

DOCTORS' REVALIDATION

The Role of Case Manager in Improving the Performance of Doctors



SHARING INFORMATION WITH PATIENTS, CARERS AND THE PUBLIC

2014

HEALTHWATCH AND PUBLIC
INVOLVEMENT ASSOCIATION



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HAPIA – The Healthwatch and Public Involvement Association

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Aims and Objectives of HAPIA

1. Supporting the development of Local Healthwatch and Healthwatch England (HWE) as powerful and effective bodies that enable the public to monitor, influence and improve health, social care and public health services.
2. Promoting democratic and accountable public involvement organisations across England, which genuinely empower patients, care receivers, carers, and all individuals and communities to influence planners, commissioners and providers to create safe and effective services.
3. Investigating, challenging and influencing health, social care and public health bodies which fail to provide, commission and develop safe, effective, compassionate and accessible services.
4. Holding the Government to account for its legislative and policy commitments to enable the public to influence health, social care and public health services.
5. Collaborating with other community and voluntary sector bodies, patients and service users to achieve the Association's objectives.

CASE MANAGERS:

Sharing Information with Patients, Carers and the Public

This Good Practice Guide has been prepared by the Healthwatch and Public Involvement Association (HAPIA) to support Case Managers in understanding the principles and benefits of sharing information with patients, carers and the public, when a Doctor is undergoing investigation or remediation.

When revalidation was launched in December 2012, the Secretary of State made the following statement:

‘As well as improving patient safety and quality of care, revalidation will improve public confidence that the doctors who are providing care and treatment to patients in the UK are up-to-date and fit to practise.’

For most patients and the public, revalidation is an unknown development and most people hearing about the new process to license Doctors, are surprised and even shocked that it has never happened before.

To Doctors, it is a wonderful opportunity to demonstrate to patients and colleagues that they are progressing well in their profession and in a continuous process of learning and also reflecting on contributions from patients and colleagues. Sharing and demonstrating the benefits and outcomes of this process is a great challenge, especially for Doctors whose Appraisals are problematic and who need to demonstrate that they are tackling weaknesses in their performance, either clinically or in relation to the ways they communicate with patients and colleagues.

Key Questions for Case Managers

Q1. If there is a complaint or concern about a Doctor, do patients have a right to know?

A1. There is no right for patients to know, but if patients have suffered hard, or if there are doubts in the patient population, of a Clinic or Practice about a Doctor’s competence, it would be right to offer assurances about both the Doctor’s fitness to practise – and that due process is taking place.

Q2. Patients often know when a Doctor is not performing well, so would it be best to create a positive and creative framework in which patients know that a Doctor is up-skilling and in active learning, to ensure that they are working to provide the best care?

- A2. The benefits of good investigation, effective appraisals and, where necessary, retraining and remediation are considerable - especially if the Doctor is able to demonstrate to the patient population that he or she welcomes the opportunity, and cares enough about patients to share details of progress and advancement in skills and effectiveness.
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Q3. If patients are being encouraged to examine data in making a choice about which doctor to consult, is it fair to withhold information where there are concerns?

- A3. It is not fair to the patient to be denied this information in relation to making choices about which Doctor to consult. It is also not fair to a Doctor under investigation to have to share information, if they are later found innocent of allegations made against them.

A compromise position would, perhaps, be that a Doctor who is being remediated for lapses in effective clinical practice, be required to declare this in relation to patient choice mechanisms, but only if the right narrative can be constructed to explain that remediation is a positive and creative process for the retraining of doctors.

Q4. Is informing patients about a Doctor whose Practice is being investigated, consistent with a duty to protect the public?

- A4. If the Doctor has been suspended, it is reasonable for patients to know that there is a process of investigation, and that the Doctor will not practise during the period of investigation.

However, it is important that there is no delay in the process, and that patients are aware of the importance of a good process of investigation – followed, if necessary, by remediation or by information for patients that the Doctor has been found to have followed the Good Medical Practice guidance.

Q5. Is there a genuine public interest in providing information about a Doctor when a complaint has been made, but the matter is not serious enough for the Doctor's suspension?

- A5. A threshold needs to be established and widely understood, in relation to less serious complaints. It would not be reasonable to share information about less serious complaints unless the information has become known in the patient population, and reassurance needs to be provided about due process. However, if the complaint is upheld, and remediation follows, there may be a case for sharing some information.

Q6. If a patient or carer has made a complaint about a Doctor, is it best to let the patient have detailed information about the process being undertaken, and any consequent requirements for training or remediation?

A6. When a patient or carer has made a complaint, it is essential that they are appraised - in confidence - of the steps that have been taken to investigate the complaint. They should also be told of any subsequent steps that are taken regarding remediation or retraining, should the complaint be upheld.

Q7. If a patient or carer is invited to meet a Doctor to discuss a complaint or incident, how can openness and honesty be protected from public scrutiny, should the patient or carer pass information onto the media?

A7. Preserving privacy when complainants are involved in a meeting in which details of the investigation or other associated actions are disclosed, depends upon ensuring that the patient or carer understands the need for privacy, i.e. it is not to protect the Doctor, but is in the interests of justice.

Careful planning of the meeting, so that it is clear to the complainant that there is a commitment to openness, honesty and learning will, in most cases, prevent information being passed to other parties. Complaints meetings are really daunting for patients and carers, and a mediator may be needed.

Q8. If witnesses are invited to give evidence to the investigation of a Doctor, can their privacy be protected?

A8. Patients are likely to feel very stressed at the thought of giving evidence to a complaint investigation. There is no reason for their identity to be revealed beyond the direct parties to the hearing.

If a patient fears that he or she will be refused access to healthcare as a result of giving evidence, assurance must be given. A policy on giving reassurance to witnesses attending hearings should be produced - (see note below on the GMC Witness Support Programme).

Q9. What guarantees can be given to a witness to an investigation concerning a GP, that they will not be removed from the Doctor's list?

A9. As GPs do have the right to remove patients from their list (unlike other Doctors), it should be possible for GPs to provide assurance, in writing, that they will not remove a patient from a Practice List if they have given evidence to a complaints hearing or investigation and, furthermore, that their contribution is valued.

Q10. If a medical error, or serious incident (SI), has occurred that results in the patient being told (Duty of Candour), is a duty placed on the Doctor, or the employer, to also inform the patient about the Doctor's process of learning and reflection in order to prevent a similar occurrence?

A10. There is no additional duty placed on the Doctor or the employer, apart from the Duty of Candour itself. It would, however, be unreasonable to deny a patient or carer knowledge and information about a process intended to improve practice and protect patients from harm.

Q11. Could a statement from a Doctor that reads something like the following, enhance the reputation of the Doctor:

"I should like my patients to know that I have not been performing as a Doctor as well as I would wish. I am, therefore, going through a comprehensive process of training and development to enhance my clinical practice and skills, in order to become a better Doctor."

A11. Evidence of a Doctor's reputation and skills is very important for public assurance that individual Doctors working in practices, clinics and all other locations are providing safe, effective care.

Building more open relationships, where Doctors can be honest about weaknesses in their practice and show how they are addressing these, would help to build more effective medical practice and reassurance to the public.

The form of words used in this question, are an example of one approach to this issue.

Q12. If a Doctor wishes patients to know that there have been problems and/or complaints, and is going through a process of investigation and/or training, could there be any pressure on the Doctor to remain silent?

A12. There have, unfortunately, been pressures from some Trusts' legal advisers, for Doctors and Hospitals Managers to remain silent when something has gone wrong with a Doctor's clinical performance. This culture of silence is harmful to Doctors, and undermines the trust that patients want to have in their Doctors.

Extract from GMC Witness Support Programme Advice

<http://www.gmc-uk.org/concerns/witnesses.asp>

Support for Witnesses giving Evidence to Tribunals

There may be factors that might make giving evidence particularly difficult for some witnesses. If you have a disability, illness or a condition such as a depression or anxiety, a learning difficulty, a physical disability, or you experience difficulty in social situations, then this may affect how you give evidence before a panel.

The way in which you present evidence may also be affected in situations where the allegations are of a sexual nature and you are the alleged victim, or you feel intimidated due to your age, gender, race, cultural background or sexuality.

If you have any concerns about giving evidence, please raise this at an early stage with your GMC contact. They will discuss your circumstances with you, and let you know whether adjustments can be made to assist you - or if any special measures (e.g. screens or video-link), can be put in place to help you give evidence.

Talking to someone about being a witness

Being a witness can be a stressful experience for some people. If you feel that you would like support, you might wish to speak to someone who is independent of the GMC and the MPTS.

Our witness service provides dedicated support for people who have made a complaint to the GMC, or who may be asked to give evidence to a hearing.

It is a confidential service, run by volunteers from the charity Victim Support.

You can access support from the service at any time - before, during or after attending a hearing.

The witness service can provide:

- . Telephone support
- . Home visits, or face-to-face support in your local community
- . An opportunity to talk to someone, confidentially, about how you are feeling
- . Help to understand what happens during an investigation into a complaint about a Doctor

- . An opportunity to visit the 'hearing center', before the day you are due to give evidence
- . An independent supporter who can accompany you on the day, and be in the room while you give evidence to a hearing
- . Practical assistance to make sure the GMC - and the MPTS - is aware of any arrangements that are needed to enable you to attend the hearing and help in completing your expenses claim form
- . Sign-posting to other organisations that can provide further support.

This service is free, confidential and independent.

Please remember that, while volunteers are able to provide emotional support and practical help, they are not qualified to provide professional counseling or legal advice. They are also not allowed to discuss the evidence.

Contact us if you would like to use this service. You can ask your Solicitor to make a referral.

Alternatively, you can contact the Witness Service Manager yourself by calling

0161 954 1797 or emailing witnesssupport@gmc-uk.org
