to processes such as investigations into why a problem has occurred with a patient’s treatment.

Medical students are not registered with the GMC or employees of their placement providers. This means that neither the GMC nor placement providers can legally require students to raise concerns. However, students do have a formal relationship with their medical school who will expect them to raise concerns. Medical students also have a clear moral duty to raise concerns about patient safety, dignity and comfort. Professionalism is not about doing the minimum; it is about going the extra mile to protect patients (see Promoting Excellence).

Patient safety is the responsibility of the whole team, which could include clinical and non-clinical members. This is why registered doctors have an absolute duty to raise concerns about patient safety. Everyone working in a healthcare setting has the responsibility to raise concerns about patient safety – this includes medical students when they are on clinical placements. Patient safety does not just relate to the treatment patients get – it also includes issues around their dignity and comfort. Patients must be treated compassionately and their right to personal dignity must be upheld. As a medical student, you are in a unique position and your relationship with the patient is such that they may feel safe sharing concerns with you. You must:

- raise any concerns you have about patient safety, dignity or comfort promptly
- follow the Medical School’s policy on raising concerns, wherever possible.

Raising concerns about patient care can be difficult. As a medical student, you may not feel
comfortable raising issues with supervisors who may also be responsible for making decisions about your performance on the placement. You may also feel uncomfortable raising concerns with clinicians who are very senior. This is why the Medical School has a formal policy to deal with these issues, which you should follow wherever possible. If you are unsure whether to raise a concern formally, you should ask your medical school or an experienced healthcare professional for advice.

Another important aspect of responding to risks to patient safety is raising any concerns you might have about the staff you work with. For example, you might be worried that a fellow student, doctor or nurse is working beyond their competence level and putting patients at risk because they are doing something they are not qualified to do. Or you might be concerned that the health of one of the people you are working with on a placement or a fellow student may potentially put patients at risk.

**Raising concerns about your peers**

It can be really hard to raise concerns about your fellow students, who may be your friends or people you work with on projects or placements. But as a student who is going to join a regulated profession, your first duty is to uphold patient safety by making patients your first concern. This includes patients who you see on placements and those who may be treated by your fellow students in the future.

Examples of the types of unprofessional behaviour you may consider raising as concerns about include:

- a fellow student being rude to a patient
- someone in your project group who does not contribute to the work you have been assigned to do
- you see a medical student putting inappropriate content on social media
- you notice a fellow student is intoxicated while attending a placement, lecture or seminar.

It can be even harder if your concerns are about a peer’s health. But it is crucial that you bring it to the Medical School’s attention if you are worried about their safety or wellbeing. You should never seek to treat a fellow student’s health condition. When you raise concerns about a fellow student’s behaviour or health, it is important to remember you are doing the right thing and that support and remediation will be given to that student by the Medical School.

You may also have concerns about the lecturers and staff at your medical school.
Although these staff may not be an immediate risk to patients, your medical school will still want to know if you are concerned about someone’s health or wellbeing. It’s important to remember that, by raising a concern about a colleague, you are not acting against them – you are protecting patients and allowing that individual to get the support they need.

You must:

- raise concerns if you feel that those you are working with are putting patients at risk for any reason, including if you think their health may put patients at risk
- raise concerns in a confidential, non-judgmental manner.

Remember that you may need to raise concerns about your fellow medical students, as well as registered medical staff members. You should be aware that it can be difficult for organisations to deal with anonymous concerns. But this doesn’t mean that the person you raise concerns about will automatically know it was you who raised the issue. Therefore, you should avoid raising concerns anonymously wherever possible.

**Leicester Medical School Policy**

The [Francis Report](#), [Freedom to Speak Up](#) and [Promoting Excellence](#) clarify that medical students have a clear moral duty to raise concerns about patient safety, dignity and comfort. This may include raising concerns about colleagues. Raising concerns about colleagues can be challenging and these challenges may be particularly difficult for medical students to address, at least initially. There are a number of reasons for this: Firstly, students at the start of their studies are beginning to learn the standards that are expected of themselves and of the medical student body as a whole. Secondly, there is often a strong sense of camaraderie between medical students which can sometimes make it difficult for medical students to raise concerns about colleague[s], even if well founded. Thirdly, medical students who raise concerns may feel that their report may not be taken seriously and that they risk losing friends. Fourthly, particularly for pre-clinical students, who do not have extensive clinical contact, it may be difficult to judge and extrapolate whether a fellow student’s behavior in the pre-clinical environment may pose a risk to patients in the clinical environment.

The majority of medical students have a clear sense of right and wrong. The challenge, as outlined above, is applying this moral code to their student lives outside the more defined world of lectures, learning objectives and exams. The Medical School is committed to supporting and helping its students in judging when to apply their moral sense. This is because it underpins and informs the whole of professional medical practice.

It is particularly important that we give our students the confidence to address these issues in partnership with the Medical School. Medical students should note the following:
The Medical School will provide support for students who have raised concerns and do its best to protect such students from victimization.

Raising false concerns in bad faith or for personal benefit is a serious offence that may itself lead to disciplinary action.

The guidance set out below by the Medical School is designed to clarify for our students the pathways through which they should raise concerns if appropriate.

1. Concerns about members of teaching staff
   If a student has a concern about the conduct of a member of teaching staff then if the student is in Phase 1 of the course he/she should arrange to meet with the Lead for Phase 1, if the student is in Phase 2 of the course the student should arrange to meet with the Phase 2 Lead. If the concern is about the Phase 1 or 2 Lead then the Student should arrange to meet with the Director of Undergraduate Education. If the concern is about the Director of Undergraduate Education the Student should arrange to meet with the Head of the Medical School. If the concern is about the Head of the Medical School, the student should arrange to meet with Head of College.

2. Concerns about qualified doctors, other qualified health professionals or patient care
   Students in Phase 2 of the medical course are apprenticed to Consultants in 7-week blocks and for each block there is a nominated block lead. If a student observes or witnesses events that raise concerns about a fellow medical student, qualified health professional or events which may impair patient safety/care then this should be raised initially with the Consultant to whom that medical student is attached. By raising this concern with the Consultant to whom the student is attached, the student has discharged his/her responsibility. If, however, the concern is about the Consultant to whom the student is attached, then the concern should be raised with the block lead. If the concern is about the block lead, then the Director of Undergraduate Medical Education should be consulted who will then inform the relevant senior doctor within the NHS management structure.

3. Concerns about fellow students
   As explained above, particularly in the pre-clinical years, students may be unsure of the standards expected of themselves and indeed of fellow students and in particular may be unsure whether the behaviour of a fellow student is a potential risk to student him/herself, to other students or to patient safety. If students are confident that the behaviour of a fellow student puts that student, other students or potentially put patients at risk, then they should complete a Professionalism Concerns Form [see Professionalism Support Unit Code of Practice]. There is not a requirement for a student to tell the student about whom they have concerns that they have completed such a form, however a student who has had concerns raised about himself/herself by a fellow student will appear before the Professionalism Support Unit and at that time have the opportunity to explain their actions.
At this time, the student who is a source of concern will be told that the concern has been raised by fellow students. You should be aware that it can be difficult for organisations to deal with anonymous concerns. But this doesn’t mean that the person you raise concerns about will automatically know it was you who raised the issue. Therefore, you should avoid raising concerns anonymously wherever possible.

In the situation where a student is unsure of the significance or otherwise of a fellow student’s behaviour, they should contact the Student Liaison Officer [see Code of Practice for Student Liaison Officer]. The Student Liaison Officer has no disciplinary role. The role of the Officer is to advise and support students and to help a student to put in context the behaviour of a fellow student. If the Student Liaison Officer has concerns about any significant welfare, health or safety issues for either students reporting concerns or about a student who is a cause for concern, then the Student Liaison Officer may inform the Director of Undergraduate Medical Education directly. This principle also applies if it is judged that patient safety may be compromised.

4. Concerns about the Quality of Education and Training
Paragraph One above explains how students should raise concerns about individual teachers. However, there may be occasions when a student or group of students have concerns about more general educational/learning issues. In this circumstance, if the concerns are in Phase 1 then the Phase 1 lead should be contacted, if the concerns are in phase 2 then the Phase 2 lead should be contacted. If the concerns are across the whole course then the Director of Undergraduate Education should be contacted. Students should be aware that they have the option of using Have your say which can be anonymous or attributable. Over the last 3 years approximately 40 students each calendar year have used this facility, the majority anonymously. Their comments have led to changes in Medical School Policy.