

Final research reports action plan

Exploring the experience of doctors and complainants who have been through the GMC's complaints and fitness to practise procedures

Concern raised	Changes made since cases in the survey	Further action planned	Long term changes
The need for greater transparency, communication and sharing of information with doctors and complainants during our investigation	<p>Tone of correspondence</p> <p>Last year we commenced a fundamental review of the tone of our correspondence to make it simpler, clearer and more sensitive. We reviewed all letters used in fitness to practise.</p> <p>At the end of 2012 we commenced 3 pilot projects:</p> <p>Communication with patients</p> <p>The first is a pilot of meeting patients at the outset and the end of an investigation in order to ensure we have understood their concerns, explain how we investigate and explain our decision. Following a very positive independent evaluation, we have decided to implement a substantive UK wide service to continue these meetings in the future from the start of 2015.</p>	<p>Tone of correspondence</p> <p>Following feedback we are undertaking further work on the tone of our fitness to practise letters. We are also in the process of reviewing our website and other fitness to practise documents such as guidance to ensure the tone is clear and accessible.</p> <p>Following the comments made in the survey we propose to make the following changes to the first letter that we send to doctors and complainants confirming we are undertaking an investigation:</p> <ul style="list-style-type: none">■ Provide a customer care statement■ Set out at what stage we will update doctors and complainants about progress with our investigation and when we estimate that will be. Be clear that doctors and complainants can ask us for information at any time.■ If we have no progress to report at the points we estimated in our first letter, we will send an update with a new estimate.	<p>In the longer term we propose to explore new and more innovative ways to communicate with doctors and patients and to speed up cases. These include:</p> <p>Accessibility to updates about investigations</p> <p>Exploring whether technology offers opportunities for increasing the transparency of our process, for example, by enabling doctors and patients to track the progress of complaints on our website.</p> <p>Customer care</p> <p>Introducing a greater focus on customer care including considering additional customer care roles within our fitness to practise procedures.</p> <p>Earlier face to face communication with doctors</p> <p>Considering whether there are ways to communicate in person with doctors about complaints earlier in an investigation that would be effective and proportionate.</p>

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<p>The need for greater transparency, communication and sharing of information with doctors and complainants during our investigation</p>	<p>Communication with doctors</p> <p>The second is a pilot of meetings with doctors at the end of our investigation to support better informed decisions about whether a hearing is necessary. This is currently being independently evaluated.</p> <p>Emotional support for doctors</p> <p>The third is a pilot of independent, confidential emotional support for any doctor (a service already provided on our behalf for complainants by Victim Support) who is subject to a complaint. This is provided on our behalf by the BMA Doctors for Doctors Unit and is currently being independently evaluated.</p>	<p>Sharing information with patients</p> <p>Following comments made during the survey, we propose, during our investigation, to routinely seek consent from doctors to share expert reports with patients/families involved in a complaint.</p>	<p>Sharing information with patients</p> <p>We propose to undertake a more fundamental review of our approach to sharing information with complainants during an investigation to see if it can be improved in the light of the need to take care not to influence potential witnesses.</p>

<p>A need to set clear expectations of the fitness to practise process</p>	<p>Communication with patients</p> <p>The pilot of meetings with complainants (see above) being piloted since late 2012 seeks to set clear expectations for complainants at the outset of an investigation.</p>	<p>Better information about investigations</p> <p>We propose that the first letter that we send to doctors and complainants confirming we are undertaking an investigation should contain a process map and an estimate of how long we expect the process to take and what factors we would expect to extend the average timescales.</p>	
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<p>A call for the process to be quicker</p>	<p>Increased capacity</p> <p>During 2013 and 2014 we have increased capacity and resilience within our operational teams.</p> <p>This has allowed us to meet the increasing volumes of complaints that we have been receiving in recent years and has led to an overall improvement in the timeliness of our investigations.</p> <p>Streamlining our procedures</p> <p>In 2012 we commenced a Lean programme to increase the speed and efficiency of our fitness to practise process. To date this has focused on four areas of the fitness to practise process; assessing complaints we receive, making a decision at the end of an investigation, fitness to practise hearings and monitoring doctors with restrictions on their practice.</p> <p>More challenging service targets</p> <p>This year we also reviewed our service targets and shortened the target for completing an investigation of cases to challenge us to deal with cases more quickly.</p>	<p>Streamlining our procedures</p> <p>Next year the Lean programme will focus on speeding up our investigation process.</p> <p>Making provisional enquiries to deal with concerns faster</p> <p>We are currently developing proposals for expanding further our use of provisional enquiries as a way to speed up our handling of complaints.</p> <p>Speeding up the undertakings process</p> <p>We are currently developing plans to establish and implement a clear escalation process for agreeing undertakings to speed up the undertakings process.</p> <p>New legislation to speed up our procedures</p> <p>We are in the process of seeking change to our legislation to provide stronger powers to progress cases which we hope will speed up the process. These include powers to deal with reviews of cases by consent without the need for a hearing, powers for dealing with doctors who refuse to comply with an investigation and stronger powers to manage hearings more efficiently including costs sanctions for delay. We hope the new powers will be in force by the end of 2015.</p>	<p>We are considering those parts of our investigation where delays arise because we are waiting for information from other bodies. We are considering ideas for reducing those delays, for example, by collecting medical records from health providers rather than requesting them by post.</p>

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<p>A call for the process to be quicker</p>	<p>A faster approach to lower level concerns</p> <p>We have recently introduced a new process for dealing with lower level concerns so that we conclude these in a matter of weeks instead of months.</p> <p>Making provisional enquiries to deal with concerns faster</p> <p>We have also commenced a pilot of a new process for making provisional enquiries about complaints we receive in order to enable us to resolve them more quickly.</p>	<p>The MPTS is specifically addressing the issue of delays caused by adjournments of hearings through a review and discussion of each adjournment decision.</p>	
<p>Concerns about the adversarial nature of FTP hearings</p>	<p>Emotional support for patients</p> <p>We provide a Witness Support Service to assist complainants and witnesses in giving evidence at hearings. We have kept this service under review and are currently considering enhancing the provision.</p> <p>Emotional support for doctors</p> <p>We are piloting a Doctor Support Service for supporters to accompany doctors to hearings as mentioned above.</p> <p>Making reasonable adjustments</p> <p>We make reasonable adjustments for anyone involved in a hearing that has specific needs where appropriate.</p>	<p>Witness handbook</p> <p>Following feedback, we are drafting a handbook for witnesses giving evidence that will explain how they will be cross-examined.</p> <p>Guide for unrepresented doctors</p> <p>We are in the process of producing a guide for unrepresented doctors explaining our procedures. We will also be piloting an independent telephone help service which will inform doctors about hearing processes and procedure.</p>	

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<p>Concerns about the adversarial nature of FTP hearings</p>	<p>Training for panel chairs</p> <p>MPTS chairs' training in 2014 specifically addressed the witness experience and included sessions delivered by Witness Support.</p> <p>The management of hearings and the cross examination process is included in training.</p>	<p>New legislation to speed up hearings</p> <p>We are pursuing changes to legislation to take forward a modernisation programme for FTP hearings (referred to above) which will assist us in reducing the length of hearings. It will also reduce the adversarial nature of some aspects of the process by introducing powers to deal with some types of cases where all the parties agree to the outcome without the need for a hearing.</p>	
<p>Concerns about management of hearings by panellists</p>	<p>Recruitment, training and appraisal of panel chairs</p> <p>MPTS has completely revised the appraisal, recruitment and training process. New chairs are now appointed on probation and are independently observed in hearings by either the Chair of MPTS or specially trained senior staff. This process must be satisfactorily completed before chairs are confirmed.</p> <p>Quality assurance of panels</p> <p>The MPTS Panel Development team review all panel feedback and take action where appropriate. The MPTS Quality Assurance Group reviews all chairs' feedback on individual hearings for learning points.</p> <p>Annual panel training</p> <p>Annual training for chairs, panellists and legal assessors is mandatory.</p>	<p>Enhanced performance management for panels</p> <p>The Chair of the MPTS is introducing enhanced performance management of panellists in order to ensure that panels manage hearings effectively. New systems have been piloted in the interim order panel pool and will be rolled out to all panellists once the IT system is complete – scheduled for the end of 2014. This will include collated 360 feedback and quarterly and annual reviews with a formal appraisal.</p> <p>Streamlining hearings</p> <p>The modernisation programme mentioned above also includes provision for the use of legally qualified chairs in some cases to enhance case management and hearing management. It will also allow some matters such as undisputed reviews to proceed to conclusion without a hearing.</p>	