

#### **5.14 The Deputy of St. Martin of the Minister for Health and Social Services regarding the impact of restrictions on the duties of certain doctors:**

Will the Minister inform Members of the number of doctors who, although not suspended, are not permitted to carry out their normal duties? Will she outline what impact such restrictions are having on patient care, the individual doctors and their colleagues and advise the cost to the public to date in respect of locum hire to cover the period of restriction?

##### **Deputy A.E. Pryke of Trinity (Minister for Health and Social Services):**

There are currently 4 doctors working on restricted practice. Restrictions are put in place for a variety of reasons including retraining if a clinician has been absent from work for a prolonged period of illness or while concerns about skills or practice are investigated. The purpose of restricted practice is to protect patients from risk. The precise nature of restrictions varies depending on the circumstances but doctors on restricted practice can and do continue to work. They can perform certain forms of clinical duty, work under supervision or undertake office-based clinical work such as audit, teaching or observation. The impact on patients and staff is dependent upon restrictions in place but the obvious beneficial impact is the assured safety of patients. The locum cost associated with these 4 doctors during this period of their restriction is approximately £1.044 million.

##### **5.14.1 The Deputy of St. Martin:**

I am astounded to hear that it is costing the taxpayer £1 million to keep 4 doctors on restricted practices. Will the Minister inform Members what training is given to these doctors to ensure they are able to get back to their normal duties, not only for their benefit, for their professional work, but also to save the taxpayer £1 million?

##### **The Deputy of Trinity:**

As I said, there are a variety of reasons why they are on restricted periods and it is important for, and I re-emphasise, patient safety. Saying that, we all work with the doctors for different reasons and some of it can be prolonged illness and they need to come back and retrain to make sure that they are back at work or whatever as soon as possible.

##### **5.14.2 Deputy M.R. Higgins:**

I think the Minister is misleading the House with some of her answers. Basically, these doctors ...

##### **The Bailiff:**

What you mean no doubt, Deputy, is inadvertently misleading the House.

##### **Deputy M.R. Higgins:**

Inadvertently.

##### **The Bailiff:**

Well then, please say so.

##### **Deputy M.R. Higgins:**

I think the effect is basically not giving a totally correct view of what is going on. We have one doctor who is suspended who sits at his desk at home or in the hospital and does nothing else, there is no question of training, and that is the one who we were

told was going to be retrained and has seen one patient since May of last year, that is all, one patient. So, they have skills which could be for the benefit of the Island, could help reduce waiting lists, and yet they are not being retrained. We have another doctor who is allowed to do private study, is allowed to go to the library and attend meetings, that is it. There is no training there either. This was also true of others. I think the hospital is being mismanaged and I do think that the Minister needs to have a look at what is being said to her about retraining and what is actually being done in retraining. Does the Minister not agree?

**The Deputy of Trinity:**

No, I certainly do not agree and I re-emphasise - and I am never tired of re-emphasising - that patient safety is the most important thing at this point. I will not go down to any of the individuals... because I have a duty of care to my employees, and confidentiality is important. So, we work with the restricted doctors to sort out the issues that got them into that unfortunate period as we can, but it is of a complex nature and the department provides training to clinicians, the managers and H.R. (Human Resources) staff to make sure that these issues are managed as efficiently as possible. We do review the policy and I do get a monthly update.

**5.14.3 Deputy M.R. Higgins:**

Could I ask a supplementary? Will the Minister come back to the House and give us categorically the training that has been offered to these people during their suspension and why they have not undertaken any training? Have they in fact been offered any? Please come back to the House with chapter and verse.

**The Deputy of Trinity:**

It is very difficult and I will have to look at it. As I said, I have a duty of care to my employees and to come back with individual ways and methods of training, et cetera, I would need to check if I can. I can give an overall broad brush of how we try and deal with doctors who are on restricted practice but some of those restricted practices are due to the doctors having been on long illness.

**Deputy M.R. Higgins:**

If I could just repeat ...

**The Bailiff:**

You have asked ...

**Deputy M.R. Higgins:**

I am just saying she could come back anonymously, doctor A, B, C. Tell us exactly what training they have been offered and when they were offered it.

**5.14.4 Senator S.C. Ferguson:**

We were recently informed that these doctors were transferred to a restricted working list from being suspended or excluded at the same time as a formal notification was required of employees who were suspended or excluded. Would the Minister explain why this change in status was made and why there was no notification to the States Employment Board regarding these doctors?

**The Deputy of Trinity:**

No doctors are excluded. The department operates within current policy set down by the S.E.B. (States Employment Board) whereby suspensions and exclusions from work are reported but not restrictions in practice. This is currently being reviewed by the States H.R.

**5.14.5 Senator S.C. Ferguson:**

Does the Minister not feel that the difference between restricted working - which is not doing any clinical work effectively, not seeing patients - and being suspended or excluded, is really somewhat of a semantic problem and should that notification not have been made to the States Employment Board about doctors on restricted working?

**The Deputy of Trinity:**

The doctors are restricted for many different reasons and it would be inappropriate here, I think, to say what the reasons are other than being a broad brush from illness to their clinical practice. Regarding informing the States Employment Board, as I said it is being reviewed by H.R. and I take the Senator's point.

**5.14.6 Senator S.C. Ferguson:**

I am sorry, Sir, it really is not a good enough reply. It is a semantic difference and it is really avoiding the responsibilities of being an employer.

**The Deputy of Trinity:**

I am not avoiding responsibility because I take that very importantly. These doctors, who are restricted, are restricted for many different reasons and it has to go through a proper H.R. process and this is what is happening. Because at the end of the day patient safety is the most important thing.

**5.14.7 Deputy A.E. Jeune:**

Would the Minister agree that any staff excluded, suspended or whatever who are not carrying out their duties will have an impact on patient care, and can she advise whether there are such exclusions, suspensions, et cetera, in any other staff groups within Health and Social Services?

**The Deputy of Trinity:**

Regarding the last part of the Deputy's question I would have to go and check that. At the moment I just have the information that there are no doctors excluded. I am not too sure about if there are any others in other areas but I can come back to that. So, the impact, as I said, is on other colleagues and that is where locums come into practice, but it is patient safety at the end of the day. We must ensure that the doctors who are seeing patients, operating on patients, in whatever clinical field, are doing exactly what they should be doing.

**Deputy A.E. Jeune:**

I thank the Minister for her reply and I look forward to hearing about exclusions in other disciplines.

**5.14.8 Deputy T.M. Pitman:**

I must say that, like anyone listening, I am absolutely horrified at those amounts of money. Just before Christmas this House was asked to bail Health out effectively from a ring-fenced fund. We are talking about patient safety and, yes, we all support patient safety, but where is this ultimately going, could the Minister say? Are we

going to pay these people to do, effectively, nothing until they retire on nice big pensions?

**The Deputy of Trinity:**

All these doctors are going through the proper H.R. process. The nature of the restrictions, as I said, depends on what their circumstances are but they also perform other duties of clinical work under supervision, office-based clinical and some audits, teaching and some observation. So, they are employed in other areas.

**5.14.9 The Deputy of St. John:**

Would the Minister agree that she is avoiding employer's responsibilities in that over 9 months ago a doctor with responsibility for prostate cancer, where the patients require continuity, has not been replaced but 3 locums are doing his job. In fact he comes back in himself, the former doctor, to assist as a locum. When will that post be filled?

**The Deputy of Trinity:**

I do not have that exact information. I would have to come back to the Deputy on that specific issue.

**5.14.10 The Deputy of St. John:**

If I may have a supplementary? I have to ask the Minister, is she on top of her subject, on top of her Ministry, given she does not know the simple answer of when a position is to be filled? Given they have had locums in for 9 months.

**The Deputy of Trinity:**

It is a very complex procedure. As I have said to you before, when consultants now retire we cannot replace like with like. That is because it is set down by the Royal College of Physicians, or whoever, that consultants now are specialising. So, when a consultant orthopaedic surgeon will retire who was a generalist he will be replaced probably by one or 2 consultants. You cannot just replace like with like immediately. That has to go through various ... Royal College of Surgeons to get their permission, for want of a better word, to employ the consultants. Also we have to factor in that we are doing the strategic road map and this is taking an opportunity to find out which way do we wish to go.

[12:30]

**5.14.11 Deputy M. Tadier:**

Irrespective of the nuances that may exist between suspension and restricted practice, will the Minister not accept that Senator Ferguson's point is a very valid one and give an assurance that from now on under these circumstances the S.E.B. will be notified as a matter of course so it can be up to the S.E.B. to decide whether or not there is anything that they would wish to look into? Will the Minister give that assurance now?

**The Deputy of Trinity:**

As I have said Senator Ferguson did bring up a good point and it is currently being reviewed by States H.R.

**5.14.12 The Deputy of St. Martin:**

The Minister will know that these types of questions have been asked of her now for some time. In fact the last time was in September, and the answers we are getting today are very much in line with the answers then. The Minister also seems to have a favourite catchphrase: "My concern is patient safety." If the Minister is so concerned about patient safety will she either take steps to dismiss, sack or whatever those 4 doctors or retrain them? Because by procrastination it seems totally unfair that on those doctors concerned that their integrity is being questioned and also the taxpayer is having to pay at least £1 million, and goodness knows how many million pounds, until the Minister has got on top her brief.

**The Deputy of Trinity:**

I fully understand the Deputy's concerns, because it does concern me, and it is going through H.R. procedure. I wish I could bring it to a swift conclusion but whatever the conclusion is it has to go through the H.R. process and those are the steps that have to be done. I wish it was as simple as that.