



WESSEX

Local Medical Committees
Incorporating Wessex LEaD



NOVEMBER 2017

Support for GPs

What is available?

Produced by the Wessex LMCs in partnership with:
Health Education England (Wessex)
The Wessex Appraisal Service
The Local Representatives of the GP Health Programme
Performance Team at NHS England (Wessex)



Support for GPs – What is available?

Table of Contents	Page No.
1. Introduction	4
2. Health and Wellbeing: Burnout	5
3. The General Practitioner Health Programme	8
4. Appraisals	9
5. Complaints	10
6. Performance Procedures	12
7. The General Medical Council (GMC)	16
8. Pastoral Support:	20
- Wessex Insight	20
- NHSE GP Resilience Programme	23
- GPFV Practice Support Service	23
- Support4Doctors	24
- Cameron Fund	24
- Royal Medical Benevolent Fund	24
- Sick Doctors Trust	24
- DocHealth (All Doctors)	24

1. Introduction

As General Practitioners, we spend much of our time helping and supporting our patients through their many physical and mental health problems. But who looks after us and supports us?

Many will have great support from family and friends, but occasionally you may need more. This is what this booklet is trying to do. If you realise that you are struggling, remember that you are not alone, nor are you the first to have experienced this. This booklet explains where you can seek help if needed through a variety of processes that are in place within the NHS and related to our work as a GP.

In a recent survey, one in eight GPs had sought help from pastoral or wellbeing services within the past year. Over 90% of GPs identified workload as a major factor. This has led to many older doctors leaving the profession earlier than they intended and is also deterring younger GP trainees from joining the profession.

GPs may self-identify that they need help, or this thought might come from a work colleague, your family and friends, or it may be part of your discussion with your appraiser. The important factor is identifying that there is an issue and being willing to seek help.

As an LMC we are often contacted by GPs who are in need of help. Very few are aware of the range of support that is available or how to access this help.

You will not reach the end of your career without facing a complaint. This is stressful for all involved but can be helped if you understand the process and follow some basic advice.

We will also highlight the different bodies that may be involved in the journey of a complaint. All GPs will be aware of the GMC as the national regulatory body of all doctors. We will talk through this process and support available. However, we will also cover the local processes of the Performance Advisory Group (PAG) and Performers List Decision Making Panel (PLDP), of which many GPs are unaware but can still make career changing decisions for practitioners.

2. Health and Wellbeing: Burnout

If the constant stress of work and life is leaving you feeling disillusioned, helpless and worn out then you may be suffering from burnout.

Burnout is a state of emotional, mental and physical exhaustion caused by excessive demands and prolonged stress. It leaves you feeling increasingly helpless, hopeless, cynical and resentful. Life loses its meaning and you may feel you have nothing left to give.

Research into burnout suggests that GPs are at risk. A Dutch study suggested that 40% of GPs were experiencing high levels of burnout, and a recent study by Pulse amongst UK GPs showed that 50% were experiencing symptoms suggestive of burnout.

Here are some common signs that you might be experiencing burnout:

- Exhaustion: mental, physical or emotional, or all three;
- Neglecting your needs, no time or energy for anything else other than work;
- Lack of motivation: not feeling enthusiastic about anything anymore;
- Frustration, cynicism or other negative emotions - these become overwhelming;
- Slipping job performance: tasks building up, complaints increasing;
- Interpersonal problems at home and at work: more conflicts, withdrawal from colleagues and isolating yourself;
- Not taking care of yourself: developing unhealthy coping strategies, drinking more alcohol, eating too much, junk-food, smoking more, having affairs, self-medication;
- Being pre-occupied with work, even when not at work;
- Generally decreased satisfaction in everything you do;
- Health problems, digestive issues, heart disease, depression;
- Depersonalisation: losing contact with yourself, no longer seeing yourself as valuable and losing track of personal needs. Your view of life narrows to the present time and life turns to a series of mechanical functions or tasks that are not to be enjoyed, but just completed.

Stages of Burnout

There are several different models but the stages are similar:

Honeymoon Period. . .

- High energy, good satisfaction from trying to solve problems and make changes, you find the job interesting most of the time.

Fuel starting to run low. . .

- Gradual onset of frustration, tiredness and loss of interest. Distancing yourself from colleagues and patients, become more cynical.
- Denial of emerging problems - blame increasing problems on time pressure and all the work you have to do.
- More mistakes.
- Physical symptoms increase fatigue, sleep disturbances.
- Escape activities such as drinking or eating too much, smoking, buying things.

Towards a crisis. . .

- Symptoms and dissatisfaction with the job dominate all areas of life.
- Wanting to be alone, rejecting help, lots of anger and inability to relax.
- You start thinking of extreme measures to escape - moving, resigning, divorce or even suicide.

Apathy. . .

- Energy is very depleted and symptoms get worse.
- CRISIS

It is often the best doctors that burnout, because they invest the most energy, emotion and commitment to their patients, but at the expense of themselves. If you are a hard working idealist or a perfectionist your risk is even greater.

Preventing Burnout

There are lots of tips, books, and websites out there with plenty of advice. Most involve some of the following, and spending some time reflecting on how you can avoid burnout is never wasted, even if you don't currently feel it applies to you.

- Give yourself planned time for a relaxing ritual. This might be doing gentle stretches, meditating, writing a journal, reading, listening to music etc. The key is to do it mindfully, with your whole attention.
- Eat healthily, exercise and get enough sleep.
- Set boundaries.
- Take a daily break from technology, "disconnect from an overly connected world".
- Do something creative and choose activities that have nothing to do with work or achievement.
- Learn how to manage stress - you may need help with this where from?

Recovering from Burnout

If it's too late, and after reading this it is clear to you that you need help, then you need to take your burnout very seriously. You can't push through burnout and serious harm may come to you and your family if you do.

Step 1. . . SLOW DOWN

You need to force yourself to slow down or take a break. Give yourself time to rest, reflect and heal.

Step 2. . . GET SUPPORT

You need help. Share your true feelings, stop trying to deny the situation and talk to another person. Consider seeing your GP and perhaps book a double appointment, or contacting the BMA counselling or Doctor Advisor service on Tel. 08459 200 169.

Step 3. . . RE-EVALUATE

Burnout is a sign that something isn't working in your life. Your task is to find out what and put it right. You may need help to do this.

Step 4. . . TAKE TIME OFF

If burnout seems inevitable then you might need to take a complete break from work. This often seems impossible for doctors as we tend to put our responsibilities before our health. This of course is part of the problem!

Take a holiday, ask for leave of absence, take a sabbatical or you might need to take sick leave. Unless you take a break you will not be able to find the solutions.

Doctors are often very poor at managing their health and wellbeing, constantly putting work first and the traditional culture in medicine is that of needing to always be strong and not show vulnerability. We worry what others will think if we “confess” to having problems and of course if we do we may have to speak to a colleague who knows us professionally as well as being their patient. However, it is really important to put those fears and inhibitions to one side and trust the professional judgements and decisions of others. The strong person is the one who recognises the problems and decides to take action positively to get a better life.

(Ref: The Stress of Medicine - David Rainham)

3. General Practitioner Health Programme

Access to confidential mental health and addiction support for GPs and GP trainees across England.

This programme was originally available in London but is now, through the GP Forward View (GPFV), been made available across England. The scheme is there to help and support the mental and physical wellbeing of GPs and GP trainees. If you are suffering with burnout or stress then there is free help for you.

The NHS GP Health Service (GPH) is a service for GPs or GP trainees, with issues relating to mental health concerns or addiction problems, often where this might be affecting their work.

GPH is a confidential service, outside of the NHS, which seeks to protect doctor- patients from the stigma associated with mental ill health and addiction. GPH aims to get doctor-patients healthy and working, whilst safeguarding their patients, making sure the doctor is well enough to see patients safely. GPH recognises that:

- Doctors are more likely than the average person to suffer from problems with drugs, drink and depression.
- Up to 20% of UK doctors become depressed at some point in their career.
- Doctors have higher standardised mortality rates in respect of cirrhosis, accident and suicide.
- Suicide rates among female NHS doctors have been shown to be twice that of the general female population.
- Evidence shows that doctors are more likely to suffer from work-related mental ill health than other professions. GPH is hosted by the NHS Practitioner Health Programme which has significant success rates for its practitioner-patients.
- 88.1% remain in or returned to work during contact with PHP.
- 81% abstinent and attending PHP on a regular basis. (This compares to 10-20% of non-health professional population being abstinent).

[Click here](http://gphealth.nhs.uk) to access the services or go to: <http://gphealth.nhs.uk>.

4. Appraisals

Remember your appraisal is an annual opportunity to reflect with a trained appraiser.

Getting support may start here. Whether you are starting to spot the warning signs of burn-out, or are aware of issues that you want to sort out, helpful discussions may well start at your annual appraisal. Every doctor is required to have an annual appraisal to remain on the Performers List and remain registered with the GMC.

Getting support, whether you are starting to spot the warning signs of burn-out, or aware of issues that you want to sort out, may well start at your annual appraisal. Every doctor is required to have an annual appraisal to remain on the Performers List and registered with the GMC.

In Dorset, Hampshire and the Isle of Wight, your appraisal will be facilitated by Wessex Appraisal Service (part of Health Education England), which is nationally recognised as an educationally focused and innovative appraisal service provider. Wessex LMCs, Health Education England and the Wessex Appraisal Service work closely together to equip appraisers with the skills to provide support and the encouragement to make changes, or take the first steps towards getting help.

In Bath, Gloucestershire, Swindon, Wiltshire and Thames Valley, the appraisal service is managed by NHS England with GP leadership. The appraisal is regarded as an individualised, developmental and supportive process designed to empower the practitioner to practice safely as well as to facilitate the Revalidation process.

Appraisers are either practising or recently retired GPs who have a clear understanding and experience of the pressures of modern day general practice. They have additional skills in coaching and mentorship and can encourage and motivate doctors to reflect on their personal health and work-life balance and make changes where necessary. They can also act as a resource and signpost doctors towards appropriate sources of help and professional support.

When documenting discussions that have taken place, GPs should be aware that the appraisal documents and summary are as confidential as medical records. Therefore, they can be seen by other professionals working in the revalidation process, such as the RO and their team. Additionally, they may be subject to a request to disclose, just as clinical notes can be. It is therefore important that not only does the documentation not include patient or colleague identifiable information but also that you may wish to reflect on the level of detail recorded about any deeply personal thoughts or conversations that you have with your appraiser.

The GP appraisal lead and their Appraisal team can provide advice on appraisal and revalidation queries or professional concerns as well as access to occupational health advice. You can find their contact details here:

http://www.wessexdeanery.nhs.uk/appraisal_service/meet_the_team.aspx

5. Complaints

As doctors, we all care about our patients. Medicine is not an exact science and therefore as GPs we are expected to manage risk and clinical uncertainty daily. It is not surprising when occasionally, despite our best efforts, things do not always turn out as expected. In addition, the culture in the UK has changed with people becoming far more willing to complain if they do not get what they want.

With all these factors you are unlikely to get through your career without having a complaint made against you. Having a complaint made against you is very stressful whether there are grounds for a complaint or not.

For complaints made to the practice, these can be investigated locally and are mainly resolved amicably. But sometimes the complaint may be made to NHS England, the GMC or the Ombudsman. Under these circumstances you, or your practice, may seek help from the LMC, the BMA (if you are a member) or your Defence Organisation to help with the process. But often you, as an individual, need personal help and support - and that is what the LMC is here for.

Remember your reflection about all complaints made against you as an individual need to be included in your annual appraisal, in a non-identifiable way. The aim is to ensure that you can explore, in protected time, what lessons you have learned and any changes you have made as a result, and to process the impact of the complaint on you and your work. Even if there was nothing that you could have done differently, this can be an important part of letting go and moving on.

A complaint that is made to the practice will often be dealt with by the practice. Most practices handle complaints very well. Remember what most people who have made a complaint want is that:

- This is taken seriously.
- Their concerns are addressed and an explanation is provided by the practice.
- The practice or individual apologises (you can say that you are sorry that this has happened, without admitting responsibility).
- That this doesn't happen to someone else – that the issues will be discussed within the practice team and this will help in preventing this happening to another patient in the future.

Patients can also contact NHS England directly as the contract holder. If a patient makes a complaint to NHS England directly then the complaints team will contact the practice and share the concerns. They will seek the practice's views and explanation. All complaints will then be reviewed by the Performance Team and may result in them being discussed in a Performance Advisory Group (see below).

Support from the LMC

The LMC have many people who can help and support you, including Medical Directors and experienced managers. To get in touch please contact the LMC Office either by email office@wessexlmcs.org.uk or by phone 02380 253874. When calling you don't need to share the detailed reason for the call if you do not wish to. Simply ask for a conversation and support is provided free of charge.

Counselling Support for BMA Members

The BMA also provides support to its members and some may choose to access this at the time of a complaint. For help, counselling and personal support, doctors can call the BMA's counselling service on 0330 123 1245. This is available 24 hours a day, 7 days a week. You can then opt to have telephone counselling or video counselling for up to 6 sessions. The counselling can help you to reduce the impact of the complaint and rebuild your self confidence.

You will also be given the option to speak with a Doctor Advisor. Doctor advisors allow you to speak to another doctor in confidence. These services are available to any doctor who is a BMA member.

Please see their dedicated webpage to these services:

<https://www.bma.org.uk/advice/work-life-support/your-wellbeing/bma-counselling-and-doctor-advisor-service>

The Doctor Support Service

If you have a complaint that goes to the GMC there is a dedicated support service for this. This is called the Doctor Support Service. It is available to all doctors. It is there for anyone with a complaint at the GMC or if you are at risk of having your licence withdrawn.

They offer up to 6 hours of telephone support. Additionally, they can offer face to face support on the first day of a hearing and orientation visits if you would find this helpful.

Please see their webpage for further details:

<https://www.bma.org.uk/advice/work-life-support/your-wellbeing/doctor-support-service>

6. Performance Procedures

All GPs want to do their best when seeing patients.

There are over 1,000,000 consultations per day taking place in general practice. Most are of high quality and repeated patient satisfaction surveys show that over 85% of patients rate their experience when seeing a GP as good and with nearly 50% saying it was very good. Compared with the volume of patients we see, the number of complaints a GP receives is very low.

GPs are all too aware that a serious performance issue could be referred to the GMC. Are you equally aware of the local performance procedures or what could happen if a complaint ended up with the Ombudsman?

When a GP's performance is questioned it is important to understand the context of the issues that are raised. Experience has shown that some of these issues are because of health issues, some are caused by employment or partnership issues and some are because of an individual's performance falling below an acceptable standard. Inevitably, there are also some issues that do not have any basis in fact.

If a GP has health issues they are required, under their registration with the GMC, to ensure this does not put patients at risk. The LMC often gets approached by GPs with health issues and can offer advice, help and support for those who need it.

If a GP has partnership issues or employment issues, again the LMC can offer help and advice.

The LMC has two roles in terms of performance, firstly, to support the individual GP and, secondly, to represent the profession in defining the standard of care that it would normally be acceptable for a GP to provide.

Local Performance Procedures

Following the Shipman Enquiry, a document was published called **“Supporting Doctors, Protecting Patients”**. This led the way, not only to the introduction of Revalidation, but also to the Performers List and locally based performance procedures. To work in general practice as a GP you must be registered with the GMC and be included in the Performers List. Initially the Performers Lists were held by each PCT but now there is one single Performers List for England, managed by the Area Teams via Capita and Primary Care Support England. There are similar lists in Scotland, Wales and Northern Ireland.

At the time of the introduction of the Performers List, each PCT had to develop and implement their own local performance procedure. The LMC was involved in the development of these procedures and we ensured that locally they were fair and proportionate and were designed to try and be as supportive as possible to GPs in what is recognised as an extremely stressful time.

However, there were great inconsistencies in these processes across the country. This ultimately produced a postcode lottery of assessments, investigations and outcomes for GPs depending on where they were. In 2013,

ⁱ http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006753

the NHS introduced a National System of Performance Regulations that are now applied across England to provide fairness and consistency.

These procedures cover some but not all primary care performers, namely: GPs, Dentists and Optometrists. Pharmacists are not included on a performers list currently and therefore work under slightly different policies and procedures.

There are two stages to the procedures:

- i. The Performance Advisory Group (PAG).
- ii. The Performers List Decision Panels (PLDP).

When a concern is raised about a GP, that concern will usually be referred to the Performance Team in the local office of NHS England. The referral may come from a variety of sources.

The Performance Team consist of people who specialise in this area and will include GPs, other Clinicians, and Managers. The team have trained investigators, both clinical and non-clinical.

Most concerns will then have a period of fact finding and potentially an investigation and then the resulting information will be presented to the PAG.

The Performance Advisory Group (PAG)

The PAG meets regularly and consists of 4 voting members:

- i. A senior NHS Manager with a performance role who will chair the PAG.
- ii. A discipline-specific practitioner nominated by the NHS England Area Team's Medical Director.
- iii. A senior manager with experience in primary care and/or patient safety and experience.
- iv. A lay member.

In the Wessex LMCs area, an LMC GP will normally be present either as a discipline-specific practitioner or if this person is not a representative of the LMC then a GP representing the LMC will normally be present as a non-voting member. The role of the LMC representative is not to represent the individual GP but to represent the profession to provide a view as to what the normal standards expected of a GP would be.

Most cases that are presented to the PAG are dealt with at that point and outcomes may include:

- No action is required.
- There are some issues which are not serious and advice is given.
- There are issues which are deemed to be more serious and are referred to the PLDP.
- The issues are serious and pose a potential threat to patients and these may be referred to a panel who have the power to suspend a GP.

It must be remembered the purpose of the PAG is to provide advice, support, and act where performance concerns have been raised. The PAG can choose to review cases after a period of time if advice has been given to a GP to ensure that advised actions have been undertaken. Action or inaction by the GP on advice given may cause the PAG to change its decision.

Doctors do not attend the PAG but will be informed of the outcomes shortly after the meeting.

The Performers List Decision Making Panel (PLDP)

The PLDP will consider fewer cases than the PAG, and follows a much more legalistic structure.

Membership of the PLDP consists of the following individuals:

- A lay member who will be the Chair of the PLDP.
- A discipline-specific practitioner (ie GP).
- A senior NHS England manager/director with responsibility for patient safety/experience.
- The Medical Director for NHS England or their nominated deputy.

All members have a vote and the chair has the casting vote if necessary.

Additional non-voting members and advisors may also be invited by the Chair from time to time. The GP will be informed of the date and timing of the PLDP and would be expected to attend in person. In addition, the performer may be accompanied by a legal representative, or an advocate or an LMC member.

Note that there are two potential reasons why an LMC GP may be present. They may be there at the request of the individual GP. In this scenario they are present in a supportive and advisory capacity for the individual GP. If an LMC GP is on the Panel, however, they will be representing a view of the acceptable standards of the profession and not there making representation for the individual GP.

What can the PLDP do?

Once a case is considered, the Panel have many options:

- Exonerate the GP and essentially say that there is not a performance issue.
- Detail concerns and suggest that the GP voluntarily undertakes some learning or change in practice.
- Decide that there are more serious concerns and place conditions on the GPs registration. So, this for example may be restricting the prescribing of controlled drugs or working under supervision etc. or it may be that there is a recommendation of training which the individual must undertake or risk being removed from the performers list.
- Suspend the GP. This is meant as a neutral act – (the GP would be prevented from working but receive 90% of their NHS income whilst under suspension). This is usually implemented where there are serious performance concerns and the facts are being investigated.

- Referral to the Occupational Health Service to establish if there are any underlying health issues and if the practitioner needs support or special measures for them to continue working.

The important thing to remember is that this procedure is still about supporting doctors and protecting patients.

In cases when immediate suspension is required under Regulation 12 (6) a decision may be taken outside of the PLDP meetings by the medical director, with one other director. This decision must be reviewed by two members of the PLDP, who have not been previously involved in the decision to suspend, within two working days, beginning on the day the decision was made. The case must then be considered by the PLDP.

The LMC have sat on many of these panels and we believe them to be fair and proportionate. We recognise that to go through this process for anyone is hugely stressful and not something that anyone would wish to have to undergo. The Panels are not “out to get you”, nor are they ‘anti’ the profession but there are some important factors you should be aware of:

- The Panel is looking objectively at the evidence to see if the GP’s performance has fallen below an accepted standard and
- If this is the case, the Panel asks if the inadequate performance put patients at risk?
- The Panel also looks for evidence that the practitioner shows insight – you would be amazed how many practitioners try to justify what is clearly indefensible – the Panel is looking for insight, humility and reflection.
- If something has gone wrong, it is important to consider what you have learnt and what you will do to prevent this happening again.
- Remember, this is largely about support, patient safety and not punishment!

7. The General Medical Council (GMC)

All doctors who provide patient services in the U.K. must be registered with the GMC. All GPs should be aware of their obligations and the responsibilities that this bestows on them which are detailed in the GMC's guidance "Good Medical Practice"ⁱⁱ. This document sets out the core professional standards expected of all doctors and covers fundamental aspects of a doctor's role, including working in partnership with patients and treating them with respect.

GPs may be referred to the GMC by a patient, by a colleague or via the local performance procedures. This may be due to direct concerns about performance or may be related to a health issue (such as alcohol or drug addiction) that may adversely impact on the performance of a doctor.

The GMC can take action if the doctor's fitness to practise is impaired. This may be for a number of reasons:

- misconduct
- poor performance
- a criminal conviction or caution in the UK (or elsewhere for an offence which would be a criminal offence if committed in the UK)
- physical or mental ill-health
- a determination (decision) by a regulatory body either in the UK or overseas
- lack of the necessary knowledge of English language to be able to practise medicine safely in the UK.

If they believe that a doctor's fitness to practise may be impaired they can:

- agree undertakings with the doctor
- place conditions on their registration
- suspend their registration
- remove them from the medical register.

If they believe their fitness to practise is not impaired but there has been a significant departure from the principles set out in our guidance, *Good Medical Practice*, they can issue a warning to the doctor.

Whatever the reason is, and whether there are grounds for the referral or not, this will be a hugely stressful time for any doctor and they may well need help and support.

If you are facing a complaint that has been made to the GMC it is incredibly important that you seek specialist advice around filling out any forms that they send to you about your side of the issue. This may be from your MDO or a lawyer (if your MDO will not help).

ⁱⁱ http://www.gmc-uk.org/guidance/good_medical_practice.asp

The GMC review all complaints carefully to see if there are issues that they need to investigate. In some instances, they may decide to carry out a provisional enquiry. A provisional enquiry is a limited, initial enquiry at the outset of the process which helps them to decide whether to open an investigation.

If they decide that they are not the right organisation to investigate the complaint, they may pass it to your responsible officer to consider as part of your wider practice. They may also ask you to pass the complaint to the local complaints procedure to be dealt with locally. Find out more about [sending complaints to responsible officers](#).

If they believe potentially serious concerns are being raised, they will investigate further themselves.

They do not normally investigate complaints about matters that took place more than five years ago, unless they consider that it is in the public interest to do so.

Before they begin an investigation, the GMC will tell you about the complaint that has been made about you and ask for details of your employer.

They will give you the opportunity to comment on the complaint. You don't have to comment at this stage, but if you do, it may help them to resolve the case more quickly. There will be another chance to comment later if there is any likelihood of the case being referred to a hearing. Before commenting we would strongly recommend discussing your response with your MDO or a legal representative if this support is not available.

Good Medical Practice makes it clear that you must cooperate fully with any formal inquiry into the treatment of a patient and with any complaints procedures that apply to your work. You should always contact your defence organisation for advice.

The GMC will usually ask your employer and local Responsible Officer if they have any other concerns about your fitness to practise. This is to make sure they have a better picture of your fitness to practise and to allow them to feed into local clinical governance.

How they conduct the investigation will depend very much on the nature of the concerns. For instance, the investigation may involve getting:

- further documentary evidence from, for example, your employer or the complainant
- witness statements or expert reports on clinical matters
- an assessment of your performance
- an assessment of your health
- an assessment of your knowledge of the English language

The GMC can pass complaints back to be handled under local performance procedures if they think that the complaint would not raise questions about your fitness to practice even if proven.

At the end of the investigation, two senior GMC staff known as case examiners, one medical and one non-medical, will review all the evidence collected and decide whether to:

- conclude the case with no further action
- issue a warning

- agree undertakings to address a problem, or
- refer the case to the Medical Practitioners Tribunal Service (MPTS) for a medical practitioners tribunal.

The medical and non-medical case examiners must agree to close a case or refer it to the MPTS for a hearing. If they fail to agree, the case is considered by the Investigation Committee, a statutory committee of the GMC.

If the case examiners or the Investigation Committee decide that your fitness to practise is not impaired, but that you were in breach of our guidance, they can issue a warning.

The Investigation Committee will also consider a case when case examiners consider that a warning is appropriate, but the doctor has disputed the facts, or requested a hearing of the Investigation Committee. The hearing will take place in public.

Unless the case is about your health, the GMC will tell you and the complainant what the case examiners' decision is and their reasons. If the case is about your health, they will tell you and the complainant what the case examiner's decision is, but will only give you their reasons. This is because we treat information about a doctor's health as confidential.

At any stage in the investigation, we can refer you to the [Medical Practitioners Tribunal Service \(MPTS\)](#) for an interim orders tribunal hearing. This tribunal can suspend you, or restrict you from practising while the investigation continues if they decide this is necessary to protect the public. For more information on MPTS interim orders tribunals, read their [investigating concerns factsheet](#) (pdf).

Warnings and Undertakings. . .

A warning is appropriate if concerns indicate a significant departure from the principles set out in GMC guidance or if there is a significant cause for concern but a restriction on your registration isn't necessary.

A warning can be issued by case examiners, the Investigation Committee or by a medical practitioners tribunal at a hearing. For five years after it is issued, we will disclose a warning to your employer and to anyone else who enquires.

A warning cannot be issued if the concerns relate exclusively to your physical or mental health.

Undertakings are an agreement between the GMC and a doctor about the doctor's future practice. Undertakings may include restrictions on your practice or a commitment to practise under medical supervision or to undergo retraining. They allow the GMC to deal effectively with certain types of case without having to refer the matter to a hearing.

Undertakings can be agreed with doctors at the end of an investigation.

Undertakings might include restrictions on your practice or behaviour, or commitments to having medical supervision or retraining.

This information is largely taken from the GMC page:

https://www.gmc-uk.org/concerns/doctors_under_investigation/a_guide_for_referred_doctors.asp

The MPTS. . .

The MPTS makes decisions about doctors' fitness to practise. It is part of the GMC, but operationally separate and accountable directly to Parliament.

Medical practitioners tribunals consist of specially trained people, both lay and medical, who will hear all the evidence and decide at the end of the hearing whether the doctor's fitness to practise is impaired. If it rules that it is, the tribunal will decide what sanctions may be needed to protect patients.

If the GMC refers your case to the MPTS for a hearing, they will write to you to set out the allegations. Again, it is important that you seek advice from your defence organisation if you have one or from a solicitor.

Hearings are held in public, unless they are considering evidence about your health.

The tribunals are held at the MPTS hearing centre in Manchester

Emotional Support. . .

Please see the Complaints section for details of support offered to GPs going through any complaint. Please note that there is also a dedicated support service for doctors going through a GMC complaint called the Doctors Support Service (details in the Complaints section).

8. Pastoral Support

A core part of the role of Wessex LMCs is pastoral support. The LMC offers one to one support for GPs and Practice Managers who might face a range of challenges from problems in the practice, health issues, personal problems at home, and include performance issues, either developing, or established, in terms of performance procedures with the Area Team or GMC. These processes can be extremely stressful and GPs need to know that they can turn to us for confidential support whatever the problem.

As the pressures within practice ever increases there is a growing need for this.

If you are in distress or you are worried about a colleague, please do call us. If we can't help we normally know where to signpost help and there are quite a few other little-known organisations available that we work with.

In recent years, we have launched Wessex Insight covering the Wessex Deanery area to build on our existing support for doctors in difficulty. We did have a similar scheme in our other areas but due to Health Education England cuts partnering services have been reduced.

We are delighted to offer support to Practice Managers through our Practice Manager Supporters who are based throughout Wessex.

Wessex Insight

Following some discussions between the LMC and the Wessex Deanery, both parties believed that more could be done to support GPs who were struggling with challenges or obstacles causing a negative impact on their performance in the workplace, or who were at a transition point in their career.

What is Wessex Insight?

Wessex Insight is a confidential service that is independent from healthcare employers and external assessment services. It is provided by Wessex LMCs and Health Education England Wessex. Normally, GPs contact the LMCs, often following a recommendation from an appraiser or another person, who is aware of what Wessex Insight offers.

The person seeking help will initially have contact with one of the Medical Directors at the LMC to see whether they would be appropriate for Wessex Insight or whether there are alternative and better avenues that would be of benefit to the individual.

If suitable the GP will then have an assessment by the Deanery to ensure the help and support is tailored to the individual's personal needs.

What is the aim of Wessex Insight?

The aim is to provide GPs with access to resources to support their career and assist them to reach their full potential. Wessex Insight adopts a holistic approach to identify the broad range of factors that can impact on a practitioner's professional development.

What might be offered to a GP?

This will depend on the needs of the individual:

- One to one mentoring
- Career advice
- Time management training
- Language and advanced communication skills development
- Dyslexia / Dyspraxia Screening
- Myers-Briggs Type Indicator (MBTI) personality preference profiling

Benefits of accessing Wessex Insight include:

- Personal development
- Confidential objective discussions
- Investments in future career
- Increased motivation
- Improved “work-life” balance
- Help to manage transitions and decisions positively
- Improved performance
- Increased wellbeing and improved job satisfaction

What is the cost?

Initial discussion with the Wessex LMCs and the Deanery Education Team is free. If Wessex Insight support is needed, we can guide you and develop a specific learning plan with you. Wessex Insight will also offer, where appropriate, a learning bursary to cover up to 50% of the costs for GPs registered with the Wessex LMCs. The maximum learning bursary available through the Wessex Insight scheme will be £2,000. An individual GP would be expected to match the Bursary granted, up to the £2,000 maximum figure, allowing up to £4,000 in total to meet your needs. Most practitioners spend around £400 in total on sessions. Sessions are charged after they have happened so there are no upfront costs. Control remains with the practitioner as to how many sessions they would like and therefore how much they spend.

Who Is Not Suitable for Referral to Wessex Insight?

- Those already involved in local or national performance procedures.
- Those whose needs can be met through existing education provision.

Enquiries

To discuss whether Wessex Insight is right for you simply email the LMC at: insight@wessexlmcs.org.uk Alternatively, contact the office on: Tel. 023 8025 3874 and ask for ‘Wessex Insight’ to arrange for a discussion with a Medical Director at a mutually convenient time.

Financial Difficulty

Through no fault of their own GPs, as with any other person in life, can fall on hard times. There are a number of charities who can provide confidential financial advice and support to those in genuine financial need to get their lives and careers back on track.

If you need help with household expenditure, house repairs or adaptations, mortgage/ rent arrears, training or return to work expenses or school fees and some medical costs – these charities may be able to help.

Five of the charities in this sector have come together under a single portal to help individuals find the support they need.

These include:

- The Cameron Fund
- The Society for the Assistance of Medical Families
- The Royal Medical Benevolent Fund
- The Royal Medical Foundation
- BMA Charities

The single portal can be found here. A short, anonymous questionnaire helps you select the appropriate charities who might be able to help.

Help Me, I'm a Doctor <https://www.doctorshelp.org.uk/>

It's not just me, it's my whole practice. . .

If you are finding that your whole practice is feeling the strain, you are not alone. General Practice is finding itself under unprecedented pressure and practices across the board are feeling this.

Whilst we can't solve the national crisis single handedly, rest assured your LMC is fighting for your corner every day to try and ensure fair and adequate resourcing for General Practice. We want GPs to be able to continue offering the same high quality service that we have always strived to offer.

We believe that nationally it is recognised that General Practice is a vital part of the NHS and that has been chronically underfunded for the past decade. The GP Forward View has promised more funding and offers some solutions. The multifactorial nature of the GP crisis means a multifactorial solution. These are hard to organise when it involves so many government departments that are not necessarily cognisant of the far-reaching effect of the ripples of their individual actions.

If you feel your practice is in a place where it can't wait for the wheels to turn again then please contact the LMC. We can offer a confidential meeting with a Medical Director and a to discuss the issues that your particular practice is facing and help you to identify sources of support and potential avenues to explore.

Potential avenues include:

NHSE GP Resilience Programme

The new General Practice Resilience Programme (GPRP) will operate to deliver the commitment set out in the General Practice Forward View to invest £40m over the next four years to support struggling practices.

This programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

For further information please see the following links:

NHS Web Page: <https://www.england.nhs.uk/ourwork/gpfp/resilience/>

GP Resilience Programme Document:

<https://www.england.nhs.uk/wp-content/uploads/2016/07/gp-resilience-prog.pdf>

GP Forward View Practice Support Services

The College now offers support to practices under the Practice Resilience Programme.

To enhance our support to practices yet further and in response to the introduction of the 10 High Impact Actions within GP Forward View we have broadened the skill set of our 90-strong expert adviser team.

The RCGP is now able to provide tailored solutions, working hands-on with practices to:

- introduce new ways of working
- increase productive work flows
- analyse demand and capacity to maximise workforce effectiveness and introduce new roles
- develop leadership and team working
- facilitate the creation of new partnerships and collaborative working
- advise in the re-design of service delivery.

RCGP experts carry the combined insights of all the College's work in clinical and organisational design, the development of new models of care, quality improvement, informatics and curriculum development and assessment.

The RCGP continues to build on its reputation as the provider of quality training and development for the whole practice team. We provide bespoke solutions, the most popular include:

- active signposting, medical terminology and the management of clinical correspondence for clerical teams
- developing practice managers in finance, leadership and employment law
- building telephone consultation skills in clinical teams

The LMC can help you outline your issues to the CCG and make representations for any atypical or exceptional circumstances. Advocate for you to other organisations, e.g. NHSE around premises.

Other sources of support:

Support4Doctors (supported by Royal Medical Benevolent Fund)

There are a wide range of specialist advice and support for doctors and their families. There are also links to organisations that can provide further help.

Website: www.support4doctors.org

Tel No: 0208 545 8443

Cameron Fund

The GPs' own charity. This solely supports general practitioners, and their dependents, in times of financial need, whether through ill-health, disability, death or loss of employment.

Website: www.cameronfund.org.uk

Tel No: 020 7388 0796

Email: info@cameronfund.org.uk

GPs in Wessex are one of the largest contributors to this important charity.

Royal Medical Benevolent Fund

The RMBF offers support to members of the medical profession and their dependants who, through illness or misfortune, find themselves in financial hardship.

Website: www.rmbf.org

Tel No: 020 8540 9194

Sick Doctors Trust

This is a 24-hour confidential telephone helpline for doctors with drug and alcohol problems.

Website: www.sick-doctors-trust.co.uk

Tel No: 0370 444 5163 (24 hours)

DocHealth (All Doctors)

A service supported by the BMA and RMBF, is a confidential psychotherapeutic consultation service for all doctors, which gives doctors an opportunity to explore difficulties, both professional and personal. This pilot service is delivered by consultant medical psychotherapists. Although located in London the service is open to all doctors in the UK. For doctors living a considerable distance from London we are able to offer, after the initial face-to-face consultation, further consultations by skype.

Website: <http://www.dochealth.org.uk/>

Tel No: 07383 6533 (confidential direct line)

Email: enquiries@dochealth.org.uk





WESSEX

Local Medical Committees
Incorporating Wessex LEaD

**Wessex Local Medical Committees Ltd
Churchill House, 122-124 Hursley Road
Chandler's Ford, Eastleigh
Hampshire, SO53 1JB**

Tel No: 023 8025 3874 | Fax No: 023 8027 6414

DOC-0129 / 14.11.17

For more information, visit the LMC website. . .

www.wessexlmcs.com

