To consider

Doctors at risk of suicide and referral to the Disclosure and Barring Service and Disclosure Scotland

Issue

1. Our approach to notifying doctors about a referral to the Disclosure and Barring Service and Disclosure Scotland where we have information to suggest they may be at risk of suicide.

Recommendation

2. The Strategy and Policy Board is asked to agree the *Guidance for dealing with doctors at risk of suicide who may be referred to the Disclosure and Barring Service and Disclosure Scotland.*
Doctors at risk of suicide and referral to the Disclosure and Barring Service and Disclosure Scotland

Issue

3 Since 2009 we have made referrals to the Disclosure and Barring Service (DBS) when we think a doctor poses a risk to vulnerable adults or children and that the DBS may bar the doctor. These referrals were initially made under a legal duty arising from the Safeguarding Vulnerable Groups Act 2006 (the SVGA 2006). Currently, referrals are made under a legal power arising from the SVGA 2006 (s.41(7)) as amended by the Protection of Freedoms Act 2012.

4 Similarly, we have made referrals to Disclosure Scotland (DS) since 2011 under a power contained in the Protection of Vulnerable Groups Act 2007 (s.8(2)).

5 We assess cases against criteria agreed with the DBS and DS. Where we decide that a referral should be made we notify the doctor that we have made the referral. Although notification of the doctor is not required by the legislation we consider this to be good practice.

6 Occasionally, we decide to make a referral to the DBS or DS and it is clear to us from the information we hold that the doctor is an inpatient, is undergoing outpatient treatment having attempted suicide at some point or has expressed suicidal ideation. In these cases there is a concern that receipt of the notification that we have referred information to the DBS or DS may have an adverse impact on the doctor’s health and put them at risk of self-harm. The risks are enhanced because the notice of referral may not be made until sometime after the fitness to practise proceedings have concluded.

Guidance for staff making referrals to the Disclosure and Barring Service and Disclosure Scotland

7 There is clearly a significant public interest in sharing information with the DBS and DS. However, in these cases we have considered how we might mitigate the risks to doctors at risk of suicide.

8 Guidance for staff in making referrals to the DBS or DS where we hold information that suggests a doctor may be at risk of suicide is at Annex A. The guidance introduces safeguards into the notification process in relation to vulnerable doctors. These safeguards include:

   a Assessing the doctor’s risk of suicide based on information held.

   b Identifying an appropriate person to provide advice about how best to communicate with the doctor and support to the doctor concerned.
Ensuring support is available for a doctor if required when notifying them of a referral to the DBS or DS.

The guidance assists us to balance the doctor’s right to privacy against a need to prevent death or serious injury. We have taken legal advice on whether our approach is proportionate in the circumstances and have been assured that it is.

**Future work**

We have commissioned an independent review of how we deal with sick doctors and, in particular, doctors who are at risk of suicide. The final report is due to be published shortly and likely to include consideration of the way in which we communicate with these doctors. However, in view of the pressing nature of the risks in this area of work, we felt it necessary to press ahead with developing this guidance. We will review this guidance as part of the wider project relating to doctors at risk of suicide, once the report is published.
Supporting information

How this issue relates to the corporate strategy and business plan

11 The approach we have taken in relation to the referral of doctors at risk of suicide is in line with strategic aim 3: to improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.

How the issues differ across the four UK countries

12 DS is the equivalent scheme to the DBS for Scotland. The same provisions in terms of our referrals of doctors who are at risk of suicide will apply.

What equality and diversity considerations relate to this issue

13 Doctors with health issues are impacted by the provisions made in this guidance. However, the reasonable adjustments made through the guidance provided aim to mitigate any risk that a referral to the DBS poses to their health.

If you have any questions about this paper please contact: Anna Rowland, Director of Policy and Planning, arowland@gmc-uk.org, 020 7189 5077.
Guidance for dealing with doctors at risk of suicide who may be referred to the Disclosure and Barring Service and Disclosure Scotland

General

1 A referral to the Disclosure and Barring Service (DBS) and Disclosure Scotland (DS) may create additional stress for doctors. Many doctors involved in our fitness to practise process have health concerns and these concerns may have been a contributory factor in their referral into fitness to practise, or these concerns may have arisen during their involvement in the process. In some circumstances doctors may have expressed suicidal feelings or may have attempted suicide.

2 When serious concerns are raised about a doctor that may require a referral to the DBS/DS, we should take reasonable steps to avoid unnecessary stress for doctors at risk of suicide.

Assessing doctors at risk

3 We may receive information that a doctor has expressed suicidal feelings or intentions or has previously attempts suicide from a number of sources including, but not limited to:

   a the doctor themselves

   b the doctor’s Medical Supervisor

   c other treating doctors or supervisors.

4 When this information is received, we should treat it as true in the first instance and should consider this policy in every case regardless of the time period that the information relates to. For example, this guidance may be equally relevant
(depending on the whole range of information we hold) if the information indicates the doctor’s suicidal feelings or intentions relate to a period four months ago or four years ago.*

5 When this information is received, the Investigation Officer (IO) responsible for the case should make a clear note on the doctor’s record. However, further information may be obtained from the following sources.

a The IO may have noted on the doctor’s record that the doctor has had suicidal feeling or intentions. This information is likely to be contained in the ‘Notes’, ‘Case Overview’, ‘Current Position’ and ‘Legal Position’ boxes on the case file.

b The key case documents related to the doctor’s health assessment may refer to the doctor being at risk.

c If the ‘stop communications flag’ has been activated on the doctor’s record, this indicates that the doctor is considered vulnerable.

6 When we hold information about a doctor that suggests they are at risk of suicide and we are considering a referral to the DBS, the Safeguarding Referral Officer (SRO) should ask the IO how they correspond with the doctor and whether they are already subject to special arrangements so the SRO is able to communicate with the doctor in the same way if needed.

7 In all cases where the SRO has reason to believe that the doctor is at risk of suicide, the SRO should make a recommendation to the Quality Assurance and Business Improvement Manager (QABIM) that the case should be referred to a medical Case Examiner (CE). Once approved, the SRO should then forward to the medical CE all relevant information. The medical CE will assess the information we hold and, considering the nature of the concerns, will advise on whether this policy should be implemented. They will also advise on who might be the appropriate person particularly in older cases where contacts may be out of date (for appropriate person see below at paragraph 11).

8 If consideration has been given to whether a doctor is at risk of suicide and a decision is made that they are not, the SRO should note the decision in the decision spreadsheet and should send the doctor the following leaflets as an enclosure to the letter notifying them of the referral/disclosure:

a Your Health Matters

b Doctor support service leaflet (for current investigation cases only).

9 If the medical CE considers the doctor is at risk of suicide, the SRO should follow the procedure outlined below.

Contacting an appropriate person

10 When we are aware that a doctor we intend to refer to the DBS is at risk of suicide, we should take steps to identify a person to provide a supportive environment when the doctor is notified of the referral.

11 Using the doctor’s record on Siebel, the SRO should attempt to identify an ‘appropriate person’ to support the doctor. The appropriate person should be someone the doctor has an established, trusted relationship with as listed below in order of preference:

a the doctor’s representative (solicitor, MDU etc)

b the doctor’s Medical Supervisor (where applicable)

c the doctor’s treating psychiatrist/consultant

d the doctor’s GP

e a representative from a support group

12 It is important to note that only doctors with undertakings or conditions related to their health have a Medical Supervisor. Medical Supervisors will not be available for all doctors in our fitness to practise process.

13 The SRO should consult the IO responsible for the doctor’s case and then take advice from a medical case examiner as to who should be identified as an appropriate person.

14 The SRO should email the Head of Section for Quality and Information (HoS) to:

a request approval to contact the appropriate person and to breach confidentiality by disclosing the proposed referral to that person

b explain the nature of the concerns

15 Once approval is given, the SRO should contact the appropriate person by phone to:

a explain we intend to refer/disclose information to the DBS/DS regarding the doctor and are mindful that this may cause the doctor further distress.
b  ask what the likely impact of sending the doctor the information in a letter may be.

c  ask the appropriate person’s advice on how best to inform the doctor of the referral/disclosure.

i  If the appropriate person feels it would be appropriate to write to the doctor with the information, the SRO should ask the appropriate person whether the doctor needs someone to be there when the letter is opened. Based on this response the SRO should assess whether the appropriate person would be willing to be the person who is with the doctor at the time of opening the letter.

ii If the appropriate person thinks it would be inappropriate to write to the doctor with the information, discuss what other options are available.

d  The SRO should inform the appropriate person that they will discuss the telephone call with senior managers and call the appropriate person back at a convenient time.

e  The SRO should ask the appropriate person for consent to pass their details onto the DBS.

f  At the appropriate person’s request, the SRO should follow up the telephone discussion in writing.

16  The SRO should make a detailed telephone note of the conversation and obtain instruction and approval from their HoS and QABIM on any action taken.

Notifying the doctor

17  **If the appropriate person does not think the doctor needs someone with them when they receive the information** - the SRO should obtain approval from QABIM and HoS to send the letter on this basis to the doctor’s registered address. Alternatively QABIM and HoS may instruct the SRO to seek a second opinion from another individual listed in paragraph 11.

18  **If the appropriate person advises the doctor does need someone to be with them when they open the letter:**

a  **but they are not prepared to be that person** – the QABIM and HoS should instruct the SRO about whether to contact another individual listed in paragraph 11 to see if they would be prepared to be with the doctor when they open the letter.
b and agrees to be with the doctor to offer support when they open the letter - the SRO should arrange with the appropriate person that the letter be delivered by special delivery to the appropriate person in time for their next consultation with the doctor. The letter should be addressed to the doctor and sealed in an envelope and then placed in an envelope addressed to the appropriate person. The SRO should ring the appropriate person to confirm the date the letter was sent and the postal service used (Royal Mail Special Delivery).

i The appropriate person should then pass the letter to the doctor during their consultation so the doctor can open the letter with the appropriate person.

ii The appropriate person should update the SRO after their discussion with the doctor.

c and agrees to verbally explain the referral/disclosure to the doctor - The SRO should explain to the appropriate person that the SRO will write to them directly with the referral/disclosure details. The letter must be approved by the QA&BIM before it is sent. The SRO should ring the appropriate person to confirm the date the letter was sent and the postal service used (Royal Mail Special Delivery).

i The appropriate person should arrange to discuss the information with the doctor in their next consultation.

ii The appropriate person should update the SRO after their discussion with the doctor.

d The SRO should keep the relevant IO updated at all times.

Using standard letters to disclose to the doctor

19 There are three types of letters that may be sent to a doctor regarding their referral to the DBS/DS. These include the following.

a Letter one – Notifying a doctor of a DBS/DS request for information - this should be used when we are complying with a request under section 42 Safeguarding Vulnerable Groups Act 2006 or section 19 Protection of Vulnerable Groups (Scotland) Act 2007

b Letter two – Notifying a doctor of a DBS/DS referral - this should be used when we are making a referral under the Safeguarding Vulnerable Groups Act 2006 or Protection of Vulnerable Groups (Scotland) Act 2007

c Letter three – Notifying a doctor of a DBS/DS disclosure under section 35B(2) Medical Act 1983 – this should be used when we are exercising our discretionary powers under the Medical Act
20 These letters should be approved by the QA&BIM before being sent to the doctor.

**Referring to the DBS/DS**

21 Once we have confirmed that the doctor is now aware of the DBS/DS referral/disclosure the SRO should then make the referral/disclosure.

22 The standard letter to the DBS/DS must be amended for doctors at risk of suicide and the letter will be case specific. The letter to the DBS/DS must be approved by the QA&BIM.

23 The letter should explain the concerns regarding the doctor’s health and, if the AP gives their consent, should include the full contact details of the appropriate person and their involvement in the case.

**Operational notes**

24 When using this guidance the SRO must create a service request on Siebel titled ‘GMC case note’ and the SRO is responsible for ensuring this is kept up to date.