

Research Director,
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee,
Parliament House,
George Street,
Brisbane Qld 4000

7 August 2016

Dear Madam/Sir,

The Queensland Faculty of the Australasian College of Dermatologists (ACD), representing all 89 currently practicing Queensland based Fellows of the ACD, is pleased to make a submission to the inquiry into the performance of the Queensland Health Ombudsman's (OHO's) functions under the *Health Ombudsman Act 2013*. Our submission focuses on evidence from the United Kingdom and New Zealand, that participating in formal complaints procedures causes high of rates of depressive illness and anxiety disorders in doctors.

We base our submission (and draw the inquiry's attention) to six publications of relevance:

1. a paper published in 2004 in the New Zealand Medical Journal, entitled "*The medical complaints and disciplinary process in New Zealand: doctors' suggestions for change.*"¹
2. a paper published in the British Medical Journal Open last year (2015) entitled "*The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey*"²
3. a paper entitled "*Doctors' experiences and their perception of the most stressful aspects of complaints processes in the UK: an analysis of qualitative survey data*", again published in the British Medical Journal Open last year (2015) by Bourne et al³
4. a paper published in Australian Family Physician in April 2016 entitled "*The impact of complaints on doctors*"⁴
5. a systematic literature review prepared for 'Beyond Blue' in 2010 Entitled "*The Mental Health of Doctors – A Systematic Literature Review*" by Lisa Elliott et al⁵

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https://www.researchgate.net/publication/8384665_The_medical_complaints_and_disciplinary_process_in_New_Zealand_Doctors'_suggestions_for_change

² <http://bmjopen.bmj.com/content/5/1/e006687.full>

³ <http://bmjopen.bmj.com/content/6/7/e011711.full>

⁴ <http://www.racgp.org.au/afp/2016/april/the-impact-of-complaints-on-doctors/>

⁵ <http://resources.beyondblue.org.au/prism/file?token=BL/0823>

6. the first and most recent annual report of the Queensland Office of the Health Ombudsman (2014–15) entitled *“Our first year of listening, responding, resolving”*⁶

The conclusions from the paper published in 2004 in the New Zealand Medical Journal in July, entitled *‘The medical complaints and disciplinary process in New Zealand: doctors' suggestions for change.’* were that:

‘Receiving a medical complaint has a significant negative impact on the doctor, and all important components of the doctor-patient relationship. It suggests that in the first few days and weeks after receiving a complaint, a doctor may need emotional and practising support. This study finds no evidence that the receipt of a complaint improves the delivery of patient care.’

The conclusions from the paper published in the British Medical Journal Open last year (2015) entitled *“The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey”* were that:

‘Doctors with recent / current complaint have significant risks of moderate / severe depression, anxiety and suicidal ideation... Most doctors reported practice defensively including avoidance of procedures and high-risk patients. Many felt victimized as whistleblowers or reported bullying. Suggestions to improve complaints processes include transparency and managerial competence.’

The conclusions from the paper entitled *“Doctors’ experiences and their perception of the most stressful aspects of complaints processes in the UK: an analysis of qualitative survey data”* were that:

“Complaints seriously impact on doctors’ psychological well-being, and are associated with defensive practice. This is not beneficial to patient care. To improve procedures, doctors propose that they are simplified, time limited and more transparent.”

Solutions proposed in the paper published in Australian Family Physician in April 2016 entitled *“The impact of complaints on doctors”* include:

‘Delays, administrative errors, and lack of transparency and timeliness all compound the stress associated with receiving a complaint. Improving timeliness in complaints handling, and ensuring that there is parity in time frames so that practitioners have sufficient and equivalent time to respond to the regulator’s requests, would go a long way to improving

⁶ <http://www.oho.qld.gov.au/wp-content/uploads/2015/10/OHO-Annual-Report-2014-15.pdf>

practitioners' experiences of the regulatory process and increase public confidence in the regulator.

AHPRA, the MBA, and state and territory boards are making improvements to their processes. The next step for regulators is to formally acknowledge the significant impact that regulatory processes can have on practitioners. They should continue to implement improvements to ensure that their processes are fair, transparent and timely, and minimise the risk of harm to those being regulated.

But it is not all up to the regulators. Medical defence organisations have a role to play in supporting their members, educating them about the legal process and ensuring they understand how medico-legal issues can affect their personal and professional lives. External health programs, such as doctors' health advisory services around Australia, have a key role to play in providing support services to practitioners experiencing the psychological impacts of the complaints process.

Above all, doctors need to look after themselves and their colleagues, not just their patients.'

A review prepared for 'Beyond Blue' in 2010, "*The Mental Health of Doctors – A Systematic Literature Review*" by Elliott et al, appears to be the most comprehensive assessment of doctors' mental health in Australia. The issue of the significant impact of participating in complaints procedures on doctors' mental health was not addressed in the review. We are concerned that there has been insufficient awareness in Australia about the adverse effects of complaints procedures on doctors' mental health.

The first and most recent annual report of the Queensland Office of the Health Ombudsman (2014–15), "*Our first year of listening, responding, resolving*" is comprehensive. The report states that:

- 'While the office is focused on meeting strict legislated timeframes, there have been a number of factors impacting on its ability to effectively operate within them. The office is working to address these constraints.' As a consequence nearly four out of ten assessments (39%) failed to be completed within the legislated timeframe.

The report does not report on:

- satisfaction surveys either conducted amongst providers or consumers nor the apparent intention for these to take place.
- impact on provider mental health.

It is likely that, should a formal assessment of the mental health effects of participating in health care complaints on Queensland doctors be conducted, similar findings to those published in the United Kingdom would be found.

The best possible current evidence suggests that doctors subjected to a health care complaint are likely to experience depression, anxiety and suicidal ideation as a direct result of being required to participate in the health care complaints process. There are numerous reports originating from within the medical profession that point to avenues of improvements in complaints management processes. The fellows of the Queensland Faculty of the Australasian College of Dermatologists believe that, the Office of the Health Ombudsman has a duty to:

1. promptly and formally assess and report the mental health impact of its processes on Queensland doctors
2. explicitly warn all Queensland doctors that participating in the health care complaints process will make them 70% more likely to experience symptoms of at least moderate depression and will double their risk of anxiety
3. advise Queensland doctors that there is currently a four out of ten (39%) chance that the OHO will fail to assess their complaint within legislative timeframes even though resultant delays are a recognised contributor to mental health complaints for doctors
4. provide Queensland doctors with support / avenues to support if and when those doctors report experiencing complaints process associated mental health problems, and
5. initiate a process of formal consultation with medical craft groups including the Queensland Faculty of the Australasian College of Dermatologists to improve complaints handling and outcomes.

Submitted by: Drs Bert Pruijm & Tania Zappala on behalf of the Queensland Faculty of the Australasian College of Dermatologists

Address for Correspondence: [REDACTED]

Daytime telephone number: [REDACTED]

Dr Bert Pruijm

Dr Tania Zappala