

# The practicalities of raising concerns – leadership in difficult circumstances

Tista Chakravarty-Gannon

Regional Liaison Adviser

@tcgannon

tcgannon@gmc-uk.org

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

## Workshop plan – a snapshot

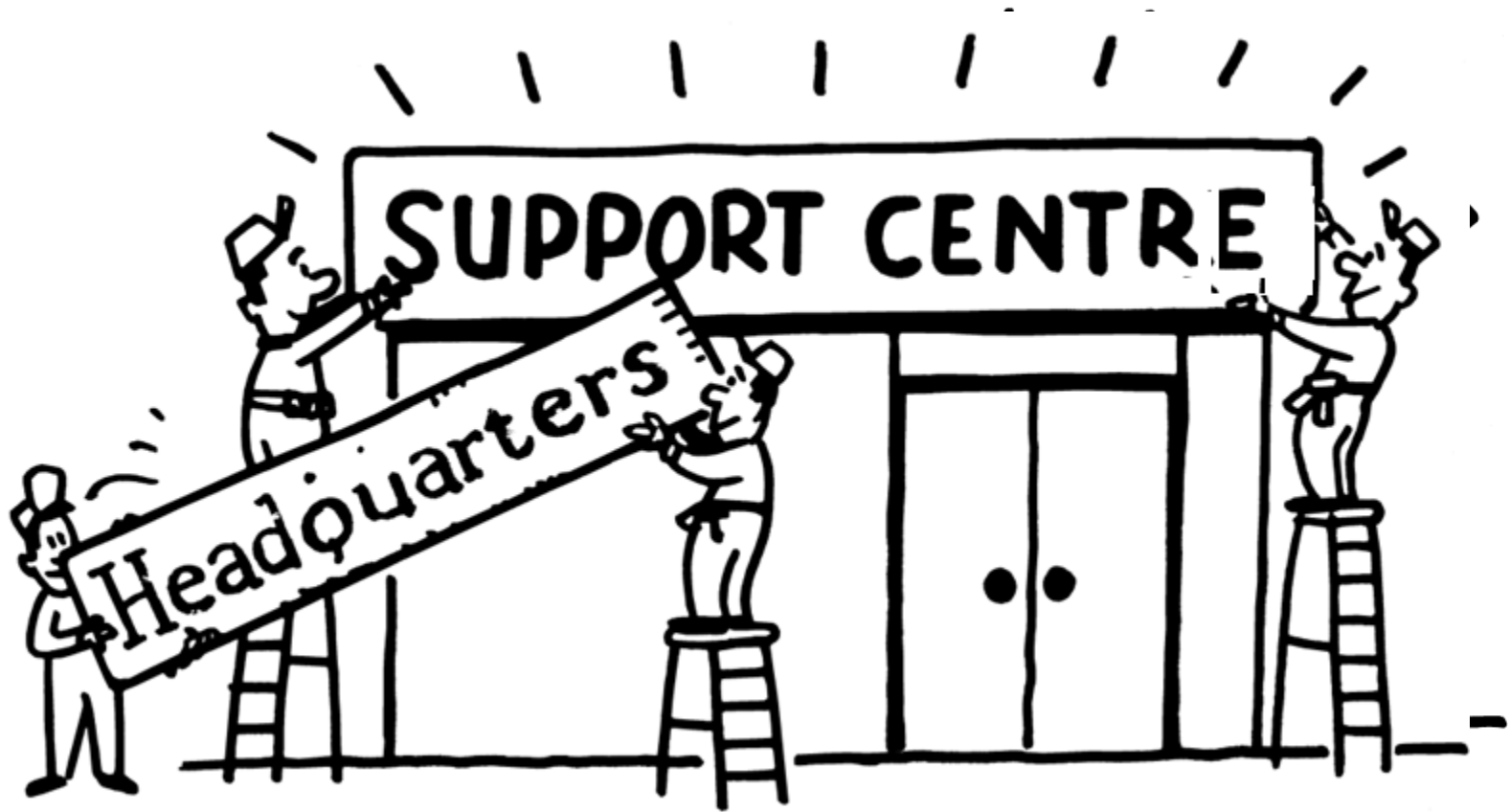
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- Francis and the wider environment
- Leadership for SAS doctors
  - who is a leader?
  - demonstrating leadership
  - what are your responsibilities?
- Raising concerns
  - Challenges and consequences
  - Cases
- Practical help and ideas



# The Regional Liaison Service

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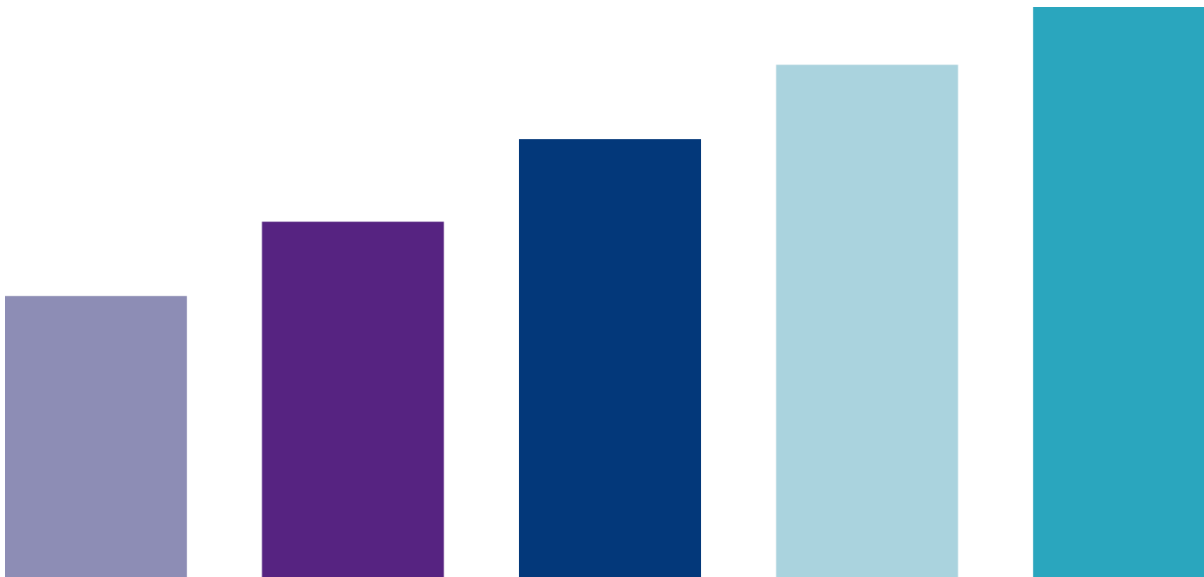


- Francis and the wider environment

## In the last 5 years complaints have doubled

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- SoMEP 2013 looked at the nature of our complaints and who is making complaints in more detail.



# Expectations have changed

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*"Why do you always have to be so paternalistic?"*

# The wider environment has changed

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'Medicine used to be simple ineffective and relatively safe. It is now complex, effective and potentially dangerous'

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# The zeitgeist has changed

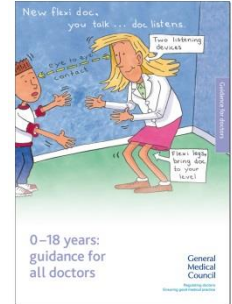
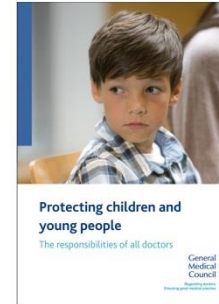
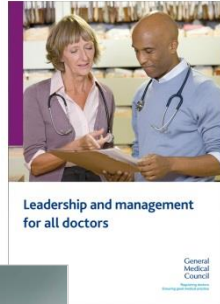
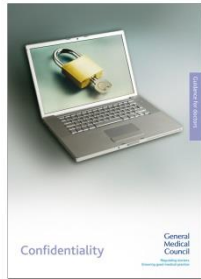
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- “If you couldn’t feed yourself you went without”
- “Calls for help were regularly ignored and he was often left in his own excrement for hours”
- “...nobody was around, they were too busy to help me, or they simply refused and said it wasn’t their job



# Delivering good medical practice is even more important



**Acting as a witness in legal proceedings**

1. In Good medical practice<sup>1</sup> we say:

- 11. You must be familiar with guidelines and developments that affect your work.
- 12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
- 14. You must recognise and work within the limits of your competence.

2. You must take reasonable steps to check the information.

3. You must not deliberately leave out relevant information.

73. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in Confidentiality.

**Ending your professional relationship with a patient**

1. In Good medical practice<sup>1</sup> we say:

- 62. You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.

4. You should not end a professional relationship with a patient solely because of a complaint the patient has made about you or your team, or because of the resource implications of the patient's care or treatment.

44. You must contribute to the safe transfer of patients between healthcare providers and businesses, wherever applicable.

5. If you believe there may be issues to resolve, you should:

- make a sexual advance<sup>2</sup> to you.

**Delegation and referral**

1. In Good medical practice<sup>1</sup> we say:

- 15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

- refer a patient to another practitioner when this serves the patient's needs.
- 44. You must contribute to the safe transfer of patients between healthcare providers and businesses, wherever applicable.
- 45. When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must ensure that the colleague:

- share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, when you delegate care or refer patients to other health or social care providers.

**Financial and commercial arrangements and conflicts of interest**

1. In Good medical practice<sup>1</sup> we say:

- 77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.

79. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.

69. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You

**Doctors' use of social media**

1. In Good medical practice<sup>1</sup> we say:

- 36. You must treat colleagues fairly and with respect.
- 65. You must make sure that your conduct protects your patients' trust in you and the public's trust in the profession.
- 69. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You

70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

13. Many improper disclosures are unintentional. You should not share identifiable information about patients when you can be overheard, for example,

**Maintaining a professional boundary between you and your patient**

1. In Good medical practice<sup>1</sup> we say:

- 53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.

5. If a patient tries to initiate a sexual or improper emotional relationship with you, you should treat them publicly and considerably and try to re-establish a professional boundary. If trust has broken down and you find it necessary to end the professional relationship yourself, follow the guidance in Policy on your professional relationship with patients<sup>2</sup>.

**Reporting criminal and regulatory proceedings within and outside the UK**

1. In Good medical practice<sup>1</sup> we say:

- 75. You must inform the GMC without delay if, anywhere in the world:

3. The duty to report criminal and regulatory proceedings does not change the circumstances in which the GMC will investigate a doctor's conduct, or the threshold for taking action on registration.

**Sexual behaviour and your duty to report colleagues**

1. In Good medical practice<sup>1</sup> we say:

- 53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.
- 25c. If you have concerns that a colleague may not fit to practice and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your local policies.

4. If a patient reports a breach of sexual boundaries, or you have other reasons to believe that a colleague has, or may have, displayed sexual behaviour towards a patient, you must offer support to the patient. And you must promptly report your concerns to a person or organisation able to investigate the allegations. If you suspect a doctor has committed a sexual assault in other criminal activity, you should make sure it is reported to the police.

**Intimate examinations and chaperones**

1. In Good medical practice<sup>1</sup> we say:

- 47. You must treat patients as individuals and respect their dignity and privacy.
- 25c. If you have concerns that a colleague may not fit to practice and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your local policies.

4. In this guidance we highlight some of the issues included in carrying out intimate examinations. This should not deter you from carrying out intimate examinations when necessary. You should follow this guidance and make detailed and accurate records at the time of the examination, or as soon as possible afterwards.

5. Before conducting an intimate examination you should:

# Delivering leadership is even more important

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**Leadership and management  
for all doctors**

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Regulating doctors  
Improving patient care



**Raising and acting on concerns  
about patient safety**

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Improving patient care

# Is it all just common sense?

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# Is it all just common sense?

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- The Abortion Regulations 1991 5
- The Access to Health Records Act 1990 5
- The Access to Medical Reports Act 1988 7
- Blood Safety and Quality Legislation 8
- The Census (Confidentiality) Act 1991 10
- The Children Act 2004 10
- The Civil Contingencies Act 2004 11
- The Civil Evidence Act 1995 12
- Commission Directive 2003/63/EC (brought into UK law by inclusion in the Medicines for Human Use (Fees and Miscellaneous Amendments) Regulations 2003) 12
- The Computer Misuse Act 1990 13
- The Congenital Disabilities (Civil Liability) Act 1976 14
- The Consumer Protection Act (CPA) 1987 15
- The Control of Substances Hazardous to Health (COSHH) Regulations 2002 16
- The Copyright, Designs and Patents Act 1990 16
- The Crime and Disorder Act 1998 17
- The Criminal Appeal Act 1995 18
- The Data Protection Act (DPA) 1998 18
- The Data Protection (Processing of Sensitive Personal Data) Order 2000 25
- The Disclosure of Adoption Information (Post-Commencement Adoptions) Regs 2005 26
- The Electronic Commerce (EC Directive) Regulations 2002 26
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- The Freedom of Information (FOI) Act 2000 29
- The Gender Recognition Act 2004 32
- The Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) (No. 2) Order 2005 33
- The Health and Safety at Work etc Act 1974 33
- The Human Fertilisation and Embryology Act 1990, as amended by the Human Fertilisation and Embryology (Disclosure of Information) Act 1992 34
- The Human Rights Act 1998 35
- The Limitation Act 1980 38
- The Medicines for Human Use (Clinical Trials) Amendment Regulations 2006 39
- The National Health Service Act 2006 39
- The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000 40
- The Police and Criminal Evidence (PACE) Act 1984 41
- The Privacy and Electronic Communications (EC Directive) Regulations 2003 42
- The Public Health (Control of Diseases) Act 1984 and the Public Health (Infectious Diseases) Regulations 1988 42
- The Public Interest Disclosure Act 1998 43
- The Public Records Act 1958 45
- The Radioactive Substances Act 1993 45
- The Regulation of Investigatory Powers Act 2000 46
- The Re-use of Public Sector Information Regulations 2005 47
- The Road Traffic Acts 49
- The Sexual Offences (Amendment) Act 1976, sub-section 4(1), as amended by the Criminal Justice Act 1988 49
- The Electronic Communications Act 2000 27
- The Environmental Information Regulations (EIR) 2004 28

## But what's the point of guidance?

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## Workshop plan

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- Leadership for SAS doctors
  - who is a leader?
  - demonstrating leadership
  - what are your responsibilities?

# Leadership: moving to the dark side?

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Perceptions of management?

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# The leadership gap

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We have the lowest proportion of clinically qualified managers of any health system

*UK = 59%*

*Sweden = 93%\**

Doctors and nurses make up a minority of board members

*Doctors = 14%*

*Nurses = 12%\*\**

Board time focusses on non-clinical issues

*Clinical issues = 14%*

*Financial issues = 19.2%*

*Organisational issues = 27.6%\*\*\**

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\*McKinsey: *Management in Healthcare: Why Good Practice Really Matters* (2010)

\*\* Centre for Innovation in Health Management, Leeds University Business School: *Clinicians in Management: Does It Make A Difference* (May 2005)

\*\*\* Burdett Trust for Nursing: *An exploratory study of the clinical content of NHS trust board meetings, in an attempt to identify good practice* (August 2006)



# Leadership is beyond management

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Stand up if you :

Teach

Appraise

Involved in quality  
improvement

Work in a team

# Leadership and quality

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<https://www.fmlm.ac.uk/>

# Demonstrating leadership



**Kate Granger**

@GrangerKate



Following

#hellomynameis has an official logo!! Thank you so much to @\_\_michaelt Please feel free to use & share... [pic.twitter.com/uqXXTPS6Ne](http://pic.twitter.com/uqXXTPS6Ne)

← Reply ↻ Retweet ★ Favorite ⋮ More

# **hello** my name is...  


184  
RETWEETS

82  
FAVORITES



# The “shoulds” and “musts”

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You **XXXXX** take part in regular reviews and audits of the standards and performance of any team you work in, taking steps to resolve any problems.

You **XXXXX** be familiar with, and use, the clinical governance and risk management structures and processes within the organisations you work for or to which you are contracted.

Doctors **XXXXX** engage with colleagues<sub>\*</sub> to maintain and improve the safety and quality of patient care.

Doctors **XXXXX** contribute to discussions and decisions about improving the quality of services and outcomes.

## Workshop plan

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- Raising concerns
  - Challenges and consequences
  - Cases

# What are the barriers to raising concerns?



# What are the barriers to raising concerns?

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...but what are the consequences if you don't?

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# Who has seen poor practice?

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[www.thegentlewaybook.com](http://www.thegentlewaybook.com)



# The “shoulds” and “musts”

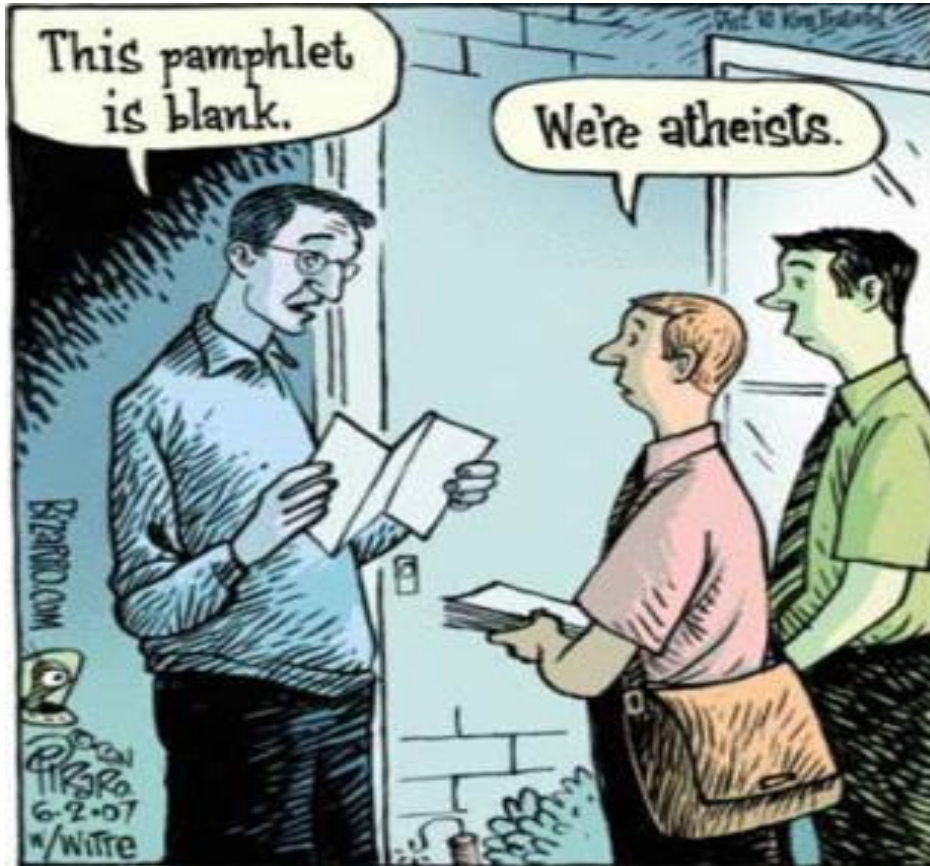
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11. You **must** follow the procedure where you work for reporting adverse incidents and near misses.

13. Wherever possible, you **should** first raise your concern with your manager or an appropriate officer of the organisation you have a contract with or which employs you ...

# Dr Boyle - personal beliefs

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[public.fotki.com](http://public.fotki.com)

# Paul

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[Youngminds.org.uk](http://Youngminds.org.uk)

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Medical  
Council

# Dr Kwesi

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# Adarmard - are there times....

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...when you have felt unprepared

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# Does it always have to be the nuclear option?

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Can the matter be dealt with through routine local incident reporting arrangements?  
Does it always

View case studies below and select an option to continue

Yes

No

... you notice 3 different loading protocols & variable compliance....

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# If early attempts fail, don't be the bystander



# Never hear back after reporting an incident?

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# A collective voice

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# Different approaches

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# Use our guidance as support and protection

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## Take home points

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- Consult our guidance – know what we cover & where to get help
- Look for resources, save them as bookmarks
- Know your team
- If you can improve systems, do
- Record keeping – clearly document your actions and rationale

# Record-keeping

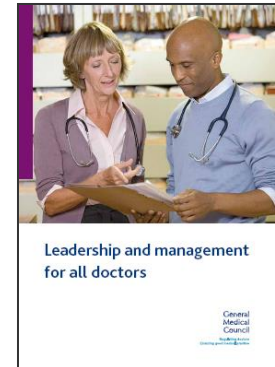
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# Record-keeping: get it right

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- While in the emergency room, she was examined, X-rated and sent home.
- The skin was moist and dry.
- The lab test indicated abnormal liver function.
- Patient has chest pain if she lies on her left side for over a year.
- On the second day the knee was better and on the third day it had completely disappeared.
- The patient has been depressed ever since she began seeing me in 1983.



# Thank you and evaluation.

Tista Chakravarty-Gannon



0161 250 6822



07919 256 476



[tcgannon@gmc-uk.org](mailto:tcgannon@gmc-uk.org)



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