

## Reducing the impact of our investigations on doctors

### A summary of the changes we've made

Our aim	What we've done
<p>Reducing the impact of the process by ensuring we only investigate where necessary.</p>	<p>We filter the complaints we receive about doctors, by making early stage enquiries to help us decide whether we need to investigate a complaint or close it with no action. We call this stage provisional enquiries, which we aim to complete in 63 days.</p> <p>In 2017 the number of full investigations opened was 1,485, compared to 2,381 in 2015. Provisional enquiries have significantly contributed to this reduction, preventing around 400 doctors a year from undergoing a full investigation.</p> <p>The pages leading up to our online complaint form have been improved. The types of concerns we can and can't investigate are clearer and we've improved signposting for patients to other organisations.</p> <p>Anything we can do to resolve complaints more quickly is beneficial for everyone involved as we aim to complete the average full investigation in six months, but this can take longer.</p>

<p>Reducing the impact of the process by ensuring that we only investigate cases, that are (solely or primarily) about a doctor's health, where necessary.</p>	<p>We're piloting using provisional enquiries in cases related to a doctor's health to see how this can benefit those in such circumstances.</p> <p>We've also updated our guidance for employers and providers to help them make decisions about concerns related to a doctor's health. It supports them in understanding which concerns can and should be managed locally rather than being referred to us. This ensures we only investigate where a doctor's health concerns poses a risk to the public that is unmanaged.</p>
<p>Strengthen medical input to decision-making in cases about a doctor's health.</p>	<p>At the GMC we have trained psychiatrists and doctors with a variety of clinical backgrounds, such as occupational medicine and primary care. With their input we have developed a range of guidance for our staff on spotting signs a doctor under investigation may be unwell and how to handle cases involving vulnerable doctors sensitively. We have introduced a process for staff to get expert advice about such cases when they need to.</p> <p>We're establishing a medical advisory board, with representatives from key medical organisations. The board will meet twice a year to advise on our approach to vulnerable doctors and support the progress that we have made to date. The first meeting will take place later this year.</p>

Reduce stress of all investigations through changes to process, communication, and duration.

### **Doctors who are unwell**

- In cases where a doctor is very unwell and struggling to engage with us, we're now able to pause an investigation to allow the doctor space to seek treatment without being regularly contacted by us. Doctors with health concerns often require a health assessment. Our legislation requires that this assessment contains two independent health reports. It is not uncommon for health examiners to offer differing diagnoses or recommendations about a doctor's fitness to practise, especially in cases concerning their mental health. We have introduced a process for the examiners to discuss their reports with each other to see if they can reach a consensus where their opinion differs, or to confirm that there is a definite difference of opinion.
- We've created [a specialist team](#) to manage cases about doctors' health. They are trained to deliver specialised and tailored communication. They have received positive feedback from doctors about the help and support they've received.

### **Improving how we communicate**

- We've carried out a large programme of training with staff to help them better support and communicate with doctors who may be unwell or at risk of suicide.
- We've established specialist investigation team who manage cases about a doctor's health and provide advice to our investigation staff about sensitive communication.
- We've reviewed and updated the materials we send to doctors to strike a balance between clarity – about what's happening and why – and sensitivity to the stress the doctor will be under. We've done this by:
  - removing unnecessary legal terminology from our letters and emails to doctors.
  - providing details on where doctors can seek further information or advice.
- We've been raising awareness about our process and tried to dispel some of the common myths to reduce the fears doctors have about our investigations.

	<p><b>A co-ordinated approach</b></p> <ul style="list-style-type: none"> <li>■ There is now a single point of contact for doctors during the course of an investigation to reduce any confusion and anxiety caused by receiving correspondence from different members of staff.</li> <li>■ We're reviewing the way that staff across the whole of the GMC correspond with doctors who are under investigation so that we ensure that we understand the combined effect that such correspondence can have and take steps to reduce the impact.</li> </ul> <p><b>Speeding up investigations</b></p> <p>We continue to press for legislative change to give us more flexibility to act proportionately and efficiently and to speed up the investigation process. In the meantime, we're doing what we can to cut the time it takes for us to deal with serious concerns.</p> <ul style="list-style-type: none"> <li>■ We're using provisional enquiries as a way to increase the information available to us at the beginning and help us to make a decision about whether a full investigation is needed. This has helped us to reduce the number of investigations that end with no action and to significantly speed up the process, reducing the stress of the process.</li> <li>■ As a result, the number of cases an investigation officer manages at any given time has reduced. Smaller caseloads allow them to dedicate more time to each individual case. This is particularly important where the doctor is vulnerable. We have also made changes that help us have a more focussed investigation process.</li> <li>■ We're using a new process to allow us to contact the majority of doctors on the outcome of their investigation on the same day that the decision is made.</li> </ul>
<p>Pursue consensual conclusion as the preferred outcome.</p>	<p>We focus on a consensual outcome where possible within our legislation. Where there is an ongoing risk to patients as a result of concerns about a doctor's health that require us to put restrictions in place, we aim to agree these with a doctor as quickly as possible. Where this happens, we can avoid referring doctors to a tribunal. As part of this, we've identified areas where we can speed up the process and avoid the doctor having to have certain assessments which can be stressful.</p>

<p>Work more closely with employers on the number and appropriateness of referrals</p>	<p>Our Liaison Teams in England, Scotland, Wales and Northern Ireland regularly meet with doctors on the ground to listen and learn about their experiences. This helps us better understand the issues that face the frontline and informs our work.</p> <p>Our Employer Liaison Advisers meet regularly with responsible officers, medical directors and other clinical leaders within organisations to discuss and review how concerns about a doctor’s fitness to practise are handled. We’re keen that cases are handled locally where possible, especially where the case relates to clinical performance or ill health, with referrals to us made only where necessary.</p> <p>The team also offers advice and guidance to responsible officers on issues including:</p> <ul style="list-style-type: none"> <li>■ what our thresholds for an investigation are.</li> <li>■ their role in monitoring a doctors’ compliance with restrictions on their practice.</li> <li>■ best practice in handling concerns about doctors.</li> <li>■ how and when to involve other organisations to support a doctor after a concern has been raised.</li> </ul>
<p>Expand support for doctors during the fitness to practise process including a tribunal hearing.</p>	<p>We’ve been promoting the confidential and emotional support available for doctors through <a href="#">the Doctor Support Service</a> which we commission the British Medical Association (BMA) to provide. This is available to any doctor under investigation and around 100 doctors a year access the service.</p> <p>The BMA has trained our investigation and tribunal teams. Through this training staff explored the experience of doctors, the stressors they face in practice and the experience of being under investigation.</p> <p>The Medical Practitioners Tribunal Service has set up the <a href="#">Doctor Contact Service</a>. It gives pastoral support to help unrepresented or unsupported doctors who are attending a tribunal. In its first year the service saw almost 80 doctors. Around 40% of the doctors supported gave feedback on the service which they rated extremely highly.</p> <p>Should a doctor need further support following a tribunal, staff are able to signpost them to national organisations.</p>

<p>Promote the need for mental health services for doctors nationally.</p>	<p>We continue to advocate the need for access to confidential health services for doctors with mental health and addiction issues. Currently a service is provided for GPs but we are promoting the need for access to services for all doctors</p> <p>We have started a new project to identify factors that impact on the wellbeing of doctors and medical students, across all specialisms and grades. This is part of our programme of work to address issues that have been raised with us about the environments in which doctors' practice, and the impact of systems pressures.</p> <p>Dame Denise Coia, Chair of Health Improvement Scotland and Professor Michael West, Senior Fellow at The King's Fund are co-chairing this UK-wide review.</p>
<p>Ensure supervision of doctors with restrictions and publication and disclosure after the fitness to practise case has concluded are proportionate.</p>	<p><b>Supervision of doctors with restrictions</b></p> <p>Doctors whose fitness to practise is impaired as a result of adverse physical or mental health must have a medical supervisor to help monitor their health and progress during a period of restricted practice.</p> <p>We're piloting how medical supervisors could play a greater role in supporting doctors during this period and therefore reduce the amount of direct contact these doctors have with us. We hope this will reduce the stress doctors may experience.</p> <p><b>Changes to what we publish about doctors' fitness to practise</b></p> <p>We've introduced time limits on how long sanctions, undertakings and warnings given to doctors following an investigation into their practice are published on our medical register. We consulted widely with the profession and the public. Time limits vary according to the action taken, if the doctor remains registered, and whether the fitness to practise issues relates solely to the doctor's health. We previously published any public information about sanctions (except warnings) on our website indefinitely.</p> <p>The changes allow us to get the balance right between being open about our decisions and the action we have taken to protect the public, whilst being proportionate in the information we publish about doctors.</p>

<p>Improve learning when doctors die by suicide.</p>	<p>We've introduced a system to obtain information about the cause of deaths of doctors who are under investigation, for example through proactively seeking copies of death certificates.</p> <p>When a doctor dies by suicide during our investigations we conduct a review of our interaction with them. It is important that we understand and reflect on the impact of our investigation process and, where we identify that improvements can be made, introduce those as quickly as possible.</p> <p>In the future, we will publish statistics detailing the number of deaths that occur during our investigations and where feasible, highlight any trends in individual causes.</p>
--	---