HEALTH COMPLAINTS – DON’T FORGET ABOUT THE DOCTOR’S HEALTH

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COMPLAINT’S PROCEDURE

In a perfect world, every time help was sought from a health professional the patient would be 100% satisfied with the treatment received.

The reality however is that doctors can make mistakes. These mistakes can range from unprofessional behaviour to incompetence to a momentary lapse in judgment leading to a poor decision.

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. AHPRA’s operations are governed by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). AHPRA supports the 14 National Boards that are responsible for regulating the health professions.

Under the National Law, AHPRA works with the various health complaints entities in each state and territory to decide (among other things) who should take responsibility for and manage a complaint made against a registered health practitioner.

The Office of the Health Ombudsman (OHO) is Queensland’s health service complaints agency. If you search the OHO website under the heading ‘Why should you complain’ it states “If you are not satisfied with a service provided by a health service provider, or you are concerned with the health, conduct or performance of a registered or unregistered health practitioner, then it is your right to make a complaint”.

Whether a complaint will be managed by the OHO or referred to the relevant National Board will depend upon the nature of the complaint made.

Australians enjoy excellent health by world standards. The vast majority of care delivered is safe and effective. Compared with other countries, complaint rates are low.

While it is, of course, important that mistakes made by medical professionals are investigated to ensure improvement in quality and safety, the complaints process can be detrimental (sometimes significantly) to a doctor’s psychological health.

STUDIES INTO THE IMPACT OF COMPLAINT’S ON DOCTORS
An Australian study undertaken in 2004[1] found that doctors who have been sued or who have had formal complaints made against them described the process as an extremely stressful experience. Depression and adjustment disorder were relatively common, while drug and alcohol abuse, physical illness and suicidal ideation were reported less frequently.

The majority of doctors who have been the subject of a complaint or law suit practice more 'defensively'. Going through the complaints process can cause a doctor to alter their practice in ways that may impact on patient care, and result in unnecessary costs to health services.

A study recently published by the Imperial College in London[2] into complaints against doctors revealed the emotions triggered by complaints. The statements from doctors about the complaint process included comments such as:

- “Makes you feel worthless even when you know you’ve done the best you can”
- “It seemed as if the patient is presumed to be right, and the doctor is presumed wrong, unless you can prove otherwise”
- “I am fairly sure that this results in me practising poorer medicine”
- “My life was ruined”

The authors of the study called for the complaint process to be made more transparent, and for grievances to be resolved more quickly. They also recommended a more open dialogue between patients and doctors, and for doctors to receive emotional support during the complaint process.

GENERAL MEDICAL COUNCIL OF THE UNITED KINGDOM

The General Medical Council (GMC) of the UK commissioned an independent review following the disclosure in 2013 that 96 doctors had died between 2004 and 2013 while involved in GMC investigations.

The aim of the review was to determine:

“Whether the GMC’s processes could be improved to reduce the impact on vulnerable doctors and whether there is more the GMC can do to prevent these tragedies from occurring.”

A case review, published by the GMC in 2014, found that between 2005 and 2013, 28 doctors died as a result of suicide or suspected suicide while involved in GMC complaint procedures. The doctors interviewed for the review raised a variety of concerns including the tone and nature of communications from the GMC, time frames, and lack of support services available.

In April 2016 the GMC published an Action Plan[3] outlining the progress made in addressing recommendations arising from the 2014 review and “the work we intend to do going forward”.

That Action Plan reported the following recommendations:

1. Reviewing the fitness to practice process – Doctors under investigation should feel they are treated as ‘innocent until proven guilty’. The fitness to practice process should be reviewed from a doctor’s view point.
2. Reducing the number of health assessors’ reports required in the fitness to practice process.
3. Appoint a senior medical officer within the GMC to be responsible for overseeing health cases.
4. Consider case conferencing for all health performance cases.
5. Set out prequalification criteria for referrals from NHS providers and independent employers.
6. Medical students to work with medical schools to ensure that emotional resilience training is a regular and integral part of the medical curriculum.
7. GMC staff should be given the opportunity as part of their personal development plan to spend time in a clinical setting on an ongoing basis.
8. Development of an employee training package focused on increasing staff awareness of mental health issues and developing resilience techniques.
9. Establish a national support service for doctors.

In relation to the last issue it is noted that in 2004 the Medical Board of Australia announced that it would fund support services for doctors with health problems.

CONCLUSION

The OHO performance report for November 2016, records that of the 241 complaints received in November and referred by the OHO to AHPRA for consideration by the relevant National Board, 134 related to medical professionals. Of the 456 issues recorded by the OHO, 293 related to medical professionals.[4]

While the complaint process is of integral importance in ensuring that the public is protected from risk of harm and that the standard of health care provided in Australia is monitored and continually improved, the significant impact that regulatory processes can have on doctors cannot be understated. Perhaps we should be looking to adopt some or all of the GMC Action Plan?


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