Revalidation Support Team

Supporting doctors to provide safer healthcare

Responding to concerns about a doctor's practice

Case study 3
Primary care

July 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 3
Primary care

Poor performance, worrying behaviour and patient safety

Dr C was a 52-year-old, highly experienced GP and a long-standing member of the GPC Board. He had worked in a rural practice for 20 years with two partners. Over the last 12 months, a number of issues had been giving his colleagues cause for concern. He had regularly been arriving late for work on Mondays, but rather more worrying were the three recent clinical incidents reported to the PCT by the local hospital. In these, Dr C had:

- prescribed a beta-blocker for angina to a patient with severe asthma, resulting in an emergency admission
- been reported as abusive when trying to admit a patient and felt he was being blocked by the junior surgical doctor
- referred a patient to medical outpatients with no clinical details, stating "please see and sort".

Staff in the practice had noticed that he was irritable and short-tempered. He was having personal problems as his wife had left him, but staff did make allowances for this.

One morning, Dr C arrived looking ruffled and smelling of alcohol. At this point the medical director of the PCT was informed and staff cancelled Dr C's surgery. He was seen to drink whisky from a bottle in his desk drawer as staff made the calls to patients, re-arranging their appointments.

The medical director was able to visit the surgery that morning. Dr C was clearly drunk so he advised him to return home and seek medical attention. Despite objecting loudly to this, Dr C eventually agreed. It turned out that Dr C was registered with a GP (outside his own practice) and admitted to being under close GP follow-up. He voluntarily stayed away from work.

An urgently arranged performer's committee hearing was called and the medical director sought a report from Dr C's GP, with consent, along with an occupational health assessment.

On the basis of these reports and a personal hearing, Dr C was not suspended. He was advised to take sickness absence. In a random selection of 50 medical records

seen by the GP in the last three months, the practice was able to confirm that there was no cause for concern.

Dr C returned to work four weeks later, with regular occupational health assessments in the first year. The hospital complaints were resolved and Dr C took part in coaching and mentoring for 12 months. He remains in practice.

Indicative costs

- Sick leave costs including locum: circa £16,000.
- Occupational health assessment covered by SLA at PCT (hidden cost).
- Coaching and mentoring circa £8,000.
- Hidden costs of harm to patients and emotional harm to other colleagues in this case.

Total cost = £ 24,000 + hidden costs

Key messages

- Early intervention and support for doctors in difficulty can prevent harm to patients, staff and the doctor. It may also reduce costs.
- It is important to remain alert to the possibility of a health issue being at the root of a concern. Recognising such problems offers an opportunity for appropriately targeted intervention.
- Separating out the different parts of the process for responding to concerns helps to ensure that the right intervention is chosen. This in turn maintains patient safety and quality of care, whilst helping to return the doctor back to normal practice as quickly as possible.
- Choosing the most appropriate intervention is critical to the success of the process for responding to concerns. There are three possible components to any intervention:
  - development of skills or knowledge
  - supervision of practice
  - restriction of scope of work.
- It is important to confirm when the process of responding to a concern has been completed. This case study illustrates the common tendency to omit this.