NHS doctors in England face audit and annual appraisals

Linda Beecham *BMJ*

NHS doctors working in England will have to take part in an external clinical audit and face annual appraisals in a package of measures introduced to tackle the problem of poor performance.

The proposals, which have been drawn up by the chief medical officer for England, Professor Liam Donaldson, overhaul some aspects of the NHS that have not changed since 1948.

They are aimed at ensuring that doctors' practice is monitored to pick up problems early, that poor performance is tackled swiftly, and that tough action is taken in response to poor performance.

Audit and appraisals will apply to hospital doctors and GPs. Several assessment and support centres will be set up, to which doctors suspected of poor practice will be referred. These will have a medical director and board of governors, and there will be strong non-medical participation in the assessment.

The centres will advise whether doctors need retraining. Where this is not appropriate

the centres will notify employers, who will have to take the necessary action, including informing the General Medical Council.

NHS trusts will continue to be able to suspend hospital doctors, and the consultation document proposes that health authorities should be able to suspend GPs.

Hospital consultants who face disciplinary action will no longer be able to appeal directly to the health secretary to overturn the action. Doctors who are being investigated for personal conduct—for example, sexual assault or fraud—or failure to meet their contracts will be subject to the same disciplinary process as other NHS employees.

The document points out that, although the great majority of doctors provide a first class service, increasing numbers of cases have hit the headlines showing that a small number of doctors are providing poor or inadequate care.

It says that the proposals will be successful if they lead to greater confidence among

Professor Liam Donaldson

patients that the doctors who treat them are well trained and up to date. They should also mean an end to protracted and expensive disputes with uncertainty about how to resolve serious problems, and they should result in more doctors being willing to report concerns about their colleagues.

The document also proposes ways to help to prevent doctors developing problems. It includes guidance on the way

that work is delegated to doctors in training, the development of policies for reducing stress among doctors, and a review of the services available to help doctors with health problems.

The health secretary, Alan Milburn, said, "The present arrangements for dealing with poor performance and allegations of poor clinical performance do not serve the interests of the patients, doctors, or the NHS as a whole and need to be modernised."

Professor Donaldson said, "Early intervention is the key to protecting patients. This framework will provide the mechanisms for quick diagnosis and provide the employer, the patient, and the doctor concerned with an objective assessment of the nature and seriousness of the problem and the action needed to address it."

Comments are invited by 25 February 2000. □

Supporting Doctors, Protecting Patients is available from the Department of Health, PO Box 777, London SE1 6XH or at www.doh.gov.uk/cmoconsult1.htm (see p 1314).

GMC wants a tougher restoration procedure

Linda Beecham *BMJ*

The United Kingdom's General Medical Council is to consult widely on options that would make the arrangements for restoring doctors to the medical register tougher and more easily understood by the public.

Although for most doctors whose names are erased, the erasure is permanent—between 1988 and 1998, 153 doctors' names were erased and 39 were

restored—the council believes that the public has difficulty understanding why any doctors should be restored.

There is also confusion in the public mind between erasure and suspension. Although erasure is usually permanent, suspension is for a set period, after which the suspension can be extended. The GMC's professional conduct committee,

which rules on cases of misconduct, can also impose conditions on registration.

In May the GMC endorsed the principle that "doctors who have been struck off have been excluded from the profession" and that "there is no presumption that they will be restored." The consultation paper, which the council endorsed earlier this month, takes this idea forward.

At present a doctor can apply to be restored after 10 months; it is proposed that this should be increased to a minimum of three years. After a second or subsequent unsuccessful application, the professional conduct com-

mittee would be able to stop a doctor applying again.

The doctor would then be banned from practising medicine for the rest of his or her life.

The council has decided against proposing complete or selective life bans. It might face legal obstacles under common law or the European Convention of Human Rights if it introduced explicit life bans.

Although some council members supported the ability to ban for life, others, including several lay members, did not. □

Full story in *News Extra* at www.bmj.com