

# Patient safety concerns management in 2013

## Briefing note 4

We have made improvements to the way we manage patient safety concerns raised in the national training survey.

Trainees have raised patient safety concerns in every national training survey since its inception in 2005. However, until 2012, these were included in general free text comments fields and we needed to review and manually categorise every comment raised after the survey closed. This meant we were unable to react swiftly to concerns that described immediate risk.

To eliminate the manual categorisation and the associated delays, and to allow us to review concerns as soon as they are raised, in 2012 we introduced a direct question asking if trainees had any concerns about patient safety.

Because of the unexpected volume of concerns raised in 2012, (some 2400, a twenty fold increase on 2011) we all found it challenging to handle the volume of concerns efficiently.

It is imperative that we learn from last year so we have listened to your feedback and revised the process for 2013.

This briefing note explains the improvements we have made and you can see a process map for each of the new processes in annexes A and B.

### Changes to patient safety questions

The first thing we have changed is the questions to ensure we gather information that is more effective.

We found that around 70% of concerns raised in 2012 had already been raised locally. This is reassuring, but in some cases led to duplicated effort from deaneries and local education providers (LEPs) investigating concerns that were already in hand. This year we are asking trainees if the concern has been raised and who it has been raised with.

In summary, the other improvements to the questions are:

- trainees' concerns will be split by those that have been resolved and those that continue. If their concern continues, they will be able to provide details in a free text box
- if the trainee works across more than one site, we ask them to specify which site their concern is associated with
- we ask them more specifically to whom, if at all, their concern has been raised elsewhere, allowing for the possibility that someone other than them has raised it
- we ask them to tell us when they first became concerned; this will allow us to contextualise the risk in time.

The questions are:

Question ID	Question	Answer
CLSGQ60	In this post, have you had any concerns about patient safety?	1~No   2~Yes, but they have been addressed   3~Yes, I continue to be concerned
CLSGQ62	Please provide a brief description of your concern about patient safety	Free text comments
CLSGQ63	If you work across multiple sites please tell us the trust and/or site where the concern applies.	Free text comments
CLSGQ64	If this patient safety concern has been reported, who was it reported to? (tick all that apply)	1~It hasn't been reported (as far as I'm aware)   2~My employer   3~My deanery   4~General Medical Council   5~Another body
CLSGQ65	When did you first become concerned about patient safety in your post?	1~Within the last month   2~Over a month ago but less than 3 months ago   3~Over three months ago

## The new process

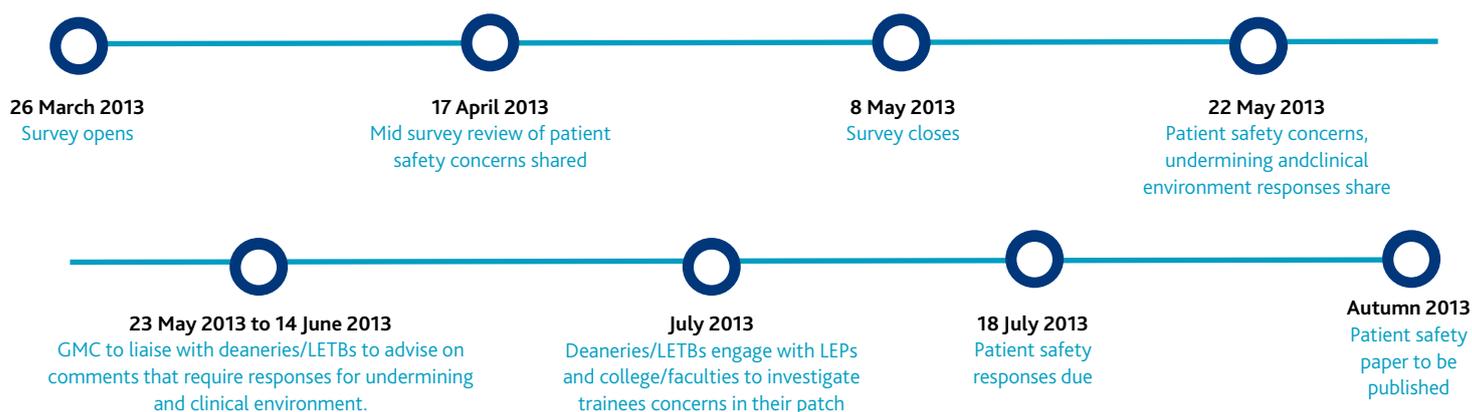
This year, instead of sharing a package of concerns with deaneries or local education training boards (LETBs) every week, we will manage patient safety concerns raised in the survey as follows.

**1** If there are any immediate concerns raised during the survey, we will share these with the relevant deanery/LETB within two working days (Friday concerns and bank holiday concerns will be with the deanery/LETB the first working day after the weekend or bank holiday).

- 2** We will undertake a review midway through the survey and provide deaneries/LETBs with an update of the volume of concerns being raised and the percentage of immediate concerns identified
- 3** After the survey closes we will package up the concerns for each deanery/LETB area and other questions responses for undermining and clinical environment and send them in one bundle with a single deadline for response.

During the survey we will share overall patient safety statistics with royal colleges and faculties about the volumes of concerns by speciality by deanery.

## Patient safety concerns management timeline



## Immediate concerns

The majority of concerns raised in the survey will not require an immediate urgent response. However, there are a small number of circumstances in which the concern raised describes an immediate high-risk situation that we would expect deaneries/LETBs to investigate urgently.

During the survey we will review patient safety concerns daily to identify immediate concerns. If any arise, we will share them with the relevant deaneries/LETBs straight away.

## What is an immediate concern?

We have worked with a broad range of stakeholders to establish criteria to identify immediate concerns.

An immediate concern signifies a clear, immediate and continuing danger or hazard to patient safety from the trainee's point of view.

In principle these concerns are limited to situations where a trainee has personal knowledge or is involved, the situation is continuing and the concern is of sufficient specificity to enable fast identification and investigation.

The characteristics of an immediate concern that we will share with deaneries/LETBs on a daily basis are one that:

- describes actual harm, near misses or continuing inadequate supervision, and
- is a first person account, not hearsay, and
- specifies a location i.e. a ward or department in an identifiable hospital or other setting, and
- provides a clear description of the problem giving rise to the risk.

### Example of an immediate concern

I (F2) am the only doctor in the emergency department after hours and I have called the consultant on call and they have refused to come in and the medical registrar is so busy they can't assist.

### Deadline for responding to immediate concerns

We expect deaneries/LETBs to take, review and share comments with local education providers within two working days of receipt, then respond to concerns within two weeks of receiving the concern. Deaneries/LETBs should include in their response whether they already knew about the concern, what they are doing to address the concern, and any other relevant information.

## Patient safety concerns package

After the survey closes, we will send a concerns package in a consolidated spreadsheet to each deanery/LETB with their respective patient safety concerns (including the immediate concerns and any responses they have given so far).

### Undermining and clinical environment comments

We will also share with deaneries/LETBs the anonymised free text responses to questions on undermining and clinical environment. These comments may provide additional context to patient safety concerns in the package. We do not expect deaneries/LETBs to respond to these comments line by line but rather to look at the responses across the different categories against their other quality information. We will work with them to identify the areas where a response is required.

### Deadline for response

The deadline for deaneries/LETBs' responses to non-immediate concerns will be eight weeks after we send the package. Deaneries/LETBs should include in their response whether they already knew about the concern, what they are doing to address the concern, and any other relevant information.

We encourage deaneries/LETBs to work with royal colleges and faculties when investigating patient safety concerns as they may be able to provide further intelligence that will help illuminate the issue and/or improve the effectiveness of local action.

## Patient safety paper

In autumn 2013, we will publish a narrative report covering areas of concerns, specialties, training levels and location.

## Contact

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