

[REDACTED]

M E Voisin
Senior Coroner - Area of Avon

14 December 2022

Dear Ms Voisin

Regulation 28 Report to Prevent Future Deaths - touching on the death of Susan Elizabeth Carling

Thank you for your letter of 28 April 2022. I am responding on behalf of the Royal College of General Practitioners as Honorary Secretary to Council. Firstly, can I convey our sincere condolences to the family and friends of Dr Carling, I was deeply saddened to read of Dr Carling's death.

The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education; training; research; and clinical standards. Founded in 1952, the RCGP has just over 54,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

We are aware at the RCGP of the tragic loss of life through suicide of Doctors and are actively engaged as a College and particularly, through the charities and services founded by our President Professor [REDACTED] who is a national expert in the support of Doctors with mental health illnesses, on the issue of suicide and working to help reduce the risk and prevalence.

To answer your question, I have turned to her for specific advice and her response is below:

Thank you for asking RCGP respond to your request. The issue of suicide amongst health professionals is one close to the RCGP's heart. The rate of mental illness amongst doctors is at least as high, if not higher than an aged, matched population. This despite doctors having a host of protective factors which should prevent ill health (secure employment, well paid jobs, social networks, high status job). With respect to suicide amongst doctors, the literature is very confusing

with respect to rate of suicide. Overall, and taking the literature as it is, male doctors have around the same, if not slightly lower rates of suicide than the general population. Women doctors on the other hand have between 2-5 times the rate of suicide compared to an aged, matched population and unlike any other group, have suicide rates equal to men (in all other spheres men are higher). The high rates of suicide are multifactorial.

Within the medical profession, GPs are currently most at risk from suicide and in essence working in front line general practice must be now seen as a major risk factor for suicide. Any action to reduce the workload should also be seen as supportive, and the College has been lobbying on behalf of all GPs for this to happen. Sadly, this lobbying is tending to fall on deaf ears, and workload, and in particular its intensity continues to rise, as does the high levels of suicidal thoughts, and number of complete suicides.

It is important that whilst you have asked us, that is the RCGP as to what is being done to support our colleagues, that suicide amongst doctors needs a collective approach towards prevention with policy makers, politicians and professional bodies all involved in reducing this needless loss of life.

The RCGP agrees that urgent action is needed to reduce the rate of suicide amongst all health professionals. The College held a high-level stakeholder event in partnership with Doctors in Distress and Practitioner Health in November 2022 to highlight the issue (of suicide) amongst those who can effect change and to drive discussions towards stakeholder (system wide) potential solutions.

The group identified key issues affecting GPs though these issues are universal as risk factors, the only difference being the level of the risk. The main issues relate to unsustainable and intolerable workload and for GPs coupled with negative press and constant unfair blame directed at them. The group also noted that there has been little recognition of impact and toll of the pandemic on mental health of workforce and that as we emerge from it, staff numbers have gone down whilst patient demand up.

The College has identified different tiers of responsibilities where action must happen.

These are (and briefly):

1. Responsibility at individual level: Many GPs and other clinicians do not allow themselves the time and space to take care of their own needs and become unwell as a result. In worst cases this can result in suicidal attempts or death.
2. Responsibility at organisational/local level; to address the mismatch between workload (demand) and need, leading to pressure on those working within the system coupled with the lack of space and time to problem solve
3. Responsibility at national/political level: to address commissioning/contracting issues which now result in lack of autonomy for practices. Lack of plan to deal with workforce issues and to change direction of workload flow into primary care
4. Responsibility at public level: A national discourse in media and politicians leading to negative views of GPs. Lack of acknowledgement of issues facing NHS/primary care and that a national enquiry is required around suicide in health and care professionals.
5. Responsibility at professional level: To ensure that Royal Colleges and others who represent the profession provide access to safe, effective, and timely support and information as needed. Included in this is that there is a responsibility to create a shift in thinking to that primary care can 'do it all' and reduce the expectations placed on this over stretched professional group. This requires other specialities to assess how they can practically reduce transferred workload.

With respect to the RCGP and what are we specifically doing:

The RCGP provides a suite of support to all its members and fellows. Specifically

1. We provide all new members with the details of existing support services, at the time they become members.
2. NHS England and Improvement, in collaboration with the RCGP has launched the "#LookingAfterYouToo and the #LookingAfterYourTeam coaching support services. These services provide access to mental health services to all primary care workers, managers and leaders employed or contracted to deliver work on behalf of the NHS.
3. We have a suite of wellbeing resources and webinars led by college members and available to all our members and fellows. <https://www.rcgp.org.uk/membership/gp-wellbeing> These resources are all around GP wellbeing, emergency contacts and help lines. The [help me, I'm a doctor site](#) brings together five independent charities that support doctors when they need confidential financial assistance. They can provide support to help doctors in genuine financial need get their lives and careers back on track.
4. Signposting to wellbeing and mental health support via our website, including:
 - Practitioner Health The [NHS Practitioner Health Programme](#) is an award winning, free and confidential NHS service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, especially when it might affect their work.
 - The Doctors' Support Network ([DSN](#)) is a peer support group for doctors with mental health problems.
 - [HHP Wales](#) is a face-to-face counselling service for all doctors in Wales. They provide doctors with access to accredited therapists in their area. A healthcare professional who has experienced a significant personal or professional impact as a result of a patient safety incident can be referred to as a second victim. This [web-based resource provides guidance and tools](#) to support individuals (and their managers) who have experience of being involved in such incidents.
 - Sick Doctors Trust ([SDT](#)) provide a 24-hour confidential telephone helpline for doctors with drug and alcohol problems.
 - Samaritans
 - Doctors in Distress
 - BMA Doctors 4 Doctors
5. We provide, through our President access to a bereavement group for any individual bereaved following the death of a health professional through suicide.
6. We collaborate with other stakeholders such as Doctors in Distress, Academy Medical Royal Colleges, General Medical Council, Practitioner Health to reduce the rate of suicide.

The RCGP also recognises the impact the sudden death of a colleague on the wellbeing of the remaining practice team and have recently introduced through our professional development team a pilot project supporting those team affected.

<https://www.rcgp.org.uk/learning-resources/primary-care-development/sudden-bereavement-support-pilot>

I trust that this reply is helpful and if you have any questions, please do not hesitate to contact me.

Yours sincerely



RCGP Honorary Secretary