



# CHECKLIST/ PROTOCOL TO SUPPORT COLLEAGUES UNDER INVESTIGATION

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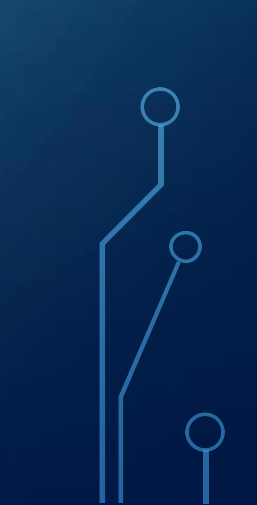
EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST



Wu, in 2000, suggested that:

“Although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims”.

Wu, A.W. (2000). Medical error: the second victim. The doctor who makes the mistake needs help too. *British Medical Journal*, 320, 726-727 Available online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117748/> (Last accessed 22/02/2017)



# BACKGROUND

- **Impact:**

- Psychological and emotional: depression, anxiety, substance misuse, feeling unsupported
- Cognitive: poor concentration, feeling distracted
- Physical: lack of appetite, poor sleep
- Behavioural: defensiveness, avoidance

- **Suicide**

- Horsfall 2014: 24 doctors had committed suicide whilst under Fitness to Practice investigations between 2005- 2013.
- High levels of pre- existing mental illness

# SURVEY: AIMS AND METHODS

## Aims:

- To gain an understanding of the experiences of Trust staff who had been under investigation, including levels of support & areas for improvement.

## Methods:

- An invitation to participate in an online survey sent to all staff via Trust News.
- Survey Monkey questionnaire.

1. Specialty (Freetext)
2. Grade (Foundation Years Doctor, ST1 / 2, ST3 +, LAT, Staff Grade, Consultant, Nurse Band 5, Nurse Band 6, Nurse Band 7 +, Midwife Band 5, Midwife Band 6, Midwife Band 7+, Allied Health Professional- freetext)
3. Base hospital (KCH, WHH, QEQM, RVH, Other)
4. Have you been the subject of a complaint in the last 5 years? (Yes, No)
5. Have you been the subject of an allegation from colleagues in the past 5 years? (Yes, No)
6. Have you been involved in a Serious Untoward Incident in the last 5 years? (Yes, No)
7. Were there legal proceedings related to this? (Yes, No)
8. Did this event require the coroner to be involved? (Yes, No)
9. Did this event result in suspension from work? (Yes, No)
10. Were you referred to your professional regulatory body as a result of this event? (Yes, No)
11. Were you aware of the process of the investigation? (Yes, No)
12. Did you feel that you were being kept informed of the progress of the investigation? (Yes, No)
13. Do you feel that you have suffered any psychological impact from this experience? (Yes, No)
14. If yes, what impact? (Freetext)
15. Did you take any time as sick leave related to this event? (Yes, No)
16. Were you offered support at the time? (Yes, No)
17. Did you feel this support was helpful? (Very Helpful, Helpful, Not sure, Not very helpful, Unhelpful)
18. If so, what support? (Freetext)
19. Were you aware of Occupational Health support? (Yes, No)
20. Were you aware of counselling support? (Yes, No)
21. Were you offered peer support? (Yes, No)
22. Do you have any suggestions which could improve the support EKHUFT offers staff members in a similar situation? (Freetext)

# SURVEY: RESULTS

- Sixty- three clinical members of staff responded.
- Twelve people had received a complaint in the last five years, seven had been the subject of an allegation, and twelve had been involved in an SUI.
- Fourteen respondents felt the investigation process had had a psychological impact, such as low mood, anxiety, and lack of confidence. Felt they were “guilty until proven innocent”.
- Only four respondents reported being offered support.
- A need for clear and easily- accessible formal and informal avenues of support (including peer support) was highlighted.

# CHECKLIST/ PROTOCOL

- For manager to use when an investigation of an individual is likely, planned or in progress.
- Different sections: Doctor, Nurse, Midwife, AHP/ Non- clinical.
- Sources of internal & external support- OH, counselling, workplace contacts, union, indemnity provider etc.



# FEEDBACK

- Initially started with some basic checkpoints, but other protocols for this.
- Concern from senior management re. place in SUI investigation & increasing defensiveness.
- 23 protocols sent out, 18 responses.
- Feedback from managers & staff- positive.
- Clearer ways to access support.
- Workplace contacts very helpful.



# CONCLUSION

- Reasonable starting point.
- PHP has called for national code of conduct for supporting doctors and other HCPs who are under investigation.
- **Most important elements:**
  - Appropriate support during investigation- internal and external
  - Keeping updated about progress of investigation
  - Conclusion of investigation in timely manner.

# REFERENCES

- Bourne T, Wynants L, Peters M, *et al* The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey *BMJ Open* 2015;5:e006687. doi: 10.1136/bmjopen-2014-006687
- Horsfall S. Doctors who commit suicide while under GMC fitness to practise investigation. Internal Review General Medical Council (2014) Available online: [http://www.gmc-uk.org/Internal\\_review\\_into\\_suicide\\_in FTP\\_processes.pdf\\_59088696.pdf](http://www.gmc-uk.org/Internal_review_into_suicide_in FTP_processes.pdf_59088696.pdf) (Last Accessed 22/02/2017)