

A decorative background on the left side of the slide, featuring a white grid of circular holes. Each hole contains a different colored disc, creating a colorful pattern of red, yellow, blue, green, and orange. The perspective is from the side, showing the depth of the holes.

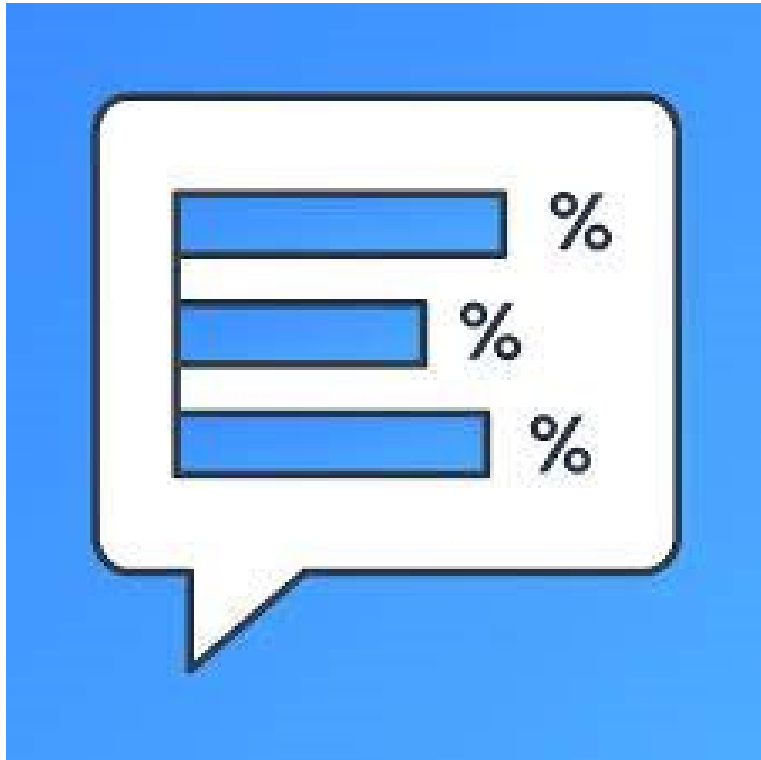
# Raising Concerns with Training: What are the barriers for trainees?

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# Questions to Consider

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- What has been your experience of raising concerns?
- What were the barriers, if any, to doing so?
- How does the dynamic between trainees and senior colleagues affect psychological safety to raise concerns?
- What is the impact of raising concerns on trainee wellbeing?
- How can we as educators change the culture of psychiatric training to encourage the raising of concerns?

# A Familiar Story?

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# Dilemma

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**‘Nothing will happen if I say something and it will only come back onto me, what if I’m labelled as a trouble maker and I don’t get signed off. I only have to make it to the end of this placement, I’m over half way now...’**





**‘It breaks you. I had to go on sick leave. I had sleep issues, anxiety... I thought I needed to go on antidepressants’**

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# Raising Concerns About Patient Safety

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According to the GMC in 2012, obstacles to raising concerns might include fear that:

- Nothing will be done
- Cause problems for colleagues
- Negative effect on working relationships
- Negative effect on your career
- Result in a complaint about you

General Medical Council *Raising and acting on concerns about patient safety*. Manchester: GMC, 2012. [www.gmc-uk.org/Raising\\_and\\_acting\\_on\\_concerns\\_about\\_patient\\_safety\\_\\_English\\_0617.pdf\\_48902813.pdf](http://www.gmc-uk.org/Raising_and_acting_on_concerns_about_patient_safety__English_0617.pdf_48902813.pdf)

# Raising Concerns



‘eyes and ears in the hospital setting’ – Francis Report (2013)

‘Organisational fear and hierarchy’ – Freedom To Speak Up Review (2015)

‘Cultural turning point’ – Bennett, 2015

Francis R. (chair) *Report of the Mid Staffordshire NHS Foundation Trust public inquiry*. Norwich: The Stationery Office, 2013. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279124/0947.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf)

Francis R. *Freedom to speak up - An independent review into creating an open and honest reporting culture in the NHS*. National archives, 2015. [https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU\\_web.pdf](https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf)

Bennett D. *Letter to foundation trust managers re. Freedom to speak up report*. Monitor, 2015. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/403205/Letter\\_to\\_FT\\_managers\\_re\\_Francis\\_w-blowing.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403205/Letter_to_FT_managers_re_Francis_w-blowing.pdf)



# Hidden Curriculum

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- Medical education= socialisation process
- 'enculturation of students as they develop into both practitioners and members of the medical profession'
- Occurs in clinical environments outside of formal learning
- Implicitly taught by example
- Can change behaviour and attitudes of doctors

Professionalism:

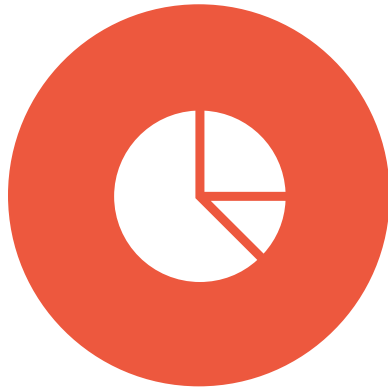
- Getting along with superiors
- Not rocking the boat
- Subservience
- Remaining 'flexible'

Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med.* 1998;73(4):403-7.

Lempp H, Seale C. The hidden curriculum in undergraduate medical education: qualitative study of medical students' perceptions of teaching. *BMJ.* 2004;329(7469):770-3.

# Project Background

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MOST, IF NOT ALL, MEDICAL  
TRAINEES ENCOUNTER TRAINING  
OR PATIENT SAFETY CONCERNS AT  
SOME POINT IN THEIR TRAINING.



IT IS EVIDENT THAT SOME  
TRAINEES CONTINUE TO  
EXPERIENCE DIFFICULTIES IN  
RAISING CONCERNS.



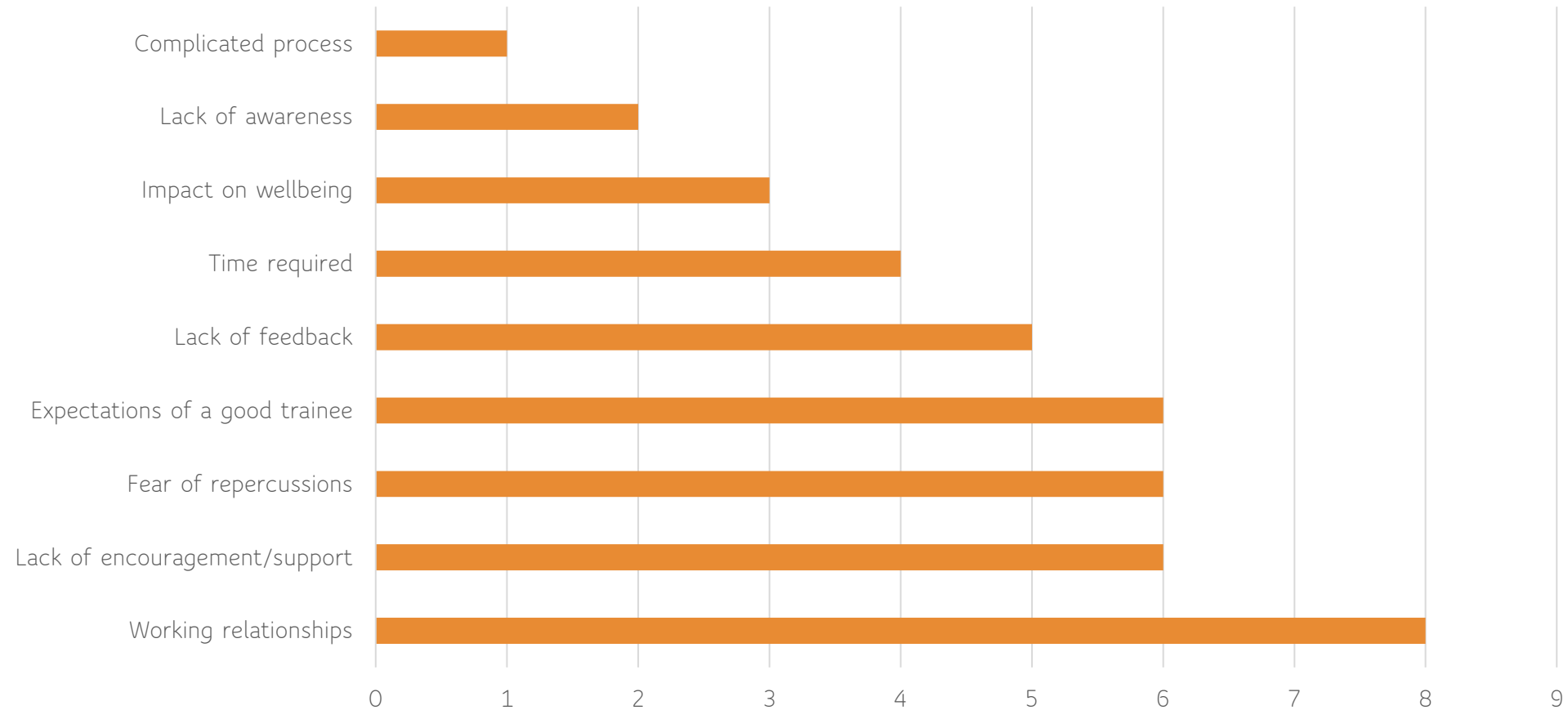
A SCOPING EXERCISE TO  
UNDERSTAND THE DRIVERS OF  
THIS HAS NOW BEEN COMPLETED

# Project Overview

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- Focus groups for each cohort of trainees (FY-STs) were held in October 2021
- Over 35 trainees attended a focus group, with particularly good attendance from FY, CT1 and Forensic trainees
- Online survey

# Barriers to raising concerns



# Analysis

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- Qualitative data from survey and focus group analysed using thematic analysis approach to generate core themes

- **PROCESS**

- **FEAR**

- **CULTURE**

# Process

'Too long to fill in exception reports'

'awkward as it gets sent back to the supervisor who you have problems with'

'It feels really hard to raise concerns, including raising concerns about a supervisor'

'Sense if you raise stuff, nothing will be done or the amount that it will cost you won't be worth it, so the easiest thing to do is to keep your head down.'

'not thinking that anyone will do anything about it.'

'know it's not going to happen, therefore no point in pursuing it'

'Either no feedback at all or "we've spoken to a member of staff" - this is not helpful and does not say what will be done to prevent it happening again'

'so slow for something to happen, tends to be resolved for the next trainee'.

'I'll just survive and go'

'I'm only in post for x amount of time...I'll just get through it'

'with any concerns one thing we were told was to complete the Eclipse, which is said by everyone but it takes ages to know the outcome'

# Fear

'Your supervisor is signing you off,  
it is awkward'

'You are concerned when you are  
flagging something up, that  
something bad will be written  
about you in your end of  
placement report or ARCP'

'Your consultant potentially  
influences your training experience  
and it affects your training  
feedback. You want to be on the  
side of people who would give you  
feedback'

'I want to get a job in this trust as a  
consultant...the fear of this...being seen  
as a trouble maker'

'I'll be victimised, I'll be in trouble'

'a good doctor is one you don't hear  
from in terms of issues'

'you don't want to be a nuisance or  
cause issues'

'Other trainees have managed the  
job...why can't I?'

'difficulty raising concerns as the  
previous doctor coped and didn't  
exception report'

'You think, 'how is it going to  
reflect on me?''

# Culture

'told I wasn't working fast enough'

'grilled and made to justify why  
had submitted exception reports'

'pushed back onto the trainee as  
their fault for not being able to  
manage'

'will then tell them they need to  
manage their time better'

'don't complain about it, do  
something about it'

'sort it out yourself'

'the solution of "why don't you do a  
QI project", is not helpful when you  
already have multiple QI projects'

'everyone can see the problem but  
no one feels it's worth challenging  
anything anymore'

'blamed for being inadequate'

'a criticism of everything we do  
and an attack on our character'

'blamed... instead of validating the  
problem and wanting to help'

'hard to believe they care about  
juniors'

'some trainers think they will get  
a trainee no matter what so they  
can do what they like'



## Aim

To reduce trainee dissatisfaction with raising patient safety concerns and raising training concerns by 20% by August 2023

## Primary Drivers

**Process**

**Fear**

**Culture**

## Secondary Drivers

Lack of understanding

Time taken to complete reporting

Issues with feedback: inadequate, delays or lack of

External accountability

Trainer/Trainee dynamic

Repercussions on training / career

Lack of anonymity

Blame culture and gaslighting

Lack of willingness of the Trust to change/seek help

Inadequate inclusion of international medical graduate (IMG) trainees

## Change Ideas

Intranet page for trainees

Raising Concerns document – flowchart and “who’s who”

Presentation at Induction

Trust rep training

Non-clinician lead for concerns e.g. Freedom to Speak Up guardian

Trainee ‘Supervisor End of Placement Report’

Near-peer led trainee fora

‘Dear Ruth’ anonymous feedback

Trainer/trainee training

Quarterly ‘You Said, We Did’

1 hour raising concerns workshop for IMG trainees

# Driving Change

- Raising concerns is vital to ensuring highest standards of patient care and robust training pathways for postgraduate doctors in training
- Trainees of all grades are rotating into organisations with pre-conceived ideas and expectations of barriers to raising concerns
- Organisational belonging – apathy, lack of personal responsibility
- Reinforced by hidden curriculum and implicit learning



# Reflections and Conversation

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# With thanks to:

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