Royal College of General Practitioners

Removal of Patients from GPs’ Lists
Revised Guidance for College Members

September 2004
1 INTRODUCTION

Successful communication is the cornerstone of the patient–doctor relationship. GP practice leaflets should outline both the patient removal policy and the circumstances that might lead to its implementation. Patients should always be supplied with a reason for their removal from a practice, except in very exceptional circumstances where to do so could increase the possibility of unacceptable behaviour (e.g. violence or harassment) to the doctor or practice staff. We would also encourage patients who decide to leave a doctor’s list to give the doctor their reasons for doing so.

The removal of a patient from a GP practice list can be an extremely upsetting experience for all concerned. As patients no longer obtain medical care in the community by registering with a specific GP, but register instead with the GP practice, it is to be hoped that the failure of a therapeutic relationship between any particular GP and patient will assume less significance than it might have done in the past. There may be more chance of patient care being continued within the same practice setting, even if the relationship with a single individual has failed. Where a patient’s continued registration with the practice might be detrimental to the primary healthcare team as a whole, GPs retain the right to remove a patient from the practice list.

The GP and the medical practice retain a duty of care to the patient during this procedure. The goal must be to limit the resulting damage to medical care and trust. It is vital that the matter is dealt with sensitively and as sympathetically as possible.

The circumstances leading to the removal of a patient from a GP list are often complex. The following guidance has been prepared by the Patient Partnership Group of the Royal College of General Practitioners, and endorsed by College Council, with a view to minimising the distress to patients and GPs when the patient–doctor relationship irreparably breaks down.

Clauses 192–208 of the new GMS contract for general practice set enforceable (including ethical as well as legal) requirements.

Paragraphs 5, 24 and 25 of the General Medical Council’s booklet Good Medical Practice also provide a note of the requirements of the GMC. Further details are available on the GMC website (http://www.gmc-uk.org/index.htm).
2 EXAMPLES OF SITUATIONS THAT MAY JUSTIFY REMOVAL FROM A GP PRACTICE LIST

Unacceptable behaviour

Unacceptable behaviour from a patient that is directed towards any member of the primary healthcare team (whether on or off practice premises) or towards patients or others on practice premises.

For example:

- physical violence
- any type of verbal or physical abuse, including threats or gestures
- any type of discriminatory abuse
- intentional damage to practice premises
- sexual and racial harassment
- stalking
- inappropriate emotional attachment to the doctor.

Incitement to, or condoning, such behaviour is also seen as unacceptable and may involve the patient, a relative, a household member or pets (such as unchained dogs).

Crime and deception

For example:

- fraudulently obtaining drugs
- deliberately lying to the doctor or other member of the healthcare team (e.g. by giving a false name or false medical history) in order to obtain a service or benefit by deception
- attempting to use the doctor to conceal or aid any criminal activity
- stealing from the practice premises or personnel
- making a complaint, which is subsequently shown to be activated by malice.

Distance

- a patient has moved out of the designated practice area but has failed to de-register with the practice.
3 SITUATIONS THAT DO NOT NORMALLY JUSTIFY REMOVAL FROM A GP PRACTICE LIST

Given the current guidelines from the General Medical Council there are a few circumstances of themselves where removing a patient is not justified.

Clinical matters – patient choice

For example, where a patient:

- chooses a treatment regime of acknowledged validity, although it may be problematic for the practice (e.g. home confinement)
- refuses to participate in locally or nationally agreed screening programmes (e.g. cervical screening)
- refuses to participate, or allow their children to participate, in locally or nationally agreed preventive medicine programmes (e.g. immunisation)
- fails to comply with therapeutic or other health advice.

Critical questioning and/or complaints

For example, where a patient:

- occasionally or persistently questions clinical techniques, safety measures or other practice matters
- makes an informal or formal complaint.

However, it is recognised that, in some cases, complaints and litigation can lead to a breakdown in the doctor–patient relationship and the patient may be advised to change their practice.

Other circumstances

- the patient has an exacting or highly dependant condition or disability
- the patient exhibits high levels of anxiety or ‘demand’ about perceived serious symptoms
- removal is based on any element of discrimination towards the patient.
Occasionally, people may persistently act inconsiderately, their behaviour falling outside that which is normally considered to be reasonable. In such circumstances there may appear to be an irretrievable breakdown in the patient–doctor relationship. However, it is under these conditions that the potential for misunderstanding is at its greatest. Therefore, it is important not to lose sight of the problem and to remember that the circumstances surrounding the apparent breakdown may be perceived differently by the patient and the doctor. The following guidance suggests a process that could be adopted or adapted by practices in order to attempt to restore the relationship, or failing that to facilitate the fair removal of the patient from the practice list. It is recognised that sometimes it may be impossible or impractical to go through all these steps. However, wherever possible, every attempt should be made to do so.

Steps to be taken within the practice

- Inform all appropriate members of the practice about the problem.
- Discuss carefully and confidentially the possible reasons for the patient’s behaviour (e.g. challenging behaviour, cultural differences, mental illness, personality disorder).
- Consider whether any aspect of the running of the practice is contributing to the problem (e.g. an over-stressed GP, a receptionist with poor interpersonal or communication skills, bad surgery design or layout).
- Consider implementing solutions or procedures that may help (e.g. making sure that the patient always sees the same health professional, more thorough training of practice reception staff, the ability to arrange a telephone consultation with a member of the primary healthcare team).
- Audit of the circumstances surrounding problematic situations is recommended.

Steps to be taken with the patient

- Inform the patient that there is a problem and consider arranging a meeting with a suitable member of the practice team to discuss matters. This will usually be a GP, or senior member of the practice management team. (If
it is considered more appropriate to inform the patient by letter, it may be prudent to seek the advice of your defence society before corresponding with the patient.)

- Attempt to explain to the patient the nature of the problem. The use of an appropriately skilled member of the practice to facilitate communication and understanding is likely to be helpful to all parties and may lead to conciliation.
- Try to elicit the patient’s perspective and interpretation of the situation. A previously unsuspected medical problem might be uncovered.
- Be prepared to negotiate with the patient over specific problems (e.g., too frequent requests for home visits may be reduced by a promise of easier telephone consultations with a health professional).

Steps to be taken if discussion fails to resolve the problem

- Suggest that another GP or health professional within the practice might better fit the patient’s needs and expectations. Consideration will need to be given to the patient’s reaction if they have to consult with the same GP in an emergency, inter-practice referral, or out-of-hours situation. This will be influenced by local out-of-hours medical cover and Primary Care Organisation (PCO) arrangements.
- Consider advising the patient about other practices in the area with whom the patient may wish to register.

Steps to be taken in actually removing the patient

- Inform the appropriate PCO in writing of your decision.
- Write to the patient informing him or her of the decision and the reason for removal from the list, in line with clauses 181–189 of the new GMS contract. (It may be prudent to seek the advice of a medical defence organisation before corresponding with the patient.)
- Explain to the patient that he or she will not be left without a GP.
- The patient’s family should not be automatically removed.
- Where violence has been an issue, the PCO has responsibility for ensuring that all patients can receive primary care services, if necessary within a more secure setting.
- Give the patient information on how to begin the process of registering with another practice.
5 CONCLUSION

The relationship between patient and doctor should be therapeutic and beneficial. Nevertheless, there are circumstances where it would normally be considered reasonable to remove a patient from a practice list. Although there may be justification for removal, the practice may still decide to retain the patient.

6 CONTRIBUTORS

This revised guidance has been prepared by members of the RCGP Patient Partnership Group during the chairmanships of Eileen Hutton and Joy Dale; the contributions, in particular, of Dr Keith Donaldson, Mitzi Blennerhassett and Dr Tina Ambury are acknowledged.