Putting mental health safety at the heart of the fitness to practise process

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[](https://gmcuk.files.wordpress.com/2016/04/louis-appleby-event.jpg)*Professor Louis Appleby talks about his recent work helping to identify what changes could be made to GMC processes to help make investigation procedures more compassionate.*

Four months ago I began working with the GMC, [reviewing the fitness-to-practise process](https://gmcuk.wordpress.com/2016/01/13/reducing-stress-for-doctors-undergoing-an-investigation/) with the aim of reducing the risk of suicide in doctors facing investigation. During this time many people have written to me about the effect of investigation on their emotional health, sometimes long-term, and on their careers, even when no restrictions were placed on their practice in the end.

I have also met people at all levels in the GMC who recognise this distress and want to make their procedures more compassionate. And I have heard from patients who feel that a process that can be protracted and hard to follow may leave them, as victims and witnesses, just as traumatised as the doctors.

Prof Louis Appleby at the GMC’s London office to discuss the draft proposals with stakeholders

Two principles have guided my approach to this work. First, doctors who are ill need to be treated, not punished – investigation is frequently punitive in effect, even if that is not the intention. Secondly, suicide is not confined to those who are known to be mentally ill – it can be those who are thought to be coping that are most at risk – so reducing risk is a task for the system as a whole.

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Detailed proposals have now been drawn up. There should be fewer investigations – the current rate of 2750 per year translates into a 40% chance that doctors will come before the regulator at some time in their careers. Yet only 13% of investigations lead to any sanction – such a low figure does not justify the impact on individuals. Most complaints from patients about a doctor’s performance could be dealt with by the doctor’s employer. Cases in which health is the root of the problem should avoid full investigation whenever possible, moving instead to early treatment. A new senior medical post will help ensure mental health expertise has a stronger influence on these decisions.

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But in all cases, whether or not the doctor is seen as vulnerable, the process should be sensitive. Doctors can be distressed by the tone, timing and frequency of letters – they may become avoidant, reluctant to open letters from the GMC who therefore assume they are not co-operating. In future, one person in the GMC should co-ordinate communication with a doctor and ensure a more personal approach. The extent of scrutiny – contacting past employers, checking case files – should be proportionate to what has gone wrong. Meetings with the doctor should help clarify what will happen next and give the GMC a human face. Agreement should be the preferred outcome.

*Employers have a crucial part to play, ending the use of GMC referral to resolve conflicts with medical staff and tackling their high rate of referral of BME doctors.*

Not everything that is needed can be brought about by the GMC alone. Employers have a crucial part to play, ending the use of GMC referral to resolve conflicts with medical staff and tackling their high rate of referral of BME doctors. The GMC should fund an expansion in the availability of doctor support services – the 11% who attend tribunals unsupported are a particular concern. The patchy provision nationally for doctors who need treatment for mental illness or addiction should finally be addressed. Comprehensive data on doctor suicides should be routinely collected to feed future improvement.

The GMC can now turn a tragic problem into positive steps that others can follow. It can make mental health safety a thread that runs throughout the organisation, influencing training, standards, leadership & culture. A permanent focus on mental health safety will help doctors who might otherwise be at risk of suicide but it can go further – in time it can extend the potential benefits of these proposals to patients and staff.

[*Louis Appleby*](https://twitter.com/ProfLAppleby)*is Professor of Psychiatry at the University of Manchester where he leads a group of more than 30 researchers at the Centre for Mental Health and Safety.*

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