

PSYCHIATRISTS'
**SUPPORT
SERVICE**

Information guide
for psychiatrists

On reviews,
investigations
and inquiries

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Introduction

This information guide is intended for a psychiatrist who is facing a review, an investigation or an inquiry. The information can be used as a guide only and is not a substitute for professional advice. If you need further advice and support, please contact the Psychiatrists' Support Service or one of the organisations listed at the end of this information guide.

This document focuses primarily on the consultant psychiatrist. It may be helpful for trainees or non-training grade psychiatrists if brought into a review, investigation or inquiry, but for them the first line of support and advice should be from their consultant.

When a consultant psychiatrist finds himself/herself facing a review, investigation or inquiry there are four main steps to think about:

- clarity – be clear which of the three processes you are facing
- preparation – check that you are fully prepared for the process
- advice – check that you have taken the best advice available
- getting support – just because you are a doctor this does not mean that the process of review, investigation or inquiry will not take its emotional toll and you must take care to make certain that you keep yourself healthy.

Some advice

When an untoward clinical event has occurred it should not be seen as a sign of weakness or acceptance of blame for you to say 'sorry'. Expressions of regret and sorrow about an adverse event coupled with a willingness to learn lessons are entirely appropriate and professional reactions. A defensive approach could well be interpreted negatively.

Definitions

Employers and professionals use the words 'review' and 'investigation' in different ways. It is perhaps not so much the label assigned to the process that is the most important, but the nature of the process itself. However, the definitions below may be of practical help.

INVESTIGATION

An investigation usually refers to a process undertaken locally by an employer. The investigator is usually employed by the same organisation as the psychiatrist, team or service that is being investigated.

Depending on the case, there may be a single investigator or a panel. The former often happens when the issue under investigation is a conduct or behavioural problem, or an issue that may lead to disciplinary processes (i.e. probity). A

panel may be more appropriate when the investigation has been set out to understand an adverse event or a series of events of clinical concern.

In investigations involving a panel, the chair is often a non-executive member of the trust board in the National Health Service (NHS) sector; in the independent sector there may be a non-clinician chair. There should always be a psychiatrist member on the panel if there is concern about the clinical practice of a psychiatrist. In some workplace situations, this sort of (panel) investigation may be referred to as an internal review.

As this is an internal process, timescales are usually short and an investigation can be completed in a week or two.

REVIEW

This often refers to a panel considering an adverse event or series of events; one or more of the members will be drawn from a professional body external to the trust. For example, the Royal College of Psychiatrists may be asked to provide a list of individuals to an employer attempting to set up a review panel. The psychiatrist member should be a senior experienced clinician who will preferably have been trained in investigatory work and with appropriate specialty knowledge and skills equivalent to the psychiatrists/team/service under review. For example, an adverse event in a child psychiatry service may lead to a panel being set up with a child psychiatrist nominated by the Royal College of Psychiatrists.

Owing to the involvement of external professionals, and the focus on a service rather than an individual, this process usually takes longer than an investigation.

INQUIRY

When a serious event has occurred (for example, a homicide committed by an individual in contact with mental health services) or if the adverse event has led to significant adverse publicity, a formal inquiry may be set up. These are more legalistic in character and are often (although not always) chaired by a lawyer or judge. The panel membership is often wider including a psychiatrist, a nurse, a social worker and a lay representative(s).

This is a much more formal process than a review or investigation and interviews of witnesses by the panel may be tape-recorded and transcribed.

Because of the seriousness of the event that triggered the inquiry, the process is lengthy and detailed and many witnesses may be heard. Additionally, there will usually have been either an investigation or a review conducted by the employer before an externally triggered inquiry is set up by a primary care trust (in the NHS).

Of all the processes described here the inquiry can be the most difficult to cope with.

The four principles to consider

CLARITY

If an adverse event has occurred, anticipate that a process of review/investigation/inquiry may take place.

If you are contacted by your employer, you should ask yourself or those contacting you:

- Is this a review, an investigation or an inquiry?
- What is the panel membership?
- What are the terms of reference?
- Is there a clear timescale?
- Am I likely to have to give oral or written evidence?
- If I have to give oral evidence, can I arrange to be accompanied by a colleague or a professional adviser?
- Will the process focus on learning lessons and improving services or will I be criticised?
- How will the final report be produced? It is good practice for an investigation, review or inquiry to provide a transcript of what you said and a summary of what will be used to prepare the report. This is your opportunity to make corrections. If it is not clear that you can do this, you should ask. You should ask whether you will have an opportunity to see either the whole report or part of the report without conclusions, so that here is an opportunity to correct information.

You are advised to respond by letter if you are told that there will be a review, investigation or inquiry, to your clinical or medical director.

You should seek expert advice (see below) from the British Medical Association (BMA) if you are a member, and also your medical defence organisation.

PREPARATION

- If an adverse event occurs, you should consider the likely scenarios which could follow, including an investigation or review, and in serious cases a formal inquiry. Obtain advice for yourself.
- Make sure that your staff and clinical team have support and that you have or are able to set up your own support network (see below).
- Set up a team-based serious incident review as soon as possible (according to your local policies) so that there is an opportunity for the clinical team to review the events leading up to the adverse event, the event itself and the response to it. In the process of preparing for a serious incident review, you are advised to make copies of relevant case records, reports, the serious incident review document and any enclosures, as it is likely that the entire clinical record will be taken by the employer for the use of the investigator or panel. Preparation for this will make it much easier for you to respond to questions

and clarification of events if an investigation or review occurs.

- You should not appear before an investigator, review panel or inquiry without preparing for the questions that you are likely to be asked. You should read all documentation again.
- If you are asked to give oral evidence, attend with a professional supporter or professional adviser if you wish. You may always take a break from the interview process if you need to.

ADVICE

It is advisable to be fully briefed and obtain the best advice available. The BMA, medical defence organisations and the Royal College of Psychiatrists' Support Service are some of the options to consider.

While you may receive good advice from colleagues, those who have been through similar processes themselves are not always the best source of independent advice.

SUPPORT

It can be extremely stressful and have an effect on your professional and personal life. It is important not to consider seeking support to be a sign of weakness. It is good practice to make sure that you have a support network at work; this may be a colleague(s) that you can trust or you may need to identify a mentor. Psychiatrists can access and identify a mentor through local contacts or, depending on where one works, through the local deanery or the College divisions.

You may need to use the stress-relieving strategies that you have developed over the years.

Consider whether your physical or mental health is being adversely affected. Do not hesitate to see your general practitioner if in doubt.

Summary

At any stage, you can contact the Psychiatrists' Support Service. This service can provide practical advice and support. In some cases this service may assign to you an experienced member of the College who will be able to provide short-term focused support and advice to help you to deal in the best way possible with the difficult situation you are facing.

Sources of further help and support

British Medical Association

BMA House, Tavistock Square
London WC1H 9JP

Tel: 020 7387 4499, Fax: 020 7387 4499

www.bma.org.uk

Hospital Consultants and Specialists Association

1 Kingsclere Road, Overton, Basingstoke
Hants RG25 3JA
Tel: 01256 771777, Fax: 01256 770999
Email: conspec@hcsa.com
www.hcsa.com

Medical Defence Union

230 Blackfriars Road, London SE1 89J
Tel: 020 7202 1500
Email: mdu@the-mdu.com
www.the-mdu.com

Medical and Dental Defence Union of Scotland

Mackintosh House, 120 Blythswood Street
Glasgow G2 4EA
Tel: 0141 221 5858
www.mddus.co.uk

Medical Protection Society

33 Cavendish Square, London W1G 0PS
Tel: 020 7399 1300, Fax: 020 7399 1301
Email: info@mps.org.uk
www.medicalprotection.org.uk

Psychiatrists' Support Service

Royal College of Psychiatrists
17 Belgrave Square, London SW1X 8PG
Tel: 020 7245 0412
Email: psychiatristssupportservice@rcpsych.ac.uk