

Concerns and Remediation Policy for Medical & Dental Staff	Type: Policy Register No: 09025 Status: Public on Ratification
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Policy to be followed by (target staff)	All non-training grade Medical & Dental Staff (Consultants, SAS grades, Trust Doctors and any other non-training grade posts)
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Related Trust Policies (to be read in conjunction with)	Disciplinary Policy (04029) Appraisal and Revalidation Policy Disability Policy Equality & Diversity Policy

Document Review History

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1.0	Davina Harvey	June 2005
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1.0 Purpose

- 1.1 Mid Essex Hospital Services NHS Trust (MEHT) is responsible for setting measurable, realistic and achievable standards of performance and behaviour for medical and dental staff (practitioners). The Trust has a responsibility to ensure that employees understand what is required of them as part of their role. This includes identifying areas of poor performance and managing these issues in a supportive and consistent manner.
- 1.2 The Responsible Officer Regulations require that the Trust has in place a policy for reskilling, rehabilitation, remediation and targeted support for doctors. In particular, the Regulations outline the following responsibilities:
- 1.3 Ensuring that appropriate measures are taken to address concerns, including but not limited to:
 - Requiring the doctor to undergo training or re-training
 - Offering rehabilitation services
 - Providing opportunities to increase the doctors work experience
 - Addressing any systemic issues within the Designated Body (Trust) which may contribute to concerns identified
- 1.4 Ensuring that any necessary further monitoring of the practitioner's conduct, performance or fitness to practice is carried out.
- 1.5 MEHT will manage concerns following the DoH documents 'Maintaining High Professional Standards in the Modern NHS' and NCAS 'Tackling Concerns Locally', taking account of the Responsible Officer Regulations (2010) and amendments (2013). This policy is based on the NCAS document 'Back on Track' and is in line with the capability and remediation procedures for practitioners covered in these documents.
- 1.6 This policy has been developed in order to support the management of performance of medical and dental practitioners across MEHT. The Trust recognises that success of our service is dependent upon the effectiveness of our employees. Our aim throughout this policy is to resolve situations, which relate specifically to the lack of capability of an employee to perform the work which they are employed to do.
- 1.7 Proper training and supervision are essential to the achievement of satisfactory performance. As such, the Trust will ensure that its employees are supervised and trained adequately in order to fulfil the requirements of their role.

2.0 Scope

- 2.1 This policy applies to all practitioners employed by the Trust, including those on honorary contracts, whether employed on national or Trust terms and conditions of services, irrespective of their place of work. Junior medical staff in recognised training posts will additionally follow the Local Education and Training Boards (Deanery) procedures regarding remediation.
- 2.2 This policy recognises that the Responsible Officer regulations are not applicable to dental practitioners. The principles of managing concerns and remediation outlined in this policy are based on MHPS and NCAS guidance and are applicable to both

medical and dental practitioners. The roles and responsibilities in managing concerns for dental practitioners will follow this policy and when this policy refers to doctors, there is implicit relevance to dentists unless specifically mentioned otherwise.

- 2.3 This Policy provides a clear, formal framework to apply in order to address issues of handling concerns, which arise in relation to an inability to perform to, and sustain the required standard for a post because of a shortfall in competency, skill, knowledge or understanding. This shortfall can be for a wide variety of reasons and should also take into account the Trust's expected standard of behaviours. The Trust Disciplinary Policy (04029) should also be taken into consideration in this regard.

3.0 Definitions

- 3.1 **Remediation** is the process of addressing performance concerns (knowledge, skills, competency, understanding and behaviours) that have been recognised through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to practice safely. This covers all activities that provide assistance, from the simplest advice through to formal mentoring, further training, reskilling and rehabilitation.
- 3.2 **Reskilling** is the process of addressing gaps in knowledge, skills and/or behaviours, where a practitioner is performing below the required standard or as a result of an extended period of absence (usually over six months) so that the doctor has the opportunity to return to safe practice, e.g. following suspension, exclusion, maternity leave, career break or ill health.
- 3.3 **Rehabilitation** is the process of supporting the practitioner who is disadvantaged by chronic ill health or disability and enabling them to access, maintain or return to practice safely.

4.0 Roles and Responsibilities

- 4.1 Once performance concerns are identified support from a range of individuals or external agencies will be necessary. The roles and responsibilities of a range of stakeholders in relation to remediation and revalidation are set out below:
- 4.2 **Chief Executive Officer (CEO) or CEO-Delegate:** has overall responsibility for ensuring that cases are properly managed and for managing exclusion procedures.
- 4.3 **Chief Medical Officer (CMO):** may or may not carry Responsible Officer (RO) responsibilities. If the CMO is not the RO, the CMO will remain independent of the investigation. The CMO will chair the Decision Advisory Group (see below) irrespective of whether or not the CMO is RO and will chair Conduct Panel if not the RO.
- 4.4 **Responsible Officer (RO)** will:
- ensure that every practitioner (for whom they are responsible) has appropriate training and experience for their role
 - ensure that any performance issues are addressed by the designated body, including remediation where appropriate

- manage any conduct or performance procedures and have responsibility for actions arising out of any procedures
- act as the Case Manager in cases involving Consultants and may delegate this role to a senior manager to oversee the case on his or her behalf . The Responsible Officer may delegate authority in cases to the Deputy/ Associate Chief Medical Officers or Clinical / Divisional Clinical Director roles as considered appropriate taking into account the profile and details of a particular case

4.5 **The Decision Advisory Group (DAG):** The DAG will advise the RO on their decision whether to investigate a concern and whether restrictions on practice or exclusion should be made pending the outcome of an investigation. The DAG consists of the CEO or CEO-delegate, CMO or CMO-delegate and Director of Human Resources or delegate. The CMO will remain independent of the investigation unless acting as Case Manager.

4.6 **Designated Board Member**

The Board is responsible for designating one of its non-executive members as a "designated Board member" under these procedures. Responsibilities include:

- Receiving reports, maintaining the momentum of the process and reviewing the continued exclusion from work
- Considering representations from the practitioner about his or her exclusion
- Considering any representations about the investigation

4.7 **Practitioners:** are responsible for ensuring that they are able to demonstrate, through the appraisal process, that they are meeting the described standards and are making use of the measurements generated to identify their development needs. If remediation is necessary practitioners are responsible for demonstrating that the concern, deficit or issue has been resolved.

4.8 **Appraisers:** will be adequately trained and supported to undertake their role. They will follow guidance in the Trust Appraisal and revalidation Policy.

4.9 **Clinical Supervisors:** may be asked to work with a doctor or dentist whose clinical skills or knowledge is giving cause for concern. As part of remediation direct clinical supervision is unlikely to be necessary (it is more suitable following an extended period away from the clinical environment or when deficits have been identified through assessment) but may be occasional or 'professional'. Professional supervision in this context is defined 'as participation in regular and supported time out to reflect on the delivery of professional care to identify areas for further development and to sustain improved practice'.

4.10 **Mentors:** Mentors will be an important element of any remediation programme, providing personal support, challenge and assistance in developing reflective skills. The mentoring relationship is not intended as a line management role. It does not include formal supervision, it is outside the direct reporting line and has no formal input to the appraisal or revalidation process, except to confirm to the appraiser that mentoring has satisfactorily occurred.

- 4.11 **Employers/contractors:** Employers/contractors have a role in providing a supportive environment which allows remediation to take place without putting patients, the public or the doctor at risk.
- 4.12 **Occupational Health Service (OHS):** OHS has a role when the practitioner's health is giving cause for concern. Onward referral to more specialist services may be necessary.
- 4.13 **Royal Colleges and Faculties:** Royal Colleges and Faculties are responsible for setting standards for their specialties and have a direct role if the concerns relate to a clinical service or department. The Colleges will be involved in individual cases to provide advice about standards, courses and supervision.
- 4.14 **Local Education and Training Boards (Deaneries):** their assistance is statutory for trainees only but they may also offer assistance for medical practitioners in:
- Planning remedial clinical training
 - Arranging clinical supervision
 - Arranging a mentor
 - Offering access to supportive interventions such as coaching, counselling, career counselling
- 4.15 **National Clinical Assessment Service (NCAS):** NCAS will provide (through its action planning support service) advice and support in developing remediation, reskilling and rehabilitation programmes, monitoring progress and developing exit strategies. As part of the revalidation process NCAS will provide advice and support to the practitioner, appraiser, Responsible Officer, CMO and employer/contractor.
- 4.16 **General Medical Council (GMC):** The role of the GMC in revalidation is closely linked to the output of the appraisal process. A recommendation will be made to the GMC by the Responsible Officer about the practitioner's suitability for revalidation. Advice will be sought from the GMC, by the Responsible Officer, when appropriate if any concerns are identified.

5.0 Equality and Diversity

- 5.1 MEHT is committed to the provision of a service that is fair accessible and meets the needs of all individuals.
- 5.2 Staff applying this policy must consider the Trust's responsibilities when potential equality or disability issues may apply.

6.0 Guiding Principles for Remediation

- 6.1 MEHT will offer early intervention when concerns emerge over the capability, conduct or health of a doctor, with the aim of remediation wherever possible. The following principles of best practice build on the widespread experience of NCAS and its guidance document 'Back on Track'.

6.2 **Principle One – Clinical governance and patient safety**

Patient safety should be the paramount consideration in any return to work programme. Remediation must ensure the safety of patients and the public, whilst aiming to secure:

- the needs and care of patients
- the governance and integrity of the clinical service
- the needs and well-being of the doctor.

6.3 **Principle Two - A single framework governing individual programmes**

The framework governing individual return to work programmes should use common principles and approaches, and be applicable, as far as possible, across different organisational settings and types of case.

6.4 **Principle Three – A comprehensive approach**

This will involve:

- clarifying and addressing the key stakeholders' expectations and aspirations, taking into account the need at all times to protect patient safety
- addressing fully the doctor's training needs as well as all the factors that may be affecting performance, whether these focus on the individual, the immediate clinical team or the wider organisation

6.5 **Principle Four – Fairness, transparency, confidentiality and patient consent**

As far as possible, the confidentiality of the doctor and the immediate clinical team should be protected. However, this need for confidentiality should be balanced against the need to ensure that information is passed to colleagues where appropriate, and patients are properly informed before giving consent to care from a doctor undertaking a return to work programme.

6.6 **Principle Five – On going and consistent support**

Any return to work programme should include personal and professional support for the doctor, for the team they are working with and for the organisation managing the programme.

6.7 **Principle Six – Success and failure**

Any framework must recognise and address the possibility of failure as well as success.

6.8 **Principle Seven – Local resolution drawing on local and national expertise**

Local structures, policies and programmes should support local resolution of a case and provide opportunity for local sharing of expertise with access to national expertise.

7.0 Actions when a concern arises

7.1 Principles

- 7.1.1 At MEHT the management of performance is a continuous process, which is intended to identify any capability issues as they arise.
- 7.1.2 Concerns relating to a doctor's performance may be identified in a number of ways:
- Concerns expressed by other NHS professionals, health care manager, students or non-clinical staff
 - Review of performance against job plans, annual appraisal, revalidation
 - Monitoring of data on performance and quality of care
 - Clinical governance, clinical audit and other quality improvement activities
 - Informal or formal complaints about care by patients or relatives or their representatives
 - Incidents recorded on Datix
 - Information from the regulatory bodies
 - Legal claims following allegations of negligence
 - Information from the police or coroner
 - Court judgements
 - The doctor in question self identifying
- 7.1.3 MEHT recognises unfounded and malicious allegations can cause lasting reputational and career prospect damage. Therefore all allegations or concerns raised must be properly investigated to verify the facts so that the allegations can be shown to be true or false.
- 7.1.4 The Trust will work with the relevant organisations to ensure that jointly agreed procedures are in place for dealing with any concerns about doctors with honorary contracts.
- 7.1.5 Concerns about the capability of doctors in training should be considered initially as training issues and the Director of Medical Education (DME) should be involved from the outset.
- 7.1.6 Flow charts to describe the process for managing concerns are in appendices 2 & 3.

7.2 Stage 1- Initial Course of Action Meeting

A course of action meeting will be held by the CMO or CMO-delegate with the DAG to decide and document the appropriate course of action in each case (appendix 1). All concerns should be dealt with quickly and appropriately. This will involve the categorisation of the investigation for the case. If the individual disagrees with the process being followed their concerns should be expressed to the Case Manager as early as practicable.

7.3 Stage 2- First Meeting to Address Concerns

- 7.3.1 The Responsible Officer, or delegate, will arrange a first meeting to address concerns with the doctor at the earliest practicable opportunity. This meeting will be to address the substance and accuracy of the concern with the doctor. The exceptions will be as those outlined in MHPS, for example in criminal or fraud cases.

7.3.2 After the first meeting to address concerns the RO will write to the doctor to confirm the course of action to be taken. This may be after further consultation with the DAG.

7.4 Informal Process

7.4.1 An informal process may be followed when the practitioner acknowledges the concerns and agreed action plans can be put in place to address these after the initial meeting to address concerns.

7.4.2 If agreement cannot be reached or the concern is of sufficient severity to warrant further investigation, or the practitioner does not comply with the agreed action plan then the formal process will be followed.

7.4.3 If immediate exclusion is deemed necessary at the initial meeting to address concerns then the case moves to the formal process.

7.5 Formal Process

7.5.1 The formal process will allow investigation of the concerns following a prescribed process to find the facts relating to the concern and support the case manager to decide the course of action. This is outlined in appendix 3.

7.5.2 The Responsible Officer will act as the Case Manager in cases involving Consultants and may delegate this role to a senior manager to oversee the case on his or her behalf in other cases. The Responsible Officer may delegate authority in cases to the Deputy/ Associate Chief Medical Officer or Clinical / Divisional Director roles as considered appropriate taking into account the profile and details of a particular case.

7.5.3 The Chairman of the Board must designate a non-executive member 'designated member' to oversee the case and ensure that momentum is maintained.

7.5.4 It is recognised that some cases will cover more than one category, e.g. conduct and capability, and these may be combined under a capability hearing. However, there may be occasions where it is necessary to pursue a conduct issue separately, in which case these issues will be conducted in line with the Trust's Disciplinary Policy. Although it is for the Trust to decide on the most appropriate way forward having consulted NCAS, the doctor is also entitled to use the Trust's grievance procedure if they consider that the case has been incorrectly classified. Alternatively, or in addition, he or she may make representation to the designated board member.

7.5.5 Advice from NCAS will help the Trust come to a decision on whether the matter raises questions about the doctor's capability as an individual (health problems, behavioural difficulties or lack of clinical competence) or whether there are other matters that need to be addressed. If the concerns about capability cannot be resolved routinely by management, the matter must be referred to NCAS before it can be considered by a capability panel (unless the doctor refuses to have his or her case referred). The Trust will also involve NCAS in any potential disciplinary cases.

7.5.6 Wherever possible, the Trust will aim to resolve issues of capability (including clinical competence and health) through on going assessment and support. Early identification of problems is essential to reduce the risk of serious harm to patients.

7.5.7 NCAS will be consulted for advice to support the remediation of a doctor. MEHT will use the National Patient Safety Agency document 'Back on Track' (Appendix 4) as the framework for the remediation strategy.

7.5.8 The Trust will ensure that case managers and case investigators receive appropriate and effective training in the operation of this procedure. Those undertaking investigations or sitting on capability or appeals panels must have had formal equal opportunities training before undertaking such duties.

7.6 Exclusion and Restrictions

7.6.1 The opportunities to consider exclusion and restriction occur during the Initial Course of Action Meeting, First Meeting to Address Concerns or during case investigation. Therefore the decision to formally exclude a practitioner must be taken by the Chief Medical Officer (subsequent to the Initial Course of Action Meeting) or Responsible Officer or delegate and advice must be sought from the DAG. The case will be discussed fully with the CEO (or CEO-Delegate), the Chief Medical Officer or his/her nominated representative, the Director of Human Resources, NCAS and other interested parties (such as the police where there are serious criminal allegations or the Counter Fraud & Security Management Service) prior to the decision to exclude a practitioner.

7.6.2 In the rare cases where immediate exclusion is required, the above parties must discuss the case at the earliest opportunity following exclusion, preferably at a case conference.

7.6.3 Immediate and formal exclusion procedures will be managed and reviewed in line with MHPS Section 1 and 2 as applicable.

7.6.4 An immediate time limited exclusion may be necessary

- to protect the interests of patients or other staff
- where there has been a breakdown in relationships within a team which has the potential to significantly endanger patient care

7.6.5 The NCAS must, where possible, be informed prior to the implementation of an immediate exclusion. Such exclusion will allow a more measured consideration to be undertaken.

7.6.6 The authority to exclude a member of staff must be vested in a nominated manager or managers of the Trust. For immediate exclusions these must be agreed by a senior clinical manager with the duty Executive.

7.6.7 The DAG will also consider if it is necessary for the doctors practice to be restricted during the investigation. This restriction may be limited to place of work, type of clinical work or other senior professional roles, for example being an appraiser.

8.0 Conduct

8.1 MEHT has a Staff Charter, which sets out acceptable standards of conduct and behaviour expected of all its employees. Breaches of these rules are considered to be "misconduct". Misconduct can cover a very wide range of behaviour and can be classified in a number of ways, but it will generally fall into one of four distinct

categories:

- a refusal to comply with the requirements of the employer where these are shown to be reasonable
- an infringement of the employer's disciplinary rules including conduct that contravenes the standard of professional behaviour required of doctors and dentists by their regulatory body
- the commission of criminal offences outside the place of work which may, in particular circumstances, amount to misconduct
- willful, careless, inappropriate or unethical behaviour likely to compromise standards of care or patient safety, or create serious dysfunction to the effective running of a service

8.2 MEHT will follow the Trust Disciplinary Policy (04029) for cases of misconduct.

8.3 It is for MEHT as the employer to decide upon the most appropriate way forward, including the need to consult the NCAS and their own sources of expertise on employment law. If a practitioner considers that the case has been wrongly classified as misconduct, he or she (or his/her representative) is entitled to use the employer's grievance procedure. Alternatively, or in addition, he or she may make representations to the designated Board member.

9.0 Capability

9.1 There will be occasions following an adequate investigation where an employer considers that there has been a clear failure by an individual to deliver an acceptable standard of care, or standard of clinical management, through lack of knowledge, ability or consistently poor performance. These are described as clinical performance issues.

9.2 Advice from the NCAS will help the employer to come to a decision on whether the matter raises questions about the practitioner's performance as an individual (health problems, conduct difficulties or poor clinical performance) or whether there are other matters that need to be addressed. If the concerns about clinical performance cannot be resolved through local informal processes the matter must be referred to the NCAS before consideration by a performance panel (unless the practitioner refuses to have his or her case referred).

9.3 Matters which may fall under the performance procedures include:

- out moded clinical practice
- inappropriate clinical practice arising from a lack of knowledge or skills that puts patients at risk
- incompetent clinical practice
- inappropriate delegation of clinical responsibility
- inadequate supervision of delegated clinical tasks
- ineffective clinical team working skills

9.4 Wherever possible such issues should be dealt with informally, seeking support and advice from the NCAS where appropriate. The vast majority of cases should be adequately dealt with through a plan of action agreed between the practitioner and the employer.

9.5 MEHT will follow the guidance in MHPS section 4 when managing a concern about capability.

10.0 Health

10.1 If at any stage in the context of concerns about a practitioner's clinical performance or conduct it becomes apparent that ill health may be a factor, the practitioner should be referred to Occupational Health Service (OHS). Employers should be aware that the practitioner may also self refer to OHS.

10.2 The principle for dealing with individuals with health problems is that, wherever possible and consistent with maintaining patient safety, they should be treated, rehabilitated or re-trained (for example if they cannot undertake exposure prone procedures) and kept in employment, rather than be lost from the service.

10.3 On referral to OHS, the OHS physician should agree a course of action with the practitioner and send his/her recommendations to the Responsible Officer or Chief Medical Officer and a meeting should be convened with the Director of HR, the CMO or Case Manager, the practitioner and case worker from the OHS to agree a timetable of action and rehabilitation (where appropriate). The practitioner may be accompanied to these meetings. Confidentiality must be maintained by all parties at all times.

10.4 The findings of OHS may suggest that the practitioner's health makes them a danger to patients. Where the practitioner does not recognise that, or does not comply with measures put in place to protect patients, then exclusion from work must be considered. The relevant professional regulatory body must be informed, irrespective of whether or not the practitioner has retired on the grounds of ill health.

10.5 In those cases where there is impairment of clinical performance solely due to ill health or an issue of conduct solely due to ill health, disciplinary procedures, or misconduct procedures would only be considered in the most exceptional of circumstances, for example if the individual concerned refuses to co-operate with the employer.

10.6 MEHT will follow MHPS section 5: Handling concerns about performance arising from a practitioner's health.

11.0 Panels

11.1 Conduct hearings

11.1.1 The Trust will follow the Trust Disciplinary policy when arranging conduct hearings.

11.1.2 The panel will be normally comprise a senior clinician with delegated authority to apply sanctions and a senior HR adviser as per Appendix 2 of the Disciplinary Policy.

11.1.3 Outcomes from disciplinary hearings are outlined in the Trust Disciplinary policy but additionally, or alternatively, may include remediation.

11.2 Capability Hearings

11.2.1 The Trust will follow MHPS guidance when arranging capability hearings.

11.2.2 The hearing will normally be chaired by an Executive Director of the Trust, usually the CMO. The panel should comprise a total of 3 people, normally 2 members of the Trust Board, or senior staff appointed by the Board for the purpose of the hearing. At least one member of the panel must be an appropriately experienced medical or dental practitioner who is not employed by the Trust.

11.2.3 No member of the panel or advisers to the panel should have been previously involved in the investigation.

11.2.4 In the case of clinical academics, including joint appointments, a further panel member may be appointed in accordance with any protocol agreed between the employer and the university.

11.2.5 Arrangements must be made for the panel to be advised by:

- a senior member of staff from Human Resources
- an appropriately experienced clinician from the same or similar clinical specialty as the practitioner concerned, but from another employer

11.2.6 It is for the employer to decide on the membership of the panel. A practitioner may raise an objection to the choice of any panel member within 5 working days of notification. The employer should review the situation and take reasonable measures to ensure that the membership of the panel is acceptable to the practitioner. It may be necessary to postpone the hearing while this matter is resolved. The employer must provide the practitioner with the reasons for reaching its decision in writing before the hearing can take place.

12.0 Remediation

12.1 Remediation may be agreed as an outcome from both capability and conduct investigations. This may include acting down, working at different sites, direct or indirect clinical supervision or other agreed actions.

12.2 All doctors agreeing to remediation, either within or outside the Trust, will need to agree to

- a senior clinician within this Trust and their specialty to act as a mentor
- OHS review
- to provide regular feedback to their clinical manager

12.3 The doctor and their clinical manager will agree at the start of any remedial action a plan that will include the frequency of review of their progress and a time frame and criteria by which the doctor should be ready to return to full clinical activity.

13.0 Arrangements for Ensuring a Successful Return to Practice

13.1 Those responsible (Chief Medical Officer, Clinical Director, RO etc.) should be given updates of the plans for return to practice and of their safe completion – see Appendix 3, NCAS 'Back on Track' framework. The employer and RO should plan to review

progress after a reasonably short period of time, e.g. six months, or sooner if other causes for concern are identified.

- 13.2 A date for a formal appraisal should be arranged on, or soon after, return from absence and when the appraisal takes place evidence of completion of the return to practice action plan should be given. The appraisal should determine whether the questions raised in the Return to Practice checklist (Appendix 5) have been addressed.

14.0 Arrangements when doctors join the organisation with outstanding concerns

- 14.1 When a doctor, who has indicated GMC concerns on their application, is short listed for a position at MEHT, the RO and CMO should be notified by Medical Resources and arrangements for interview discussed. Recruitment processes should be aligned to the concerns and issues under investigation.
- 14.2 When a potential mentor or clinical supervisor for a doctor with conditions is likely to be the sole clinical interviewer this needs to be carefully considered and reviewed.
- 14.3 If appointed the clinical supervisor or mentor, depending on GMC conditions, needs to put in place a tailored plan of action agreed with the RO/CMO and the doctor.
- 14.4 The Clinical Lead, or Clinical Director, must agree that the department has the capacity to safely supervise the doctor in line with GMC requirements.
- 14.5 The RO/CMO must agree the appointment of any clinical supervisor/ mentor in line with GMC requirements. The total number of doctors that a single doctor can provide clinical supervision for is not absolute but will be considered in line with the intensity of supervision required by the GMC.
- 14.6 Medical Resources will ensure that the doctors name is added on to the tracker when appointed.
- 14.7 The RO and CMO will describe nature and feedback required from the mentor/ clinical supervisor in line with GMC requirements. This will be recorded on the tracker used for monitoring concerns.

15.0 Arrangements when concerns are raised externally

- 15.1 If a concern is raised externally for a doctor working in the Trust the doctor should inform their RO at the earliest opportunity.
- 15.2 The nature of the concern will be reviewed by the RO/CMO with the doctor and any conditions or restrictions on practice and arrangements for monitoring agreed in line with this policy.

16.0 Training and Education

- 16.1 The Responsible Officer, Chief Medical Officer and Director of Human Resources across the Trust will be responsible for training and education relating to compliance with this policy in the event that an individual need arises.

17.0 Monitoring Compliance and Effectiveness

- 17.1 Compliance with, and effectiveness of, this document will be monitored annually by the Director of Human Resources in conjunction with the Trust Chief Medical Officer and Responsible Officer; by case review and feedback from Trust staff involved in managing the policy.
- 17.2 This document will be reviewed by the Director of Human Resources/ Responsible Officer and the LNC three years from the date of ratification, unless a change is required earlier due to changes in legislation or case law.

18.0 References

National Clinical Assessment Service. Back on track Restoring doctors and dentists to safe professional practice. Framework Document (NCAS, 2006)

Maintaining high professional standards in the modern NHS: a framework for the initial handling of concerns about doctors and dentists in the NHS (DoH 2003)

Tackling Concerns Locally: report of the Working Group (DoH 2009)

Responsible Officer Regulations (2010) and Amendments (2012)

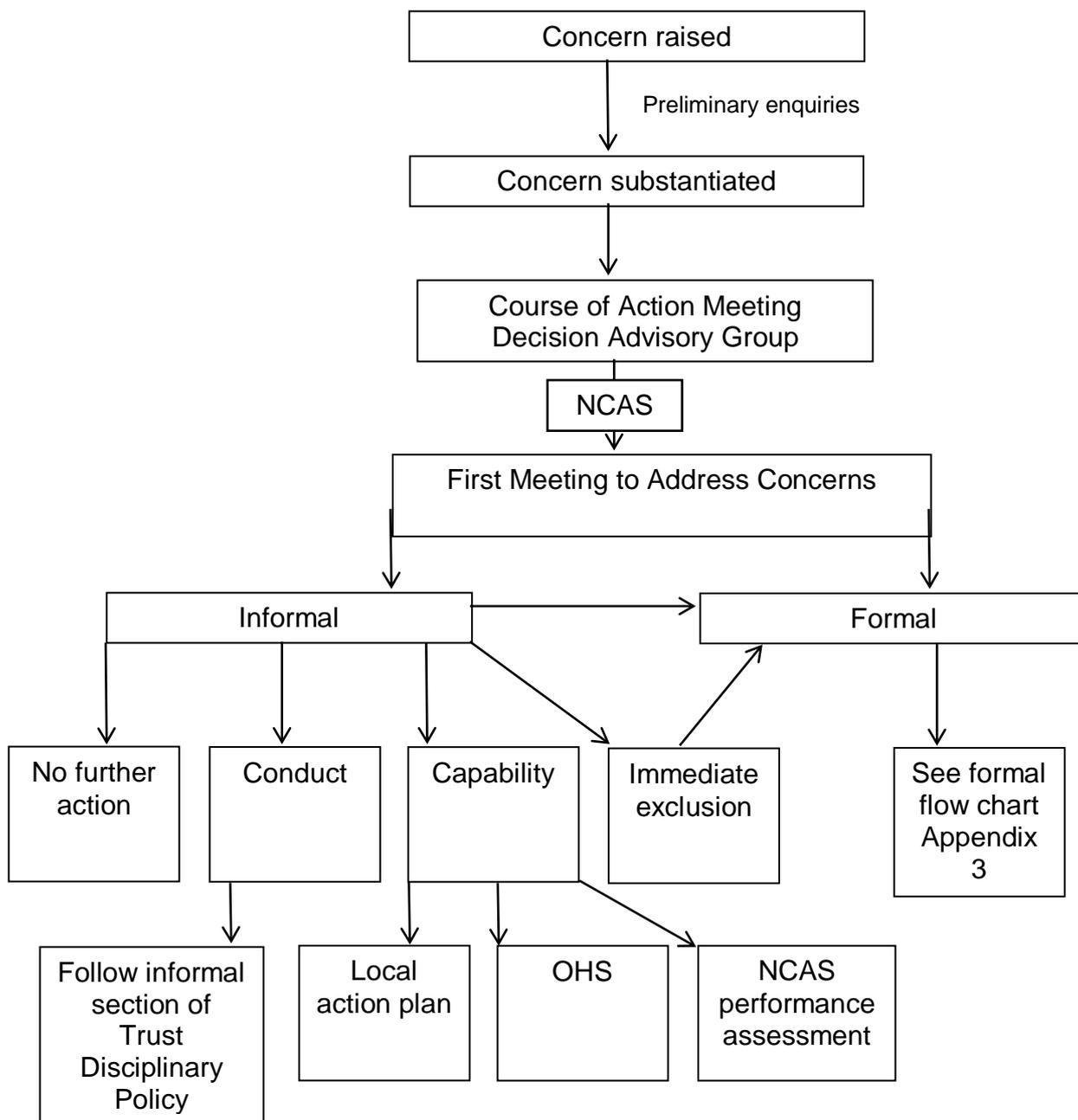
Appendix 1: Checklist

Decision Advisory Group Checklist: Course of action meeting	
Doctors name	
GMC number	
Date	
Decision Advisory Group	
CEO or CEO-Delegate	
CMO or CMO-Delegate	
Director of HR or Delegate	
Source of concerns	
Outline of concerns	
Recommendations	
<input type="checkbox"/> Informal	<input type="checkbox"/> Capability
<input type="checkbox"/> Formal	<input type="checkbox"/> Conduct
<input type="checkbox"/> No further action	
Actions	Details
<input type="checkbox"/> NCAS	
<input type="checkbox"/> Declared SI	
<input type="checkbox"/> Restrictions	
<input type="checkbox"/> Exclusion	
<input type="checkbox"/> DME consulted if doctor in training	
Notes	

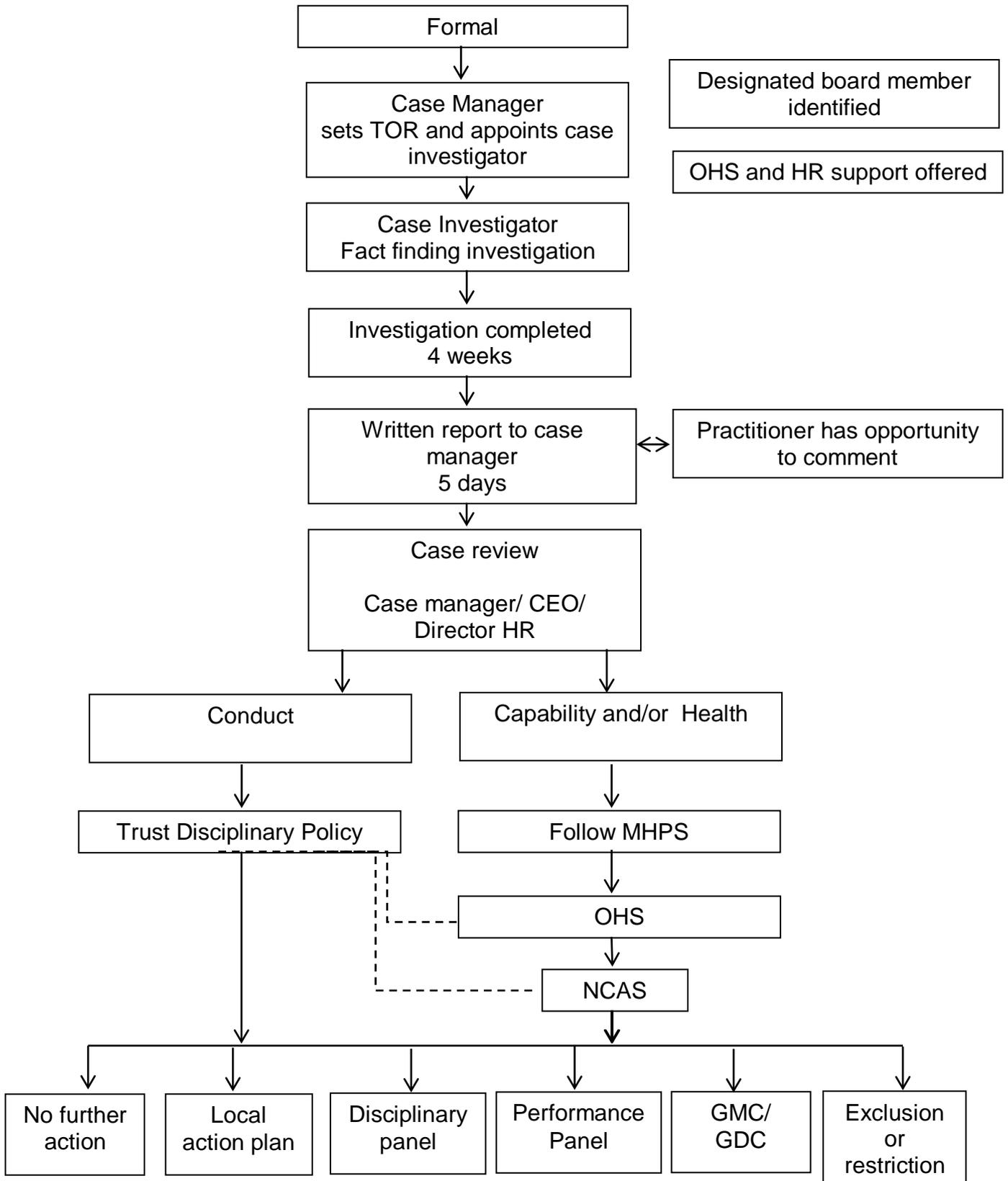
Action after first meeting to address concerns	
Doctor	
RO / delegate	
HR representative	
Actions	Details
<input type="checkbox"/> Formal	
<input type="checkbox"/> Informal	
<input type="checkbox"/> No further action	
<input type="checkbox"/> Restrictions	
<input type="checkbox"/> Exclusion	
Reasons for variance from Initial Course of Action meeting	
<input type="checkbox"/> DAG consulted?	
<input type="checkbox"/> NCAS consulted?	
<input type="checkbox"/> DME consulted if doctor in training	

Action when investigation complete	
Case Review	
CEO or CEO-Delegate	
Director of HR or Delegate	
Case Manager	
Outline	
Recommendations	
<input type="checkbox"/> Non-panel route	<input type="checkbox"/> Capability
<input type="checkbox"/> Panel Hearing	<input type="checkbox"/> Conduct
<input type="checkbox"/> No further action	
Notes	

Appendix 2: Process for Handling Concerns



Appendix 3: Formal Process



Appendix 4: NPSA 'Back on Track' Framework

Stage 1 – Entry to return to work programme

Responsible Officer (RO) reviews the recommendation for return to work programme, including information from assessment, investigation or review
RO considers the doctor's training and support needs arising from the relevant reports
RO agrees options for resuming work and success criteria to achieve these, including prospects for success
RO summarises the options for resuming work in an outline programme specification
Finish - Agreement in principle to proceed to Stage 2

Stage 2 – devise and agree return to work programme

RO identifies individuals who will assist with the return to work programme, including a Programme Supervisor (PS)
PS develops the overall return to work project plan based on the output of Stage 1 to include:

- Doctor's improvement plan, based on training needs
- Organisational action plan
- RO gains support from relevant authorities, e.g. Royal College, Deanery, to the aims and requirements of the programme

Finish - Agreement of all parties to proceed with the programme.

Stage 3 – Implement plans and review progress

PS reviews progress against objectives
PS reports to RO on the extent to which the plans have been successfully completed
RO seeks view from relevant authority on supervisor's report
Finish – sign-off by RO of extent of completion of individual and organisational action plans.

Stage 4 – Complete programme and arrange follow-up

If programme has been successful, RO and responsible parties agree detailed arrangements for doctor to resume employment under the terms agreed in Stage 1.
If programme has been unsuccessful, RO takes alternative management action.
Finish – following successful completion of the programme RO agrees follow-up arrangements with doctor.

Appendix 5: Return to Practice Checklist

The following checklist of questions is recommended to be used post-absence in order to help with identification of issues and facilitate support planning.

1. Was a pre-departure checklist completed? (If so, this should be reviewed.)
2. How long has the doctor been away?
3. Has the absence extended beyond that which was originally expected? If so, what impact has this had? (If it was an unplanned absence, the reasons may be important.)
4. How long had the doctor been practising in the role they are returning to prior to their absence?
5. What responsibilities does the doctor have in the post to which they are returning? In particular are there any new responsibilities?
6. How does the doctor feel about their confidence and skills levels?
7. What support would the doctor find most useful in returning to practice?
8. Has the doctor had any relevant contact with work and/or practice, during absence e.g. 'keep in touch' days?
9. Have there been any changes since the doctor was last in post? For example: <ul style="list-style-type: none">• The need for training such as for new equipment, medication, changes to infection control, health and safety, quality assurance, other new procedures, NICE guidance, or anything that the doctor needs to learn• Changes to common conditions or current patient population information• Significant developments or new practices within their specialty• Changes in management or role expectations. What time will the doctor have for patient care?• Are there any teaching, research, management or leadership roles required?