

FACULTY OF PHARMACEUTICAL MEDICINE

**POLICY: CONCERNS AND COMPLAINTS ABOUT A DOCTOR'S
MEDICAL PRACTICE VERSION:**

2.0

APPROVAL DATE: 23/01/2017

REVIEW DATE: 01/08/2020

APPROVERS: Responsible Officer and Chief Executive

Purpose and Introduction

This policy sets out the procedure which the FPM will follow if it becomes aware of concerns which might affect a doctor's eligibility for revalidation.

Concerns and complaints may be raised by or notified directly to the RO by FPM Appraisers, FPM staff, other FPM representatives and external representatives or individuals.

Concerns and complaints may relate to a doctor's capability, conduct, health and/or fitness to practise.

The policy describes the process which will be followed for concerns and complaints relating to two categories of doctors:

- a) those with a GMC Licence to Practise and a prescribed connection with the FPM; and
- b) other doctors.

Process

1. Responding to Concerns and Complaints (See Appendix 1: Responding to Concerns Flowchart)

The revalidation homepage of the FPM's website provides an email address, revalidation@fpm.org.uk, which can be used by any person wishing to notify the FPM in its capacity as a Designated Body about a concern or complaint against a doctor who has a prescribed connection to the FPM. This email address is monitored by FPM revalidation staff. The RO will be notified should a concern or complaint be received by email or via any other source.

If an anonymous complaint is received this will be considered by the RO. Whether any action can be taken in response to it will depend upon the information and evidence provided.

The RO will maintain records of all concerns and complaints received and decisions taken in relation to them.

Doctors who do NOT have a prescribed connection to the FPM

If the RO is notified about a concern or complaint about a doctor who has a prescribed connection to another designated body, the RO will notify the doctor's RO. The complainant and the doctor will be informed of the RO's actions unless the RO decides, in their absolute discretion, that this is inappropriate.

If the RO is notified about a concern or complaint about a doctor who is a member of the FPM but who is not registered with the GMC, the RO will notify the FPM President who will consider what action, if any, to take consulting with the Board of Trustees if required. The complainant and the doctor will be informed unless the President decides, in his absolute discretion, that this is inappropriate.

If the RO is notified about a concern or complaint about a doctor who is registered with the GMC but who either does not have a prescribed connection to a designated body or where the designated body is not known, the RO will pass the complaint / concern to the GMC. The complainant and the doctor will be informed of the RO's action unless the RO decides, in their absolute discretion, that this is inappropriate.

Doctors who DO have a prescribed connection to the FPM

If the RO raises or is notified about a concern or complaint about a doctor who does have a prescribed connection to the FPM, the RO, or other person(s) as requested by the RO, will undertake an initial review of it and may seek additional information.

If, having undertaken an initial review of any complaint / concern, and considered any additional information provided, the RO decides that no further action is required, the complainant and the doctor will be notified of this.

If, following review, the RO decides that the concern or complaint relates to a doctor's employment or contractual relationship with a client and not to GMC *Good Medical Practice*, the RO will, depending upon the circumstances, either notify the employer, with the doctor's permission, or take no further action. The complainant and the doctor will be notified of any action that the RO takes.

If the RO decides that the complaint / concern raises issues of relevance to GMC *Good Medical Practice*, further action will follow in accordance with one or more of the following:

- 1) If the RO deems the complaint / concern provides evidence of a *prima facie* breach of *Good Medical Practice* or of the criminal law, they may refer it to the GMC and / or the police. The complainant and the doctor will be notified of the steps that have been taken unless the RO decides on advice or in their absolute discretion that this is inappropriate.

For other matters, the RO may:

- 2) Raise the matter with the doctor in an attempt to obtain more information before reaching any decision as to what, if any, action to take.

and / or

- 3) Trigger an investigation.

If an investigation is triggered the possible outcomes are:

- The matter is closed with no action being required.
- The matter is resolved following a discussion and/or exchange of correspondence between the doctor and the RO or FPM Revalidation Adviser.
- The matter is resolved following agreement between the doctor and the RO or FPM as to any necessary remedial action.
- The doctor's employer is informed.
- The police are informed.
- The GMC is informed.

In each case, the doctor and the complainant will be informed of the outcome of the investigation and the action taken in consequence.

The RO or their nominee will ensure that records of decisions taken at each stage and that minutes, correspondence and reports are maintained.

If concerns are received by the Faculty that are not covered by the above processes they will be referred to the President for action.

2. Investigation of Concerns

The FPM will deploy trained Case Investigators (CI) and Case Managers (CM) to conduct any investigation. In addition the FPM may commission external CIs and CMs if it deems it necessary to do so.

Prior to triggering, or in the course of, any investigation, the RO may take advice from the GMC Employer Liaison Adviser, legal advisers, HR advisers, occupational health advisers and / or the National Clinical Assessment Service (NCAS) if and as required.

The CM will signpost the doctor under investigation to sources of support if required.

The RO will advise the GMC Employer Liaison Adviser if the FPM is unable to progress with an investigation satisfactorily for any reason and at any stage. This may include circumstances where the scope of the investigation lies outside the jurisdiction of the FPM.

Investigation Stage

When an investigation is to be conducted by the FPM, the RO will usually act as the CM. They will appoint an appropriately trained CI.

The CM will prepare the Terms of Reference for the investigation and then agree these with the CI. The Terms of Reference will, where possible, set out:

- a) the issue/s to be investigated;
- b) the boundaries of the investigation such as area/s of practice or location/s;

- c) the specific date/s or period/s of time under investigation;
- d) a list of any information provided by the CM;
- e) the timescales for the completion of the investigation and submission of a report (this will usually be within 6 weeks);
- f) any issues that are not disputed;
- g) any issues which are outwith the investigation.

The Terms of Reference document will not contain the full names of individuals other than the doctor under investigation.

The CM will provide the doctor under investigation with a copy of the Terms of Reference, and of any later changes to these. The doctor will be given seven calendar days to comment in writing on the original and any amended Terms of Reference. The CM may, if they think it appropriate, amend the Terms of Reference in light of the doctor's comments.

If, having considered the Terms of Reference, the doctor would like to propose that the CI interview anyone other than or in addition to themselves, they should inform the CI at the commencement of their investigation.

The CI will invite the doctor to produce any documentation that the doctor considers to be of relevance to the investigation. It will be for the CI, in their absolute discretion, to decide whether the material produced by the doctor is relevant to the investigation, making reference to it in their report as appropriate.

Should new information come to light during the investigation the CI will inform the CM and if necessary the Terms of Reference will be amended. If the Terms of Reference are amended after the investigation has commenced, the doctor will be informed of the change and invited to submit any additional documents they consider relevant and / or identify any witness (including themselves) that they think should be interviewed / reinterviewed in the light of the revised Terms of Reference.

The doctor under investigation and / or other interviewees may be accompanied to any interview for support but their companion cannot be present in a legal capacity or to answer any questions the investigator puts to the doctor under investigation. The CI will take notes of the interviews they conduct and retain them for inspection if required.

The CI will produce a draft Investigation Report dealing with each of the elements of the Terms of Reference. A separate file of evidence will also be produced. The draft Investigation Report will be factual and while it should set out the Case Investigator's conclusions in relation to each allegation, the Case Investigator will not seek to make any recommendation as to the disposal of the investigation, such decision being reserved to the RO at the Decision Stage (see below). The Investigation Report itself will be self-contained and will not contain the real names of individuals other than the doctor under investigation. The file of evidence will contain a key of reference names against real names.

The CM will review the first draft Investigation Report and file of evidence and decide if the investigation and report are complete. If not complete, the CI will be asked to complete the investigation and produce their final Report and accompanying file of evidence.

The CM will forward the final draft Report to the doctor together with the file of evidence. The doctor will have an opportunity to correct any factual errors in writing within 14 days of receipt of the draft Report and file of evidence.

Any comments the doctor submits will be considered by the CI and, if appropriate, they will amend the draft report to reflect them. Once this process is completed the Investigation Report be finalised and sent to the doctor and the RO.

Decision Stage

The CM will evaluate the final Investigation Report and decide if there is a case to answer. This decision will be made on the basis of the civil standard of proof, i.e. the balance of probability. If the CM is not the RO, the CM will inform the RO of their decision as to whether or not the doctor has a case to answer. The RO may at this stage also take into account any other information available to them such as occupational health reports or decisions from any previous investigations that are known about. If necessary the RO will consult the FPM Chief Executive and/or the FPM President. The CM and/or RO will take professional advice at this stage if indicated such as from the GMC Employer Liaison Adviser, legal advisers, HR advisers, occupational health advisers, and/or National Clinical Assessment Service (NCAS).

If the CM decides that there is no case to answer the case will be dismissed. The doctor and complainant, if known, will be informed.

If the CM decides that there is a Case to Answer, the RO should decide what action to take which may be one of the following:

- a) No action required as the matter has already been fully resolved
- b) The doctor will be informed that although no action (such as referral to another body) is necessary, the fact and outcome of the investigation should be reflected in their revalidation portfolio.
- c) Health concerns should be followed up
- d) Training or re-training may be proposed in conjunction with an employer if the doctor is employed
- e) Actions should be added to the doctor's next Personal Development Plan
- f) An organisational matter should be referred to the employer or other relevant body
- g) An employer or contractor should be informed of the outcome
- h) A serious matter has been found which will be referred to the GMC and/or other regulatory authority
- i) A serious matter has been found which will be referred to the police

The RO will write to the doctor to inform them of the outcome of the investigation, and their recommended course of action.

If training / retraining is deemed necessary the doctor will be informed that the FPM cannot provide funding or resources towards remediation activities.

If appropriate, the RO with another FPM representative, will offer to meet with the doctor with the aim of developing a mutually agreed action plan. The action plan will include a process for monitoring progress and timescales.

Depending upon the circumstances the FPM's Revalidation Advisor might be involved in the monitoring process.

The complainant, if known, will be advised of the outcome of the investigation.

If the doctor does not accept the investigation outcome the RO will refer the matter to a panel of three senior FPM representatives who have not been involved in the case thus far. The panel will consider the outcome of the investigation, the RO's recommended course of action and the views of the doctor and come to a decision. If necessary, a meeting with the doctor and/or the RO will be convened. The doctor may be accompanied for support but their companion cannot be present in a legal capacity. Other Faculty representatives may be invited to attend the meeting.

If agreement can still not be reached the RO will advise the GMC Employer Liaison Adviser in order to determine the next steps.

Where an action plan is proposed but agreement over the action plan cannot be reached the RO will refer the matter to a panel of three senior FPM representatives who have not been involved in the case thus far. The panel will consider the outcome of the investigation, the RO's recommended course of action and the views of the doctor and come to a decision. If necessary, a meeting with the doctor and/or the RO will be convened. The doctor may be accompanied for support but their companion cannot be present in a legal capacity. Other Faculty representatives may be invited to attend the meeting.

If agreement can still not be reached the RO will advise the GMC Employer Liaison Adviser in order to determine the next steps.

Local Investigations and Revalidation

If a doctor's revalidation date falls before any investigation has been concluded, the RO may decide to seek a deferral of the revalidation date whilst the outcome is awaited.

If a doctor has a revalidation appraisal scheduled to take place whilst a local investigation is being conducted, the appraisal should take place as planned. The doctor should ensure that the fact the investigation is being conducted is included on their appraisal input form.

If the final outcome of a completed investigation is that a concern exists, the doctor should ensure that this is included on the appraisal input form for their next appraisal, along with any agreed action plan, and that any relevant ongoing actions are included in their next Personal Development Plan.

Once a concern has been registered with the FPM, any investigation which is indicated will continue, even if the doctor concerned decides to relinquish their GMC Licence to Practise or seeks a Prescribed Connection with another Designated Body. If the FPM

RO finds that this is not possible to conclude the investigation, the new RO or the GMC will be advised.

Quality Assurance

In order to ensure that local processes are efficient and fair, the FPM may invite structured feedback from relevant parties after a local investigation has been concluded and records and data will be maintained and analysed by the FPM Chief Executive.

Once an investigation has been concluded it will become available for an internal audit undertaken by the FPM Chief Executive. This will ensure that even if the number of investigations is small, a cycle of learning and process of quality improvement can take place.

The FPM Chief Executive will maintain a record of any complaints received or problems that arise during the process of an investigation and incorporate these into the internal audit process.

CMs and CIs will attend ongoing training and regional and national network events.

Information and Records

Records relating to investigations will be held separately from revalidation records. Investigation records will be kept for a minimum of ten years from the date when a doctor is no longer GMC registered after which the records may be destroyed.

Information can be shared on patient safety grounds such as with the GMC, another RO or a doctor's employer. The doctor will be informed beforehand unless there are reasons why this would not be appropriate.

Requests for access to information or where sharing of information may be indicated will be referred for legal advice if necessary.

Appendix 1: FPM Responding to Concerns Flowchart

Approved by:



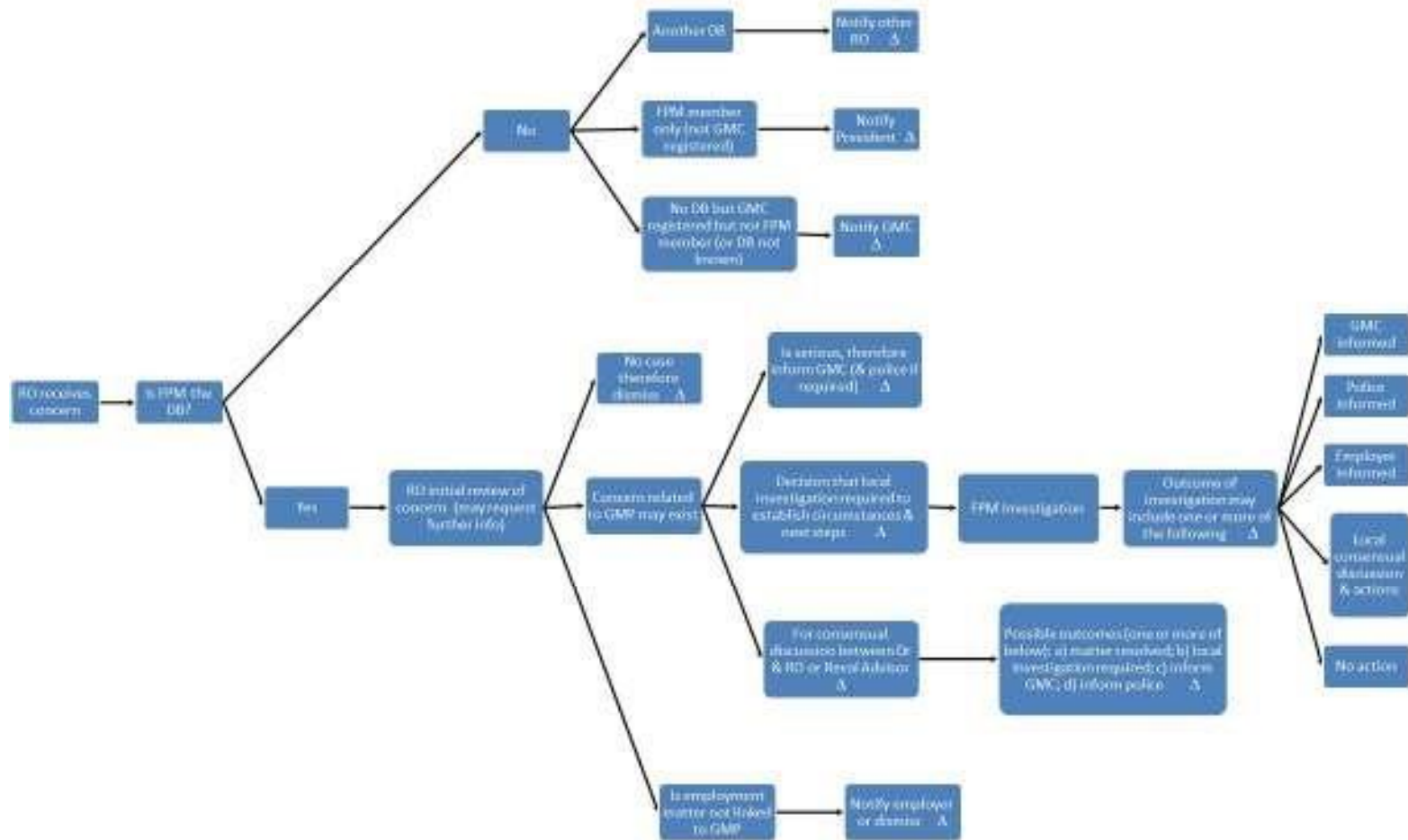
Dr Susan Bews, Responsible Officer 23/1/2017



Ms Kathryn Swanston, Chief Executive 23/1/2017

APPENDIX 1

FACULTY OF PHARMACEUTICAL MEDICINE : RESPONDING TO CONCERNS FLOWCHART



Notes:

Non co-operation with investigations, discussions, actions → GMC DB = Designated Body RO = Responsible Officer GMP = Good Medical Practice GMC = General Medical Council Δ = Complainant & Dr is informed of stage unless RO decides that this is inappropriate.