Better system is needed to curb rogue doctors

Clare Dyer *legal correspondent, BMJ*

Improvements to NHS procedures to catch rogue doctors at an early stage before they inflict harm on patients were called for in two separate reports last week.

The reports from the inquiries into the careers of the struck off doctors, Clifford Ayling and Richard Neale, showed a list of system failures that allowed them to go on practising despite ample warning of their unfitness to practise.

Neale, an obstetrician and gynaecologist, was allowed to practise in England despite having been struck off in Canada in 1985 after an investigation into the deaths of two patients. He worked at Friarage Hospital at Northallerton, Yorkshire, and in Leicester and London before he was erased from the UK medical register in 2000 after he was found guilty of 34 charges of botching women's care.

Ayling, a GP from Folkestone, Kent, was jailed for four years in 2000 after being convicted of 13

counts of indecent assault on patients between 1991 and 1998. Despite complaints dating back to the early 1980s, he was able to go on practising as a GP and in hospitals around Kent for 30 years.

Judge Suzan Matthews, who chaired the Neale inquiry, said: "A sense of complacency undoubtedly contributed to what occurred. There is no room for complacency, and there remains an urgent need for a root and branch change in attitude and culture within the NHS."

She said the most perplexing aspect was how Neale could be struck off in Canada but able to go on practising in the United Kingdom.

The inquiry had acquired "significant evidence" that "confirmed not only had the GMC been fully aware of his history in Canada but had chosen deliberately not to act on this in 1986 and subsequently."

The report called for better employment checks before

TIM DICKEN/PA

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Both Clifford Ayling (left) and Richard Neale were able to practise in England until 2000 despite years of complaints

recruitment and for a new body or for more power to the Council for the Regulation of Healthcare Professionals to oversee the employment of doctors.

The Ayling inquiry's team, headed by high court judge Dame Anna Pauffley, called for

guidance for NHS trusts from the chief medical officer on dealing with sexualised behaviour.

The GMC said it was sorry for the way it handled Neale's case in the 1980s. Changes meant the situation could not happen again. □

Incoherent policies and excessive change undermine health strategy

Caroline White *London*

Incoherent policies and constant structural change are undermining the UK government's blueprint for health service improvements and fostering a culture of distrust, concludes a swingeing critique published this week.

Lost in Translation, from the NHS Plan Working Group, is the third in a series of reports on the government's progress in achieving its stated aims for modernising health services, set out in the NHS Plan in July 2000.

The report, which covers health inequalities and public health, regulation and inspec-

tion, and public and patient choice, acknowledges that "important improvements have been made."

But it goes on to say that "it is unclear whether these are sustainable in the long term." The report also questions Prime Minister Tony Blair's strategy of "disruptive governance" in a bid to shake up thinking.

Among its key messages, the report contends that the mantra of patient choice has not been properly thought through and may actually widen health inequalities and undermine public health initiatives.

The government's belated recognition of the importance of public health is to be welcomed. But it must show that it is fully committed to this in the long term, cautions the report, adding that the government should adopt a more interventionist approach.

Targets have worked, but "now risk becoming increasingly counterproductive to good management and the exercise of professional judgement," contends the report, describing the weight of targets and inspections as "punitive and excessive."

The report also criticises the overemphasis on repeated structural change, while ignoring cultural change. This approach has been expensive and bewildering and is one that will not achieve the government's vision of a patient centred NHS, it warns.

One of the report's authors, David Hunter, professor of health policy and management at the University of Durham, said that the prime minister and Alan Milburn, former health secretary, were "obsessed with change."

"They think it's part of the solution. But it's also part of the problem... People need to consolidate."

Professor Hunter claims that the government continually dismisses the concerns of NHS staff on the grounds that they do not like change and "openly distrusts the very people it needs to solve the problems," while finding it hard to resist "meddling and interfering." □

Lost in Translation can be obtained by contacting Christine Jawad on tel +44 (0)191 334 0360