

17 April 2020

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Chair  
Dame Clare Marx

Chief Executive and Registrar  
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Dear Ramesh & JS,

### **Your letter of 10 March – Dr Sridharan Suresh**

Thank you for your letter of 10 March. Let me first say how saddened I was by the death of Dr Sridharan Suresh, and how much I share your concern about a doctor having taken their own life.

Any suicide is tragic and when it happens during our processes, we always undertake a case review to ensure we learn lessons and implement improvements as quickly as possible.

As you know, representatives of the GMC gave evidence at the inquest, and we have now implemented the changes to our processes that were suggested at the inquest and recommended by the coroner.

I wanted to outline what these specific changes are so you are aware of how we are responding to the issues raised in this case, before going on to the broader programme of work we are doing in this area, and to seek your ongoing support and involvement.

The changes we have made following the inquest are:

- We have amended the pathfinder email we send a doctor before we write to them about a fitness to practise case. It now provides the doctor with a phone number of an individual they can speak to if they have concerns about being contacted by the GMC. This will enable that member of staff to assess their vulnerability and take steps to provide assistance and offer support;

- In all cases where we receive a referral from the police we will ask them if they consider the doctor to be vulnerable or to have any welfare issues. This will enable us to consider what additional assistance and support we can provide;
- Our Employer Liaison Advisers (ELAs) have clarified with responsible officers that they should not provide assurance to doctors that no referral will be made to the GMC in relation to a local concern, as of course, a referral may come from another source, such as a member of the public or the police, even where a trust does not make a referral;
- Our ELAs have also advised responsible officers to raise any local case where the police are involved with the ELA so that the ELA can provide further advice and guidance.

Suicides by doctors continues to be an area of focus for the GMC. Following a review in 2014, we appointed Professor Louis Appleby, a leading psychiatrist, as an independent expert to advise us on how we could reduce the impact and stress of our investigations on doctors.

Professor Appleby advised us that all doctors under investigation may be vulnerable, for the reasons that you set out in your letter, so the goal of the work we did with him aimed to reduce the impact for all doctors as far as it is possible to do so when carrying out our statutory role.

Professor Appleby reviewed every stage of the investigation process and made a series of recommendations. As a result of his work, we carried out a wide programme of work to improve the way we investigate complaints, with mental health at the heart of every change. Our reforms have included:

- ✓ Changing our tone of voice in correspondence, to ensure phrasing is as sensitive as possible and remove legalistic jargon;
- ✓ The introduction of a process to pause investigations and allow very unwell doctors time to seek urgent treatment;
- ✓ Creating a specialist team to work with doctors who have health concerns;
- ✓ Rolling out general mental health training to GMC staff, including an awareness around suicidal presentation and support to staff in dealing with extremely vulnerable individuals.

Our procedures enshrine the principle that doctors are presumed innocent until findings are made. However, you will appreciate that because we have a protective role it is sometimes necessary for us to take interim action to restrict a doctor's practice while an investigation is ongoing, and before findings have been made.

As these interim orders must be made swiftly, we need to correspond swiftly with doctors about the interim orders hearing and about what they need to do in terms

of taking advice. We understand that receiving such a letter is very distressing and have carefully considered the template for that letter. As you are aware, following your feedback on the correspondence we send to doctors, a discussion took place at the BME doctors forum on the content of the template letter. I know you were not able to be there at the meeting in January when this was discussed, but we have subsequently shared a copy of the template letter with all forum members and asked for written feedback on it. We would really welcome any feedback BAPIO has on that letter.

Turning to our work with employing authorities, our ELAs meet regularly with responsible officers, medical directors and other clinical leaders within organisations to discuss and review how concerns about a doctor's fitness to practise are handled. Their work with responsible officers and medical directors seeks to ensure cases are handled locally where possible, especially where the case relates to clinical performance or ill health, with referrals to us made only where necessary. The team also offers advice and guidance to responsible officers on issues including our thresholds for investigation, best practice in handling concerns about doctors, and how and when to involve other organisations to support a doctor after a concern has been raised. We are currently developing a pilot so that we can rely on evidence gathered locally by employers about serious concerns about doctors to avoid the need for a separate GMC investigation in those cases.

As you know, we do not have responsibility for the police and cannot set guidelines for their staff. It is our experience however that police referrals do tend to meet our statutory threshold for investigation. In any event, our staff have clear guidance about how to carry out an initial assessment of referrals made to us against that threshold, and it is only once that assessment is complete would we contact the doctor.

We recognise that investigations can be extremely distressing for doctors, for patients and for their families and we want them resolved as quickly and fairly as possible for all concerned.

We keep our processes under regular review and will always consider whether improvements can be made to them, while still ensuring that we meet our statutory function. We welcome continuing to work with you to achieve these aims.

Yours sincerely



Charlie Massey