National Clinical Assessment Service

Use of NHS exclusion and suspension from work amongst doctors and dentists in England in 2011/12

The National Clinical Assessment Service (NCAS) is a national service which contributes to patient safety by helping NHS organisations across the UK to resolve concerns about the professional practice of doctors, dentists and pharmacists. This report continues a series of statistical reports monitoring the use of suspension and exclusion from work. It covers the year to 31 March 2012. Similar reports for 2005/06-2010/11 can be found on the NCAS website[i]. The Department of Health announced in August that, from 1 April 2013, NCAS would be an operating division of the NHS Litigation Authority, a national body also helping to make the NHS safer.[ii]

Summary

- The report describes use of exclusion and suspension from work amongst doctors and dentists in England.

- The number of hospital and community (H&C) exclusions appears to have stabilised at about 130 new episodes a year in England. Doctor exclusions concluded in 2011/12 lasted an average of 19 weeks, continuing a downward trend in duration.

- In contrast with exclusions, there was a sharp fall in the number of new suspension episodes in the general practice (GP) sector in 2011/12, with a rise in the average duration of episodes concluded to 44 weeks. Use of suspension may have been affected by the reorganisation of primary care trusts.

Scope and method

1. Department of Health Directions[iii] require NCAS to 'monitor and report' on the use of suspension and exclusion. This report describes suspension and exclusion episodes involving doctors and dentists (but not pharmacists where our dataset is still too small for analysis). The report relates only to England, as usual. We are continuing to limit reporting to England because of doubts about our data completeness outside England. Regulations governing suspension and exclusion differ across the UK so consistent classification across countries can be difficult.

2. 'Suspension' is a general practice term while 'exclusion' is used amongst employed hospital and community practitioners. Both mean that the practitioner ceases clinical work while usually (but not always) remaining on full pay. These measures entail cost if locum and other arrangements are needed to maintain patient services. At the same time, suspension or exclusion may be necessary to protect patient safety so cost must be balanced against safety benefit. NHS suspension should be distinguished from suspension for regulatory purposes by the General Medical Council or General Dental Council.

3. Information about use of suspension and exclusion is given to NCAS as part of our routine casework processes. Case managers and advisers note the start and end date of each episode and use picklists to record the reason for using suspension or exclusion and the

way in which each episode is resolved. No changes have been made to data collection for this report. We have, however, added a credibility check. Recording of general practitioner suspensions is also carried out by the Family Health Services Appeals Unit, a division of the National Health Services Litigation Authority. NCAS will join the NHS LA in 2013 and we have started to compare findings.

4. This work is still at an early stage but chart A, comparing counts of new episodes from FHSAU and NCAS sources, shows the following:

- There is a fairly small difference in episode totals. FHSAU recorded 397 new doctor suspensions and 80 new GP dentist suspensions between 2005/06 and 2011/12. Over the same period NCAS data showed 448 doctor suspensions and 75 GP dentist suspensions.
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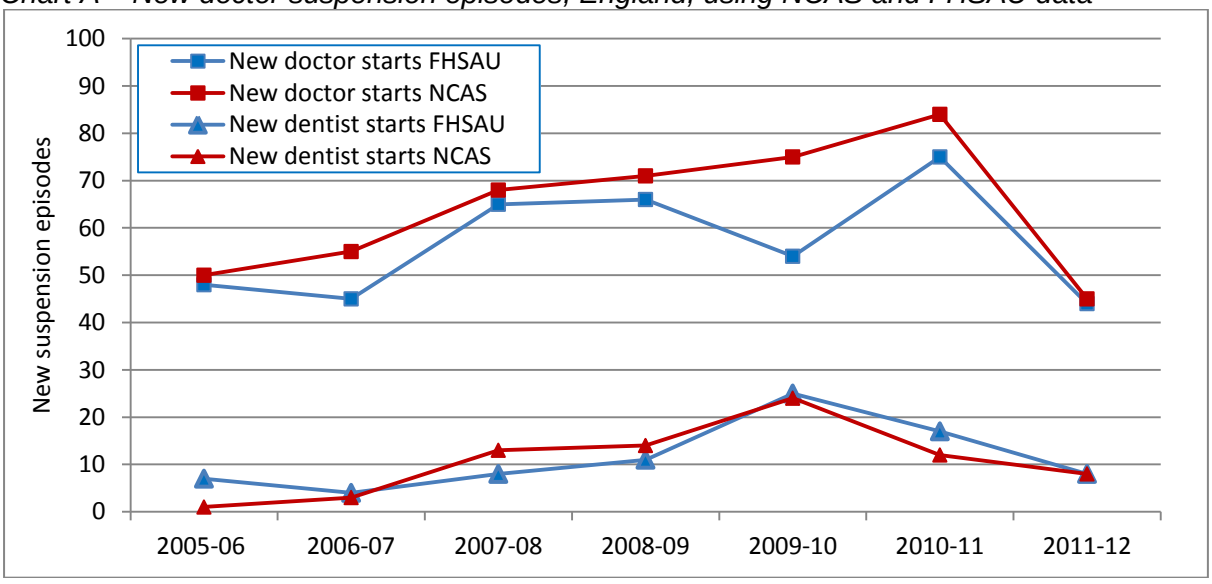
- Although the totals are different, the two datasets could be said to show broadly similar trends over time. FHSAU and NCAS have both seen a sharp drop in use of GP suspension in 2011/12. The 2009/10 difference needs further investigation.

- There is an approximate match between the datasets for both doctor and dentist suspensions.

Chart A – New doctor suspension episodes, England, using NCAS and FHSAU data



5. We are grateful to FHSAU for making the chart A data available to us. We plan to do more work with FHSAU, aiming to release a single statistical series in 2013 using shared definitions, once the differences between the sources are reconciled. Chart A should not be seen as definitive at this stage but it encourages us to think that the trends in suspension use which we have been reporting since 2005 are broadly correct.

New episodes

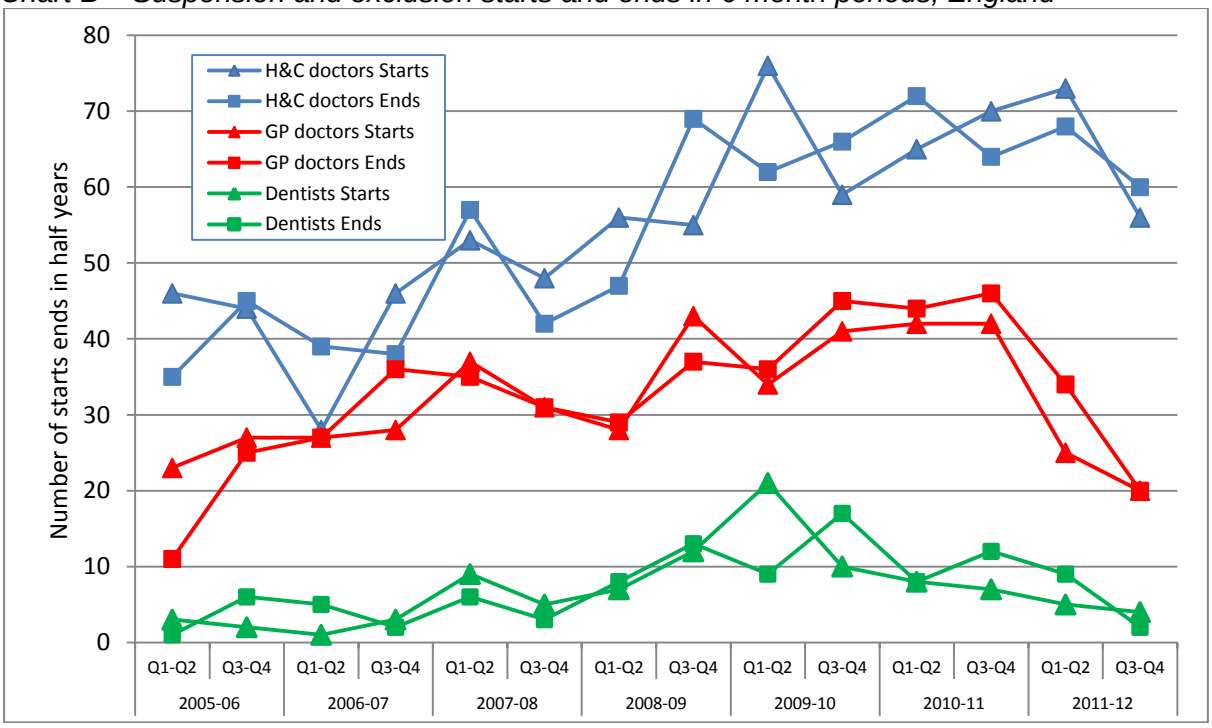
6. Provisionally, there were 129 new exclusions of H&C doctors and 45 new suspensions of GP doctors in 2011/12. There were also 9 new episodes involving dentists – table 1. Use of H&C exclusion seems to have stabilised in 2009 after a period of growth – chart B. With an H&C medical workforce of about 102,000 in 2011 (headcount) the one year risk of exclusion for doctors is about one in 800.

7. In contrast, and as already mentioned, GP suspensions showed a fall in 2011/12, to 45 for doctors and 8 amongst general practitioner dentists. With a GP doctor workforce of about 41,000 in 2011, the risk of suspension was down to about one practitioner in 900, having been close to double this rate in 2010/11.

Table 1 – Suspension and exclusion starts and ends, England numbers

Year and half year	Doctors				Dentists				All starts
	H&C exclusions		GP suspensions		H&C exclusions		GP suspensions		
	Starts	Ends	Starts	Ends	Starts	Ends	Starts	Ends	
				Half years					
2005/06 A-S	46	35	23	11	2	0	1	1	72
2005/06 O-M	44	45	27	25	2	4	0	2	73
2006/07 A-S	28	39	27	27	1	3	0	2	56
2006/07 O-M	46	38	28	36	0	1	3	1	77
2007/08 A-S	53	57	37	35	1	2	8	4	99
2007/08 O-M	48	42	31	31	0	1	5	2	84
2008/09 A-S	56	47	28	29	2	1	5	7	91
2008/09 O-M	55	69	43	37	3	3	9	10	110
2009/10 A-S	76	62	34	36	6	3	15	6	131
2009/10 O-M	59	66	41	45	1	2	9	15	110
2010/11 A-S	65	72	42	44	1	1	7	7	115
2010/11 O-M	70	64	42	46	2	4	5	8	119
2011/12 A-S	73	68	25	34	1	2	4	7	103
2011/12 O-M provisional	56	60	20	20	0	0	4	2	80
				Years to end March					
2005/06	90	80	50	36	4	4	1	3	145
2006/07	74	77	55	63	1	4	3	3	133
2007/08	101	99	68	66	1	3	13	6	183
2008/09	111	116	71	66	5	4	14	17	201
2009/10	135	128	75	81	7	5	24	21	241
2010/11	135	136	84	90	3	5	12	15	234
2011/12 provisional	129	128	45	54	1	2	8	9	183

Chart B – Suspension and exclusion starts and ends in 6 month periods, England

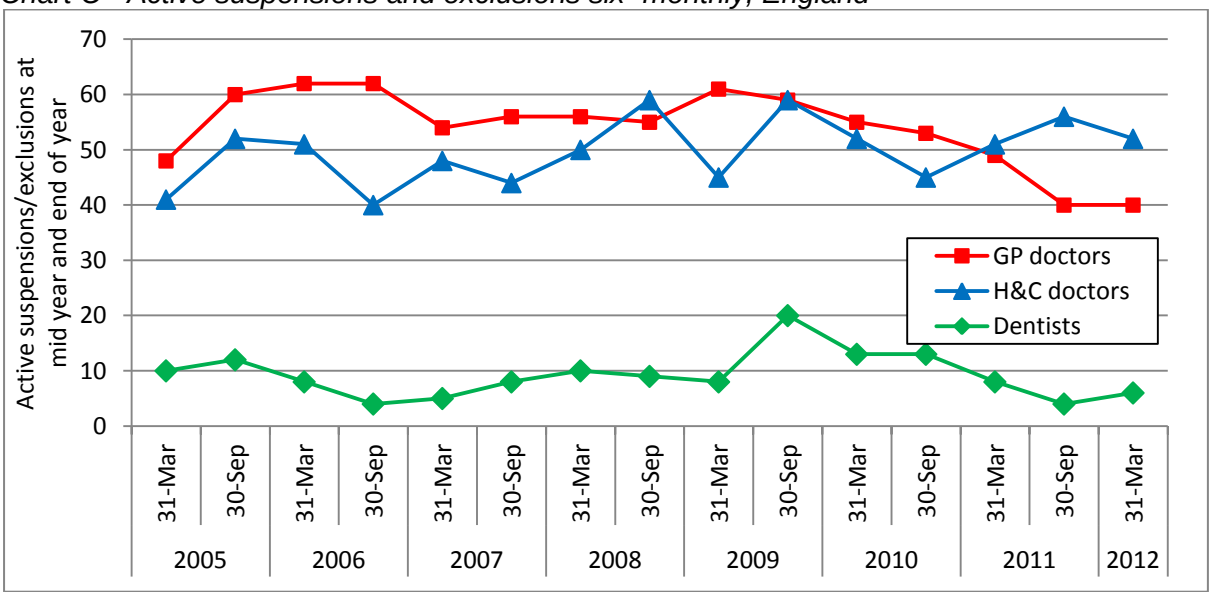


8. The net effect of the episode starts and ends in table 1 is that 52 H&C practitioners were excluded at the end of 2011/12 and 46 GPs were suspended, including 6 dentists – table 2. Although the number of new suspensions fell sharply, the number of active suspensions has fallen more modestly because of an increase in duration – see next section. H&C active exclusions have been approximately static since 2008 – chart C. Dental cases are low after a peak in 2009.

Table 2 – Active suspensions and exclusions at period ends, England

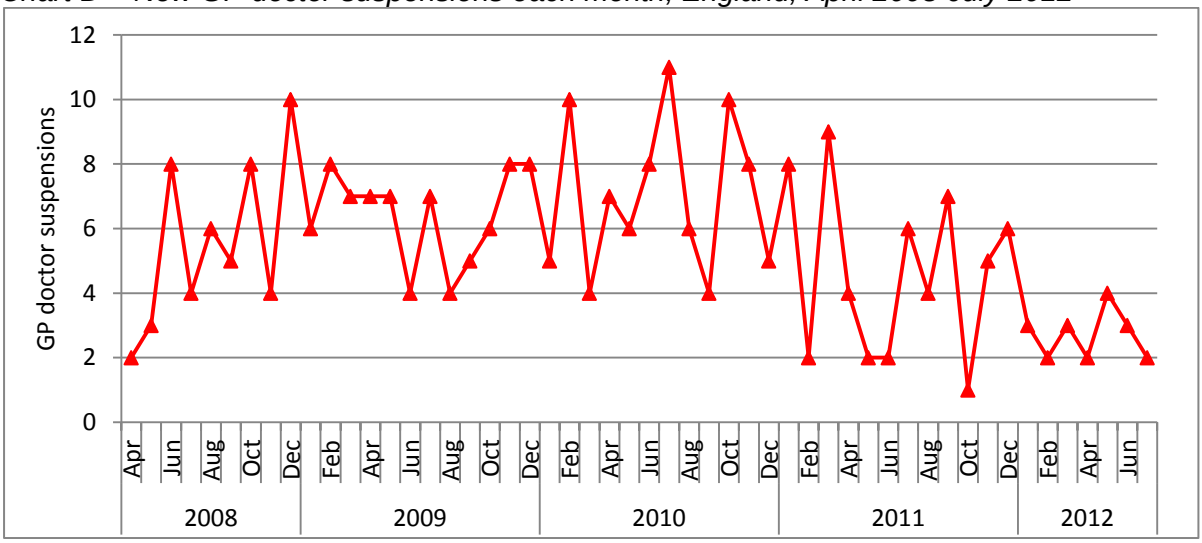
Active at end	Doctors		Dentists		All active episodes
	Exclusions	Suspensions	Exclusions	Suspensions	
2005 Mar	41	48	5	5	99
2005 Sept	52	60	7	5	124
2006 Mar	51	62	5	3	121
2006 Sept	40	62	3	1	106
2007 Mar	48	54	2	3	107
2007 Sept	44	56	1	7	108
2008 Mar	50	56	0	10	116
2008 Sept	59	55	1	8	123
2009 Mar	45	61	1	7	114
2009 Sept	59	59	4	16	138
2010 Mar	52	55	3	10	120
2010 Sept	45	53	3	10	111
2011 Mar	51	49	1	7	108
2011 Sept	56	40	0	4	100
2012 Mar provisional	52	40	0	6	98

Chart C - Active suspensions and exclusions six- monthly, England



9. We first drew attention to the possibility of a large drop in new suspension episodes in our 2011/12 mid-year report. Given the similar fall in FHSAU's count of new suspensions (see para 4), we are more confident now that the downturn observed is real. Also, monthly counts of new GP suspensions suggest that the rate of suspension use, while variable from month to month, was mostly lower in 2011/12 than in the two previous years and was still at a relatively low level going into 2012/13 – chart D.

Chart D – New GP doctor suspensions each month, England, April 2008-July 2012



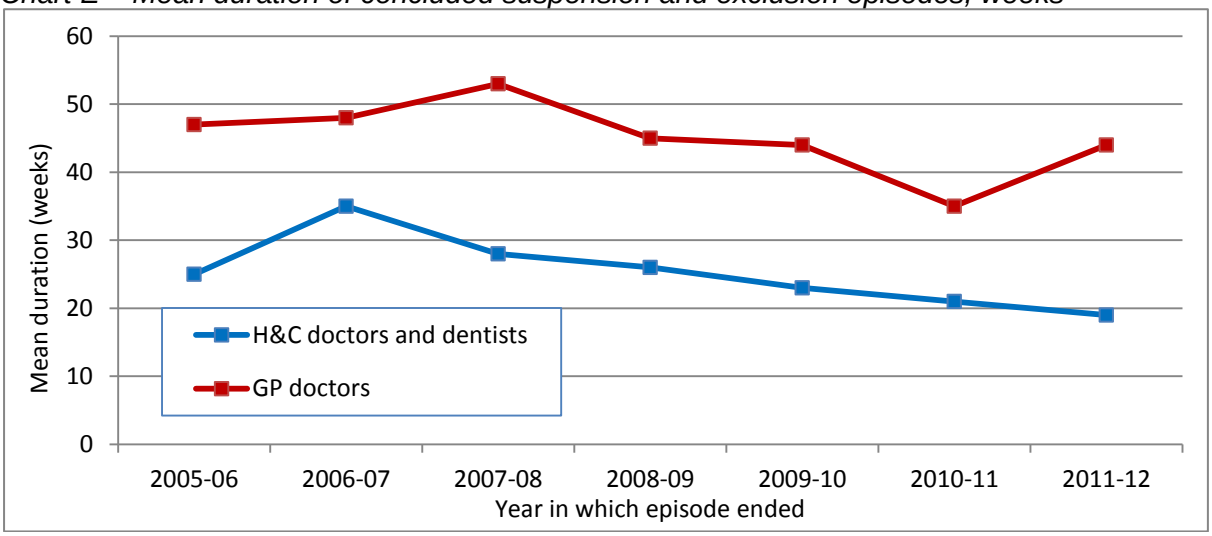
Duration

10. Table 3 shows the mean duration of suspensions and exclusions according to the year in which episodes were brought to a close. Exclusions ending in 2011/12 averaged 19 weeks, continuing a downward trend, but GP doctor suspensions averaged 44 weeks, higher than in the previous year. Chart E shows the same information. Whether the upturn in average GP suspension duration is a blip or a change of trend is uncertain at the moment.

Table 3 – Duration of concluded episodes, England, 2005/06-2010/11 numbers

Year to March	GP doctors		H&C doctors and dentists		GP dentists	
	Mean (weeks)	Base	Mean (weeks)	Base	Mean (weeks)	Base
2006	47	36	25	84		3
2007	48	63	35	81		3
2008	53	66	28	102		6
2009	45	66	26	120	39	17
2010	44	81	23	133	19	21
2011	35	90	21	141	39	15
2012	44	54	19	130	41	9

Chart E – Mean duration of concluded suspension and exclusion episodes, weeks

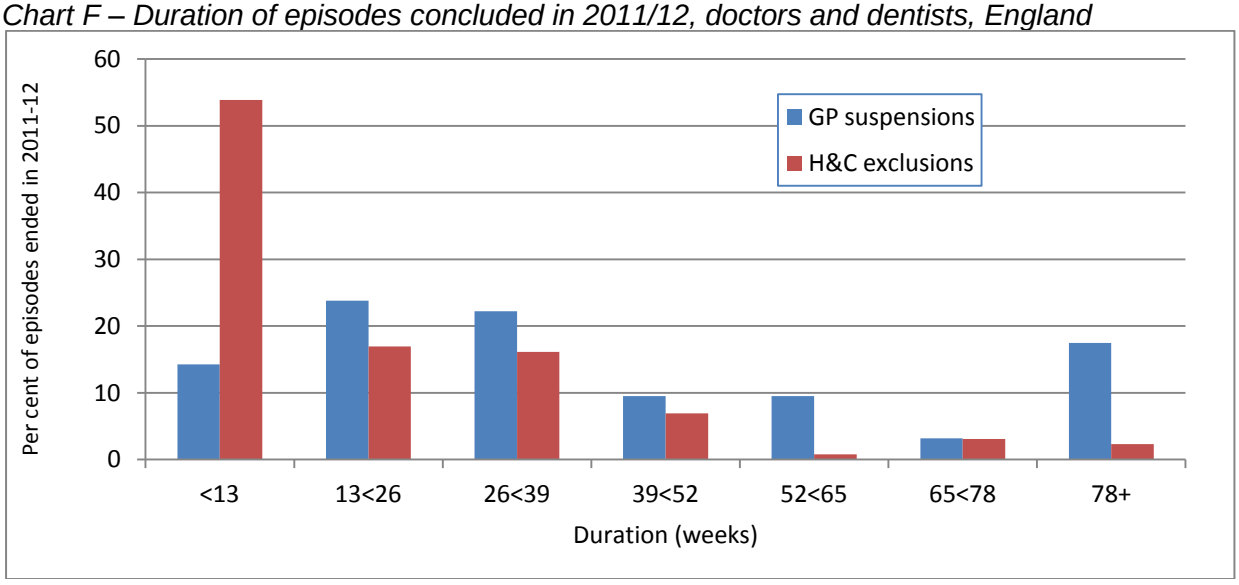


11. Table 4 shows how durations were distributed in 13 week (quarter) bands. For H&C exclusion episodes, half or more last less than 13 weeks, and the proportion lasting a year or more fell from 12% to 6% in 2011/12. For GP suspensions, the proportion of episodes lasting a year or more rose from 18% to 29%, though episodes under 13 weeks were at about the same level as in previous years. Chart F shows 2011/12 distributions to illustrate the more skewed H&C distribution and the larger proportion of long GP suspensions.

Table 4 – Duration distribution, episodes ended 2005/06-2011/12, England numbers

Episodes ending in year ended 31 March	Episodes by duration (weeks) <13	13<26	26<39	39<52	52<65	65<78	78+	All	Base
Per cent of concluded GP suspension episodes, doctors and dentists									
2009	*14*	*19*	*24*	*11*	*8*	*7*	*16*	*100*	83
2010	*16*	*30*	*25*	*11*	*5*	*4*	*9*	*100*	102
2011	*19*	*30*	*22*	*10*	*6*	*0*	*12*	*100*	105
2012 prov	*15*	*24*	*23*	*10*	*10*	*3*	*17*	*100*	63
Per cent of concluded H&C exclusion episodes, doctors and dentists									
2009	*48*	*22*	*9*	*6*	*3*	*5*	*8*	*100*	120
2010	*54*	*20*	*8*	*8*	*2*	*4*	*5*	*100*	133
2011	*55*	*20*	*8*	*5*	*4*	*4*	*4*	*100*	141
2012 prov	*54*	*17*	*16*	*7*	*1*	*3*	*2*	*100*	130

Chart F – Duration of episodes concluded in 2011/12, doctors and dentists, England



12. Since 2010 we have used estimates of the amount of working time lost as a result of exclusion and suspension from work to suggest that the NHS has been making cost savings through better management of these measures. In the H&C sector this is still happening, given the latest information on new exclusions and the duration of recently-closed episodes. For GP suspensions, cost in lost working time is also falling but to an extent which may indicate temporary underuse during a period of service reorganisation. Having said that, working weeks lost through GP suspension are approximately equal to weeks lost through exclusion in the H&C sector, despite the large difference in workforce size. Table 5 is showing the total weeks lost in the episodes averaged in table 3. The episodes concluded in 2011/12 are equivalent to a loss of more than 100 practitioner years.

Table 5 – Total duration of episodes ending in 2008/09-2011/12, weeks

Episodes ending in	GP doctor suspensions	H&C doctor and dentist exclusions	GP dentist suspensions	All suspensions and exclusions
2008/09	2984	3133	663	6779
2009/10	3545	3065	408	7017
2010/11	3153	2915	588	6655
2011/12 provisional	2394	2474	368	5236

13. Note that table 5 is describing episodes ending in each year, with some episodes stretching back into one or more earlier years. We might alternatively have calculated in-year measures which apportion duration between the years when each episode was current. We used this method in reports for 2009/10 and 2010/11 because a 'tail' of protracted cases was concealing a shift towards more efficient current use of suspension and exclusion. The measurements used in this report are simpler and show more directly the links between episode numbers, average durations, duration and (in the next section) cause. But we will continue to examine the methods used to be sure that they are describing what is happening as clearly as possible.

Causes and outcomes

14. We classify episodes as involving capability/efficiency, conduct/suitability, a critical incident or health issues, using these terms for both GP suspensions and H&C exclusions. Only one concern is attributed to each episode. For exclusions, about two in three new episodes arise because of conduct concerns, with 2011/12 looking much like earlier years. Amongst GP suspensions, fewer concerns are about 'suitability' and 'efficiency' concerns are more common but, again, 2011/12 shows a pattern similar to earlier years.

Table 6 – New episodes by main cause, 2008/09-2010/11, England

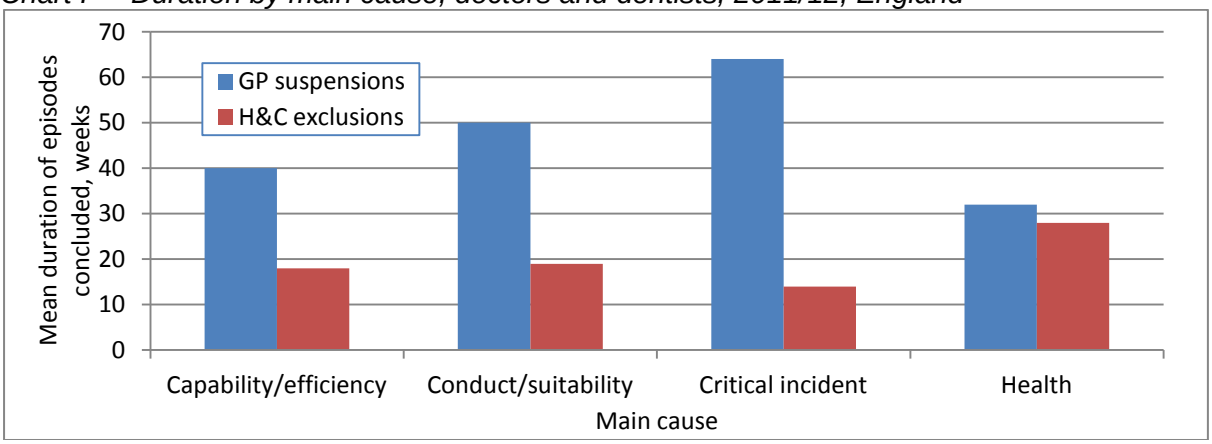
Episode starting in	Capability-efficiency	Conduct-suitability	Critical incident	Health	All	Base
Per cent of new GP suspension episodes, doctors and dentists						
2008/09	*36*	*46*	*8*	*9*	*100*	85
2009/10	*46*	*39*	*4*	*10*	*100*	99
2010/11	*40*	*48*	*5*	*7*	*100*	96
2011/12 prov	*38*	*42*	*0*	*21*	*100*	53
Per cent of new H&C exclusion episodes, doctors and dentists						
2008/09	*17*	*64*	*11*	*8*	*100*	116
2009/10	*18*	*66*	*7*	*8*	*100*	142
2010/11	*18*	*68*	*4*	*9*	*100*	138
2011/12 prov	*24*	*65*	*3*	*8*	*100*	130

15. Duration will depend on many factors, not all within the NHS's control. Cases can be especially protracted when regulator processes are involved and practitioners are defending themselves against serious sanction. In health and critical incident cases, numbers are small and duration can fluctuate a lot from year to year. But it is noticeable that average duration is usually longer for suspension cases than exclusion cases – table 7. Chart F shows average duration by cause and sector for the 193 episodes concluded in 2011/12.

Table 7 – Duration by main cause, episodes concluded 2008/09-2011/12, England

Episode concluded year ended 31 March	Capability-efficiency	Conduct-suitability	Critical incident	Health	All	Base
Average duration of GP suspension episodes, weeks, doctors and dentists						
2009	*45*	*45*	*21*	*46*	*44*	83
2010	*25*	*54*	*42*	*27*	*39*	102
2011	*32*	*34*	*58*	*34*	*36*	105
2012	*40*	*50*	*64*	*32*	*44*	63
Average duration of H&C exclusion episodes, weeks, doctors and dentists						
2009	*26*	*30*	*17*	*4*	*26*	120
2010	*40*	*21*	*14*	*15*	*23*	133
2011	*34*	*18*	*8*	*16*	*21*	141
2012	*18*	*19*	*14*	*28*	*19*	130

Chart F – Duration by main cause, doctors and dentists, 2011/12, England



16. If working weeks lost through episodes concluded in 2011/12 (table 5) are broken down by cause the proportion of time lost due to conduct/suitability is higher for exclusions than suspensions. This time distribution is not very different from the episode distribution seen in table 6:

	GP suspensions	*H&C exclusions*
Capability/efficiency	39% of time lost	21% of time lost
Conduct/suitability	48	67
Critical incident	5	3
Health of practitioner	8	9

17. Finally, table 8 shows the outcomes of suspension and exclusion episodes concluded in 2010/11 and 2011/12, where this is known. In the H&C sector just over half of excluded practitioners returned to work with the same organisation, but more often with restrictions than without. One practitioner in ten resigned and one in six was dismissed. In the GP sector, list removal was more common than dismissal in the H&C sector and it was less likely that the practitioner returned to work with the same organisation. Table 8 underlines the seriousness of these measures and the need to use them efficiently, therefore.

Table 8 – Outcomes, episodes concluded in 2010/11-2011/12,doctors and dentists, England

Outcome		Concluded GP episodes		Concluded H&C episodes		*Per cent of GP episodes*		*Per cent of H&C episodes*	
		2010/11	2011/12 prov	2010/11	2011/12 prov	*2010/11*	*2011/12 prov*	*2010/11*	*2011/12 prov*
Continued work with same organisation	Unrestricted return	14	9	34	32	*13*	*14*	*24*	*25*
	Return with restrictions	26	17	45	38	*25*	*27*	*32*	*29*
Work with organisation ended	Resignation	2	1	13	14	*2*	*2*	*9*	*11*
	Contract ended			10	5			*7*	*4*
	Termination/ list removal	43	21	21	24	*41*	*33*	*15*	*18*
	Regulator action	2	1		1	*2*	*2*		*1*
	Retirement	2	2	5	1	*2*	*3*	*4*	*1*
	Other	16	12	13	15	*15*	*19*	*9*	*12*
Base		105	63	141	130	*100*	*100*	*100*	*100*

[i] See www.ncas.nhs.uk/publications/

[ii] See www.ncas.nhs.uk/about-us/ncas-is-changing

[iii] National Health Service, England – The National Institute for Health and Clinical Excellence (Amendment) Directions 2012, 3 (3)(p)