

## Independent Inquiry into Mr Aidan O'Brien

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### WITNESS STATEMENT OF COLIN FITZPATRICK

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I, **COLIN FITZPATRICK**, will say as follows:-

1. I am a general medical practitioner. I qualified as a GP in 1992 and have practiced, mostly part time, since then. I have also worked in medical management since 1995, first as a medical adviser in the Eastern Health and Social Services Board and then in the South Eastern Health and Social Care Trust where I was Clinical Director of Primary Care until early 2021.
2. I joined the National Clinical Advice Authority (NCAA) as an adviser in 2004.
3. I have worked for NCAA/NCAS/the Practitioner Performance Advice Service as a part time senior adviser responsible primarily for the service in Northern Ireland.
4. I will be on a sabbatical from the Advice Service from February 2021 and am not expected to return until February 2022.
5. I make this statement in order to provide a summary of my involvement on behalf of NCAS/the Advice Service with the Southern HSC Trust regarding the management of Dr Aidan O'Brien, a Consultant Urologist. The statement has been prepared with reference to the case file and my own memory of events.

#### NCAS/The Advice Service

6. The Practitioner Performance Advice (formerly NCAA, then NCAS) was established in 2001 and is now a service delivered by NHS Resolution under the common purpose, to provide expertise to the NHS on resolving concerns fairly, share learning for improvement and preserve resources for patient care. It considers concerns about the performance of doctors, dentists and pharmacists. It became part of NHSLA in 2014 and in 2017 NHSLA became NHS Resolution. NHS Resolution is an arm's length body of the Department of Health and Social Care.

7. The Advice Service provides a range of core services to NHS organisations and other bodies in England, Wales and Northern Ireland such as advice, assessment and intervention, training courses and other expert services.
8. The Advice Service is an independent advisory body. It does not have any statutory powers and as a result is unable to require any party to follow its advice or co-operate with its assessment functions. In respect of its advisory functions, all of the assistance that we provide is based upon information received from NHS bodies and other parties, such as the practitioner concerned.
9. As a result, the NCAS/The Advice Service is dependent on NHS bodies providing all of the relevant information about a case. We cannot and do not adjudicate upon any concerns about the resolution of performance concerns and decisions in relation to the ongoing employment or contractual status of a practitioner are matters for the NHS body to determine, although we are able to advise on the appropriate procedures which must be followed.
10. The role of an advisor is primarily to support NHS bodies in dealing with concerns about the performance of individual practitioners. The support is usually undertaken by an advisor discussing the relevant concern with an NHS body and then providing advice. In the first instance this process is usually undertaken by telephone. Any substantive discussion or advice is then summarised and confirmed in a letter from us to the NHS body or practitioner. Notes made during telephone calls are not retained once the letter has been prepared and sent. This is because the letter represents the agreed outcome of the call. It is possible that in a lengthy telephone call some additional matters may have been discussed but all relevant information is captured in the letter.
11. In advising NHS bodies on how they should deal with concerns about performance of individual practitioner, reference is made to the procedures set out in Maintaining High Professional Standards in the Modern NHS (MHPS). This document sets out the procedures for handling concerns about practitioners including those relating to conduct capability and health also contains specific guidance on how NHS bodies should investigate concerns and procedures they should follow when considering the exclusion of a practitioner.

#### **The role and involvement of NCAS/the Advice Service**

12. The first contact from Southern HSC Trust to NCAS was on 7 September 2016 when Dr Simon Gibson (Assistant Director) for the Southern Health and Social Care Trust contacted the service with concerns about a Consultant in Urology. The attendance note of that call records that there were *"concerns surrounding clinical practice and administration thereof. The RB is considering whether an external*

*evaluation of the doctor's practice may be beneficial. There is reportedly a massive urology backlog; practitioner allegedly not triaging letters and potential late referrals to other departments."* I now produce the note of this call as **CF1**.

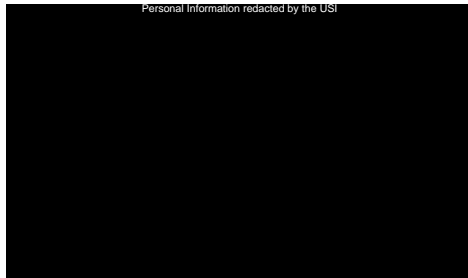
13. I telephoned Mr Gibson as a result of his contact. A summary of my discussions with Mr Gibson on 7 September 2016 appears in my advice letter dated 13 September 2016, which I now produce as **CF2**. I noted the concerns about an uncleared backlog of work and that it was taking this consultant up to 18 weeks to triage a referral, when the standard required was 2 days. I was also told: that the consultant often took patient charts home and did not return them promptly; note-keeping was poor; and on occasion there were no records of consultations. Mr Gibson told me that he was not aware of actual patient harm but there were anecdotal reports of delayed referrals to oncology.
14. I suggested that in relation to the removal of charts from hospital premises, given that this was a breach of the Trust policy and something he had already been warned about, the Trust could take disciplinary action or they might ask that he comply immediately with the policy. I suggested a possible audit of notes, or a notes review by NCAS. I indicated that a meeting with the doctor might be useful to agree a way forward (and I offered to attend this) and I raised the possibility of the Trust relieving him of theatre duties and providing support to allow him time to clear his backlog. I left the Trust to decide how best to proceed.
15. There was then some administrative correspondence between NCAS and Mr Gibson to ensure we had the practitioner details for our records. The next contact was on 28 December 2016 and this was dealt with by my colleague Grainne Lynn as I only work part-time for the Advice Service. She spoke with Dr Wright (the Medical Director) and provided an advice letter afterwards.
16. The case was left with Grainne Lynn who followed up with the Trust for an update but heard nothing and closed our file in August 2017.
17. I understand there was fresh contact from a new Medical Director, Dr Khan in September 2018 which resulted in further correspondence and the suggestion that an Action plan might be prepared. At this time the case was handled by Grainne Lynn.
18. Dr O'Brien himself contacted the Advice Service in October 2018.
19. There was follow up with the Trust in January, February and again in June 2019. As we had not received a reply our file was closed in September 2019.

20. The matter was reopened in 2020 and this was when I became involved again. On 7 July 2020 the PA to the new Medical Director, Dr Maria O'Kane contacted the Advice Service to request a call, which I was able to arrange that afternoon.
21. A summary of my discussions with Dr O'Kane on 7 July 2020 appears in my advice letter dated 9 July 2020, which I now produce as **CF3**. Since taking over as medical director Dr O'Kane had reviewed Dr O'Brien's case and become concerned at his apparent lack of insight and had referred these concerns to the GMC.
22. In the meantime Dr O'Brien had commenced a grievance action against the Trust.
23. The Assistant Medical Director had examined a number of patient records and found some matters of concern. The Trust had now reviewed over 300 records of elective and emergency patients treated by this doctor and identified matters of concern in 46% of the records reviewed. There had also been two SAls reported involving delays in the treatment of cancer patients.
24. Dr O'Kane was minded to commission a further investigation in respect of cancer patients. I explained that this would sit within MHPS as part of "preliminary enquiries", and what ought to happen if the concerns were substantiated.
25. I set out the patient safety considerations that Dr O'Kane and I had discussed, including my suggestion that he be instructed to voluntarily refrain from seeing private patients which Dr O'Kane believed he had previously done at home. Given the scale of the concerns, I also suggested the Trust alert the Department of Health, and encouraged Dr O'Kane to share the letter with Dr O'Brien.
26. I subsequently had a call from Dr O'Kane on 10 July 2020 which I summarised in an email, which I produce as **CF4**, to clarify some of the points we had discussed.
27. Dr O'Brien then made a brief call to Grainne Lynn on 15 July, and he and I spoke at greater length, with his wife on the call, on 16 July 2020 after which I produced an letter dated 27 July 2020 which I produce as **CF5**. I was concerned at that stage that he should seek further support from the MPS or BMA.
28. I had a further call from Dr O'Kane on 29 October 2020 after which I produced an advice letter dated 2 November, which I produce as **CF6**. I noted that Dr O'Brien had now retired and matters had been referred to the GMC who, given his retirement, were better placed to manage him. I noted that the matter had by then, featured in the press and the health minister had issue a statement to the Northern Irish Assembly. We agreed that the Advice Service could close its file.

**Statement of Truth**

I believe the facts stated in this witness statement are true

Signed



Dated 22 March 2021

**Chloe Williams**

**From:** CST-C  
**Sent:** 07 September 2016 10:57  
**To:** Colin Fitzpatrick  
**Cc:** CST-C  
**Subject:** 18665 - new SHSCT case: Call-back details as discussed

**Importance:** High  
**Sensitivity:** Confidential

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** Jill, NEW CASES/CALL BACKS

Dear Colin

Please see below the advice brief for the above mentioned case. Please can you place a call as per the details below:

Referrer name	Dr Simon Gibson, Southern Health and Social Care Trust
Referrer contact number	Personal Information redacted by the USI
Referrer e-mail address	Personal Information redacted by the USI
Call arranged by	Jill Devenney
Call back date requested	Wednesday 7 September 2016
Call back time requested	Available anytime today
Summary of concerns	Concerns about a Consultant in Urology. There are concerns surrounding clinical practice and administration thereof. The RB is considering whether an external evaluation of the doctor's practice may be beneficial. There is reportedly a massive urology backlog; practitioner allegedly not triaging letters and potential late referrals to other departments.
Other notes or comments	Only skeleton details have been provided thus far. It would be helpful during the call-back if you could confirm the Practitioner's name and GMC number. I can then liaise with Dr Gibson to secure other key data in due course (if deemed appropriate following call).

I have assigned you to the case so you should be able to see everything on EKS.

Many thanks for picking up this call-back for me today.

BW

Jill

**Jill Devenney | Case Officer, Unit C**  
**National Clinical Assessment Service (NCAS)**

**Tel:** Personal Information redacted by USI

Email: Irrelevant information redacted by the  
USI  
[www.ncas.nhs.uk](http://www.ncas.nhs.uk)

NCAS is an operating division of the NHS Litigation Authority

NCAS  
NI office  
HSC Leadership Centre  
The Beeches  
12 Hampton Manor Drive  
Belfast  
Co Antrim  
BT7 3EN

Tel: Personal Information redacted by the USI

[www.ncas.nhs.uk](http://www.ncas.nhs.uk)  
Personal Information redacted by the USI

13 September 2016

**PRIVATE AND CONFIDENTIAL**  
***Sent by email only***

Mr Simon Gibson  
Assistant Director  
Southern Health and Social Care Trust  
Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
Craigavon  
BT63 5QQ

**NCAS ref: 18665 (Please quote in all correspondence)**

Dear Mr Gibson

I am writing following our telephone discussion on 7 September. Please let me know if I have misunderstood anything as it may affect my advice.

You called to discuss a consultant urologist who has been in post for a number of years. You described a number of problems. He has a backlog of about 700 review patients. This is different to his consultant colleagues who have largely managed to clear their backlog.

You said that he is very slow to triage referrals. It can take him up to 18 weeks to triage a referral, whereas the standard required is less than two days.

You told me that he often takes patient charts home and does not return them promptly. This often leads to patients arriving for outpatient appointments with no records available.

You told me that his note-taking has been reported as very poor, and on occasions there are no records of consultations.

To date you are not aware of any actual patient harm from this behaviour, but there are anecdotal reports of delayed referral to oncology.

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*Please ensure that any information provided to NCAS which contains personal data of any type  
is sent to us through appropriately secure means.*





The doctor has been spoken to on a number of occasions about this behaviour, but unfortunately no records were kept of these discussions. He was written to in March of this year seeking an action plan to remedy these deficiencies, but to date there has been no obvious improvement.

We discussed possible options open to you. The Trust has a policy on removing charts from the premises and it would appear that this doctor is in breach of this policy. This could lead to disciplinary action. He was warned about this behaviour in the letter sent to him in March so it would be open to you to take immediate disciplinary action; however, I would suggest that he is asked to comply immediately with the policy.

With regard to the poor note-taking it would be useful to conduct an audit. If there is evidence of a substantial number of consultations for either inpatients or outpatients with no record in the notes, this is a serious matter which may merit disciplinary action and possible referral to the GMC. If, after the audit, it appears that the concern is more about the quality of the notes rather than whether there are any notes at all, a notes review by NCAS may be appropriate. If you wish us to consider that, please get back to me.

The problems with the review patients and the triage could best be addressed by meeting with the doctor and agreeing a way forward. We discussed the possibility of relieving him of theatre duties in order to allow him the time to clear this backlog. Such a significant backlog will be difficult to clear, and he will require significant support. I would be happy to attend such a meeting, if this was considered helpful.

**Relevant regulations/guidance:**

- Local procedures;
- General Medical Council Guide to Good Medical Practice;
- Maintaining High Professional Standards in the Modern HPSS (MHPS).

**Review date:**

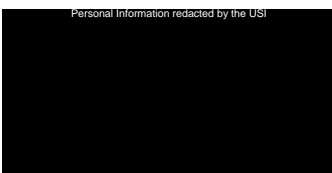
7 October 2016.

As it seems likely that further NCAS input will be required, we will keep this case file open and review the situation in about one month. If you require further advice in the meantime, please do not hesitate to contact me.

If you have any further issues to discuss, or any difficulties with these arrangements, please contact the Northern Ireland office on the direct line above.

I hope the process has been helpful to you.

Yours sincerely



Dr Colin Fitzpatrick  
**NCAS Senior Adviser**

cc: Jill Devenney, Case Officer (N I)



*Please ensure that any information provided to NCAS which contains personal data of any type is sent to us through appropriately secure means.*

**Practitioner Performance Advice (formerly NCAS)**

2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

[www.resolution.nhs.uk](http://www.resolution.nhs.uk)

Irrelevant information redacted by the USI

**9 July 2020**

**PRIVATE AND CONFIDENTIAL**

Dr Maria O'Kane  
Medical Director  
Southern Health and Social Care Trust  
Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
BT63 5QQ

**Ref: 18665 (Please quote in all correspondence)**

Dear Dr O'Kane,

Further to our telephone conversation of 7 July 2020, I am writing to summarise the issues and action-points we discussed for both of our records. My advice is based upon the information that you shared with me. Please let me know if you feel I have misunderstood the position in any way. Please note that our service is advisory only and responsibility for any management decision rests with employers.

We discussed a consultant in urology where previously we had discussed serious concerns from 2016 onwards which in summary appear to have been related to slowness in triaging patients, poor record keeping, information governance matters, patient case handling and private practice issues as set out in earlier correspondence. At the time the Trust were proposing to convene a disciplinary hearing but this appeared to have stalled pending a grievance raised by the practitioner and with no further update the case was closed in February this year. Since taking over as medical director you had reviewed his case and become concerned at his apparent lack of insight. In particular you were concerned about the interface of his health service and private practice. You had referred these concerns to the GMC.

The doctor has taken further grievance action against the trust. He had recently emailed his AMD complaining about difficulties in booking patients. Following this the AMD

examined a number of patient records and found some matters of concern. The trust has now reviewed over 300 records of elective and emergency patients treated by this doctor and identified matters of concern in 46% of the records reviewed. The concerns included scan results which had not been acted on in a timely manner. You quoted timescales ranging from 2 to 41 weeks. There have also been two SAls reported by the MDM involving delays in the treatment of cancer patients. The trust has a system of MDM trackers and it appears that this system has somehow been bypassed.

You have conducted a preliminary enquiry with regard to elective and emergency patients and found matters of concern. You are now minded to conduct a similar exercise in respect of cancer patients and will commission this. This sits within MHPS as preliminary enquiries as defined in MHPS section I, paragraph 15. If the concerns are substantiated you may need to follow the guidance in section I, paragraph 28 – 30.

In the meantime it is important to ensure patient safety and if the concerns were substantiated they would pose a significant risk to patient safety. The doctor is not currently seeing patients because of COVID-19 precautions. I therefore suggest that he is told that he must contact you before returning to treating patients with a view to determining whether restrictions should be put in place. You were concerned about his private patients and I suggested that he be instructed to voluntarily refrain from seeing private patients which you believe he has previously done at home. If it appears that he may leave your employment before these processes are complete, I suggest that you discuss the matter with the GMC ELA as the GMC are the only organisation who will have jurisdiction once he leaves your employment. Equally if he is reluctant to stop seeing private patients, you should inform the ELA.

If the patient numbers indicated by your initial survey of 300 cases are supported by further investigation, this has the potential to cause significant public concern. I therefore suggest that you alert the Department of Health.

It should be noted that we encourage transparency in the management of concerns relating to the performance of individual medical practitioners, and advise that they be informed of contact with us, and of their right to discuss their situation directly and in confidence with an adviser, should they so wish. Please also share this letter with the doctor, unless you think it inappropriate to do so.

The doctor should be encouraged to seek support at what is likely to be a very difficult time from the BMA, his medical defence organisation or your occupational health service. If your organisation has a staff counselling service, the doctor should be advised of this.

**Relevant regulations/guidance:**

- Local procedures
- General Medical Council Guide to Good Medical Practice
- Maintaining High Professional Standards in the Modern HPSS (MHPS)

**Review date:**

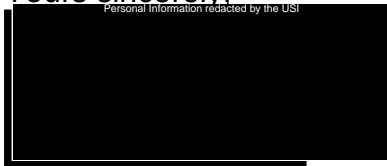
7 August 2020

We can review this case in August or earlier if you request.

If you have any further issues to discuss, or any difficulty with these arrangements, please contact Case Support on the line above.

I hope the process so far has been helpful to you.

Yours sincerely,



**Dr Colin Fitzpatrick**  
**Case Adviser**  
**Practitioner Performance Advice**

**Chloe Williams**

---

**From:** Colin Fitzpatrick  
**Sent:** 12 July 2020 20:32  
**To:** OKane, Maria; CST-A; "\ maria.okane@  
**Cc:** Toal, Vivienne  
**Subject:** RE: Confidential: Personal – Case 18665

**Categories:** Uploads with no action

Maria,

Thank you for this further clarification. We will note this on the file, but it does not change my original advice.

Colin

**Dr Colin Fitzpatrick FRCGP, FRACGP**  
**Senior Advisor (Northern Ireland)**  
**Practitioner Performance Advice Service (formerly NCAS)**

Mobile telephone number: Personal Information redacted by the USI

### NHS Resolution

EMAIL: Personal Information redacted by the USI

*We have reviewed our assessment services to ensure that we continue to provide an effective service. If you would like to know more about our services, including the changes to our assessments, then please visit [Advice](#) or [Assessment](#) or contact us on 020 7811 2600 or [advice@resolution.nhs.uk](mailto:advice@resolution.nhs.uk)*

**Save Lives - Clean Your Hands**  
 Hand hygiene (wash/rub) is the simplest and most effective way of preventing infections.




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**From:** OKane, Maria  
**Sent:** 11 July 2020 09:20  
**To:** Colin Fitzpatrick ; CST-A ; "\ maria.okane@  
**Cc:** Toal, Vivienne  
**Subject:** \*\* Hyperlinks Disabled \*\* RE: Confidential: Personal – Case 18665

Dear Colin, thank you for your response.

For further accuracy the 2 Incidents noted by the MDM have been submitted for screening to ascertain if they meet the threshold for SAI. I have highlighted in the original letter attached. Many thanks Maria

**From:** [colin.fitzpatrick](mailto:colin.fitzpatrick@nhs.uk) Personal Information redacted by the USI Personal Information redacted by the USI  
**Sent:** 10 July 2020 21:10  
**To:** CST-A Irrelevant information redacted by the USI >; "[maria.okane](mailto:maria.okane@nhs.uk)" Personal Information redacted by the USI "[maria.okane](mailto:maria.okane@nhs.uk)" Personal Information redacted by the USI <[maria.okane](mailto:maria.okane@nhs.uk)>  
**Subject:** RE: Confidential: Personal – Case 18665

Maria,

Thank you for your telephone call earlier today. You called to correct some matters which I appear to have misunderstood from our previous telephone call.

You pointed out that the grievance process quoted in my letter is not complete and the outcome is therefore not known.

You pointed out that Dr 18665 had emailed asking that patients could be put on a bookable list. The AMD had noted some discrepancies and investigated further.

You pointed out that the situation regarding the MDM trackers is quite unclear at present.

I would be grateful if you could let me know if I have now established the correct position. I should point out that these corrections do not alter my advice on management of the issues.

Regards,

Colin

**Dr Colin Fitzpatrick FRCGP, FRACGP**  
**Senior Advisor (Northern Ireland)**  
**Practitioner Performance Advice Service (formerly NCAS)**

Mobile telephone number [Personal Information redacted by the USI]

## NHS Resolution

EMAIL: [Personal Information redacted by the USI]

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**From:** CST-A <Irrelevant information redacted by the USI>  
**Sent:** 09 July 2020 15:43  
**To:** [maria.okane](#) <Personal Information redacted by the USI>  
**Cc:** Colin Fitzpatrick <Personal Information redacted by the USI>  
**Subject:** Confidential: Personal – Case 18665

Dear Dr O’Kane,

Please find attached the advice letter following your discussion with Dr Colin Fitzpatrick (Adviser).

Please note that Practitioner Performance Advice does not issue hard copies of advice letters.

Please do not hesitate to contact our office should you have any further queries.

Kind Regards,

Alfred Lear

**Case Administrator**

**Practitioner Performance Advice**

Direct line: Personal Information redacted by the USI / Advice Line: 020 7811 2600

**NHS Resolution**

2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SZ

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Fax: 020 7931 7571

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**27 July 2020**

**PRIVATE AND CONFIDENTIAL**

Dr Aidan O'Brien

Personal information redacted by USI

**Ref: 18665 (Please quote in all correspondence)**

Dear Dr O'Brien,

Thank you for speaking with me on the telephone on 16 July 2020. Your wife also participated in the discussion.

We had a long conversation in which you described the events which have occurred to you in recent years from your perspective. Grainne Lynn has summarised much of the story in her letter but there were a few points which I felt particularly relevant to me. In particular you told me that my initial advice given in September 2016 had not been shared with the decision-making group when they decided how to address issues which were raised at that time. I was disappointed to hear this.

You also pointed out that you had not been re-employed after retirement by the trust because of an ongoing process which had been delayed by the failure to hear your grievance. You pointed out that the human resources department were responsible for both the decision on your re-employment and the management of the grievance and disciplinary process. You told me that you would not have decided to take retirement had you known that you were not to be re-employed.

You and your wife met the very helpful suggestion that our organisation should have an early discussion with practitioners who have been referred to us. Whilst there are some practical difficulties with this I can see that it has benefits. In particular in your case, I suggested that had I spoken to you early in the process, I would probably have advised you to contact the MPS early. That may have been beneficial. I will discuss your suggestion with my colleagues at one of our regular meetings.

Finally I would like to once again emphasise the importance of looking after yourself. These processes can be difficult and upsetting and given that you are considering ceasing clinical practice I feel that you should focus on what you want from life and look forward. I suggested that you may wish to get your solicitor to arrange a meeting with the trust to see if a way forward can be agreed to the satisfaction of yourself and the trust. There are a range of support services available for doctors in such situations and I can recommend the BMA service (0330 123 1245) or the GMC investigation support service (0207 7383 6707).

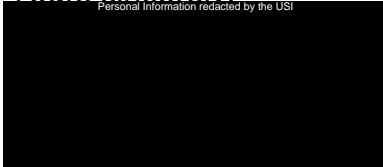
**Relevant regulations/guidance:**

- General Medical Council Guide to Good Medical Practice;
- Maintaining High Professional Standards in the Modern HPSS (MHPS).

Either Grainne or I are happy to have a further discussion should you feel it helpful. Please contact Case Support on the phone line or email address above.

I hope the process has been helpful to you.

Yours sincerely,



Colin Fitzpatrick

**Adviser**

**Practitioner Performance Advice**

**Practitioner Performance Advice (formerly NCAS)**

2nd Floor, 151 Buckingham Palace Road

London

SW1W 9SZ

Advice line: 020 7811 2600

Fax: 020 7931 7571

[www.resolution.nhs.uk](http://www.resolution.nhs.uk)

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**2 November 2020**

**PRIVATE AND CONFIDENTIAL**

Dr Maria O'Kane  
Medical Director  
Southern Health and Social Care Trust  
Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
BT63 5QQ

**Ref: 18665 (Please quote in all correspondence)**

Dear Dr O'Kane,

Further to our discussion of 29 October 2020, I am writing to summarise the issues and action-points we discussed for both of our records. My advice is based upon the information that you shared with me. Please let me know if you feel I have misunderstood the position in any way. Please note that our service is advisory only and responsibility for any management decision rests with employers.

We discussed a consultant urologist who has now retired. Concerns had been expressed about his clinical work and he has been referred to GMC. The trust is conducting an exercise looking back at patients treated by him back to January 2019. Consultant colleagues who have taken over treatment of his patients have expressed concern about management of cases. These concerns include test results which have not been acted on. You have identified a number of adverse incidents. In addition a review has been conducted of his use of medication which has identified 26 cases of concern. There are also concerns about his private practice. He practiced from his own home so all records will be in his possession. We agreed that it would require action by GMC to ask him to release these.

The matter has recently been featured in the press and the health minister has issued a statement to the Assembly.

It should be noted that we encourage transparency in the management of concerns relating to the performance of individual medical practitioners, and advise that they be informed of contact with us, and of their right to discuss their situation directly and in confidence with an adviser, should they so wish. Please also share this letter with the doctor, unless you think it inappropriate to do so.

The doctor should be encouraged to seek support at what is likely to be a very difficult time from the BMA, his medical defence organisation or the GMC helpline.

**Relevant regulations/guidance:**

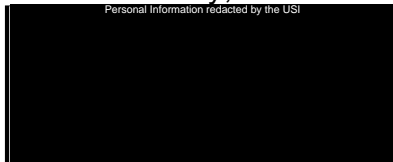
- Local procedures;
- General Medical Council Guide to Good Medical Practice;
- Maintaining High Professional Standards in the Modern HPSS (MHPS).

As the doctor has now retired, you are no longer his RO and he is being directly managed by GMC. An alert letter has been issued. There therefore seems no need for us to keep this file open and we will close it.

If you have any further issues to discuss, or any difficulty with these arrangements, please contact Case Support on the line above.

I hope the process so far has been helpful to you.

Yours sincerely,



Colin Fitzpatrick

**Adviser**

**Practitioner Performance Advice**