


VALUING THE PATIENT:  
*How can the impact on  
patients and families play a  
greater part in fitness to  
practise?*


Matthew McClelland, Director of FtP and  
Jessie Cunnett, Head of Public Support  
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We want to move towards a person-centred approach to fitness to practise, where people are treated with compassion and respect, and that their concerns are properly addressed and listened to.

# Lessons Learned

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Following the publication of the PSA's Lessons Learned review, serious questions have arisen about the current weight and value of the patient and public perspective in judging a persons' fitness to practise.

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*“Generally, the approach taken by the NMC’s investigations appears to have been based on seeking information from the Trust about cases and seeking expert advice on that. While this is important evidence, the experience and evidence of the families is also important in identifying any discrepancies or concerns that might have arisen. The approach by the NMC meant that concerns raised by the families, some of which were supported by subsequent investigations, were not addressed”.*

*We want to have a conversation across the health sector about how we value the patient and public perspective in fitness to practise.*

*A discussion about how we can learn from the experience and impact of events on patients and families to provide better public confidence, and ultimately better protection for the public.*

**The following lesson from the review is particularly relevant to opening up a dialogue with fellow regulators about the value of the patient and public voice.**

*‘Regulators must engage with patients and service users, ensure that they are informed of the process and progress, and analyse and take their evidence seriously if they are to properly identify problems and hold public confidence’.*

Prior to the Public Inquiry into the failings of Mid Staffordshire NHS Foundation Trust, the first published report following initial enquiries identified:

*“I feel very strongly that a lack of good patient engagement is the key to why Mid Staffordshire hospital trust continued to provide poor care for a protracted period of time. Every part of the health system could have done more to hear patients’ concerns and to make changes in the system”*

*Dr David Colin Thomé, DH Primary Care Lead (2009)*

**The NHS had made good progress in seeing patient experience as an essential pillar of addressing patient safety concerns, alongside effectiveness of clinical outcomes and provide a good basis on which we can have the debate for regulation and fitness to practice.**

*“The data presented display that patient experience is positively associated with clinical effectiveness and patient safety, and support the case for the inclusion of patient experience as one of the central pillars of quality in healthcare” BMJ (Jan 2013)*



*How can we, as regulators,  
better engage with patients,  
families and the public to  
ensure their voices are always  
represented in our work?*

Thank you