Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document level: Trustwide (TW)
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Remediation policy for medical staff

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Type of document	Policy
Target audience	Other Consultant and SAS doctors
Document purpose	To clarify the arrangements for doctors undertaking a further training programme

Approving meeting	People and OD Sub Committee	Date 21-Nov-16
Implementation date	Dec-16	

CWP documents to be read in conjunction with	
HR21	Medical Appraisal Policy
HR 9	Handling concerns about the conduct, capability and health of medical staff

Document change history	
What is different?	New policy
Appendices / electronic forms	n/a
What is the impact of change?	n/a

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)

Document consultation	
East locality	
Wirral locality	
West locality	
Corporate services	Local Negotiating Committee
External agencies	

Financial resource implications	Yes

External references
1. The back on track framework for furhter training - National Clinical Assessment Service (NCAS)

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	

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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	n/a	
What is the level of impact?	n/a	

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Content

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FLOWCHART

Identify the full range of concerns - ensure that there is a clear understanding of their nature and range.

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Draft an action plan framework using 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.

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

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Plan the detail of the programme. 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, confirmation of cost-sharing arrangements (or not) and actions to be taken if progress exceeds or falls short of expectations at specified review points.

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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 all involved in the programme, including the doctor.

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.

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1. Introduction

The policy applies to all medical staff for whom CWP is the designated body for the purposes of Revalidation - the General Medical Council's process for ensuring the doctors are fit to practice. These doctors will have the CWP Medical Director (Effectiveness, Medical Education and Medical Workforce) as their Responsible Officer (RO.)

Doctors in training, GPs undertaking sessions in CWP and agency locum doctors will follow their own designated body's process.

The aim throughout this policy is to resolve situations which relate specifically to the lack of capability of a doctor to perform the work for which he/she is employed. Getting doctors back to full and unsupported medical practice is the aim of remediation. This in turn will support the RO in making positive recommendations to the GMC for Revalidation. The policy is based on the guidance contained in "The back on track framework for further training" from The National Clinical Assessment Service (NCAS.)

Whilst the ambition will be to get the doctor back to their previous role, it may be that in some cases this is not always be possible. At all times, patient safety will remain paramount.

Where appropriate other policies and processes may be utilized e.g. HR9 Handling concerns about the conduct, capability and health of medical staff.

Concerns about practice would relate to gaps in clinical knowledge/skills or conduct/behaviour and would apply in the following situations:-

a) Doctors whose performance has been identified as a concern through a formal processes, for example by the Trust's clinical governance procedures including investigation and subsequent competency or disciplinary action; via a regulatory route, e.g. NCAS, the General Medical Council (GMC;) a Royal College of Psychiatrists performance assessment; or, for doctors who act as a clinical/educational supervisor of trainees, Health Education England..

b) Doctors for whom the appraisal process has identified very early signs of difficulties. Further training at this stage may enable the doctor to stay within the appraisal system without triggering other clinical governance processes.

c) Doctors who have had a significant period away from the Trust and/or from practice. For example, through suspension/exclusion (with or without identified clinical deficiencies;) a change in career path; ill-health/maternity/carers leave or other types of statutory leave, or a period working outside the NHS or outside the UK. Whether a break is 'significant' will be a matter of judgement by the Medical Director/Responsible Officer; around 6 months is a reasonable guide.

2. Definitions

Remediation - the process of addressing concerns about practice (knowledge, skills and behaviour) that have been identified through assessment, investigation, review or appraisal, to allow the doctor the opportunity to return to safe practice.

Rehabilitation - the supervised process of supporting a doctor disadvantaged by chronic ill health or disability, enabling him/her to access, maintain or return to practice safely.

Reskilling - the process of addressing gaps in knowledge, skills and behaviour which result from a significant period of absence (usually over six months) so that the doctor has the opportunity to

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return to safe practice. This may, for example, follow suspension, exclusion, maternity, carer or other statutory leave, a career break or ill health.

A programme of further training – a formal action plan of remediation activities, which may include reskilling and supervised clinical placement, with specific learning objectives, milestones and outcomes, agreed between the doctor and the programme director.

Clinical supervision - wide exposure to the full range of appropriate clinical scenarios with constructive feedback, structured reflection and (depending on satisfactory progress at each stage) a sliding scale of supervision; from observation to direct supervision to indirect supervision to opportunistic supervision to professional supervision, with increasing responsibility for patient care and regular focused and supported time-out to reflect on clinical activity.

3. Responsibilities

The **Medical Director/CWP's Responsible Officer (RO)** for medical revalidation takes on the role of **programme director**. He/she leads the programme and is accountable to the trust for its development, progress and outcome.

The **Locality or Specialty Clinical Director** will act as the **programme co-ordinator** by overseeing the programme and reporting to the programme director on the doctor's progress against milestones and objectives. The Locality/Specialty Clinical Director will also ensure that the doctor taking part in the further training is referred to the Trust's wellbeing/occupational health services for support (if this is not already in place) in acknowledgement that this may be a stressful time.

The doctor is required to engage with the process, co-develop and own the action plan, participate in the agreed interventions and provide the agreed supporting information/evidence (such as audits, reflective learning logs, certificates of completion of continuing professional development etc.) within timeframe. Support will be offered by the trust and others, e.g. NCAS, the British Medical Association (BMA) and the doctor's defense organisation.

A doctor with a strong medical education background may take on the role of an **educational supervisor**, becoming involved in the programme or verbally advising the programme director/ programme co-ordinator on goals, standards, competencies, methods for reviewing progress and the programme outcome.

A **clinical supervisor** (not as defined in the medical education sense) will ensure safe practice, monitor progress against milestones and report back to the programme coordinator. Regular contact with the doctor ensures timely, robust and reliable feedback can be reported throughout the programme.

NCAS advises on the drafting or reviewing of action plans developed locally, their implementation and on methods of monitoring progress. NCAS does not agree plans or 'sign them off' and ownership of the programme remains with CWP. However, NCAS supports local processes by facilitating meetings throughout the life of the programme and acting as a source of objective advice.

Indemnity – CWP employees monitoring, supervising or directly involved will be indemnified by the trust for the work they undertake with the doctor as part of a further training programme.

4. Duration and costs of the further training

A programme is likely to take between three and six months, with a maximum length of one year. Successful completion will secure the doctor's future income and livelihood. It may be terminated if the doctor is not progressing within the timeframes agreed. The involvement of a number of professionals in a programme of further training is costly. It takes them away from direct patient care and has a considerable impact on their own workload. The doctor *may* be asked to make a

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reasonable contribution to costs, each case being considered individually by the programme director. The NCAS framework suggests a number of ways this may happen.

5. Drawing up and agreeing a further training programme

The exact nature and full range of concerns will be identified and documented so that all involved are clear.

An action plan framework will be drafted setting out what can be done to address the identified needs. This framework will inform discussions and decision-making around engagement, reasonableness, proportionality, practicability and resourcing. The action plan should address:

a. Areas of concern;
b. Possible interventions;
c. Resources needed;
d. Potential support;
e. Timeframes;
f. Sources of evidence/information needed to demonstrate progress;
g. The role to which the doctor will return if the programme demonstrates that the identified concerns have been addressed;
h. The implications for the doctor if concerns are not addressed.

The doctor should share the framework with a professional representative an early stage.

Where possible, interventions will be developmental, providing the doctor with constructive feedback to encourage reflection and build insight into the ways in which practice and performance can change. A combination of interventions will usually be required to enable a doctor to demonstrate developing skills, an ability to translate theory into practice and to make progress towards the standard of work described and required in the plan. In normal circumstances the programme will be carried out in the doctor's usual place of work, but in exceptional circumstances, may be carried out elsewhere. Clinical supervision (to some degree) will be at the heart of the programme so that patient safety can be assured.

Once agreed in principle and while a programme is still being worked out, the doctor may be asked to participate in non-clinical learning activities (for example, behavioural coaching, attending occupational health/staff support appointments, CPD/mandatory training, audit) which may be integrated into the action plan retrospectively.

If an 'in principle' agreement cannot be reached, other measures will need to be explored to ensure that patient safety is not compromised. This may include the doctor working at a lower grade with consequent salary reduction if the trust is able to find a suitable post.

When there is agreement on the principles within the draft framework, a full action plan for the further training programme will be worked up by the doctor and those concerned, with support from NCAS and CWP's People Services. The NCAS Practitioner Action Plan Template (provided by NCAS) will be used to give a structure to the process and to make the programme planning coherent, logical and transparent.

In drawing up the plan we will:

- Identify objectives which are **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-defined;
- List interventions which will give the doctor the opportunity to demonstrate improved performance.

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- This may include placements in the doctor's usual workplace, elsewhere in the trust, or in rare circumstances, externally. The trust and the doctor would work together to identify an appropriate clinical placement;
- Identify the portfolio evidence (as well as interim and final reports from supervisors) which the doctor will need to provide to demonstrate that each part of the plan has been delivered;
- Clarify timescales with a planned start date so that negotiations on the programme do not drag on and set a deadline for agreement of the plan;
- Identify a suitable mentor;
- Specify the other individuals and organisations whose participation will be needed.
- If the doctor is not already receiving appropriate support, the options and how to access them will again be recorded.

6. Monitoring the programme

There will be close monitoring of the programme and collection of evidence, as specified in the plan. This enables decisions to be made at planned review points as to whether objectives have been met, enabling the programme to move on to the next milestone. It will also reassure the RO that patient safety is not being compromised.

Monitoring should be undertaken by the supervisor(s) identified in the action plan to demonstrate the doctor's ability to progress and develop. A number of clinical supervisors for different elements of training will provide different perspectives on the doctor's performance and provide a rich range of evidence, enhanced by the portfolio of evidence that the doctor will also provide.

The monitoring process will involve regular meetings between the programme co-ordinator and the supervisor(s) and with the doctor to measure progress formally against milestones. The time intervals between milestones may be varied if there is agreement to do so.

The programme director will receive regular feedback from the programme co-ordinator. If the doctor is making quicker than expected progress, the duration of the programme may be reduced. Alternatively if a lack of engagement or lack of progress identified, it will be dealt with quickly and effectively. This could include rearranging activities, extending deadlines or, potentially, the early termination of the programme. In this latter case the trust's "Handling concerns about the conduct, capability and health of medical staff" and possibly the disciplinary policy, will be followed.

7. Completing the programme

As the programme moves towards completion the action plan template builds into a report with supporting comments and evidence. If the concerns about the doctor's performance have been resolved, the programme director should agree arrangements for the doctor to return to practice under the terms agreed. If progress has not been made, alternative management actions will be considered.

Confirmation of satisfactory completion should be confirmed in writing to all parties including the doctor and all external stakeholders, egg NCAS, the doctors defence union etc.

At annual appraisal the doctor will provide a reflection on the programme for discussion with his/her appraiser. This may allow further actions to be put in place, if necessary, to provide on-going support for the doctor.

8. The doctor's re-entry to work

Both the doctor and his/her team will be supported if required. Prior to the doctor's return, the RO/Clinical Director will meet with the team and/or individuals to establish whether relationships have been damaged. If required, in-house team-building will be provided prior to the doctor's return.

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Information on how to give on-going feedback, both positive and negative, will be communicated by the Clinical Director.

9. Organisational development

Where changes have been recommended for the team or the wider organisation as a result of the NCAS assessment or other review, an organisational action plan will be agreed and put in place alongside the doctor's action plan. The RO will have responsibility for ensuring this is discussed by the Trust's Operational Board and actioned.

10. Reporting

The trust will maintain a record of doctors undertaking a return to work programme. Anonymised reporting will be via the People and Organisational Development Sub-Committee and externally if required by relevant stakeholders, egg NHS England as part of the revalidation process.

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