

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	The disciplined healthcare professional: a qualitative interview study on the impact of the disciplinary process and imposed measures in the Netherlands
<b>AUTHORS</b>	Verhoef, Lise; Weenink, Jan-Willem; Winters, Sjenny; Robben, Paul; Westert, Gert; Kool, Rudolf

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Wayne Cunningham Royal College of Surgeons in Ireland, Bahrain
<b>REVIEW RETURNED</b>	20-Jul-2015

<b>GENERAL COMMENTS</b>	<p>I think that this is a very important study. Whilst it does not add significantly to what is known about the stress on health professionals around receiving a complaint, it does two particular things.</p> <p>Firstly, it considers health professionals who have been sanctioned in some way by a disciplinary tribunal. That is, they have had actual punishment of some sort, and that is a quite specific subgroup - at the 'pointy end' of the process.</p> <p>Secondly, the authors make important points about the impact of publication of details about the findings on the persons and families of the respondents. Whether the outcomes of disciplinary hearings should be published in the media or not is a contentious issue, and the ongoing issue of the findings being forever accessible on the internet and the impact this has, is also addressed.</p> <p>The authors note that they didn't have dentists in their study- perhaps the following study might be helpful Stuart T, Cunningham W. The impact of patient's complaints on New Zealand dentists. New Zealand Dental Journal 2015;111:25-29.</p> <p>The authors also note the need for psychological support for health professionals after receiving a complaint and we have researched this- Cunningham W, Cookson T. Addressing stress related impairment in doctors: a survey of providers' and doctors' experience of a funded counseling service in NEW Zealand. NZ Med J 2009,122(1300)</p> <p>This paper may be helpful for establishing a service in the Netherlands and elsewhere.</p> <p>I am very concerned about the lack of ethics approval and the lack of detail about the consenting process that the participants entered into. I cannot see how ethics approval would not be needed- health professionals are still people, this is research on people and normally research on human subjects requires ethics approval It may be that this research in the Netherlands comes under audit or some other title and for that reason it may be acceptable to publish</p>
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<b>REVIEWER</b>	Louise Nash University of Sydney, Australia
<b>REVIEW RETURNED</b>	23-Jul-2015

<b>GENERAL COMMENTS</b>	<p>This is a well written article and one that advances the area of research.</p> <p>In Australia this research would require ethics approval, but I note the authors state none was required. Can this please be clarified in the article.</p> <p>It would be good to list if any of the matters were ongoing, and for those that were concluded list a range of how long prior to interview they were concluded.</p> <p>Did these disciplinary matters also have ongoing medico-legal processes? e.g. in Australia one could have a disciplinary matter conducted at the same time as a law suit for compensation.</p> <p>DO health care practitioners in the Netherlands have compulsory insurance to cover these situations?</p> <p>Another question to answer in the research (if possible): was there any positive change in the health care providers behaviour after the disciplinary action? My research in the field found that there were some changes to practice that could be seen to be positive post medico-legal investigation, although the emotional toll was high and many changes were not positive.</p> <p>I attach an article of mine on change or practice due to medico-legal concerns in the Australia.</p>
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### VERSION 1 – AUTHOR RESPONSE

#### Reviewer 1

1. The authors note that they didn't have dentists in their study- perhaps the following study might be helpful: Stuart T, Cunningham W. The impact of patient's complaints on New Zealand dentists. New Zealand Dental Journal 2015;111:25-29.

The authors also note the need for psychological support for health professionals after receiving a complaint and we have researched this: Cunningham W, Cookson T. Addressing stress related impairment in doctors: a survey of providers' and doctors' experience of a funded counseling service in NEW Zealand. NZ Med J 2009,122(1300) This paper may be helpful for establishing a service in the Netherlands and elsewhere.

We thank the reviewer for his remarks and the interesting articles. We have included the article on the counseling service that is present in New Zealand as an extra reference to our discussion, since it highlights the potential added value of psychological support for health professionals in stress situations (for example after receiving a complaint and/or disciplinary measure).

2. I am very concerned about the lack of ethics approval and the lack of detail about the consenting process that the participants entered into. I cannot see how ethics approval would not be needed- health professionals are still people, this is research on people and normally research on human subjects requires ethics approval. It may be that this research in the Netherlands comes under audit or some other title and for that reason it may be acceptable to publish this study. I bow to the editors' expertise, but all of my research on the impact of complaints on doctors has been through the ethics

approval process.

We understand the concerns regarding the ethics approval. Legislation on this matter is different in other countries and we understand that our study would need ethics approval in some of those other countries. In the Netherlands, however, only studies that fall under the scope of the Medical Research Involving Human Subjects Act (WMO) must undergo a prior review by an accredited MREC or the CCMO. Research falls under the WMO if the following criteria are met: (1) it concerns medical/scientific research, and (2) participants are subject to procedures or are required to follow rules of behavior. The following website provides an elaborate explanation of both criteria: <http://www.ccmo.nl/en/your-research-does-it-fall-under-the-wmo>. Our study clearly does not fall under the WMO since participants were not subjected to procedures or were required to follow rules of behavior. Therefore the study was not submitted to the medical ethics committee.

We agree with the reviewer that the consenting process is very important and we have therefore clarified this process in the methods section of the manuscript. Participants were invited with a letter in which we provided a clear description of the study and an outline of the interview. We indicated that results would be processed anonymously and reported on a group level to prevent traceability to individual participants. Participation in the study was voluntary throughout the study and participants gave (verbal) informed consent. We performed a member check by sending the transcript of the interview to participants. One participant withdrew his/her consent after reading the transcript of the interview. We therefore excluded the participant from our study. Other participants gave permission to use the anonymous interview transcript for analysis.

#### Reviewer 2

1. In Australia this research would require ethics approval, but I note the authors state none was required. Can this please be clarified in the article.

See our previous response to the comment of reviewer 1.

2. It would be good to list if any of the matters were ongoing, and for those that were concluded list a range of how long prior to interview they were concluded.

For selection of participants we used a public list with measures already imposed on healthcare professionals. Therefore, all included cases were concluded when performing the interview. All verdicts took place more than six months before the interview and most cases were concluded not longer than 2 years prior to our study. We have added this information to the results sections. We did not include specific dates or years of cases in the manuscript, since this strongly increases traceability of individual participants.

3. Did these disciplinary matters also have ongoing medico-legal processes? e.g. in Australia one could have a disciplinary matter conducted at the same time as a law suit for compensation. This is an interesting point, however, we did not investigate this. In our study we focused on disciplinary law, which is separate from civil and criminal law. In comparison to some other countries, the Netherlands does not have a 'claim culture' in which patients often sue their care provider to get financial compensation. Therefore, we expect that this was not often the case. However, we have not asked our interviewees about this and have not investigated this in other ways.

4. Do health care practitioners in the Netherlands have compulsory insurance to cover these situations?

No, in the Netherlands individual healthcare practitioners do not have compulsory insurance for the costs of a disciplinary process (e.g. hiring a lawyer) or for the compensation that might be claimed by patients. This is also illustrated by one of the participants in our study who indicated that the process

had cost him/her a lot of money (see box 2 under 'financial consequences'). Professionals can, however, choose to get insurance themselves to cover these situations.

5. Another question to answer in the research (if possible): was there any positive change in the health care providers behavior after the disciplinary action? My research in the field found that there were some changes to practice that could be seen to be positive post medico-legal investigation, although the emotional toll was high and many changes were not positive. I attach an article of mine on change or practice due to medico-legal concerns in the Australia.

We agree with the reviewer that it would be very interesting to study if there was any positive change in the healthcare providers behavior. In our study we only have the healthcare providers input while other less biased sources might be more adequate to answer this question. In general we can indicate that our results are very similar to the findings that the reviewer describes. As mentioned in the manuscript, professionals indicated that there was change in their professional behavior. Some of which could be considered as negative changes (hedging and avoidance), and some of which could be considered as positive changes (e.g. better record keeping). We have briefly described this in our discussion. We have added the article suggested by the reviewer as a reference since it highlights the professional impact of medico-legal concerns.