

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY M.R. HIGGINS OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 1st FEBRUARY 2011**

**Question**

Will the Minister inform Members for each person suspended, restricted, excluded or otherwise not carrying out or fulfilling their full contractual duties for any reason, provide the following information –

- (a) Title (doctor, nurse, administrator, social worker etc) suitably anonymised;
- (b) The date the person was restricted, excluded or suspended;
- (c) The duties carried out by the person, restricted, excluded or suspended during the entire period, broken down into time periods if they varied over the period;
- (d) The privileges of the person in terms of what are they allowed to do or what facilities they can use in the department or what privileges have been withdrawn;
- (e) Details of any training agreed, booked for, refused by, carried out or currently being undertaken by the person giving specific dates;
- (f) The steps taken by the Department to date, giving dates of each action, to resolve the restrictions/suspension so the process and progress of case handling can be ascertained;
- (g) An estimation of the time until the restriction/suspension is expected to be resolved setting out the major steps required to be taken and by whom for the matter to be concluded.

**Answer**

HSSD, as a States Department, has a duty of confidentiality to its employees. Any information provide must be anonymised in order to ensure individual staff members cannot be identified and that details which are personal to them are not put into the public domain.

Details of exclusion and suspension are reported to the States Employment Board and reviewed monthly in line with their agreed procedures. It is the role of the States Employment Board to provide independent scrutiny of the management of such cases.

At present there is 1 registered nurse, 1 healthcare assistant and 2 support workers on suspension. Suspensions for these staff groups are relatively short-term lasting on average 3-4 months.

Staff suspended from work cannot enter the premises except to attend agreed meetings or with the approval of their line manager. Professional support and regular contact with management and Human Resources is provided throughout the period of suspension.

Suspension is a neutral act and only used as a last resort where there are concerns over patient or client safety, the safety of the staff member, where there is a genuine belief that the investigation may be compromised or where the allegations are of a serious nature requiring such action. Staff also may be referred for support through the Occupational Health service

There are currently 4 HSSD doctors on restricted practice. The briefing note already circulated to States Member provides background information about the steps taken to support doctors to recommence full clinical duties.

Periods of restricted practice can vary enormously depending on a range of factors, including the ability to secure re-training. Unfortunately, due the wide variation of circumstances relating to each individual case, it is

not possible to provide meaningful estimates of the length of time taken for doctors to return to full clinical duties.

## HSSD Briefing: Doctors on Restricted Practice

### General overview

- Restrictions are put in place as a direct result of concerns that could impact patient safety. Reasons might include:
  - if a clinician has been absent from work for a prolonged period (eg: illness, compassionate leave or exclusion)
  - if concerns have been raised about the need to update their skills or practice
  - if there is concern that they may be acting outside their competence
  - if concerns have been raised about their behaviour
  - if they have an underlying medical or health condition which may effect their ability to practice.
- Doctors on restricted practice do continue to work, unlike doctors who have been excluded from work. They can perform certain forms of clinical duty, work under supervision or undertake office based clinical work such as audit, teaching or observation. All these tasks are part of a doctors day-to-day work.
- Doctors that are excluded, as opposed to restricted, are not able to continue to work until an investigation into concerns has been concluded. In some cases doctors who have been excluded return to work on restrictions because they will not have practiced during the period of exclusion. Exclusion can last for a number of years due to legal processes. Exclusion can occur for the following reasons:
  - as a temporary measure to allow the hospital time to consider the most appropriate and safest course of action
  - immediate concern about patient safety
  - concern that the doctor may interfere with an investigation
  - to protect the interests of the practitioner

### Supporting doctors on restricted duty to return to full duties

- Good employment practice establishes the need to support employees to update and refresh skills and knowledge where deficits/issues exist or whilst deficits/issues are investigated. This duty of care applies to doctors as well as other staff.
- Doctor on restricted duties might be supported in a number of different ways to return to full duties, these include:
  - re-training (often at a UK hospital)
  - supervision by a senior colleague
  - observation/shadowing of colleagues
  - mentoring
  - research, study, education programme or attendance at external training events
- All these activities can be time consuming, all require resourcing and the input of specialists.
- In particular, re-training can be difficult to resource. By its very nature it often has to take place in a UK hospital and, given that there is no centralised system for re-training in the UK, it can take a considerable time to organise. A UK hospital has to:
  - have a suitable training vacancy with the required specialism or sub-specialism
  - be willing to prioritise a training place for a Jersey based doctor (as opposed to a UK based doctor who will make a direct contribution to UK healthcare)
  - be willing to prioritise a doctor who could be a substantial way into their working career, as opposed to a doctor at the beginning of their career who has more working years ahead of them
  - be prepared to take on any associated risk (risk could be deemed to be particularly high if a doctor needs re-training in response to a skills/knowledge deficit)
  - provide appropriate specialist support and senior clinical supervision which has resource implications.
- The difficulties associated with securing re-training for doctors on restricted practice is not limited to Jersey, it is also a common and widely recognised problem in the UK.

## Situation in Jersey

- There are currently four doctors working on restricted practice in Jersey General Hospital. There are no doctors on exclusion.
- The reasons for restrictions being imposed are varied but respond to the need to ensure the safety of patients. They are applied with the agreement of the clinician.
- Clinical duties that cannot be performed as a result of the restrictions being in place are usually either performed by the reallocation of duties amongst other clinical staff or through locum cover.
- The cost of locum cover for those 4 doctors is approximately **£1,044,000**. This includes both the period of restricted practice and, in some cases earlier periods of full exclusion.
- HSSD is working to resolve the issue:
  - we now appoint a case manager in each incidence to review concerns, progress and the need any continuation of restrictions
  - we work to ensure that processes for managing and investigating concerns are implemented quickly, efficiently and in accordance with best employment practice
  - we work within State HR policies and current SEB guidance. We have requested that SEB procedures are reviewed to consider restrictions in practice
  - additional support from HR is enabling us to improve the situation and we have recently put in place monthly monitoring and performance management systems
  - we have delivered appropriate training workshops for managers, clinicians, HR staff, Law Officers and the newly appointed Joint Medical Directors
  - we have recently reviewed our policy, which is now modelled on UK best practice and we actively seek advice from the UK National Clinical Assessment Service<sup>[1]</sup> on restrictions and retraining options.

HSSD acknowledge that there is an inevitable cost to the use of locums but we must weigh this up against the need for assured patient safety in the event of any concerns about a clinician's ability to practice.

HSSD also acknowledge the need to minimise the time that a doctor is on restricted duties, not simply to reduce costs but for the benefit of patients, other staff and the doctor involved.

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<sup>[1]</sup> The National Clinical Assessment Service is part of the National Patient Safety Agency. An NHS body established to help resolve concerns about practitioners performance.