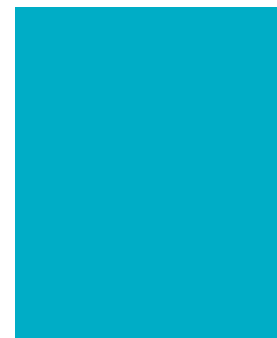
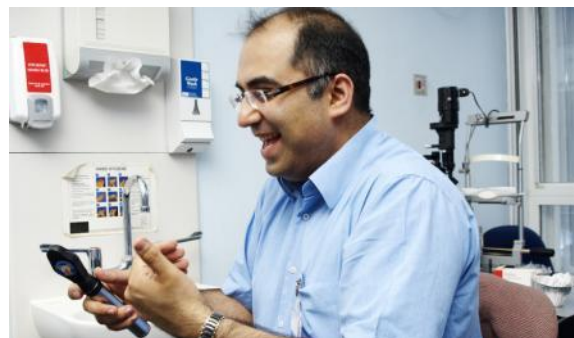
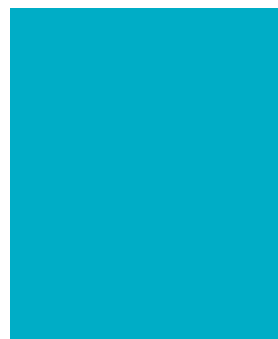


Operation Landscape- a case study

Dr Alison Milroy



Deputy Medical Director, Kent
and Medway Area Team.

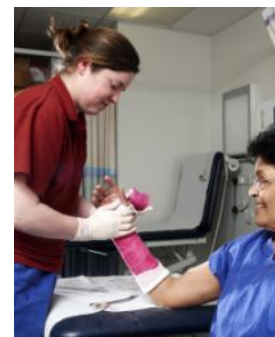


The case of Dr Barend Delport

GP partner in Swanley, Kent



RO/HR conference 29.1.15
Reading



Hazard warning

- This case relates to child abuse
- If you feel uncomfortable please feel free to leave the room and do something else
- The case exposes wider governance issues and attitudes within the medical profession

Background to the case

- Who is he?
- Originally from South Africa (q 1981 Pretoria)
- Full GMC registration 1992
- Anaesthetist work
- GP partner at The Oaks since 1996 (3 days)
- GPwSI (Dermatology), dental sedation (2 days)
- Training practice (2 trainers), well respected
- High deprivation area (26%)
- Lay Preacher and Church Elder

Question

Have you come across doctors with similar reputations?

PICTURED: Dirty Swanley doctor Barend Delpport struck off for taking indecent photographs

By Melissa Hills, deputy news editor, 4:34pm Thursday 20th February 2014 in News Bexley and north Kent

A SWANLEY GP who became addicted to pornography was struck off for taking indecent photographs of female patients as young as 18 months.

Dr Barend Delpport, 56, collected more than 800 indecent pictures of patients for his own sexual gratification while he worked at The Oaks surgery in Nightingale Way between 2000 and 2012. He tricked victims into allowing him to photograph them or their children in a surgery which became a make-shift studio by telling them a series of lies.

The paedophile medic was jailed for a total of six years last September after pleading guilty to 26 offences at Maidstone Crown Court.

His crimes included sexual assaults on a patient as young as 18 months, a four-year-old and an adult with Asperger's Syndrome.

Judge Philip Statman had told Delpport it was "difficult to imagine a graver



Barend Delpport.

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5. Lewisham Police reveal most wanted faces for crimes including night bus sex assault

What happened?

- March 2012, 7 year old girl's mother complained about genital photograph when the child came for tummy ache

Question:

Is it Ok for a GP to photograph in these circumstances?

What happened next?

Complained to receptionist
Complained to police
Police -> GMC, no action
Police -> KCC Central Referral Unit,
action plan agreed 9th May
PCT Medical Director involved
Unannounced visit 14.5.12
Interview

His defence

- GPwSI
- Educator, lecturer
- Writing a book
- Research
- Photography can enhance what is not visible to the naked eye through magnification
- Strong representation that he was highly unlikely to be involved

Dame Janet Smith: The Shipman Inquiry

- *“The GMC were unduly biased towards the interests of doctors and at times behaved more like a gentleman's club than a regulator.”*

What happened next?

- Camera, SIM card, IT equipment from his home removed by the police
- 15.5.12 Urgent meeting PCT cluster- inconsistencies- voluntary undertaking not to work
- Examination of IT by police revealed images of patients and of child pornography
- Later known: one million images (pornography and children) 5,500 pornographic, 850 taken by him of patients
- Suspended by PCT 25.5.12
- Arrested 30.5.12

Dental sedation

- We remembered that in 1995 he had administered dental sedation to a 3 year old who had suffered brain damage
- Cleared by the GMC
- Dental sedation under GA no longer allowed in a dental practice

The Investigation

- Police investigated his crimes
- PCT commissioned:
 - a letter to patients and a helpline
 - Counselling and psychological support
- Analysis of reports from 280 patients who contacted the helpline
- 31 interviews
- Incident co-ordination group

What we found

- “Hidden in plain sight”
- Wearing of a Nikon long lens camera
- What did he say to patients and staff?
- “Cloak of invisibility”- GPwSI, educator, research, writing a book

Religion

- A number of doctors practising Christians
- Morning prayer, “soaking” events
- Recruitment “not deliberate”
- Religious artefacts
- People felt marginalised
- Church Elder/ Lay Preacher well known inside the practice
- “I was told to go home and pray to die”
- “Laying on of hands with prayer”

GMC guidance

- Now: *“You may talk about your own personal beliefs only if a patient asks you directly about them.”*

Question

If your GP asked if you wanted to discuss religion, how would you feel?

Practice culture

- “One big happy family”
- “Founding fathers”
- “Very family orientated”
- “No them and us”
- Flat management structure
- Lack of clear leadership
- No job descriptions/ line management
- How does this affect ability to challenge?
- Are Practice managers and nurses able to challenge?

Impact of personality

- “Patients adored him”
- Called him “Delboy”
- “Big colourful personality” “Lots of fun” “Office banter” “Camaraderie”
- “Angry, short fuse” “Verbally aggressive” “Strong opinions” “Broke door” “Arrogant, crude, lewd, argumentative, hard to challenge”
- “Life and soul, picked me up and put me on top of the filing cabinets”
- Sneezing with a bag of glycerine
- “Poking me in the ribs” “Like a big kid”

Safeguarding training

- Few had undertaken it at the time
- Since the incident, when questioned, some who had undertaken it did not understand it
- “Yes I’ve done the training. It’s about what to do if you see bruises on children.”
- Does your team understand?

Complaints

- Practice manager led, thought to be good practice
- Verbal complaints not considered
- No obvious procedure for escalating complaints
- “I know of a patient who left the practice because of Dr Delport’s religious beliefs”
- 1992 Complaint to midwife- episiotomies- he promised to seek proper consent- not followed up- would you?
- What is their complaints process now?

chaperoning

- Who are they for?
- How are they trained? Do they watch the examination?
- Are they empowered to challenge you?

Question

How are your chaperones trained?
Are they empowered to challenge?

Consent

- There was no policy in the practice
- He was often (mostly) not eliciting consent

Grooming

- Were the practice culpable, or victims?
- How did he groom patients? “My little girlfriend”, gave her sweets and money. One girl, from age 5, automatically got undressed ready for examination at every consultation. (38 photos)
- Loosening professional boundaries
- Hid behind GPwSI, research, education
- His personality loosened the boundaries **and** made him hard to challenge

Question

Do you think the practice were groomed?

Clifford Ayling

- The Ayling Inquiry:
- Staff *“recast what they had heard into explanations which they could find acceptable and in so doing, deceived themselves and failed their patients.”*

Question

If you were aware of a concern about a GP, how would you raise it?

What happened to Dr Delpoit?

- Criminal trial Maidstone crown court- verdict September 2013
- 6 years custodial sentence
- Pleaded guilty to 24 counts
- Judge: “*It is difficult to imagine a graver breach of trust.*”
- Subsequently erased from GMC register

Could the case have failed?

- Before the index case in 2012
- When the index case reported it to the receptionist
- When the GMC advised the police
- When the PCT considered the initial evidence
- At the trial
- At appeal

Question

Consider the implications of raising a concern which is subsequently proven to be unfounded

We worry: what if I'm wrong?

- **But- what if I'm right?**
- Damage to a doctor's career vs ongoing damage to patients
- Why would patients lie?
- Why would many patients tell the same lie?
- Each complaint received represents 50 that were not formally submitted

Someone else will do something....

- If you don't know who is doing something, or you haven't told the right person, then **it's you**
- *“She said her daughter had spoken to her because Dr Delpport had taken photograph of intimate parts of her body.. I told her...he would have done that for dermatological reference. She was happy with that explanation. I did not tell anyone about that incident. I didn't think I had to”*
- **Can your staff raise a concern/ whistleblower?**
- **How do you know?**

What is the risk of dismantling the NHS England Performance structures?

But this only happens in Primary Care in Kent and Medway

