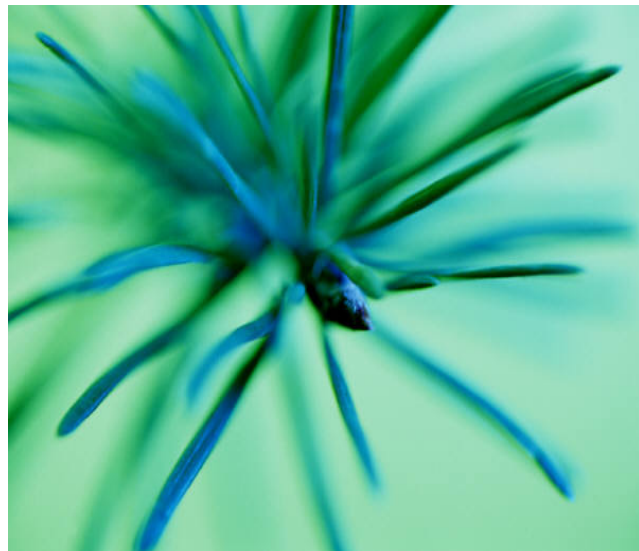


Complaints Involving Sessional GPs

2nd Edition





This document has been produced by the NASGP to assist practice managers and primary care organisations to incorporate sessional GPs fully and appropriately into their complaints procedures.

Dr Tara Watson
NASGP Council February 2005

2nd Edition
Updated 2005



Introduction

Sessional general practitioners, as with all general practitioners, have an obligation to be involved in the normal practice complaints procedures. Government legislation, Health Service Guidance and statements from the medical profession, such as "Good Medical Practice for GPs" (2), have all underlined the importance of the practice complaints procedure. But, as with other areas of a sessional GP's work, how practices and doctors deal with complaints involving them is very variable. This paper discusses ways in which individual sessional GPs and their groups, as well as GP practices & PCOs, can ensure such complaints are handled in a way that is fair and helpful, both to patients, practices and sessional GPs themselves. It is especially important for freelance/ locum GPs who can still sometimes be clinically isolated and for whom one badly handled complaint can have devastating affects on their employability.



Foreword to the 1st Edition

As a GP for over 35 years I know the value of information from patients. Complaints are one way in which patients provide doctors with information that can help organisations do better.

For both the patient and the doctor, complaints are best resolved early on and at a local level. We know from experience that things go wrong when they are not. The underlying reality is this – that complaints, when resolved quickly and sincerely, help all of us to provide better quality service. The more that we as doctors become accustomed to dealing with and responding positively to comments and criticisms from members of the public and our peers, the better.

Complaints procedures are a vital part of quality. Through complaints patients highlight areas in need of improvement, and the absence of complaints also tells a story about what is being done right. The NASGP has produced this important discussion document, Complaints Involving Sessional GPs, which shows us why sessional GPs in particular have different levels of exposure to complaints because of the way they work. There are some very sensible and practical ways of ensuring that complaints against sessional GPs are handled thoroughly and appropriately. I wish it well.

Sir Donald Irvine CBE, MD, FRCGP Former President of the GMC

Background

Sessional GPs sometimes find themselves outside the current complaints procedures because of the differences in their contractual and working arrangements:

- GP providers have more formal 'Terms and Conditions of Service' such as those found in the "Blue Book" for GMS2 contracted GP providers⁽¹¹⁾. Sessional GPs have fewer non clinical terms or conditions. Although providers are no longer clinically responsible for the mistakes of a sessional GP, they still have responsibility for "contractual acts, errors and omissions of locums"⁽¹⁰⁾.
- Sessional GPs generally have had little or no say in how a practice complaints procedure is implemented by individual practices.

Sessional GPs, and particularly freelance/ locums, may be more vulnerable to complaints because they:

- may have little or no established relationship with the patients they treat
- are less likely to know about essential non-clinical information relating to their current clinical setting
- the induction to a practice and its clinical- and non-clinical systems is often poor or absent
- are commonly faced with unfamiliar handwriting in paper notes or inaccessible computer records
- sometimes have poor access to, and provision of, Continuing Medical Education (CME)
- sometimes have lack of feedback from doctors they work with.

Then again sessional GPs, particularly freelance, may occasionally be less vulnerable to complaints such as when they can sometimes provide a fresh input in to an ongoing clinical condition.

Additional factors

- The geographical position of a sessional GP may affect their ability to deal with the complaint, and may impose a financial penalty in terms of travel costs and lost income.
- If not informed about the complaint, the sessional GP may have lost a unique experience to reflect on their care and take steps to otherwise improve it.

How to reduce the problems

Actions which can be taken by sessional GPs.

- Ask your sessional group to lobby its PCO and LMC to develop a GP group-wide policy on fully and equitably involving sessional GPs in complaints procedures
- On learning of a complaint made against you, no matter how minor, discuss the case immediately with your medical defence body or LMC and follow their advice
- Always inform the practice, before you accept any work, of your preferred consultation length, as well as any other issues which you are aware affect your skills. (For example you may want to say if you are deskilled in fitting IUCDs.)
- Do not do any work which, in your view, unnecessarily increases your risk of litigation or complaints.
- Sometimes it is possible to book just one session at a practice initially to see if you "suit" the practice and vice versa.
- Join your local LMC for support and advice.



Actions which could be implemented by practices.

- The NANP Code of Good Practice <http://www.nasgp.org.uk>⁽⁵⁾ is developed to assist practice managers on how to best manage sessional GPs.
- Provide an up-to-date Induction Pack for every GP or nurse who is unfamiliar with your practice systems. A pre-formatted standardised Practice Induction Pack is available from the NASGP⁽⁶⁾, in to which a copy of the practice complaints procedure can be inserted. A sessional GP will work far more efficiently when provided with a "locum pack" he is familiar with. This may well save the practice complaints, hassle and money!
- If you suspect that a sessional GP is underperforming it is imperative that the problem is brought to the doctor's attention immediately. This is perhaps best done in the setting of a face-to-face meeting with a lead provider and the doctor concerned in private. Failure to resolve the issue at this stage should lead, with the doctor's knowledge, to the matter being taken formally through the most appropriate official channels. Your LMC can advise you further on this with individual cases.
- On being faced with a problem from a locum, the GMC states that, "You must protect patients when you believe that a doctor's or other colleague's health, conduct or performance is a threat to them...It is not enough simply to decide not to employ the doctor again. The doctor may move on, to pose a threat to patient safety elsewhere."⁽²⁾
- Please be flexible when arranging consultation length & other issues relevant to your sessional GPs.
- Train staff not to put a sessional doctor under pressure to comply where he feels a particular action is inappropriate. For example signing certain prescriptions.
- Make available all lessons learnt from previous complaints in the practice (both doctor & patient being unidentifiable of course).
- Employ regular sessional doctors using the model contract in the "blue book"⁽¹¹⁾ as it allows the GP enough time to keep clinically up-to-date.



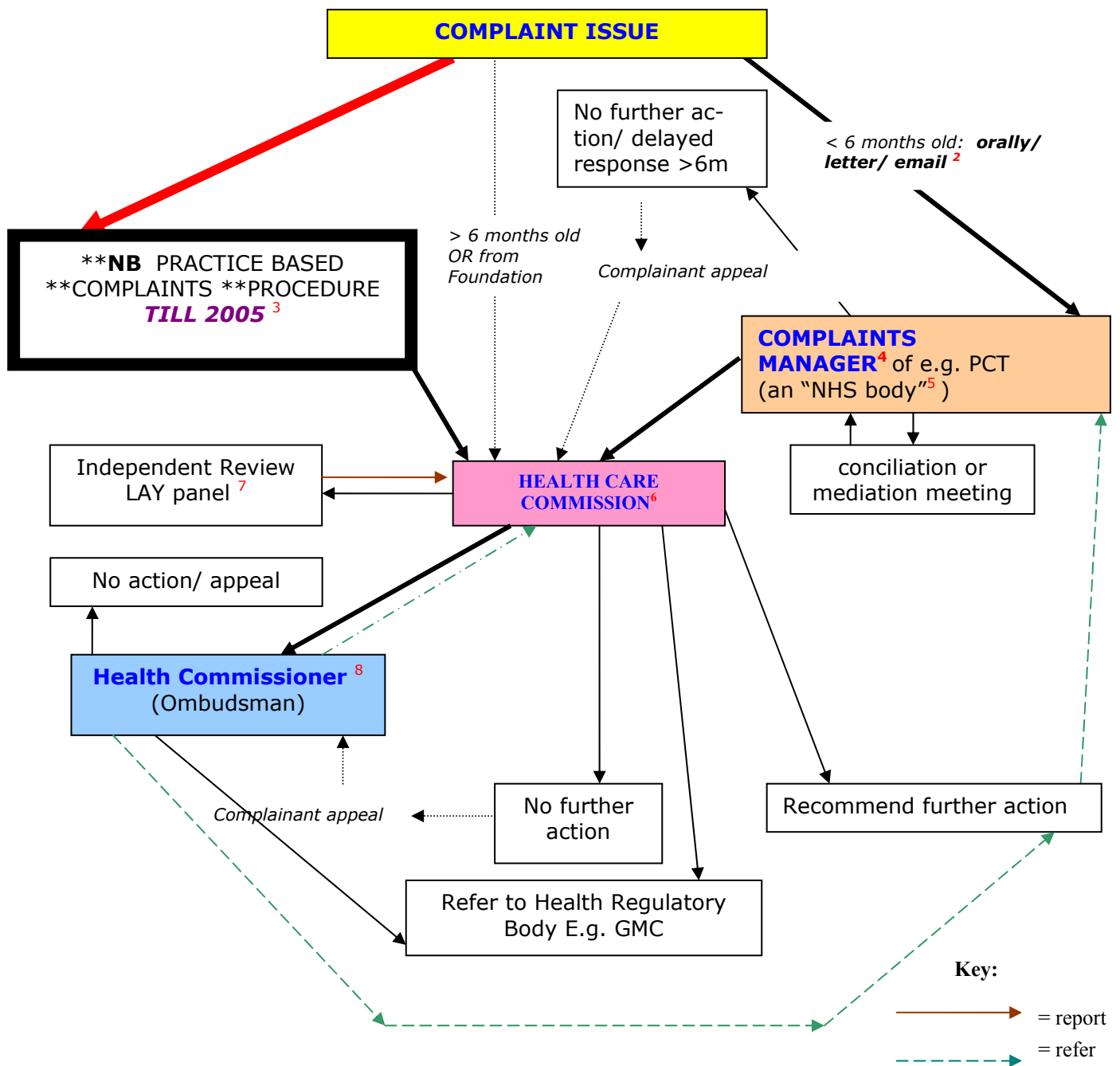
- When a complaint is made against a sessional GP the following actions are very much appreciated:
 - personal contact, such as by telephone, from one of the provider GPs prior to a complaint appearing without warning at the GP's home address.
 - support for the sessional GP in the same way you would wish to be supported yourself.
 - Inform the sessional GP immediately, allowing the doctor an early chance to sort out a complaint directly.
 - a complaint forwarded to a sessional GP should be accompanied by a copy of the practice complaints procedure and a copy of the patient's notes. If appropriate, other relevant details or advice could be included too.
 - a letter to a sessional GP's home address should be clearly marked PRIVATE AND CONFIDENTIAL & sent by a secure method.
- Invite sessional GPs to relevant significant event audits at your practice.
- Consider whether or not sessional GP input would be helpful when a practice or PCO is updating its policy. A national revision of the practice based local complaints procedure comes in to force in 2005.

Other elements of the complaints procedure have already changed—see appendix.

Further Reading

1. Maintaining Good Medical Practice, General Medical Council
http://www.gmc-uk.org/n_hance/good/mgmp.htm
2. Good Medical Practice, General Medical Council
http://www.gmc-uk.org/n_hance/good/good_2.htm
3. NHS COMPLAINTS REGULATIONS 2004 No. 1768
<http://www.legislation.hmso.gov.uk/si/si2004/20041768.htm>
4. Guidance to support implementation of the National Health Service (Complaints) Regulations 2004
<http://www.dh.gov.uk/assetRoot/04/08/81/57/04088157.pdf>
5. NASGP Code of Good Practice
http://www.nasgp.org.uk/code_of_good_practice.htm
6. NASGP Practice Induction Pack
http://www.nasgp.org.uk/practice_induction_pack.htm
7. NASGP Setting up a sessional GP group
http://www.nasgp.org.uk/setting_up_a_local_group.htm
8. An organization with a memory
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4065083&chk=PARoiF
9. Building a safer NHS
<http://www.publications.doh.gov.uk/buildsafenhs/>
10. Guidance for negotiating fees for locum services in General Practice
<http://www.bma.org.uk>
11. The "Blue Book"
http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareContracting/PrimaryCareContractingArticle/fs/en?CONTENT_ID=4079003&chk=5nnqam

Appendix





Notes

1. Complaints procedure not applicable when legal or disciplinary procedures are in process or when complaint relates to data protection. [Latter dealt with from Jan. 2005 via "The freedom of Information Access Regime" & prior to that date, the "Code on Openness in NHS".]
2. Date of incident being complained of refers to date incident occurred, or date when incident came to complainants attention. Email legal method of communication.
3. The 2005 practice based complaints procedure will probably be very similar to that of complaints to NHS bodies.
4. Investigation start date is the day complaint is received by complaints manager. Acknowledgement in writing is required within 2 working days of complaint and full response after 20 working days.
5. Foundation status not included in definition of (NHS body). [Foundation trusts usually dealt with via the Independent Regulator.]
6. "Health care commission" = previously "Commission for Healthcare, Audit & Inspection" (CHAI).
7. Commission decides on further investigation within 10 working days and allows same time length for parties to comment on terms of reference of investigation.
8. Lay panel has 3 lay members. 2 out of 3 must agree a decision. Cannot bring official legal representation to this meeting. Friend can accompany.
9. Is independent of government and NHS. Can legally collect any relevant papers without needing consent.