Revalidation Support Team

Supporting doctors to provide safer healthcare

Responding to concerns about a doctor's practice

Case study 2
Secondary care: medical

June 2012
www.revalidationsupport.nhs.uk

Confidentiality and anonymity

This case study has been created to illustrate factors to be considered when addressing concerns about a doctor's practice.

In the interest of protecting the identity of individuals, this report has been compiled from several different cases. All details relating to individuals have been changed.

Source document

Supporting doctors to provide safer healthcare: responding to concerns about a doctor's practice (RST, 2012)

Case study 2
Secondary care: medical

Career choice, sharing of information and patient safety

Dr B was appointed following the accepted process, short listing and interview, to the post of consultant in acute medicine, with a special interest in intensive care. Two references had been obtained from recent trainers and Dr B had achieved his certificate of consultant training (CCT).

Within a month of his appointment, prior to commencement of his job, the trust medical director received a phone call from her counterpart at the trust where Dr B had trained, telling her that he was surprised to hear of Dr B's appointment as a consultant. There had been concerns during his training and one patient had died. The appointing medical director explained that proper procedure had been followed in the appointment process, with a college representative on the panel and two good references from Dr B's trainers.

The appointing medical director was concerned and postponed Dr B's starting date, openly explaining the reasons for this. The medical director contacted the doctor's referees, who acknowledged that there had been some concerns but stated that they were confident that these had been resolved. Dr B was then formally appointed and he started his new job.

Within six months a number of problems had emerged. Colleagues had become increasingly concerned, both by the number of incidents and by their increasing frequency. In one incident Dr B had injected a drug by the wrong route, whilst on another occasion he left a very sick patient in the care of an inexperienced junior doctor, without any senior cover. He then failed to attend an emergency when on call and the patient died. Finally, two acute abdominal pain patients were neither appropriately investigated nor referred, one of whom died.

He was felt to take much longer to perform procedures than the junior doctors and it was noted that he became overly stressed in emergency situations. Colleagues felt that his leadership and interpersonal skills were poor.

The medical director decided to exclude Dr B in order to undertake a formal investigation. After taking advice from the Royal College of Physicians, a full college assessment was commissioned.

As a result, the medical director was able to implement a remediation programme and after six months Dr B returned to work. However, six further clinical incidents followed.

Consequently, Dr B decided to leave and pursue a non-medical career as he could not cope with the stress of being a consultant.

Indicative costs

- Exclusion for six months, salary costs, including locum = £100,000
- College review and remediation 6 months = £80,000
- Legal costs = £300,000
- Cost of training as a doctor at medical school (lost to profession)= £250,000
- Human/hidden costs not quantifiable; costs to patients and bereaved family.

Total cost = £730,000 + hidden costs.

Key messages

- Honesty and accuracy in giving a reference is essential. If there are any concerns then these should be documented and the doctor should be informed well in advance to ensure that there are no surprises.
- Communication between responsible officers in the future may clarify the presence of known concerns when doctors transfer between designated bodies.
- Transition points in a doctor's career are stressful and can result in increased risks to patient care. Preventative strategies in organisations to mitigate these include programmes of support, mentorship and coaching at transition points.
- Concerns should be dealt with as they occur and not be allowed to accumulate until there is a pattern emerging. Clinical incident forms completed after each event allow earlier intervention with less harm as a result.
- Not all trainees can be consultants and suitable career counselling may provide a doctor the opportunity to change their career path. Dr B might have chosen to become a specialty doctor, permitting him to work safely under the guidance of a consultant.
- Leadership and interpersonal skills are very important. 'Teamwork, partnership and communication' is one of the four domains of the GMC Good Medical Practice framework for appraisal and revalidation, which describes the essential behaviours expected of all doctors.