Dr C

Dr C (not her real name) is a hospital doctor. She is of Asian British ethnicity and qualified in the UK. Her case with Practitioner Performance Advice related to the terms of her returning to work following a period of ill-health and is now resolved. Her role and organisation are the same as before concerns were raised, with no restrictions.

Case handling

The Responsible Officer of the Trust where she works discussed Dr C's case with her before seeking advice from Practitioner Performance Advice. She understood how her case would be handled, and that it was not a disciplinary process, but a fair and objective way of supporting her to return to work

> "It was about deciding how I best return to work. And it was done so that it would be an objective body – so less influence from pressures leading me there quicker or sooner"

Case management

Dr C's Clinical Director and the Responsible Officer of the Trust managed her case. The Responsible Officer was very supportive and responsive throughout. However, swifter decision-making from the Occupational Health department of the Trust and her Clinical Director would have improved the handling and management of her case. Dr C self-referred to the General Medical Council (GMC) to expedite this process, which took over 18 months overall.

> "[To improve the management of my case], having someone willing to take accountability from the beginning. It seems as though Occupational Health doctors are caught in their responsibilities between being employed by the Trust and wanting to fulfil the Trust's requirement and it's sometimes in conflict with what's best for the patient. So, I felt that was the part where things got muddled"

The involvement of Practitioner Performance Advice

Practitioner Performance Advice got involved after the GMC recommended how Dr C could safely return to work. She says that Practitioner Performance Advice's involvement was the simplest part of the process: they provided an action plan with recommendations. She felt listened to and supported throughout their involvement and in her subsequent return to work.

"They called to say that they were going to be looking to see how they could come up with a supportive plan to work – talking to me and my employers. And then I had a phone call and that involved an interview and then recommendations. It was quick and simple…I feel they listened"

Other support

Dr C received support from the Practitioner Health Programme, the British Medical Association (BMA). her GP, and the GMC (as noted). The BMA advocated on her behalf to ensure that she was being treated fairly. The counselling she accessed through the Practitioner Health Programme met her needs and was free of charge.

"I had a personal contact [at the Practitioner Health Programme] who was particularly helpful and knowledgeable and, of course, the therapy etc. was all free. So, that really helped, especially since by this stage the Trust weren't paying me"

Fairness

Dr C described a fair process as one where all concerns are heard and discussed; and where conversations involve everyone that needs to know, but still retain a level of privacy. Although she was satisfied with her case's outcome and did not feel discriminated against, she felt that her employer should have handled her case more fairly. This could have been achieved by deciding quicker about her not getting paid while her employer was procrastinating over this, which placed her in financial difficulty. She has since found out that she should have been on a paid "medical suspension".

"I felt that the clinicians that were involved in my case towards the end, once somebody was able to support me going back to work – once you've got to the right people, who felt confident to manage it – then, it was fair. But to get to that point felt very unfair"

Organisational culture within the NHS

Dr C says there is a culture of wanting easy, productive employees within the NHS. The organisation does not value loyal service from its staff, she feels. She also notes that HR are disconnected from clinicians and lack empathy towards them, which she attributes to poor and slow communication from HR.

"I feel as though there's a divide between the management structure and clinicians in the NHS. The support and guidance you get from clinicians is often at loggerheads with HR and management… When you deal with HR people, you only see them at official meetings. It becomes like someone who doesn't really care has a lot of influence on your case"

Longer term impacts of the case

Dr C works more flexibly since her case was resolved. This helps her to stay well, be reliable at work, and to achieve a better work-life balance. Through her case, she has gained a better understanding of the issues other doctors face. Furthermore, Dr C feels that practitioners fear Practitioner Performance Advice but stresses that this should not be the case. She welcomed their support and wishes they had got involved earlier on.

"I have gained more insight into the struggles of doctors on the shop floor who put a mask on. I'm more supportive of junior doctors. I'm more keen to get involved with HR meetings, to do badgering. Getting well has impacted on me more than any organisational process. The fact that I can now work in a different way has made a difference…I feel fortunate that my Trust are listening to what I need"