

**Written evidence submitted by Medical and Dental Defence Union of Scotland (MDDUS)  
(WBR0096)**

Parliamentary Inquiry

Workforce Burnout and Resilience in the NHS and Social Care

Submission by Medical and Dental Defence Union of Scotland (MDDUS)

The Medical and Dental Defence Union of Scotland (MDDUS) is a medical defence organisation that supports and protects the professional interests of more than 50,000 doctors, dentists and healthcare professionals throughout the United Kingdom. We are a mutual organisation, owned by our members and run on their behalf. We offer access to professional indemnity, expert advice and support, as well as CPD and training.

MDDUS has long been aware of the stresses, including burnout, which affects medical, dental and other health practitioners. In our response we have adopted the World Health Organisation definition of burnout – as an occupational phenomenon rather a medical condition – namely: *a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:*

- *feelings of energy depletion or exhaustion*
- *increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and*
- *reduced professional efficacy*

In our role to protect medical and dental professionals, we assist our members with a range of jeopardies. These include complaints arising from clinical work, investigations by the regulators (in particular the General Medical Council and the General Dental Council), claims in clinical negligence, NHS disciplinary processes, coroners inquiries and criminal investigations arising from clinical work.

Even before the Covid-19 pandemic, MDDUS had been working with a range of agencies for several years in relation to matters that cause stress and illness to practitioners. We have <sup>1</sup>worked closely with the GMC through reviews such as the commission in 2015 to Professor Louis Appleby as an independent expert to advise on how the GMC might reduce the impact and stress of a fitness to practice investigation, following suicides of doctors undergoing those processes.<sup>2</sup>

More recently we welcomed the review, again commissioned by the GMC, by Professor Michael West and Dame Denise Coia who carried out a UK-wide review 'Caring for Doctors, Caring for

---

<sup>1</sup><https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/our-impact/reducing-stress-for-doctors>

<sup>2</sup> <https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/our-impact/reducing-stress-for-doctors>

Patients' which included eight recommendations to help deliver safe, supportive and inclusive environments, and compassionate cultures across the UK.<sup>3</sup> Despite such initiatives we have continued to see stressed doctors. Historically we have experienced the tragedy of the death by suicide of some of our members.

In the battle to improve the support to doctors and other health professionals we have welcomed the initiatives taken by other organisations such as 'NHS Practitioner Health'<sup>4</sup> and sponsored the work of the Royal Medical Benevolent Fund.<sup>5</sup>

Despite the progress made, health professionals remain under great pressure and stress, not aided in recent years by fear of criminal allegation such as gross negligence manslaughter following the well-publicised case of Dr Bawa-Garba. This case triggered the independent rapid policy 'Williams Review into Gross Negligence Manslaughter in Healthcare'<sup>6</sup>. The review was set up 'to look at the wider patient safety impact of concerns among healthcare professionals that simple errors could result in prosecution for gross negligence manslaughter, even if they happen in the context of broader organisation and system failings.' This was followed by the GMC's instigated 'Independent Review of Gross Negligence Manslaughter and Culpable Homicide', chaired by Leslie Hamilton.<sup>7</sup>

From these inquiries a greater appreciation of human factors has arisen and we have welcomed and engaged with the work done by Professor Peter McCulloch and the Oxford Patient Safety Academy with the GMC.<sup>8</sup>

At the advent of Covid-19 the above measures were already in place, but much progress was still to be made. In essence, the pandemic has had an unprecedented impact upon society but also affected health professions already struggling from workplace pressures upon their mental welfare, as highlighted above.

Our members contact our 24/7 telephone advice line about a wide range of medico-legal matters. At the outset of the pandemic the most common reasons our members contacted us in relation to Covid-19 related to how best to adapt established procedures. For example, a common query was on the risk/benefit balances of face-to-face consultations versus remote consultations, where the aim is to minimise cross-infection. This, of course, was during the period where NHS workers were being officially applauded by the public on a weekly basis. Gradually we have seen a new phase emerge where amended practices are now established but complaints are being raised by patients and their families as the limitations of these have become apparent. For example, where in normal times a face-to-face assessment may have been undertaken, a similar diagnosis has not been reached by remote means as early as it otherwise might have been. Such events can be devastating for patients, their families and healthcare professionals alike. It is easy to be wise or judgmental with the benefit of hindsight.

Dental practitioners have faced tremendous stress during the pandemic. The stress has been caused by many factors, starting with the decision to close dental practices at the outset of the pandemic. This resulted in professional and personal financial difficulties as both employers, as well as owners,

---

<sup>4</sup> <https://www.practitionerhealth.nhs.uk/>

<sup>5</sup> <https://rmbf.org/>

<sup>6</sup> <https://www.gov.uk/government/publications/williams-review-into-gross-negligence-manslaughter-in-healthcare>

<sup>7</sup> <https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure/independent-review-of-medical-manslaughter-and-culpable-homicide>

<sup>8</sup> <https://www.patientsafetyacademy.co.uk/>

face the expense of equipping their practices to meet the new infection protection requirements. MDDUS is now seeing complaints arising from delays in treatment, necessarily caused by these closures. Urgent care was possible during the shutdown, but the consequences of not being able to manage non acute problems is now emerging, adding to practitioners' stress. We trust that those who consider complaint responses will appreciate the difficulties that practitioners have had.

Manpower issues are outside of the formal remit of MDDUS but we meet regularly with the British Medical Association to address medico-legal matters that both organisations have an interest in. We know that our members are expressing feelings of exhaustion and fear of regulatory investigation into actions that are compromised through no fault of their own. In that context we have maintained dialogue with the General Medical Council and General Dental Council throughout the pandemic. In particular we welcome the regulators' aspirations to retain a memory of the pandemic so that when complaints are raised in a more sterile and calm environment, potentially several years later, the full impact and the difficult circumstances under which clinical decisions were made, (with guidelines changing on a frequent and regional basis) will be remembered.

MDDUS has called on the Department of Health and Social Care and the Ministry of Justice to commission an independent, expert advisory report with recommendations and guidance for ministers, the judiciary, regulators, NHS employers and Ombudsmen that ensures we can plan well now for the aftermath of the pandemic.

The expert report would issue guidance on:

1. The claims, complaints and regulatory issues likely to be raised by Covid-19, both directly and indirectly
2. The processes by which these can be tackled fairly, reflecting the exceptional and unique circumstances healthcare professionals have been working under, and
3. Any specific changes to normal procedures and sanctions necessary to produce fair outcomes and therefore minimising the stress and uncertainty of investigations into actions taken by clinicians during the pandemic

To that end we would ask this Inquiry to support the retention of that memory and ensure that retrospective decisions made in due course are balanced and properly bench-marked, thereby minimising the mental stress and impact upon health professionals both now and in the future.

Dr John Holden

Head of Medical Division

MDDUS

*November 2020*