

REMIEDIATION PROCEDURE FOR MEDICAL STAFF

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PROCEDURE SUMMARY		
The Trust monitors the implementation of and compliance with this procedure in the following ways;		
Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this procedure is
The Executive Director of Corporate Governance & Strategy**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

REMEDIATION PROCEDURE FOR MEDICAL STAFF

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

REMEDIATION PROCEDURE FOR MEDICAL STAFF

Assurance Statement

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

This procedure sets out the principles and the framework 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, and realistic achievable standards of performance and behaviour for its medical workforce.
- 1.2 In line with national requirements for Revalidation, the Responsible Officer for the organisation 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 REMEDIATION PRINCIPLES

- 2.1 The organisation will offer early intervention when justifiable concerns emerge over the capability, conduct or health of a medical practitioner, with the aim wherever possible of remediation, reskilling or rehabilitation. All concerns should be dealt with quickly and appropriately and inevitably some programmes will be more straightforward than others.
- 2.2 The following principles of best practice build upon the guiding principles of the NCAS document Back on Track¹:

SEVEN GUIDING PRINCIPLES (NCAS)

- **Principle One: Clinical Governance and patient safety** - Patient safety should be the paramount consideration in any return to work programme.
- **Principle Two: A single framework guiding individual programmes ensuring a fair and consistent approach** - Providing expertise in less common and more specialist areas of clinical practice, handling potential local conflicts of interest, avoiding overly complex bespoke arrangements.
- **Principle Three: A comprehensive approach** - Clarifying and addressing expectations and aspirations, taking into account the need to protect patients safety at all times, addressing fully the practitioners needs as well as the factors that may be affecting performance.
- **Principle Four: Fairness, transparency, confidentiality and patient consent** – taking into account relevant policies and procedures regarding confidentiality, ensuring fairness and consistency but providing an open, clearly evidenced based process to support the individual.
- **Principle Five: Ongoing and consistent support** – including personal and professional support for the individual with clear lines of accountability and ongoing review and support.
- **Principle Six: Success and failure** – Objectives should be clear and the process must address the possibility of failure or limited improvement as well as success.
- **Principle Seven: Local resolution drawing on local and national expertise** – Programmes should support local resolution and sharing of expertise with reference and access to national guidance and support as necessary.

¹ Back on Track, Restoring Doctors and Dentists to Safe professional practice, Framework Document October 2006.

3.0 THE REMEDIATION FRAMEWORK

This framework should be applied where concerns have been identified about a practitioner's ability to meet the requirements for Revalidation and the following process should be followed:

3.1 Stage 1 - Identifying Concerns

- The Medical Manager/Appraiser is to identify areas of concern and develop recommendations for a supportive programme, including information from assessment, investigation or review as necessary.
- The Responsible Officer (RO) is to review the recommendations for a remediation programme.
- Consider the practitioner's training and support needs arising from the relevant assessment.
- To agree options for resuming work or adjustments to role (if appropriate) and success criteria, including prospects for success.
- Summarise these in an outline programme specification.
- Agreement in principle to proceed to Stage 2 if necessary.

3.2.1 Where the entry point to the programme is local investigation, Royal College review or NCAS or regulatory body assessment, the findings and recommendations will determine the content of the programme. The report of any investigation, review or assessment should be made available to those who are assisting to plan the programme so that a detailed statement of training needs can be prepared.

3.2.2 For all practitioners it will be necessary to ensure that all significant training and development needs have been adequately identified; to do this the Trust may need to consider further investigation or assessment.

3.2.3 Some practitioners may need a return to work programme after a prolonged absence, following, for example, exclusion or restriction of practice, suspension/erasure by the GMC or after a career break, a period overseas or ill health. They will normally need additional approaches to identifying training needs (for example, through a period of supervised practice or review undertaken by a Deanery or Royal College).

3.3 Feasibility of the programme and ability of the practitioner to change

3.3.1 In considering whether to support a return to work programme, the Trust will need to consider the likelihood of success. This will relate to such factors as:

- the extent to which the practitioner is able to acknowledge the difficulties identified;
- the progress made in previous attempts to improve practice;
- the practitioner's demonstrated commitment to change;
- significant physical or mental health problems which impact on patient safety and cannot be remedied;
- availability of resources and support;
- the relationships between all parties;
- the seriousness and scope of the concerns identified.

3.3.2 In some cases the Trust may decide not to support a programme, but normally it will be appropriate for a practitioner to have the opportunity to demonstrate their ability to progress.

This will be provided through a structured programme with clear goals, success measures and review dates. If progress is not satisfactory, the Trust will need to decide on an alternative course of action.

3.3.3 Where a practitioner is not able to remain in their substantive role the feasibility of a return to work programme will depend on finding a suitable placement. Where a practitioner has been suspended, or their practice restricted, feasibility will depend not only on finding a suitable placement but also on ensuring that adequate safeguards are in place to protect patient safety to allow the practitioner to work under supervision.

3.4 Addressing health problems

3.4.1 Significant physical or mental health issues will need to be addressed before progress can be made on other areas of the return to work programme. Occupational Health advice and support should be sought and further specialist referral as appropriate. If there are health concerns, the line manager should ensure information is included and considered throughout the return to work programme. Health problems that are unlikely to impact on the outcome of the programme may be addressed during its course.

3.4.2 The Trust's Maintaining High Professional Standards – Conduct and Capability Policy and Procedure should also be considered for dealing with ill health.

3.5 Trust commitment to re-entry

3.5.1 The Trust, as the employer, will consider how to support the practitioner's re-entry or re-integration to the workplace following successful completion of the programme. Consideration will be given to whether specific action will be required to rebuild relationships between the practitioner and their team, which may include mediation or facilitation where necessary.

3.6 Agreement to desired outcome

3.6.1 Following review of the needs identified, all parties (line manager, practitioner and other advisory bodies) need to agree that the return to work programme is required and is appropriate. The desired outcome should be defined. This may include, for example, the practitioner returning to full duties in their post, or, alternatively, taking up a post with more limited scope or responsibility. The Royal College can be approached to advise on the requirements of the post.

3.7 Offer personal support to the practitioner

3.7.1 The line manager should remind the practitioner of the need for personal support or mentoring and may suggest options for how this support may be provided.

3.8 Where there is no agreement

3.8.1 In some cases the line manager will need to consider other options which may include mediation; alternative work location; or if the Trust's Maintaining High Professional Standards – Conduct and Capability for Medical and Dental staff should be applied. Advice should be sought from a HR Representative on such matters.

3.8.2 It may be appropriate at this stage to offer the practitioner specialist careers advice (see NCAS resource directory: www.ncas.nhs.uk/resources/).

3.9 Agreement to proceed

3.9.1 If it is possible to reach agreement (even if it is provisional) on a way forward, it is reasonable to conclude Stage 1 and proceed to consider the supportive programme in more detail.

3.10 Stage 2 - Devise and agree Improvement Programme

- Identify individuals who will assist with the programme, including programme supervisor.
- Develop the overall Improvement Programme
- Use output of Stage 1 to design:
 - Practitioner's Improvement Programme, based on training needs;
 - Organisational action plan.
- Gain support from relevant authorities (e.g. Royal College, Deanery, NCAS) to the aims, design, objectives, methods and resource requirements for the programme.
- Agreement of all parties to proceed with the programme.

3.11 Identify roles and responsibilities for handling the programme

3.11.1 It may be necessary to identify relevant individuals to be involved in supporting development and implementation of the Improvement Programme. Their roles would need to be clear and their work coordinated by the Responsible Officer or their designated appointee.

3.11.2 The Responsible Officer (RO) or their designated appointee, may convene a panel of individuals who contribute to the planning and management of the programme. This may include a lay Non-Executive Board member to bring a wider organisational and lay perspective. The responsible officer should take advice from the Deanery or Royal College to identify the individual who will act as the programme supervisor for any clinical retraining.

3.11.3 The programme supervisor will assist the practitioner (with the RO or their designated appointee) in compiling a practitioner Improvement Plan and will oversee the clinical aspects of the programme as a whole, reporting to the RO or their designated appointee on progress against objectives.

3.11.4 In addition, the local Deanery and/or appropriate Royal College may be invited to provide expert advice on training goals, standards to be reached/competencies to be demonstrated and the measures for reviewing progress and outcome of the programme. These will need to take into account the post to which the practitioner is returning.

3.12 Develop the action plans

3.12.1 The practitioner will need a clear plan to address improvements required in their practice ('Improvement Programme' (IP)). In addition, the Trust will need to devise a plan to ensure that arrangements are in place to support the practitioner on completion of any training and measures to address any team or organisational factors.

3.12.2 The practitioner's Improvement Programme will need to cover such issues as:

- A clear statement of what the programme is seeking to achieve;
- Prioritised objectives;
- Training resources required;
- Timescales for interim review and completion of the programme;
- How achievement of the objectives will be assessed
- Funding requirements and how these will be met, including the contribution from the practitioner;
- Location of programme;
- Arrangements for support;
- How the 'sign off' process will be managed;
- A statement of the action to be taken if the programme is not satisfactorily concluded or if concerns are identified which suggest a serious risk to patient safety;
- Details of the post to which the practitioner is likely to return.

3.13 Agree where training will take place and arrangements for any placement (if necessary)

3.13.1 The RO or their designated appointee should agree with the practitioner where any clinical retraining programme will take place, taking into account the views of the panel.

3.13.2 For practitioners currently at work, the programme may take place wholly or partially at the practitioner's normal place of work. Where this is not appropriate, or where the practitioner is not at work, a placement will be required.

3.13.3 The Trust and the practitioner should work together to identify a clinical placement. The responsible officer or their designated appointee will normally seek advice from the Deanery or Royal College as to the suitability of the placement. If there is evidence that the practitioner is not willing to accept a reasonable offer of a placement, the Trust may need to take other steps to resolve the case.

3.14 Courses, coaching and training interventions

3.14.1 In addition to supervised work, the practitioner should be encouraged to attend tutorials, workshops and courses, and undertake focused reading on specific topics.

3.14.2 Where there are behavioural concerns, skilled coaching may be required.

3.14.3 It is likely that a combination of learning options may be required. The choice of intervention will depend on the needs and learning style of the practitioner and local availability of resources. The programme supervisor can help the practitioner make the most appropriate choice of resources to meet needs, and ensure that a coherent and balanced programme is achieved.

3.14.4 The NCAS website includes a directory of resources in the UK: (www.ncas.nhs.uk/resources/).

3.15 Personal support

3.15.1 Support may be provided to the practitioner through mentoring.

3.15.2 The Trust will ensure the practitioner has access to adequate treatment and follow-up support for managing any health concerns, through occupational health, general practitioner or specialist services.

3.15.3 Additional support and advice can be accessed through the Trust's Confidential Counselling and Support Advice Line: Available 24 hours a day, 7 days a week, 365 days a year on 0800 0851376.

3.16 Funding arrangements

3.16.1 The RO should ensure that the funding arrangements to support the programme are clarified, and the responsibility of the Trust and the practitioner are agreed. No programme can proceed without a clear view of the costs and how they will be met.

3.17 Organisational action plan

3.17.1 The RO should oversee the management of the Improvement Programme or delegate this task to a named individual of sufficient seniority within the Trust.

3.17.2 The action plan will need to cover:

- Re-entry arrangements for the practitioner on completion of any training programme;
- Communications;

- Preparatory work in the department to which the practitioner will return (if appropriate);
- Measures to address other organisational factors.

Each of these is considered in the following paragraphs.

3.18 Re-entry / Support arrangements for the practitioner on completion of any training programme

This will need to include:

- individualised induction/orientation required to provide an update on any organisational or service changes;
- how re-engagement with clinical activities will be managed, for example, re-establishing GP referrals, outpatient clinics, secretarial support and any changes in professional/managerial accountability;
- how the practitioner will be phased back (where appropriate) into the full clinical role, particularly where other transitional arrangements are in place.

3.19 Communications

Communications will include:

- Internal communication for those involved in the return to work programme (e.g. clinical and programme supervisors, responsible officer, placement provider);
- Internal communication within the wider organisation on a 'need-to-know' basis (e.g. consideration of information provided to colleagues and patients);
- Any external communication requirements (e.g. in response to media enquiries or to the general public);
- External communication to relevant parties (e.g. regulatory bodies such as the GMC).

The practitioner should be informed about the proposed communications.

3.20 Preparatory work in the department to which the practitioner will Return

Preparatory work in the department will likely need to cover the following:

- preparation of and on-going support to the team;
- team development or mediation may be required where relationships have been strained;
- agreement on how any changes in the practitioner's job plan are communicated to colleagues;

- other factors that may need to be addressed, such as attending to the difficulties of split-site working, reviewing the management structures within the team, leadership development.

3.21 Other organisational factors

The Trust may also need to address other more general organisational issues identified through local investigation, review or assessment. These may include, for example: addressing any bullying or victimisation; improving staff training or induction procedures to help prevent similar problems occurring in the future.

3.22 Stage 3 – Implement plans and review progress

- Implement plans.
- Review by programme supervisor of progress against objectives according to plans
- Report by programme supervisor to Responsible Officer on the extent to which the plans have been successfully completed.
- Responsible Officer seeks view from relevant authority (e.g. Royal College, Deanery) on supervisor's report, where necessary.
- Sign-off by Responsible Officer of extent of completion of individual and organisational action plans.

Progression to Stage 3 will require satisfactory completion of Stage 2

3.23 Implement plan for the individual

3.23.1 The programme supervisor and RO will agree the start of the programme with the practitioner.

3.24 Review meetings

3.24.1 The programme supervisor will meet and review the practitioner's progress at intervals throughout the programme, to a timetable agreed at the outset. At each review the programme supervisor should summarise progress (or note that progress has not been made) and formally record the achievement of objectives where necessary.

3.24.2 Where clinical supervisors, specialist trainers or educationalists are involved, they should send an update on progress against objectives to the programme supervisor in accordance with the agreed timetable. The practitioner should have opportunity to comment on their progress at review meetings and to contribute to the feedback through self-assessment.

3.24.3 The RO and programme supervisor will need to consider the action to be taken if progress against objectives is not satisfactory during the course of the programme.

3.24.4 The RO should brief the practitioner about the progress of the organisational action plan.

3.25 Implement plan for the organisation

3.25.1 The organisational action plan should be implemented and reviewed in line with the arrangements outlined in this section.

3.25 Stage 4 – Complete programme and arrange follow-up / review

- If programme has been successful the Responsible Officer agrees with responsible parties detailed arrangements for the practitioner to resume employment under the terms agreed in Stage 1.
- If programme has not been successful, the Responsible Officer takes alternative management action.
- Following successful completion of the programme the Responsible Officer agrees follow-up arrangements with the practitioner.

3.26 Completion

3.26.1 The assessment of whether the programme has achieved the desired outcomes will normally be through a process of documented assessment reports from the different stakeholders involved in the programme. This information will then inform the decision by the RO as to whether clinical/organisational re-entry has been successful. This decision should be confirmed in writing to all parties (including external stakeholders such as the GMC or NCAS).

3.26.2 The independent expert adviser from the Royal College/Deanery (see Stage 2) may advise the RO on the extent to which the return to work programme has followed the agreed method, providing some external validation of the process.

3.26.3 The RO should also ensure that the organisational action plan has been completed and that any outstanding organisational/team issues that need to be addressed during the re-entry stage are addressed (e.g. mediation, team facilitation).

3.26.4 The RO and the practitioner will then confirm the detailed arrangements for return to work, including start date, duties and any supervision requirements.

3.27 Appraisal, support and follow-up

3.27.1 The documentation from the return to work programme should be shared with the practitioner's appraiser so that it can inform the practitioner's personal development plan for the subsequent year. The personal development plan should have a focus on preventing a recurrence of any problems which led to concerns about performance.

3.27.2 It may also be necessary to provide further support to the practitioner through mentoring or the provision of further training after completion of the programme. The Trust will need to agree with the practitioner how any costs will be met.

3.27.3 The practitioner should resume involvement in normal departmental activities, such as clinical audit and review of serious untoward incidents.

3.28 Evaluation

3.28.1 The Responsible Officer, or their delegated appointee may wish to evaluate the process and outcome of the return to work programme and capture the lessons learnt for the organisation.

3.29 Termination of programme

3.29.1 Prior to terminating a programme, the Trust must have legitimate grounds and should follow robust processes. A range of alternative options should also be considered prior to termination. For some practitioners this may include the possibility of moving to a conduct or capability procedure under the Trust's Maintaining High Professional Standards – Conduct and Capability Policy and Procedure for Medical and Dental staff.

3.30 Support for the practitioner

3.30.1 Where a programme is terminated, or there are signs that progress is not satisfactory, it may be necessary to provide additional support to the practitioner. This may include help to seek guidance on alternative careers, either in another specialty or outside medicine or dentistry. Specialist advice should be sought from suitably experienced careers counsellors (see NCAS resource directory: www.ncas-resource.npsa.nhs.uk).

4.0 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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