Staying Safe: Complaints, Policies, Appraisal and Revalidation for Cancer Surgeons

David A Rew
Consultant Surgeon
University Hospital of Southampton
BASO~ACS National Council

2013 is the year in which GMC-directed Revalidation comes of age for UK registered medical practitioners. By the time that you read this article, some of you will already have been through the formal process, and many others will be approaching the challenge of documentation with varying degrees of anxiety and irritation.

The revalidation process is but one element of a tidal wave of bureaucracy and oversight which threatens to engulf busy, responsible and conscientious surgeons. It represents but one end of a spectrum of the administrative detail to which individual practitioners must submit, which also includes detailed job planning and employer led Annual Appraisal.

The clear purpose of the process of Appraisal and Revalidation is to ensure that the interests of a range of parties to the clinical transaction between doctor and patient are better protected than in the past. Of course it is about the safe treatment and the best interests of patients at a vulnerable time in their lives, but it is also about the interests and the reassurance of the employers, the regulators and those charged with the administration of health care on behalf of parliament.

Full and informed engagement with the processes of Appraisal and Revalidation are thus critical to the self-interest and self protection of all clinicians, and particularly to surgeons, who are under intense scrutiny and who are personally very vulnerable when things are perceived to go wrong. The high profile cases which secure adverse coverage in the national media are the tip of the iceberg of the personal misery, distress and embarrassment arising from complaints, professional investigations and referral to the GMC, to which surgeons in oncological practice are far from immune.

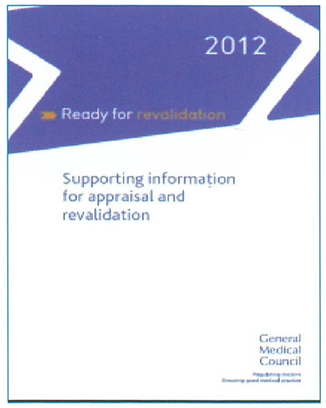
It is thus worth considering the functions of each component of official oversight of surgical practice, each of which demands time and effort on the part of each and every individual to address.

Annual Job Planning is a process which is usually conducted at Trust Divisional and Clinical Director level. It is the process by which the employer is assured that the practitioner is working in a structured and accountable fashion on a session by session basis, such that resources, effort and time can be efficiently allocated.

Annual Appraisal is the process by which the employer, usually an NHS Trust, is able to review the work and output of the individual, and to identify and rectify any problems and issues at an early stage. Professional careers are not constants, and they are not cast in stone from an early date. Personal practice, health, attitudes, domestic circumstances and professional relationships all change with time, and have a bearing on conduct and outcomes in the daily workplace. Age and experience are no guarantor of wisdom in matters professional, and the more senior surgeons who respond inappropriately to the unwanted challenges and frustrations of the modern workplace are as vulnerable as (if not more than) younger and inexperienced colleagues.

Revalidation shares many of the processes of Appraisal within your Trust, but there are key differences and fundamental implications for your personal licence to practice, which is gifted to you by the GMC as the professional licensing body in the UK. While the Responsible (or Reporting) Officer (RO) is usually the Trust's Medical Director or Appointee, it is critical to understand that for the purposes of Revalidation, the RO is responsible to the GMC and not specifically to the Trust. An individual may be certain that, in any future GMC investigation into his or her practice, the appraisal and revalidation folders WILL be held as evidence. It is thus critical that you complete all requisite documentation for revalidation, including requests for reflective writing.

There is another theme to this brief essay on professional awareness and self-protection for cancer surgeons, which we might address under the subheading of "complaints and concerns". Complaints vary in their content from the minor to the very distressing and very damaging, and in their impact to psychological destabilisation and the termination of careers. They cover the whole spectrum of issues from environmental circumstances over which individual surgeons have no control, to matters of personality, behaviour, attitude and adverse clinical outcome. While many complaints are both valid and intentionally constructive, some complainants can be virulent and wholly unreasonable in their actions against individual surgeons.



While there exists an official and formal escalator for complaints from local departmental level and up through a Trust or Service, the reality is that complaints, like meteorites, can come from any direction and enter the system at any level, including directly through the GMC's on-line complainants reporting system. In general terms, the complaints handling system has been centralized in every Trust, and there is a formal process which is set out in every case. Complaints can often be highly distressing for the recipients and the temptation to fire off an angry or ill-considered response must be resisted. Individuals will invariably be judged by the third party complaints investigators by the manner of their response, as much as by the nature of the original complaint. A cool, forensic, structured and apologetic, insightful and reflective tone will be necessary.

Many surgeons are unaware of the range of protections which are available to them when things go wrong. Each Trust has a mandatory set of policies for employee protection in adverse circumstances which are rarely read or understood by the employees themselves, and are often now so complex as to be honoured in the breach when things go wrong. Individuals may (and often should) turn to their Professional Indemnity organizations for advice, or to the BMA where the issues relate to employment and employer relations. They may also look to the Royal College of Surgeons of England, whose accommodation we share, and to its Confidential Support and Advice Service.

In terms of the reporting of concerns, teamwork is of the essence for surgeons in terms of their outpatient work, administrative work, inpatient and theatre work, and their higher management functions. For clinical effectiveness, all cancer surgeons now work in multidisciplinary teams, where they can provide leadership but where their practice is also under daily scrutiny. Harmonious MDTs can be a source of professional strength and mutual support.

Where disharmony reigns within an MDT, the risks to individual surgeons, to teams and Trusts can be considerable, and the fallout reaches the national media. The early identification and discussion of concerns about problems in local practice can be a particular challenge, and I commend the pamphlet "Acting on Concerns", published by the Royal College of Surgeons in early 2013, for the clarity of its guidance. Anticipatory clinical governance is now the buzz phrase.

The processes of Enhanced Appraisal and Revalidation, Complaints and Concerns impose new demands upon all surgeons. We urge full, constructive and anticipatory engagement to pre-empt future problems in individual professional practice, and effective preparatory use of the many resources that have been made available by the various professional bodies.