

A Diplomatic Training Challenge

(Prepared for meeting on 10 September) - Robert (Bob) Davies: admin@bobbigmac.com

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.