

Document title	Raising and Escalating Complaints/Concerns within Practice Environments - Policy
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Raising and Escalating Complaints/Concerns within Practice Environments Policy

1. Introduction

1.1 This Policy and the associated procedure describes how to raise and escalate concerns that may arise from practice based learning on placement within programmes at Kent and Medway Medical School (KMMS). Such concerns may relate, but are not limited, to: a complaint where allegations of injustice or discrimination are made by a student; and or a concern relating to perceived clinical malpractice that represents a risk to the public.

1.2 The Policy and the associated procedure has been designed to reflect the ethos of Freedom to Speak Up. It should be read alongside the GMC's guidance on *Raising and acting on concerns about patient safety* and *Whistleblowing* and local, relevant guidance for raising and escalating complaints/concerns in the clinical environment.

1.3 Students and staff at KMMS must act in accordance with the professional code of their respective professional regulatory body. This includes acting to protect vulnerable people and raise concerns if abusive, unsafe and poor standards of care within practice placement are witnessed. Raising genuine concerns represents good practice; failing to report or respond to concerns is unacceptable. This Policy intends to empowers reporters with any genuine concerns without fear of reprisal.

1.4 The Policy also describes how students can complain regarding their own experience on practice placements. The Policy and the associated guidelines do not however relate to malpractice within KMMS as a school, which should be addressed through the procedures set out in the KMMS Student Complaints Policy and associated procedure.

1.5 This Policy applies to a wide context of practice and not only to the practice of individuals. It is also recognised that a complaint can link to an underlying concern about clinical malpractice.

2. Aim

The aim of this Policy and procedure is to:

- 2.1 Ensure that medical students on programmes leading to eligibility to register with the GMC understand their responsibility in raising concerns and are enabled to protect the interest of patients, service users, clients and colleagues.
- 2.2 Ensure that complaints/concerns are quickly reported to appropriate staff in provider organisations in line with local policy and contract management processes to enable action to be taken where necessary with a view to speedy resolution.
- 2.3 Ensure that there is a feedback mechanism for staff and students following escalation of a complaint/concern within the practice environment.
- 2.4 Ensure students feel safe to report their concerns, through the provision of ongoing support.
- 2.5 Ensure confidential records are maintained and concerns reported to regulatory bodies where appropriate.
- 2.6 Share a record of concerns with the appropriate regulatory bodies for monitoring and quality assurance purposes.
- 2.7 Undertake review of concerns raised and their management with students and staff to ensure the Policy is fully embedded in KMMS and the Practice Learning Unit at Canterbury Christ Church University and where appropriate, use anonymised incidents as learning and teaching aids with students, practitioners and new members of academic staff.

3. Definitions: what is considered a ‘concern’ or ‘complaint’?

Complaint – within the context of this document, a complaint is where a student is complaining about how they have personally been treated whilst on a practice learning experience and are seeking resolution for themselves.

Concern – a concern relates to an issue, wrongdoing or risk, which affects the student, patients or others.

Some illustrative examples are given below, in a non- exhaustive list:

- 3.1 A breach of the professional behaviours towards a patient, their family / carers, another member of staff or student by a member of staff within the practice placement.
- 3.2 Discriminatory or oppressive practice, unprofessional attitudes or behaviour towards a patient, their family / carers, another member of staff or student by a member of staff within the practice placement.
- 3.3 Bullying or any form of harassment towards a patient, their family / carers, another member of staff or student by a member of staff within the practice placement.
- 3.4 Non adherence with Health and Safety guidelines that places patients, their family, carers, members of staff or students at risk.
- 3.5 Issues to do with the health of a member of staff within the practice placement or student that may affect their ability to practise safely.

4. Confidentiality

- 4.1 All cases of concerns or complaints will be handled sensitively and with discretion.
- 4.2 Individuals raising a complaint/concern are expected to include their name. Anonymity cannot be guaranteed as concerns raised will need to be fully investigated and escalated as appropriate.
- 4.3 Everything possible will be done to ensure learning and progress are not affected by raising a genuine concern.

5. Raising a complaint/concern

5.1 Managing complaints and concerns should be discussed with students during preparation for placements and they should be informed of KMMS's raising and escalating complaints and concerns process. By discussing this at an early stage, students are better equipped to manage a difficult situation and to address it at the time of occurrence.

Stage 1: Aim for Informal Resolution

5.2 In all cases, students and or staff must demonstrate an honest and reasonable suspicion for the basis of their complaint or concern(s).

5.3 If a student and or staff witnesses or suspects there is cause for complaint/concern, in line with best practice, the first step is to discuss this concern informally with a senior member of staff. This may be a Lead Educational Supervisor/Clinical Supervisor or Practice Assessor/Practice Educator, personal academic tutor, academic link or the Senior Lecturer in Practice Learning (SLPL)/GP Educator. If the complaint/concern relates to one such senior member of staff, the student should discuss this with another from the examples listed.

5.4 Whilst it is preferable that concerns are raised at the time, it is recognised that students are evolving practitioners who may need support to reflect and consider a situation before challenging it, so they may seek out university support before approaching practice staff.

5.5 Faculty members who are approached should help students think about what has happened, identify if there is any additional information that may have influenced the situation and to assist the student to decide if there is a genuine concern that needs to be escalated before an ALERT Form is completed. A reflective template is included in the appendix to help consider context and differing perspectives.

5.6 In the case of immediate risk, students or staff with a concern should not wait to alert University staff. They should:

- Act immediately if risk of immediate harm is witnessed or suspected
- Report concerns to an appropriate person within the practice staff, such as the Clinical Supervisor or the safeguarding lead.
- Thereafter also inform the Practice Learning Unit at CCCU as soon as is feasible.

5.7 The student [and or staff, or with the support of staff] should in all cases complete an ALERT Form. If all parties agree that the complaint/concern is resolved at Stage 1, the incident should still be logged on an ALERT Form, marked as resolved by the senior member of staff. Forms can be accessed via the KMMS [website](#) and should be completed and within three days of initially raising the complaint/concern. If the issue is urgent, the student should also contact the Faculty Director of Practice Learning (FDPL) at CCCU. The FDPL has responsibility to escalate concerns, ensuring safeguarding policies and processes for the organisation in question are not compromised.

5.8 The ALERT Form may form part of an investigation so information should be presented clearly and professionally. The ALERT Form should not be sent to anyone else as it may contain sensitive and confidential information.

Stage 2 and 3- Escalation and Investigation

5.9 If the complaint/concern is not resolved informally, the ALERT Form should be completed via the [website](#) as above and the issue will be escalated to senior members of staff within the Local Education Provider providing the placement, relevant senior academic staff within KMMS and the Practice Learning Unit at Canterbury Christ Church University for purposes of investigation and to monitor standards of practice education

6.0 The FDPL (or nominated other person) sends the ALERT Form to the Senior Manager within the practice placement area and the Trust Lead for (Undergraduate) Medical Education or Practice Placement Facilitator (PPF) or the Lead Educational Supervisor within the Primary Care Network (PCN)

6.1 A copy of the ALERT Form is also sent to the relevant Placement Lead and the Senior Lecturer in Practice Learning (SLPL) or GP Educator for that area.

6.2 An initial response email is required from the Local Education Provider organisation within 5 working days.

6.3 The Local Education Provider investigates following their policies and procedures. Complaints/concerns will be addressed and actions agreed wherever possible in partnership between the University and the Local Education Provider, and if required, escalated to a relevant health or social care regulatory organisation/police/safeguarding team.

6.4 As part of the investigation, there may be a request for a representative from the Local Education Provider to interview the student. Any such request should be directed to the FDPL at CCCU who will disseminate to relevant staff for action. Students are strongly advised to have support from the University at such an interview and prior to completing any reports/statements.

6.5 A full response to the complaint/concern is through the completion of Section 3 of the ALERT Form and sending this to placementsquality@canterbury.ac.uk within 15 working days, or as soon as reasonably possible in the given circumstances. In the absence of a full response, an update is required by the FDPL during this time frame.

6.6 During the investigative stage, it is anticipated that the student is informed on the progress of the investigation.

6.7 Depending on the nature of the complaint/concern, support will be given to enable the student to remain on placement as far as is reasonably practicable. This may involve a meeting (between the student, Personal Academic Tutor, PCN Lead Educational Supervisor or the

Trust Lead for (Undergraduate) Medical Education and the SLPL) to jointly agree an action plan to address the situation. Any decision to remove the student from the placement should involve the FDPL and the Programme Director.

6.8 Further actions will depend on the nature of the complaint/concern and may include: removal of other student/s from the placement; communication with other Higher Education Institutes (HEIs); and suspension of placements in that team until investigation resolved and re-audit.

6.9 In the event of immediate removal of students, the FDPL will work with the KMMS Quality Manager and the appropriate Module Lead to inform the Trust Lead for (Undergraduate) Medical Education, or equivalent at the Local Education Provider.

Stage 4 – Outcome of Investigation

7.0 The outcome of the investigation, Section 4 of the ALERT Form, is recorded by the Faculty Director of Practice Learning or nominated other and forwarded to relevant senior academic staff within KMMS and the Faculty of Medicine, Health and Social Care (CCCU) as appropriate. The FDPL ensures feedback is given to the student and relevant others who raised the original complaint/concern. For the student, it may be agreed that it is appropriate for this information to be given by the member of staff who most supported the student through the process. The Local Education Provider may suggest meeting with the student to talk through their findings and decision-making.

7.1 The outcome to a concern/complaint raised will depend on the nature and severity of the risks involved, but may include:

- Referral to local Safeguarding Team/Police
- Withdrawal of the area as an active placement
- Informing the regulatory body
- Supportive action to maintain students in placement
- On-going communication and discussion with the Local Education Provider
- Practice staff training and development, or change in staffing
- No further action

Throughout the process, information will be handled sensitively and only shared as required.

Stage 5 – External Reporting and Reviewing the Process

7.2 There is regular monitoring of all complaints and concerns raised through Alert Reports and reflection on the process within KMMS and with our partner organisations. The KMMS Placement Committee reviews the arising themes and monitors the levels of reporting and the quality of process.

7.3 There may be outcomes that need follow up through professional statutory and regulatory bodies according to professional requirements. Issues raised will be shared with appropriate regulatory bodies for monitoring and quality assurance purposes. This could be through quarterly or annual monitoring and quality assurance reporting (or exceptional reporting when appropriate).