

Agenda item:	6
Report title:	Update on the implementation of the Supporting Vulnerable Doctors project
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Action:	To consider

Executive summary

Following approval of the high level implementation plan by the Performance and Resources Board at its meeting 27 September 2016, work is now underway to implement these proposals. This paper provides an update on progress.

Recommendations

The Strategy and Policy Board is asked to:

- a** Note the progress of the Supporting Vulnerable Doctors project.
- b** Note the implementation plan at Annex A and the update progress towards introducing changes, at Annex B.
- c** Approve the *Guidance for assessing risk in health cases*, at Annex C and D.

Background

- 1 In September 2015 we asked Professor Louis Appleby, a leading mental health expert, to oversee a fundamental review of the impact of our process on vulnerable doctors with a particular focus on doctors with health problems and help us develop proposals for improvement. These proposals were signed off by the Strategy and Policy Board in July 2016 and a subsequent high level implementation plan was approved by the Performance and Resources Board in September 2016. A copy of this implementation plan can be found at Annex A.

Progress to date

- 2 Following approval of the high level implementation plan the main focus of the project team has been on implementation of the proposals classified as 'short term'. Significant progress has been made towards introducing the changes by the end of the year. An update on the progress against each of these is attached at Annex B. The *Guidance for assessing risk in health cases* has now been amended and a tracked changes version is attached at Annex C with a clean version at Annex D.
- 3 Work has also started to develop some of the medium term proposals that are due to be implemented mid-2017. The bulk of the activity so far has focussed on the establishment of a Specialist Investigation Team to handle cases that involve concerns about a doctor's health, changes to enable a Single Point of Contact for doctors with health concerns and completing a Tone of Voice review of the correspondence we send out to doctors with health concerns. We have held workshops to clarify the role of the specialist team, the types of cases that they will take and the resource required to manage those cases. We have submitted draft Siebel requirements to SAP and have started to identify training requirements for Investigation Officers who will work in that team.

Next steps

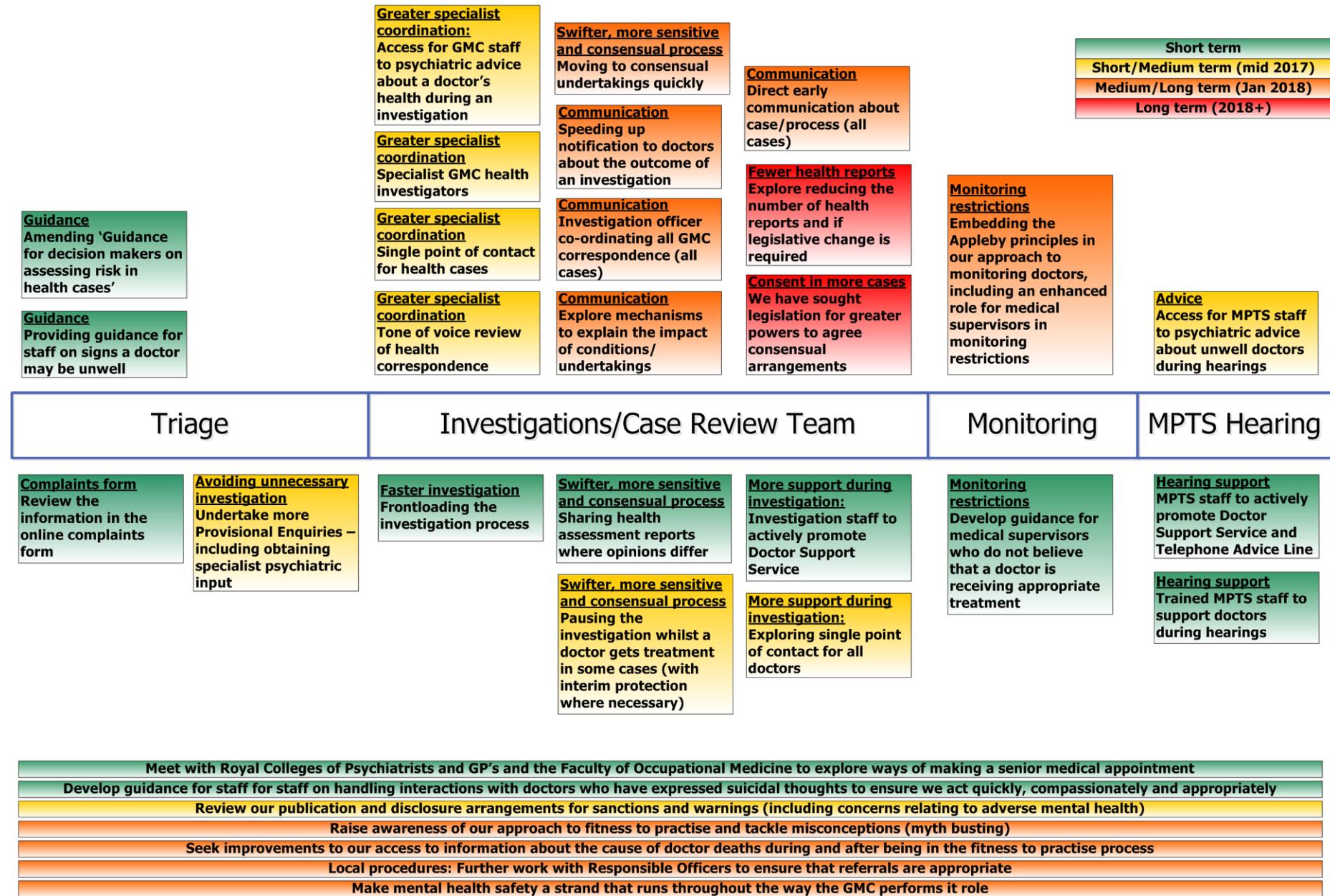
- 4 Our priority is to deliver the short term proposals by the end of the year and we are on track to do so. Planning on a number of the medium term proposals will continue in parallel.

Equality and diversity considerations

- 5 These proposals were developed in conjunction with Professor Appleby, a mental health expert, and are designed to reduce the impact of the process on vulnerable doctors, including those with health disabilities protected by equality legislation.

6 – Update on the implementation of the Supporting Vulnerable Doctors project

High level implementation plan



6 – Update on progress of the Supporting Vulnerable Doctors project

6 – Annex B

Update on progress of 'short term' work streams

Amend 'Guidance for assessing risk in health cases'

- 1 This guidance has now been re-drafted and is attached at Annex C.

Provide 'Guidance for staff on signs that a doctor may be unwell'

- 2 A scoping document has been produced highlighting the key areas for the new guidance to focus on. Drafting is now underway with the view to having the content completed by the end of 2016 and sent to the Strategy and Policy Review Group (SPRG) for approval in Jan 2017. Once approved, training will be provided to staff in Q1 2017 to ensure that the new guidance is implemented successfully.

Review and update the information leading to the launch of the online complaint form

- 3 A workshop has taken place to review the webpages that lead to the launch of the online complaint form and to identify areas for improvement. Subject to approval from the Senior Management Team, a number of enhancements to these webpages pages will be delivered by the end of this year:
 - a Additional questions introduced to help the complainant to identify at an earlier stage if their complaint is not a matter for the GMC, and improved signposting to other organisations if appropriate.
 - b Prompts to encourage the complainant to complain locally in the first instance (if appropriate), to ensure that we are not receiving complaints that are best dealt with locally.
 - c A new statement of purpose introduced at the beginning of the process to describe the role of the GMC in plain English, to help the complainant to understand the remit of the GMC and how we may deal with their complaint.

- d Further clarity or examples of the types of complaints that the GMC will/won't investigate, to minimise the number of unsuitable enquiries we receive and to better manage complainants' expectations.
- 4 We will evaluate the success of these changes in 2017, whilst assessing if there are additional amendments that can be made once we have new functionality delivered by the Digital Media Strategy.

Frontloading the investigation process

- 5 We have been working with the Strategic Applications Project (SAP) team to put in place functionality to enable Triage to record allegations at the enquiry stage and for the Investigation Manager to develop the Case Plan. These enhancements will be delivered by end 2016 and will help to ensure that our investigation is more focussed and the evidential requirements are driven by the allegations that meet the threshold. In addition to this we have developed new guidance on when it is appropriate to seek Case Examiner advice during an investigation, so that we use this resource effectively to conclude cases as quickly as possible. A subsequent phase of work will be completed next year which will look at repositioning the role of the Case Examiner in the Investigation process, in order to ensure that we conclude cases effectively as quickly as possible and don't collect unnecessary evidence.

Sharing health assessment reports where opinions differ

- 6 We have implemented a process where, in certain cases, the independent health reports that make up a GMC health assessment are shared with the health assessors so that any differences of view can be discussed and narrowed. This helps with the development of a clearer picture about a doctor's health concerns, the impact on their fitness to practise and the steps needed to address them.

Investigation staff/MPTS staff to actively promote the Doctors Support Service

- 7 We have made contact with the British Medical Association (BMA) who have agreed to assist us to provide training to staff on what the service offers. This training is scheduled to take place by the end of 2016 (subject to the BMA's availability). In addition to this we are reviewing our written communications to doctors and considering new ways to promote the service. These changes to correspondence will be in place by end 2016.

Develop guidance for Medical Supervisors who do not believe that a doctor is receiving appropriate treatment

- 8 We have prepared clarification on this issue for the December letter of the associate newsletter. We will review this in 2017 when we consider the boundaries associated with the role of the Medical Supervisor.

Trained MPTS staff to support doctors during hearings

- 9** The MPTS E&D network is piloting a rota for providing support to doctors during hearings. This pilot will continue until end 2016 when it will be evaluated and a decision taken on the best way to continue to provide the service going forwards.

Meet with the Royal Colleges of Psychiatrists and GP's and the Faculty of Occ. Medicine to explore ways of making a senior medical appointment

- 10** Earlier this month a teleconference was held with the Royal College of Psychiatrists and the Faculty of Occ. Medicine in order to explore ways to achieve this proposal. They advised that the best way to provide senior clinical input into the GMC on issues relating to vulnerable doctors was by ensuring that there was psychiatric expertise among GMC case examiners and by the establishment of an advisory board (to include psychiatric, occupational health and GP with special training expertise) to advise on the development of policy, processes and guidance. This will be further discussed with the Royal College of GPs who were unable to attend the initial teleconference.

Develop guidance for staff on handling interactions with doctors who have expressed suicidal thoughts

- 11** This guidance has now been approved and training to all FtP and MPTS colleagues has been scheduled. This is due to be completed by the end of December 2016.

6 – Update on the implementation of the Supporting Vulnerable Doctors project

6 – Annex C

Guidance for decision makers on assessing risk in ~~health~~ cases involving health concerns

Introduction

- 1 The purpose of this guidance is to assist GMC decision makers when considering whether we should undertake an investigation into a doctor who is suspected of having a health problem.
- ~~1~~
- 2 Decision makers must ensure that they respect and are mindful of the GMC's overarching objectives which are to protect, promote and maintain the health and safety of the public; promote and maintain public confidence in the profession; and promote and maintain proper standards and conduct for members of the profession.
- ~~3~~ Nevertheless, a GMC investigation may have a significant impact on the welfare of a doctor and
- 3 it should be possible, where the doctor is willing to discuss their health with their responsible officer, for the majority of health issues to be managed at local level without the need for a GMC health investigation.
- 4 The guidance makes specific reference to the role of employers and responsible officers in managing concerns locally where appropriate. Particular emphasis will be placed on the role of the responsible officer, given that they have a statutory responsibility to manage concerns about doctors at a local level.
- 5 There will however be circumstances in which a doctor's health poses a risk to patients and that risk is not able to be, or is not being, effectively managed locally. The decision to open an investigation in relation to health concerns does not presuppose the outcome of such an investigation though and, but where the level of risk posed by a doctor's health is high, or appears high and cannot be clarified, it will be appropriate to investigate and proceed with a health assessment. However, this guidance is intended to detail sets out the factors that will be likely to affect the aggravate or mitigate such risks.

6 -If an investigation is opened, the GMC will make reasonable efforts to minimise the effect of the investigation process on a doctor's welfare and will direct doctors to appropriate support when necessary, for example the Doctor Support Service. perception of the level of risk posed by a doctor's reported health problem. However, it should be possible for the majority of health issues to be managed at local level without the need for a GMC health investigation.

47 This guidance should be considered together with our other policy statements and guidance in relation to health. The guidance includes the following statements:

'There is no need for GMC intervention if there is no risk to patients or to public confidence because a doctor with a health issue has insight into the extent of their condition, and is seeking appropriate treatment, following the advice of their treating physicians and/or occupational health departments in relation to their work, and restricting their practice appropriately.' **GMC Thresholds Guidance**

'If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.' **Good medical practice**

Information available at triage

58 In most cases it is likely that, at the enquiry stage, the information given to [the GMC](#) about the doctor's health will be incomplete. In view of that, this represents a problem in determining, at the point of triage, whether an investigation is necessary requires careful consideration. The level of detail provided will be influenced by the source of the enquiry; likely sources are as follows:

- a 'self-reporting'
- b referral from Police
- c referral from Employer / [Responsible Officer](#)
- d referral from treating GP
- e referral from treating Psychiatrist
- f referral from Occupational Health Physician
- g referral from PHP/Sick Doctors Trust etc

h concerned colleague, acquaintance or relative of the doctor.

~~69~~ ~~In the case of a doctor who 'self-reports' it is possible that there will be a high level of cooperation and willingness to provide additional information. However, it is also possible that incomplete disclosure of information has occurred and some corroboration of the information to support the~~ doctor's account of his or her health issues will be necessary before making any decision on whether or not to open an investigation.

~~7~~**10** Additionally, where a referral from a person acting in a public capacity (PAPC) or from a complainant contains insufficient detail, it may be necessary for ~~us~~the GMC to obtain further information or clarification (eg via a Provisional Enquiry) before deciding on the appropriate triage outcome. The collection of further information at the point of triage may be delayed by the absence of the doctor's written consent to access confidential medical information. Nevertheless, if the concerns reported appear so serious as to raise concerns about either patient safety or the doctor's welfare, then an investigation should be opened without delay.

Factors that suggest ~~that a health~~ an investigation in relation to ~~of health concerns~~ may not be necessary

~~8~~**11** If available at the enquiry stage, the following information is likely to suggest that we do not need to conduct our own investigation and that local management is appropriate:

- a** the type and severity of health problem reported is unlikely to affect the doctor's fitness to practise or pose a risk to patients either now or in the future
- b** there is no evidence that the doctor's health has had a significant effect on ~~his~~their clinical competency performance or conduct to date
- c** evidence that the doctor has insight, ~~and~~ is receiving appropriate support and is compliant with appropriate treatment,
or support
- d** evidence that all of the doctor's employers, and / or their Responsible Officer, and/ or Occupational Health Departments are aware of the health problems and are continuing to provide an appropriate level of support to mitigate any potential risk to patient safety
- e** the doctor is in stable, long-term employment or training or works only in appropriately supervised environments
- f** the doctor is subject to an effective locally managed action plan and is not directly providing clinical care. (eg the doctor has agreed not to work, or to has agreed to restrict their work appropriately in all clinical settings, until such time as they have been (re)assessed and given approval to resume normal working by an appropriate advisor)

g the doctor is not working and is not actively seeking employment

~~h independent medical opinion is available to support insight and compliance with treatment~~

h there is no relevant GMC or Medical Practitioners Tribunal Service (MPTS) fitness to practise history

~~h the doctor is subject to an effective locally managed action plan and is not directly providing clinical care.~~

912 The presence of one or more of these 'positive' indicators at the time of triage will assist the decision maker by making it clear that the doctor's health problem represents little or no risk to patient safety. However, the decision maker will take all relevant factors into account when determining whether an investigation is required.

Factors that suggest ~~that a health~~ an investigation in relation to health concerns may be required

~~1013~~ The presence of one or more of the following factors is likely to indicate that fitness to practise issues may arise and an investigation is likely to be required:

a the severity of health problem reported is more likely to affect the doctor's fitness to practise or pose a risk to patients either now or in the future (eg the health problem has only recently been diagnosed, is not well controlled and is of a type that can be associated with high rates of relapse and lack of insight or compliance on the part of the doctor)

(eg, has high rates of relapse or is more likely to result in a lack of insight or cooperation on the part of the doctor)

b the doctor's employers and / or Responsible Officer were previously unaware of any health concerns ~~or~~ and have been unable to implement an adequate support plan

c the doctor is not in stable employment or training or has no Responsible Officer, and is known to be seeking work

d independent medical opinion raises concern, or is conflicting, in relation to the doctor's level of insight or compliance

e the doctor has a related or significant GMC or MPTS fitness to practise history

f the doctor is (or was) part of a locally managed action plan but is intending to leave (or has left) employment while the existing employer believes that a risk to patient safety, or the doctor's welfare, persists.

g the doctor is currently or has recently been detained under the Mental Health Act 1983 but the condition is improving and the risk of relapse is considered to be low ~~not significant.~~

Factors indicating that ~~a health~~ investigation in relation to ~~of health concerns~~ is ~~mandatory~~ indicated in all but exceptional circumstances likely to be required

~~11~~**14** The presence of any of the following factors indicates that an investigation **must** should be opened in all but exceptional circumstances:

- a there is a clear risk to patients
- b the doctor is currently or has recently been ~~compulsorily~~ detained under the Mental Health Act 1983 and remains very unwell or at high risk of relapse
- c there are serious existing performance and/or conduct concerns where health is likely to have been a contributory factor
- d the doctor's ~~health has led to proven?? involvement in criminal activity~~ has been ?recently? convicted, cautioned or was the subject of a determination for an offence where health may be a contributory factor (eg drugs, alcohol, violence)¹
- e the doctor lacks insight, has failed to seek appropriate treatment, or has ceased to engage with support.

~~12~~ A GMC health investigation is likely to may have a significant impact on the welfare of a doctor and, where possible, health issues should be managed locally. If an investigation is opened, the GMC will make reasonable efforts to minimise the effect of the investigation process on a doctor's welfare and will direct doctors to appropriate support when necessary.

~~13~~ However, the who may already be in a vulnerable condition. However, the primary consideration for decision makers at triage is to ensure that patient safety is protected. decision to open an a health case investigation in relation to does not presuppose the outcome of such an investigation and, where the level of risk posed by a doctor's health is potentially high, or appears high and cannot yet be quantified clarified, it will be appropriate to investigate proceed with a health assessment. open a case.

~~March 2013~~ January 2017 | Date for review: ~~May 2017~~ January 2019

¹ http://www.gmc-uk.org/DC4594_CE_Decision_Guidance_Annex_D_Convictions_Guidance.pdf_58067974.pdf

6 – Update on the implementation of the Supporting Vulnerable Doctors project

6 – Annex D

Guidance for decision makers on assessing risk in cases involving health concerns

Introduction

- 1 The purpose of this guidance is to assist GMC decision makers when considering whether we should undertake an investigation into a doctor who is suspected of having a health problem.
- 2 Decision makers must ensure that they are mindful of the GMC's overarching objectives which are to protect, promote and maintain the health and safety of the public; promote and maintain public confidence in the profession; and promote and maintain proper standards and conduct for members of the profession.
- 3 , a GMC investigation may have a significant impact on the welfare of a doctor and it should be possible, where the doctor is willing to discuss their health with their responsible officer, for the majority of health issues to be managed at local level without the need for a GMC investigation.
- 4 The guidance makes specific reference to the role of employers and responsible officers in managing concerns locally where appropriate. Particular emphasis will be placed on the role of the responsible officer, given that they have a statutory responsibility to manage concerns about doctors at a local level.
- 5 There will however be circumstances in which a doctor's health poses a risk to patients and that risk is not able to be, or is not being, effectively managed locally. The decision to open an investigation in relation to health concerns does not presuppose the outcome of such an investigation but where the level of risk posed by a doctor's health is high, or appears high and cannot be clarified, it will be appropriate to investigate and proceed with a health assessment. This guidance sets out the factors that aggravate or mitigate such risks.
- 6 If an investigation is opened, the GMC will make reasonable efforts to minimise the effect of the investigation process on a doctor's welfare and will direct doctors to appropriate support when necessary, for example the [Doctor Support Service](#).

perception of the level of risk posed by a doctor's reported health problem.

- 7 This guidance should be considered together with our other policy statements and guidance in relation to health. The guidance includes the following statements:

'There is no need for GMC intervention if there is no risk to patients or to public confidence because a doctor with a health issue has insight into the extent of their condition, and is seeking appropriate treatment, following the advice of their treating physicians and/or occupational health departments in relation to their work, and restricting their practice appropriately.' **GMC Thresholds Guidance**

'If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.' **Good medical practice**

Information available at triage

- 8 In most cases it is likely that, at the enquiry stage, the information given to the GMC about the doctor's health will be incomplete. In view of that, determining, at the point of triage, whether an investigation is necessary requires careful consideration. The level of detail provided will be influenced by the source of the enquiry; likely sources are as follows:
- a 'self-reporting'
 - b referral from Police
 - c referral from Employer / Responsible Officer
 - d referral from treating GP
 - e referral from treating Psychiatrist
 - f referral from Occupational Health Physician
 - g referral from PHP/Sick Doctors Trust etc
 - h concerned colleague, acquaintance or relative of the doctor.
- 9 information to support the doctor's account of his or her health issues will be necessary before making any decision on whether or not to open an investigation.
- 10 Additionally, where a referral from a person acting in a public capacity (PAPC) or from a complainant contains insufficient detail, it may be necessary for the GMC to obtain further information or clarification (eg via a Provisional Enquiry) before deciding on the appropriate triage outcome. The collection of further information at the point of triage may be delayed by the absence of the doctor's written consent to access confidential

medical information. Nevertheless, if the concerns reported appear so serious as to raise concerns about either patient safety or the doctor's welfare, then an investigation should be opened without delay.

Factors that suggest an investigation in relation to health concerns may not be necessary

- 11** If available at the enquiry stage, the following information is likely to suggest that we do not need to conduct our own investigation and that local management is appropriate:
- a** the type and severity of health problem reported is unlikely to affect the doctor's fitness to practise or pose a risk to patients either now or in the future
 - b** there is no evidence that the doctor's health has had a significant effect on their performance or conduct to date
 - c** evidence that the doctor has insight, is receiving appropriate support and is compliant with treatment.
- or
- d** evidence that all of the doctor's employers, and / or their Responsible Officer, and/or Occupational Health Departments are aware of the health problems and are continuing to provide an appropriate level of support to mitigate any potential risk to patient safety
 - e** the doctor is in stable, long-term employment or training or works only in appropriately supervised environments
 - f** the doctor is subject to an effective locally managed action plan and is not directly providing clinical care. (eg the doctor has agreed not to work, or to has agreed to restrict their work appropriately in all clinical settings, until such time as they have been (re)assessed and given approval to resume normal working by an appropriate advisor)
 - g** the doctor is not working and is not actively seeking employment
 - h** there is no relevant GMC or Medical Practitioners Tribunal Service (MPTS) fitness to practise history
- 12** The presence of one or more of these 'positive' indicators at the time of triage will assist the decision maker by making it clear that the doctor's health problem represents little or no risk to patient safety. However, the decision maker will take all relevant factors into account when determining whether an investigation is required.

Factors that suggest an investigation in relation to health concerns may be required

- 13** The presence of one or more of the following factors is likely to indicate that fitness to practise issues may arise and an investigation is likely to be required:
- a** the severity of health problem reported is likely to affect the doctor's fitness to practise or pose a risk to patients either now or in the future (eg the health problem has only recently been diagnosed, is not well controlled and is of a type that can be associated with high rates of relapse and lack of insight or compliance on the part of the doctor)
(eg, has high rates of relapse or is more likely to result in a lack of insight or cooperation on the part of the doctor)
 - b** the doctor's employers and / or Responsible Officer were previously unaware of any health concerns and have been unable to implement an adequate support plan
 - c** the doctor is not in stable employment or training or has no Responsible Officer, and is known to be seeking work
 - d** independent medical opinion raises concern, or is conflicting, in relation to the doctor's level of insight or compliance
 - e** the doctor has a related or significant GMC or MPTS fitness to practise history
 - f** the doctor is (or was) part of a locally managed action plan but is intending to leave (or has left) employment while the existing employer believes that a risk to patient safety, or the doctor's welfare, persists.
 - g** the doctor is currently or has recently been detained under the Mental Health Act 1983 but the condition is improving and the risk of relapse is not significant.

Factors indicating that investigation in relation to health concerns is likely to be required

- 14** The presence of any of the following factors indicates that an investigation should be opened in all but exceptional circumstances:
- a** there is a clear risk to patients
 - b** the doctor is currently or has recently been detained under the Mental Health Act 1983 and remains very unwell or at high risk of relapse
 - c** there are serious performance and/or conduct concerns where health is likely to have been a contributory factor

- d the doctor has been ?recently? convicted, cautioned or was the subject of a determination for an offence where health may be a contributory factor (eg drugs, alcohol, violence) ¹
- e the doctor lacks insight, has failed to seek appropriate treatment, or has ceased to engage with support.

January 2017 | Date for review: January 2019

¹ http://www.gmc-uk.org/DC4594_CE_Decision_Guidance_Annex_D_Convictions_Guidance.pdf_58067974.pdf
