

# A Diplomatic Training Challenge

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*Issued to management*

From Patient Complaints to Real Fixes: A Short Worksheet for Managers. This worksheet might stop us reaching for “more training” every time something goes wrong. Think of it as a quick check under the bonnet: what’s actually broken, and what’s just rattling because it’s loose?

**Learning Objective** By the end of this module, managers will be able to:

- Spot when ‘training’ is skipping the diagnosis of the cause.
- Link actions to root causes, not appearances.
- Use plain, accurate language that supports change.”

**Background** A recent patient participation meeting and many (many) practice reviews have highlighted concerns about staff *incompetence*. When summarised diplomatically as “*training challenges*”, these issues risk being misrepresented and therefore mis-solved.

## Case Study

- Patient complaint: “Staff are incompetent.”
- Management summary: “We face training challenges.”
- Standard solution: Issue refresher PDFs or brief training sessions.
- Result: Visible activity; little evidence of behaviour change or outcome improvement.

**Root Cause Analysis** Possible drivers of the behaviour (beyond knowledge/skill):

- Burnout from prolonged pressures (e.g., five years of pandemic).
- Depression, disengagement, or loss of agency in the workplace.
- Structural constraints leaving staff unable to help patients, leading to avoidance behaviours (silence, hanging up, labelling patients as “problematic”).
- Not simply lack of knowledge or skill.

**Learning Checkpoint Q:** Which of the following can be solved with training PDFs?

- a. Forgetting how to use a system function
- b. Being exhausted and disengaged after years of impossible workloads
- c. Aggressive silence on patient calls
- d. A lack of clear authority or agency within the practice

- e. Frustration with troubled patients and ejecting them instead of helping them
- f. An absence of ongoing support from senior and similarly stressed staff

(Answer: a)

**Key Takeaway** Calling incompetence a “training challenge” minimises the issue and ‘locks in’ the wrong fix. Management should ensure that language reflects reality, so that solutions are more likely to address root causes, not appearances.

### Next Steps for Managers

- Resist diplomatic minimisation when recording patient concerns.
- Link solutions explicitly to original complaints.
- Measure whether implemented solutions change patient outcomes.
- Verify response was effective with a simple before/after measure (e.g., call completion rate, patient callbacks, complaint category trend)

I hope this is received with the positive intent with which it was written. When patients describe staff as *incompetent*, reframing that as a “*training challenge*” is more than just diplomatic language. It prescribes a solution before investigating the cause.

Training can fix a lack of knowledge or skill, but it cannot fix disengagement, burnout, depression, or a system that leaves staff powerless to help and tired of trying.

Issuing a PDF refresher course or a quick workshop may look like progress, but it risks being theatre: a visible “solution” that papers over the complaint while leaving the underlying problem untouched. Staff who ignore patients, hang up, or label people as “problematic” are not simply untrained — they are reacting to the constraints of the system around them.

The danger of minimising the language is that it also minimises accountability. If the issue is called a “challenge,” then the solution can be box-ticked, even if nothing changes for patients. If the issue is named honestly, the solutions become harder — but also more meaningful.

The **You said, We Did** one-off report pdf from May 2019 (best I can tell the most recent one released), shows a similar pattern of issuing training as a result of complaints, but no evidence of follow-up to confirm that complaint was resolved by a change in behaviour. Meanwhile, complaints and negative reviews continue. That’s the risk of leaning too heavily on diplomatic framing — it encourages cheap and easy solutions that only *look* like they solved problems.