

# **People like us? Understanding complaints about health professionals**

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*with acknowledgments to;*

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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

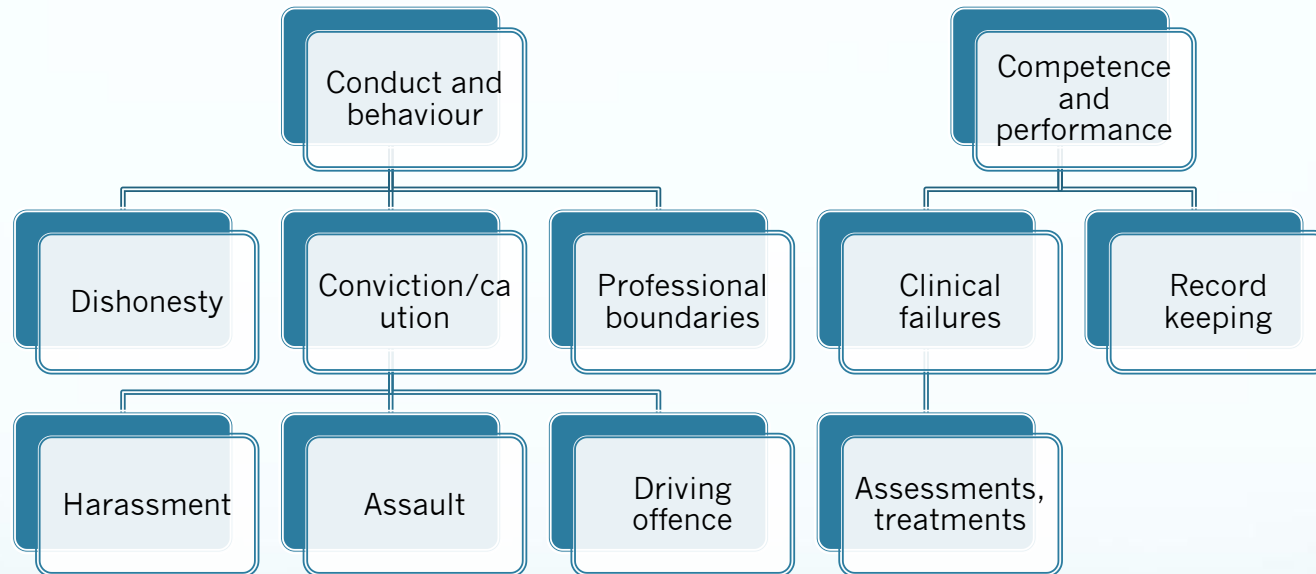
	2013-14	2014-15	2015-16
Paramedics	50%	43%	57%
Social workers (England)	11%	10%	20%
All other HCPC professions	7%	5%	6%

# 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



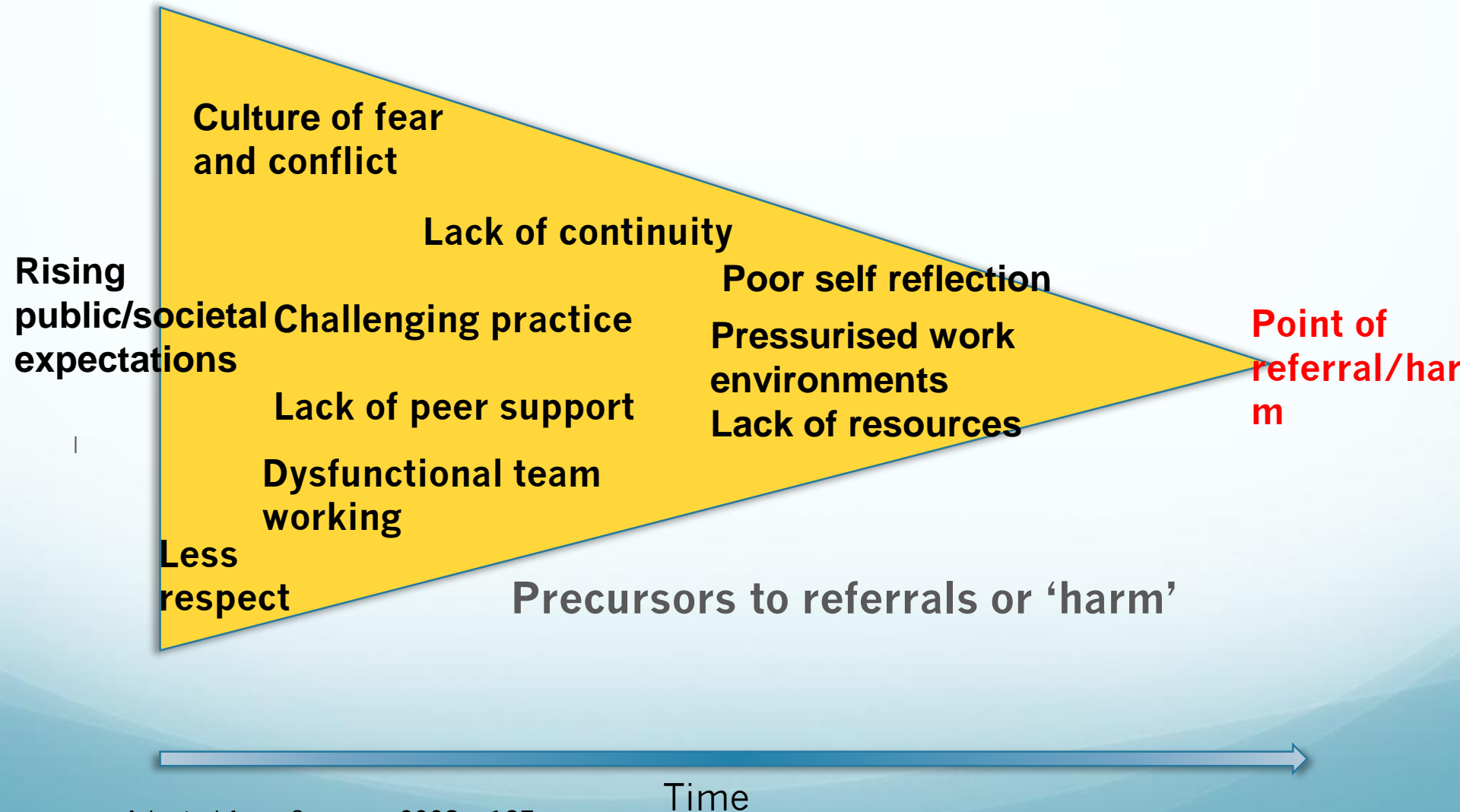
# Findings

## Possible reasons behind complaints

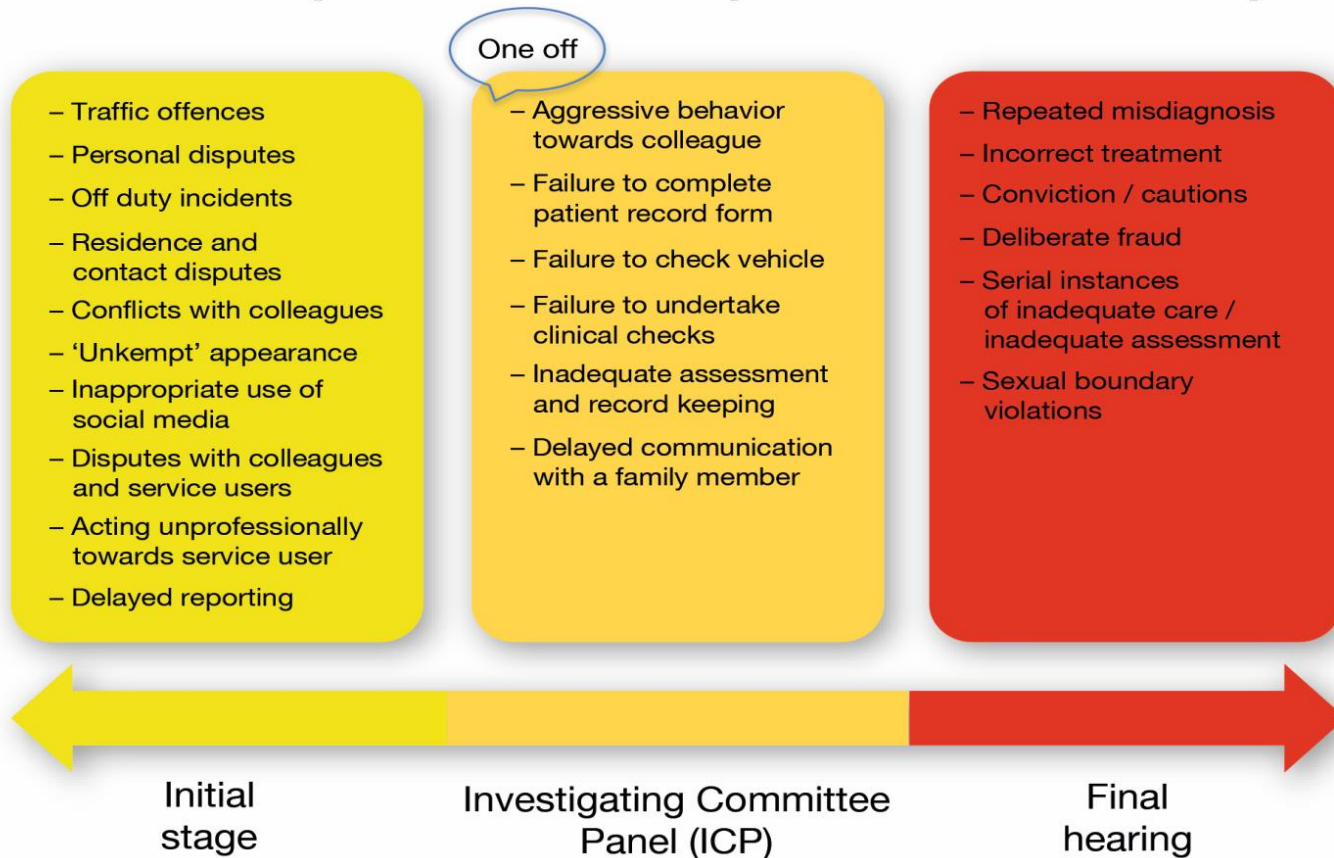
- Public and societal expectations
- Challenging practice
- Pressurised work environments
- Evolving nature of the two professions



# Sparrow's chronology of harm



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



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

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



# 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?



East London   
NHS Foundation Trust



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