**Raising Dignity Concerns: A Guide for First Listeners and Second Messengers**

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## Introduction

Many of you will have experienced a Postgraduate Doctor, Dentist or Public Health Clinician (hereafter referred to as trainees) raising a concern to you in confidence. This may have related to training, experiences at work, or even issues outside of the workplace.

Some concerns will have been simple to resolve, but others will have been challenging. Concerns may provide a professional or ethical dilemma, a concern for the trainee’s wellbeing, the wellbeing of patients or other team members. They may also relate to a close friend or colleague, creating a conflict of interest.

A recent survey conducted with the trainee led [Allyship Network](https://www.nwpgmd.nhs.uk/north-west-trainee-equality-diversity-and-inclusion-allyship-network), has shown many trainees had a poor experience of raising a concern, or have not felt safe to do so. This guidance is primarily aimed at raising concerns relating to dignity.

Staff with protected characteristics are more likely to experience bullying, harassment and unfair treatment. This is evidenced in data from the NHS Staff Survey, the GMC Survey, and the National Education and Training Survey. They will also experience more barriers to raising concerns.

The Allyship Network identified many barriers to raising dignity concerns, including:

* Fear of repercussions.
* Fear of standing out.
* Navigating the normalisation of poor behaviour.
* A lack of clarity around how to raise concerns.

The work of the Allyship Network has led to the development of guidance for trainees on how to raise a concern and this guidance for educators.

It is possible you will have had a concern raised to you, despite not having a formal education role, or an education role that relates to the trainee in question. We have used the concept of the “First Listener” to acknowledge the fact that trainees may choose to talk to a trusted individual in the first instance, and to highlight the importance of having been chosen for this role.

Being trusted in such a situation can be very daunting for some, or all, of these reasons:

* You may be wary of breaching the trust placed in you.
* The stakes may be very high.
* You may have a concern for the trainee’s wellbeing, that of patients or the wider team.
* You may not feel you have the required knowledge, skills or experience to deal with the situation.
* You may be very busy and know addressing the concern will take a lot of your time.
* It is likely that your own work life is busy and stressful, and this concern may place an additional emotional burden.
* It is possible you are already aware of the issues and feel there is more to the situation than has been presented to you.
* You may feel that you are not the person best placed to deal with the issue.

The information in the First Listener section of this guidance is designed to provide the information you need to safely deal with the concern, along with clear steps outlining what the Deanery asks of you.

Many concerns will need to be escalated straight away, particularly if they are serious, but also if you feel you are not the correct person to be managing the concern. In this situation, you will be escalating to a “Second Messenger.”

## Initial Response: First Listener

If a trainee has approached you to discuss a concern, they have paid you the great compliment of trusting you to create psychological safety for them. The importance of psychological safety at this point in the process cannot be overstated. Information on creating psychological safety can be found in [Appendix A](#_Appendix_A:_Psychological).

It is essential to remember two things:

* Your role is not to investigate the concern; there is no need to make any judgement on the situation. Your primary concern is to ensure the trainee feels heard, and the concern is either managed, or escalated when appropriate.
* Hearing the trainee’s concern should be entirely separated from any concerns there

may be about the trainee’s performance or conduct. These should be managed as usual, and with appropriate support. It is possible that any concerns raised about the trainee may be affected by bias or result from the consequences of bias.

**Important:** If you feel you cannot be impartial or create the necessary psychological safety, you can advise the trainee to contact a member of the [Allyship Network](https://www.nwpgmd.nhs.uk/raising-dignity-concerns), who will be able to provide the initial support and escalate themselves if necessary.

### Determining the level of concern

##### High risk concerns

* Sexual misconduct or sexual safety. NHS England has produced a [flowchart for reporting an incident of sexual misconduct](https://hrod-scorm.s3.nhsla.net/OD_Talent_Team/Documents/Sexual_Misconduct_policy_flowchart_simple.pdf) to support with the steps to be taken.
* An allegation of ongoing discriminatory behaviour, or you suspect discrimination may be playing a part in bullying (it is safest to assume this may be the case if the trainee has a protected characteristic).
* Where the trainee has asked that their supervisors and / or Training Programme Director are not informed.
* Where there is a wellbeing concern.
* The concern has patient or wider staff safety implications.
* The trainee has expressed a wish to raise a formal allegation.

Should any of the above conditions be met, this is deemed a high risk concern and should be escalated to a Second Messenger.

Some trusts and specialties have an EDI Lead. Where this option is available, this individual will be the Second Messenger. In the absence of a formal EDI Lead, the school Wellbeing Lead or Wellbeing TPD will perform this function.

You should check the trainee is happy for you to contact the identified Second Messenger. If, for any reason, this is not the case, contact a member of the [Deanery EDI team](https://www.nwpgmd.nhs.uk/raising-dignity-concerns).

The Deanery EDI team can also be useful when a concern relates to alleged discrimination or harassment.

##### Lower risk concerns

While the concern may not fall in the high risk category, this doesn’t mean the concern isn’t serious. If you are uncomfortable or it is not appropriate for you to support the trainee, you can still ask for advice or escalate using one of the routes above.

Alternatively, you can direct the trainee to the [Raising Dignity Concerns guidance](https://www.nwpgmd.nhs.uk/raising-dignity-concerns) or signpost to the Allyship Network.

You are still required to complete the anonymised [report for the Deanery Quality Team](https://www.nwpgmd.nhs.uk/sites/default/files/Quality%20Recording%20Form%20for%20Dignity%20Concerns%20-%20AM%20V1.docx).

Options for managing the concern yourself include:

* Supporting the trainee to act themselves, if they feel able to (an example might be their clinical supervisor consistently mispronouncing their name or asking them to complete an inappropriate task).
* Experienced educators may feel confident having a conversation with the staff member whose behaviour is impacting the trainee, or their line manager. In this case, you should follow the guidance in the Second Messenger section of this document.
* Taking action to address an inequity in the department.

You should have a low threshold for escalating the concern, which may involve asking for advice from the school or trust EDI Lead or school Wellbeing Lead/Wellbeing TPD.

### Recording concerns

A record should be made during the meeting or as soon as possible afterwards and include the following details of the concern:

* Initial recollections as the trainee reports them - dates, times, locations as far as possible. Ask about actions, words, tone, body language.
* The responses of the trainee and other members of the team.
* Whether there were witnesses to specific incidents.
* How the experience(s) made the trainee feel?
* What was their interpretation of the events? Why do they think it happened?
* How the experience affected the trainee’s wellbeing?

### Information Sharing

Your only requirements for information sharing are to escalate appropriately and to complete the anonymised [report for the Deanery Quality Team](https://www.nwpgmd.nhs.uk/sites/default/files/Quality%20Recording%20Form%20for%20Dignity%20Concerns%20-%20AM%20V1.docx). The details of what will be recorded are to be agreed with the trainee prior to submission.

Any further information sharing is to be determined by the Second Messenger.

### Wellbeing support

Wellbeing support should be provided for the trainee. Depending on the nature and seriousness of the concern, there are a range of support options, refer to [Appendix C](#_Appendix_C:_Wellbeing) for more information.

### Formal allegation

Unless the concern is serious enough to require immediate investigation, the senior education and employment teams will try to support informal resolution. Informal resolution is often the best option to ensure learning and can often be achieved much more quickly.

A formal allegation is usually the last resort. It can be a stressful and time-consuming process, for the trainee, the alleged perpetrator(s) and the organisation(s) involved. It also results in a binary outcome, which can be unsatisfactory and distressing for the relevant parties.

If the trainee states they wish to make a formal allegation, it is important to explain the risks to them. You might want to advise them to wait until they have spoken to a relevant member of the Senior Deanery Team or the Lead Employer.

### Requests to be moved

If a trainee comes to you with an allegation of bullying or discrimination and requests a mid-placement move to another supervisor or placement. Even if you are their Training Programme Director, it is important you don’t commit to the request until you have discussed this with a senior member of the education team, such as the Head of School or specialty Associate Dean.

If the trainee feels so stressed or anxious that staying in the current placement seems unbearable, a short period of sickness absence, with a referral to Occupational Health may be the most appropriate course of action.

### Resolution

Resolution is achieved when:

* The trainee is safe and satisfied with the outcome.
* The concern has been successfully addressed to prevent further issues.
* Data has been collected.

### Support for First Listeners

Supporting an individual who is raising a concern can be time-consuming, stressful, and emotionally exhausting. It is important you can access the support you need, without breaking the trainee’s confidence. [Appendix C](#_Appendix_C:_Wellbeing) provides contact information you may find useful to ensure your own wellbeing, as well as that of the trainee.

If you can anonymise the details, you should make sure you have someone you can speak to, and remember, you can seek support with the concern by escalating via one of the routes above. Also, remember, the trainee has paid you a great compliment by sharing their concern with you, and it can ultimately be a very rewarding experience.

## Intervention: Second Messenger

This guidance is for those in defined Second Messenger roles, such as trust or school EDI Leads, school Wellbeing Leads/TPDs. In some instances, you may be an experienced Clinical or Educational Supervisor who has acted as a First Listener.

It is important to read the First Listener guidance before reading this section or taking any action.

First Listeners will have escalated to you for one of two reasons:

* They would like advice on next steps in managing the concern, or they are uncertain whether the concern is high risk.
* They feel the concern is high risk and would like you to manage the situation.

It is likely you will want to speak to the trainee if there is any uncertainty about next steps, or you decide an informal conversation will be the most appropriate approach.

### Escalation

If the concern is deemed to be high risk, you will need to escalate to the Senior Deanery Team. This can be one of the Associate Deans leading on EDI, or the Associate Dean for the trust or school.

If there is thought to be an EDI element to the concern (i.e. the trainee has one or more protected characteristic which may have contributed to the behaviour, either consciously or unconsciously), it is important to involve an individual with EDI expertise.

If you have a wellbeing role for the trainee, you need to ensure they receive appropriate pastoral support and have a low threshold for referral to the [Professional Support and Wellbeing Service](https://www.nwpgmd.nhs.uk/professional-support-and-wellbeing-service).

This approach is summarised in the flowchart in [Appendix D](#_Appendix_D:_Second).

### Informal dignity conversations

This is a concept first described by [Gerald Hickson](https://pubmed.ncbi.nlm.nih.gov/17971689/) et al of Vanderbilt University and popularised in the UK by Dr Chris Turner co-founder of [Civility Saves Lives](https://www.civilitysaveslives.com/). The approach aims to create accountability and develop learning through a peer-to-peer, no-blame approach.

It is designed primarily to deal with a single instance of minor unprofessional behaviour, by describing the behaviour without judgement. The concept can be expanded to include feeding back about a microaggression. The idea is to address minor episodes early, before behaviours become a pattern, or escalate in severity.

A conversation should be held as soon as possible after the incident. The approach to request a conversation will vary but will usually involve an initial contact via email which should not include details of the incident, but stress this will be an informal chat to support the individual resolve an issue that has been raised. Emails should not be sent out of hours, on a Friday afternoon or the weekend.

Conversations will ideally be in person; however, this may be impractical making a virtual conversation more appropriate and potentially leading to the meeting being held earlier. It should be possible to complete a conversation in half an hour, though it may be best to allocate an hour in your diary.

This conversation involves structure, planning, and again, a compassionate, non-judgemental approach. Curiosity is required to support the individual to reflect on the underlying reasons for the behaviour and understand the impact on the trainee.

The creation of psychological safety through active listening (see [Appendix B](#_Appendix_B:_Active)) is essential to allow the individual to hear the feedback and reflect on what has happened. This will allow them to understand even though there may have been a lack of intent (particularly in the case of a microaggression), there has nevertheless been an impact on the trainee.

Before having the conversation, it is important to check in with yourself. If you are stressed, tired, emotional or anxious yourself, it will be difficult to conduct the conversation in a non-judgemental and compassionate way.

For information on the stages to approaching a dignity conversation refer to [Appendix F](#_Appendix_F:_Conducting); where you will also find tips on conducting a successful conversation and what to do if things don’t go to plan.

### Documentation

This type of conversation is an informal step of a staged process. Even if the outcome is positive, if there is any repetition, pattern or escalation, then a different approach will be required. For this reason, some documentation will be required via the processes appropriate to the individual’s employer. This should include the minimum necessary information such as:

* The name of the individual about whom the concern has been raised.
* The date of the conversation.
* A brief description of the nature of the incident.

To enable the Deanery EDI team to have an overview of the informal dignity conversations that have been held, we would ask that in addition to providing documentation to the individuals employer, you complete the [Record of an Informal Dignity Conversation](https://forms.office.com/e/SavDBjWkvL) form, where you can also request a de-brief with a member of the EDI team.

### Information sharing

In situations where the trainee prefers you not to speak to the individual concerned, and escalation is not required, you can discuss other options for them to address the concern.

* Peer Ally
* Sometimes a conversation with a peer who may have had a similar experience can be helpful and may help reassure that action can be taken safely.
* Host trust
* A [Freedom to Speak Up Guardian](https://nationalguardian.org.uk/speaking-up/find-my-ftsu-guardian/) is a useful option in all situations, particularly when there is a possible cultural issue, or more than one professional group involved.
* The Director of Medical Education can be of use when the issue involves supervisors or other senior medical staff.
* Lead Employer (LE)
* The [Lead Employer Helpdesk](https://leademployer.merseywestlancs.nhs.uk/contact-us) can direct you to the appropriate team. Select option one if you are calling to discuss a dignity concern. If the concern is serious enough to warrant immediate investigation such as sexual misconduct or repeated / widespread discrimination or harassment.
* If the trainee feels the issue can’t be remedied by the relevant HR team, the trainee can request a call from the Assistant Director of HR via an [online form](https://leademployer.merseywestlancs.nhs.uk/chat-to-jo).
* Remember: If you have any concerns about the wellbeing or safety of the trainee, or you are uncertain how to proceed, you should escalate to an appropriate member of the Senior Deanery Team.

### Workplace culture issues

If more than one team member is involved, the situation may not be amenable to an informal conversation and an approach supported by the Deanery Quality Team may be more appropriate. In this case, the specialty and school Associate Deans should be notified.

### Support for Second Messengers

Managing concerns can take an emotional toll; as you may already be under stress from your “day job,” it is important to pay attention to your own wellbeing. This might mean escalating if you do not have the capacity to manage the concern yourself. It may also mean having a debrief with your own line manager, an Associate Dean, or an Associate Dean for EDI.

Dignity conversations take practice, like any other skill, and you won’t always feel that you have got things right. Remember, you are doing your best and acting for the right reasons.

It can also be helpful to talk to your peers who are undertaking this role, such as the school Wellbeing Leads.

## Appendix A: Psychological Safety

### What is psychological safety?

Stated simply, psychological safety is the ability to raise concerns without fear of negative consequences. There are [four stages of psychological safety](https://psychsafety.com/the-four-stages-of-psychological-safety/), the most fundamental is inclusion safety. People with protected characteristics are less likely to feel psychologically safe at work. We know inclusion safety is missing in many placements, following the addition of questions focussing on equality, diversity and inclusion to the GMC Survey.

One of the new questions asks about “intentional humiliation in front of others.” Nationally, about 12% of trainees reported this experience in their current placement. In the North West, the overall figure is similar. However, this rises to 20-30% in some specialties.

### Why is psychological safety important?

Psychological safety is an essential quality for the provision of safe patient care, as highlighted in the [Francis Report](https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry); recommendation 160 states:

“Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.”

If people do not feel safe to raise concerns about patient safety, patient care suffers. If people do not feel safe to raise concerns about negative behaviours (which may be less likely to be reported than patient safety concerns) then teamwork, wellbeing and ultimately patient care also suffer.

A report into the results of the NHS Staff Survey undertaken by the National Guardian’s Office, [Listening to the Silence](https://nationalguardian.org.uk/wp-content/uploads/2024/07/2024-NSS-2023-report.pdf), was published in July 2024. This showed confidence to raise concerns about clinical practice was at a five-year low, and confidence to raise other types of concern was even lower. Medical and dental workers both showed a decline in confidence to report.

Kline and Warmington’s 2024 report [Too Hot to Handle? Racism in Healthcare](https://www.brap.org.uk/post/toohottohandle), identified several organisational themes about the treatment of racism concerns:

* Denial
* Reluctance or refusal to acknowledge race as an issue
* Minimising of harm
* Lack of empathy

[Surviving In Scrubs](https://www.survivinginscrubs.co.uk/) is a grassroots survivor-led organisation that collects stories of sexism and sexual violence in the healthcare workforce of the NHS. Their report summarises the findings from the 150 stories submitted. Again, multiple barriers affecting the psychological safety to raise concerns were identified, including survivors being fearful, concerned about the risk to their career, humiliation, and repercussions from the perpetrator and their peers.

What we may not always realise, is that individual and collective conscious or unconscious bias may be significantly contributing to this requirement for support. Experiences of discrimination, unfairness and microaggressions, both inside and outside the workplace, can affect physical and mental health, and prevent an individual from thriving as they should.

Many trainees have experienced adverse consequences due to raising concerns. In contrast, when their First Listener created psychological safety, this was felt positively.

### Experiences of marginalised groups

Trainees from marginalised groups are more likely to experience microaggressions, as shown in the [2024 GMC Survey](https://www.gmc-uk.org/-/media/documents/national-training-survey-summary-report-2024_pdf-107834344.pdf).

The percentage of respondents from different backgrounds, with a UK Primary Medical Qualification experiencing microaggressions is shown below:

|  |  |  |  |
| --- | --- | --- | --- |
| Asian male | 33% | Mixed heritage male | 25% |
| Asian female | 36% | Mixed heritage female | 33% |
| Black male | 35% | White male | 23% |
| Black female | 37% | White female | 27% |

These experiences were also found to be more common for those with other protected characteristics.

Microinvalidations (often unconscious) are an important type of microaggression defined as verbal comments or actions that exclude, negate or nullify the thoughts, feelings or experiential reality of a person. This is commonly referred to as gaslighting and is often experienced as one of the most harmful types of microaggression. It is therefore very important to accept the trainee’s interpretation of events, without judgement.

### How to create psychological safety

It is important to ensure you are in the right place, and you can make time to hear the concern properly. If the trainee comes to you in a public area, or an area where the conversation may be overheard, you should move to a private area, where you can speak in confidence.

You should try to make time to hear the initial concern, there and then, even if you are busy. It is likely the trainee will have had to pluck up the courage to speak to you, and if you are unable to hear them, it may create significant anxiety.

Where it is clear the conversation will take a while, you should consider telling the trainee their concern is important to you, and to ensure you have time to hear the details properly and plan the appropriate course of action, it may be best to defer the meeting until you both have adequate time. This should be as soon as possible, ideally the same or the next day.

##### Engage active listening

When hearing a concern, it is important to listen without judgement and engage an active listening technique (see [Appendix B](#_Appendix_B:_Active)). The trainee may have experienced microinvalidations previously and may be anxious they will not be believed.

##### Provide reassurance

It can be very helpful, and remove a lot of anxiety for the trainee, to explain the account of their experience will be believed. They will be telling you their truth of what happened, what they recall, the feelings they experienced, and their interpretation of events. Reassuring you believe them will not prejudice any ensuing investigation.

##### Treat the trainee with dignity and empathy

The trainee is entitled to be treated with dignity, even if there have been concerns raised about their own performance or conduct. The Dignity Model, described by Donna Hicks is a useful framework to remember the important elements (see [Appendix E](#_Appendix_E:_The)).

##### Take a non-judgemental approach

Episodic memory (memory of events) is not a perfect recording and may be different for both parties. However, this does not mean either is deliberately trying to mislead, the focus should be on the impact of the interaction on the trainee, whatever the intent. The intent behind the behaviour that caused the concern is still important, but the focus should remain on the impact. The intent can be considered in determining the approach to managing the concern.

##### Thank the trainee

You should next thank the trainee for raising the concern with you and explain you will agree next steps with them and signpost them to pastoral support.

##### Confidentiality

You should reassure the trainee your conversation will remain confidential, unless you judge there is an immediate risk of harm to either themselves or others.

Explain you will produce an anonymised report for the Deanery Quality Team, for the purpose of analysing trends within specialties or trusts and the information to be shared will be agreed with them prior to submission, reassure the trainee the report will not be used to attempt to identify them.

* Important: If you feel you cannot be impartial or create a psychologically safe space, you can advise the trainee to contact a member of the [Allyship Network](https://www.nwpgmd.nhs.uk/raising-dignity-concerns), who can provide the initial support and escalate if necessary.

## Appendix B: Active Listening

Active listening involves:

* **Attending:** Providing your undivided attention and concentrating on what the other person is saying rather than your own thoughts or responses.
* **Understanding:** Seeking to understand what the other person is trying to say, as well as understanding what they might not be saying. This may require reflection or clarification when needed. It can be helpful to not speak during a pause, as it provides space for the other person to reflect on what they are trying to communicate.
* **Empathising:** Attending to the feelings that are being expressed, not the feelings you think the other person should be expressing. You can validate and check the accuracy of the feelings by making empathic statements or questions, such as, “Am I right that this experience has been very upsetting for you?”
* **Being non-judgmental:** Even if you think you know a different side to the story, this should not play a part in your response to the concern. At this point, it’s necessary to understand that the trainee is telling you their truth, and you reassure that you believe them. Remember, you are not investigating, and this meeting is not about the performance or conduct of the trainee.

Barriers to active listening:

* External factors such as interruptions, noisy environment.
* Being too busy, stressed or tired yourself.
* Pre-existing beliefs about the trainee, the alleged perpetrator(s), other involved team members, or the situation.
* Biases, these include many biases which may be unconscious, that affect the way you respond to the person or the situation. One of the most common is fundamental attribution bias, where you believe that a negative behaviour is a fundamental character flaw if displayed by a person who is not like you, as opposed to believing it was a “one-off” caused by external factors if displayed by someone who is part of your “in group”.
* Emotions, yours or theirs. If the trainee is getting upset, it may be natural to try and alleviate their distress, but it is important not to close them down or try to minimise what has happened. It’s useful to have tissues available and can be helpful to acknowledge the distress with an empathic statement.

It may be what you are hearing may cause you significant discomfort, even anger or distress. This will particularly be the case if the concern is about your own behaviour but may also be the case if the concern is about someone you like or respect. It’s also possible you may feel angry or upset about what the trainee has experienced.

In either situation, this can be a barrier to active listening. There is useful guidance on how to deal with this situation using a pause in the NHS England NW [L.O.T.U.S. Compassionate Leadership Framework and Toolkit](file:///C:/Users/NM2.NEGJXNHT/OneDrive%20-%20NHS/EDI/Evidence%20and%20resources/11125-ML-NHS-compassionate-toolkit_FINAL-09.07.24.pdf).

The power of the pause is simple.

**First step**: Be aware of your emotional ‘hot buttons’ - situations in which you tend to react instead of responding

**Second step**: Simply stop and take a moment to collect your thoughts. Take a breath. Notice the urge to react and take a few more breaths

**The third** **step**: Choose how you want to respond, ideally with both wisdom and compassion

[Harvard Business Review](https://hbr.org/2024/01/what-is-active-listening) has a useful article on how to approach active listening, including understanding your own default listening style.

## Appendix C: Wellbeing Support

* [Online resources](http://www.nwpgmd.nhs.uk/TSN/DoS), including the [Raising Dignity Concerns guidance](https://www.nwpgmd.nhs.uk/raising-dignity-concerns) which details resources the trainee can access.
* Host trust or practice:
* Clinical or Educational Supervisor.
* Trust education team including the Medical Education Manager, Director of Medical Education, foundation team, GP or dental practice manager.
* Freedom to Speak Up Guardian.
* Guardian of Safe Working.
* Trust EDI Lead.
* School or Deanery:
* Programme Support Manager or member of the school admin team.
* School Wellbeing TPD or Wellbeing Lead.
* Training Programme Director (TPD).
* Head of School (HoS).
* Professional Support and Wellbeing and Service (PSW).
* Deanery EDI team.
* It may be helpful to ask a consultant or GP outside the situation, and who the trainee trusts, to provide dedicated support.
* The Allyship Network is a group of diverse trainees trained to provide first line or additional support, who volunteer their time to speak to individuals who are thinking about raising a concern. See the [Allyship Network page of the website](https://www.nwpgmd.nhs.uk/raising-dignity-concerns) for details.
* Lead Employer:
* Occupational Health.
* HR Business Partner or Associate for the specialty.
* HR advisory team.

**Asking someone if they are considering suicide or are currently suicidal will not incite suicidal intentions. It is well evidenced that it is a protective factor to be asked this question, but a common misconception is that you can cause unwarranted harm.**

* **If you suspect the trainee may be in crisis, take immediate action**

On rare occasions, action may involve supporting the trainee to attend the local emergency department. Otherwise, you can seek urgent support from HR or Occupational Health and encourage the trainee to speak to a trusted individual which may be a friend, partner or close family member. You can also signpost them to the following guidance:

* [Samaritans](https://www.samaritans.org/how-we-can-help/contact-samaritan/) provides 24-hour support to anyone who believes they may be experiencing suicidal thoughts.
* Samaritans helpline: 116 123
* You can also use the online chat facility or email
* [NHS help for suicidal thoughts](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/help-for-suicidal-thoughts/) provides the details of a variety of crisis support services and guidance.
* [Mind](https://www.mind.org.uk/need-urgent-help/using-this-tool/) is a mental health charity which provides emergency advice and crisis support as well as a range of advice and resources for mental health conditions.
* [NHSE Supporting colleagues affected by sexual misconduct](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/supporting-colleagues-affected-by-sexual-misconduct/) provides information for staff who have experienced or witnessed an instance of **sexual misconduct**.
* [Mental health and wellbeing resources](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/) from NHS England, includes how to access talking therapies, and details how to access Practitioner Health.

## Appendix D: Second Messenger Flowchart

A diagram of a serious concern

AI-generated content may be incorrect.

## Appendix E: The Dignity Model

The Dignity Model can be very helpful in thinking about how to work with colleagues to ensure that everyone is valued and accepted for who they are. It was written by Professor Donna Hicks, an expert in international conflict resolution.

Full details can be found in two books:

* Dignity: Its essential role in resolving conflict
* Leading with Dignity: How to create a culture that brings out the best in people

**The Ten Elements of Dignity**

1. **Acceptance of Identity**: Approach people as being neither inferior nor superior to you; give others the freedom to express their authentic selves without fear of being negatively judged; interact without prejudice or bias, accepting that characteristics such as race, religion, gender, class, sexual orientation, age, and disability are at the core of their identities.

2. **Recognition**: Validate others for their talents, hard work, thoughtfulness, and help; be generous with praise; give credit to others for their contributions, ideas, and experiences.

3. **Acknowledgment**: Give people your full attention by listening, hearing, validating, and responding to their concerns and what they have been through.

4. **Inclusion**: Make others feel that they belong, at all levels of relationship (family, community, organization, and nation).

5. **Safety**: Put people at ease at two levels: physically, so they feel free from the possibility of bodily harm, and psychologically, so they feel from concern about being shamed or humiliated and free to speak without fear of retribution.

6. **Fairness**: Treat people justly, with equality, and in an even-handed way according to agreed-on laws and rules.

7. **Independence**: Encourage people to act on their own behalf so that they feel in control of their lives and experience a sense of hope and possibility.

8. **Understanding**: Believe that what others think matters; give them the chance to explain their perspectives and express their points of view; actively listen to understand them.

9. **Benefit of the Doubt**: Treat people as if they are trustworthy; start with the premise that others have good motives and are acting with integrity.

10. **Accountability**: Take responsibility for your actions; apologise if you have violated another person’s dignity; make a commitment to change hurtful behaviours.

## Appendix F: Conducting a Dignity Conversation

This approach is appropriate for single incidents and can be more challenging for broader patterns of behaviour, which should be escalated.

The stages of the conversation are:

* Start by checking in with the trainee to determine their current level of work-related stress, and any other issues such as health or personal circumstances which may be impacting them.
* Ask their permission to discuss the incident which has been raised to you.
* Provide a brief outline of the incident as described to you, using neutral language. Describe the behaviours as outlined to you by the trainee. Only use as much detail as necessary to remind the individual of the incident.
* Describe the impact on the trainee. Again, focus on the impact of the behaviour (e.g. “they felt upset when you rolled your eyes,” rather than, “you made them feel upset.”)
* Explain you know they would want to be made aware of this, as you are sure it was never their intention to cause anyone distress. This is an important step.
* Invite them to provide their perspective on what happened, engaging an active listening approach. If they get stuck in the detail of the words, tone or body language used, rather than focussing on the impact, it may help to bring them back to the reality of the impact on the trainee. You can state that you acknowledge the lack of intent, and that you would like them to acknowledge the impact on the trainee.
* Allow them time to think about their learning and if necessary, ask if they would like support to think about next steps.
* It may be helpful for them to document their learning and any action plan which arises as a result. This may include:
* Thanking the trainee for raising the concern.
* An apology to trainee if appropriate (e.g. episode of incivility, undermining, lack of support).
* A learning plan as necessary (e.g. understanding of unconscious bias, microaggression, stereotyping, minority stress).
* Close the meeting with a further check in, clarify the next steps, and thank them for their time and courage in reflecting on the incident.
* Check in with trainee to ensure the situation has been addressed effectively. This might involve contacting them to explain you have met with the individual, and you will check in with them at a specified time (1-2 weeks, or as appropriate). You should not share details of the conversation, but you should reiterate they can contact you for support if they have any concerns.
* Update the documentation with Deanery Quality Team to record a satisfactory outcome and that the case is closed.

These steps are summarised in the flow chart below:

##### Useful tips

* Allow plenty of time for the check in, allow the individual to share how they are in as much detail as they need. If they appear to be struggling, you may need to use your judgement about whether to proceed. Remember to ask for their permission to discuss the issue.
* Remember not to enter the conversation with any expectations.
* Resist the temptation to take sides. Your role is simply to impart information and invite reflection.
* Slow the pace of the conversation by allowing regular pauses, slowing your rate of speech and not allowing the pitch of your voice to rise.
* Avoid “you” statements. When starting a sentence with “you,” we are about to express a judgement, and are placing ourselves in a position of power to make this judgement. This can create defensiveness and divert from the message.
* Try not to get drawn into details about the “facts” of what happened - memory is imperfect and is influenced by our own context and experiences. Acknowledge lack of intent (where appropriate) and bring back to accountability for the impact. If they feel there has been a misunderstanding (“I didn’t mean that”), ask for their thoughts on why the trainee viewed the situation differently. Try to encourage them to think about how they could avoid a similar situation in future.
* Acknowledge when you are witnessing difficult feelings, “I can see that this isn’t easy for you to hear.”
* If you notice that you are becoming emotional yourself, focus on your breathing for four breaths before continuing. (You can precede this with a comment like, “Let me have a moment to think about that.”)
* If you feel intimidated or unable to continue for any other reason, always bring the meeting to a close.
* Ensure you have a trusted individual with whom you can debrief, keeping in mind confidentiality requirements.

##### If things do not go to plan

* It is normal to expect the individual may become upset, angry or defensive when they receive the feedback, however well you have delivered it. Addressing such issues has not been the cultural norm in the NHS, so it may take time for people to adjust to receiving this type of feedback more frequently.
* It will help if your trust or school communicate the new guidance and explain the aim is to produce a safer and more effective learning environment for all, which will lead to better retention, staff who are thriving, and fewer rota gaps.
* It may also help to remind them the point of the meeting is not to find fault, but to provide them with information that they may choose to act on.
* It is never acceptable for the individual to be rude or intimidating. If you feel at any stage this is happening, you should bring the meeting to a close immediately, saying you will make further arrangements to address the issue.
* It may be they would find a brief pause helpful to collect themselves, but on some occasions, it will be better to call a halt. They may agree to meet a short time later (if you feel comfortable to do so), or it may be necessary to escalate to the line manager if you have a concern about their wellbeing or that of the trainee.

## Appendix G: Additional Resources

All these resources are useful, but particularly when taken together. For example, Too Hot to Handle focuses specifically on the impact of racism. The RCOG toolkit does not address discrimination but has some useful tips around “coffee room interventions”. Civility Saves Lives does not discuss microaggressions, especially those that are well-intentioned. However, it has useful facts and figures on the impact on performance from incivility. When you understand that microaggressions can have an even greater impact than a single episode of incivility, you can understand the risks of even well-intentioned comments - the John Lewis video describes some common microaggressions related to race, ethnicity and religion, from real employees.

* [Too Hot to Handle? Why Concerns about Racism are not Heard…or Acted Upon](27aa99_9a9468c5e4da43288da375a17092d685.pdf) - Roger Kline and Joy Warmington
* Dignity: Its essential role in resolving conflict - Donna Hicks
* Leading with Dignity: How to create a culture that brings out the best in people - Donna Hicks
* [L.O.T.U.S. Compassionate Leadership Framework and Toolkit](https://www.england.nhs.uk/north-west/nhs-north-west-professional-standards/growing-compassion-in-professional-standards/) - Uma Krishnamoorthy (NHSE NW)
* [RCOG Workplace Behaviour Toolkit](https://www.rcog.org.uk/careers-and-training/workforce/improving-workplace-behaviours/workplace-behaviour-toolkit/) (Especially module 8)
* [Civility Saves Lives](https://www.civilitysaveslives.com/)
* Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care - Michael West (Especially chapter 7)
* [A Just Culture Guide](https://performanceandimprovement.nhs.wales/functions/quality-safety-and-improvement/improvement/improvement-cymru-academy/resource-library/academy-toolkit-guides/a-guide-to-a-just-culture/)
* [John Lewis Microaggressions Video](https://www.youtube.com/watch?v=rf2uL5QlTO0)