

**RAISING CONCERNS IN PRACTICE:
STUDENT GUIDANCE**

**A NATIONAL APPROACH FOR STUDENTS, PRACTICE
LEARNING EXPERIENCE PROVIDERS AND HIGHER
EDUCATION INSTITUTIONS IN SCOTLAND**

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Part 1

Introduction

This document is divided into three parts. Part 1 outlines the purpose, aim and scope, background to the development of, and responsibilities of each party in the 4-stage process when students report concerns about poor care witnessed whilst on practice learning experiences. Part 2 contains the guidance document outlining the 4-stage process for students and Part 3 contains a handy pocket guide for students.

Purpose

A systematic literature review commissioned by the Council of Deans of Health of the evidence relating to nursing, midwifery and allied health profession students raising concerns about poor clinical practice or care revealed a lack of guidance for students on how to escalate a concern (Milligan et al 2016). In 2017 the National Strategic Group for Practice Learning established a short-life working group (SLWG) to explore a national approach to raising concerns in practice. SLWG membership was made up of representatives from Higher Education Institutions, Practice and NHS Education for Scotland.

Aim and scope

The aim of this guidance is to describe the process for dealing with instances of poor care witnessed by nursing or midwifery students while on practice. Poor care in this context refers to situations in which care is perceived to be inadequate, below an acceptable standard, abusive or neglectful.

This guidance is based on the premise that poor care is never acceptable.

This guidance is designed for use in all audited practice learning environments across Scotland. Drawing on the revised Nursing and Midwifery Council (NMC) Code (NMC 2018a), Standards for student supervision and assessment (NMC 2018b), Raising concerns: Guidance for nurses, midwives and nursing associates (NMC 2019), and following a review of the international literature (Ion et al, 2017), it updates and replaces any previous local guidance available to students from universities in raising care concerns.

This guidance outlines the responsibilities of the universities, students and practice learning experience providers. In addition, it describes the process for dealing with concerns and identifies recommended timelines.

It is not concerned with the equally important, but fundamentally different, issues which can arise when those who supervise or assess practice learning (practice supervisors and practice assessors) have concerns about the performance of students on practice or when students believe that some aspect of their practice learning experience is adversely affected by relationships with practice supervisors and/or practice assessors or other members of the team. Matters of this type, while serious, can be dealt with more effectively through locally agreed practice learning support protocols and procedures, and the guidance available in the Scottish Practice Assessment Document.

Background

Students undertake placements in a wide range of practice-based learning environments within the NHS, social care, voluntary and independent sectors during their pre-registration programmes. This national guidance recognises that in the vast majority of cases, care provided across the country is of an excellent or good standard. While this is what we hear from our students, we also note that there are occasions when standards are not acceptable.

This appears to reflect the national picture across the rest of the United Kingdom where the significant increase in interest, and focus, on raising concerns has occurred as a result of several high-profile failures, for example, the Mid- Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013), the Vale of Leven Hospital Inquiry (MacLean, 2014) and the Morecambe Bay report (Kirkup, 2015). Nonetheless, it would be naive to think that problems do not occur, or that when they do, their resolution is an easy matter. In fact, research indicates that when students encounter poor practice some will report it while others will not do so, for reasons which might include: fear of being ostracised by colleagues; belief that reporting will make no difference; or concern about the potential impact of reporting on future job prospects; or current practice learning experience grade (Bellafontaine, 2009; Ion et al, 2016; Ion et al, 2017).

Responsibilities of each party

The responsibilities of each party, namely the University, Practice Learning Experience Provider and Student are set out below and a glossary of the terms referred to within this guidance is detailed in Appendix 1.

All Parties

- All Parties (University, Practice Learning Experience Provider and Student) accept that the safety of patients is paramount and must be prioritised above all other concerns.
- All Parties agree to act in accordance with the guidance provided by the NMC (2019) on raising concerns about poor care.
- All Parties agree to act in accordance with local safeguarding policies

The University and the Practice Learning Experience Provider

The potential adverse effects of reporting poor practice for students are well documented (see Milligan et al 2016).

- Both the university and practice learning experience provider acknowledge these and are committed to: ensuring that students receive appropriate support; that they are kept informed of developments in a timely manner; and that they receive confirmation that their concerns are acknowledged and have been addressed.
- Both parties also acknowledge that, in some circumstances, those who report may be unable to return to the area about which the concern was raised. In cases of this type an alternative practice learning experience will be found as quickly as possible. Decisions about whether a student can return to a practice learning environment where they have raised a concern will be made in partnership between all Parties (University, Practice Learning Experience Provider and Student).

The University

- The university will undertake to provide educational sessions on raising concerns about poor practice to all students before they begin a practice learning experience. These sessions would normally be undertaken in partnership with practice learning experience providers.
- The university will identify at least one academic member of staff for students, to whom they can report any concerns about practice.

The Practice Learning Experience Provider

- Each Practice Learning Experience Provider will identify a Practice Education Lead (PEL). The PEL should be of sufficient seniority to act as the accountable officer in the practice learning experience provider organisation in relation to the management, investigation and reporting back about concerns regarding poor care. While the PEL will be the accountable officer, it is likely that they will delegate duties as required to other members of their teams.
- The PEL will ensure that any concerns raised are investigated in accordance with established Policies while also providing regular feedback to the university Practice Learning Lead (PLL). The PEL will communicate the status or conclusion of the investigation to the university PLL.
- Where deemed appropriate by the Practice Learning Experience Provider, other educational providers who use the area where the concern has been raised will also be informed.

The Student

Students have a professional responsibility to:

- Report and raise concerns about poor practice immediately to their nominated practice supervisor/assessor/senior nurse (if able) or academic lecturer (NMC 2018a; NMC 2018b).
- Keep a clear, written record of their concern and any steps they took to deal with the matter including to whom they raised the concern and on what date, remembering to protect the identity of people in their care.

Where patients are put at risk through the non-reporting of poor care, there may be consequences for the student such as a referral to a university Fitness for Practice panel.

The 4 stage process for reporting concerns

Stage 1: Reporting the concern

While accepting that there are often reasons why students may find it difficult to report concerns about care to the staff with whom they are working, it is important to recognise that failure to do so may result in unnecessary harm to patients. As such it is vital that concerns are reported as quickly as possible after they arise, but no later than 48 hours after the incident, to the relevant member of the team. This will usually be the student's nominated practice supervisor/practice assessor, but in cases where this is not possible it may be the senior member of staff on duty or their academic lecturer. The person to whom the incident is reported to must escalate this to a senior member of staff within 4 days. If reported to the academic lecturer, it is escalated to the university PLL; if reported to the nominated practice supervisor/practice assessor, it is escalated to the SCN/Team

Leader or PEF/CHEF. The university PLL and PEL for the Practice Learning Experience Provider will then communicate regarding the incident.

In cases where students are unsure about whether their concern constitutes poor care, they should seek advice from an appropriately qualified member of staff in the practice learning environment or university.

Stage 2: Investigating the concern

The PEL will determine what action to take following the initial reporting of the concern in line with local policies and will communicate this to the university PLL. This should include a view on whether the practice learning environment in question remains appropriate for students and whether it is reasonable for the reporting student to remain there.

The university PLL will liaise with the academic lecturer acknowledging that a concern is being investigated following the initial reporting of the event. The academic lecturer will:

- Keep the student informed
- Support the student to write a statement, using the statement template (Appendix 2)
- Ensure the statement is submitted to university PLL within 2 weeks

Requests by the PEL to meet with the student or other students must be made through the PLL or academic lecturer.

Stage 3: Keeping relevant stakeholders informed.

It is the responsibility of the PEL to make sure that students and academic staff are kept informed of progress in the investigation.

A provisional timescale for providing updates on the status or conclusion of any investigation should therefore be provided by the PEL within two weeks of the report of any concern. Where revisions to this timescale are required, the PEL should provide these within a reasonable time-period but no less than four weeks following the investigation.

Stage 4 Reporting back on the status or conclusion of the concern raised.

It is the responsibility of the PEL to report back to the university PLL on the status or conclusion of the investigation with regards to the concern raised. The university PLL will be the conduit for cascading this information to the student who raised the concern and any relevant academic lecturers.

References

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FRANCIS QC, R., 2013. *The Mid Staffordshire NHS Foundation Trust Public Inquiry Report* [online]. London: The Stationary Office [viewed 25/4/18]. Available from: www.midstaffspublicinquiry.com

ION, R., SMITH, K., MOIR, J. & NIMMO, S., 2016. Accounting for actions and omissions: a discourse analysis of student nurse accounts of responding to instances of poor care. *Journal of Advanced Nursing* [online]. **72**(5), pp. 1054–1064. [viewed 25/4/18]. Available from: <https://doi-org.gcu.idm.oclc.org/10.1111/jan.12893>

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NURSING & MIDWIFERY COUNCIL, 2019. *Raising Concerns: Guidance for nurses, midwives and nursing associates*. London: NMC.

Part 2

RAISING CONCERNS IN PRACTICE

STUDENT GUIDANCE

Introduction

This guidance is for all pre-registration nursing and midwifery students in Scotland, no matter where you work. As a student nurse or midwife, you have a professional duty to report any concerns from your practice learning environment which put the safety of people in your care, or the public, at risk. You must act without delay if you believe that there is a risk to patient safety or public protection by raising any concerns you may have. Speaking up on behalf of people in your care is an everyday part of your role so raising genuine concerns represents good practice; doing nothing and not reporting concerns is unacceptable.

Your professional responsibility in raising a concern

As a student nurse or midwife, you are required to adhere to the NMC Code: Professional Standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2018a).

“You must make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional ‘duty of candour’ and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate”

(NMC, 2018a; p.11).

The NMC Raising Concerns: Guidance for nurses, midwives and nursing associates (NMC, 2019) clearly states that the guidance and principles apply to nursing and midwifery students, and nursing associates and in upholding these principles, students should:

“8.1 Inform your mentor¹, tutor or lecturer² immediately if you believe that you, a colleague or anyone else may be putting someone at risk of harm

8.2 Seek help immediately from an appropriately qualified professional if someone for whom you are providing care has suffered harm for any reason

8.3 Seek help from your mentor¹, tutor or lecturer² if people indicate that they are unhappy about their care or treatment”

(NMC, 2019 p.6)

¹ from September 2020, this relates to the new roles of practice supervisor and practice assessor (NMC, 2018b)

² the academic lecturer from university who is responsible for your practice learning support

What is a concern?

According to the NMC Raising Concerns (NMC, 2019, pp 5- 6) guidance, this includes, but is not limited to:

- Danger or risk to health and safety, such as where health and safety rules or guidelines have been broken
- Issues to do with staff conduct, such as unprofessional attitudes or behaviour, including concerns related to equality and diversity
- Issues to do with delivering care involving nurses, midwives, nursing associates or other staff members
- Issues to do with care in general, such as concerns over resources, products, people, staffing or the organisation as a whole
- Issues to do with the health of a colleague, which may affect their ability to practise safely
- Misuse or unavailability of clinical equipment, including lack of adequate training
- Financial malpractice, including criminal acts and fraud

When should I raise a concern?

As a student nurse or midwife, if you witness or suspect there is a risk to the safety of people in your care and you consider that there is an immediate risk of harm, you should report your concerns immediately to the appropriate person or authority. As a student nurse or midwife, the appropriate person you should report a cause for concern to is your nominated practice supervisor/assessor/senior member of staff or academic lecturer. While you are encouraged to report a concern immediately, it is vital that this is done no later than 48 hours after the incident.

You should keep a clear written record of your concern ensuring patient confidentiality; identifying times, dates, witnesses to the concern and any other relevant details.

What support is there for me to raise a concern?

The university is committed to supporting you in raising a concern and wants to reassure you that we will support you at every stage in the process. Your academic lecturer will support you however; you may also wish to get advice from a representative of your professional body, trade union or the independent whistleblowing advice line 'PROTECT' (formerly Public Concern at Work).

How do I raise a concern? (Please refer to the flowchart in **appendix 3** which outlines key stages)

Stage 1: Reporting your concern to your nominated practice supervisor/assessor/senior member of staff or academic lecturer

If you have a concern about the safety or wellbeing of people in your care in the practice learning environment that you are placed, or if there is an immediate risk of harm, report your findings immediately to your nominated practice supervisor/assessor/senior member of staff (if able) or your academic lecturer but no later than 48 hours after the incident. The person (practice supervisor/assessor/ senior member of staff or your academic lecturer) with whom you raised the concern must escalate your concern within four days to their relevant senior member of staff so that the university PLL and PEL become aware of your concern and can commence investigation.

Stage 2: Gathering information and Initial investigation

Your academic lecturer will ascertain, through discussion with the university PLL and PEL whether what you are reporting is a care concern. If it is found to be a care concern, you will be asked for a written statement which should be submitted within 2 weeks of the incident so that your concern(s) can be fully investigated; your academic lecturer will support you with this. This should be a clear, written record of your concern and any steps you took to deal with the matter including who you raised the concern with and on what date, remembering to protect the identity of people in your care. A statement template in which you can record your concerns is available in appendix 2. This statement will then be shared with the PEL and PLL so the investigation can progress.

Stage 3: Investigating the concern

Your concern will be investigated as per local Policy within 4 weeks of the concern being raised and the statement you have submitted will be shared with senior staff in the practice learning environment. You may be asked to attend for an investigatory meeting to go over the contents of your statement. Your academic lecturer will provide support for you at this meeting. The circumstances surrounding the care concern will be investigated and appropriate action taken. The university PLL will be notified of the status or conclusion of the investigation and will be the conduit for cascading this information to you and your academic lecturer.

Stage 4: Taking your concern to a higher level

If you have raised a concern with your nominated practice supervisor/assessor/senior member of staff or with your academic lecturer within the university and feel that it has not been dealt with

properly, you should raise your concerns with someone more senior within the university. Within this university the designated person is: *[Insert name of designated person and contact number]*

What happens after I raise a concern?

If you raise a concern in good faith, but it is not confirmed by the investigation, no action will be taken against you. If, however, you make an allegation frivolously, maliciously or for personal gain, this will be considered a breach of professional conduct and dealt with via your university Fitness to Practice Policy and Procedures.

After you raise a concern, your academic lecturer may discuss with you whether it is appropriate to continue in your practice learning experience (PLE). If it is deemed inappropriate for you to continue in your PLE, you may be asked to attend another PLE for the remainder of your time. You can expect some feedback from the investigation into your concern however, for reasons of confidentiality of proceedings; you may not be party to the full details.

As a developing professional, reflecting on your practice is highly valuable and following the reporting of a care concern participating in debriefing is recommended. This may take the form of reflecting on your experience of raising a concern with your nominated practice supervisor/assessor or academic lecturer, or as a self-reflection. Remember if writing about your experience in your reflective journal or e-portfolio, anonymity must be preserved.

References

NURSING & MIDWIFERY COUNCIL, 2018a. *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

NURSING & MIDWIFERY COUNCIL, 2018b. *Realising Professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment*. London: NMC.

NURSING & MIDWIFERY COUNCIL, 2019. *Raising Concerns: Guidance for nurses, midwives and nursing associates*. London: NMC.

Further reading

NURSING & MIDWIFERY COUNCIL, 2017. *Whistleblowing to the NMC* [online]. Nursing and Midwifery Council. [viewed 11/11/19]. Available from: <https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/whistleblowing/> .

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**Part 3: National Guidance for Raising Concerns –
Student Leaflet**

NMC Nursing &
Midwifery
Council

Raising concerns

Guidance for nurses,
midwives and
nursing associates



What is my role in raising concerns?

As a student nurse or midwife you must raise any concerns immediately whenever you come across situations that put patients or the public at risk (NMC, 2018a)

- Never dismiss your information as being unimportant or trivial; it is very important and may be the crucial part of the full picture
- Never assume that 'it's a one-off, that someone else will report it or it's not your business'
- Always clarify the facts of a situation and inform your nominated practice supervisor/assessor/ senior member of staff or academic lecturer

What is a 'concern'?

According to the NMC Raising Concerns (NMC, 2019, pp 5- 6) guidance, this includes, but is not limited to:

- Danger or risk to health and safety, such as where health and safety rules or guidelines have been broken
- Issues to do with staff conduct, such as unprofessional attitudes or behaviour, including concerns related to equality and diversity
- Issues to do with delivering care involving nurses, midwives, nursing associates or other staff members

- Issues to do with care in general, such as concerns over resources, products, people, staffing or the organisation as a whole
- Issues to do with the health of a colleague, which may affect their ability to practise safely
- Misuse or unavailability of clinical equipment, including lack of adequate training
- Financial malpractice, including criminal acts and fraud

How do I raise a concern?

Stage 1: Reporting your concern to your nominated practice supervisor/assessor/senior member of staff or academic lecturer.

If you have a concern about the safety or wellbeing of people in your care in the practice learning environment that you are placed, or if there is an immediate risk of harm, report your findings immediately to your nominated practice supervisor/assessor/senior member of staff (if able) or your academic lecturer but no later than 48 hours after the incident.

Stage 2: Gathering information and Initial investigation

Your academic lecturer will ascertain, through discussion with the university PLL and PEL whether what you are reporting is a care concern. If it is found to be a care concern,

you will be asked for a written statement which should be submitted within 2 weeks of the incident so that your concern(s) can be fully investigated; your academic lecturer will support you with this.

Stage 3: Investigating the concern

Your concern will be investigated as per local Policy within 4 weeks of the concern being raised and the statement you have submitted will be shared with senior staff in the practice learning environment.

What happens next?

Your nominated practice supervisor/assessor or academic lecturer will refer to the national raising concerns guidance, local PLE provider policies and local safeguarding policies to determine what happens next. If an investigation is required, you may be invited to an investigatory hearing; your academic lecturer will support you in this. The university practice learning lead will be notified of the status or conclusion of the investigation and will be the conduit for cascading this information to you.

References

NURSING & MIDWIFERY COUNCIL, 2018a. *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

NURSING & MIDWIFERY COUNCIL, 2019. *Raising Concerns: Guidance for nurses, midwives and nursing associates*. London: NMC.

Appendix 1 Glossary

Academic Assessor	A member of staff from the university who is a registered nurse with appropriate equivalent experience for the student's field of practice
Academic lecturer	A member of staff within the university who provides practice learning support to the student.
Care Home Education Facilitator (CHEF)	A member of staff who supports practice supervisors, practice assessors and newly qualified practitioners in their role as supervisors and assessors of nursing or midwifery practice
Other educational providers	For example, further educational institutions who provide pre-registration nursing or midwifery programmes
Practice Assessor	This is a registered nurse with appropriate equivalent experience for the student's field of practice who confirms student proficiency
Practice Education Lead	The named person within an organisation who is responsible for practice education
Practice Learning Experience	A period of practical learning in an approved placement
Practice Learning Experience Provider	An organisation that provides practice learning experiences for student nurses and midwives
Practice Learning Environment	The ward/ department/ organisation where the practice learning experience takes place
Practice Learning Environment Manager	The manager of the ward/ department/ organisation where the practice learning experience takes place
Practice Education Facilitator (PEF)	A member of staff who supports practice supervisors, practice assessors and newly qualified practitioners in their role as supervisors and assessors of nursing or midwifery practice
Practice Supervisor	The person who provides practice supervision for students. This may be NMC registered nurses, midwives, and other health and social care professionals
Student	This may be a nursing or midwifery student registered on an approved university pre-registration nursing or midwifery programme
University	The approved higher educational institution, referred to as Approved Educational Institutions (AEIs) by the NMC, which provides pre-registration education programmes for nursing and midwifery students
University Practice Learning Lead	A member of academic staff employed by the university as the lead for practice learning within pre-registration nursing and midwifery programmes

Appendix 2

Statement template: to be completed with academic support

What is your concern and where did this take place? (Name the practice learning environment)	Please explain what you saw and/or heard including dates, times and any witnesses (names). Please provide as many factual details as you can	Who did you report your concern to? Include their designation, for example, <i>A. Lecturer, XX university</i>	On what date did you report your concern?

Student signature _____ Date _____

Appendix 3 Flowchart of key stages in reporting a care concern

