

New suspension procedures aim to cut NHS disciplinary bill

Zosia Kmietowicz *London*

Disciplinary procedures for NHS doctors and dentists are being speeded up in a bid to cut the multimillion pound salary bill for suspended staff.

Under new rules that come into effect on 1 June, cases of suspension from NHS posts in England will have to be resolved in 13 weeks—19 weeks less than the present target time of 32 weeks. In addition, the right of consultants on the verge of being sacked to appeal to the health secretary will be abolished.

Allowing consultants to make an extra appeal to the health secretary has meant that many cases in the past have taken a further eight months to be resolved.

Delaying disciplinary cases this way costs £40m (\$76m; €58m) a year, according to a Public Accounts Committee report published last year (*BMJ* 2004;329:1204, 20 Nov).

Under the new framework,

which has been agreed with the British Medical Association, the distinction between personal and professional misconduct will no longer be made. As a consequence NHS doctors and dentists will be disciplined under the same rules as other NHS staff.

The framework also introduces a period of assessment of doctors against whom complaints of misconduct are made. During this period NHS trusts can make use of the services of the National Clinical Assessment Authority, which was set up in 2001 to support trusts faced with concerns over employees' performance. Doctors will go before a panel set up to hear capability cases only if they refuse the measures suggested by the authority or the measures fail.

Commenting on the new rules, Dr Alan Russell, deputy chairman of the BMA's consultants committee, said: "We think the new process offers hospital doctors, employers, and patients a fair deal. We have tried to strike a balance between the need to ensure that concerns are dealt with quickly and making sure that doctors get a fair hearing. Having an independent medical member on the panel for both professional conduct and capability hearings, and an independent majority on appeals panels, will help to ensure that happens." □



Surgeon paints the fire that scarred his patients

An exhibition of work inspired by a career in plastic and reconstructive surgery opens in London next week. Retired plastic surgeon Brian Morgan, who studied briefly at St Martin's School of Art before bowing to family pressure and going into medicine, worked for many years as a consultant at University College Hospital and Mount Vernon Hospital, London.

He was a member of the team that treated victims of the King's Cross fire in 1987, working ceaselessly with colleagues for 48 hours during and after the fire and then embarking on years of reconstruction and repair.

His painting of the fire (above) is based on pictures taken in the immediate aftermath of the tragedy and on survivors' descriptions. "One policeman gave me such a graphic account I felt I wanted to paint it," he said.

His paintings also include landscapes, as well as medical subjects such as melanomas and breast implants.

Tim Bullamore *London*

The exhibition runs for a week from 28 February at the Sheridan Russell Gallery, 16 Crawford Street, London W1 (tel 020 7935 0250).

Misdiagnosis raises questions about extent of avian flu epidemic

Jane Parry *Hong Kong*

The illness of a Vietnamese boy who died from the H5N1 strain of avian influenza last year was not correctly diagnosed at the time because he had not developed the severe respiratory symptoms normally associated with the disease.

That the actual cause of his death was not identified at the time suggests that the prevalence of avian flu in South East Asia was underestimated, experts from the World Health Organization say.

The 4 year old boy was admitted to hospital on 12 February 2004 with severe

diarrhoea. An x ray film of his chest was normal. Three days later he became drowsy and developed respiratory symptoms, then lapsed into a coma. He died on 17 February from encephalitis of unknown origin.

However, according to findings published last week in the *New England Journal of Medicine* (2005;352:686-91), specimens of the boy's cerebrospinal fluid, faeces, and blood all subsequently tested positive for H5N1. The boy's 9 year old sister had died from a similar illness two weeks earlier, but no samples were available for testing. Neither child had respiratory symptoms when they were admitted to hospital.

"Encephalitis is endemic in Vietnam. How many of those cases are masking bird flu? We take this very seriously," said Peter Cordingley, WHO's spokesman in Manila. "In the countryside, cases may not even reach the hospital. We don't know how widespread the avian

flu virus is. We don't think we will revise our case definitions, but it will change the way we look for the disease," he added.

Neither of the children had been in contact with sick chickens. The family kept fighting cocks, which were asymptomatic but culled anyway. Ducks in the area, which were also asymptomatic, could have been the cause of the infections.

"The threat from ducks is a real concern, because ducks are more likely to have asymptomatic infection," said Professor Paul Chan of the Department of Microbiology at the Chinese University of Hong Kong. "Usually water birds adapt more easily than land based birds to new variants of influenza, so ducks can be asymptomatic yet shed a large amount of infectious material. Surveillance for H5N1 bird flu relies on seeking out sick birds, so to some extent the threat from ducks may have been overlooked." □

WHO has sent in experts at the request of the Vietnamese government. Laboratory technicians were sent to Ho Chi Minh City and Hanoi, and Dr Rick Brown, a British specialist in public health, is currently in Vietnam working on surveillance and epidemiology.

The UN Food and Agriculture Organization and the World Organization for Animal Health jointly hosted a meeting this week, in collaboration with WHO and the Vietnamese government, in Ho Chi Minh City. The meeting brought together chief veterinary officers, expert scientists, and representatives of the UN and donor organisations to discuss the current H5N1 avian flu situation in Asia. The meeting was part of a response to the Vietnamese government's request for help from the UN in formulating a long term strategy to eliminate the virus in poultry and in coordinating international aid. □