

REMEDIATION POLICY FOR MEDICAL STAFF

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REPLACES NEP DOCUMENT	Remediation policy and procedure	
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AUTHOR	Head of Medical Workforce	
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POLICY SUMMARY		
<p>This policy aims to ensure that the organisation sets out and maintains high standards of quality patient care and service delivery through its medical workforce.</p> <p>This policy sets out the principles in approaching remediation for the medical workforce, ensuring they are dealt with in a timely, fair, reasonable and consistent manner.</p>		
The Trust monitors the implementation of and compliance with this policy in the following ways;		
<p>This policy is subject to the monitoring and review in accordance with the agreed review schedule of Trust policies and as agreed by the Trust's Joint Local Negotiating Committee (JLNC).</p> <p>Compliance with this policy will be against the Trust's agreed minimum requirements / standards as detailed within its Auditable Standards and Monitoring Arrangements, as well as the use of internal reporting and recording within the Human Resources Department.</p>		
Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

The Director responsible for monitoring and reviewing this policy is the Executive Director of Corporate Governance and Strategy

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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ASSURANCE STATEMENT

This policy aims to ensure that the organisation sets out and maintains high standards of quality patient care and service delivery through its medical workforce.

This policy sets out the principles in approaching remediation for the medical workforce, ensuring they are dealt with in a timely, fair, reasonable and consistent manner.

1.0 INTRODUCTION

- 1.1 The organisation is responsible for setting clear, measurable, realistic and achievable standards of performance and behaviour for its medical workforce.
- 1.2 In line with national requirements for Revalidation, the Responsible Officer for the Trust is accountable on behalf of the Designated Body to evaluate and confirm the fitness to practice of every medical practitioner who has a prescribed connection with the Trust.
- 1.3 The organisation has a responsibility to ensure that employees understand what is required of them as part of their role. This includes identifying areas of poor performance and managing these in a supportive and consistent manner.

2.0 SCOPE OF THE POLICY

- 2.1 This policy covers all medical practitioners employed directly by the organisation.
- 2.2 Locum Doctors not employed directly by the Trust will be referred to their designated body's Policies and Procedures.
- 2.3 Junior Doctors in Training will follow the Deanery's procedures regarding remediation.

3.0 PURPOSE

- 3.1 This policy and allied procedure has been developed in order to support the management of performance of the medical workforce across the organisation. It is recognised that the strength of our business and the success of our services is dependent upon the quality of our workforce. Our aim throughout the policy and allied procedure is to provide a supportive framework to resolve situations which relate specifically to concerns about a practitioner's capability to perform the role which they have been employed to do.

- 3.2 This policy is based upon and in line with ‘Back on Track’ - NCAS¹, ‘Maintaining High Professional Standards in the Modern NHS’², ‘Tackling Concerns Locally’ – DOH³, ‘Raising & Acting on Concerns About Patient Safety’ - GMC⁴.
- 3.3 Any concerns that are raised that are considered to be of a serious nature should be referred to the Medical Director/Responsible Officer and may be dealt with under the Trust’s Maintaining High Professional Standards – Conduct and Capability for Medical and Dental Staff Policy and Procedure HR/HRPG32

4.0 DEFINITIONS

- 4.1 **Responsible Officer (RO)** – appointed by the Designated Body, in accordance with legislation, to evaluate and confirm the fitness to practice of every medical practitioner who has a prescribed connection with the organisation and to make a recommendation to the GMC, usually every 5 years, about whether the doctor should be revalidated. The RO is also responsible for ensuring that systems of clinical governance and appraisal in the organisation are working and appropriate for revalidation. The role of the RO is an extension of the current roles and responsibilities of the Medical Director.
- 4.2 **Line Manager** – For the purposes of this policy the line manager is the direct supervising Consultant, Clinical Director or Deputy Medical Director that an individual reports to. The Line Manager is responsible for the development and implementation of the supportive Remediation Programme, with access and reference to the HR Manager – Resourcing, Director of Medical Appraisal and the Responsible Officer as appropriate.
- 4.3 **Remediation** – the process of addressing performance concerns (knowledge, skills and behaviours) that have been recognised through supervision, assessment, investigation, review or appraisal so that the practitioner has the opportunity to practice safely. This can take the form of the simplest professional advice through to formal mentoring, further training, reskilling and rehabilitation.
- 4.4 **Reskilling** – the process of addressing gaps in knowledge, skills and / or behaviour where a practitioner is performing below the required standard or as a result of an extended period of absence so that the practitioner has the opportunity to return to safe practice. This may be, for example, following a suspension, exclusion, maternity leave, career break or ill health.
- 4.5 **Rehabilitation** – the process of supporting the practitioner, who may be disadvantaged by chronic health or disability, and enabling them to access, maintain or return to practice safely.

¹ National Clinical Assessment Service, Back on Track, Restoring Doctors and Dentists to safe professional practice, October 2006

² Maintaining High Professional Standards in the Modern NHS: a framework for the initial handling of concerns about doctors and dentists in the NHS

³ Tackling Concerns Locally, Report of the Working Group, Department of Health March 2009

⁴ Raising & Acting on Concerns About Patient Safety – GMC March 2012

5.0 RESPONSIBILITES

- 5.1 Training and supervision are essential to the achievement of satisfactory performance. As such, the organisation will ensure that its employees are supervised regularly and trained adequately in order to fulfil the requirements of their role.
- 5.2 All practitioners must take responsibility for their own professional development to ensure that they are appropriately equipped to perform the duties of their designated role within the organisation and must seek support and advice as necessary to ensure this is maintained.
- 5.3 Medical managers, supervisors and appraisers must ensure they are appropriately trained and skilled to provide the appropriate level of support for their respective medical workforce and seek advice as appropriate from a HR Representative, Director of Medical Appraisal and/or the Responsible Officer.

6.0 RELATED POLICIES AND PROCEDURES

- Maintaining High Professional Standards – Conduct and Capability for Medical and Dental Staff Policy and Procedure
- Equality, Diversity and Human Rights Policy

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