

## **Fitness to Practise Determination**

The following case was heard by a Fitness to Practise Panel. It is presented here to give an example of one possible outcome of breaching a principle in *Good Medical Practice*. It is not intended to give a clear threshold between acceptable and unacceptable behaviour. Each case which comes before a Fitness to Practise Panel is judged on its own merits and assessed on the particular circumstances of the case.

### **Summary**

A pregnant woman consulted the doctor, a GP principal, complaining of headaches and blurred vision. The doctor complained that the patient had not brought her antenatal notes and did not take a history or examine her. The patient complained to the PCT who asked the doctor for a response to the complaint. No response was received until 14 months later when the Healthcare Commission, following three unanswered requests for information from the doctor, threatened to refer the matter to the Ombudsman.

### **Relevant paragraphs of *Good Medical Practice***

The case relates to the *Good clinical care* section of GMP, specifically paragraphs 2a and 2b on providing good clinical care. It also relates to the *Relationships with patients* section, specifically paragraphs 21a on the doctor-patient partnership and paragraphs 22b and 22c on good communication, and paragraph 31 on being open and honest with patients if things go wrong. Finally it relates to paragraph 68 of the *Probity* section on cooperating with inquiries.

### **Determination on impaired fitness to practise**

“Dr X,

At the material time you were employed as a principal in General Practice at the XXXX Surgery, XXXX.

On 13 September 2004, xxxxxxxxxxxx consulted you, accompanied by her husband. She was pregnant and was complaining of headaches and blurred vision. The Panel has heard that, during the consultation, you complained about xxxxxxxxxxxx’s failure to bring her antenatal notes. The Panel has found this to be inappropriate and not in the best interests of the patient. You recommended that xxxxxxxxxxxx should take bed rest.

You admitted to the Panel that, during the consultation with xxxxxxxxxx, you failed to make an adequate assessment of her condition in that you did not take an adequate history from the patient and that you did not examine her. You have admitted to the Panel that your failures were inadequate, inappropriate, unacceptable and not in the best interests of the patient.

On 17 September 2004 xxxxxxxxxx complained to XXXX Primary Care Trust (PCT). On 13 October 2004, XXXX PCT wrote to your practice asking for a response to xxxxxxx's complaint. Regular requests for a response were made thereafter by telephone. The Healthcare Commission wrote to you on 12 July 2005, 15 September and 30 September 2005 requesting information in relation to xxxxxxx's complaint.

On 22 December 2005 the Healthcare Commission advised you that, unless it received the outstanding information, it would consider referring the matter to the Health Service Ombudsman. You have admitted that you failed to respond to the requests of the PCT and the Healthcare Commission until 29/30 December 2005. On 30 December 2005 you wrote to the Healthcare Commission enclosing a copy letter, dated 20 October 2004, to xxxxx of the PCT and to xxxxxxxxxx ..... in response to the complaint. Neither xxxxxxxxxx nor xxxxxxxxxx had received the letter of 20 October 2004.

The Panel has considered the submissions of both Counsel on whether your fitness to practise is impaired. It has had regard to the GMC's Indicative Sanctions Guidance and its publication "Good Medical Practice".

The Panel has heard of the circumstances in your practice (including a late running list on a Monday morning), and of the pressures that you were under on the morning of 13 September 2004, you being the only doctor on duty.

You offered xxxxxxxxxx an open appointment for the following day, requesting that she bring her antenatal notes. However, the Panel view with concern that you did not take any history from xxxxxxxxxx or examine her on 13 September 2004.

The GMC publication "Good Medical Practice" (GMP) (2001) states clearly that "good clinical care must include:

- an adequate assessment of the patient's conditions, based on the history and symptoms and, if necessary, an appropriate examination;
- providing and arranging investigations or treatment where necessary;
- taking suitable and prompt action when necessary".

Further, it states that good communication between patients and doctors is essential to effective care and relationships of trust. "Good communication involves:

- Listening and respecting their views and beliefs
- Giving patients the information they ask or need about their condition, its treatment and prognosis, in a way they can understand....."

Your actions and omissions in your treatment of xxxxxxxxx fell short of the standards set out in "Good Medical Practice".

The Panel is also concerned at your non-response, over a lengthy period of time, to repeated, unanswered requests by letter and telephone from the PCT and from the Healthcare Commission in response to xxxxxxxxxx complaint.

In failing to respond appropriately and promptly, you again failed to adhere to the principles in GMP, which states that "patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response". It goes on to state that

"you must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure which applies to your work. You must give, to those who are entitled to ask for it, any relevant information in connection with an investigation into your own, or another health care professional's conduct, performance or health".

We recognise that the failings on 13 September 2004 arose from a single consultation, and that there is no evidence before the Panel of a pattern of clinical failure. However, this serious failure was compounded by your lack of attention to developing and monitoring appropriate practice systems.

You had the responsibility to ensure that enquiries were answered. However, you have admitted to the Panel that you failed to meet your responsibilities to ensure that a robust Practice system was in place to deal with correspondence and telephone messages.

Taking these matters together the Panel has determined that your fitness to practise is impaired by reason of your misconduct."