

The IMPACT study - Doctors' experiences and their perception of the most stressful aspects of the complaints processes in the UK: an analysis of qualitative survey data

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How Being a Doctor Became the Most Miserable Profession

Nine of 10 doctors discourage others from joining the profession, and 300 physicians commit suicide every year. When did it get this bad?

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Medical error: the second victim

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Preventing, rather than treating, stress in doctors under investigation

Maria C Jalmbrant *clinical psychologist*

Provision of a support service for doctors is laudable, if both its funding and actions are independent of the GMC. However, the real issue is that there is simply no justification for doctors to be made sick by poor processes—whether by the GMC, hospital trusts, or others, particularly now that we have data that show the risks. The glib statement that such processes are “inevitably stressful” understates the impact of these processes on doctors and may lead to patient care being compromised through defensive practice and a distressed and demotivated workforce.



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Review

Suicide whilst under GMC's fitness to practise investigation:
Were those deaths preventable?

went un-noticed. Unfortunately, it appears that the Cumulative Act effect⁴⁹ allowed the GMC to place doctors in particularly stressful situations contributing to suicide without the coronial system sounding the alarm and reporting that the GMC's processes were not only contributing to deaths but also risking future deaths.

- Medical doctors have a high rate of suicide.
- Professional regulatory investigation is a risk-factor for suicide.
- Coroners should identify deaths and report them to prevent further deaths.
- The General Medical Council has a demonstrable duty of care towards doctors.
- Modification of existing operational practices is needed.

IMPACT study - in brief

- 95,600 members of BMA invited to complete survey on their health, welfare and clinical practice – 10,930 responses (11.4%)
- 7,900 completed the survey (8.3%)
- Respondents guaranteed that responses were anonymous & untraceable.

BMJ Open Doctors' experiences and their perception of the most stressful aspects of complaints processes in the UK: an analysis of qualitative survey data

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BMJ Open The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey

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Qualitative data – 3 “Open” Questions

- Q1 “Try to summarise as best you can your experience of the complaints process and how it made you feel”
- Q2 “What were the most stressful aspects of the complaint?”
- Q3 “What would you improve in the complaints system?”

Qualitative analysis

- 3417 answered Q.1 and Q.2
- Past – 2088 Current – 1329
- Randomly selected 500 from each group – total 1000 doctors
- Qualitative content analysis until content saturation
- No new answers after 80 coded – further 20 to ensure saturation

Participants

- Mean age 49 (25-70) 64/100 male
- Mean time from qualification 27 (5-48)
- Mean time since investigation 5 months (1-8)
- 53 past complaints (6 months) 47 current
- 13: informal, 59:formal, 9: SUI, 19 GMC
- Outcome known in 80/100
- 67 exonerated, 2 disciplinary action, 1 suspended and 10 pending investigation

Table 1 Doctors' experiences of the complaint: themes

Main themes	Doctors n/100	Example quote
1. Negative feelings toward the complainant or those managing the complaint	48	"I felt like a criminal when referred to the GMC when the complaint was clearly vexatious, altering MRI scans in 3 venues is physically impossible."
2. Feelings of impotence, powerlessness, or helplessness	45	"The patient is at liberty to make unpleasant inaccurate and very personal accusations (I was unfairly accused of being racist) and the doctor has no means of redress."
3. Emotional distress	42	"It was a stressful situation to be in, which significantly affected my work performance and the rest of my life."
4. Positive feelings (relief)	23	"I had full support of colleagues, clear understanding of procedure, support and advice from Defence Union throughout the process."
5. Negative feelings towards self	22	
Being stigmatised or victimised	13	"Even if the complaint is found to have no foundation there is an ongoing stigma attached to it."
Feelings of having failed or being incompetent	11	"Makes you feel worthless even when you know you've done the best you can"

1. Negative feelings toward the complainant or those managing the complaint (48/100)

- **Being unsupported** (23/100) : *“The managers do not care about finding out the truth or supporting their staff. They only wish to avoid escalation”*
- **Feelings of anger** (7/100): *“I feel angry at [the] process and "pain" [I was] put through....I had to fight very hard to contain my desire for "revenge”*
- **Feeling attacked** (5/100): *“I still find it very hard that a patient's family could be so vindictive”*
- **Suicidal** (1/100): *“I cry, can't sleep and contemplate suicide and certainly not being a doctor anymore.”*

2. Feeling impotent, powerless, or helpless (45/100)

3. Emotional distress (42/100)

- **Protracted timeframe** (23/100): *“The GMC took an inordinate amount of time to deal with the complaint and provided no feedback whatsoever.”*
- **Feeling powerless** (24/100): *“The advice from MDU/BMA even when the complaints are clearly vexatious is so passive this made me feel helpless so I took independent legal advice.”*
- **Failure and incompetence** (11/100): *“I felt low, anxious, incompetent and thought about leaving medicine”*
- **Anxiety** (11/100): *“Did nothing to ease the stress or anxiety”*

Table 2 Doctors' perceived most stressful aspects of the complaint: themes

Main themes	N doctors	Example quote
1. Procedural issues	60	"It seemed as if the patient is presumed to be right, and the doctor is presumed to be wrong, unless you can prove otherwise."
2. Fear of the consequences of the complaint	20	"I was catastrophizing about what 'may' happen (however unlikely)."
3. Impairment of doctors' self-image and confidence	14	"We do take it very personally if someone calls into question our professional competence. It leaves you very shaken and lacking in confidence."
4. Feeling intimidated or embarrassed by having to justify the complaint to seniors	13	"Most stressful to me was the pressure from managers as above or explaining to senior colleagues the background to a personal complaint."
5. Awareness that a complaint was justified	9	"Feeling that the complaint was completely right and our way of working needed scrutiny."
6. Feeling that a complaint was unfair	8	"Being accused of serious misdemeanors when nothing like that took place."
7. Dealing with the complainant	5	"Most stressful to me was dealing with the relatives who seemed hell bent on going for compensation."

Procedural issues (60/100)

- **Bias:** *“It seemed as if the patient is presumed to be right, and the doctor is presumed to be wrong, unless you can prove otherwise.”*
- **Prolonged timescale and unpredictability of the procedure and outcome (28/100):** *“Not knowing what was happening and when”*
- **Incompetent management of complaints (21/100)** *“The GMC are borderline competent at best and the IOP hearing I went through was a “kangaroo court” beyond any doubt”*
- **Poor communication & inadequate provision of information (12/100)** *“Waiting for something to happen/not being informed what is happening” “Not being able to see responses to patients”*

Table 5 Less commonly reported themes

Theme	Number of doctors/100	Example quote
Negative feelings towards complainant or those managing them	48	
Disappointment	3	"I felt disappointed that having spent over 1 hour face to face in a PALs facilitated meeting, and that the complainant had said all questions had been answered to his satisfaction that the exact same points were raised in a complaint to the PCT some months later."
Being bullied	3	"He then proceeded to look for errors in my work every day, double checking and questioning everything I did. He finally found some personal mail that I had delivered to my work address and used that as a basis of a complaint."
Unappreciated	2	"I felt fed up and unappreciated. Seems anyone can complain and about anything. Never really get much thanks when things go well."
Humiliated	2	" I felt a bit paranoid, and humiliated."
Emotional distress	42	
Exhaustion	4	"I became obsessional about my record keeping to the point my working days extended and I became exhausted."
Depression	3	"I became exhausted; had a year later to take 4 months off with an agitated depression."
Emotional distress	42	
Loneliness	2	"Despite support from my employer, the BMA, the MPS and others—I still felt very alone in dealing with this, and felt very unsure about the best way forward and the timescales involved."
Became ill	2	"I had a malicious complaint from someone I now know to be a serial complainer, it was the first time I've experienced a complaint and I've had physical and mental health symptoms since it occurred."
Suicidal	1	"I cry, can't sleep and contemplate suicide and certainly not being a doctor anymore."
Negative feelings towards self	22	
Feeling responsible	1	"I was devastated when one of our patients collapsed with an avoidable complication and later died. It could have been prevented."
Doctors suggestions to improve the complaints system	93	
Patients should lose their right of confidentiality in the event that a complaint was vexatious	2	"If patient charter better protected the doctor against unfounded allegations. Any patient going to the media should automatically give up their right of confidentiality for the issues they raise in the complaint."
No changes needed	3	"I don't feel there is a fundamental problem with the complaints system."

Table 3 Doctors' changes in their professional and personal life: themes

Main themes	N doctors (/26)	Example quote
1. Impact on career	10	"I felt hurt and victimized, as a result I stopped being a full time GP principal and became a part time salaried GP."
2. Practising defensively	7	"Everybody who knows about the complaint in a professional capacity become very risk averse which impacts on your entire professional life."
3. Practising poorer medicine	6	"I am fairly sure that this results in me practicing poorer medicine"
4. Negative impact on their personal lives	4	"My life was ruined."
5. Impacted on the doctor-patient relationship	2	"I felt that our doctor-patient relationship was adversely affected."

Changes in professional behavior (26/100)

- **Changed career following a complaint (10/100):**
 - *“The only positive decision that came from the complaint was it helped me take the decision, to change careers.....after 20 years of medicine”*
 - *“I intend to retire as soon as possible”*
- **Practicing more defensively (7/26)**
 - *“I have limited my practice to avoid all but essential child protection work”*
- **Practicing poorer medicine (6/26):**
 - *“This results in me practicing poorer medicine”*
- **Negative impact on their personal lives (4/26):**
 - *“My life was ruined”*

Table 4 Doctor's suggestions to improve the system: themes

Main themes	N doctors (/93)	Example quote
1. Greater transparency, neutrality and a more time-efficient procedure	41	"Investigators and experts should clearly justify their arguments and help the patients to understand to develop trust with the health care professionals."
2. A policy for vexatious, baseless or unnecessary complaints	27	"A screening tool so that complaints designed to waste time are thrown out early before the wheels are set-in-motion."
3. Improved open dialogue with patients and supervising bodies	23	"Encouraging direct face-to-face contact and an open dialogue."
4. More support for physicians during the process	14	"Have a confidential counsellor who was skilled in helping comes to terms with (and normalise) the feelings."
5. Open, less formal approach	11	"The opportunity to review the situation with parents/ patients in person through a 'mediation' type process."
6. No changes are needed	3	"I don't feel there is a fundamental problem with the complaints system."
7. Losing the right to patient confidentiality	2	"Any patient going to the media should automatically give up their right of confidentiality."

Improving the system (93/100)

1 More transparent, neutral and efficient (41/93)

- *“More clarity about the content and supporting evidence”*
- *“Fixed time limits to reduce the distress”*
- *“Stop multiple jeopardy”*
- *“The person making a complaint must provide evidence when applicable”.*
- *“Witnesses should be cross-examined.”*

2. Deal with vexatious, baseless or unnecessary complaints (27/93)

- *“A screening tool so that complaints designed to waste time are thrown out early before the wheels are set-in-motion”*

Improving the system

- 3. Open dialogue** between doctors and patients rather than via managers (23/93): *“Encouraging direct face-to-face contact and an open dialogue”*
- 4. Physician support** (14/93): *“Confidential counsellor to help come to terms with feelings”*
- 5. Open, less formal approach** allowing a culture of improvement and openness (11/93): *“Remove some of the red tape and make it less formal”*
“Informal get together by both parties”

What about lack of insight?

- 67/70 exonerated in qualitative study. Many studies suggest doctors “do not take responsibility” or lack insight if they do not accept “guilt”. The data suggest their response is logical
- Not accepting fault – does not necessarily mean there is a lack of insight.
- Fault is more often than not institutional
- There is no point talking about system error if the system then singles out one part of the machine for fault.

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And as [an extraordinary study published today shows](#), there are disturbing affects on doctors and patients from the rising number of complaints to the GMC and others.

In the biggest study of its kind in the UK, nearly 8,000 doctors were asked about their mental and physical health after a complaint.

They found that doctors with a recent or ongoing complaint had significantly higher rates of depression, anxiety and relationship problems, compared with those without a recent complaint.

But more worryingly, the paper shows a drift towards defensive medicine that could cause harm to patients. Doctors with a recent or ongoing complaint were significantly more likely to change their practise, displaying 'hedging' or avoiding behaviour.

GMC investigations and complaints procedures have a serious impact on doctors' health and risk harming patients, study suggests

Thu, 01/15/2015 -- Science News Desk

Some thoughts

- Complaints associated with significant psychological morbidity and emotional distress
- The psychological consequences seem hugely disproportionate
- Only 3% of doctors felt the process had any positive aspects
- 67/70 exonerated in qualitative study. Many studies suggest doctors “do not take responsibility” or lack insight if they do not accept “guilt”. The data suggest their response is logical
- Clinicians must be supported by their peers – as it is associated with reduced morbidity and defensive practice
- Supervisory and regulatory systems should be simple, clear and transparent
- Investigations must have fixed timescales
- Better communication
- Must stop abuse of process, undermining, taking advantage

Letter

GMC investigations and doctor stress

Cutting GMC investigations must not simply devolve problems elsewhere

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Critically – this is not just about the GMC – all processes must have same level of: **C**ompetency, **C**ommunication, **A**ccountability, **S**upport, **T**ime limitation

- Be the point of entry for *all* complaints
- *Be capable of rapid response to a complaint*
- Provide a safe environment for dialogue and mediation between complainants (and their advocates) and doctors (and their advocates)
- Be based on rights and responsibilities of *both* parties
- Be capable of rapidly resolving complaints lacking in substance, or malicious or vexatious complaints
- Seek to improve the delivery of healthcare, being able to discriminate between failings attributable to medical (healthcare) systems, error in the practice of medicine, or of wrong-doing
- Be aware of the limitations of medicine
- Consist of members or appointees who are properly trained and funded, appropriately experienced, and whose judgments are seen as being fair and appropriate
- Not composed ad hoc
- Be grounded and competent in the field in question
- Be capable of seeking improved outcome for the patient
- Be independent of the influence of the media



- There is no justification for doctors being made sick by poor processes. Doctors going through any of these processes are vulnerable
- Systems should not be accepted that harm doctors and patient care
- It is time for the profession to have this discussion with regulators or stop this culture developing
- **Take care of your colleagues**

END SLIDE