

# People like us? Understanding complaints about health professionals

Anna van der Gaag and Rob Jago

with acknowledgments to;

Ann Gallagher, Madga Zasada, Grace Lucas

University of Surrey

Sarah Banks

University of Durham

**Zubin Austin** 

University of Toronto

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"I've delivered a million passengers over 42 years and I'm being judged on 208 seconds..."

Sully



#### Research aims

- Why is there a disproportionate number of concerns about paramedics and social workers in England compared with other professions regulated by HCPC?
- What preventative action might be taken to address this?



#### Methodology

#### Mixed methods approach

- ✓ Literature review (n=698 entries)
- ✓ Delphi exercise with international experts (n=14)
- ✓ Interviews with UK experts (n=26)
- √ Focus groups UK wide (n=4)
- ✓ Case analysis (10% of all cases referred in two years, not just final hearings (n=284)



### Findings from the case analysis: high proportion of self referrals

	2013-14	2014-15	2015-16
Paramedics	50%	43%	57%
Social workers (England)	11%	10%	20%
All other HCPC professions	7%	5%	6%

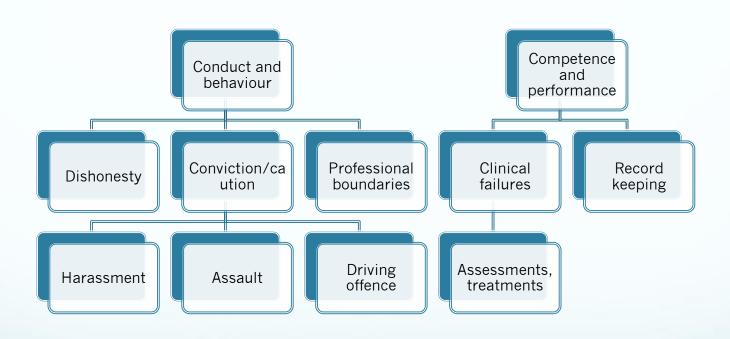


### Findings from case analysis Outcomes

	Paramedics %	Social Workers (England) %
No further regulatory action	79	88
Voluntary removal order	2	0
Sanction	12	8
Struck off	7	4



#### Typology of final hearings





#### **Findings**

#### Possible reasons behind complaints

- Public and societal expectations
- Challenging practice
- Pressurised work environments
- Evolving nature of the two professions



#### Sparrow's chronology of harm

**Culture** of fear and conflict Lack of continuity Rising Poor self reflection public/societal Challenging practice Point of **Pressurised work** expectations | referral/har environments Lack of peer support m Lack of resources **Dysfunctional team** working Less Precursors to referrals or 'harm' respect



#### The continuum of impact on fitness to practise and the 'dark yellow card'

- Traffic offences
- Personal disputes
- Off duty incidents
- Residence and contact disputes
- Conflicts with colleagues
- 'Unkempt' appearance
- Inappropriate use of social media
- Disputes with colleagues and service users
- Acting unprofessionally towards service user
- Delayed reporting

One off

- Aggressive behavior towards colleague
- Failure to complete patient record form
- Failure to check vehicle
- Failure to undertake clinical checks
- Inadequate assessment and record keeping
- Delayed communication with a family member

- Repeated misdiagnosis
- Incorrect treatment
- Conviction / cautions
- Deliberate fraud
- Serial instances
   of inadequate care /
   inadequate assessment
- Sexual boundary violations

Initial stage

Investigating Committee Panel (ICP)

Final hearing



## The five top reasons for public service complaints given by the public

- 1. No clear apology
- 2. Flawed decisions
- Poor communications
- 4. Flawed processes
- 5. Incomprehensible guidance



Parliamentary and Health Service Ombudsman, 2016



#### **Our Recommendations**

### More and better engagement, guidance, education, early resolution

- The Public (to enhance signposting for appropriate resolution);
- Registrants (to revise guidance, increase awareness and clarify criteria on self-referrals);
- Employers (to support registrants and to pilot early local resolution processes);
- Educators, professional bodies, unions (to develop and mobilise learning from fitness to practise cases);
- Systems regulators (to highlight the impact of negative organisational cultures).



#### Conclusions and new questions

- Could more be done to prevent 'no harm' referrals?
- How does the system encourage quality improvement cultures and discourage blame cultures?
- Could better awareness of the 'precursors' to a referral/potential harm - help?
- Could this result in less distress for all, and lower cost?









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