

# Raising a concern - Advice for GPs

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It's never a good day when you are faced with the uncomfortable feeling that something is not quite right; and a worse one still when the realisation dawns that you may be the only person in a position to do something about it.

Recent local and national incidents have stressed the important role which all health professionals, particularly doctors, have in drawing attention to both poor standards of care and poor standards of professional practice.

The duty to report concerns about colleagues has been with us for some years (GMC – “Good Medical Practice 2013” – paragraphs 24-27 [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/respond\\_to\\_risks.asp](http://www.gmc-uk.org/guidance/good_medical_practice/respond_to_risks.asp) ). Cases such as those of Clifford Ayling, Harold Shipman and the system failure at Mid-Staffordshire NHS Trust have led to revision of older guidance and a clearer picture of the duty for all of us to identify and act on concerns.

## Barriers to Action

Doctors often worry that raising a concern, particularly relating to a colleague, will cause a breakdown in working relationships or lead to them facing action or criticism for defamation of a colleague. They may also worry that a problem is minor and bringing it to the attention of “the authorities” will necessarily result in disproportionate outcomes such as someone being struck off or stopped from working for a long period of time.

For all these reasons it can be tempting to do nothing, wait and see, or try and deal with it in a low-key way – having a “quiet word” with your colleague.

When the cases of doctors who get into serious professional difficulties are reviewed, some themes emerge:

- Low level concerns had been identified sometimes years earlier.
- Doctors were over-ready to find a reasonable explanation for a colleague’s behaviour rather than face up to the fact that someone could act in a flagrantly unprofessional manner
- Everyone thought someone else was doing something about it
- Incidents are dealt with in isolation – the problem in the out-patient clinic is not shared with the practice partnership; and the complaint about the home visit from the practice is not shared with the out-of-hours service
- Even if the doctor is confronted, either a plausible explanation is given or there is an angry, defensive or threatening response which discourages further exploration
- Organisational change means that people and systems move on, there is a loss of trust and familiarity in the new system, no-one is quite sure who to speak to and what the outcome might be



## Deciding what to do

There are a number of colleagues that you can speak to including your Responsible Officer (RO); a member of her team; the Local Medical Committee (LMC); the National Clinical Assessment Service (NCAS); or your medical defence body.

### Remember:

- You don't have to be certain “beyond reasonable doubt” that something is wrong
- You don't have to conduct an investigation or seek further “evidence” before reporting
- You must make a clear record of your concerns – date and time of any incident, details of any patient or others affected, any steps you have taken to rectify the problem, any response to the concern made by the person or people concerned
- You should take whatever steps you can to ensure that patients are protected as far as possible from the results of poor care or poor performance e.g. contacting the patient yourself about the mistake on the prescription or the missed test result

If you have a concern about patient safety or quality of care, you can raise that through the normal incident reporting mechanisms supported by your CCG.

You can also raise it at your appraisal or with the commissioner of the service concerned (usually via your CCG) or contact the nursing or medical directorate of the Area Team regarding Primary Care Services. We are well placed to forward any concerns to the right people and to follow-up and ensure that appropriate action is taken.

Where you have a concern about a doctor, you should inform the doctor's RO at their “designated body”, usually the Medical Director at the employing hospital for a secondary care doctor and the NHS England local office for a GP. If you aren't sure, it's perfectly reasonable to approach your own RO; this is Dr Liz Mearns, Medical Director at the Wessex NHS England Office, or one of her team.

## What happens when you raise a concern locally?



Details of your concern will be noted down. We follow an agreed NHS England set of policies and procedures for dealing with concerns about professionals (<https://www.england.nhs.uk/publication/framework-for-managing-performer-concerns/>). Many of the concerns and issues about GPs can be dealt with through informal local measures and actions will be proportionate to the issues raised.

If an issue is serious or pervasive, under current regulations, (<http://www.legislation.gov.uk/ukxi/2013/335/contents/made>) the doctor in question can be suspended from the performers list (stopped from working) during an investigation. However, in most cases, an investigation proceeds while the doctor remains at work.

The principle of “innocent until proven guilty” always applies. Decisions to suspend doctors or limit their practice are neutral, non-punitive and occur only to protect patients pending investigation. The doctor will be contacted and asked to respond to the concerns raised. He/she can view any records or evidence, comment on the investigation and correct any material inaccuracies.

The investigation report is considered by a trained panel and a decision is made on appropriate action. Sometimes, the concern raised will warrant a referral to the GMC and, if this is the case, the doctor is advised accordingly. More information on this can be accessed through the web link provided above.

NHS England Local Offices keep records of any concerns or issues relating to GPs so that a concern can be viewed in context to check whether it is part of a pattern. At every stage in the process, it's always possible to decide that no further action needs to be taken – there is no “juggernaut” set running that will automatically affect someone's career when they've just had a bad day or made a simple error!



## What to do if a response is inadequate

Unless you are the doctor's employer or partner, or the doctor gives consent, we are not usually able to share the outcome with you. We can share the detail of our processes. We will give you assurance that you have shared your concern appropriately and that it's now the responsibility of the Area Team to ensure this is progressed.

To comply with your GMC duty and the Francis Report recommendations, you must seek assurance that action is being taken. Unfortunately, this goes beyond a one-off email to your friendly local medical director. Seeking assurance may be difficult within the necessary constraints of confidentiality under which we operate to give people a fair hearing.

If you are unhappy that action has not been taken, you should seek further advice and support from the local NHS England Director of Commissioning Operations or the NHS England Regional Medical Director ([England.revalidation-south@nhs.net](mailto:England.revalidation-south@nhs.net)).

## What to do if there are concerns about your own professional practice

This is always distressing and difficult. You should seek advice from your medical defence body and from the LMC. You can discuss your case with members of both these bodies in confidence. It's usually a good idea to be sure that someone in your workplace – a partner, manager or colleague is aware that you are dealing with an issue, although on occasions this may not be possible or advisable.

You do need to respond promptly to requests for information - sticking your head in the sand and hoping it will all go away really isn't a sensible approach! You are entitled to have a friend or supporter attend any meetings with you. If you think that your case is not being handled fairly you can raise your concern via the LMC or with the Area Team Director.

## Learn more

The GMC has an on-line tool which takes you through the process for raising concerns appropriately: [http://www.gmc-uk.org/guidance/ethical\\_guidance/decision\\_tool.asp](http://www.gmc-uk.org/guidance/ethical_guidance/decision_tool.asp)



## Useful contact details

Dr Liz Mearns, Medical Director and Responsible Officer  
liz.mearns@nhs.net Tel: 01138 253503

Moira Philpott, Assistant Director Revalidation and Performance  
moira.philpott@nhs.net Tel: 01138 249905

Revalidation and Performance Team  
Englandwessexpcp@nhs.net Tel: 01138 249929

NHS England's Regional Medical Director and Responsible officer  
England.revalidation-south@nhs.net

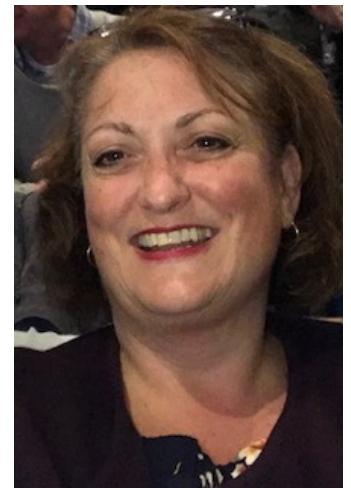
LMC  
office@Wessexlmcs.org.uk Tel: 02380 253874

General Medical Council  
Practise@gmc-uk.org Tel: 01619 239399

NCAS  
casemanagement-s@ncas.nhs.uk Tel: 02079 722999



Dr Liz Mearns



Moira Philpott

## Key messages: 60-second summary



- If you have concerns about another healthcare professional or patient safety you must raise them
- Not raising concerns can put your own career at risk
- You do not have to be certain that there is a problem with a colleague; a strong suspicion is enough
- The Medical Director and Responsible Officer (RO) for NHS England (Wessex) is Dr Liz Mearns – Liz.Mearns @nhs.net
- Liz is responsible for ensuring concerns about doctors and other health professionals are addressed and ensuring concerns about quality and safety in other health care settings and providers are passed on and dealt with properly
- A member of Liz's team will always be available to provide help
- You can get advice and support confidentially from your medical defence body and the Local Medical Committee (LMC) or the National Clinical Assessment Service (NCAS)
- Often concerns about doctors can be dealt with locally, whilst allowing the doctor to continue working
- If concerns are raised about you, you can seek advice and support from the LMC and your medical defence body. You are entitled to be treated fairly and proportionately.