



## **CONSULTATION RESPONSE**

### **MEDICAL COUNCIL CONSULTATION**

#### **Medical Council's Research Strategy**

10.5.2022



## Introduction

Dignity4Patients is a patient support and advocacy organisation. We work with people who have suffered sexual abuse or inappropriate sexual behaviour whilst a patient in a medical or therapeutic setting. We support over 300 plus victims and survivor/patients.

Our services are designed to help patients understand what happened to them and to provide a safe place to talk and access support, advocacy and information services. This includes support with their journey through civil and criminal processes, as well as medical council tribunal processes and investigations. We assist those patient victims and survivors and their families on this **healing and justice** pathway.

Sexual abuse in health care settings has long been a taboo and difficult crime to deal with. We believe in the ongoing importance of educating the public, healthcare professionals, the media, politicians and policy and law makers. Our ultimate goal is to create a culture where patient protection from any form of sexual abuse is at the forefront in the delivery of health services. And most importantly that a zero-tolerance response is adhered to.

Considering this we are extremely grateful to have been invited in April (2022) to participate in a short survey and/or engage with a longer submission in relation to the Medical Council's Research Strategy, which is currently being developed.

As the first step of the development process the Irish Medical Council contacted us as a patient representative and advocacy group, highlighting that patient safety is at the heart of the Medical Council's values, objectives and remit.

We have undertaken the short survey but due to the limited resources of our organisation, we can only respond in a limited capacity by way of this numerical pointed briefing paper. A recent review of our statistics shows that since 2016, 32 doctors have had complaints made against them. Some of these doctors have had multiple complaints, and in one instance one doctor has had hundreds of complaints made against him in various criminal, civil and medical council processes. Some doctors are deceased. 5 doctors that have had complaints lodged against them have had their registration cancelled (struck off). One is pending investigation and 2 we have unknown results for.



This short briefing note uses empirical evidence from our victim and survivors/patient engagement with the Medical Council. It is taken from years of reporting incidences of sexual abuse committed against them by health care practitioners or attending at Tribunal where their perpetrators have been struck off (registration cancelled).

### **Victim & Survivor/Patient Experiences**

1. According to the Medical Council website one of the four key responsibilities of the Medical Council is to *investigate complaints made against medical doctors*. Our victim and survivor patients have had a wide variety of experiences engaging with the Medical Council when they have reported issues of sexual abuse and asked for an investigation.
2. Despite successful outcomes in some cases, the **investigation process** has been difficult for many of our victim and survivor group who have had to engage with the Medical Council.
3. (1) Going through this Tribunal process can be extremely stressful and traumatic for some people. A patient victim was put into a hotel room on their own during a break at a Medical Council Tribunal hearing. Despite being asked if they were ok and them also acceding and agreeing they were, this is not ok. Staff that have been trauma trained and are trauma informed know not leave a person giving evidence or attending a tribunal of any investigatory process, where they were a victim of sexual assault, on their own during the hearing. We are very concerned about this practice.

We are also very concerned that at one point the Medical Council revealed to this person that the perpetrator would also be staying in the same hotel. Thankfully the victim has enough will power to not agree to this. Again, a trauma informed staff member arranging accommodation would know this was not appropriate.

- (2) A number of our victims and survivors reported individually that they felt the process was about perpetrator protection, and not about them or their rights as the victim and survivor of sexual abuse. Several victims and survivors have expressed the feeling that the Medical Council protected the perpetrator post hearings, that it was like a “little boys club”, and they were left feeling like they were worth nothing. they were retraumatised and in the end felt that coming forward to give evidence was futile.



(3) Some clients felt that they did not receive a sympathetic response or much empathy or understanding from the case workers. They feel that the emails and responses are not supportive of them at a very stressful time, and that staff had very little experience or knowledge of how to engage with victims and survivors of sexual abuse.

**Dignity4Patients recommends that there is significant research done on trauma training and why trauma informed staff are necessary throughout ALL stages of any Medical Council tribunal.**

**We also recommend that the policies and practices around where people are during breaks in Tribunal processes are reviewed and part of the research on patient care at this time.**

4. One of our victims and survivors was asked to sign a non-disclosure agreement. They felt they could not discuss what had happened to them with anyone, including their counsellor. We know that this person was not given enough information or advice legal or otherwise, and/or did not fundamentally understand why they had to sign a nondisclosure agreement, or what it really means. They did not also know or understand what the consequences of signing this would be with regard to any impact on their healing, recovery and sense of justice.

**Dignity4Patients recommends that the Medical Council undertake empirical and relevant research in relation to how patients who access a Tribunal process for sexual assault or abuse by health care practitioners, understand non-disclosure agreements they sign.**

**We also recommend that research be completed on providing non-disclosure agreements in accessible formats from best practice, victim-centred processes, based on domestic and international human rights obligations, through a human rights based approach lens regarding patient care.**

#### **Dignity4Patients / NGO Experiences & Medical Council Information**

5. When we have engaged with the Medical Council on various issues we have found the Medical Council to be quite slow in getting back to us. There are delays to email responses, or insufficient information provided in the response.

6. The Medical Council does not publish High Court Rulings, judgements or orders, despite saying



“After all evidence in a public inquiry is heard, the Fitness to Practise Committee makes its decision as to findings. The findings are generally read out by the Committee at the end of an inquiry. The findings are then published on the Medical Council website “

**We simply cannot find them on the website.**

7. The register does not show retired or deceased doctors that have been struck off (had their registration cancelled). When a doctor has been struck off and is noted on the site, the Medical Council Register often reads that the doctor has given an “undertaking” not to practice medicine in Ireland or “not to engage in the practice of medicine at this time”. This means that doctors can still practice in other jurisdictions. We cannot stress enough how much of a huge source of distress for our clients that this is. Similarly, the use of the term ‘registration cancelled’ is also problematic. People simply do not understand that this means ‘struck off’, which is the term that most well known in ordinary speech. This should appear in brackets beside registration cancelled to make it accessibly understood by the victims and survivor/patients. Language matters.

The Medical Council website states on the ‘About Us’ page that:

“[T]he Council's purpose is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors.”

We believe that if this statement is to hold true then the public should be able, with ease, to find a list of doctors that have been struck off in order to guarantee patient safety and protection from doctors whose conduct does not meet the required standards in this regard.

8. While the medical council website is informative it is very difficult to navigate.

**Dignity4patients recommends that any research on Tribunals and outcomes takes into consideration the EU Victims Directive, and current international best practice on redress and reparation through non-court processes, such as Commissions of Investigations and Tribunals. We also recommend that the research looks at the academic and victims and survivor evidence of the impact of symbolic reparation (non-monetary). As well as considering the impact of clearly stating on the Medical Council site that a retired, deceased or living doctor has been struck off because they have been found guilty of either, a criminal offence where they have served a sentence, or for behaviour that deems them unfit to practice. Especially as these are crimes of a sexual nature.**



## CONCLUSION

The Customer Charter for the Medical Council states that the Medical Council will provide a customer with a high-quality customer service in an efficient and courteous manner. This has not always been the experience of our victim and survivor/patients who have been involved in investigations or tribunals.

Dignity4Patients also note that the Medical Council Customer Charter states that the Medical Council will provide customers with clear and easily understandable information about processes and answer any questions a customer may have. Victims and survivor/patient clients and Dignity4Patients staff have found it difficult at times to understand information, find information or understand processes.

Dignity4Patients also recommends that research is undertaken with regards to whether there should be an independent investigatory body separate to the Medical Council. As the Medical Council is not state funded, but funded mainly by doctors, we feel that there may be a conflict of interest when it comes to having Tribunal processes about doctors who have sexually abused patients and need to be struck off. The Medical Council is essentially investigating itself.

Dignity4Patients also wants to highlight that engaging with surveys and submissions is a starter point for 'meaningful engagement' but is by no means the end. Meaningful engagement goes beyond reaching out to us, or the victims and survivor/patients that we work with, to seek our opinion. A human-rights based approach requires that you put patients, including our victim and survivor/patient group, at the centre of any research development with regards to treatment of patients. Particularly when they seek a remedy after reporting sexual abuse in any health care settings.