



Experiences and Support Needs of Psychiatrists Under Investigation

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I'm highlighting this paper as RCPsych Article of the Month because it is important for us, as psychiatrists, to understand what we, or our colleagues, might face under investigation. That psychiatrists are three times more likely than other medics to be complained about is concerning, but even more striking are the repeated flaws in investigative processes, and the potentially devastating psychological impact on those involved. The recommendations made by Baroness Dido Harding in 2019 (Box 1) – arising from the suicide of Amin Abdullah, who had been dismissed over an allegation of gross misconduct – remain highly relevant. Equally important are the survey-based recommendations (Box 2), taken directly from psychiatrists' experiences. With wider implementation, we can hope that fewer colleagues will feel isolated or scapegoated during what is already a deeply stressful process.

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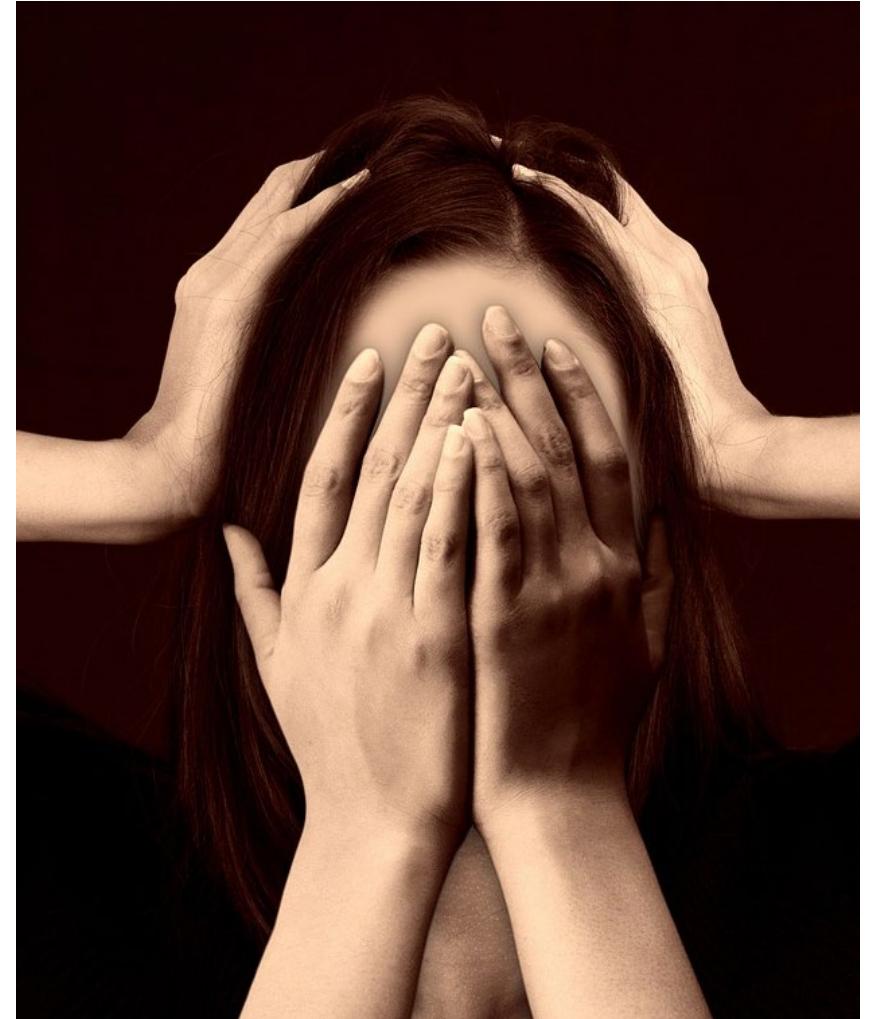


Hughes 1993

"it is crucial that those investigating complaints use the process of investigation and resolution as an opportunity to use clinically necessary scapegoating, where it exists, creatively. This will prevent the entrenchment of a malignant culture of complaint"

Introduction

- High complaint rates against psychiatrists
 - 2012-2017 one in five (20%) of psychiatrists faced complaints compared to one in 14 (7%) of other specialisms (GMC)
 - No data on investigations at the organisational level - significant burden are they meeting aims.
 - In 2017, NHS Trusts in England initiated around 16,000 disciplinary investigations yet there is currently no systematic evaluation
- Impact of investigations on clinicians
 - Poorly conducted investigations can negatively impact the individual clinician
 - experience complaints and investigatory processes as unfair and punitive.
 - They can increase psychological morbidity
 - Shift practitioners toward prioritising avoiding malpractice liability over patient outcomes



Aim

- **Understanding the Investigatory Process:** Deepen the understanding of the organisational-level investigatory process experienced by the psychiatric workforce.
- **Exploring Impact and Learning:** Explore the impact on psychiatrists and learn from their experiences to initiate an open dialogue about this under-researched area.
- **Recommendations for Support:** Provide recommendations for developing more effective support processes for psychiatrists undergoing investigations.



Method

- Survey Design: Anonymous, 34 questions
- Participants: 7,000 non-training RCPsych members
- Data Collection: April 2023, 6-week period
- Analysis: Numerical and thematic



Demographics of Respondents

1. Total Respondents:

1. 815 psychiatrists - 35% Investigated
2. Working in NHS: 73%
3. Consultants: 90%
4. Specialty Doctors: 10%

2. Source of Complaint:

Colleague 48%

Patients 28%

Families, police, coroners



Key Findings-Awareness and Process

1. Not a good understanding: 36%
2. Unaware of Concerns: 76%
3. Lack of Process Understanding: 36%
4. Poor Role Clarity: 68%
 - Case investigator
 - Manager
 - Designated board member



Key Finding- Timelines and Conflict of Interest

- Timeline Deviations: 62%
- Conflict of Interest Concerns: 34%
- Perceived Fairness: 52% unfair



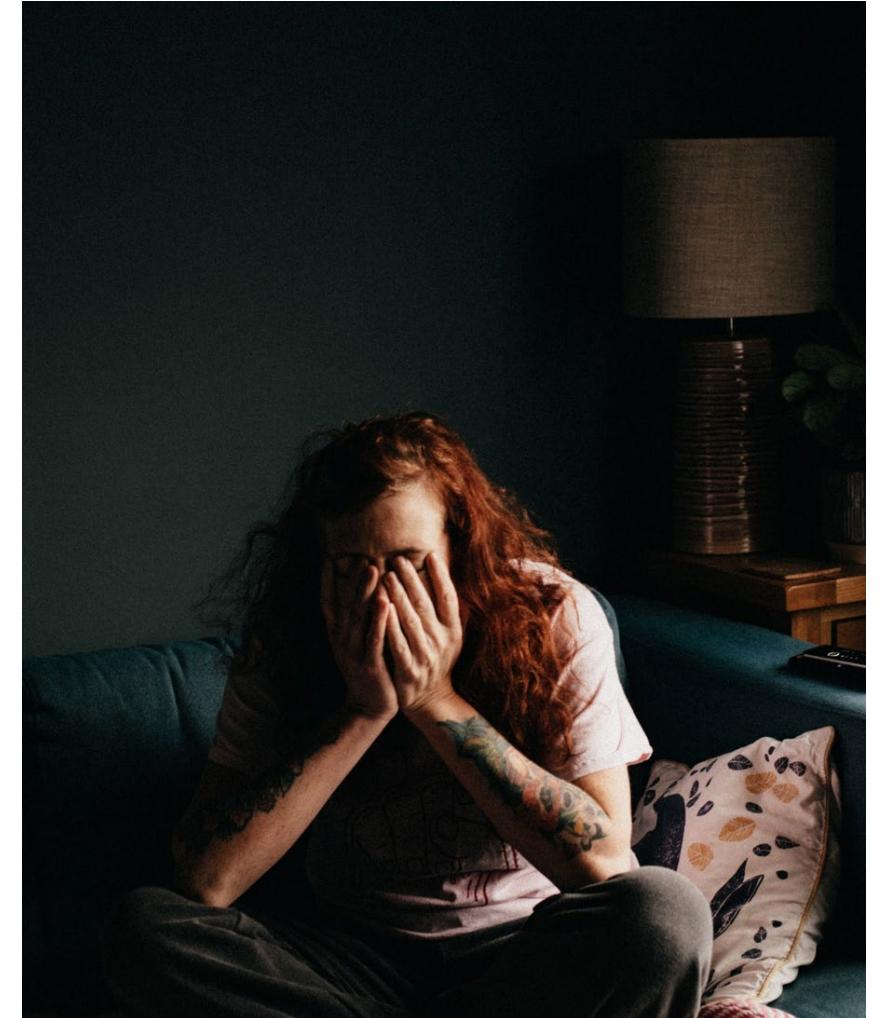
Key Findings 2- Support and Rights

- Not Informed of Rights: 62%
- Awareness of Practitioner Performance Advice: 29%
- External Support: 59% sought independently
- 70% not referred



Case Study- Themes from Open Text Responses

- Isolation
- Poor communication
- Unheard- lack of voice
- Scapegoating
- Lack of Support



Quotes 1

““Issues escalated from one to another without me understanding the process””

““The management were supposed to work with me and keep me informed about any consequences but that did not happen.””

““I was presumed "guilty" from the start of the investigation. My opinion was not taken into account””

Quotes 2

“Very little support offered...felt alone and isolated at times, had support of fellow colleagues who reassured”

“I became severely depressed and tried to kill myself. After I was cleared and returned I and felt an outsider.”

“- self-esteem that felt eroded for about 3 years. Lots of self-doubt. Feeling shame and as if something was wrong with me”

Quotes 3

“I continue to work but have lost all joy and trust in my work and have become over defensive and my clinical judgement has been affected”

”

“It made me very defensive and self-doubting. It dintered my self-confidence and ability to address issues”

”

What would improve the process?

“Not tell us by email when complaints are made, actually speak to us.”

“Openness, transparency, resolution in a timely manner”

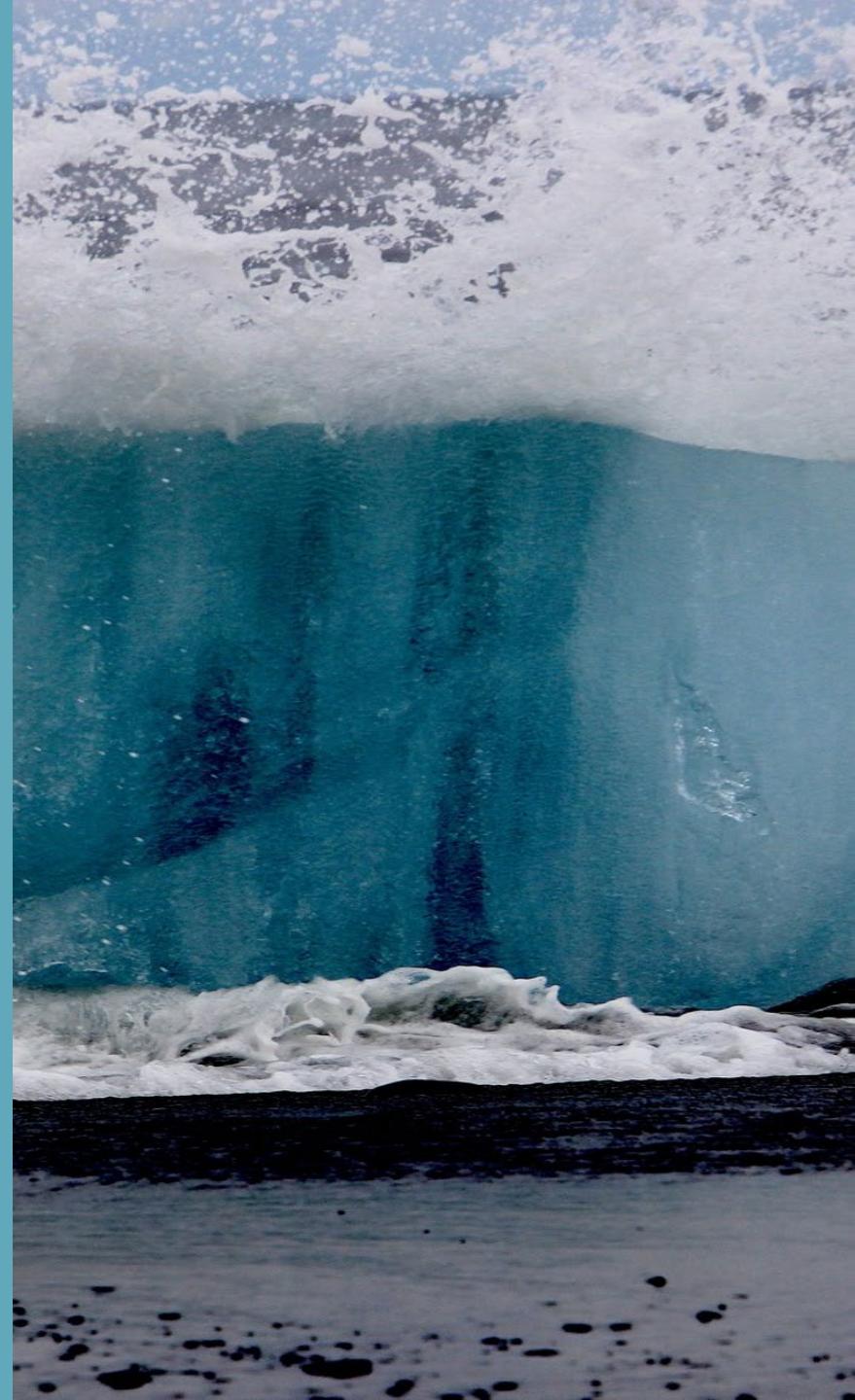
“Investigators should be more qualified to conduct investigation, aware of services provided and impartial”

“Think about getting things done as quickly as possible”

“having a buddy system”

Impact on Clinicians

1. Psychological Impact: Depression, anxiety, PTSD
2. Professional Impact:
 1. Loss of confidence,
 2. career changes
3. Personal Impact
4. Relationship breakdowns
5. health issues



The “analysis highlighted several key themes .. Principal among these were: poor framing of concerns and allegations; inconsistency in the fair and effective application of local policies and procedures; lack of adherence to best practice guidance; variation in the quality of investigations; shortcomings in the management of conflicts of interest; insufficient consideration and support of the health and wellbeing of individuals; and an over-reliance on the immediate application of formal procedures, rather than consideration of alternative responses to concerns.” Letter from Baroness Dido Harding,¹⁶

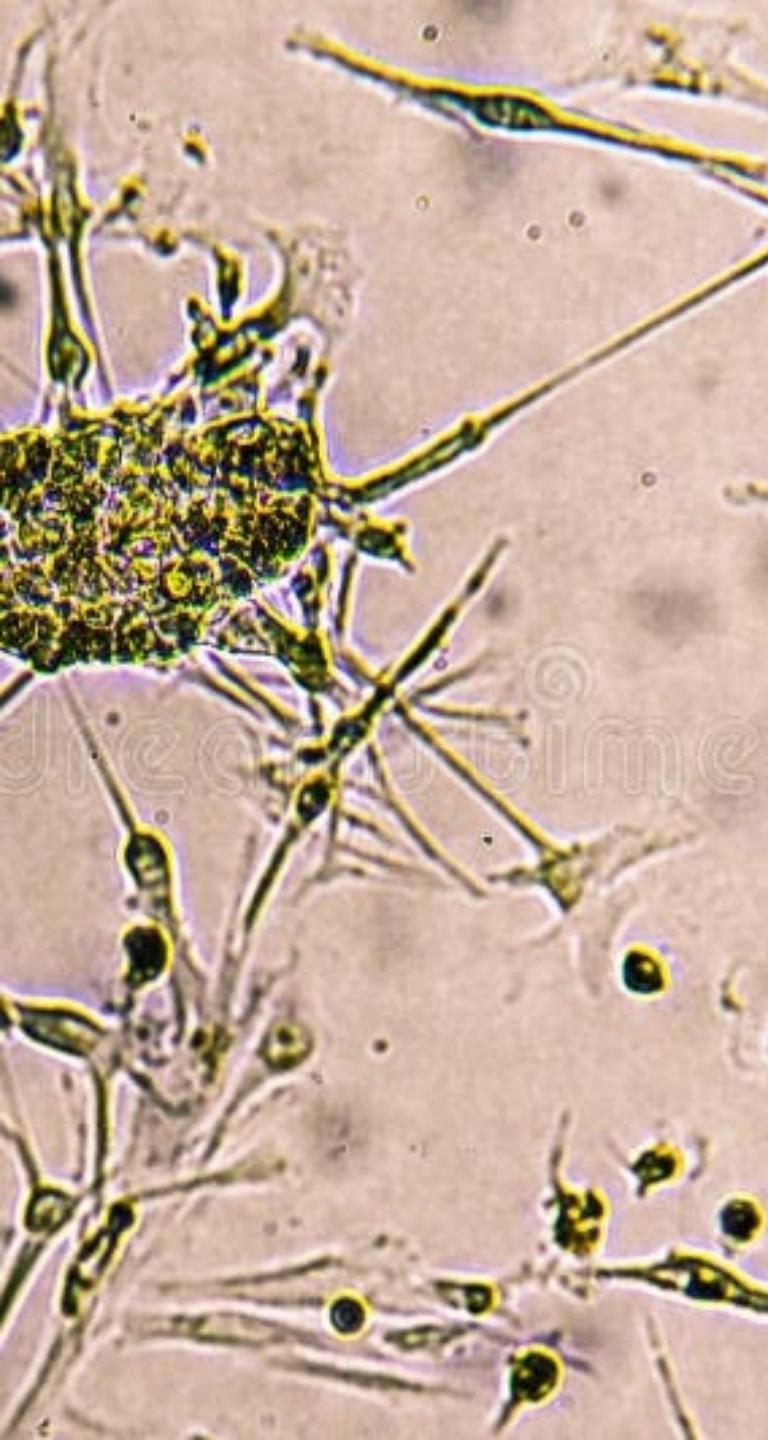
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Review triggered by the death by suicide of Amin Abdullah



Recommendations from this survey

- **1. Use More Personal Contact Methods:** Prefer face-to-face communication or direct phone calls over impersonal emails for initial contact about investigations.
- **2. Ensure Consistent and Transparent Communication:** Provide clear, regular updates about the complaint, the investigation process, and timelines.
- **3. Require Investigative Expertise and Impartiality:** Ensure the leaders of investigations have relevant expertise and remain impartial throughout the process.
- **4. Adhere to Timeliness:** Improve the adherence to timelines in conducting and concluding investigations.
A brief description or a little added context.
- **5. Expedite Complaint Resolution:** Resolve complaints quickly to minimise prolonged distress and uncertainty for the individuals involved.
- **6. Provide Proactive Support:** Offer proactive and tailored support focusing on the psychological well-being of the clinicians under investigation, which could include implementing a buddy system, one-on-one guidance, peer support, training, and debriefs with line managers.
- **7. Consider Individual Circumstances:** Tailor support to individual circumstances to recognize and mitigate the potential impact of investigations on individuals.
- **8. Implement Oversight:** Ensure that investigations are conducted under supervision and that investigators possess relevant expertise to promote fair and informed processes.
- **9. Offer Opportunities for Learning and Reparation:**



Psychodynamics of Complaints

"Why do many and what do they mean"

Higher complaint levels in psychiatry may relate to the emotional disturbances faced.

Complaints can offer insights into organizational dynamics and relationships

Viewing complaints as communication can enhance relationships and service delivery.

Conclusion

- So we have a malignant culture of complaint?
- Why high level of complaints?
- Importance of improved investigation processes
- Future research and proactive measures needed

