City Hospitals Sunderland NHS

NHS Foundation Trust

REMEDIATION POLICY (MEDICAL AND DENTAL STAFF)

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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DOCUMENT APPROVAL PROFORMA

This proforma must be included when the document is submitted to Executive Committee/Policy Committee.

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Risk management	
Operational policy	
Operational guidelines	
Mental Health Act	
Human Resource	**X**
Control of infection	
Drugs policy	
Other	

Equality Impact Assessment:

If this policy has a potential discriminatory impact please record below the person who has informed and involved the sponsor:

Name: Kath Griffin, Director of Human Resources and Ian Martin, Medical Director

Date:

NB: It is the sponsor's responsibility to submit the policy through the CHS approval route.

Checklist for the review and approval of the policy		
Is the policy compliant with:	**Y/N**	**Comments**
Corporate style	Y	
Format including duties	Y	

Content (intended outcomes clearly described and explanation of terms used)	Y	
Evidence base (key references included and cited in full)	Y	
Associated documentation and supporting references (recorded)	Y	
Review/consultation process (list of groups/committees included with the policy)	Y	Joint Consultative Group
Appropriate stakeholders consulted? (list)	Y	
If appropriate, has Staff Side approved the policy?	Y	
Dissemination & implementation (appropriately described)	Y	
Training requirements included (where appropriate)	Y	
Document control (table updated appropriately)	Y	
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Review date (identified and acceptable)	Y	
Page numbers (correct with index)	Y	
Internet to be updated (Is there any reason why this policy cannot be placed on the Trust's external website?)	Y	
Individual approval Policy author	**Date**	**Sign**
Director of Corporate Affairs: update version control and approval of the process	**Date**	**Sign** **Andrea Hetherington 30 07 13**
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1   INTRODUCTION

1.1   Revalidation of doctors is a key component of a range of measures designed to improve the quality of care for patients. It is the process by which the General Medical Council will confirm the continuation of doctors' licences to practise in the UK. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

1.2   All directly employed doctors and dentists relate to a senior doctor in the Trust known as the Responsible Officer (RO). The RO will make a recommendation about a doctor/dentist's fitness to practise to the General Medical Council (GMC). The recommendation will be based on the outcome of the doctor/dentist's annual appraisals over the course of five years, combined with information drawn from the Trust's clinical governance systems. Following the RO's recommendation, the GMC will decide whether to renew the doctor's licence. The RO is accountable for the quality assurance of the Trust's medial appraisal and clinical governance systems Improving such systems not only supports doctors in developing their practice more effectively, but more importantly adds to the safety and quality of the health care services provided by the Trust. It also enables the early identification of those doctors, whose practice needs attention, allowing for more effective intervention. All doctors wishing to retain their GMC licence to practise must participate in revalidation.

1.3   City Hospitals Sunderland NHS Foundation Trust (the Trust) is responsible for setting measurable, realistic and achievable standards of performance and behaviour for doctors and dentists. The Trust also has a responsibility to ensure that employees understand what is required of them in their role.   This   includes identifying areas of poor performance and managing these in a consistent way.

1.4   This document is based on the National Clinical Assessment Service's document *'Back on Track'* and is in line with the Revalidation Support Team's '*Supporting Doctors to Provide Safer Healthcare: Responding to concerns about a doctor's practice',* as well as the Department of Health's documents '*Maintaining High Professional Standards in the Modern NHS'* and '*Tackling Concerns Locally'*.

2   PURPOSE & SCOPE

2.1   The purpose of this document is to set out how the Trust will fulfil its statutory duty to respond effectively to concerns about a doctor's practice. It provides a performance management framework, designed to assure patients, the public and doctors themselves, that patient safety is the highest priority in a process that is robust, transparent, fair and consistent.

2.2   This policy applies to:
- Trust Consultant, Staff Grade, Specialty Doctor and Associate Specialist (SAS) Medical and Dental staff, including locums;
- Medical and Dental staff on honorary contracts, whether employed on national or Trust terms and conditions of service and irrespective of their place of work.

2.3   All patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, membership or non-membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social and employment status, HIV status, or gender reassignment

3 DUTIES

3.1 Board of Directors

The Board of Directors is responsible for ensuring patient safety and that the Trust provides the highest quality of patient care. It is also responsible for enabling employees to meet their performance standards. This includes the provision of structures and processes to enable effective remediation to occur in line with local and national guidance.

3.2 Chief Executive

The Chief Executive is ultimately responsible for ensuring effective Corporate Governance within the organisation.

3.3 Medical Director

The Medical Director is the Responsible Officer of the Trust and as such has a duty to make recommendations to the GMC about revalidation. The Medical Director is also responsible for leading the management of serious issues including decisions involving external agencies such as referral to NCAS and/or the GMC. The Medical Director has overall responsibility for clinical governance. See also Section 8.6.

3.4 Clinical Directors

Clinical Directors are responsible to the Executive Team for ensuring policy implementation and compliance in their area(s). The Clinical Director (CD) is accountable through the Medical Director to the Chief Executive of the Trust for the safety of the service.   The CD is responsible for the early identification of performance issues.

3.5 Individual Doctors

Individual doctors will actively engage with the Trust in identifying and accepting support and working collaboratively to take the necessary steps to ensure resolution of any issues requiring remediation**.** The doctor also has a responsibility to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues. Doctors should refer to the GMC guidance on raising and acting on concerns about patient safety.

3.6 Occupational Health

Occupational Health has a role when a doctor's health is giving cause for concern. Onward referral to more specialist services may be necessary.

4   DEFINITIONS

4.1   **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 practise safely. It covers activities from the simplest advice, through formal mentoring to further training, reskilling and rehabilitation:

4.2   **Reskilling** is the process of addressing gaps in knowledge, skills and/or behaviours so that the practitioner has the opportunity to return to safe practice. This may be where a practitioner is performing below the required standard or following an extended period of absence (usually over 6 months) such as following suspension/exclusion, maternity leave, career break or ill health.

4.3   **Rehabilitation** is the process of supporting the practitioner, who is disadvantaged by chronic ill health or disability, to enable them to access, maintain or return to practice safely.

4.4   **Practitioner:** doctors and dentists referred to throughout this document

4.5   **NCAS**: The National Clinical Assessment Service works to resolve concerns about the practice of doctors, dentists and pharmacists by providing case management services to health care organisations and to individual practitioners. Its aim is to work with all parties to clarify the concerns, understand what is leading to them and make recommendations to help practitioners return to safe practice.

5   PRINCIPLES FOR REMEDIATION

5.1   The Trust supports the Guiding Principles for remediation in the National Clinical Assessment Service (NCAS) Back on Track (2006) framework for return to work programmes. These principles are summarised below:

Principle 1: Clinical governance and patient safety
Patient safety should be the paramount consideration in any return to work programme. The following key elements must act as a touchstone for the policies, procedures and practical arrangements:
       a. The needs and safety of patients
       b. The governance and integrity of the clinical service
       c. The needs and well-being of the practitioner.

Principle 2: A single framework guiding 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.

Principle 3: A comprehensive approach
This will involve:
      o Clarifying and addressing the key stakeholders' expectations and aspirations, taking into account the need at all times to protect patient safety.

o Addressing fully the practitioner'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.

Principle 4: **Fairness, transparency, confidentiality and patient consent**.
As far as possible, the confidentiality of the practitioner 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 practitioner undertaking a return to work programme.

Principle 5: **Ongoing and consistent support**
Any return to work programme should include personal and professional support for the practitioner, for the team they are working in and for the organisation managing the programme.

Principle 6: Success and failure
Any framework must recognise and address the possibility of failure as well as success.

Principle 7: **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.

6   CONSULTANT COMPETENCY FRAMEWORK

6.1   The Trust has developed a Competency Framework **(Appendix 1),** which describes the competencies, attributes and behaviours, the Trust expects a consultant to demonstrate through their clinical practice, delivery of training   and   professional relationships.

6.2   This framework is a key tool, which is used:
- For consultant recruitment purposes;
- To highlight individual strengths and development areas through psychometric assessment and structured feedback;
- To help with personal development planning and career progression;
- To support performance management processes.

7   REMEDIATION PROCEDURE

7.1   The Trust's procedure for remediation/further training programme will reflect the following step-by-step process set out by NCAS, though changes may be made, with agreement, at any point during the programme.

1.   Identify the full range of concerns
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.

2. Draft an action plan framework

Use the NCAS action plan framework template to outline the plan to address identified training needs. This provides an overview of the proposed plan for 'in principle' discussions.

3. Agree to proceed (or not)
Identify the next steps for agreeing the plan, or examine alternative actions if it is not possible to reach agreement on the outline framework.

4. Plan the detail
Once there is agreement on the framework, use the NCAS practitioner action plan template to construct a detailed plan. This should include programme 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.

5. Implement and monitor
Through close monitoring and collection of pre-specified information, decisions can be made at planned review points about whether objectives have been met and whether the programme should continue. A reporting structure should be defined for collecting comments from clinical supervisors, specialist trainers and educationalists as well as from the practitioner.

6. Complete the programme and follow up
Management actions will depend on whether concerns about the practitioner's performance have been resolved or only partially resolved. Follow up actions should normally be linked firmly with the appraisal process.

8   ACTION WHEN A CONCERN ARISES

8.1   The management of performance is a continuous process, which is intended to identify any capability issues as they arise. Numerous ways now exist in which concerns about a practitioners performance can be identified, including;

- Concerns expressed by other NHS professionals, health care manager, students and 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;
- Complaints about care by staff, patients or relatives;
- Complaints about conduct/behaviour by staff, patients or relatives;
- Information from the regulatory bodies;
- Litigation following allegations of negligence;
- Information from the police or coroner;
- Court judgements.

8.2   Concerns that have been identified through the above routes will be investigated as part of the relevant procedure. The outcomes of these investigations will be logged in the documentation required for appraisal (see Section 5.3 of the Medical Appraisal Policy). This will ensure that where relevant, issues are included in the appraisal portfolio and are considered as part of the process for reaching a recommendation for revalidation of doctors.

8.3   Unfounded and malicious allegations can cause lasting damage to a practitioner's reputation and career prospects. Therefore all allegations, or concerns raised by colleagues, must be properly investigated to verify the facts so that the allegations can be shown to be true or false.

8.4   The Trust will work with the other organisations to ensure that jointly agreed procedures are in place for dealing with any concerns about   practitioners   with honorary contracts.

8.5   Concerns about the capability of doctors and dentists in training should be considered initially as training issues and the Postgraduate Dean should be involved from the outset.

8.6   The Medical Director will work with the Director of HR to decide the appropriate course of action in each case. 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. The Medical Director will act as the Case Manager in cases involving Consultants but may delegate this role to a senior manager on his/her behalf in other cases. The Medical Director may delegate authority in cases to the Deputy Medical Director or Clinical Director as considered appropriate taking into account the profile and details of a particular case.

8.7   It is inevitable that some cases will cover conduct and capability issues. It is recognised that these cases can be complex and difficult to manage. If a case covers more than one category of problem, a joint decision will be taken by the Medical Director and Director of HR on whether to combine these under a single capability or conduct process or deal with the issues separately. For issues related to conduct these will be dealt with in line with the Trust's Disciplinary Procedure, having consulted NCAS.   The practitioner will be entitled to use the Trust's Grievance Policy and Procedure if they consider that the case has been incorrectly classified.

8.8   Advice from NCAS will help the Trust to decide whether the matter raises questions about the practitioner's capability as an individual 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 is considered by a capability panel (unless the practitioner refuses to have his or her case referred).   The Trust will also consult NCAS about any potential disciplinary cases.

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

8.10   NCAS will be consulted for advice to support the remediation of a doctor or dentist. The Trust will use the National Patient Safety Agency document 'Back on Track' as the framework for their remediation strategy.

8.11   The Trust will ensure that managers and case investigators receive appropriate and effective training in the operation of this procedure.   Those undertaking

investigations or sitting on capability, disciplinary or appeals panels must have had formal equal opportunities training before undertaking such duties. The Board of Directors will agree what training staff and Board members must have completed before they can take a part in these proceedings.

9 MONITORING COMPLIANCE/EFFECTIVENESS OF THE POLICY

Area for monitoring	Method	Frequency	Responsibility	Monitoring Assurance Group	Lead for developing action plan	Group responsible for monitoring action plan
Duties	Policy review	3 yearly or during any policy update.	Sponsor	Executive Committee	Sponsor	Policy Committee
Percentage of doctors having a satisfactory annual appraisal	Audit	Annual	Medical Director and Head of Internal Audit	Medical Revalidation Group	Sponsors	Executive Committee
Percentage of doctors having a revalidation recommendation	Audit	Annual	Medical Director and Head of Internal Audit	Medical Revalidation Group	Sponsors	Executive Committee
Formal concerns are raised as per Section 8 of the policy	Report	Annual	Medical Director and Director of Human Resources	Medical Revalidation Group	Sponsors	Executive Committee
Action is taken as per Section 8 of the policy once a formal concern has been raised	Report	Annual	Medical Director and Director of Human Resources	Medical Revalidation Group	Sponsors	Executive Committee

10 DISSEMINATION, IMPLEMENTATION AND TRAINING

10.1 A copy of this policy will be sent electronically to all doctors and dentists.

10.2 The policy is available on the Policy Section of the Trust's Intranet.

10.3 The policy will be implemented as part of the roll out of Medical Revalidation. It will be publicised through the Medical Revalidation intranet site and through appraiser and appraisee training

11 CONSULTATION, REVIEW AND APPROVAL/RATIFICATION

11.1 Consultation/Review
- Human Resources Strategy Group
- Revalidation Group
- Joint Consultative Group
- Clinical Director Forum

11.2   Approval
- Executive Committee

11.3   Ratification
- Policy Committee

12   REFERENCES

- National Clinical Assessment Service - *"The Back on Track Framework for Further Training Restoring practitioners to safe and valued practice"*
- Department of Health – *"Maintaining high professional standards in the modern NHS"* - a framework for the initial handling of concerns about doctors and dentists in the NHS.
- General Medical Council – "Effective governance to support medical revalidation";
- General Medical Council - *"Making revalidation recommendations: the GMC responsible officer protocol"*
- Department of Health – *"Tackling Concerns Locally: report of the Working Group"* 2009
- General Medical Council – *"Raising and acting on concerns about patient safety"*
- Northern Deanery – "*Doctors and Dentists in Difficulty Policy"* 2011

13   ASSOCIATED DOCUMENTATION

- Disciplinary Procedure
- Grievance Policy and Procedure
- Secondary Employment Policy
- Standards of Business Conduct Policy
- Attendance Management Policy
- Medical Appraisal Policy

COMPETENCY FRAMEWORK FOR THE RECRUITMENT OF CONSULTANTS

NOTE:
1.   Where an asterisk appears in the behavioural indications or contra-indicators, read across the table to see examples in the comments.
2.   Contra-indicators included here are not simply the opposite of the indicators but specific attributes or behaviours to listen and watch for during an interview, which would count against the candidate. Other contra-indicators can also include the opposite of any of the indicators.

Competency	Behavioural exemplars	Contra-indicators	Comments/Examples
1. Communication	- Actively listens - Makes eye contact - Matches language to the patient - Puts patients at ease - Includes the patient/family in decisions that affect them - Discusses options - Supports patient in reaching an informed decision - Shows an interest in the other person - Adapts their style to suit the person and situation - Appears aloof and distant - Makes time to discuss concerns with colleagues	- Does not speak to the patient directly - Does not listen - Makes inappropriate use of IT* - Dismisses patients' concerns - Does not show support when breaking bad news** - Dismisses colleagues' concerns - Appears aloof and distant	*e.g. using e-mails to raise grievances; "bombarding people"; instead of managing difficult situations face to face.* **e.g. walks away as soon as bad news is delivered.*
2. Team Working	- Works with others to improve the service - Shows trust in colleagues from other specialties - Shows respect for other team members' contribution - Accepts others' views as valid - Shows respect to other team members - Is able to get on with colleagues - Shows appreciation/praise for others' efforts - Reconciles diverse views - Volunteers for additional/unexpected work	- Leaves others to pick up the pieces - Shows no appreciation of others' work - Shows no respect for what others can do or contribute - Criticises colleagues in front of others - Undermines or discredits others - Blames others for mistakes - Makes judgmental comments - Puts personal needs or wishes before team colleagues*	*e.g. "This is what I want – my service; my patients" etc. (cross reference to empathy)*
Competency	Behavioural exemplars	Contra-indicators	Comments/Examples
3. Personal Organisation and Administrative Skills	- Takes time and appears unhurried - Is punctual - Prioritises work	- Over-commits - Lets paperwork build up - Shows little or no	

Competency	Behavioural exemplars	Contra-indicators	Comments/Examples
	appropriately • Delegates appropriately • Negotiates conflicting demands on time • Manages patients' expectations ** • Meets commitments reliably	interest in "mundane" tasks • Is hurried and appears anxious to "get through" the work • Does not comply with/is lax about systems*	***e.g. regarding waiting times* **e.g. completing forms for annual leave*
4. Clinical Leadership	• Takes control in deteriorating situations • Involves the team • Is enthusiastic • Encourages ideas from others • Communicates a vision for the service • Inspires others * • Balances being decisive with being inclusive when making decisions • Reminds others of the purpose of their work • Leads improvements for the benefit of the patients • Leads by example, demonstrating dedication and commitment • Empowers others	• Adopts a superior or arrogant attitude • Misuses status for personal gain • Does not accept responsibility ("passes the buck") • Is dictatorial • Discourages initiative • Does not praise or acknowledge others' efforts	** e.g. "we can make things better"*
5. Empathy and Sensitivity	• Is compassionate and supportive • Shows understanding of the impact on the patient of a condition/illness • Shows understanding of situations from others' perspective (empathises) • Shows that he or she cares • Treats the patient as a person not a condition * • Is approachable • Uses humour appropriately	• Is dismissive of others' feelings or concerns • Appears aloof • Behaves aggressively (physically or verbally) • Dominates the conversation/appears overpowering • Uses frequent sarcasm	** e.g. "Is that knee ready?"; "what about the gall bladder in bed 3?"*
Competency	**Behavioural exemplars**	**Contra-indicators**	**Comments/Examples**
6. Openness, Learning and Self-Awareness	• Questions and reflects on own practice • Helps others to learn and improve • Open to others' views or ideas	• Resists change ** • Does not accept responsibility for own mistakes • Refuses to listen to advice	*** e.g. not using new equipment: adopting new processes or procedures;*

	• Accepts and supports change • Shares good practice • Shows a desire to learn and improve • Shows an understanding of own strengths and limitations • Seeks feedback from others about own practice and behaviour • Shows awareness of impact on others	• Is defensive about critical feedback • Is over-confident • Does not recognise the impact of own decisions on others *	*E.g. extending a list, so others must stay late.*
7. Coping with Pressure	• Is calm in a crisis • Is positive • Copes with constraints • Accepts criticism without being defensive • Is proactive in solving problems • Tolerates ambiguity/uncertainty • Handles conflict effectively (i.e. without avoiding it or becoming confrontational)	• Is physically or verbally aggressive * • Is confrontational during conflict or difference of opinion • Is bad tempered to colleagues or patients • Cannot tolerate ambiguity/ uncertainty • Shows impatience when under pressure	*e.g. throwing notes; outburst of anger/temper; intimidating verbal or non-verbal behaviour*
8. Influencing and Negotiating	• Shows willingness to compromise • Listens to and acknowledges alternative points of view • Does not allow their emotions to cloud the debate • Is open to influence by others outside their profession • Acknowledges others' professional guidelines or constraints • Shows political astuteness* • Influences best practice in junior doctors and other staff	• Relies on emotional rather than evidence-based argument • Is dogmatic about own viewpoint	*e.g. knows the right time to speak up*
Competency	**Behavioural exemplars**	**Contra-indicators**	**Comments/Examples**
9. Corporate Awareness and Engagement	• Supports the organisation's vision • Works with managers • Manages boundaries between personal beliefs and organisational needs/requirements	• Regards and treats managers as enemies • Lacks awareness of the business needs in the organisation • Shows a conflict of interest – putting	

	• Shows an appreciation of organisational constraints • Understands the corporate point of view and can balance it with their own personal needs and gains • Prepared to challenge the corporate view constructively • Balances Trust policy with clinical guidelines • Goes the "extra mile" for the organisation	personal needs above the organisation • Show poor awareness of/commitment to governance issues	
10. Clinical Effectiveness	• Keeps up to date • Good patient outcomes • Demonstrates high standards of clinical care • Shows appropriate confidence, clinically • Instils confidence in others (junior staff, colleagues, patients)	• Refusal to comply with procedures such infection control (e.g. hand-washing) • Shows little or no evidence of , or expressed desire to keep up to date • Shows little or no evidence of changing their practice to stay in line with change • Shows poor clinical knowledge * • Shows poor clinical skills * • Shows a lack of confidence in own skill or knowledge	*Both of these may be better tested further through other parts of the selection process but may be evident at interview.*
11. Teaching and Training	• Gives honest and constructive feedback • Creates supportive learning environment • Gives feedback opportunistically • Encourages trainees to be curious • Uses a range of current teaching and learning techniques	• Teaches by "humiliation" • Fails to use current • learning techniques • Uses a limited range of teaching techniques • Expresses a lack of • interest in or • commitment to • teaching and training	