For some doctors, the only time they’ll have contact with the General Medical Council is when they receive a letter informing them they’re being investigated over a complaint. Now the GMC chair, Terence Stephenson, is working to highlight the work of the GMC as a resource for support alongside its regulatory role.

“The best way to keep patients safe is to keep doctors safe.”
TERENCE STEPHENSON IS well aware of how the GMC is viewed among the medical community. “We’re just seen as the body that polices the profession and takes action,” he tells O&G. That, of course, is a key part of the organisation’s job, but it’s not the only role. “We do a huge amount involving training, offering guidance and supporting doctors who are in trouble: that’s what I want to get across. One of the things we recognise is that not every doctor in difficulty is a difficult doctor.”

**First-hand experience**
Terence is speaking from experience. He has been chair of the GMC since 2014 and is also a consultant paediatric doctor. He has been investigated by the GMC twice in his career – and fully exonerated both times. “I’ve seen it from the other side, so I’m very sympathetic to what doctors go through. It was very stressful,” he says. “On the other hand, I’m not naive. I recognise that there are doctors, thankfully a small minority, who do bad things: sexual assaults, committing fraud, stealing money. I don’t want to be treated by doctors like that, nor do I want them to be part of my profession.”

For today’s healthcare workforce, which is under strain from rota gaps and from the pressures of treating an ageing population with increasingly complex comorbidities, Terence recognises that support is becoming increasingly important. “The GMC was established in 1858 to protect the public and that remains its primary role. And the best way to keep patients safe is to keep doctors safe. If we can be seen as a resource for doctors to turn to, we can help to keep doctors safe and protect the public. Having said that, we’re not ashamed to also protect the public by acting against dangerous doctors.”

**Support service**
So, what exactly does this support for doctors look like? “We fund the Doctor Support Service, which is provided by the BMA. We also have a confidential patient safety helpline where doctors can ask for advice about their own practice or raise concerns about patient safety. More recently, we have set up the Medical Practitioners Tribunal Service, a helpline for doctors appearing at hearings with no legal representation (about 13% represent themselves). “Historically the GMC has been like the ambulance at the bottom of a cliff, waiting for doctors to fall off,” Terence says. “We would really rather be the fence at the top of the cliff keeping doctors safe. So, around all four countries in the UK we have employment advisers and a regional liaison service. I give talks to medical students and trainees, telling them about good practice, about candour and about

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**NUMBER OF GMC INVESTIGATIONS IN 2016**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erasure</td>
<td>76</td>
<td>3.8%</td>
</tr>
<tr>
<td>Warning given</td>
<td>96</td>
<td>4.8%</td>
</tr>
<tr>
<td>Suspension</td>
<td>100</td>
<td>5.0%</td>
</tr>
<tr>
<td>Conditions or undertakings</td>
<td>147</td>
<td>7.3%</td>
</tr>
<tr>
<td>Advice given</td>
<td>334</td>
<td>16.6%</td>
</tr>
<tr>
<td>Closed with no further action</td>
<td>1,261</td>
<td>62.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,014</strong></td>
<td></td>
</tr>
</tbody>
</table>

**NUMBER OF COMPLAINTS RECEIVED 2016 (BY OUTCOME)**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still being assessed</td>
<td>71</td>
<td>0.9%</td>
</tr>
<tr>
<td>Referred to employer</td>
<td>494</td>
<td>6%</td>
</tr>
<tr>
<td>Full GMC investigation</td>
<td>1,436</td>
<td>17.5%</td>
</tr>
<tr>
<td>Closed immediately</td>
<td>6,196</td>
<td>75.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,197</strong></td>
<td></td>
</tr>
</tbody>
</table>
“With the extra pressure that’s on the NHS now, we need to be more concerned with the wellbeing of our workforce”

Local response
The shift of emphasis from policing to support – or from ‘ambulance’ to ‘fence’ – will be a long journey, Terence admits. “We want to do more locally: I think doctors and the public would prefer problems to be dealt with locally and appropriately. For example, a complaint about a complication following surgery can be dealt with better by the hospital’s complaints procedure than the GMC.”

8,197 complaints were received by the GMC in 2016
More than three quarters (6,196) were closed immediately

SURVEY STATS

Responding to a complaint

1 EXPLAIN WHAT HAPPENED
When things go wrong, engage constructively with any local response and be honest about what has happened.

2 RESPOND QUICKLY
Reply to requests from the GMC for information as swiftly as possible.

3 PROVIDE THE EVIDENCE
Where there has been misconduct or a clinical failing, remediate and provide evidence of this as soon as possible.

4 LOOK AFTER YOURSELF
Try not to let your own health suffer.

5 TELL THE TRUTH
Never try to cover up a mistake or failing, or your role in an incident.

REMEMBER...
A referral or complaint to the GMC does not in itself imply a failure in your clinical skills, knowledge or communication.

These tips are taken from new guidance created by the GMC with input from the RCOG’s Supporting Our Doctors Task Group. The guidance will be issued to doctors when they are informed that a complaint has been made against them.
It’s worth pointing out that of the 8,197 complaints received by the GMC in 2016, more than three quarters (6,196) were closed immediately and the doctor was not informed of the complaint because it did not relate to their fitness to practise. Just over 17% (1,436) led to a full GMC investigation and 6% (494) were referred to the doctor’s employer. Of the 2,014 investigations concluded in 2016, more than 60% (1,261) were closed with no further action. Seventy-six doctors were struck off.

“Probably all professionals to some extent fear their regulator because it has the capacity to take their livelihood away,” says Terence. “And an investigation, even if you know absolutely in your heart that the complaint is not true, is a stressful time. But ultimately my wish is that people see us as fair, authoritative, open and honest. With the extra pressure that’s on the NHS now, we and all the colleges need to be more concerned with the wellbeing of our workforce.”

Support services

- **DOCTOR SUPPORT SERVICE**
  If you are going through a GMC investigation and need some support, call the BMA’s Doctor Support Service on 020 7383 6707. Visit bma.org.uk/doctorsupportservice for more information.

- **CONFIDENTIAL HELPLINE**
  The GMC also runs a confidential patient safety helpline: 0161 923 6399.

- **DOCTOR CONTACT SERVICE**
  Doctors attending a tribunal at the Medical Practitioner Tribunal Service can access the Doctor Contact Service on the day of their hearing. It is particularly aimed at those attending alone or without legal representation. For more information, email doctorcontact@mpts-uk.org.

- **LEGAL ADVICE ABOUT THE PROCESS**
  In advance of a hearing, doctors can access the hearing’s procedure telephone information service (provided by BPP Law School and the University of Law) for more information about the process: Monday and Friday 0161 235 7177, doctorinfoservice@my.bpp.com; Tuesday and Thursday 01483 216 738, doctorinfoservice@law.ac.uk.

The group also wanted to provide doctors with the information they need to support themselves if they are the subject of a complaint. “Ultimately, we want complaints to be resolved as quickly as possible, with as little stress as possible for everyone concerned.”

Given the nature of a doctor’s role, mistakes can have serious consequences. “Our approach is not to punish doctors for this but to protect patients and the public’s confidence in the profession. We understand that mistakes happen and in most cases where failings have been made, our focus is on the likelihood of repetition and the doctor’s ability to provide good care going forward.”

“I talk regularly to representatives of doctors who are subject to complaints. When doctors receive a complaint they can fear the worst. But complaints are a part of professional life and the majority do not require us to take action. Those cases that do require serious action are a very small minority and the complaints relate to a minority of doctors on the register. Part of this work has been to help doctors understand a complaint doesn’t mean action will need to be taken. And that there is support available while we carry out our enquiries as quickly as possible.”

**THE NEW GMC GUIDELINES**

The letter from the GMC informing doctors of a complaint made against them will soon also include a page of guidance, intended to reassure and support them through the process [see box on page 12].

These guidelines were developed by the GMC with significant input from the RCOG’s Supporting Our Doctors Task Group.

Anna Rowland, the GMC’s Assistant Director of Policy, Business Transformation and Safeguarding, explains why these guidelines were created: “In recent years the GMC has carried out a raft of significant reforms to change our procedures, keep stress to a minimum and provide effective support for doctors.

“The task group wanted to inform doctors about these changes and reassure them the GMC understands good doctors can make mistakes and is focused on protecting patients, not punishing doctors.”

Anna Rowland
Assistant Director of Policy, Business Transformation and Safeguarding for the GMC

"Ultimately, we want complaints to be resolved as quickly as possible, with as little stress as possible"