



University
of Glasgow

School of Medicine,
Dentistry & Nursing

GLASGOW UNDERGRADUATE MEDICAL SCHOOL

Raising Concerns Policy



Introduction

The Undergraduate Medical School (UMS) is preparing students for all aspects of professional life as a practising doctor.

A key aspect of professional behaviour is ensuring patient care, key to which is understanding when to raise concerns, the importance of doing so and how to do it. Concerns raised under this policy are most likely to arise from events, circumstances or experiences in clinical areas while you are on clinical attachments. This guidance is designed to help you understand how to raise a concern and what will happen.

The GMC identifies raising concerns as an important responsibility of doctors holding GMC registration. There is information at “GMC: Raising and Acting on Concerns about Patient Safety” - www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

Confidentiality

We encourage you to avoid raising concerns anonymously, although the UMS will know who raised the concern we won't necessarily need to name you as the source of the concern when the investigation takes place. Your confidentiality will, therefore, be protected in as far as is possible. We will provide feedback to you once the investigation is complete.

What sort of Concerns might this Policy address?

The following list is not exhaustive, and is intended to show examples:

- Malpractice or ill treatment of a patient by a member of staff
- Repeated ill treatment of a patient, despite a complaint being made
- An unacceptable standard of patient/clinical care
- A criminal offence is believed to have been committed, is being committed or is likely to have been committed
- Suspected fraud, including falsification of documents, assessment grades, signatures, etc.
- Disregard for legislation, particularly in relation to health and safety at work
- Failure to disclose conflicts of interest; showing undue favour
- Information on any of the above has been, is being, or is likely to be, concealed
- Medical or psychological problems reducing the ability of other staff or students to deliver safe and efficient patient care
- Harassment, bullying, undermining, or discrimination affecting patients, staff or students

There are worked examples in Appendix 2

It is important to note that you will not suffer any detriment from raising a concern under this policy and the UMS will ensure that you receive support throughout the process.

False or malicious allegations, however, will lead to an immediate referral to the School of Medicine, Dentistry and Nursing Fitness to Practise Officer.

How to Raise a Concern

Report your Concern

- There is an online form that you should complete which can be accessed at <https://www.mvls.gla.ac.uk/RaisingConcerns/Account/Login>. You will need your GUID to log in. This form helps you in the reporting process as it identifies all the information you need to provide. Once you have submitted the form, you will be sent an email confirming the School has received your concern, and a member of staff will contact you within 5 working days. This is the recommended reporting route.
- In person to your Year Director, Educational Supervisor or another senior member of staff. They can raise the concern on your behalf and will make sure that they have all the information they need from you.

If your concern is an urgent one you should make contact with your Year Director as soon as possible. Your Year Secretary can help you do this and will identify an alternative senior member of staff if your Year Director is unavailable.

What happens next?

- 1) When you submit the online concerns form, you will receive an email confirming the complaint has been received. A record of all concerns raised regardless of circumstance and outcome will be maintained by the UMS.
- 2) The concern will be logged as necessary, and reviewed by the Head of the Undergraduate Medical School who will ask one of the Deputy Heads of the UMS to discuss and review the concern and to take a decision on the next steps
- 3) If no further action is being taken the Head of the UMS will meet the student raising the concern within five working days of that decision being taken to explain the outcome.
- 4) In cases where an investigation takes place the Head and Deputy Head of the UMS will invite an appropriate senior colleague to investigate and prepare a report. This colleague could be a member of the UMS Quality Assurance Team or an MBChB Year Director. Normally the investigation will be concluded in ten working days and report is submitted to the Head of the UMS.
- 5) Recommendations for action will be taken forward through the appropriate route (this will vary depending on the nature of the concern). Any clinical issues will be fed back to the Local Education Provider via the responsible Subdean.
- 6) The Head of the UMS will meet with the student raising the concern within five working days of the recommendations for action being made to explain the outcome.

You should note that if your concern is about any of the staff named in the policy or you consider your concern hasn't been managed properly under the guidance you should contact the Head of the School of Medicine, Dentistry and Nursing. Your Year Secretary will provide the contact information.

Appendix 1

There are relevant and related policies you should be aware of –

- Student Complaint Policy - www.gla.ac.uk/services/senateoffice/studentcodes/students/complaints/
- Student Conduct Policy - www.gla.ac.uk/services/senateoffice/studentcodes/students/studentconduct/
- Student Fitness to Practise Policy - www.gla.ac.uk/services/senateoffice/policies/calendar/calendar2016-17/feesandgeneral/studentsupportandconductmatters/reg36/

The policies below are available on the MBChB Moodle site –

- MBChB Student Agreement
- MBChB Student Professionalism Concerns

GMC Guidance

- Medical students: professionalism and fitness to practise: www.gmc-uk.org/education/undergraduate/studentftp.asp
 - Raising and Acting on Concerns about Patient Safety (GMC, 2012). www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp
Also: www.gmc-uk.org/interactiveflowchart/documents/Raising_concerns_flowchart.pdf
 - Good Medical Practice (GMC, 2013). www.gmc-uk.org/guidance/good_medical_practice.asp
 - Promoting Excellence: standards for medical education and training: www.gmcuk.org/Promoting_excellence___GMC_external_resource.pdf_62402163.pdf
 - Tomorrow's Doctors (GMC, 2009). www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp
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Appendix 2

Examples of using the Raising Concerns policy

David is a Year 4 MBChB student in Glasgow. He is on an acute medical rotation in the QEUH. David volunteered for weekend shifts and at the end of a very busy evening shift on Saturday he saw the ST3 drink from a bottle of vodka in her bag in her locker. He watched her and over the next two hours she had four drinks. After that he noticed her hand was shaky when examining a patient.

Outcome

This clinician is demonstrating behaviour which is unprofessional and which is putting herself and her patients at risk. This issue should be raised with a senior member of medical or nursing staff at the time. If there is any question that the doctor has been drinking on duty, she should be removed immediately from the clinical area. An investigation can be put in place later to determine the level of risk and allow for help to be provided.

In this particular case, the erratic behaviour had gone unnoticed by any other staff member. When David raised the concern in the ward the on call Registrar spoke to the doctor concerned and following discussion it became clear that drinking had become a problem after a marital break up. The doctor was sent home and took time off for treatment of her health condition for six months, returning eventually to complete her training without incident.

Beth is a Year 3 MBChB student in Glasgow. She is on her first attachment in Phase 4 and has been really looking forward to it. She is attached to a Surgical Unit at GRI. She was working with the FY1 doctor and noticed that he failed to follow instructions from the consultant. This culminated in the FY1 doctor claiming to have requested investigations when he hadn't and subsequently falsifying results in the patients notes.

Outcome

The difference between reported and actual activity should be raised with a senior member of the medical team. It is their responsibility to investigate this and ensure that patient care is not at risk presently or in the future.

Other colleagues had already noticed that there had been some failures in the past to honestly report what action had been taken, but that this had never had a material effect on patient care. In the other cases, the doctor had felt he was being asked to do things that were unnecessary.

The doctor took some further supervised training and has since been allowed to progress to FY2. There have been no similar concerns raised since then.

Sanjay is in Year 1 of the MBChB programme at Glasgow. As a practising Muslim, Sanjay didn't often go to the pub with his friends but he made an exception after the Semester 1 exams. In the pub a group of students who had been in his PBL group were making fun of a disabled anatomy demonstrator with specific reference to her disability. He felt very uncomfortable but didn't say anything. Later that evening when he was at home he saw on his Facebook page that the same students were repeating their comments on Facebook.

Options

Colleagues should be treated with respect and professionalism both within and outwith the working environment. The setting of this unprofessional behaviour being extended to social media is serious. Sanjay should report this to the Head of Year to ensure that the offending material is removed, and those responsible for it should reflect on the nature of this behaviour and its effect on others.

The Year Director had been able to view the material on social media and asked to meet with the students who had posted or commented upon this material. Three had been placed on the Professional Concerns register and had been asked to complete a reflective essay. A fourth student had refused to take part in these discussions and subsequently withdrew from the MBChB.

Hema is a Year 5 MBChB student in Glasgow. Her best friend was recently admitted to the area she was placed in. Hema found her very upset and on questioning she told Hema that the male ST6 doctor on the clinical team had touched her in a way that made her feel uncomfortable, and had made inappropriate comments. This doctor was due to do Hema's end of block assessment the following day. Hema is a good student who normally gets As/Bs. While being keen to fulfil her responsibilities and to raise a concern, Hema is worried that she might be victimised by the doctor if she does so. She would therefore prefer to raise her concerns anonymously.

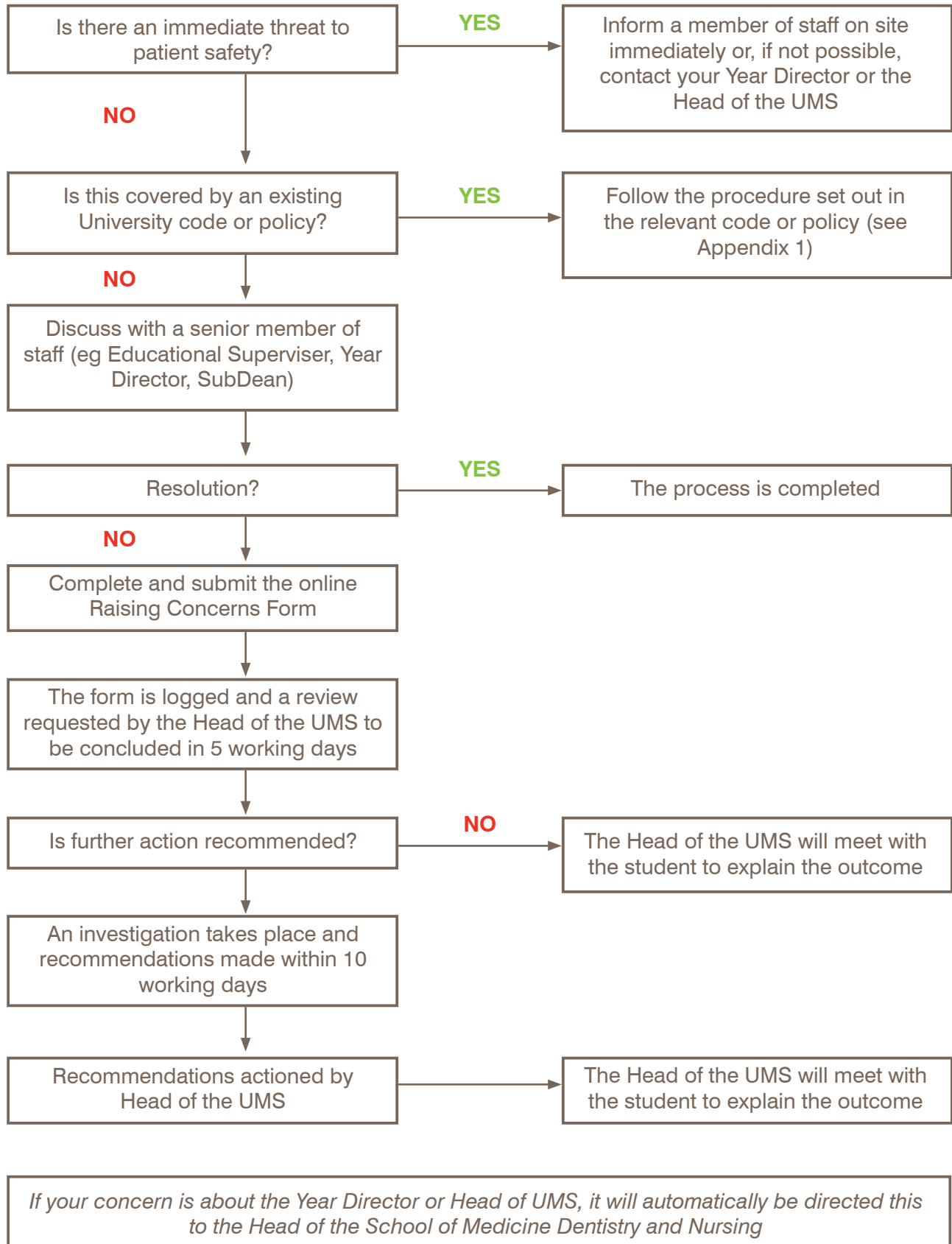
Options

Hema's friend should be encouraged to make these issues known to one of the medical or nursing staff. If she is reluctant to do so, it is Hema's responsibility to raise the issues. If she feels that she would be vulnerable to repercussions as a result of reporting this, she should make either her Educational Supervisor, the Sub Dean, or her Year Head aware of the nature of her concerns. Investigation and remediation of such upsetting events is the only way to ensure patient safety.

In this case, other staff had already expressed concerns about the doctor's behaviour during some of his earlier rotations. Subsequent investigation by senior medical staff led to suspension of the doctor from his duties and he was reported to the GMC who suspended his registration. He was intending to reapply for registration after counselling and treatment for an addiction to prescription medication.

Appendix 3

Raising a Concern - Flowchart



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www.glasgow.ac.uk/schools/medicine/mus

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