

Exclusion Case Studies

Learning pack



Learning about exclusions

This learning pack has been created to help you:

- Confirm your existing knowledge and understanding about exclusions; and
- Gain new insight into exclusions.

The pack contains three case studies. They are based on the type of cases the Practitioner Performance Advice service may be asked to advise on. They are designed to explore issues across the health system and the different places where a practitioner may work.

Each draws on a different aspect of the exclusion process and has been created to test your knowledge and discuss your rationale and decisions with colleagues and peers. The discussions are likely to draw out discussions about your own personal thresholds, beliefs and values and how they may influence your own decision making.

Instructions

Please read each case study carefully and answer the questions set in the space provided before turning over the page for some learning points. Alternatively, you may wish to discuss these in small groups within your organisation with peers.



Trigger warning: Domestic Violence in Case study 3 (Dr Lancewood). Facilitators using case studies in small groups will wish to ensure the learning environment is psychologically safe.

Case study #1: Dr Jacaranda

Dr Jacaranda, is a 54 year old general surgeon. They have been working in the UK for the last ten years. They have a growing private practice at the local private hospital.

Staff there have become increasingly concerned at the high number of complications arising in their major abdominal cases.

You have been informed by the Responsible Officer at the private hospital that Dr Jacaranda's practising privileges have been removed while they investigate.

You are the Responsible Officer in the NHS Hospital where Dr Jacaranda works.
What do you do?

Please record your answer in the space below.

Dr Jacaranda – Learning points

This case study is designed to help you assess and respond to risk:

- You will need to speak to the doctor but in preparation:
 - Has the doctor informed you of the removal of their practising privileges as required by paragraph 76 of *Good Medical Practice*?
 - Familiarise yourself with the scope of practice of the doctor in your organisation and the extent to which it is the same as in the private hospital.
 - Do you have any information from the Responsible Officer in the private hospital about the nature of the complications and why they have concluded that the doctor is a risk to their patients (i.e. is it a practitioner, team or system issue)? If not, you are entitled to request this information.
 - Are you aware of similar concerns in your own organisation?
 - What do you know from your own clinical governance systems about the doctor's complication rate?
 - Do you believe that the concerns raised in the other hospital present a risks to patients in your organisation?
 - If so, could these be mitigated by closer supervision or restricting practice?
- Remember you do not need to exclude because a decision to exclude or restrict has been taken elsewhere. You should complete and document your risk assessment based on your knowledge of the practitioner's scope of work and opportunities to mitigate the risks in other ways.
- Remember exclusion is a means of managing risk, it is not a means of addressing concerns, so if you do exclude be clear of the plan to resolve the concerns.

- Restrictions can be more difficult to impose than an exclusion but if it is possible to safely maintain any elements of clinical practice they should be considered.
- Restrictions bring with them some of the same impacts on the doctor and the service as an exclusion so it is good practice for these to be reviewed regularly.
- If you are considering exclusion remember to contact the Advice service who will help to review the rationale for your decision and guide you through the process.

Case study #2: Dr Sycamore

Dr Sycamore is a Consultant Psychiatrist working in Child and Adolescent Mental Health Services (CAMHS). There have been a number of concerns expressed about their clinical practice over the last year. These include poor timekeeping, unexplained absence from multi-disciplinary team meetings, failure to attend Panel Hearings and poor record keeping.

These concerns are now being investigated. The doctor is perceived to be someone who displays challenging and at times difficult-to-manage behaviours, with a very idiosyncratic and disorganised way of working. There have been allegations of staff bullying in the past.

The case investigator has received reports that they have been attempting to influence the investigation by lobbying witnesses for support.

The teenage patients on the unit 'love them' and think they're 'cool.'

You are the Responsible Officer and Case Manager, and the Case Investigator raised their concerns with you that the investigation is being compromised by the doctor. What do you do? Please record your answer in the space below.

Dr Sycamore – Learning points

This case study is designed to help you explore the second justification for an exclusion when there is a genuine concern that the practitioner's presence will impede the gathering of evidence.

In this case you should ensure you have a shared understanding with the Case Investigator of what proof exists that this doctor is impeding the gathering of evidence. It may be worthwhile discussing whether the alleged witness interference is of a sufficiently serious level to warrant modification of the Terms of Reference to include this as part of the investigation.

You should explore with the case investigator the elements of evidence gathering that are outstanding, which of these are potentially impacted by interference from the doctor, and how long it will take to complete the evidence gathering stage.

Any exclusion should be for as short a period as possible and should be lifted as soon as the evidence gathering is complete.

Communicate your decision in writing to the doctor and set a clear review date.

Remember that once the investigation is completed it is not reasonable to continue to exclude the doctor until you have the investigation report.



Trigger warning: Domestic Violence in Case study 3 (Dr Lancewood). Facilitators using case studies in small groups will wish to ensure the learning environment is psychologically safe.

Case study #3: Dr Lancewood

Dr Lancewood, is a 37 year old Consultant Physician. They have been in post six months, having recently relocated. They are married and have two young children, aged 5 and 3.

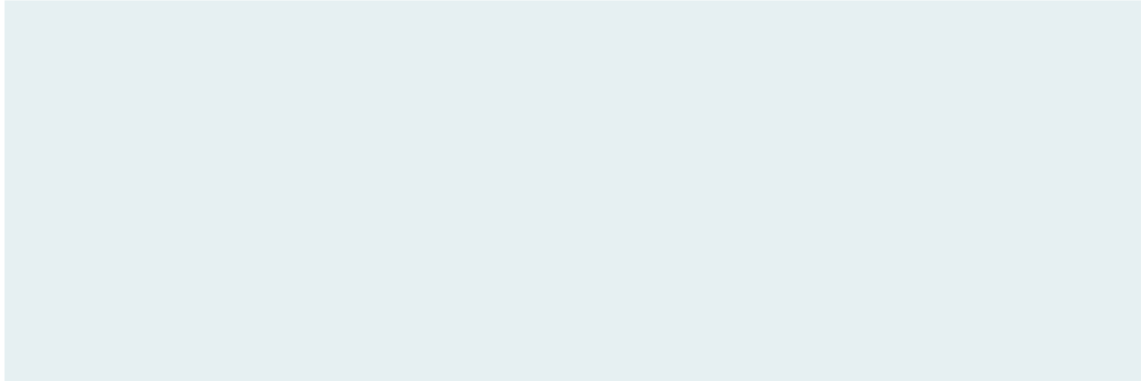
There have been no problems with their clinical practice but they have gained a reputation for having a 'short fuse' amongst the midwives on the labour ward.

Their partner works in the same organisation and recently attended the Emergency Department for the third time with injuries consistent with an assault. The clinical record of the attendance suggest they appeared scared, but note that they kept saying they had only 'tripped and fallen down stairs'.

Dr Lancewood gets in touch with HR to advise that they have been contacted by the police who are investigating claims of domestic abuse.

You are the responsible officer and the HR director has asked you to consider whether Dr Lancewood should be excluded. What do you think?

Please record your answer in the space below.



Dr Lancewood – Learning points

This case study is designed to help you explore your knowledge of the thresholds for exclusion.

It is helpful that the doctor has contacted HR and volunteered this information. It infers a level of honesty and awareness of internal organisational process. The case study suggests they have chosen to go to HR early. This is a positive step.

You should seek to verify the information they have shared with you with other agencies involved. If the police have made a report to the local authority, you will need to liaise with the Local Authority Designated Officer (LADO) who can provide advice and guidance to employers of adults who work with children. This will also help you determine whether, when considering the safety of the children, you have any other obligations under s11(2)(a) of the Children Act 2004 to safeguard and promote the welfare of children.

You will need to speak with the doctor to assess the risk to patients and to determine whether exclusion is necessary.

Aspects you will need to consider include:

- This is a serious allegation relating to an incident outside of their contract of employment. Whether the alleged incident is consistent with the expectations of *Good Medical Practice* is ultimately a decision for the GMC. You should discuss the matter with your Employer Liaison Adviser from the GMC.
- Does the doctor's experience of domestic violence impact on their assessment of risk and interventions for their patients? i.e. are they likely to have a higher threshold for intervention?
- What are the expectations of your organisation's safeguarding policies in this circumstance?

You will need to consider the safety of their partner and ensure that any potential risks to them at work are mitigated. This should not require exclusion.

You should consider support from the organisation for Dr Lancewood and their partner in your plan. This might include:

- Signposting to relevant information on the NHS website:
<https://www.nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence/>
- Signposting to domestic abuse charities for victims and alleged perpetrators
- Signposting to Independent Domestic Violence Advisers (IDVA)
<https://saferfutures.org.uk/our-programmes/idva/>
- Signposting to employer assistance programmes and occupational health support
- Brief PDFs of support that could be accessed
- Signposting to the BMA doctor advisory service resources that are available to all doctors (and to some family members) even if not a member of the BMA
[:https://www.bma.org.uk/advice-and-support/your-wellbeing](https://www.bma.org.uk/advice-and-support/your-wellbeing)

Did you assume Dr Lancewood was male or female? Do you think this influenced your thinking in any way?

