



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Raising Concerns

1 *Background*

It has become increasingly clear in recent years that qualified health professionals, including doctors, must raise concerns about a colleague's behaviour if this behaviour puts patients or indeed themselves at risk. These principles are clearly defined in the GMC document "Tomorrow's Doctors", the Francis Report and the government's response to the Francis Report. It has also become apparent in recent years that similar standards need to apply to medical students [Tomorrow's Doctors and the GMC's document on Fitness to Practise for Medical Students]. Medical students must also raise concerns if they feel that a patient is not receiving appropriate care. Therefore Medical schools must educate medical students in this principle and provide them with the necessary support and transparent pathways through which they can raise concerns.

Raising concerns about colleagues can be challenging for those involved in reporting the concerns 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 students, who do not have extensive clinical contact, it may be difficult to judge and extrapolate whether a fellow student's behaviour in the University environment for example 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 is applying this moral code to their student lives outside the more defined world of lectures and exams. The Medical School is committed to supporting and helping its students in judging when to apply their moral sense as well as to fostering professionalism in the student community. 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. 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.

1.1 *Concerns about fellow students*

As explained above, particularly in early 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 Concerns Group 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 Concerns Group 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 who has raised concerns about them.

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 Student Support Lead or the Director of Medical Education directly. This principle also applies if it is judged that patient safety may be compromised.

1.2 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 meet with the Director of Medical Education.

1.3 Concerns about qualified doctors, other qualified health professionals or patient care

Students in Phase II 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 this Consultant 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, the Director of Medical Education should be consulted who will inform the relevant senior doctor within the NHS management structure.

Document Version Information

Document Title: Raising Concerns

Originator: Claire Stocker

Date:

Replacing Document:

Approved:

Date: