

Remediation Policy and Procedure for Medical Staff

The purpose of this policy is to outline, in the context of revalidation, how a need for remediation of a doctor's practice might arise, how this need might be met and who might be involved in the delivery of remediation.

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Name of Author:	Angela Salmen, Medical Staffing & Revalidation Support Manager; Dr Saquib Muhammad, Associate Medical Director
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Version Control and Summary of Changes

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For further information contact:

Angela Salmen, Medical Staffing & Revalidation Support Manager

Email: angela.salmen@leicspart.nhs.uk

or

Dr Saquib Muhammad, Associate Medical Director for Medical Governance

Email: Saquib.Muhammad@leicspart.nhs.uk

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 7) of this policy.

Definitions/Abbreviations that apply to this Policy

ARCP	Annual Review of Competence Progression
Concerns about practice	Any aspects of a practitioner's practice, performance, conduct or behaviour which may: <ul style="list-style-type: none"> • pose a threat to patient safety or public protection • expose services to financial or other substantial risk • undermine the reputation or efficiency of services in some significant way • be outside acceptable professional or working practice guidelines and standards.
GMC	General Medical Council
GPs	General Practitioners
HR	Human Resources
LPT	Leicestershire Partnership NHS Trust
NHS Resolution	Formally the National Clinical Assessment Service - NCAS. An advisory body that works to resolve concerns about the practice of doctors by providing case management services to healthcare organisations and individual practitioners.
PDT	Personal Development Template
Practitioner	Doctors are referred to throughout this document as 'practitioners'.
RO	Responsible Officer
SARD	Strengthened Appraisal and Revalidation Database – e-system for managing appraisal and revalidation
SAS	Specialty and Associate Specialist grade doctors

REMEDIATION POLICY AND PROCEDURE FOR MEDICAL STAFF

1.0 Purpose of the Policy

- 1.1 The purpose of this policy is to outline, in the context of revalidation, how a need for remediation of a doctor's practice might arise, how this need might be met and who might be involved in the delivery of remediation.
- 1.2 This policy aims to provide a clear set of procedures which can be referred to throughout the remediation process. The purpose is to support the delivery of a transparent and fair approach to the remediation of medical employees and to ensure that patient safety is the paramount consideration of any remediation programme.

2.0 Summary and Key Points

- 2.1 This policy applies to all Consultants, Associate Specialists, Specialty Doctors and other doctors employed in non training medical posts, including those with honorary contracts, where they relate to the Responsible Officer for this organisation.
- 2.2 The policy does not cover the annual review and assessment process for doctors in formal training grades. This is undertaken by the Health Education East Midlands (HEEM) as part of the formal Annual Review of Competence Progression (ARCP) procedures for assessing progress in training. Issues related to health, conduct and behaviour of doctors in training grades will be dealt with under the Maintaining High Professional Standards guidance in liaison with HEEM.

3.0 Introduction

- 3.1 This policy has been designed in response to legislation for the revalidation of doctors which began in December 2012. Revalidation is a process by which doctors will have to demonstrate to the General Medical Council (GMC), normally every five years, through local clinical governance and appraisal processes that they are up to date, fit to practice and complying with the relevant professional standards.
- 3.2 Concerns about a practitioner's practice (knowledge, skills and behaviours) that have been identified through assessment, investigation, review or appraisal will be addressed through a remediation/reskilling/rehabilitation process to enable the practitioner to return to safe practice. Remediation is usually about capability issues, but can be about conduct issues.

4.0 Duties within the Organisation

- 4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 4.2 Trust Board sub-committees have the responsibility for ratifying policies and protocols.
- 4.3 The Revalidation Responsible Officer (RO) is accountable for the quality assurance of the appraisal and clinical governance systems in their organisation. It is a statutory duty of the Responsible Officer to investigate, monitor and respond to concerns about a doctor's practice. He/she is also responsible for ensuring that any follow up action is taken, that comprehensive records are kept of all appraisals and for making recommendations for Revalidation to the General Medical Council.
- 4.4 Clinical Directors, Divisional Directors and Heads of Service are responsible for clinical governance and performance monitoring systems to include collation of development needs to inform organisational development activity. They have a role in providing a supportive environment which allows remediation to take place without putting patients, the public or the doctor at risk. They will be responsible for implementing any remediation programme and monitoring its outcome.
- 4.5 The Associate Medical Director supports the Responsible Officer in the quality assurance and reporting arrangements for the medical appraisal system.
- 4.6 Medical Appraisers are responsible for conducting appraisals, in accordance with the Medical Appraisal and Revalidation Policy, and for alerting the Responsible Officer of any significant concerns or patient safety issues arising within appraisal. If they determine that the doctor needs to undertake remediation the appraiser will need to be clear about their recommendations, the objectives and the evidence they will expect to see and the timescales.
- 4.7 All doctors are responsible for ensuring that they are able to demonstrate, through the appraisal process, that they are meeting the GMC's Good Medical Practice standards. If remediation is necessary doctors are responsible for demonstrating that the concern, deficit or issue has been resolved.
- 4.8 The Medical Staffing team of the Human Resources department (HR) together with the Responsible Officer will oversee the Revalidation

Appraisal process and subsequent referrals through the remediation policy and procedure.

5.0 Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role development training. Appendix 4 identifies who the training applies to, delivery method, the update frequency and process to access the training.

6.0 Principles of remediation as part of the revalidation process

6.1 For the purposes of this policy, the following definitions are adopted:

Remediation is the process of addressing performance concerns (knowledge, skills, and behaviours) that have been recognised, through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to return to safe practice. It is an umbrella term for all activities which provide help; from the simplest advice, through formal mentoring, further training, reskilling and rehabilitation:

Reskilling is the process of addressing gaps in knowledge, skills and/or behaviours which result from an extended period of absence (usually over 6 months) so that the practitioner has the opportunity to return to safe practice. This may be, for example, following suspension, exclusion, maternity leave, career break or ill health (but see below)

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.

7.0 Identifying and responding to concerns

- 7.1 A doctor's performance can be affected by a complex range of issues. (Appendix 1).
- 7.2 The pathway for responding to concerns about a doctor's performance is described in the guidance 'Maintaining High Professional Standards in the Modern NHS (Department of Health, 2003)'.
- 7.3 Performance concerns are usually identified through a formal process. A need for remediation might emerge by a clinical governance process including investigation and ensuing competency or disciplinary action or there might have been regulatory, NHS Resolution (formally NCAS) or Royal College performance assessment or review.
- 7.4 For most doctors appraisal and revalidation will be a straightforward process. A small number of doctors, however, will find that the process

raises concerns about their performance and/or ability to revalidate without participation in some remedial activity

- 7.5 Where concerns do arise through the appraisal process, both the appraiser and the appraisee need to recognise that as registered medical practitioners they must protect patients if they believe that a colleague's health, conduct or performance is a potential risk to patient safety. If, as a result of the appraisal process, the appraiser believes that the activities of the appraisee are such as to put patients at risk, then the appraisal should be stopped and the matter referred to the Responsible Officer. This would happen only on the rarest of occasions. However a doctor's appraisal for revalidation has to take place annually. Arrangements should therefore be made as quickly as possible for the appraisal to be re-scheduled.
- 7.6 Appendix 2 provides a generic framework to establish the level of a concern and ensure consistency in response and management.
- 7.7 The Employer Liaison Service was established by the General Medical Council in 2012 and provides Employer Liaison Advisers across the UK to work closely with Responsible Officers to help medical managers deal with performance or conduct concerns about doctors including advising on when to refer a concern to the GMC.

8.0 Remediation Procedures

- 8.1 LPT will offer early intervention when justifiable concerns emerge over the capability, conduct or health of a practitioner, with the aim wherever possible of remediation, retraining or rehabilitation. The following principles of best practice build on the experience of the NHS Resolution (formally the National Clinical Assessment Service - NCAS).
- 8.2 The principles and practical considerations to implement a step by step process for remediation, re-skilling and/or rehabilitation are outlined below:

Step 1	Identify the full range of concerns
Step 2	Draft an action plan
Step 3	Agree to proceed (or not)
Step 4	Develop the detailed plan
Step 5	Implement and monitor
Step 6	Complete the programme and follow up

9.0 Step 1 - Identify the full range of concerns

- 9.1 Ensure that there is a clear understanding of the nature and range of concerns. If there is not already a clear understanding, further investigation or assessment may be necessary.
- 9.2 Concerns may be identified through a review of:
 - Any recent complaint, SI, media report and/or performance investigation report
 - The practitioner's job plan and or contract compared with current service requirements
 - Most recent appraisals
 - Advice from Occupational Health
 - The practitioners confidence levels and expressed development needs

10.0 Step 2 – Draft an action plan

- 10.1 Draft an outline plan setting out what can be done to address the identified needs. This outline can then inform discussions about decision making around engagement, reasonableness, proportionality, practicability and resourcing. The template for a Practitioner Action Plan (Appendix 3) may be used for this purpose.
- 10.2 The outline plan should address:
 - Areas of concern
 - Possible interventions
 - Resources needed
 - Potential support
 - Timeframes
 - Sources of evidence/information needed to demonstrate progress
 - The role to which the practitioner will return if the programme demonstrates that the identified concerns have been addressed
 - The implications for the practitioner if concerns are not addressed
 - How the plan will be reviewed, how often and by whom
- 10.3 The practitioner should be encouraged to share the outline plan with a professional representative at an early stage.
- 10.4 Where possible, interventions should be developmental, providing the practitioner with constructive feedback to encourage reflection and build insight into the ways in which practice and performance can change.
- 10.5 Some of the interventions that might be considered include:
 - Supervised practice;

Exposure to the full range of clinical scenarios with constructive feedback, structured reflection and supervised observation.

- Formative work based assessments;
Case based reviews, mini-clinical evaluation exercises (Mini-CEX), objective structured clinical examinations (OSCE), on-site assessment and training (OSAT), video recording, simulation, multi source feedback.
- Educational activities;
Tutorials, workshops, courses, e-learning, focused reading.
- Specialist and health interventions;
Behavioural coaching, occupational, psychological and specialist health (mental health and addiction) interventions, counselling (career or therapeutic), boundary awareness, cultural competence.
- Practitioner support;
Mentoring, protected learning and development time, career guidance, Occupational Health, AMICA.
- Organisational support:
Human Resource, legal advice, team or workplace mediation.

11.0 Step 3 – Agreeing to proceed (or not)

- 11.1 Identify the next steps for agreeing the plan or examine alternative actions if it is not possible to reach agreement on the outline action plan. The employer should consider if it is reasonable to commit to the remediation plan. If the practitioner does not co-operate this may be seen as a lack of willingness on the part of the practitioner to work with the employer on resolving performance difficulties.
- 11.2 The practitioner should be strongly advised to talk the options through with an experienced and independent adviser i.e. Trade Union representative, Medical Defence Organisation etc.
- 11.3 Once agreed in principle and while a programme is still being finalised, the practitioner could be encouraged to participate in non-clinical learning activities for example, behavioural coaching, CPD, audit etc, which could be integrated into the action plan retrospectively.
- 11.4 If an 'in principle' agreement cannot be reached, other measures will need to be explored to ensure that patient safety and public protection are not compromised. Options may include:
 - Restrictions to practice to areas which do not cause concern. The ongoing practicality of which should be considered.
 - Retraining or re-specialising

- Working at a lower grade
- Specialist careers advice to help the practitioner onto a more appropriate career path
- Capability/disciplinary procedures
- Negotiated settlement
- Retirement (early, age)
- Referral to the regulator

11.5 Should an individual disagree with the remediation programme the practitioner should raise this in line with Stage 1 of the Trust Grievance procedure.

12.0 Step 4 – Develop the detailed plan

- 12.1 Once there is agreement on the outline action plan, populate the Practitioner Action Plan template to construct a detailed plan. An action plan is different to a Personal Development Plan (PDP). Development of a PDP is a 'routine' process related to appraisal and revalidation whereby an action plan is an 'extraordinary' process relating to achieving specific learning outcomes directed by a third party. The action plan should include objectives, interventions, use of placements, milestones, supporting information/evidence, funding estimates, cost sharing arrangements and actions to be taken if progress exceeds or falls short of expectations at specified review points.
- 12.2 NHS Resolution (formally NCAS) may be referred to during the process for support and may provide specific parts of the assessment if appropriate, such as an assessment of behavioral concerns, communicative competences etc.
- 12.3 The template is provided in appendix 3.
- 12.4 In drawing up the detailed plan, the practitioner's welfare should also be considered. Objectives should be realistic and structured with timelines. Personal support, such as confidential mentoring, counselling or occupational health should be made available or accessible to the practitioner. Support may also be available from a defence organisation, professional association or a confidential voluntary support network.
- 12.5 A remediation/reskilling/rehabilitation programme may take place wholly or partly at the practitioner's usual workplace or might be arranged elsewhere. Remaining in the usual workplace will probably be the choice where working relationships remain good, where the team can absorb the additional workload and where an appropriate clinical supervisor can be found. Concerns raised through appraisal would normally be dealt with in this way, although a short period observing work in another organisation might be identified as a useful learning method.

12.6 Where further training at the practitioner's usual workplace is not appropriate an external placement may be necessary. External placements offer a number of benefits:

- Objective monitoring and reporting
- Experience of different ways of clinical and non clinical working
- Temporary removal from a difficult working environment
- Fewer organisational commitments for the practitioner and more opportunity to focus on personal further training
- Practical demonstration of an organisations commitment to the remediation process.

12.7 The benefits of an external placement need to be balanced against resourcing external placements, the difficulty finding them and the difficulty they may create when the practitioner re-enters the original workplace. Use of a placement agreement is recommended in setting out an external placement.

13.0 Step 5 - Implement and monitor

13.1 The practitioner is responsible for completing the remediation programme. The employer is responsible for following up the programme.

13.2 Once an action plan has started there should be close monitoring and collection of evidence, as specified in the plan. The action plan template requires a reporting structure for collecting feedback from clinical supervisors, specialist trainers as well as from the practitioner who is expected to provide a portfolio of evidence supporting progress made. This will enable decisions to be made at the planned review points about whether objectives have been met and whether the programme should move on to the next milestone.

13.3 The monitoring process should involve regular meetings between the clinical Line Manager, the clinical/educational supervisor and the practitioner to measure progress formally against milestones. This will allow any lack of engagement with the process or lack of progress to be identified and dealt with quickly and effectively. This could include, if appropriate in the circumstance, rearranging activities, extending the deadlines, or potentially by early termination of the programme. If a programme is terminated early the Trust capability or disciplinary policy should be followed.

14.0 Step 6 - Complete the programme and follow up

- 14.1 If the concerns about the practitioner's performance have been resolved, the clinical Line Manager should agree arrangements for the practitioner to return to practice under the terms agreed. If the progress intended has not been made, alternative management actions will have to be considered, linking to Maintaining High Professional Standards guidance and the Trust capability or disciplinary policies.
- 14.2 The outcome should be confirmed in writing to all parties including the practitioner and any external stakeholders such as regulators or NHS Resolution.

15.0 Funding remediation

- 15.1 A remediation/reskilling/rehabilitation programme should not commence until there is a clear agreement on how the costs will be met. The main cost areas for consideration are:
- Reasonable adjustments to accommodate practitioner's health needs;
 - Salary costs/remuneration for the practitioner undergoing further training;
 - Locum cover costs to maintain normal patient services
 - External placement costs (if necessary).
 - Travel and subsistence costs during courses or placements;
 - Other educational costs – behavioural coaching, communication skills etc;
 - Fees from external bodies who may be needed to support further training
- 15.2 In certain circumstances, namely where it can be shown that the responsibility of the individual doctor, flowing from professional and regulatory requirements, to keep themselves up to date and fit to practise has not been met, the costs of any remedial programme may fall on the individual doctor. In most cases however, the Trust would expect to meet the costs of remedial programmes, in line with its contractual and legal obligations.

16.0 Monitoring Compliance and Effectiveness

The Medical Director and Human Resources will ensure that a process is undertaken to monitor the compliance and effectiveness of this policy and procedure. This will include:

Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Number of doctors with concerns in the last 12 months (Capability, Conduct, Health)	Figures are returned within HR report	Via Medical Staffing Department	Medical Director	Annually
Number of doctors who have undergone formal remediation in the last 12 months	Figures are returned within HR report	Via Medical Staffing Department	Medical Director	Annually
Number of doctors who were suspended / excluded in the last 12 months	Figures are returned within HR report	Via Medical Staffing Department	Medical Director	Annually
GMC Actions: number of doctors referred, Underwent GMC Fitness to Practice procedures, Had conditions placed on their practice, had their registration suspended in the last 12 months	Figures are returned within HR report	Via Medical Staffing Department	Medical Director	Annually

17.0 Standards/Performance Indicators

TARGET/STANDARD	KEY PERFORMANCE INDICATOR
Care Quality Commission Regulation 18 : Staffing	<p>There must be enough suitably qualified, competent and experienced staff to make sure they can meet these standards.</p> <p>Staff must be given the support, training and supervision they need to help them do their job.</p>

18.0 References and Bibliography

This policy was drafted with reference to the following:

- NCAS - The Back on Track Framework for Further Training – Restoring Practitioners to safe and valued practice.
- NCAS Handbook – Resolving concerns about professional practice, January 2011 6th Edition
- Academy of Royal Colleges – Remediation Working Group
<http://www.aomrc.org.uk/>
- Academy of Royal Colleges – Investigation, remediation and resolution of concerns about a doctor’s practice – where do the Colleges fit?
https://www.aomrc.org.uk/wp-content/uploads/2016/04/Investigation_remediation_resolution_of_concerns_0914.pdf
- Supporting Doctors to Provide Safer Healthcare – Responding to Concerns about a doctor’s practice – Revalidation Support Team, March 2012
<https://www.england.nhs.uk/medical-revalidation/ro/resp-con/support/>
- <https://resolution.nhs.uk/wp-content/uploads/2018/09/NHS-Resolution-A-Guide-for-Healthcare-Practitioners-Advice.pdf>

Issues affecting a doctor's performance

It is recognised that a doctor's performance can be affected by a complex range of issues. All of the issues listed below can affect performance, but not all will be amenable to remediation (this list is not exhaustive):

Skills and knowledge deficit - for example:

- A lack of training and education
- Lack of engagement with continuing professional development and/or maintenance of performance
- A doctor trying to take on clinical work that is beyond their current level of skill and experience

Behaviours and attitudes – for example:

- Loss of motivation, interest or commitment to medicine or the organisation through being stressed, bored, bullied
- Being over-motivated, unable to say no, overly anxious to please
- Poor communication skills
- Poor timekeeping
- Poor leadership/team working skills

Context of work – for example:

- Team dysfunction
- Poor managerial relationships
- Poor working conditions
- Poor or absent systems and processes

Environment – for example:

- Marriage/partnership break up
- Financial concerns

Health concerns including capacity and/or capability – for example:

- Physical conditions including drug and alcohol misuse
- Psychological conditions including stress and depression
- Cognitive impairment/deterioration

Probity – for example:

- Boundary issues
- Altering clinical records
- Conflicts of interest

Criminal behaviour – for example:

- Falsifying expenses
- Theft
- Assault

Supporting Doctors to Provide Safer Healthcare (V1 March 2012)

Establishing the level of concern

This section provides a generic framework which can be used to establish the level of a concern and improve consistency in response and management of concerns. It also covers the use of information for monitoring at both an individual and organisational level.

The immediate task for a Responsible Officer when a concern comes to light is to determine whether there are any urgent safety concerns relating to patients, staff or the doctor about whom the concern has been raised.

The Responsible Officer will need to decide, in a timely manner, based on the information available, whether the doctor's practice should be restricted immediately pending formal investigation. Options may include sick leave, suspension/exclusion, or in extreme circumstances, immediate dismissal. The advice of occupational health or the Human Resources Department will be valuable in supporting this assessment.

The Responsible Officer will also need to consider which other factors need to be taken into consideration, for example, a concern affecting not only one individual but a clinical team or the wider organisation.

The Responsible Officer will need to decide whether the issue can be resolved within the organisation, either through discussion with the doctor concerned or through formal procedures. They will also need to decide whether others should be consulted, informed and involved in the process. This will involve a decision on the need for an investigation and, where this is needed, which bodies, if any, should be called upon to assist in this. It may be that immediate referral to the regulator or the police is required. The Responsible Officer must decide what steps should be taken immediately, in the next 24/48 hours, one to two weeks and over a longer, structured timescale.

An example of a categorisation framework is given below to illustrate the potential merit of such an approach.

Low level indicators	Moderate level indicators	High level indicators
Could the problem have been predicted?		
Unintended or unexpected incident		
What degree of interruption to service occurred?		
Incident may have interrupted the routine delivery of accepted practice (as defined by GMP) to one or more persons working in or receiving care		Significant incident which interrupts the routine delivery of accepted practice (as defined by Good Medical Practice) to one or more persons working in or receiving care
How likely is the problem to recur?		
Possibility of recurrence but any impact will remain minimal or low. Recurrence is not likely or certain	Likelihood of recurrence may range from low to certain	Likelihood of recurrence may range from low to certain
How significant would a recurrence be?		
	<p>Low level likelihood of recurrence will have a moderate impact (where harm has resulted as a direct consequence and will have affected the natural course of planned treatment or natural course of illness and is likely or certain to have resulted in moderate but not permanent harm)</p> <p>Certain level likelihood of recurrence will have a minimal or low impact</p>	Low level likelihood of recurrence will have a high impact (where severe/permanent harm may result as a direct consequence and will affect the natural course of planned treatment or natural course of illness such a permanent lessening of function, including non-repairable surgery or brain damage)
How much harm occurred?		
<p>No harm to patients or staff and the doctor is not vulnerable or at any personal risk</p> <p>No requirement for treatment beyond that already planned</p>	<p>Potential for harm to staff or the doctor is at personal risk</p> <p>A member of staff has raised concerns about an individual which requires discussion and an action plan</p>	Patients, staff or the doctor have been harmed

What reputational risks exist?		
Organisational or professional reputation is not at stake but the concern needs to be addressed by discussion with the practitioner.	Organisational or professional reputation may also be at stake	Organisational or professional reputation is at stake
Does the concern impact on more than one area of practice?		
Concern will be confined to a single domain of Good Medical Practice May include one or more of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action	Concern affects more than one domain of Good Medical Practice May include one of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action	May include a serious untoward incident or complaint requiring a formal investigation. This includes criminal acts and referrals to the GMC
Which factors reduce levels of concern?		
De-escalation from moderate to low: Reduction to low or minimal impact Reduction in the likelihood of recurrence Evidence of completion of effective remediation	De-escalation from high to moderate: Reduction in impact to moderate Reduction in the likelihood of recurrence Evidence of insight and change in practice	
Which factors increase levels of concern?		
	Escalation from low to moderate: Increase in impact to Moderate Likelihood of recurrence is certain No evidence of insight or change in practice ease	Escalation from moderate to high: Increase in impact to severe Increase in likelihood of recurrence No evidence of remorse, insight or change in practice

How much intervention is likely to be required?

Insight, remorse and change in practice will be evident

Remediation is likely to be achieved with peer support

The individual doctor has no other involvement in incidents or has outstanding or unaddressed complaints/concerns

The remediation plan should take no longer than four weeks to address

Insight, remorse and change in practice may be evident

Remediation is likely only to be achieved through specialist support

The remediation plan should take no longer than three months to address

Remediation will only to be achieved through specialist support

The remediation plan will take upwards of three months to address and may include planned periods of supervised practice.

Practitioner action plan**PART 1 – AGREEMENT**

<i>Name of practitioner Dr/Mr/Mrs/Ms/Miss</i>	
<i>Grade and specialty</i>	
<i>GMC Registration number</i>	
<i>Address</i>	
<i>NHS Resolution case number (where applicable)</i>	

1. Purpose

The purpose of this plan is for the practitioner named above to address the performance concerns identified by [\[NHS Resolution/local procedures/college or other educational body/health regulator – add or delete as necessary\]](#)

2. Roles and responsibilities for management of this plan

The Clinical Director identified overseeing the action plan is:

<i>Name</i>	
<i>Job title</i>	

The Clinical Lead is:

<i>Name</i>	
<i>Job title</i>	

The Clinical Supervisor is:

<i>Name</i>	
<i>Job title</i>	

3. Progress review

The plan is expected to last [\[add duration\]](#) months. Progress will be formally reviewed by the Clinical Director and by the Clinical Lead every [\[add interval\]](#) months and at the end of the plan.

The named practitioner should be able to demonstrate satisfactory and incremental progress throughout the programme and continuing ability to reflect and learn from [\[his/her\]](#) own and [\[his/her\]](#) colleagues' practice.

4. Post to which the practitioner is likely to return

On successful completion of the plan it is proposed that named practitioner will continue in practice or return to practice in the clinical post/area described below.

<i>Name of post</i>	
<i>Broad description of post/clinical area</i>	
<i>Employer/Contracting body</i>	

The [\[Clinical Director – insert name\]](#) will consider taking management action in the following circumstances, if the expected progress towards objectives is not demonstrated:

1. Where failure to progress occurs at the first or second milestone, continuing with the action plan but re-assessing objectives can be considered. A change of objective will only be agreed to where there is clear evidence of progress even though falling short of the performance standard defined in the plan. The overall time allotted to the action plan will not be extended.
2. A failure to progress in achieving the agreed objectives may result in [\[sanctions – add relevant possibilities such as use of disciplinary action, use of disciplinary/capability procedures, referral to regulatory body\]](#) and/or a new final employment goal such as redeployment. These possibilities will be considered if, in the opinion of the clinical supervisor and Clinical Director, the objectives are not likely to be met in the remaining time allocated to the action plan despite the practitioner having ample opportunity to demonstrate progress.
3. If a failure to progress raises concerns in relation to patient safety or professional probity, the Clinical Director may make a referral to the General Medical Council.
4. If a failure to progress is related to sickness absence, it may be appropriate to defer the plan's completion date. The normal quota of annual leave may be taken during the period of the action plan, but this must be pro-rata. Any period of sickness absence greater than that covered by self certification must be supported by a doctor's certificate. A cumulative absence due to illness of more than [\[Add – for example, two weeks in six months\]](#) will trigger a referral to the Occupational Health Service unless seen as unnecessary in the opinion of the Clinical Director and Clinical Supervisor. Reasons for not making an OH referral will be given.

Where an organisational action plan has been agreed (in addition to this plan for the individual practitioner) progress will be reported to the practitioner at review points.
 [*Delete as necessary*]

5. Agreement

This plan has been developed with the cooperation of all parties who are satisfied that the identified objectives reflect the issues identified in:

- the decision of the regulator when this body is involved and/or
- the assessment report and recommendations for NHS Resolution cases and/or
- the review report and recommendations from the Royal College and/or
- local investigation
- [*Add or delete as necessary*]

All parties agree to the objectives set out in the plan and will take forward the programme as set out in the plan, adhering to the accompanying notes. If further objectives need to be added to the plan during the course of the programme, these may be added following agreement of all parties.

	<i>Name and organisation</i>	<i>Signature</i>	<i>Date</i>
<i>Practitioner</i>			
<i>Responsible Officer</i>			
<i>Clinical Director</i>			
<i>Clinical Lead</i>			
<i>Additional participants as necessary</i>			

PART 2 – OBJECTIVES

Objective 1

<i>Area to be addressed:</i>	
<i>Specific objective(s)</i>	
<i>How</i>	
<i>Where</i>	
<i>Supervisor(s)</i>	
<i>Resources required [Including funding and provider of funding]</i>	
<i>Timescale</i>	
<i>Milestones</i>	
<i>Supportive evidence</i>	

Objective 2

<i>Area to be addressed:</i>	
<i>Specific objective(s)</i>	
<i>How</i>	
<i>Where</i>	
<i>Supervisor(s)</i>	
<i>Resources required [Including funding and provider of funding]</i>	
<i>Timescale</i>	
<i>Milestones</i>	
<i>Supportive evidence</i>	

Copy this block for each area of concern and related objective(s) and set out how the objectives will be met.

PART 3 - REVIEW

Objective 1		
<i>Review date</i>		
<i>Clinical Supervisor comments</i>		
	<i>Signed:</i>	<i>Date:</i>
	<i>Proposed Summary Score:</i>	
<i>Practitioner comments</i>		
	<i>Signed:</i>	<i>Date:</i>
<i>Clinical Director comments</i>		
	<i>Signed:</i>	<i>Date:</i>
	<i>Agreed Summary Score:</i>	

Objective 2 etc		
<i>Review date</i>		
<i>Clinical Supervisor comments</i>		
	<i>Signed:</i>	<i>Date:</i>
	<i>Proposed Summary Score:</i>	
<i>Practitioner comments</i>		
	<i>Signed:</i>	<i>Date:</i>
<i>Clinical Director comments</i>		
	<i>Signed:</i>	<i>Date:</i>
	<i>Agreed Summary Score:</i>	

Note – as in part 2, copy this block for each area of the plan. NHS Resolution suggests use of summary scores to record progress -0 = no progress, 1 = partial progress, 2 = objective fully achieved.

PART 4 – SIGN OFF

The signatures below **confirm** the completion of the plan by the practitioner, who agrees to make this document available to the future appraiser/appraising body. In this way, progress can be maintained and the appraisal process is informed by the plan.

	<i>Name</i>	<i>Signature</i>	<i>Date</i>
<i>Clinical Supervisor</i>			
	<i>Final comments</i>		
<i>Practitioner</i>			
	<i>Final comments</i>		
<i>Clinical Director</i>			
	<i>Final comments</i>		

Other parties should sign here, as necessary:

	<i>Signature</i>	<i>Date</i>
<i>Name</i>		
<i>Organisation</i>		
<i>Name</i>		
<i>Organisation</i>		

Training Requirements

Training topic:	Managing concerns about performance of doctors
Type of training:	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Mental Health and Learning Disability Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Families Young People Children <input type="checkbox"/> Enabling Services
Staff groups who require the training:	Responsible Officer, Medical Director, Deputy Medical Director, Clinical Directors, Lead Consultants
Update requirement:	3 yearly or as legislation changes
Who is responsible for delivery of this training?	Organised through Medical Staffing who will commission NHS Resolution or similar organisation to provide in house training specific to LPT needs.
Have resources been identified?	Yes, within Medical CPD funding
Has a training plan been agreed?	The last training was provided in 2018.
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	Through the submission of quarterly reports by the Responsible Officer to NHS England.

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Angela Salmen	Medical Staffing & Revalidation Support Manager
Dr Saquib Muhammad	Associate Medical Director (Medical Governance)

Circulated to the following individuals for comment

Name	Designation
Belshaw. L	Clinical Director for MHSOP
Burt. Kathryn	Deputy Director of HR and OD
Elcock. Sue	Medical Director
Hiremath. A	Clinical Director for FYPC
Members of the Local Negotiating Committee	Policy consultation group for medical staff
Noushad. F	Interim Clinical Director for FYPC
O'Kelly. N	Associate Medical Director for CHS
Stringer. Jim	BMA Industrial Relations Officer

Section 1	
Name of activity/proposal	Remediation Policy and Procedure for Medical Staff
Date Screening commenced	03/07/2017. Reviewed 27/06/2019
Directorate / Service carrying out the assessment	Medical Directorate
Name and role of person undertaking this Due Regard (Equality Analysis)	Angela Salmen, Medical Staffing & Revalidation Support Manager
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To outline, in the context of revalidation, how a need for remediation of a doctor's practice might arise, how this need might be met and who might be involved in the delivery of remediation.	
OBJECTIVES: To provide a clear set of procedures which can be referred to throughout the remediation process.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact - please give brief details
Age	* see below
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	* see below
Religion and Belief	
Sex	* see below
Sexual Orientation	
Other equality groups?	
<p>* The findings reported by the Academy of Medical Royal Colleges, in the report by the Remediation Working Group (September 2012) have been considered in the development of the local Trust policy. Those findings noted that NCAS had analysed all referrals since its establishment in 2001 and identified that there is a consistently higher probability of referral to NCAS and suspension or exclusion from work in the following groups:</p> <ul style="list-style-type: none"> - male doctors - doctors aged 60 and over - doctors whose primary medical qualification was obtained outside the UK. <p>The Remediation Working Group's also notes that the same groups of doctors are statistically over-represented in referrals to the GMC and in all stages of its fitness to practice processes. The reasons for these findings are not fully understood and are the subject of ongoing research by the GMC and NHS Resolution.</p>	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
No	
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	
<p>Whilst noting the research findings (described above), the recommendations in this local policy have been considered to determine if they will have different impacts on different groups of doctors in terms of their ability to gain access to help with remediation of aspects of their practice. The policy was sent to the local professional committee (Medical Local Negotiating Committee) and to all Medical Appraisers. Feedback was received from committee members and Appraisers. Where appropriate, the wording of the policy was revised to reflect the comments. It is concluded that the implementation of the local policy will have no direct negative impact on access to remediation on the basis of gender, race, sexual orientation or religious belief.</p>	
Signed by reviewer/assessor	
Date	03/07/17 Reviewed 27/06/19
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>	
Head of Service Signed	Date

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Remediation Policy and Procedure for Medical Staff	
Completed by:	Angela Salmen	
Job title	Medical Staffing & Revalidation Support Manager	Date 27/06/2019
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	Health issues may affect a doctors performance and therefore may be recorded through a formal remediation process.
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust